I then cofounded the Mount Sinai Visiting Doctors Program, now the largest academic home-visit program in the nation, and saw directly how poverty affects the health of elderly and frail patients, first in East Harlem, and eventually, as the program expanded, throughout all of New York City. My experiences in the Visiting Doctors Program were life changing and helped to launch my career in academic medicine.

But in 2014, the efforts of our Medical Education leadership team to transcend these inequities were put into a new perspective. Racial and social injustice were brought home to us by a group of Mount Sinai students, the Anti-Racism Coalition (ARC), who were inspired to demand justice and an anti-racist approach to health care following a series of Die-In demonstrations that protested the deaths of young black men as a result of excessive police force.

I am sure there are educators who would argue that such a controversial issue has no place in a medical school. I too was initially resistant to these indignant young doctors-in-training. But our leadership team listened. We began reading books about racism in health care. And slowly, we learned. We are still learning to view health care through a different lens. Bias, inequity, and racism are everywhere in society, including health care, and the training environments in which we work, teach, and learn, undermining the values and human rights we have taken an oath to protect.

The articles in this Dean’s Report are a testament to our work in progress. Here we introduce two promising undocumented medical students, Jamil Reja and Denisse Rojas Marquez, who are pursuing their professional goals against a backdrop of legal uncertainty. We also include articles about our accomplishments in LGBTQ health care, and about the Anti-Racism Coalition (ARC). This latter group has pushed us to create a curriculum that includes social, economic, and institutional implications when covering health disparities. We worked closely with ARC to convene a review committee of thought leaders from outside institutions who have made recommendations on how we can make our school more diverse and inclusive.

My personal commitment to eliminating prejudice and racism is greater today than it was two years ago, when I believed that I was doing all I could as a physician and educator to serve the underserved and to right the nation’s imbalances in health care outcomes. Our faculty has instituted curricular changes that encourage students to explore their unconscious biases, to immerse themselves in human rights, and to learn about the challenges in confronting racism. We have made great strides forward, but our work has just begun.
A Commitment to Inclusive and Respectful Medical Education for All

Outrage over the deaths of two black men—Eric Garner and Michael Brown—at the hands of police officers in 2014 was the catalyst for creating the Anti-Racism Coalition (ARC), an organization formed by several student groups at the Icahn School of Medicine at Mount Sinai (ISMMS), which came together to counter institutional racism in all of its forms.

At that time, ARC presented the School’s leaders with data that highlighted gaps in students’ education related to race and racism in health care. They identified a need for broader diversity in the faculty and student populations and expressed the fact that many students from communities of color felt excluded and marginalized. Among the group’s key concerns was the lack of trust between students and the Department of Medical Education and the need to expand the scope of education students were receiving about racial disparities in health care.

“The hard facts were, despite our personal and professional connection to bias and racism, as an institution we hadn’t created cohesive messaging that recognized violence within communities of color, and its intersection with medicine and medical education—which hits home, since our students come from these very communities,” says Michelle Sainté, Associate Dean for Academic Administration.

For guidance in creating meaningful change, the School’s leadership looked beyond the campus and formed an external review committee comprised of thought leaders who had dedicated their careers to diversity and inclusion efforts: Fernando S. Mendoza, MD, MPH, Professor of Pediatrics, Associate Dean, Minority Advising and Programs, Stanford University School of Medicine; J. Renee Navarro, PharmD, MD, Vice Chancellor, Diversity and Outreach, Professor of Anesthesia and Perioperative Care, UCSF School of Medicine; and Marc A. Nivet, EdD, MBA, Chief Diversity Officer, Association of American Medical Colleges.

After the committee visited the Icahn School of Medicine and conducted on-campus interviews with students, faculty, and staff members, they shared their findings in an 11-page report that offered recommendations and solutions to make the ISMMS a more inclusive environment. The committee recommended that the school maintain a strong focus on teaching students about the social issues that impact a patient’s health, particularly racism, and educate students about the elimination of bias in science. The experts suggested that in terms of precision health, ISMMS should focus on the individuality of the patient, rather than on stereotypes of groups, and that educators should assist all students in developing the skills to become leaders who promote positive change.

A series of new programs are now under way at the Icahn School of Medicine that help to increase awareness of these issues.

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Students See a Problem and Find a Solution

The student-run Anti-Racism Coalition (ARC) at the Icahn School of Medicine at Mount Sinai (ISMMS) has a mantra: “See a problem. Find a solution.”

Since its inception in 2014, ARC has set some precedents and helped elevate the voices of ISMMS students who are underrepresented in medicine. Third-year medical student and ARC member Giselle Lynch says the group has empowered students to push for change. “ARC’s work is about shifting the culture and structures of this institution,” she says.

Among the group’s primary concerns are the way race and racism are used in understanding the foundation for health disparities and how social determinants of health influence the way medicine is taught.

“ARC has created a sense of awareness and accountability for addressing race and racism in medicine,” says Ann-Gel Palermo, DrPH, MPH, Associate Dean for Diversity and Inclusion in Biomedical Education. “They have helped make this a priority for the School, equivalent to how we teach students to conduct the medical interview or how to wear and use the stethoscope. So that is solely a high-five to them.”

An affiliated student group, Mount Sinai Organized for Action, has instituted teach-ins or self-directed interactive sessions where students present a thoroughly researched subject to their fellow classmates on topics that include “Addressing Racism and Bias Within Our Medical Education,” “The Histories of Black Health Advocacy,” and “Not Just Tuskegee.” ARC would like to incorporate these presentations into InFocus sessions for first-year students.

Says fourth-year student and ARC member Carolina Miranda, “We are working toward making our institution, the [nation’s] health care system, and the world at large, anti-racist, while remaining committed to helping marginalized identities and communities.”

Advocates for LGBTQ Health Care

LGBTQ+ People in Medicine (LGBTQ+PiM), a student-run organization at the Icahn School of Medicine at Mount Sinai (ISMMS), has taken the lead in advancing the way LGBTQ health is taught at medical schools throughout the country and in advocating for more inclusive admissions policies for sexual and gender minority students. The group has been invited to make presentations at events sponsored by the Association of American Medical Colleges.

In their presentations, LGBTQ+PiM leaders have drawn upon their experience in promoting change at Mount Sinai. The group’s first step was to advocate for more in-depth instruction in LGBTQ health care that went beyond a one-day lesson. According to a study in the Journal of American Medicine, a total of five hours is normally allotted to the subject at many medical schools.

“We didn’t think this was the best way to think about LGBTQ health, especially as future clinicians,” says Les James, a third-year medical student and co-leader of LGBTQ+PiM. “Training needs to be intentional and contextualized, especially when explaining health disparities.”

The Icahn School of Medicine has now integrated the study of LGBTQ health care throughout the first and second year of medical school. In addition, course directors invite guest speakers to make presentations that are incorporated into final exams. One recent speaker was Laura Erickson-Schroth, MD, MA, a Public Psychiatry and LGBT Health Fellow at Columbia University, and editor of Trans Bodies, Trans Selves, a resource guide for transgender people.

After reviewing the School’s admissions process with Valerie Parkas, MD, Senior Associate Dean of Admissions, the LGBTQ+PiM group identified another opportunity for LGBTQ community inclusion. They suggested modifying ISMMS’s secondary application by expanding the gender identities beyond the traditional “male” and “female” options, to include transgender and gender nonconformist applicants.

“Inclusive admissions procedures allow applicants to understand that we strive to broaden diversity in our student body,” says Dr. Parkas. “This is critically important for the patients and communities we serve at the Icahn School of Medicine.” The secondary application now includes an optional short essay that invites applicants to express how their personal identities influenced their decisions to pursue a career in medicine.

LGBTQ+PiM has also successfully undertaken initiatives to open the Icahn School of Medicine’s first gender-neutral restroom, incorporate Preferred Name and Preferred Gender Pronoun (PGP) policies into the admissions interview and orientation processes, and to use The OUT List—a networking tool that promotes visibility of the school’s LGBTQ community.

LGBTQ+PiM’s co-leaders, including Ms. James and fellow third-year classmates Elizabeth Tarras and Murad Khan, plan to continue their work, and they credit ISMMS for encouraging collaboration and inclusiveness. “The mission speaks to the School’s core values and seeking to do the right thing,” says Ms. James.
Mount Sinai’s First Undocumented Medical Students Pursue Their Dreams

Denisse Rojas Marquez
MD Candidate, Class of 2019

Growing up as an undocumented immigrant in Fremont, California, had a profound impact on Denisse Rojas Marquez, and shaped her belief that access to higher education and good health care should be available to all. In 2012 she gained relief from deportation through President Barack Obama’s Deferred Action for Childhood Arrivals (DACA) program, and in 2015 she gained acceptance to the Icahn School of Medicine at Mount Sinai. Her achievements earned her the prestigious Paul & Daisy Soros Fellowship for New Americans award.

Now, Ms. Marquez can add another accomplishment to her impressive resume. She was named to the 
 Forbes 30 Under 30 list of young achievers, which appeared in the magazine’s January 24, 2017 issue. Her work in cofounding Pre-Health Dreamers (PHD), a growing network of more than 800 undocumented students from 42 states who are interested in pursuing careers in science and health care, was cited by Forbes in its inclusion of Ms. Marquez. PHD shares internship and job opportunities and advocates for progressive institutional and governmental policies. Ms. Marquez was inspired to cofound PHD based on her experiences as a student who had to navigate her own educational and career aspirations with limited resources.

Jamil Reja
MD Candidate, Class of 2019; President, CUNYs in Medicine

Jamil Reja has been defining his career in medicine since he was an undergraduate at The City College of New York’s (CUNY) Department of Biomedical Engineering, where he created devices that would improve magnetic resonance imaging systems. But until he received DACA status several years ago, his career choices remained uncertain. Now, a second-year medical student at the Icahn School of Medicine at Mount Sinai, Mr. Reja is on his way to becoming a physician.

“After getting accepted and seeing how the administration team responded to my situation, I felt safe. I felt relief,” Mr. Reja says. “Mount Sinai is going to make sure that I graduate with an MD degree and will be able to pursue the next step in my career.”

That knowledge has enabled him to reach out to other underrepresented CUNY students to instruct them about the medical school application process and what to expect in medical education. He says this helps bring greater clarity to these students, and enables them to overcome potential barriers to medical school.

After he graduates, Mr. Reja plans to pursue an area of medicine that draws upon his background in biomedical engineering.