



It starts as
a dream.



Robert Wood Johnson
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D e d i c a t i o n

T a l e n t

H o p e



For a quarter of a century, the *Summer*
Medical and Dental Education Program has
empowered students to realize
their dreams in health and health care.



The free, six-week academic enrichment
program has created a pathway for more than
22,000 participants, opening the doors to
life-changing opportunities.



M
SMDEP *25th Anniversary*
SMEP
P Summer Medical And Dental Education Program

Shaping Careers.
Changing Lives.



Robert Wood Johnson
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The Sweep of History

The evolution of SMDEP mirrors the evolution of American health care and education over the past 25 years. As disparities in health access and outcomes increasingly demand greater attention over the last three decades, SMDEP has responded to the challenges and opportunities of the day. The net effect is a well-primed pipeline of culturally diverse health professionals committed to underserved populations. By shaping careers, the program has changed lives for individuals and communities.

These milestones help tell the story of SMDEP in the larger context of history.

1984

Robert Wood Johnson Foundation (RWJF) initiates internal study of its minority education programs to assess needs, opportunities, and solutions to short- and long-term challenges facing underserved populations and underrepresented health care professionals.

1986

U.S. Department of Health and Human Services establishes federal Office of Minority Health to help eliminate health disparities among minority populations.

1987

RWJF creates *Minority Medical Education Program* (MMEP) in response to internal study.

1988

MMEP's National Program Office (NPO) at University of Oklahoma Health Sciences Center, with James R. Gavin III, MD, as director, launches six program sites.

1990

HHS Secretary Sullivan establishes Office of Minority Programs (OMP).

1989

Louis W. Sullivan, MD, founding dean of Morehouse School of Medicine and nationally recognized minority health policy leader, becomes Secretary of Health and Human Services (HHS).
MMEP welcomes inaugural cohort of 684 undergraduate students from across the United States.

2000

HHS releases nation's health goals for the decade, *Healthy People 2010*, identifying lack of diversity in health professions.

1995–1998

Legal challenges, court rulings, and voter initiatives place limits on affirmative action policies at public educational institutions in Washington, Texas, and California.

Ground breaking surgeon general's report, *Oral Health in America*, is released by David Satcher, MD, identifying "profound and consequential oral health disparities within the U.S. population" and calling for remedies to close gaps in access to care.

1994

MMEP expands to eight sites.

National Hispanic Medical Association is established.

1993

American Association of Medical Colleges (AAMC) becomes MMEP NPO.

First program review shows that MMEP is improving acceptance rates of minority applicants to medical school.

1991

HHS releases the first comprehensive national minority health study addressing the health status of blacks, Hispanics, Asians/Pacific Islanders, and Native Americans compared to that of whites.

1992

Minority Health Initiative, a multiyear biomedical and behavioral research training program, is launched by OMP.

2008

ADEA releases data showing 30 percent increase in minority dental school enrollees since 2000.

2007

Death of Baltimore youth Deamonte Driver from untreated dental abscess draws national attention to disparities in oral health care, lending greater urgency to SMDEP recruitment of dental students from underserved populations.

2006

Program adopts dental school component as part of a panoply of RWJF oral health access initiatives. The program name changes to *Summer Medical and Dental Education Program* (SMDEP).

American Dental Education Association (ADEA) partners with AAMC to co-lead the program. Program sites increase to 12.

2003

U.S. Supreme Court strikes down University of Michigan's undergraduate affirmative action admissions policy as "not narrowly tailored enough," but upholds law school policy and importance of diversity in higher education.

Michigan ruling sparks expansion of MMEP enrollment criteria, prompting name change to *Summer Medical Education Program* (SMEP).

2001

U.S. observes first National Minority Health Month.

The "silent epidemic" documented in *Oral Health in America* sparks RWJF's *Pipeline, Profession and Practice: Community-Based Dental Education Program* to build a diverse oral health workforce.

2002

Institute of Medicine releases seminal study, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, which underscores the need for recruitment and training of health care professionals in underserved communities.

2014

MMEP/SMEP/SMDEP celebrates 25th anniversary and a milestone in reaching, mentoring, and preparing more than 22,000 alumni along the way.

2013

AAMC Medical School Enrollment Survey projects that first-year medical school enrollment in 2018–2019 will represent a 29.5 percent increase over the 2002–2003 level.

2012

RWJF launches *Dental Pipeline National Learning Institute*, dedicated to creating a diverse workforce of dentists who understand the oral health care needs of patients from underserved populations.

A program review covering the period up to 2012 finds that more than 40 percent of MMEP/SMEP/SMDEP's 21,000 alumni have applied and been accepted to medical and dental school.

2011

The Centers for Disease Control and Prevention (CDC) issues first *Health Disparities and Inequalities Report* showing large racial/ethnic disparities in preventable hospitalizations, with blacks experiencing a rate more than double that of whites.

2010

Patient Protection and Affordable Care Act (ACA) is signed into law, increasing access to health care and expanding role of Office of Minority Health.

2009

National Healthcare Disparities Report finds that "disparities related to race, ethnicity, and socioeconomic status still pervade the American health care system." Lack of insurance is a contributing factor.

M SMDEP SMEP 25th Anniversary

Risa Lavizzo-Mourey, MD, MBA

President and Chief Executive Officer

Robert Wood Johnson Foundation



It began with high hopes and modest expectations.

The Minority Medical Education Program (MMEP) debuted in 1989, born of the Robert Wood Johnson Foundation's desire to increase acceptance rates for medical school applicants from underrepresented populations—a crucial step toward eliminating health care disparities.

At its genesis, MMEP's bold aspirations seemed by turns attainable and beyond the bounds of possibility. Over the years, the program confronted—and overcame—an assortment of challenges. After evolving to include students from rural areas and economically disadvantaged communities, it embraced dentistry, becoming what is known today as the *Summer Medical and Dental Education Program* (SMDEP).

Now, 25 years after accepting its first cohort of physician hopefuls, this signature RWJF program continues to shape careers and change lives.

SMDEP's influence and impact reach beyond the individual, however. Study after study shows that culturally diverse physicians play a monumental role in providing care to underserved populations. Patients participate more actively in their own health care when they feel an affinity with their medical practitioners.

Health professionals from marginalized communities tend to practice in those communities.

Even those participants who opt to become physicians or dentists find that their lives and purpose are enriched by their six-week immersion in this “academic boot camp.” SMDEP scholars have pursued degrees in nursing and advanced degrees in public health, the biomedical sciences, psychology, and other professions.

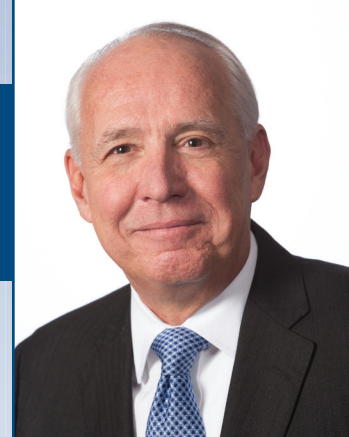
Improving access to affordable, high-quality health care for *all* Americans is a cornerstone of RWJF's commitment to creating a Culture of Health. SMDEP is central to that vision. In these stories of its dedicated educators, tenacious students, and exemplary alumni, I find inspiration and hope for a healthy future. I think you will, too.

Risa Lavizzo-Mourey, MD, MBA

Darrell G. Kirch, MD

President and CEO

Association of American Medical Colleges



SMDEP 25th Anniversary

This year, we celebrate thousands of students who were able to realize their dreams of becoming health professionals, thanks in part to the opportunities and encouragement they received through the *Summer Medical and Dental Education Program* (SMDEP).

In the 25 years since this outstanding academic enrichment program was launched, participants have shared inspiring stories about the meaningful impact it has had on their lives. Between 1989 and January of this year, 5,709 SMDEP alumni earned MD degrees. Many more have become dentists, nurses, public health administrators, research scientists, psychologists, and allied health professionals.

Today, achieving greater diversity is a strategic imperative for all health care institutions committed to eliminating health disparities in America. The Association of American Medical Colleges considers SMDEP one of our most important programs to replenish the health care workforce pipeline. A diverse student body at our medical and dental schools can boost innovation, increase the cultural competence of our health care providers, improve health outcomes, and produce health care professionals who will choose to work in underserved areas where they are needed.

A key factor in SMDEP's success is that it has been a collaborative, interprofessional effort. We owe tremendous thanks to the Robert Wood Johnson Foundation (RWJF) for having the dedication and

vision to fund it. We also are grateful to the American Dental Education Association for partnering with us and enabling us to expand the program's scope to include students interested in dentistry careers. Since its inception, SMDEP has doubled in size from six to 12 academic medical and dental schools nationwide. With health care at a critical juncture, the program is a powerful example of how redoubling our partnerships with like-minded organizations can help us achieve our goals faster and more effectively.

Our challenge now is to find new ways to support students from underserved communities who want to pursue careers in health care. Let the accomplishments of this program be an inspiration to develop more innovative strategies to reach those students who can benefit from additional help and guidance.

As SMDEP celebrates 25 years of service, I want to congratulate our colleagues at RWJF, ADEA, and our participating institutions who have invested their time and energy over the years to build and expand this extraordinary initiative. Our health care system is stronger today because of their vision, commitment, and hard work.

Darrell G. Kirch, MD

Richard W. Valachovic, DMD, MPH

President and CEO

American Dental Education Association



A Transformative Experience

With the continued support of the Robert Wood Johnson Foundation, this year we are celebrating 25 years of student success! Since dentistry was added to the SMEP in 2006, the American Dental Education Association and the Association of American Medical Colleges have proactively collaborated to help underrepresented and disadvantaged students gain entry to dental and medical schools. While we still have much work to do, we will continue our focused efforts for change.

ADEA and AAMC, in close cooperation with our 12 program sites, are increasing the number of SMDEP Scholars being accepted and enrolled in our dental and medical schools—and they are graduating from our institutions. We are now witnessing these graduates practicing in underserved communities. Such successes are the direct outcome of each program site's excellence and ongoing impact. As several Scholars have stated in personal testimonies, "SMDEP has been a transformative experience."

We have experienced many successes from our alumni and program sites, but there are still vast health disparities in this country and the need for a culturally competent health care workforce remains great. We have not yet fully answered the access-to-care issues, and patients struggle to receive the health care they

want and need. SMDEP's efforts to increase the representation of historically underserved groups in the provider communities are a significant contributor to ADEA's overall strategy to improve access to health care. With the support of the ADEA Board of Directors and the persistence of the ADEA membership, we strive to develop strategies and solutions to these challenges.

As we celebrate the 25th anniversary of SMDEP, RWJF's sustained trust enables us to move the program even further. With unflagging commitment, hard work, and focus, SMDEP program sites will continue to send young Scholars into the world with the tools and confidence they need to achieve their goals and become outstanding health care providers.

Richard W. Valachovic, DMD, MPH



Summer Medical Dental Education Program: *At 25, Still Shaping Careers, Changing Lives*

James R. Gavin III, MD, PhD, was at odds with himself. He had been asked by Ruby Hearn, PhD, of the Robert Wood Johnson Foundation to attend a meeting of the Board of Trustees, where he would present the findings from his review of the Foundation’s patchwork of minority premedical education programs.

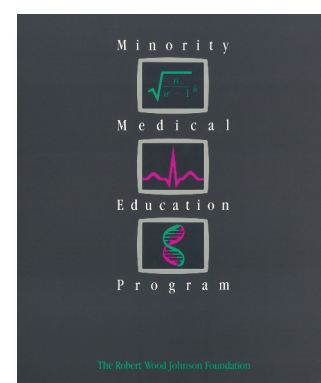
It was the early 1980s. The programs were freelance operations with little oversight and too few standards for providing the quality experience that students from underrepresented populations needed to become doctors. He feared that his grim review of the programs would be the catalyst for shutting them down.

“I didn’t want to do that,” says Gavin, a professor at the Washington University School of Medicine in St. Louis from 1979 to 1986. “This was a time when the trustees of the Foundation were all white-haired white men who wore white shirts,” Gavin recalls, and nearly all had known “The General”—Robert Wood Johnson—personally.

But Hearn insisted, and Gavin finally relented.

“I’ll never forget that day,” he says. “I walked in, and everyone fell silent. These guys were sitting around the table, cigarette smoke in the air, and [RWJF president] Dave Rogers said, ‘Dr. Gavin, we’re pleased to hear from you on this important initiative.’ I submitted the report and could see the looks of consternation on their faces. I just knew that it was the end of the Foundation’s involvement in these kinds of minority premedical education initiatives—because this was bad.”

Although Gavin left the room expecting that the programs would be shelved, that meeting and subsequent decisions gave rise to a different approach that would be called the *Minority Medical Education Program* (MMEP).



Twenty-five years later, that academic boot camp has supported more than 22,000 students, changed its name twice, and met challenges head-on. The program has also kept the faith of a dedicated band of site directors, who have spent six weeks each summer working with students who dream of medicine, dentistry, and other health-related careers.

“It’s like a revival meeting,” says Hilda Y. Hutcherson, MD, co-director for the program at Columbia

University College of Physicians and Surgeons.

“I grew up in the South, where every summer you go to a revival meeting to boost up your religion. You feel so good after that revival because everybody’s cheering and praising and working together. Everybody gets stronger because of the dynamics in the group. That’s how I see SMDEP.”

“It’s like a revival meeting...You feel so good because everybody’s there cheering and praising and working together...That’s how I see SMDEP.”

– Hilda Y. Hutcherson, MD



Foundation's History in Minority Medical Education

“From the beginning, when the Foundation opened its doors in 1972, there was a commitment to increasing minority enrollment in medical school,” says Hearn, who directed RWJF’s minority medical education portfolio. “Dave Rogers brought with him a personal commitment to the issue. He was a very early advocate for minority participation in medicine.”



One of the Foundation’s first programs that year provided scholarships and loans for racial and ethnic minorities, women, and people from rural areas to attend medical or dental schools. It also offered institutional support

to Meharry Medical College, a private historically black institution founded in 1876, which operated on a budget that paled in comparison to the top predominantly white medical schools.

“It’s been known for a long time that medicine has lagged behind the rest of the society in terms of creating access to medical care of the type and sensitivity that

everyone deserves,” says Jordan Cohen, MD, president emeritus of the Association of American Medical Colleges. “We know for a fact that [patients] who are able to access physicians and other health care providers they feel a kinship with are much more likely to comply with their medical care and follow medical advice that helps prevent illness in the first place.”

RWJF, like several other foundations that were backing similar enterprises, funded its programs against a backdrop of paltry minority enrollment in medical schools across the country. For decades, the majority of the country’s black doctors were products of Meharry and Howard University, followed by the Charles R. Drew University of Medicine and Science and Morehouse College.

“I went to medical school a long time ago,” recalls James L. Phillips, MD, who attended Case Western Reserve University in Cleveland in the 1950s. “There were four blacks in my whole class, which was twice as many as they had ever had before that.”

Colleges began to use affirmative action in the 1970s to increase their enrollment of minority and female students, including in their medical schools. Even so,

“MMEP and SMEP were my life...and the young adults who participated during my tenure continue to be a part of my life to this day. This program changed lives and made dreams come true.”

Marsha Kelley-Sutton

Former MMEP/SMEP Site Director, University of Alabama School of Medicine



Charting Success by the Numbers

these schools still were not readily accepting them in large numbers, the Foundation noted in 1987 in its first MMEP brochure.

“The schools were going after the students who were percolating to the top of the stats, independent of geography, ethnicity, or gender,” says Gavin. “And that put minority students of every stripe at a considerable disadvantage. It was no secret that the kind of academic preparation generally available to historically underrepresented populations was less intense, especially in math and sciences, than it was for majority students.”

This underrepresentation had far-reaching impact beyond the students and medical schools, contributing to the paucity of providers in underserved communities. Gavin points to research showing that physicians from underserved communities are more likely than their white counterparts to practice in underserved areas. Less diversity among medical professionals means fewer doctors to treat people who have limited resources for health care.



1970 | Racial/ethnic minorities constituted:

- 16% of U.S. population
- 2.3% of medical students
- 5.9% of medical professionals

Source: AAMC report, 1978

1993 | First program review shows that MMEP boosted pool of minority medical school applicants:

- 3.3% in 1990
- 13% in 1993

Participants were accepted at higher rates than other minority applicants. In its first three years:

- 1,169 alumni applied to medical school
- About 59% of those were accepted

Source: AAMC report, 1993

1998 | Comprehensive study showed:

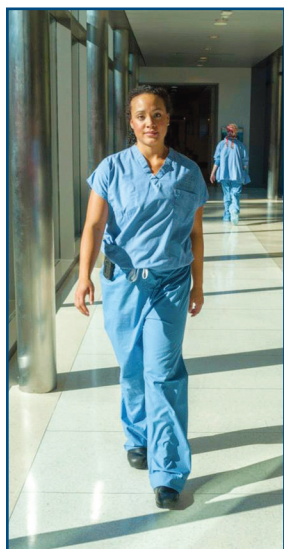
- From 1990 to 1997, 63% of all program alumni were accepted into medical school
- Nearly 50% of participants in 1992, 1996, and 1997 who applied to medical school were accepted
- Only 42% of minority nonparticipants were accepted
- Higher rate attributed to students' experiences in the program rather than other factors

Source: JAMA, 1998

The Beginnings of MMEP

For the new program, RWJF enlisted the Educational Testing Service (ETS) in Princeton to analyze SAT and MCAT scores of minorities, student participation in summer programs, and their acceptance into medical school. Gavin explains that they sought to discover why some students got into medical school and others did not, despite looking the same on paper.

“What we learned,” says Hearn, “was that participation in the enrichment programs mattered, but only for students whose grade-point average was higher than the majority of their peers. You can’t take a student who has demonstrated very limited training in science and math and expect to close the gap with a summer program.”



MMEP was authorized in 1987, its aim simply to increase the probability that participants would be accepted into medical school. As announced in the first brochure, the program was conceived as a six-week summer experience that would teach mathematics, science, and problem-solving skills. In addition, it would provide counseling

about the selection and application process for medical school, along with MCAT preparation and review.

“We were trying to help students strengthen their academic backgrounds so they would be more successful on the MCAT and therefore more likely to be accepted into mainstream medical schools,” Hearn says.

The program was open to universities, colleges, medical schools, and community organizations with a history of

operating enrichment programs for minority students. Eight programs would be funded, with five-year grants totaling up to \$1 million each.

Students were given stipends to cover their costs; participating schools were required to provide matching funds or in-kind contributions, including campus housing and follow-up interviews with students.

Enrollment for each site was targeted at 180 new students annually. The students could be sophomores, juniors, or seniors, with minimum SAT or ACT scores of 950/15, respectively, a grade-point average of 3.5 in their major, and an overall average of 3.0.

The recruits fit the AAMC’s definition of underrepresented minorities: African-Americans, mainland Puerto Ricans, Mexican-Americans, and Native Americans (American Indians and Alaska Natives).

Gavin became the program director, and the National Program Office selected to administer the program was housed at the University of Oklahoma Health Sciences Center in Oklahoma City, where he was then a professor of medicine. A National Advisory Committee (NAC) was established, along with provisions for site visits and student town-hall meetings.

As the program prepared to launch, RWJF scaled back the number of sites selected to six. University partners have changed through the years, and today the program operates at 12 sites across the country.

From the outset, the enrollment requirement was a point of contention. “Everyone knew that it was impossible to find 180 students,” says William A. Thomson, PhD,



who headed the program at Baylor College of Medicine. “They just weren’t out there. We could put 180 underrepresented minority students in a program, but their opportunities for becoming medical students were equal to their opportunities for playing in the NBA.”

Moses Woode, PhD, had been running a similar program at the University of Virginia (UVA) since 1984—the Medical Academic Advancement Program (MAAP)—and even he was only able to recruit 144 students.

During the program’s inaugural summer, 684 students were enrolled at the six sites, averaging 114 per site. Two years later the number increased to 785, which at about 130 students per site was still well below the target. In 1991, the Foundation reduced the requirement to 125 students.

Cultural issues also came to the fore. The University of Washington’s location in the Northwest was home to a large population with scant exposure to the medical school admissions process. Many of the parents were farmworkers struggling to survive. They were reluctant to give up their children, who worked alongside them, to spend six weeks at a summer program they did not understand.

Victoria Gardner, EdD, who joined the program in its second year, remembers some of the cultural challenges. “Our director at the time, Charlie Garcia, was a Mexican-American, and occasionally he would get a call from a father who would say, ‘What is this you’re doing? You’re taking my daughter. We want her to work. She is supposed to get married.’ Charlie would promise, ‘We’re going to return her to you. We’d just like to borrow her for the summer.’”

Cynthia Boyd, MD, director of the program at Rush Medical College from 1998 to 2005, remembers logistical hurdles. Although Rush was part of the University of Chicago site, a consortium of seven schools, each of the colleges was running its own program. The students lived in dorms at the University of Chicago, and were bused between schools located in different parts of the city.

“Just moving students around was difficult,” says Boyd. “I think the good part was that the students had an opportunity to meet faculty from four places. If they did apply to medical school in Chicago, there were four different schools that had already seen them.”



MMEP was born, its aim simply to increase the probability that participants would be accepted to medical school.

The First Wave

For the students, MMEP was a godsend. Many came from blue-collar backgrounds and were first-generation college students. Though all of them were from underrepresented populations, not all were socioeconomically disadvantaged. Some grew up in middle-class families with professional parents.

They wanted to be doctors—some holding onto the dream since elementary school—and they loved math and science. Most didn't know what becoming a doctor entailed, or even how to find the entrance to that path.

Pierre Johnson, MD, decided that he wanted to be a doctor at 10 years old when his mother was pregnant with his brother. He was fascinated by the physiology of the birthing process.

"I'm a very confident person," offers Johnson, now a private-practice OB-GYN in Decatur, Ill. "But honestly, the program probably broke my confidence a little bit."



Johnson, an alumnus of the 1999 Chicago site, says that experience was pivotal. "It showed me my deficiencies, how much I needed to learn and how unprepared I was. It also opened my eyes to how much work I really had to do. I was more confident going in than I was coming out."

Beyond MCAT prep, the program taught students how to write a personal statement and get through their medical school interview successfully. A financial planning component provided direction on paying for the estimated \$200,000 medical school education. Their instructors, the same doctors who taught medical students, were mentors. A number of the site directors

"Being among few students of color can make you feel alone in your experiences. The benefit of serving as a mentor and resource for black and underrepresented students is I inherently understood their myriad challenges."

Alfa Diallo, MD

MMEP Mentor, University of Virginia, 2001–2002



were on their medical schools' admissions committees.

"We worked them hard, deliberately so," explains Baylor's Thomson, who oversaw the school's program for the duration of its funding (through 2005). "We wanted them to have a taste of what it was like to be a medical student, actually scare them a bit. Nobody suffered as a result. If you worked hard and showed improvement, very rarely did a student fail."



Research shows that physicians from [underserved] communities are more likely than their white counterparts to practice in underserved areas.



Growing Pains and Lessons Learned

The first few years were not without challenges. But the fits and starts made the program better.

Gavin and his team learned a lot from the site visits and town-hall meetings. He recalls the schools presenting big, survey-style courses that didn't have much depth. "They were offering shadowing experiences through the clinics where students were basically just standing

around. They weren't being engaged. They weren't being taught very much."

In town-hall discussions with students—absent the site directors and staff—students opened up to them.

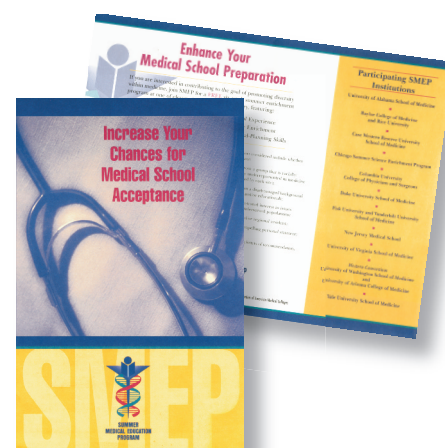
"In some instances the day-to-day experience was subpar," he says. "Worse than that, there were places where the logistics were poor. Students had to fend for themselves in getting meals because appropriate provisions weren't made to give the students access to cafeteria services."

"Worse still, there were places where students were being told by faculty members that they should apply to nursing school because they would never get into medical school."

Adds Hearn, "Eventually, we realized that the advisers in these colleges have a conflict of interest. The advisers, we presume, only wanted the best students to apply to their medical school so the success rate would be very high. They were less likely to advise what they perceived as a high-risk student to apply to medical school."

After that, Hearn says, the program offered more guidance in helping students identify the schools where they were likely to be both competitive and accepted.

For the undergraduates arriving on the campuses, acceptance had multiple meanings. At their own schools, even among other premed students, they sometimes felt isolated and overwhelmed.



"My participation with SMDEP was eye-opening, practical glimpses of my medical future in an environment with peers and faculty equally passionate about medicine and my success."

Charlotte Gamble, MPH

SMDEP Alumna, Case Western Reserve University, 2006



The program has kept the faith of a dedicated band of site directors, who have spent six weeks each summer working with students who dream of careers in medicine or dentistry, as well as other health-related professions.

Here, they were with family. “Going to the summer program and seeing so many minorities made me feel like, ‘Wow, this is awesome!’” says Ursulla Courtney, MD (MAAP/MMEP University of Virginia, 1991). “We all wanted to be somebody.”

The program also introduced some students to unfamiliar locales.

“Omaha is not Chicago, it’s not Kansas City, it’s not Denver,” says Channing Bunch, director of recruitment and student engagement at the program’s University of Nebraska Medical Center site. Noting that each site is



distinct, he lists the Nebraska site activities, which show students that there’s more to Omaha than they may think. “It’s not cow pastures, cattle walking through, and everybody still on horseback.”

No Choice but to Succeed

From the beginning, MMEP created an atmosphere in which participants had no choice but to succeed. Giving up was not tolerated, and students were continually told that their goals were attainable. For emphasis, site directors arranged for them to shadow doctors with similar backgrounds and introduced them to mentors who had made it into medical school.

George Williams, MD (MMEP Baylor, 1998), an anesthesiologist at Memorial Hermann-Texas Medical Center in Houston, recalls that the shadowing demystified physicians and demonstrated the trust between them and their patients. “That glimpse into the doctor-patient connection was really special,” says Williams, whose desire to become a doctor was solidified by watching *The Cosby Show* when he was a kid. “Cliff Huxtable, Bill Cosby’s character, made me realize that the trust involved in those relationships is pretty sacred.”

Chris Glover, MD (MMEP Baylor, 1995), came from the military town of Killeen, Texas, and figured he’d go straight into military service after high school like most of his peers. Performing well on entrance exams made college and then medical school a possibility.

“The program provides a tremendous opportunity for people like me who are first in their family to go to

college,” says Glover, a pediatric anesthesiologist at Texas Children’s Hospital in Houston. “It allows those kids to ask folks questions that you wouldn’t normally ask in public: What’s a residency? What’s a fellowship? These basic things make sense to me now, but when you’re 19 or 20 you have no idea.”

Monique Ogletree, PhD (MMEP Case Western, 1990) did not do well on her first stab at the MCAT and decided against medicine because she was afraid of failing. An encounter at her undergraduate college didn’t help. One of her professors screamed that she was not smart enough to go to medical school and was taking a spot from a more qualified white student.

Ogletree, a professor of biology and biochemistry at the University of Houston, put her heart into research and teaching. “My grandmother had diabetes, heart disease, and cancer,” she says. Those conditions fueled her passion for health research.

The springboard that the program offers is consequential, says W. David Brunson, DDS. Now retired, he became SMDEP co-deputy director when the American Dental Education Association joined the NPO in 2006.

“SMDEP can open unimagined educational, career, and personal frontiers.”

Anthony Brown Jr., DDS

SMDEP Alumnus, Columbia University, 2008





“Instead of getting stuck in a profession they weren’t happy in, or because they didn’t realize what they were getting into, this program helps students to see possibilities and alternatives,” says Brunson. “There are other professions to explore. Maybe medicine and dentistry isn’t right for them.”

At orientation, Mary Joshua, MEd, who directs the program at the University of Louisville, provides students with the landscape. “We expect you to be excellent in every area of your life,” she says. “But in the same breath, I explain that if you should miss it in some area, we don’t

throw you out of the family. We try to figure out why you missed it and how we can make it better in that particular area of your life. It takes them a minute to believe that.”

Bruce Harris, PharmD (SMDEP Louisville, 2006), remembers one portion of Joshua’s speech with pronounced clarity. “I took my pen and I wrote in the margin of my note paper,” says Harris, who grew up poor in a wisp of a town in rural western Kentucky. “I wrote the words ‘Blessed Assurance’ to remind myself of what she had said: that I was among the top of the top, even though I was Bruce Harris from Lindsey Wilson College who no one knew and from a school no one had heard of. That I was among people who were considered the best of the best, and that was no mistake. And if I could make it there, I could probably do anything else.”



Moving the Needle on Admissions

MMEP's first round was winding down, and the Foundation wanted to know if its largess had produced intended outcomes. The results of the first program review in 1993 showed that participants were accepted at higher rates than other minority applicants.

(See "Charting Success by the Numbers" sidebar.)

MMEP was reauthorized in 1994 and eight sites were chosen through a solicitation—six of the originals, including two that had been reconfigured, plus two new program sites (see "Citing Sites" listing).

The University of Alabama (UAB) School of Medicine was among the new programs that bid on site management, seeking national visibility for its medical



school and faculty. UAB benefited from the stellar leadership of longstanding NAC chairperson William Deal, MD, who at the time was associate dean of the School of Medicine. Deal understood that prospective medical students needed financial literacy education. He pioneered many innovative changes, including a financial planning workshop, and continued to advise the program until his sudden passing in 2013.

UAB site director Marlon Priest, MD, a native Alabamian, says the program exposed the faculty to students they were not likely to meet in their day-to-day experiences.

"We wanted to expose the faculty to these kids so that when their applications came to medical school later, the whole concept of 'I want to take people who look like me' would be lessened some," says Priest. "The president held a reception every year, including probably 75 faculty members and all the students. We wanted to make the faculty comfortable: These kids don't look like



"Once people know you've gone through the program they tend to give you a little more respect because they know it is intense. I've been exposed to more opportunities as a result of my SMDEP experience."

Jazmin Villavicencio

SMDEP Alumna, University of Nebraska, 2007

you, they don't come from the schools you know, but if you can help them they'll be OK."

Forrester "Woody" Lee, MD, director of the Yale University School of Medicine site, which joined the program in 1997, reflects on its impact. "There's a big lawn in front of the dormitory where the students congregate. One of our faculty members is looking out over the lawn and she sees black and white and Latino students out there, and there's this huge smile on her face. This is not a black faculty member or a minority faculty member.

"She turns to me and says, 'Woody, this is wonderful.' It almost brought tears to my eyes. I'm not saying everybody looks out there and says this is wonderful, but I think it has opened people's minds to the vast talent and potential in this society."



"We wanted to expose the faculty to these kids so that when their applications came to medical school later, the whole concept of 'I want to take people who look like me' would be lessened."

– Marlon Priest, MD



Dissolving Silos, Forging a Cohesive Brand

The AAMC took over administration of the program in 1993 and consolidated some of the functions of the school sites, which had largely operated as individual entities. The mission of the MMEP aligned with the Association. In 1991, the AAMC created the “3000 by 2000” project with the goal of enrolling 3,000 minority students in medical schools by the year 2000.



The NPO committed to dissolving silos, and corralled this disparate group of programs into a cohesive brand under the umbrella of the Robert Wood Johnson Foundation.

The organization took over the application process, which it centralized using its computerized application system.

The move not only enabled students to apply to multiple sites with one submission, it also gave MMEP a national view of the applicant pool, says Kevin Harris, MSA, SMDEP deputy director at AAMC from 1994 to 2006.



The NPO assumed some of the recruitment duties, created a common brochure with the Foundation’s name prominently displayed, collected and collated data, produced reports on the growth and success of the program, and managed the site visits.

Site directors also had to change their insularity. “It was highly competitive in the early days,” says Harris. “At one of the first meetings with site directors, we had this notion that everybody was up for sharing data and we would be in there singing ‘Kumbaya.’ The meeting didn’t go that way at all.”

Eventually, the sites became more collaborative. Where they once relied mainly on themselves, now they could lean on and share with each other. The exchange and sharing continues to help the individual sites and the NPO tweak recruitment, the application and tracking systems, and the six-week program activities.

“SMDEP deepened my passion to educate underserved patients on the importance of oral health and disease prevention.”

Monique Trice

SMDEP Alumna, University of Louisville, 2008



“We know for a fact that African-Americans who are able to access physicians and other health care providers with whom they feel a kinship are much more likely to comply with their medical care and follow preventive medical advice that helps prevent illness in the first place.”

— Jordan Cohen, MD



Charting Success by the Numbers

2007 | African-Americans, Hispanics, and American Indians/Alaska Natives constituted:

- Nearly 30% of U.S. population
- 13.9% percent of medical students
- 12.8% of dental students

Source: AAMC report, 2008

2013 | From 1989 through 2005, 14,659 students participated in the medical program:

- 65% applied to medical school
- 65.8% of applicants were accepted
- 98.5% of those accepted attended medical school
- 89% of those who attended medical school earned an MD

Source: AAMC report, 2013

From 2006, when the program began accepting pre-dental students, through 2012 there were 6,681 participants:

- 81% pre-medical students
- 19% pre-dental students
- 19.9% of the pre-med students were accepted to medical school*
- 75% of the pre-dental students were accepted to dental school*

**Data primarily from 2006–2009 classes*



Anti-Affirmative Action Fervor and Its Impact

According to an AAMC special report, the number of minority medical students peaked overall between 1974 and 1975, with enrollment leveling off over the next decade. There was a modest gain and then a sharp drop in the face of challenges to affirmative action, beginning with the 1978 U.S. Supreme Court ruling in *Regents of University of California v. Bakke*. The high court struck down racial quotas in admissions but upheld affirmative action.

Two decades later, while the Foundation and the AAMC were planting more minorities in medical school classroom seats, a national campaign was mounting to thwart and actually reverse the upward trend created by affirmative action.

Starting in 1995 and extending nearly to the end of the decade, anti-affirmative action lawsuits prevailed in California and Texas, and ballot initiatives were approved in Washington and California. These largely forbade the use of race, religion, sex, ethnicity, and national origin in admissions to public institutions. (In 2003, the U.S. Supreme Court ruled that race, among other considerations, could be used in recruiting for programs whose aim was diversity so long as the program was narrowly tailored.)

The Foundation was a private institution whose work would not be affected, but the same would not hold true for some of its program sites.

“Prior to participating in SMDEP, I questioned my capabilities. SMDEP gave me a newfound confidence and has molded me into a competitive applicant.”

Anthony Rizzuto Jr.

SMDEP Alumnus, Columbia University, 2014

*The first few years were not without challenges.
But the fits and starts made the program better.*

“Up until about Ward Connerly’s initiative [California’s Proposition 209], we were tracking yearly progress,” says AAMC’s Jordan Cohen of the ballot initiative led by a former University of California regent. “It was right on target to reach 3,000 by 2000 until the anti-affirmative action efforts took root.” Progress halted and went into a downward spiral.

At the University of Washington, Victoria Gardner worked with university officials to clarify the lawsuit even before the case was decided. “We had been told that Initiative 200 would not affect recruitment in pipeline programs. We were able to understand the box in which it was going to operate. Once we figured out what that box was, MMEP was safe,” she remembers.

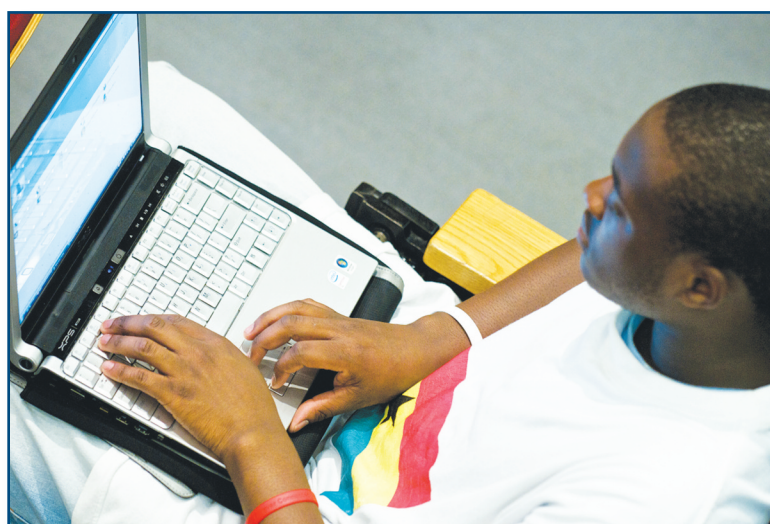
The Texas ruling was a blow to Baylor’s diversity plans, William Thomson recalls. “That was disappointing for us because we were using the program to try to increase the number of Hispanics and African-Americans who got into Baylor College of Medicine and other Texas medical schools,” he says.

The AAMC and the Foundation were also listening and watching the signals coming out of the West. It became clear that the program’s criteria for participants might

not withstand a positive ruling from the anti-affirmative action decisions.

“It wasn’t just fear of what would happen legally,” says Harris. “Once we came together we found out it was the right thing to do. The smart thing was to allow our schools to look at their local population, what works for their schools, and begin to craft a program based upon that.”

With that realization came a revision of the acceptance requirements for students, expanding the program’s eligibility criteria beyond race and ethnicity to include students from low socioeconomic and disadvantaged backgrounds in general.



New Name, Wider Ambitions

The decision to include students of other backgrounds did not sit well with everyone connected to the program, Harris says. Some thought the Foundation was retreating.

“I distinctly remember being at an Alabama site visit and hearing students protest that this program should only be for African-Americans,” says Harris.

“But in coming to the program they realized that there were white people who were also poor, there were white people who also had some disadvantages.” One student told of his white roommate sending his stipend back home to help take care of his family, underlining the importance of including people from different backgrounds.



The new criteria precipitated change: In 2003, the program became the *Summer Medical Education Program* (SMEP).

At UVA, Moses Woode was already accepting a diverse mix of students. For more than a decade, the school had included socioeconomic status in its criteria for MAAP, whose aim and curriculum paralleled those of MMEP. Woode took over MAAP in the mid-1980s, and continued as director of MMEP’s UVA site.

“We were very concerned because right in our backyard were students from Appalachia who wanted to come to the table and become doctors,” says Woode, who retired in 2009 but continues to work with SMDEP. He is known for exhorting students to join him in the “Promised Land” of medicine. “Right from the beginning, we wanted to reach beyond the AAMC’s four established groups to help the broader underserved areas.”

*“SMDEP...
put me in a
world that I
thought was
reserved for the
wealthy and
privileged.”*

*– Bruce Harris,
PharmD*



Several years later, Bruce Harris would apply to Louisville as one of those students. He grew up in rural Bandana, Ky., amid generations of a troubled family. Of his 12 cousins, he was one of only three to finish high school and the only one to attend college. He left home twice before he was 18 years old, he explains, because he felt that what was outside his home had to be better than what was inside. “The cards,” he says, “were stacked against me.”

But there were people looking out for him: the high school principal who wrote a personal check for \$25 to pay for his ACT test, and others who extended a hand to a good kid in a bad situation. Then SMDEP and “a saint of a woman” named Mary Joshua happened.

“That program altered the destiny of my life, and I believe that with all my heart,” says Harris, a pharmacist who works with a co-op in Birmingham, Ala. “How you take a kid who grew up on the free-lunch program, whose high school principal arranged to have shoes brought to school for him, and how you take him to a place like Lindsey Wilson College, to a place like the University of Louisville School of Medicine...I don’t know how to express that, how to tell people what an indelible impact that left.

“SMDEP was the top for me. It put me in a world that I thought was reserved for the wealthy and privileged.”



“The way SMDEP simulates medical school makes it seem feasible and realistic. If you really want it, you can achieve it.”

Drew Gebring

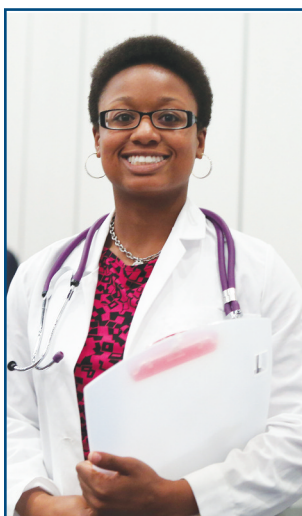
SMDEP Alumnus, University of Louisville, 2009

Testing the Road

With nearly 10 years of road testing, it was time for an extensive study to determine if RWJF funding was making a dent in minority student enrollment in medical schools. Lois Bergeisen Colburn, then deputy director of the program at the AAMC, and Joel C. Cantor, ScD, were authors of a 1998 report on MMEP.

“We went back to the purpose of the program: to increase the acceptance rate of underrepresented students who were MMEP participants into medical school

compared to underrepresented students who didn’t participate in the program,” Colburn says. “That nuance often has gotten lost because so many people saw it as increasing the applicant pool. The goal was always to increase the acceptance rate.”



The results were similar to the earlier report showing that MMEP was making a difference.

“It had a stronger effect for students who took the program early in their college career than it did for students who came in later,” says Colburn, relating another finding of the study. “Students who applied to MMEP when they were rising seniors or after they finished college faced a lot of odds in terms of prior academic performance, even if they had good SATs or ACTs.”

“If you took students who were early in their academic career, you could do something to get them on track so they could improve their grades.”

“Six short weeks were long on results that will influence me for a lifetime.”

Felix German Contreras

SMDEP Alumnus, Yale University, 2012





*“We worked them hard;
deliberately so...We
wanted them to have a
taste of what it was like
to be a medical student;
actually scare them a
bit. Nobody suffered as
a result.”*

– William A. Thomson, PhD

The results were published in the *Journal of the American Medical Association*, giving the study caché and recognition in a major peer-review publication. “It was probably the first rigorous quantitative evaluation of a program targeting underrepresented minorities,” says Colburn.



Dentistry Takes a Seat at the Table

Then-U.S. Surgeon General David Satcher, MD, PhD, issued a groundbreaking report in 2000 that put a new focus on oral health and the unmet needs of the underserved. Dentistry was emerging as another field that could benefit from diversity. The Foundation was funding pipeline programs at several dental schools that in many ways mirrored the goals of SMEP, which allowed students at some program sites to shadow dentists.

Since 2001, when the *Pipeline, Profession, and Practice Program* (Dental Pipeline) was launched, RWJF's sustained commitment has been critical, says Kim C. D'Abreu, MPH, senior vice president of Access, Diversity and Inclusion with ADEA. D'Abreu, who directed the Dental Pipeline Columbia site, notes that long-term investment in oral health education delivered a win-win-win proposition to the health sciences field, students, and underserved communities.

"RWJF's commitment to the summer enrichment programs has created a cadre of talented leaders to

carry out related programs across the nation," she says. "The experience gained over time has also allowed the SMDEP program to mature and adapt to meet the current and changing realities of access to higher education in this country."

Richard Ansong, DDS, MSD, was at Columbia University's SMEP site during the summer of 2002 when he asked to shadow a dentist. Three years earlier, at age 19, he had moved from Ghana after his mother's winning ticket in an international lottery gave the family permanent residency in the United States. He'd always known that he wanted a career in health care; he just wasn't sure what form it would take.

That summer, he recalls, there were more than a hundred students and not enough physicians to shadow, so he decided to try dentistry.

"I ended up seeing a lot about dental school that I didn't know existed," says Ansong, now a prosthodontist. "I

thought dentistry was about cleaning teeth and filling cavities. But I was exposed to a vast array of specialties in dentistry. That's when I realized, OK, this is what I want to do."

RWJF and AAMC began exploring expansion of SMEP to students interested in dentistry. The dental component was piloted for two summers at the





Washington and Columbia sites starting in 2003, resulting in a partnership with ADEA, and the program was renamed the *Summer Medical and Dental Education Program* (SMDEP) in 2006.

New enrollment caps resulted in 80 students per site—about 20 of them dental.

“Some of the sites were worried about whether they could really get 20 students,” says Dave Brunson, now retired from ADEA. “Twenty was pulled out of the air, but when you really look at the number of medical students versus the number of dental students across the country, it’s almost an 80/20 split. And the number of practicing physicians and the number of practicing dentists is almost an 80/20 split. I can argue there was some method to our madness.”

Combining both disciplines had an unintended positive effect: medical and dental school staffs at the universities started communicating with each other, says Richard

Valachovic, DMD, MPH, program co-director and president and CEO of ADEA. “There were people who had actually never spoken before who came together at the university to talk about SMDEP recruitment.”

Howard University went one step further by enlisting its school of arts and sciences, whose faculty teaches the science classes, according to site co-director Donna Grant-Mills, DDS, RDH, MEd.

In 2005 SMDEP, with the national program office still based at AAMC, was reauthorized and 12 sites were selected through a national solicitation. The first session of this reconfigured program was in the summer of 2006, with nine sites accepting dental participants. The three others were encouraged to include some dentistry elements in their curricula, which were set up so that all students attended the same academic classes but engaged in separate shadowing experiences.

Under the leadership of then-NAC chairperson Will Deal, other changes were instituted, including restricting the program to incoming sophomores and juniors, and a few rising freshmen, to benefit from early engagement. Greater uniformity across sites ensured consistent programmatic and operational principles.

“I thought dentistry was about cleaning teeth and filling cavities. But I was exposed to a vast array of specialties in dentistry.”

— Richard Ansong, DDS, MMD

Sticking with the Program

Many medical schools have remained with the program from the beginning. So have some of the site directors, who say they stayed primarily because of the students.

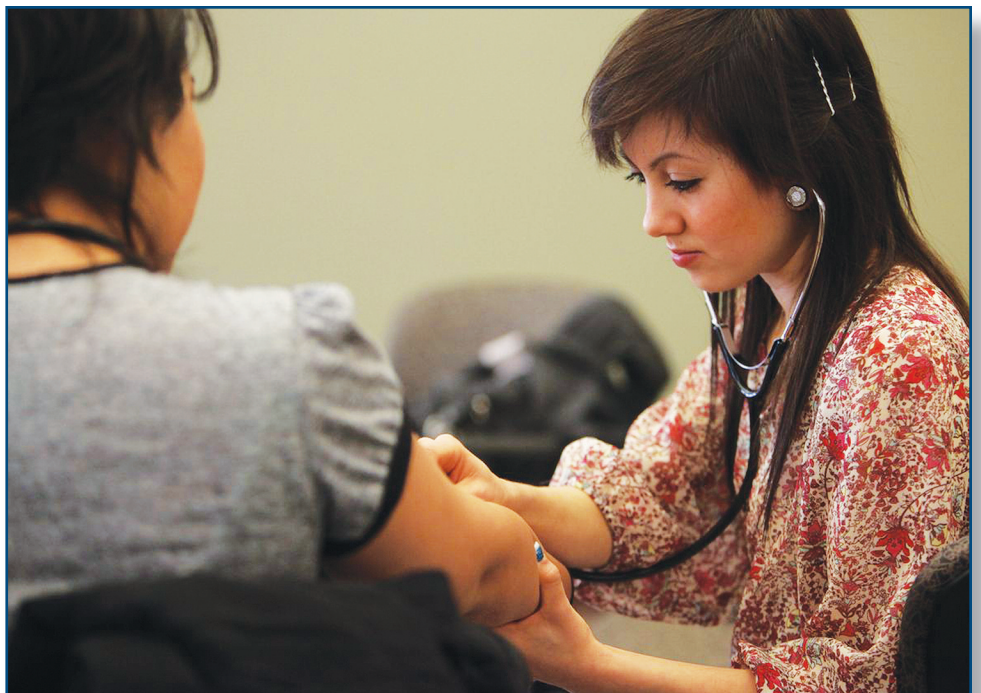


Washington's Gardner, who just recently left the program, passed on summer vacations for 25 years to manage the program site. "I love the students we meet," she says. "I've engaged a whole generation of students. It's a gift and a privilege to be part of these students' lives."

Louisville's Joshua was sitting at her desk at work one night, saw the RWJF request for proposals, and just knew she wanted that program at her school. "I love it because it works. I love it because I think it is what my life should be about, helping to develop somebody else's child." (Her own children are grown and doing well.)

Lee, a cardiologist by training, was associated with the program long before Yale applied for a site grant. "It restores your faith that there are young kids out there who can do this.

Each summer to have the opportunity to work with those kids who still have potential, who still have hope and are willing to work hard, is enormously refreshing."



From the beginning, MMEP created an atmosphere in which participants had no choice but to succeed: giving up was not tolerated, and students were continually told that their goals were attainable.

Citing Sites—A Place to Go, to Grow, to Prosper

In the beginning, MMEP operated at six university sites, reaching 684 students:

- Baylor College of Medicine
- Case Western Reserve University School of Medicine
- Fisk Summer Premedical Institute
- University of Virginia School of Medicine
- University of Washington School of Medicine
- A consortium of seven schools: Chicago Medical School, University of Chicago, University of Illinois, Loyola University, Northwestern University, Rush Medical College, and Chicago College of Osteopathic Medicine

As the program evolved and transitioned to meet the changing demands of the day, the number of recruits and participating sites changed. Each site carved out distinct and innovative activities to support the six-week experience.

- Baylor gave students nine semester credit hours; the University of Louisville gives them three.
- UVA incorporates community service into the curriculum.
- The University of Washington's students volunteer at health clinics in migrant camps.
- The University of Texas Medical School at Houston presents "the art of communication" as training for talking to patients.
- Louisville has weekly health themes that tie classroom teaching to clinical case studies.
- Nebraska, for the first time last year, instructed students to create videos about themselves.
- UCLA's site produced a video (class of 2007) spotlighting inspiring stories as a recruitment tool for both the site and SMDEP.
- Case Western and Duke hold a teleconference engaging students and experts/authors in conversation.

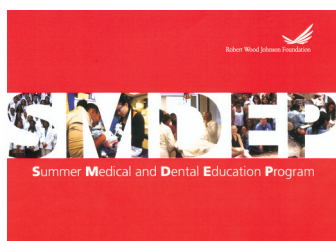
Today, SMDEP has grown to serve nearly 960 students each summer at 12 university sites across the country:

- Case Western Reserve School of Medicine and Case School of Dental Medicine
- Columbia University College of Physicians and Surgeons and College of Dental Medicine
- David Geffen School of Medicine at UCLA and UCLA School of Dentistry
- Duke University School of Medicine
- Howard University Colleges of Arts and Sciences, Dentistry and Medicine
- Rutgers University New Jersey Medical School and New Jersey School of Dental Medicine
- University of Louisville Schools of Medicine and Dentistry
- University of Texas Dental Branch and Medical School at Houston
- University of Nebraska Medical Center, Colleges of Medicine and Dentistry
- University of Virginia School of Medicine
- University of Washington Schools of Medicine and Dentistry
- Yale School of Medicine

For more information on the individual sites, visit smdep.org/sites.

Tapping Dreams, Surpassing Expectations

The students keep coming, applying in the thousands each year, fortified with dreams colored by self-doubt. They have scant knowledge of medical or dental school, but smarts and fortitude. An Internet search turns up forum after forum of prospective students wanting to know how to get in and alumni telling them what to expect, as well as YouTube videos and Facebook pages created by students who bonded during their summer together.



“The content we teach them is the least significant portion of what we do,” says Cheryl Thompson, PhD, an assistant chancellor at the University of

Nebraska Medical Center. “That’s content they’ve either already had or will have. What we are creating is a cadre of students who become very close. And when they get to a point where life is telling them, ‘You can’t do this,’ the other 79 students will say, ‘Yes, you can.’”

Over the years, the students have come with expectations that were both met and surpassed.

Kemi Doll, MD, was surprised by her experience at Columbia in 2003. “I had the best time—

I mean the *best* time,” says Doll, a gynecologic oncology fellow at the University of North Carolina. “I was excited that I was accepted into the program because I was so worried they were going to see my academic probation and say no. I went thinking I’m just going to work really hard, hoping that somebody can see that I deserve to go to medical school.”

Doll said her hopes were magnified beyond her expectations. “I got to the program and it was the first time I was in a situation where people said, ‘You’re going to go to medical school. You’re great. You’re going to be a doctor. We’re going to help you get there.’”

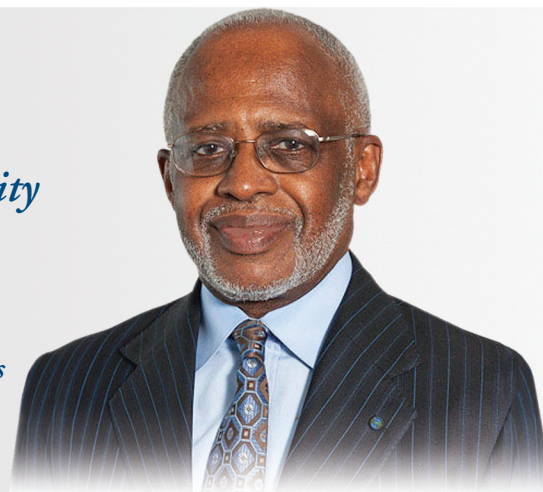
What Sebastian Lane discovered at the Nebraska site in 2013 were new friendships. “That was one of my favorite



“The SMDEP experience provided leaders at Fisk and Vanderbilt Universities an opportunity to demonstrate to our faculty the national availability of hundreds of minority students with the highest academic capabilities.”

George C. Hill, PhD

*Distinguished Professor of Pathology, Microbiology, and Immunology Emeritus
Professor of Medical Education and Administration Emeritus
Vanderbilt University Medical Center*



“The content we teach them is the least significant portion of what we do...What we are creating is a cadre of students who become very close. And when they get to a point where life is telling them, ‘You can’t do this,’ the other 79 students will say, ‘Yes, you can.’”

– Cheryl Thompson, PhD

things,” says Lane. “We got to share going to class from 6 a.m. all the way until 4 p.m. We were all tired together. We set up a Facebook page with photos of people falling asleep during the program to tease them—‘They won’t fall asleep tomorrow.’ It’s a fun program, but you get so much out of it.”

Lane is a guitarist who comes from a family of blues guitarists: father Jimmy D. Lane and grandfather Jimmy Rogers. He formed a band with two other students at Nebraska and won the summer’s talent show. Called Ambur Lane, the band has performed at bars in Hastings, Neb., and at Hastings College, where Lane is a senior majoring in biology and pre-med.

For Michael Hernandez (SMDEP Columbia, 2011), SMDEP was an affirmation. “My father always told me growing up he had to work out in the farm fields after school,” says Hernandez, now a first-year medical student at Columbia. “It really made me recognize how blessed I was, having a stable living situation and education. Being where I am today makes me want to give back to that community.”

Daniela Rebollo (SMDEP Columbia, 2013) was able to get practical experience. “The shadowing experience was



the most compelling for me because that’s what I was looking for when I signed up for the program,” says Rebollo, a junior majoring in biology at Pennsylvania State University who grew up in Venezuela. “My main focus was to get experience in a hospital because I hadn’t had that exposure before.”

Angelo Arce, a first-year dental student at Columbia, was drawn to dentistry while attending SMDEP there in 2011. “The program completely shaped my decision to go into dentistry,” he says.

An Investment With Returns

RWJF has invested more than \$77 million in the program, helping to increase the minority and disadvantaged population pool and transforming the lives of students who might never have entered the health professions.



The numbers of historically underrepresented students are still low, however, and the professions have a long road ahead to reach the point of parity—a powerful argument for the program’s continued relevance and worth. Some SMDEP supporters, in fact, would like to see it expanded to include additional health professions schools in order to attract even more students, with other foundations contributing.

“I would love to see SMDEP replicated,” says Marc Nivet, EdD, program co-director and chief diversity officer at AAMC. “I think there are things we have learned over the years that make it a program that can have 24 sites in the next 25 years, doubling in size, doubling the number of students.”

“A program like SMDEP needs to be much bigger and much more expansive,” agrees Taison Bell, MD (MMEP Columbia, 2003), chief resident at Massachusetts General Hospital in Boston. “The program transforms lives in a positive way. It’s a game-changer. Even the people who go through it and don’t become physicians or dentists benefit from it.”

Over the years, the students have come with expectations that were both met and surpassed.

Samuel E. Willis, MD (MMEP Baylor, 1995), who’s in family medicine at Baylor College of Medicine in Houston, knows from experience that the program is valuable.

“There are kids out there now who don’t understand the medical profession or can’t imagine you can become a doctor if you are a minority in this country,” Willis says.

“I know that sounds silly in 2014. But just last week a boy, about 5 years old, came in for a visit with his grandparents and he said, ‘You’re a doctor? I’ve never seen a black doctor.’”



Inspiring



From Dream to Destination

They came from urban centers and rural towns. Middle-class neighborhoods, underserved reservations, and crumbling communities.

While most had a clear destination, many had no roadmap for getting there.

At MMEP, and then SMEP, and finally SMDEP, they found more than a path; they got a carefully calibrated GPS.

They learned. They grew. They became a lodestar for those who would follow in their footsteps.

Their stories are a testament to SMDEP's greatest triumph: its multiplier effect. By shaping the careers of its more than 22,000 alumni, the program has also changed the lives of everyone they touch.

Extraordinary. Exemplary. Inspiring.



1989

Juan Jose Ferreris, MD

MMEP, Baylor College of Medicine

The Front Line of Medicine

It is easier to build strong children than to repair broken men.

The words of abolitionist Frederick Douglass resonate for Juan Jose Ferreris, a pediatrician and assistant clinical adjunct professor at University of Texas Health Science Center. He sees a straight line between the public funds allocated for children's care and their well-being as adults.

"Kids receive less than 20 cents of every health care dollar. Meanwhile, 80 percent goes to adult end-of-life care. Why aren't we spending those funds on people when they're young, when it could make a genuine difference?"

Ferreris contends that money also shapes health in less obvious ways. Salaries of primary care physicians are well below those of more "glamorous" specialists. Some fledgling MDs, burdened with medical school debt, reason that they can't afford not to specialize. Consequently, he says, only 3 percent of medical students choose primary care.

For Ferreris, who is both humbled and inspired by his young patients, building a Culture of Health necessitates recalibrating priorities.

"Nobody's concentrating on the whole; they're only looking at one part. And they're not paying attention to the human—the brain, the spirit, the soul.

"We overlook that aspect...but it's where I believe the primary care doctor has irreplaceable value."

"I believe the primary care doctor has irreplaceable value."



1990

Rachel Torrez, MD

MMEP, University of Washington

Rare Mettle

The year was 1992. Rachel Torrez, a second-year medical student, was in line waiting for coffee at the University of Washington when a white male student confronted her.

“You took my best friend’s spot because of quotas,” he sneered.

The granddaughter of Mexican migrant workers, Torrez enrolled at a time when students of color were few and some people—especially in Washington state—were questioning the fairness of affirmative action. Clarence Thomas, an outspoken opponent of affirmation action, had recently joined the Supreme Court.

“We don’t have quotas,” Torrez shot back. “I took your best friend’s spot because I was smarter.”

That mix of brains and backbone is characteristic of Torrez, who conquered severe dyslexia and cultural constraints on her way to an MD. Now a family-practice



physician in the Ballard neighborhood of Seattle, Torrez gives as good as she gets.

Through MMEP (now SMDEP) and its Washington site’s then-director, Charlie Garcia, MPH, she found her way in medicine. Through her community involvement and as an SMDEP instructor herself, she helps underserved patients and students find theirs.

“We have to educate people that this is something you can actually touch and reach for,” says Torrez. “It can be tangible if you can learn to ignore the circumstances you live in.”

“This is something you can actually touch and reach for. It can be tangible if you can learn to ignore the circumstances you live in.”



1991

Nicole Stern, MD

MMER, University of Washington

On Balance and Contrast

Nicole Stern is a study in contrasts.

First, there's her heritage: her father is Jewish, her mother full-blooded Mescalero Apache. Then there's her training: Stern is board certified in internal medicine and sports medicine. And as a woman practicing sports medicine, she is an uncommon presence in a male-dominated profession.

"I certainly have a lot of dual things in my life," she muses.

Stern's cultural background gives her a unique vantage point on health care, particularly the disproportionate number of Native versus non-Native practitioners.

According to the Association of American Medical Colleges, American Indians represent less than 1 percent of physicians.

As president of the Association of American Indian Physicians (AAIP) from 2012 to 2013, Stern pushed

to increase the pipeline of American Indian and Alaska Native medical students. She continues to support AAIP in reversing what she calls a "flatline" in applicants and matriculants from Native populations.

"We need to raise our numbers," she says. "The more American Indian physicians we have, the more likely that they'll return and practice in the communities they call home."



"The more American Indian physicians we have, the more likely that they'll return and practice in the communities they call home."



1992

Steve R. Martinez, MD, MAS, FACS

MMEP, University of Washington

Center of Gravity

Washington State has one of the highest rates of breast cancer in the country. Steve R. Martinez, an award-winning surgical oncologist at the Everett Clinic, wants to uncover why.

He zeros in on Snohomish County's large population of rural poor. Disproportionately higher rates of breast cancer there elicit questions, underscoring the challenges of eliminating health disparities.

Is it radium exposure? Something in the groundwater?
Scarcity of vitamin D-rich sunlight?

"Nobody knows—and without delving into it, we'll never find out," says Martinez, mindful of the complex factors driving disparities.

Solutions, he adds, require probing beyond race, ethnicity, and socioeconomic status.

Martinez has studied the impact of disparities on cancer treatment. "We looked at a range of conditions, including



age," he says. One study found that elderly patients with melanoma are less likely to receive aggressive therapies, and even evaluative procedures, typically offered to younger people.

"Geography also plays a role," he says. "Breast cancer survivors in rural areas don't have comparable access to breast reconstruction following a mastectomy."

These days, Martinez spends most of his time in the clinic. But he continues to develop new research programs, as the quest for disparities solutions exerts a strong gravitational pull.

"Health disparities solutions require probing beyond race, ethnicity, and socioeconomic status."

1993

Gloria Sanchez, MD

MMEP, University of Washington

Achieving Impossible Dreams

Can a person thrive in a community ravaged by poverty?
Are seemingly impossible dreams attainable?

Gloria Sanchez, MD, grapples with these questions every day, both in her medical practice and while teaching aspiring physicians.

Sanchez is associate program director of the Department of Family Medicine at Harbor–UCLA Medical Center, a publicly funded hospital in Los Angeles. She also oversees UCLA’s PRIME MSIII Primary Care Longitudinal course, which trains medical students to be medical leaders in underserved communities.

The lives of patients Sanchez treats are shaped by social determinants of health—forces that dictate poor health outcomes based on ZIP code more than genetic code. Where you live, work, and play has a profound effect on individual, family, and community health, she says.



“How can someone who doesn’t have a level playing field still attain their goals?” she asks, citing research showing that the stress of social and economic disadvantage contributes to chronic disease. “Poverty can literally change your brain, and your health.”

Noting that Harbor–UCLA Family Medicine’s mission is to advocate for disenfranchised populations, Sanchez says, “That’s why I entered medicine. It may sound impossible, but I’m here to help people attain good health so they can achieve their dreams.”

“Poverty can literally change your brain, and your health.”



1994

Jacqueline Barrientos, MD

MAAP/MMER, University of Virginia

Crusader Against Cancer

As far back as Ancient Egypt, cancer has frustrated medical practice. Papyri written around 1600 BC describe various cases, with one concluding that “there is no treatment.”

But there’s hope for patients diagnosed with chronic lymphocytic leukemia (CLL)—a cancer that attacks the blood and bone marrow—thanks to Jacqueline Barrientos, MD, who isn’t intimidated by the history surrounding the disease.

She’s busy helping to rewrite it.

Barrientos is part of a team researching new CLL therapies at the North Shore-LIJ Cancer Institute’s CLL Research and Treatment Center on Long Island. In clinical trials, the pioneering drug treatments produced unprecedented results—considerably better than those achieved with chemotherapy, and minus the brutal side effects.



“We’ve never seen response rates like this before,” says Barrientos. “It’s astonishing.” When the FDA approved the use of the new treatments, she and her team were elated. “We’re giving life to patients who once had no hope of surviving because the cancer was so aggressive.”

To those patients, Barrientos and her colleagues are saviors. “You have given us hope where there wasn’t any,” wrote one. “I thank you, my children thank you, and my eight grandchildren thank you.”

“We’re giving life to patients who once had no hope of surviving.”



1995

Sam Willis, MD

MMEP, Baylor College of Medicine

An American in Africa

After completing medical school, Sam Willis decided his residency could wait. He wanted to see the world.

So he joined the Peace Corps and spent two years working as a health volunteer in Burkina Faso, one of Africa's poorest countries. Living among the Burkinabé, in a mud-and-brick house with no running water, Willis learned the native language along with French. Every day, he hauled water back from a well so he could take a bath outdoors.

He talked to the villagers about sanitation, HIV/AIDS prevention, and ways to fight malnutrition. He helped set up a food bank to tide residents over during the summer dry seasons, when the rains stopped and they couldn't plant crops.

When he came back to the United States, it was with a different worldview.



"Learning to speak another language opened up my mind to understanding how the world works," says Willis, who today is an assistant professor at Baylor College of Medicine and practices family medicine in Houston, Texas, treating patients from disadvantaged communities.

"Sometimes you get so caught up in 'I'm from this place,' you don't see who you are in the context of the world. I became a global citizen."

"Sometimes you get so caught up in 'I'm from this place,' you don't see who you are in the context of the world."

1996

Lutul Farrow, MD

MMER, Case Western University

Field of Dreams

“In the NFL, you have to be ready for everything,” says Lutul Farrow, MD.

He should know: For more than three years, the orthopedic surgeon was a member of the medical staff for his hometown Cleveland Browns. With Farrow on the sidelines were a nonsurgical sports medicine doctor and an anesthesiologist; in the stands were a paramedic and a dentist. “That was just for our team,” he says.

Farrow currently works with the Yellow Jackets, a Division III team at his college alma mater, Baldwin Wallace University. Because football requires physician coverage at every game, he travels with the Yellow Jackets to games throughout the Ohio Athletic Conference. He’s also the head team physician for the Brunswick High School Blue Devils.

On game day, he has a field-level view of every play—and every injury. “We mostly see strains and sprains,”

he says, including hamstring pulls, ankle sprains, and ligament sprains of the knee.

Farrow predicts that the current attention to concussions—most recently the NCAA’s settlement of a class-action lawsuit brought by former college players—will change the way the game is played.

“If you fast-forward 20 years,” he says, “tackle football is going to be very different from what we’re playing now.”



*“All I need to know is that one person has done it.
If just one person has done it, I know I can do it, too.”*

1997

Charnicia Huggins, PharmD

MMER, Yale University

More Than Medication

Charnicia Huggins was covering a press conference on how to safely store prescriptions when she had an epiphany.

A freelance medical writer for Reuters Health at the time, Huggins couldn't shake the feeling that her future was in medicine. She paid close attention as a female pharmacist spoke enthusiastically about her job, noting that it was a good profession for women and one that offered a choice of specialties.

"She put pharmacy in a different light," Huggins, PharmD, says. "I never saw it as the right fit for me, but she made it sound so *exciting*."

Now an ambulatory care pharmacist at Bronx-Lebanon Hospital's outpatient clinic, Huggins champions collaboration between health care providers to improve patient health. "With the advent of collaborative drug therapy management (CDTM), pharmacists have the

ability to partner with physicians to manage drug therapy for specific disease states, such as diabetes or heart failure."

She helps patients resolve issues with their medication, counseling them about their treatment and explaining the importance of sticking to their prescription regimen. "We tell them exactly what their medications are for and why their doctors prescribed them," she says.

As Huggins puts it, "Medications can only help if you take them."



"Medications can only help if you take them."



1998

Nichole June Maher, MPH

MMER, Yale University

Community Change from Within

Growing up in Southeast Alaska and on Oregon's Siletz reservation, Nichole June Maher discovered a passion for public health—and it's led her to do some remarkable things.

As head of the Native American Youth and Family Center (NAYA), Maher worked alongside Portland's Native community to, in her words, "create change from within."

Together, they opened a high school and created early childhood programs.

They established a construction company.

They even formed their own catering business.

It's all part of Maher's mission to improve the conditions of Native communities—a calling shaped by her childhood on the reservation.

"These communities have some of the most significant poverty rates and lowest life expectancies," she says. In

fact, nonelderly American Indians and Alaska Natives suffer disproportionate rates of disease and a poverty rate that is "higher than any other racial or ethnic group," according to the National Indian Health Board.

Now president of the Northwest Health Foundation, Maher nurtures Portland communities while underscoring the value of self-sufficiency.

"We need to create the future we want for ourselves," she says. "The things we did at NAYA came to be when our community leaders and elders got together and said, 'No one's going to come and rescue us.'"



"We need to create the future we want for ourselves."

1999

Tyeese Gaines, DO

MMEP, Chicago Consortium

Medicine Without Walls

Physician. Journalist. Teacher. Broadcaster. Author. Wife. Mom. Tyeese Gaines's life is a monument to multitasking.

Early on, she wanted to be a community doctor in the inner city, treating underserved parents and children and delivering babies. But in medical school, she saw that many of the people she wanted to care for weren't making it to a doctor's office. They were coming to the ER.

"I realized that if I want to take care of this population, I need to be where they are," says Gaines.

These days, her definition of "where they are" has expanded to include emergency rooms at three New Jersey hospitals; MSNBC, where she appears as a health expert; and *theGrio.com*, where as health editor she oversees the site's health coverage. She's also a clinical instructor in

the department of emergency medicine at the Yale School of Medicine, and serves on the Governing Council of the American Medical Association Minority Affairs Section.

If it sounds demanding, it is. But Dr. Ty, as she's known, wouldn't have it any other way.

"I love what I do every day," she says—whether it's in the ER, online, or on the air.

"Medicine is a lifelong commitment, and you have to absolutely love it. You need a certain level of inner strength, and there's not a lot of room for doubts."



2000

Alden M. Landry, MD, MPH

MMER, University of Alabama–Birmingham

Driving Diversity

“If we’re going to address health disparities, we have to think broader, deeper, and outside the box.”

As co-founder of Tour for Diversity in Medicine, Alden Landry, 32, puts that philosophy into overdrive.

A mentoring campaign on wheels, Tour for Diversity literally drives possibilities with a bus full of mentors to underrepresented students aspiring to be the health professionals of the future. The mobile mentors have hit nearly 30 campuses, reaching more than 2,000 students since the bus began rolling in 2012.

Scan Landry’s credentials. They spell health care superhero. With formidable dedication, the ER physician reaches out, gives back, and pays it forward.

“Many students don’t know where to go or how to get guidance, even to prepare for medical or dental

school entrance exams,” says Landry. “So our solution is to go to them.”

He is convinced that the Tour, in conjunction with other diversity efforts, can increase the pipeline of minorities into the health professions, ultimately resulting in greater access to care for underserved communities.

“Down the road,” projects Landry, “this can significantly help to eliminate health disparities.”



“There’s so much more to being a physician than putting a stethoscope around your neck.”



2001

Sen. Carlyle W. Begay

MMER, University of Arizona

Open Doors to Health Policy

Walter Begay Sr. lived to the ripe age of 84. He beat mortality odds that hover about 31 percent higher in his Navajo Nation than among Whites.

But he suffered most of his life with diabetes and congestive heart failure.

“Both diseases are so prevalent, they are engrained in our culture,” acknowledges Carlyle Begay, who credits his grandfather Walter with inspiring his path.

The youngest state senator in Arizona, Begay, 33, represents a sprawling district that includes eight tribes and Arizona’s entire Navajo Nation.

“American Indian people have little voice at the decision-making table, especially in the health policy arena,” says Begay, who wanted to become a doctor to tackle disparities afflicting his people.



What started as a path to medicine detoured to health policy, then the business of health care, and now public office.

Begay points to the *Minority Medical Education Program* as one of several decisive doors that allowed him entry.

“The road curved, but I’m sure that I am where I am today because of the many opportunities and doors that were opened.”

“It didn’t take me long to understand that policy determines who, when, and how services are delivered on every level of the health care system.”



2002

Sherket B. Peterson, PhD

MMEP, Duke University

At the Crossroads

Imagine you've devoted most of your young life to becoming a doctor.

You earn admission to a high school specially designed to produce physicians. You head to college on a full scholarship and choose a pre-med track. You apply to the *Minority Medical Education Program* to get a leg up on applying to medical school, your eyes ever on the prize.

Then, in a startling moment of truth, your dream meets reality.

For Sherket B. Peterson, that moment came in an emergency room. She and her fellow MMEP students observed as a patient was dying. The doctors went around the room and asked each individually if they should stop CPR.

"It shook me to the core," Peterson, 31, says quietly.

"Who was I to decide to stop fighting for this person's life?" More than a decade later, the memory is still fresh.



She wanted to make a difference in medicine. Could she do that if she couldn't disengage her emotions?

The quest for an answer planted a seed that would reach full flower over the next several years—and transform Peterson from prospective physician to biomedical investigator.

"I spend every day discovering," she says.

"To me, research is like putting a puzzle together."

2003

Taison Bell, MD

MMER, Columbia University

Personal Effects

The Greek philosopher Plato is often quoted as saying, “All learning comes from an emotional base.”

Regardless of whether he actually said it, the line deftly captures the essence of “emotional intelligence”—a concept that has steadily gained traction in the business world since it was first put forward in 1990.

Emotional intelligence is arguably more important in health care than in any other field. As the Institute of Medicine noted in a 2001 report, “Stable, trusting relationships between a patient and the people providing care can be critical to healing or managing an illness.”

It’s an approach that Taison Bell, chief resident at Boston’s Massachusetts General Hospital, practices himself and strives to instill in his residents.

“Forming a human connection with patients and their families is fundamental to providing good care,” says Bell, 31. “Putting the patient and family forward makes it a much better experience than it otherwise might be.”

He adds, “At an enormously important time in someone’s life, a physician has the chance to affect care in a positive way. I look at it as an opportunity to alter that patient’s life trajectory.”



“We need more underrepresented minority leaders in all aspects of health care delivery and scientific discovery. I think the more diverse we are, the better we are.”



2004

Violeta Ashby

SMEP, Rutgers New Jersey Medical School

Keeping Kids En Pointe

Violeta Ashby has devoted much of her life to educating and mentoring underserved kids.

At age 16, she helped to organize a summer program in Aspen, Colo., aimed at motivating inner-city teens from around the United States to pursue higher education and rise above issues like drug and alcohol abuse and urban violence.

Since then, the New Jersey native's endeavors have ranged from teaching dance to special-education students in New York City public schools to organizing and running an outreach program for Newark youth living with HIV.

"We tried to create a safe place where they could talk about their disease and be normal teenagers with each other," she says.

Beginning with her SMEP experience in Newark, and continuing with her volunteer efforts there and in



Manhattan, Ashby, 32, has developed a keen awareness of the ways in which racial, ethnic, and socioeconomic inequities shape the contours of children's lives. Now a pediatric resident at New York University School of Medicine, she brings that understanding to her work in pediatrics, with an emphasis on inner-city populations.

"My work with HIV teens in Newark is what kindled my interest in pediatrics, and especially adolescent medicine," she says. "It's where I belong."

"It's very easy to walk away from a medical career when you can't get the support you need."



2005

Renee West, DDS

SMDEP, Case Western Reserve University

Building on a Legacy of Education

Of the three major spokes in the oral health care wheel—access, insurance, and prevention—it’s the last that draws the least notice. Yet Renee West, DDS, believes it’s the most essential.

West, 33, is committed to teaching her patients about early dental care. “I want to focus on educating the community about prevention,” she says. “It’s important to go into the schools and catch kids when they’re young so they can create those good, healthy habits early on.”

The Georgia native sees education as the linchpin of good health. For her family, it has been both a guiding principle and a birthright. Her paternal grandmother Estella, known as Mama Stell, insisted that each of her seven children get a college education—a path not easily walked by low-income black families in rural Georgia in the mid-20th century.



Since completing dental school and residency, West has carved out a place for herself at the Family Health Centers of Georgia, where the majority of her patients are from underserved—and often uninsured—populations. Her work there affords her the opportunity to show patients how to take care of their teeth early on.

“Prevention is easier—and much less expensive—than treatment,” she says.

“My grandmother understood the power of education and its ability to liberate one from poverty and oppression.”

2006

Sharlay K. Butler

SMDEP, University of Washington

Hunger for Change

“We lived in a van, then a highway motel, and eventually a camper. My mom always made sure we had enough to eat. Nobody should ever go hungry.”

Genuine words. True experience.

For Sharlay Butler, 27, the past is distant and ever-present. The oldest of three raised by a single mother, she grew up impoverished on northern Idaho’s Coeur d’Alene reservation—an unsettling start to a purposeful journey that has put her within reach of a medical degree.

The University of Washington School of Medicine student has memories of a near-nomadic life in highway motels, nights of wishing away hunger pains, and days of staring at bare kitchen cabinets.

Since then, she has inspired medical school classmates to partake in field trips to food banks and written cookbooks to help low-income people prepare healthy meals.



Butler’s story of chronic food insecurity, experienced by an estimated 49 million Americans, uniquely prepared her to understand patient and community needs often overlooked by other health care providers. She is determined to educate others, particularly those dependent on food banks, about the importance of good nutrition.

“A clinician’s role is not merely to treat people who are sick,” she says. “It’s to help patients stay well.”

“Nobody should ever go hungry.”



2007

Chelsea Brockway, DDS

SMDEP, Columbia University

The Intersection of Diversity and Disparity

Chelsea Brockway, DDS, was 13 when *Oral Health in America* sounded the alarm about the “silent epidemic” of oral health disparities. But she had already discovered what the report made abundantly clear: that a more diverse health workforce will improve care for racial and ethnic minorities.

Brockway, 27, whose mother’s family is from Honduras, saw firsthand that patients’ inability to speak the same language as their health care provider can create huge barriers. It shaped her approach to patient care, and even led her to take a Spanish-immersion trip to Honduras.

“When you’re confronted with medical issues, it can be very scary,” she explains. “I wanted to be able to communicate with Spanish-speaking patients.”

The six weeks at SMDEP reinforced Brockway’s desire to practice in Hispanic communities in her native Florida.



She is marshaling her skills and resolve to serve underrepresented patients, whenever and wherever possible.

“A lot of people think orthodontic care isn’t important, especially when low-income populations have so many other health issues,” she says.

“The truth is that oral health is essential to overall health. And no matter what your financial situation is, you should be able to get comprehensive dental care if you need it.”

“I don’t want to have a career that serves only the most privileged people.”

2008

Eric Brown

SMDEP, University of California, Los Angeles



The Role Model Within

The drive to help others is a bright thread in the tapestry of Eric Brown's life.

"I want people to look at me and say, 'He made a difference for those who couldn't do much for themselves,'" says Brown, 24.

Whether mentoring his peers, helping underserved children access free dental care, or setting up health clinics in Nicaragua, the second-year student at the University of California, San Francisco School of Dentistry is already changing lives for the better.

"Giving back doesn't always have to be connected to dentistry," he says. "I like finding other ways to help people, not only with their health but also mentally—talking to them, encouraging them. I want to lend a hand any way I can."

As an undergraduate at UC Riverside, Brown applied to SMDEP in 2008 with a desire to explore dentistry. He

hardly expected that he would make the cut for the UCLA site. When it happened, he began to imagine possibilities never before within his reach.

"I'm committed to working with underserved communities. That's what got me interested in health care in the first place, and it's exactly what SMDEP does so well," he says. "It allowed me to identify concrete ways to help people."

"For me, everything stemmed from SMDEP. It's where I gained the skills and the confidence to become a leader."

2009

Ayamo Oben

SMDEP, Duke University

The Power of Resilience

Ayamo Oben is an evangelist for self-determination. “When people tell me I can’t, I feel even more driven to prove I can,” she says.

A native of Cameroon who migrated to the United States when she was 16, Oben arrived at Duke University for her SMDEP session with a rigorous educational background and brimming with confidence. “I went there thinking I would sail through,” she laughs. “But it was way more challenging than I expected.”

Now in her third year at Duke’s School of Medicine, she teaches SMDEP sessions for new cohorts. She delights in telling students that she was accepted by Duke despite a low MCAT score. “If they get a 28 and they’re disappointed, they can remember my score was lower than that—and here I am at Duke.”



Scheduled to complete her medical degree in May 2015, Oben, 23, has set her sights on obstetrics and gynecology. “I want women to feel empowered about their health—to ask questions, have a point of view, and speak up for themselves,” she says.

She strives to empower her SMDEP students, too. “I want to help them see that anything—*anything*—they want to achieve is within their reach.”

“SMDEP was a genuinely life-changing experience for me.”



2010

Alejandro Barrera

SMDEP, University of Texas Health Science Center



The Heart to Serve

“I see myself working in a career related to dental public health, with a specialization in oral epidemiology and global health.”

Those words, written by Alejandro Barrera for his SMDEP application, epitomize his desire to make a change in the world. You might even call it his mission statement.

“I want to help people who wouldn’t normally receive help—and do it on a larger scale,” says Barrera, 22. “That’s why I’m so interested in public health.”

It’s an interest that was sparked by a study-abroad trip to Ghana, for which he was selected by Texas A&M International University (TAMIU). “It was a service learning trip to get freshmen to think globally,” he explains. “It really opened my eyes to the needs of people in the developing world.”

The spark caught fire at the University of Texas Health Science Center at Houston, the site of his SMDEP session.

“I learned to look beyond my city, my state, even my country. Before, I didn’t think I could be of that much benefit,” he muses. “Now, I know I can.”

As a peer mentor, Barrera preaches perseverance. “Don’t give up because you think other people are better than you. You can accomplish great things.”

“Everyone at SMDEP was so motivated. They all knew what they wanted to do, and they had the hunger to make it happen.”

2011

Oscar Paniagua-Morales

SMDEP, University of Nebraska

From Patient to Provider

Oscar Paniagua-Morales takes health care personally.

At age 24, he was diagnosed with renal failure and both kidneys shut down. For the next four years, he spent three days a week hooked up to a dialysis machine.

From adversity came an epiphany.

“Sitting on dialysis for hours, interacting with the technicians and physicians...it made a lasting impression,” he says. “I want to be a doctor to learn more about my disease and better ways to treat it.”

Before he could pursue his goal, he needed a functioning kidney. Thanks to his fraternal twin brother, Paniagua-Morales got a life-changing gift in October 2008; that November, he took the GED exam and passed. The following January, no longer tethered to a dialysis machine, he entered Colorado Mesa University as a biology major.

Since then, he’s been unstoppable, seizing every available opportunity for advancement—including SMDEP.

“I was so hungry for knowledge when I started college,” explains Paniagua-Morales, now 34. “SMDEP created the path to where I wanted to go.”

That road forward, he hopes, will lead to a specialty in nephrology. “It would be great if all those years on the patient side put me in a position to improve care for people with kidney disease.”



“Almost 80 percent of the people who did SMDEP with me are now in medical, dental, physician assistant, or pharmacy school.”

2012

Aldo Del Sol Martinez

SMDEP, University of Louisville



Return on (Community) Investment

“So many people gave to me and helped me chase my dreams here. I want to give back in the same way.”

For Aldo Del Sol Martinez, “here” is the University of Louisville in Kentucky. The soft-spoken 25-year-old is in the final year of his baccalaureate program in biology, with plans to attend dental school.

Where he started, however, was Cuba.

“I saw a better chance for me in the U.S., where there are more resources than in Cuba,” he explains. “My parents don’t speak English, but they left everything they knew and moved here to give me a brighter future.”

“A better chance” and SMDEP are synonymous for Del Sol. “SMDEP is a great opportunity for any student who wants to be a health professional,” he says.

“Once I become a dentist,” he adds, “I want to do the same for others—to encourage them to work hard and chase their dreams like I did.”

He sees it as a return on the investment others have made in him.

“I have a strong wish to give back to my community,” says Del Sol. “And after attending SMDEP, I’m even surer that this is what I should do.”

“SMDEP is a great opportunity for any student who wants to be a health professional in the United States.”



2013

Cora Neville

SMDEP, Howard University

Lighting a Fire Within

“My most vivid memories are of caring for, and being cared for by, my loved ones,” says Cora Neville, 21.

It’s little wonder a career in health care is a natural fit. As a young child, Neville took care of her mother and great-grandmother as they fought the diseases that eventually took their lives. Her brother, Edward, assumed custody of Neville and her younger sister when he was just 23, working multiple jobs so he could provide for them. He was a devoted caretaker and confidant.

Now a senior at Long Island’s Hofstra University, Neville is determined to make her brother proud by achieving her twin ambitions: to become an orthodontist and, more importantly, to give back.

Her SMDEP experience only bolstered her determination. “I met people from different backgrounds and broadened



my horizons. I realized I want to help people from *all* cultures—not just my own.”

Looking ahead to dental school, Neville acknowledges that thinking about how long it takes can be overwhelming. But she remains undeterred.

“I want to be the person who lights a fire within others,” she says, “the one who motivates them to go out and accomplish their goals.”

“I want to be the person who lights a fire within others.”



*The Foundation has invested
more than \$77 million in SMDEP, helping
to transform the lives of students and the nation.*

Robert Wood Johnson
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