

Department of Family Medicine and Community Health
School of Medicine and Public Health
University of Wisconsin-Madison

McGovern-Tracy and Student Scholars Awards Event

Wednesday, May 17, 2017—5:15-8:00 PM

Monona Terrace Community and Convention Center
1 John Nolen Drive, Madison, Wisconsin



Program of Events

- 5:15-6:00 Reception
- 6:15 Dinner Served
- 6:15 **Welcome and Opening Remarks**
Valerie Gilchrist, MD, Professor and Chair
- Master of Ceremonies**
William Schwab, MD, Professor (CHS) and Vice Chair for Education
- 6:30 **Keynote Speaker**
Shiva Bidar-Sielaff, Chief Diversity Officer, UW Health
“Being a compassionate and involved citizen of the world”
- 6:50 **2017 Scholars Award Presentations**
Introductions by Byron Crouse, MD, Professor (CHS) and Associate Dean, School of Medicine and Public Health:
- Founders Award (WAFP)
 - Robert and Irma Korbitz Endowed Scholarships
 - Vogel Foundation Scholarship
- Introductions by David Deci, MD, Professor (CHS), Director, Office of Medical Student Education, School of Medicine and Public Health:
- Compassion in Action Community Leadership Award
 - Compassion in Action International Leadership Awards
 - Dr. Lester Brillman Scholarships
 - Dr. Lester Brillman Leadership and Advocacy Award
 - Dr. Lester Brillman Mentorship in Family Medicine
- 7:25 **Dr. Martin and Charlotte Gallagher Scholarship for Prolotherapy**
Introduction by David Rabago, MD, Associate Professor
- 7:30 **Jan Ashe Memorial Award for Excellence in Community Radiography**
Introduction by William Schwab, MD, Professor (CHS) and Vice Chair for Education
- 7:35 **McGovern-Tracy Scholars Award Presentations**
Introductions by Cindy Haq, MD, Professor (CHS), TRIUMPH Program Director
- 7:50 **Closing Remarks**
Valerie Gilchrist, MD, Professor and Chair

2017 Award Recipients:

Compassion in Action
Nnenna Ezeh

Compassion in Action
Community Health Leadership
Vy Dinh
Nailah Cash-O'Bannon

Compassion in Action
International Health Leadership
Elizabeth Abbs

Dr. Lester Brillman Scholarships
Andrew Beine
Tricia Brein, MPH, CHES
James Ircink
Kristin Magliocco
Kelsey Schmidt

Dr. Lester Brillman Leadership and
Advocacy Award
Sabrina Martinez

Dr. Lester Brillman Mentorship in
Family Medicine
Jonas Lee, MD

Founders Award (WAFP)
Cameron Blegen

Robert and Irma Korbitz Endowed
Scholarships
Lindsey Anderson
Abigail Navarro
Ngoc Pham

Vogel Foundation Scholarship
Justin Meyers

Dr. Martin and Charlotte Gallagher
Scholarship for Prolotherapy
Michael Braunsky, DO

Jan Ashe Memorial Award for Excellence
in Community Radiography
Marrae Keith

McGovern-Tracy Student Scholars
Katie Eszes
Matt Guerrieri
Manu Habibi
Kali Kramolis
Jacqueline Mirr

McGovern-Tracy Resident Scholars
Jared Dubey, DO
Jody Epstein, MD
Jasmine Wiley, MD

Compassion in Action (CIA) Awards



As a result of a generous gift from Dr. Zorba and Penny Paster, and on behalf of the **Paster Family Foundation**, the Compassion in Action awards have been established to support “a disadvantaged community or population that suffers, because it lacks sufficient necessities for the health and well-being of its members”

- The **Compassion in Action** awards are presented in recognition of first-year medical students who desire to do “good work” in a disadvantaged community.
- The **Compassion in Action Community Health Leadership** awards are presented in recognition of third or fourth-year medical students who, in the course of their medical school education, developed, implemented or improved health care in a disadvantaged community.
- The **Compassion in Action International Health Leadership** awards are presented in recognition of third or fourth-year medical students who, in the course of their medical school education, developed, implemented or improved health care in a disadvantaged international community.
- The **Compassion in Action Tibetan Delek Hospital** award is presented to a medical student to offset their living expenses as they work to develop and implement a process to improve the care of the disadvantaged community at the Delek Hospital in Dharamsala, India.

Compassion in Action Award Recipient



Nnenna Ezeh—“Raise your hand if you’ve ever pulled a roach out of a child’s ear.” My heart sank to see a physician at a community clinic in South LA raise his hand. Conditions have consequences. This phrase catapulted my journey into going upstream and working for social justice. I’ve been passionately committed to the intersection of service and medicine found in working with underserved populations since I was in middle school. In Michigan, I spent 6 years accumulating over 400 hours volunteering at a community center that I frequented as a youth. There, I developed my love for working with the underserved. When I arrived in California for college, although the geography had changed, the social injustices plaguing the underserved were the same. Thus, all of my work was centered with the underserved. From campus advocacy and programming to volunteering at safety net hospitals to teaching health education to Black churchgoers, and more, my experiences have continuously opened my eyes to the systematic conditions that produce underserved communities. Eager to apply my learning to policy, I spent a year working with top California state policymakers around trauma-informed and culturally relevant foster care and making health and human service programs more client-centered. After arriving in Wisconsin, I’ve jumped head first in understanding the needs of the Wisconsin community. I serve as a clinic coordinator for the pediatric MEDiC clinic and am the elected M1 Equity and Diversity Representative. I hope to work on both local and institutional level change so that us as students can better serve this community. I plan to continue serving Wisconsin through the TRIUMPH program in the fall. These experiences have continuously inspired me toward serving the vulnerable as their condition reflects the true nature of our community and their success is what compassion in action truly is.

Compassion in Action Community Health Leadership Award Recipients



Vy Dinh—As a former refugee, I understand that healing takes many forms. I grew up listening raptly to my parents' stories of our escape from Vietnam, including my favorite, of the kind stranger who opened his home to hide my family as we waited for the next boat to take us away toward Thailand. We later learned that the first boat we missed had capsized in a storm, leaving behind no survivors. To this day, I feel lucky to be alive. I am reminded of these emotions whenever I am with my patients. Whether it's the delivery of a baby or a patient on the brink of death, the opportunity to work with individuals across a lifetime is an incredibly humbling experience. Family medicine's emphasis on this personal narrative leaves little doubt for any other choices. I was also drawn to family medicine's pragmatic approach to health via public health, complementary medicine and other modalities. I have had the privilege of working with many family physicians who went outside the scope of their practice to treat uninsured patients. Their dedication to their patients, in the face of many obstacles, reminded me of the can-do attitude that helped my family survive during our assimilation in America. Family medicine's multifaceted approach also provides a platform for improving refugee health, a passion of mine. Growing up in Albany Park, a diverse Chicago neighborhood where many refugees relocated to during the 1990s, I saw how language and cultural barriers promoted distrust in the medical community. As a result, patient outcomes suffered, which was seen in the case of my uncle who refused to seek care for pneumonia until it was too late. Although refugees represent a small subset of medically underserved populations, they have some potential for improving our overall healthcare delivery. For example, my mother was able to feed her family of six nutritious meals despite being on welfare. How can I translate her cultural knowledge about nutrition to help our increasingly obese society? What can we learn about immigrants from their cultures to improve our own? What do we know about treating mental diseases in the context of an individualistic vs collectivist society? I've attempted to address some of these issues during medical school, for example, through promoting cultural competency in Asian Pacific American Medical Student Association seminars and organizing the Complementary and Alternative Medicine course.



Nailah Cash-O'Bannon—Stepping out of the office and into the community can enable health professionals to understand the social determinants of health and to achieve more deep and lasting effects on patient care. Advocating for changes in community members' access to healthy food, safe places to exercise and job security have the potential to promote positive health benefits. As a future physician, I will have unique knowledge and power to contribute these changes. My leadership role in the Student National Medical Association has taught me about creating policies for an organization and collaborating within medical schools to increase the number of diverse physicians and professors. I also had the benefit of working with a variety of people from various institutions to organize events that give voice to those populations that can often go un-

heard. Participating in the Training in Urban Medicine and Public Health program during my third and fourth year has allowed me to refine the leadership skills necessary to work on a longitudinal community health project and strengthen my advocacy knowledge and implementation. Family medicine considers patients in a holistic fashion, examining not just the body but also the patient's family, circumstances and community. I wish to be a physician that works within and outside of communities to champion health equity. Many of the decisions that we make and the actions that we take stem from a need to connect with ourselves and others. Physicians have a unique power to make connections between patients and their surrounding communities to create changes for the better. I am eager to bring my passion for social justice and community health along with empathy and dedication to lifelong learning to family medicine to become a community-responsive clinician and an active agent for health.

Compassion in Action International Health Leadership Award Recipient



Elizabeth Abbs—The sun beats down on Vanessa, a 16-year-old resident of Lomas de Zapallal, a peri-urban shantytown north of Lima, Peru. The potatoes and rice she had for lunch were empty calories as is the cake she bought at the school kiosk. She feels unsafe at home due to frequent physical fights between her parents. To calm her nerves, Vanessa takes another drag on her cigarette. Five years prior to meeting Vanessa, as an AmeriCorps geriatric case manager in Bronx, New York, I saw how community-centered care prevents disease complications and enhances healthy behaviors. My patients in the Bronx motivated me to learn from Milwaukee's urban underserved population as a Training in Urban Medicine and Public Health (TRIUMPH) student. After an influential clinical third-year of medical school, I was fortunate to expand my public health training

as a NIH/Fogarty Scholar based in Lima. TRIUMPH taught me to identify root social causes that prevent girls like Vanessa from making positive behavioral choices. As such, I began my global health year optimistic that an evidence-based culturally tailored intervention could reduce the risks of future diseases for adolescents of Lomas de Zapallal. As I began my work in Peru, a preliminary analysis revealed a high prevalence of depression, poor nutrition, and physical inactivity. I realized that the youth of this community were facing complex challenges—parental substance use, violence, and extreme poverty—and my efforts would unlikely transform their habits overnight. Despite limited time and resources, I implemented a pilot behavioral health intervention (iSi! Salud Integral) for 100 students. Although no significant changes in mental wellness, nutrition, or physical activity have yet to be observed, I cherish my ongoing relationship with the youth of this community and aspire to create a iSi! Peer Health Ambassador Program this spring. My career aspirations are to provide access for people who can rarely seek a doctor, develop and conduct programs that promote healthy lifestyles, and dedicate myself to progressive initiatives that promote wellness for individuals like Vanessa in communities like Lomas de Zapallal.

Dr. Lester Brillman



The **Dr. Lester Brillman Scholarships** recognize graduating fourth-year medical students at the UW SMPH who are planning a career in family medicine and who demonstrate excitement and involvement in the specialty. The **Dr. Lester Brillman Leadership and Advocacy Award** recognizes a graduating fourth-year medical student at the UW SMPH who is planning a career in family medicine and meets the following criteria:

- Demonstrates ongoing, consistent leadership within Family Medicine at the medical school *and* state/regional/national level;
- Serves as a role model for peers;
- Participates in advocacy efforts that foster Family Medicine locally, nationally or globally;
- Exhibits academic and clinical excellence; and
- Maintain high levels of professional behavior.

The **Dr. Lester Brillman Mentorship in Family Medicine Award** recognizes the contributions of faculty and community preceptors who nurture and sustain student interest in family medicine through their roles as clinicians, educators and/or researchers.

Dr. Lester Brillman Scholarship Recipients



Andrew Beine—As I guided his smooth, wet body into my hands and passed him to my wife, I experienced what many fathers will never do: deliver my son. It’s a moment I treasure from medical school and one I hope to recreate over and over with the many families who entrust their care to me in the future. Since my decision to enter the specialty, my passion for family medicine (FM) continues to grow and I enjoy sharing with my peers the many reasons I ultimately chose FM for my career. I entered the medical field to build relationships, advocate for those in need, and gain the ability to care for all types of patients. Not only are these desires met, FM also allows me the unique opportunity to walk with a patient and family through pregnancy, birth and continued family life. I believe my previous experiences make me an exceptional fit for the specialty and

give me a distinctive skill set to treat the whole patient. I spent two years having spiritual-based conversations with young adults experiencing existential crises. I volunteered with hospice for over a year, learning to walk with those nearing death. I am also a proud father of four children, giving me an insider’s look into the various health components of “family” medicine. I have worked hard to prepare myself for the great responsibility of FM and, in doing so, was elected to both AOA and GHHS. Medical school has been a whirlwind of rotations through diverse specialties giving me the chance to hold a beating heart, walk with our nation’s veterans, and welcome babies into the world. I love so many aspects of patient care and am eager to invest in my future Wisconsin community to begin developing these enduring and life-long relationships.



Tricia Brein, MPH, CHES—When I applied to the UW SMPH I knew that I was meant to be in the WARM program. Though I’ve now lived in Wisconsin for 15 years, I was raised on a dairy farm in northern Minnesota. My mom worked part-time as a dental assistant and my dad milked 40 cows with my grandpa on the family farm. I wanted to be a doctor as an adolescent; however, I never thought it was an option for me. People from my family don’t go to college, let alone become doctors. The logistics of it all seemed impossible. Fortunately, I’ve always had mentors that encouraged me to continue my education, which ultimately directed me to medical school as a working adult. It was while working in public health, after obtaining an MPH, that I decided to pursue the

path of becoming a family physician. As a WARM student, I’ve been able to do my clinical years outside of Madison, primarily in the La Crosse area. One of the best features of doing primary care rotations in rural communities around La Crosse is that it has given me the opportunity to learn more about the Amish culture and how I can better serve the needs of Amish families. For example, I’ve done Amish home visits with public health nurses to help promote health education and immunizations, and I attended an Amish fundraising auction where I spoke with dozens of Amish families about the importance of childhood vaccinations. I adore my rural patients because I can identify with them. Most of my patients on these rotations are blue-collar or are from farm families. Coming from a rural working-class background, I can recognize their struggles and patients appreciate that I understand them. The experiences from my rural rotations are one of the main reasons that I have decided to pursue family medicine. Having long-term relationships with my patients in a rural community is what I look forward to most as a primary care provider. I know that with more training, I will be prepared to care for families in towns like the one I came from, and I look forward to helping make my rural community healthier.



James Ircink—Leaving a stable job in business to pursue medicine required a leap of faith. I left a life in pursuit of profit for the opportunity to build deep, healing relationships with individuals during some of their most vulnerable, human moments. As I embarked on the road to becoming a doctor, my experiences at free medical clinics revealed that physicians could not only get to know their patients, but also build relationships in the community toward eliminating health disparities that disproportionately affect our most vulnerable brothers and sisters. As coordinator of MEDiC’s Grace Clinic, I witnessed the need for this regularly when homeless men—with or without health insurance—faced barriers to care, including poverty, lack of transportation, mental illness,

and discrimination. This experience affirmed the need for trusting relationships that would in turn eliminate inequalities in care and restore confidence in our health care system. This year, I have been working to build community relationships through outreach efforts including assisting at a foot care clinic, meeting with community organizers, distributing food and clothing to unsheltered men and women on State Street, and assessing the need for a street medicine team. These experiences have taught me that the health of our patients is intertwined with that of our community, and that the social determinants of health are just as important as the values of one’s metabolic profile. As a family physician, I will continue to build individual relationships, and through advocacy and community outreach will also work to eliminate disparities that affect our most vulnerable populations. This will require a new leap of faith—one that will promote healing both within and outside clinic walls, and new relationships that help communities become just as healthy as each of its members.



Kristin Magliocco—Even before I began medical school, I wanted to be a family physician. Growing up the daughter of a family physician, I understood some of the best and worst aspects of this career: the best being patients whom my father had known for years stopping him in the grocery store to tell you how thankful they were for his help; the worst being paged in the middle of the night and spending countless evenings calling patients about test results. However, it wasn't until these past few years that I've learned what I truly love about family medicine: the relationships with patients in the context of a broad scope of practice, and the ongoing education and learning opportunities that exist and must be pursued. I have been lucky to be very involved with our

Family Medicine Interest Group here; this has led me to explore the incredible scope of practice that exists within family medicine and to work towards sharing that with others. During my year as the Education Chair, I helped arrange talks and panels with speakers that pursue careers in family medicine that extend beyond the walls of the clinic; namely, those with a strong interest in maternity care and global health. As a student who would go on to love every single rotation of third year, I truly appreciated the full extent of what a family physician could do, and felt that it was important to help other students become educated about the wide range of interests that can be pursued in family medicine. As family medicine is such a broad field, the educational opportunities are endless. While it is true that it's impossible to know everything about everything, I love that with each patient encounter comes a teaching point or a challenge to learn more about a specific topic. I have noticed that many family physicians I've worked with are people who both love to learn and love to teach—and I certainly hope to follow in their footsteps! As a third-year medical student, I had the opportunity to help teach pre-clinical medical students at an OB basics workshop and the Basic Life Support in Obstetrics course. In addition to using these opportunities to help encourage other students to consider family medicine, it was incredible to realize that I was truly capable of explaining difficult concepts in a way that made sense to others! These experiences have helped me realize that I hope to be involved with medical student education down the road in my career, and I hope to inspire others to pursue the lifetime of learning that exists in family medicine, in the same way that my family medicine mentors have encouraged me.



Kelsey Schmidt—During my third-year of medical school I drove home on a Saturday morning to be with my grandfather as he passed away surrounded by his loved ones with the support of hospice. My grandfather's death came at a pivotal time in my medical career when I was contemplating my past and solidifying my future aspirations. While pursuing my educational goals, I became very involved in community activities. I participated in two unique experiences to increase the standard of care in rural settings to underserved populations. In my hometown, I witnessed families who were uninsured attend meetings to establish community care and develop a plan for paying their hospital bills. Similarly, in Nepal, I saw mothers asking how much medication cost so they could calculate how many days of treatment they could afford. It was through these experiences that I learned the extent to which many people throughout the world are struggling with poverty, the effects of being underserved by the healthcare system, and potential solutions to these issues. I plan to utilize my public health background to advance the health of my community through evidence-based interventions and the knowledge of how to best use them in the context of my patients' lives. During my time at a large academic center, I also realized my love for teaching and mentoring. I look forward to continuing this path as a community preceptor, helping educate and inspire others to join the large shortage of rural primary care physicians. An appreciation of the unique needs of a rural family physician have been enhanced by my relationship with my husband, who is a hardworking farmer near Monroe, Wisconsin. These personal relationships have energized my interest in forming continuous healing relationships through patient interactions. As my grandfather was nearing death, I had a patient at the VA Hospital who was being discharged on

hospice. When I asked him for advice on how I could serve my patients better, he replied, "I don't have any advice. I can tell you care and that's what matters." His words helped to inspire me during my last hours with my grandfather when he was no longer speaking. In retrospect, these memories signify what a patient needs most is a family physician who cares about them, whether in the clinic, hospital, in the community, or in their homes.

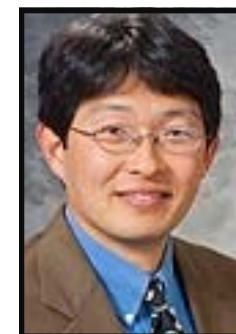
Dr. Lester Brillman Leadership and Advocacy Award Recipient



Sabrina Martinez—I came to family medicine in a roundabout way. After 21 years of city living, I relocated to rural Iowa. I fell in love with the rural Midwest, and needed a way to serve it. After a bit of a culture shock, I soon found my passion for family medicine in a town of 10,000. As I learned more about my new community, I saw a high need for culturally competent, active physicians. I witnessed family physicians on the school board, on the sidelines of high school sporting events, and making house calls. Family medicine is what brought me to medical school. What struck me about this field was that I was able to be intellectually stimulated by the science of medicine, but still have truly rich interactions with people. Taking care of patients of all ages, through pregnancy, birth, in periods of health and periods of illness, I know that I will always be a student. I enjoy the

variability that family physicians can have within a single clinic day. To me, family medicine is the ideal blend of medical specialties. But what I love most about my chosen specialty is the broader role as community leaders. Throughout my medical education, I have been blessed to be surrounded by inspiring colleagues, and mentored by physicians with strong interests in leadership development and advocacy. I have been fortunate enough to participate in advocacy efforts by physicians at the state and national level. I hope to continue to serve my patients, not just in the exam room, but in the community and Capitol as well. Our work is great, and by working with others, we can multiply its effects as we strive for healthier populations.

Dr. Lester Brillman Mentorship in Family Medicine Award Recipient



Jonas Lee, MD—I applied to medical school knowing only that I wanted to do meaningful work. During the summer before starting, I devoured so many important works I never got around to during college, including Thoreau's "Walden," Walt Whitman's "Leaves of Grass," and essays by Wendell Berry. Thus, I stumbled upon John McPhee's "Heirs of General Practice," a snapshot of the breadth of care and the depth of the relationships of family doctors with their communities in rural Maine. In family medicine, I discovered a path to distill the best of my experiences. I wanted to support a birth experience to help parents fall in love with their babies, just as my midwife had done for me. I wanted to bear witness to and care for the marginalized, just as my dear friend, Mary Kay Myers, had done at her tiny homeless shelter for men in North Kansas City. I didn't

fully understand what it meant to be invested in a community, but simply that I wanted my life and work to feel that gritty and real. I didn't feel I had any true mentors until I arrived at our UW--Madison family medicine residency. Suddenly, I was surrounded by folks I would consider my heroes, from my senior residents, Maggie McMillan and Jean Haughwout; to faculty, including Dick Anstett, John Frey and Cindy Haq. Now, I'm inspired by the energy and passion of our students and residents. I want to fight against the attrition, the loss of compassion and empathy caused by the grind of medical training. My focus has matured from simply making the right diagnosis and providing the right treatment to individuals, to improving the health metrics of the community, to building relationships with struggling neighborhoods through empowering community members.

Founders Award (WAFP)



The **Founders Award** is given to an outstanding fourth-year medical student who is pursuing a career in family medicine and has exhibited interest in fostering the concepts of family medicine as a medical student.

Founders Award Recipient



Cameron Blegen—Choosing a career in family medicine has been a personal journey. Not only have I learned more about myself, but I have found a specialty that has allowed me to discover my true passion in medicine—developing sustained, meaningful relationships with my patients. Although I previously had general plans for a future in medicine, it wasn't until my senior year of college that I began to focus on family medicine. That fall, our lifelong family physician diagnosed my mother with leukemia. During that period of great uncertainty, he remained a steady presence in a world that was in constant flux. Seeing how much our doctor's phone calls and visits meant to my mother was a powerful experience and prompted me to spend time shadowing him in his office to further explore his field. After seeing the familiarity he had with his patients and their families

and how this translated into individualized care, I knew that I had found a profession that could give me fulfillment and renewed energy each day. Upon entering medical school, I participated in several events sponsored by our Family Medicine Interest Group and eventually took a leadership role in the organization to continue to learn more about the specialty. My positive experience in this group then led me to apply to the Wisconsin Academy of Family Physicians (WAFP) summer externship program to continue this exploration across the state. After taking part in this program and later joining the WAFP-Foundation as a student director, I now see myself continuing to work on both the local and national level as an advocate for family medicine. Like any story, each part of my journey into family medicine is important and integral to the entire picture and I look forward to starting the next chapter as I enter residency.

Robert F. and Irma K. Korbitz Endowed

Scholarships



This award is named for Dr. Robert Korbitz, a family physician from Monona, and his wife, Irma, and is offered by their surviving children. The **Korbitz Endowed Scholarships** are given to third- or fourth-year medical students with a strong interest in the field of family medicine as a focus of their training.

Korbitz Endowed Scholarship Recipients



Lindsey Anderson—My desire to serve others, their families and communities is the foundation of my goal to become a family physician. Prior to medical school, I was drawn to volunteering and employment serving others. Starting at age 14, I worked in the restaurant industry, serving our local café's patrons, mostly elderly, their breakfasts. Subsequently during college, I had the opportunity to serve Latino families in the Twin Cities by providing free childcare during their community Aztec dance practices and serving as an interpreter at the local free clinic. After college I took a position with Health Corps, serving low-income and underinsured patients as a maternal/child health educator and as a volunteer doula, right at my patients' side throughout their entire labor. My desire to serve the underserved was further solidified during medical school by my work

as a clinic coordinator for the Salvation Army clinic through the MEDiC program. Becoming a family physician is a great honor for me. Having the opportunity to further support those who need it most and to care for those who struggle to access care makes me overwhelmingly excited, humbled, and somber recognizing the difficulty of this task at times. As a family medicine resident I will be eagerly searching for opportunities to start my career as a physician with an FQHC or in a rural clinic—continuing to serve those for whom services are limited. I look forward to being a family physician who cares for the entire individual—physically, mentally, and within the constructs of their individual family, finances, culture, and community.



Abigail Navarro—One of the first people to inspire me to pursue a career in family medicine was my neighbor on Milwaukee's south side named Maria. Maria was a Spanish-speaking woman from Veracruz, Mexico, with a wearied but warm face. She was the proud mother of four children. I recall one day when Maria snuggled her youngest child in her lap and confided in me that the pediatrician was concerned about her children's weight. He encouraged her to let the children bike and run outside. I felt Maria's sorrow as she lamented "Quiero pero no puedo dejarlos afuera. Tengo miedo." ("I want to, but I can't let them outside. I'm scared.") In our neighborhood, crime occurred so often that Maria was afraid to let the children out of her sight, much less bike through the streets.

Stories like Maria's motivate me to be a physician who listens closely and engages in open conversations with patients to truly address their medical needs. Maria's residence in one of

Milwaukee's poorest neighborhoods limited her ability to care for her children the way she would have wanted. Since starting medical school and clinical rotations and through my community work in the TRIUMPH program, I found that family medicine is the ideal field for collaboration within the community and allows me to view my patients, like Maria, holistically. I am invigorated by the wide range of ages and pathologies that family doctors manage, especially in the low-resource urban settings where I hope to ultimately practice. My enthusiastic, inquisitive, and empathetic personality is well-suited for the family physician's task of jumping from one patient's room to the next without overlooking the societal context in which I practice. In my career, I also hope to be a patient educator and teach students interested in understanding the intricate tapestry of medical, economic, and social threads that affect the patients we serve. As a family physician I will not hesitate to stand up for patients like my comadre Maria. Her story amongst the many others I have witnessed will serve as examples when treating my future patients struggling with the challenges of living in marginalized neighborhoods. I will share these powerful stories with local policy makers as an illustration of how where we live directly affects our health. As a family doctor, I will become a medical professional who advocates, educates, and supports all of the patients and communities I serve.



Ngoc Pham—"Be the change you wish to see in the world." This famous saying has continually spoken to me over the years. As a child, my family and I were homeless and on welfare. With no father and a mother who constantly worked, I became a caretaker at age 5 for my little brother. All my life, I had the mentality that I had to keep working hard, to keep out of poverty, to keep from being homeless again. Then, during my final years of high school, I went on medical missions, which sparked my desire to be a doctor. I saw the need for medical care in the impoverished populations of Tamahú, Guatemala, and Constanza, Dominican Republic. What I saw broke my heart, but I also saw hope. I could be the means through which people, who are as poor or poorer than my family was, could also dream of a better life. I initially shadowed physicians at Massachusetts General Hospital, but my favorite experience was with a family medicine doctor in rural Rumford, Maine. I saw that family medicine physicians not only provide healthcare but are also an integral part of their community. I also recognized the huge medical need for the rural homeless. There are so many forgotten peoples in our country of opportunity—the rural homeless, the urban homeless, the homeless children. In medical school, I prepare and share meals with homeless families through the Road Home, a traveling shelter, and Savory Sunday. I also volunteer with many different organizations to gain access to more of the homeless. A special project involved mental health for homeless teenage girls in Beloit, Wisconsin. Because I saw myself in them, I felt a special connection and hoped that I was able to show them that they, too, could be whatever they dreamed to be. These experiences continue to ground me and remind me of why I want to be a physician. Seeing the need in medical care for the homeless, my future goal is to be a family medicine physician so that I can provide both healthcare and community to the underserved. The change I want to be, can be, and will be in the world is to serve others and help them see that they too can be hopeful for a better future, no matter the situation.

Vogel Foundation Scholarship



This award was established by the **Vogel Foundation** and recognizes one or more fourth year medical students planning to pursue a career in family medicine with an emphasis on providing care for underserved populations.

Vogel Foundation Scholarship Recipient



Justin Meyers—Growing up with a Native American background in an unincorporated town thinking Green Bay, Wisconsin was "the big city," I always envisioned myself going back to either an unincorporated town or the reservation to practice. However, throughout medical school I quickly learned just as many Native Americans are in need of healthcare in urban areas as well. Finding a medical school that had other Native students with similar backgrounds as me was difficult, but by serving on the national board of the Association of Native American Medical Students and helping create a local chapter in Madison has helped build a cultural home at University of Wisconsin. When I finish residency, I hope to feel comfortable practicing the full scope of medicine not only with my own people, but also with other diverse cultures. Many underrepresented populations have unmet healthcare needs and desire to incorporate traditional healing practices and beliefs into their experience with Western medicine. I was fortunate enough to do an away rotation with the Seattle Indian Health Board (SIHB) and Swedish Hospital in Seattle, Washington during my fourth-year. While my clinic time at SIHB included mostly American Indian patients, who I am familiar with, the learning curve working with the Pacific Northwest tribes and their beliefs was steep. My inpatient time at Swedish Cherry Hill was also very diverse in that I got to work with many other cultures. I feel like every other patient I was using either an in person interpreter or with an iPad interpreter to learn why they were there and explain how we would try to help them. Throughout these short encounters I was fascinated to learn about so many other cultures and their beliefs in medicine. These interactions with both the patients and their families solidified my passion to work with underserved populations in the future.

Dr. Martin and Charlotte Gallagher Scholarship for Prolotherapy



Through the generosity of Martin Gallagher, MD, DC, MS, and Charlotte Ciotti Gallagher, MS, DC, the UW Department of Family Medicine and Community Health (DFMCH) established the **Dr. Martin and Charlotte Gallagher Scholarship for Prolotherapy**.

These scholarships support family medicine residents, fellows and/or clinicians who have a strong interest in prolotherapy, and who are committed to providing it in their practice, by funding the recipient's attendance at the Hackett Hemwall Patterson Foundation (HHPF) Annual Prolotherapy Conference and the annual service-learning trip to Honduras.

Gallagher Scholarship Recipient



Michael Braunsky, DO—Mike was raised in Custer, Wisconsin. He was active on his college campus and spent time as an analytical chemist, and served as a peer tutor, chemistry lab preparer, and chemistry grader. Additionally, he was active with the UW Stevens Point men's soccer team, intramurals, marathon runners of UWSP, and the UWSP Ultimate Frisbee team. Mike also met his wife while in college. Mike's clinical interests revolve around musculoskeletal medicine, sports medicine, and osteopathic manipulation. He has spent many hours outside of required coursework in medical school practicing osteopathic manipulative medicine (OMM) in various settings. He maintains interest in how OMM can improve outcomes and decrease hospital stays for inpatients. He gladly welcomes conversation regarding the practice, theory, use, and evidence surrounding

OMM. For his future practice, he would like to include sports medicine and functional medicine. His personal interests include ultimate Frisbee, bowling, softball, conversation, fitness, the outdoors, and cooking.

Jan Ashe Memorial Award for Excellence in Community Radiography

This award is presented annually to a student graduating from the UW Health School of Radiographic Technology (SORT) who displays superior technical skills, an ability to communicate with patients, and has a caring, empathetic approach to people, especially families.

Jan Ashe Award Recipient



Marrae Keith—Marrae Keith was born and raised in Sauk Prairie, Wisconsin by her parents Brad and Julie Keith. Through the University of Wisconsin-Milwaukee, together with the UWHC School of Radiologic Technology, she obtained her bachelor of biomedical science degree in Radiologic Technology. Marrae plans to begin her career in radiography as a MRI Technologist for the UW Hospital, starting this fall. She is very passionate about quality patient care and looks forward to serving the Madison area in this lifelong career. Outside of work and school, Marrae enjoys kayaking, backpacking, and spending time with family and friends.

McGovern-Tracy Scholars



Margaret van Wagenen, John McGovern, and Isabel McGovern Kerr (L-R)

Isabel McGovern Kerr

The Department of Family Medicine and Community Health is able to offer these awards through the generosity of **Isabel McGovern Kerr** and her family. Her bequest to the department serves as a reminder of her family's service and commitment to the State of Wisconsin.

Michele Tracy

The awards also honor **Michele Tracy**, whose spirit and record of service to communities exemplifies McGovern-Tracy Scholars. After completing her undergraduate degree at the UW, Michelle joined AmeriCorps VISTA in the Peekskill Area Health Center in New York which serves low-income individuals. Her work involved community education of homeless and HIV populations. While at the Peekskill Area Health Center, she published "Healthy Transitions" and presented at national conferences on these issues. Michelle deferred medical school admission for one year to continue the community projects she began. When she started medical school in the fall of 1998, her passion for improving the health of the underserved communities drove her extensive involvement in MEDiC and LOCUS. Michele worked on an educational program to help the residents of the Porchlight community, which was administered by MEDiC and now bears her name.

Michele was a second-year UW medical student when she tragically died in an accident while participating in an educational service program in Malawi, Africa in July 1999. The **Michele Tracy Project** focuses on improving health care through education and empowerment.



McGovern-Tracy Scholars Recipients—Medical Students



Katie Eszes—Community health is patient health. As a medical student and future physician I hope to promote health for all patients—all people—in my community through my efforts as a clinician and advocate. Prior to medical school I was a CNA at a home healthcare company. Many of my patients faced barriers to care that could not be addressed in clinic. My patients inspired me to more broadly approach the field of medicine during medical school. Since 2015 I have been a community representative at the Head Start Policy Council. I learn about the challenges Head Start faces when serving families with kids living below the poverty line, many of whom have disabilities. I offer a medical student perspective, and take initiatives back to medical students, including an Adopt-a-Family gift drive for homeless families and fundraising activities for the Head

Start emergency fund, for families facing extreme expenses. During the summer of 2016, I worked with Dr. Parvathy Pillai and Kristina Jones on a QI project within MEDiC. As a result, I was able to provide MEDiC with a comprehensive resource guide tailored to their patient population that they can use to connect patients to community resources. Finally, I am very interested in national health policy. Having patients choose between medications and healthy food, or copays and rent is an exercise in futility if the goal is health. I became a leader in a single-payer student organization Students for a National Health Program (SNaHP), through which I personally have engaged in policy advocacy at the state and national level. I have helped organize groups of medical students to engage in congressional call-ins, attend conferences, and learn about health policy. As a future physician I hope to serve my patients inside and outside clinic in order to best promote health. To do this, I will be an advocate for patients and policies throughout my career.



Matt Guerrieri—Firstly, I would like express my sincere thanks to Mrs. Isabel McGovern Kerr for her generosity in establishing this award through the UWSMPH Department of Family Medicine and Community Health. I would also like to extend my appreciation to the family and friends of Michele Tracy. Michele's legacy of leadership and commitment to service continues to impact the Madison community today. To be nominated for an award in her name is truly an honor. The ability to incorporate community service into my career was a major impetus for my pursuit of medicine. UWSMPH has provided no shortage of opportunities to get involved. As a co-leader for the Substance Abuse and Addiction Medicine Interest Group, I have helped organize "Parent Education Nights" at Madison high schools, during which physicians, counselors, and law enforcement offic-

ers speak to parents about substance use among adolescents. These workshops provide parents with tools for preventing, recognizing, and treating substance use disorders among their kids. As a volunteer with Allied United for Health, I have led discussions about important health topics such as diabetes, smoking, and breast cancer with members of Madison's Allied Drive neighborhood. By volunteering with UW's student-run free clinic, MEDiC, I have been able to put my clinical skills into practice while helping address the health needs of low-income members of the Madison community. During medical school, I have also learned to conceptualize community service more broadly. Because of the privileged status that physicians and medical students hold in society, our opinions on matters of health and social policy are often given greater weight than those of other members of the general public. This presents a unique opportunity-and responsibility-to advocate for policies that grant our patients better, more inclusive, more comprehensive access to health care. As a co-leader for Students for a National Health Program, I organized a lobby day last spring, during which a group of students held a conference call with Senator Tammy Baldwin's health policy staffer. We also met with US Representative Mark Pocan at his Madison Office. During these meetings, we asked our congressional leaders for their support of universal health care coverage in the United States. This fall, I worked with Congressman Pocan's staff to arrange a town hall meeting at the medical school, during which Rep. Pocan answered

questions from health professional program students, faculty, and staff. Such political engagement on the part of health care providers has become increasingly important in a time when many members of Congress and the President have proposed eliminating health insurance coverage for millions of Americans. In January, I helped organize a medical student call-in day opposing the repeal of Affordable Care Act without an evidence-based replacement that would prevent any person from losing coverage. In addition, several students and I drafted a letter to House Speaker Paul Ryan in opposition of his stated goal to bar Planned Parenthood from receipt of Medicaid funding. Such an act would prevent two million women from receiving care at their primary women's health provider. The letter was signed by over 400 Wisconsin health care professionals and students. We organized a rally outside of Speaker Ryan's Janesville office, and I met with several of his staff members to deliver the letter. The goal of these actions is not to further one political party over another but rather to ensure that all members of my community have access to safe, affordable health care. I am grateful that as a medical student, and soon physician, I am able to serve those around me through both direct community service as well as broader community advocacy. It is a privilege to be trusted with something as intimate and important as other people's health. I believe that working diligently to acquire the skills to deliver high quality medical care is only part of my job. To truly protect the health of my community, I must be willing to stand up and defend my patients' universal human rights, including, of course, the right to health care.



Manu Habibi—Since the beginning of the first-year in medical school, my priorities were to get to know the community I have recently moved into. Therefore, I have been involved as a volunteer for the K-5 children's basketball program, offered by the Goodman Community Center, for the last two winters. Together with the head coach and several other assistant coaches, we teach the kids some basic basketball drills and referee the friendly games between them. My ultimate goal is to help these kids build a sense of comradery and teamwork. This is an ideal age for children to be exposed to human diversity and make friendships with others from different cultures. Furthermore, it is vital for the children from disadvantaged backgrounds to be recognized for their accomplishments, even if they are as minor as passing the ball correctly or making a perfect shot.

The belief in children's talents will provide the positive reinforcement that is necessary for them to obtain self-confidence and self-esteem. Also, I came across a program which was created by the River Food Pantry director called MUNCH (Madison Urban Nutritional Children's Hotspot) designed to provide sandwiches, healthy snacks and fruits to children in low-income neighborhoods and apartment complexes around the food pantry. Every Saturday, we load the vans and drive out to the communities, spending about 15 minutes in each of the six locations. Since this past summer, I have noticed that many kids have gotten comfortable with us and they have been looking forward to us driving by so that they can gather and enjoy the meal together. My personal goals were to be exposed to the communities in Madison and get familiar with the residents, their way of living and conditions so that, as a family medicine resident and a physician, I will be able to provide better care for my patients.



Kali Kramolis—Community service has shaped who I am. My commitment to serving others began early in life with a strong sense of empathy that channels my passion for clinical medicine. Community service keeps me going when the road to medicine is difficult—while enhancing leadership, communication and organizational skills. Additionally, it allows me to learn about perspectives, demographics and lifestyles that may differ from my own. I feel it is my responsibility as a future physician to voluntarily serve and guide those who may be struggling. Community service will absolutely be a cornerstone of my medical practice. As an undergraduate, I held a variety of leadership and volunteer positions. My most cherished experiences include: weekly volunteering in Gundersen's Infusion Center, spending precious time with patients and families as a

Certified Hospice Volunteer, consistent involvement with Special Olympics, co-directing Salvation Army programs that provided new clothes, toys and Christmas meals to 1,000 families, co-coordinating Anatomy Memorial Ceremonies, and holding leadership positions in Pre-Medicine Club and Golden Key International Honor Society. One reason I chose UW SMPH is its vast array of service opportunities. Community programs I am passionate about include: Medical Students Offering Maternal Support through which I've provided support to three expectant mothers; volunteering as a Special Olympics Health Promotions advocate; and conducting public health research through Madison Areas Care for the Homeless a nonprofit aiming to increase housing security and decrease barriers to healthcare. Additionally, I currently co-lead the Mentorship Achievement Program, through which students are paired with disadvantaged middle schoolers; Wellness Inspired Student Enrichment Committee, which incorporates wellness into the curriculum; and Substance Abuse and Addiction Medicine Interest Group, which coordinates community presentations on addiction. Throughout my MD/MPH education, it grounds me to know that a large portion of my future career will be dedicated to community service. Future service programs I am especially excited to participate in include Doctors Without Borders and being a physician for community programs for individuals with disabilities.



Jacqueline Mirr—As a sexual assault survivor advocate, I will never forget one woman who I had met just hours after she had survived a rape. Her only goal was to receive medical care for her injuries. However, instead of creating an environment of compassion and understanding, the first hospital staff person that she met with asked for her insurance information. She explained to the victim that even though the exam was free, she would need to pay for the lab tests, medications and other costs related to her care in the emergency department. I felt helpless as this young woman decided to forgo receiving all medical care because she was unable to afford it. I quickly realized our current healthcare system is inadequately designed to ensure these women get timely and vital healthcare. Every survivor I met with just wanted someone safe who would listen to her

and who would trust her. I decided to become a physician so that I could be an advocate for these survivors and work to create a health system that is accessible to all women within our communities. This past summer I was fortunate enough to work with two amazing family medicine providers. In their role as family medicine physicians, they could create a relationship with their patients built on trust and were vital leaders within their communities in a way that was unlike any I had seen in other specialties. This experience confirmed that I am passionate about improving health care for women, whether that be supporting an individual patient in my office, volunteering at a free clinic, or advocating and conducting research to secure state funding. I am dedicated to ensuring that no rape survivor ever has to feel alone or decline care.

McGovern-Tracy Scholars Recipients—Residents



Jared Dubey, DO—My dedication to becoming a physician grew directly from my mutual loves for science, nature, and people. I chose osteopathic medicine for its dual emphases on the foundation of the musculoskeletal system and the importance of understanding health and disease in the personal and community contexts in which they occur. Post graduate training in family medicine has been the natural extension of this same philosophy. As a resident, several projects have imbued my time with meaning, the common theme being to get together and learn something new. I believe that through facing challenges and new experiences together, the bonds of community are formed and we emerge more resilient and capable of helping ourselves and others. As the co-creator and resident leader of the OMT for the MD longitudinal elective, it has been exciting to share osteopathic principles and approaches with our 11 MD participants. I will be presenting a

poster and co-facilitating a round-table discussion of our curriculum at the STFM conference in May 2017. In Verona, we are fortunate to have a partnership with the Badger Prairie Needs Network (BPNN), a community organization and center that is “dedicated to ending generational poverty and fighting hunger in the communities we serve.” This year, our clinic garden produced 1,300 pounds of produce, all of which was donated to the BPNN food pantry. I served as the functional manager and garden organizer, coordinating logistics with our garden guru, clinic staff, physicians, and local high school. I also got my hands dirty preparing, planting, weeding, and harvesting. After growing and harvesting comes cooking! Endowed with a teaching kitchen, BPNN hosted the Prairie Kitchen Cooking Club. This six class series was designed to improve food pantry utilization, while teaching nutrition and cooking skills to local seniors. I was one of several physician co-facilitators and am in the process of analyzing survey data to better understand the demographics of those who participated.



Jody Epstein, MD—My goal is to live a life of service, both personally and professionally. This is how I frame my practice of service:

- Service to patients: In addition to completing extra training in addiction medicine during residency to become a Suboxone prescriber, I am also helping to recruit and train other residents to treat addiction. My goal is to make addiction medicine a sustainable part of the Wingra residency practice.
- Service to my community: Sitting on the Latino Health Council during my residency, I am inspired by non-clinical community health experts. I have learned how physicians can support community health by advocating for and partnering with non-physician leaders, rather than taking central leadership roles. I will take lessons learned from

this organization to partner with outstanding community leaders throughout my career.

- Service to the global community: I will spend one month this spring working in a hospital in rural Ecuador. My approach to this partnership has been to ask “How can I help?” and to provide what is requested. At the request of the Ecuadorian team, I am preparing several teaching topics for the Ecuadorian residents and I am authoring an article on mental healthcare in rural Latin America, which will be published in their peer-reviewed journal.
- Service to my colleagues: I have tried to make residency a place of fun, learning, growth and reflection for my junior colleagues through my work on the education committee, leading several orientation events with new interns and taking the time to embrace and counsel my fellow residents in the midst of day-to-day work. Lastly, service to self and family: I make it a priority to spend time in nature, strengthen my body and spirit and invest time and attention into adventures, reading and playing together with my beautiful children and husband.



Jasmine Wiley, MD—As family medicine physicians, we are in a unique position to have positive impacts on the health and wellness of patients of all ages as we see them in our clinics. I am driven by the belief that we can have further positive impacts through partnering with the community to engage and empower health and wellness changes on a broader scale. I chose to participate in our residency’s community medicine longitudinal track and as part of this track, I have helped create new collaborations between the Aurora Family Medicine Residency, Gerald L. Ignace Indian Health Center, and Southeastern Oneida Tribal Services, creating a new opportunity for residents and students to learn about Indigenous health issues and culturally informed care in an urban setting while sharing resources and skills to help improve the wellness and health of Milwaukee’s American Indian community. It is important to me to also be an active member of the greater national and global community to collaborate and promote wellness in underserved areas, and be an ally and advocate in places of health inequity and injustice. Over the past year, I have been part of a team traveling to

MABE Home Haiti in Port-au-Prince every six months to provide well-child exams, fundraising, and ongoing support to empower the individuals running the orphanage to continue their work and develop long-term sustainability. I was recently a volunteer physician at the pipeline resistance camps near the Standing Rock Sioux reservation in North Dakota. I was part of an integrative team of providers providing first aid and wellness care in a culturally informed and responsive way, and continue to speak up as an advocate against the negative cultural, environmental, and health impacts of the proposed Dakota Access Pipeline. After graduation, I look forward to returning to my hometown, to build on the relationships created in residency, and to the possibilities already unfolding to collaborate on a community free clinic and collaborations with the Menominee Nation on projects for culturally driven health and wellness programs. I look forward to a long career as a clinical physician and as an active local and global community physician, ally, and advocate.

2016 Award Recipients:

Compassion in Action

Community Health Leadership

Sarah Brown

David C. Eitrheim, MD Rural Resident

Memorial Scholarship (WAFP Foundation)

Paul Stevens, MD

Compassion in Action

International Health Leadership

Gavin Stormont

Wint Wai

Robert and Irma Korbitz Endowed

Scholarships

Vy Dinh

Andrew Pace

Kelsey Schmidt

Compassion in Action

Tibetan Delek Hospital

Aref Senno

Vogel Foundation Scholarship

Nayeli Spahr

Dr. Lester Brillman Scholarships

Lauren Bauer

Ryan Brower

Jonathan Fricke

Alexander Milsap

Christine Ripp

Dr. Martin and Charlotte Gallagher

Scholarship for Prolotherapy

Jasmine Hudnall, DO

Taryn Lawler, DO

Dr. Lester Brillman Leadership and
Advocacy Award

Amarildo (Mario) Ademaj

Jan Ashe Memorial Award for “Excellence in
Community Radiography”

Ellyn DuBois

McGovern-Tracy Scholars

Evan Cretney

Rachel Lee, MD

Emily Olson

Iris Vuong

Dr. Lester Brillman Mentorship in
Family Medicine

Jennifer Edgoose, MD MPH

Kjersti Knox, MD

Founders Award (WAFP)

Caitlin MacCoun

The Department of Family Medicine
and Community Health
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support of the McGovern-Tracy and
Student Scholars Awards. Your
generosity allows us honor medical students
and residents for their service and commitment
to community health—locally, nationally
and internationally.

“When words are both
True & Kind
they can change the world”

Buddha



DEPARTMENT OF

**Family Medicine and
Community Health**

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