The Urban Health Scholars trip to New York City began a little earlier than expected this January due to a projected snowstorm in the New York Metro Area during scholars’ anticipated time of arrival! So, on Wednesday evening, sixteen Urban Health Scholars hurriedly packed their bags and drove to an AirBNB in Central Harlem to avoid driving in inclement weather. Early Thursday morning, eight members geared up to brave the storm and made their way to the Rikers Island Bridge in Queens for a guided tour of the jail with staff psychiatrist, Dr. Lauren Stossel. Visibility was low and the winds were powerful so drivers were extra cautious during the ride over.
Once scholars obtained security clearance and proper badge identification, they packed into a State Corrections Van and made their way onto the Island. For geographic context, Rikers Island is New York City's main jail complex located on the East River between Queens and mainland Bronx and is home to one of the world's largest correctional and mental institutions. Though scholars couldn't appreciate the vastness of the ten-jail complex due to the weather, Dr. Stossel provided a brief orientation and overview of the various buildings operated by the NYC Department of Corrections.

Once inside, scholars were guided through medical intake, where all prison detainees undergo an initial medical screening within 24 hours of arrival. While there was not an opportunity to interact with a medical provider directly, scholars observed a typical exam room and learned about the various health conditions physicians and health staff typically support. Scholars also learned about common psychiatric diagnoses and how inadequate management of these conditions often affects a person's ability to effectively cope within the jail environment. For example, some inmates often eschew psychiatric medications in fear of experiencing slowed reaction times leaving them vulnerable to violent outbreaks.

According to Dr. Stossel, the average daily population of the jail is approximately 10,000 people and nearly 85% of those detained have not actually been convicted of a crime. In fact, most inmates fall into one of three main categories; they are awaiting trial and cannot obtain bail, they are serving sentences of one year or less, or they are temporarily placed at Rikers pending transfer to another facility. Scholars listened intently as Dr. Stossel detailed new training initiatives offered to correctional officers that emphasized empathy-based de-escalation techniques.

After the group conversation, scholars visited several residential areas within the main jail facility and learned from nurses and staff specifically supporting inmates receiving mental health care. The experience elucidated the remarkable nuance of providing ethical, compassionate care within the legal and social confines of a correctional facility.

A most resonant takeaway of the experience was how thoughtfully Dr. Stossel described her role; she never discussed caring for *inmates*. Quite the contrary: Dr. Stossel practices medicine and in so doing provides humanist care for her *patients*. 
The Atlantic wrote a feature story about Dr. Demetre Daskalakis calling him a “gay health warrior.” It was not difficult to see how he came to deserve that title in our short visit with at the New York City Department of Health and Mental Hygiene.
Health and Mental Hygiene. As Deputy Commissioner of the Division of Disease Control, Dr. D leads an impressive portfolio of public health activities aimed at ameliorating a variety of disparities faced by New Yorkers.

Before diving into the interventions, Dr. D shared context about the issues his division is tasked with addressing. We learned about the declining rates of HIV in the city but where new infections are concentrated. We learned about the barriers LGBTQ New Yorkers face in “coming out” to their providers and how delays in care lead to adverse health outcomes. And we learned, more broadly, what it means to be a public health physician. Dr. D spoke about how skills in clinical medicine (i.e. advocating for and communicating scientific fact to a single patient) is readily transferable to a population level; a public health physician advocates for health equity and groups of patients, they translate scientific fact into policy and programming.

We had the opportunity to learn about several examples of this programming in New York City. With regards to the issue of “coming out” in the clinic, Dr. D shared the impetus and rationale for the city’s “Bare it All” campaign, public health messaging encouraging LGBTQ New Yorkers to disclose details of their sexual and gender health with their providers... or fire their provider if that's not an option. The Health Department is there with a friendly recommendation if that is the case. All of this was rationalized and grounded in New York City's LGBTQ Health Care Bill of Rights. We were impressed to hear of city officials designing and rallying around such a document, and then building systems that reflect their shared values.

Another example of “radical” health messaging was the #PlaySure campaign that Dr. D helped create. The idea at the heart of the campaign is that regardless of your HIV status, the city supports you in seeking a variety of options to help you live your healthiest life. If you are HIV-positive, effective treatment can suppress your viral load to undetectable levels, making it impossible to transmit the virus to others and preventing HIV-related complications in yourself. Undetectable = untransmissible is a message the city has been projecting very clearly and consistently. And on the flipside, if you are HIV-negative, that too is an opportunity to explore risk reduction options like PrEP (pre-exposure prophylaxis, a once-a-day pill to prevent the virus that the health department has been busy ensuring increased access to). Just like any good health department, condoms are always part of the pitch too.

I am excited to take what I learned back to New Hampshire. The status neutral frame and variations of U=U messaging has a lot of potential to strengthen ongoing conversations about health equity. I have no doubt these lessons in health equity, designing and supporting innovative programs that bend stubborn epidemiological trends, and effective physician advocacy will serve us well. Those are just the first few “buzzwords” that came to mind that Dr. D breathed genuine, new life into during our visit.

Geisel Alumni Dinner
By: Cynthia Chan

On Friday, January 5th, from 7 to 10 PM, in the spacious Airbnb, USH students gathered around DMS alumni -- Dana Lin (radiologist), Jihan Ryu (psychiatrist), and Timothy Sullivan (psychiatrist) -- with food (catered from Chirping Chicken) and drink in hand, excited to hear what the 3 physicians had to share.
Dr. Lin, who was on call that night, spoke about
- Her journey, including how she explored ENT, internal medicine, etc. to find radiology, and how she ended up choosing a NYU fellowship over a Brigham position.
- The importance of connections and not prematuring severing any. She gave a few examples of how this connection through that person (e.g., her brother's fraternity brother's...) led to this opportunity and that recommendation. She also stressed the importance of mentorship.
- Differences in practice environment, such as how how academia in NYC is different from private practice in a less metropolitan area.
- The future of radiology and the importance of U/S.

Dr. Ryu and Dr. Sullivan spoke with students at an adjacent table and also shared important stories.

It was meaningful to hear from these alums, to understand the nuances of their individual paths, and to be inspired as we continue down our own.

**Coalition of Concerned Medical Professionals**

By Jay Bader, Diana Funk

For the fourth year in a row, CCMP teamed up with the Urban Health Scholars of Dartmouth Medical School to provide improved health care access to the medically underserved. The Urban Health Scholars include 16 first and second year medical students who are passionate about creating health equity for urban populations, both now and as future physicians.

Every year the Urban Health Scholars take a trip to NYC (in addition to Boston and New Orleans) to learn about the challenges and opportunities of providing health care to people who live in urban communities. The Scholars’ earlier visits to Urban Health Plan in the Bronx, Rikers Island, and the NY Department of Public Health gave them a glimpse into multiple organizations who are providing care to underserved communities in New York. But it is the visit to CCMP that has given the students a unique perspective on community organizations that fight to provide comprehensive healthcare to everyone.
On Saturday, January 6, 2018, the scholars assisted CCMP in a variety of tasks. A team of students put their heads together to research free and reduced cost medical, dental, and optometry services in an effort to add these needed services to CCMP’s referral benefits program. For example, certain procedures (like colonoscopies) and certain devices (like eyeglasses) are often in high demand or not covered under insurance. “It was disheartening to hear stories about how patients, even when insured, have to fight to get the right treatment. This means the work CCMP does to advocate for their patients is all the more important,” Sima Sadeghinejad noted while researching ways for patients to obtain free or low cost colonoscopies.

UHS medical student, Jake Perlson, making phone calls to healthcare organizations and hospitals as he tries to find free dental services for CCMP patients. “I knew there were many barriers to medical care, but I have no idea that the same was true in spades for dental care. It was a frustrating but eye-opening experience to compile a list of free emergency dental services - because the truth is, those services seldom exist,” Jake Perlson expressed.

Other UHS students helped CCMP prepare for the upcoming free Root Canal Session as part of the MLK celebration. With root canals being so expensive and oftentimes not covered under insurance, the CCMP is working with dentists who have volunteered to offer free root canal services to those in need. UHS students created a form letter to be sent out to numerous dental clinics in the area. This letter informed dentists of the free Root Canal Session being offered by CCMP and encouraged them to spread the word to their patients who cannot afford a root canal operation.

UHS medical students, Kenny Williams and Laura Cheng, sorting through a list of nearby dentists who will be informed of the free Root Canal Session for their patients to attend. “The high barriers that communities face in getting quality healthcare and dental care are alarming -- and a strong call to action,” Kenny Williams shared as he was reaching out dental professionals.

Another group worked with Dr. Kesha Guerrier to set up the new exam room at CCMP’s location. While planning the mounting of exam equipment to inventorying basic medical and surgical supplies, the scholars and Dr. Guerrier discussed the rewarding work of providing excellent care to the neediest communities. Luke Mayer, a second year medical student, said it was “reenergizing” to see the dedication of CCMP’s volunteers and the impact of their advocacy. “As we make our way through the basic and clinical sciences, it’s so important to stay connected to the people on the ground making
healthcare a reality for everyone,” he expressed while assembling office chairs for CCMP’s new medical exam room.

After a delicious meal put together by CCMP’s volunteers, the Dartmouth medical students had a chance to chat informally with providers and volunteers about the unique problems that CCMP tackles for the community. From providing clinical care directly to advocating on behalf of patients for healthy food, homes, and more, the work that CCMP does in the community was inspiring and humbling for Dartmouth’s doctors in training. As the day drew to a close, second year student Diana Funk shares, “The experience at CCMP is always a highlight of our New York trip. The tireless work CCMP does for New York is an inspiration for us as we return to medical school to serve our New Hampshire community and all future communities that we encounter.”