



# IMPACT

PREP/RAP ADVISORY NEWSLETTER  
Office of Academic Enrichment & Outreach  
David Geffen School of Medicine at UCLA

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PREMEDICAL CONFERENCES

- ◆ Oct. 18, 2008 Minority Health Conference , USC  
minorityhealthconference.com
- ◆ UC Irvine Premed Conference  
October 2008 info coming soon  
(www.LMSA.net under Irvine)

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## Welcome!

*We are proud to present our special Summer Issue. In this issue, we have interviews from a RAP alumnus now in year two at UCLA and a faculty spotlight on a pediatric radiologist, a description of a student's experiences in Wilmington with Harbor-UCLA's Family Medicine Summer Urban Health Fellowship, a detailed account about Cambodian refugees in California, and a detailed history of UCLA Mobile Eye Clinic: an opportunity for clinical exposure. In our Book Club, we reviewed two interesting books, The Last Lecture and How Doctors Think.*

*We hope you enjoy this issue!*

*-Editorial Staff*



### Did you know?

By Shonte McKenzie and Eriberto Perez

-UCLA Medical Center ranks as one of the top three American hospitals and the best hospital in the western United States for the 19th consecutive year—according to a U.S. News & World Report survey.

-More than 50% of all adults in California are overweight or obese, about 25% have been diagnosed with hypertension, 16% have no health insurance and 13% lack a usual source of medical care. —Survey: [www.chis.ucla.edu](http://www.chis.ucla.edu)

-Operation Medical Libraries, started at UCLA, has collected 13 tons of surplus medical books for hospitals and training schools in Afghanistan and Iraq. —UCLA Today News Report

## Student/Alumni Spotlight: LaToyia Wilson, MSII

By Kaishauna Guidry, PREP 2008

LaToyia Wilson is a second year medical student at Charles R. Drew University of Medicine and Science.

She participated in UCLA's Reapplicant Program (RAP) in 2005 and completed her undergraduate studies at Long Beach City College and California State University, Dominguez Hills.



"My Mommy wants to be a Doctor." These words echo in the carefree heart of LaToyia's 5 year old daughter, Samiya, as she skips through the familiar corridors of CHS. Patiently she watches her mother lead our UCLA PREP group in a PBL session. These words will also entitle the book that LaToyia is writing. This support system is solid. This mother daughter team is committed to doing well in medical school, "My daughter is very proud. She even helps me when I am studying; sometimes she wakes me up when I doze off and tells me to get back to studying".

What an inspiration. The first question that may arise is, "How does she do that?" A single mom, from Compton? LaToyia is not exactly what you would expect. My question is, "Why not? Does anyone question where Venus and Serena Williams come from now? It does not matter where you come from as much as what you do with the opportunities given in your life and the hard work you put in as you overcome the inevitable obstacles that come with it.

Born and raised in Compton, LaToyia is the oldest of 5 children. She has 3 sisters and 1 brother, all teenagers. She

**"My Mommy  
wants to be a  
Doctor."**

says that her family would characterize her as, "very quiet, reserved, and sweet." LaToyia always wanted to be a doctor, "I just knew." Her life experiences and commitment to science and medicine are evident on her resume. Since grade school, she has been intrigued with the human body and the science experiments that she performed, "I would rush home from school to share with my parents my newfound knowledge of the dynamics of the human body." LaToyia's grandmother also played a vital role in her love of medicine. Through the diagnosis of degenerative Parkinson's disease, LaToyia sought out knowledge to gain an understanding of what her grandmother faced, "I gradually understood these clinical manifestations when I began taking care of my disabled grandmother." At the time there were limitations to her treatment, she passed away after seven years of suffering. This experience solidified LaToyia's interest to the medical field, "a field that was founded on scientific principles, but combined with the art of healing patients."

During high school, LaToyia participated in a nursing assistant program where through the care of a convalescent patient, she became the "eyes" of a blind woman. This experience enriched LaToyia's life and confirmed that she was on the right path, "my desire was reaffirmed and I knew I was on the right career path, one that would provide fulfillment to me through human interaction, but above all, a career that would bring hope and life to others."

As an undergraduate of CSUDH, LaToyia participated in research which has afforded her the opportunity to be published and receive awards for her ef-

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forts. "I was selected to become a scholar in the Undergraduate Student Training in Academic Research (USTAR) program." As a part of a multidisciplinary research team, studying the affects of alcohol consumption on liver cells, her lifelong learning was rewarded as she presented findings at the Annual Research Conference for Minority Students and was selected as a finalist in CSU's annual research competition. According to LaToyia, "Research complements clinical medicine. The two are co-dependent of each other and the intricacy of research enhances my appreciation for it".

LaToyia always wanted to go to UCLA, "It was my dream school." Through bureaucratic mix ups, her ap-

plication was not submitted. She continued her education in the Cal State system. After an unsuccessful medical school application, "I remained steadfast in my

**"Be diligent in your  
pursuit and know your  
worth"**

pursuit and search for guidance and help to prepare me." She found this in the Post Baccalaureate Re-application program (RAP) at UCLA. She made it to her dream school just through a different route. She is now a Drew/UCLA medical student.

After completing her medical training, LaToyia, wants to serve in the underserved areas, "In an effort to address health disparities and limited access to quality care in underprivileged areas, I want to practice in underserved

communities."

With the little bit of free time that medical school and motherhood gives, she finds the time for poetry writing.

LaToyia's advice to students applying to medical school is: "Be diligent in your pursuit and know your worth. The career path of a physician is by far not an easy path, however at the end of some of the most difficult journeys, awaits the greatest reward."

## Health Disparities Facing Children in Wilmington, California

### By Sarah Neyssani, RAP 2008

I parked my car under the hot summer sun and began to lead my group of Banning high school students to survey door-to-door in the severely medically underserved community of Wilmington, California. This was only one of the many exciting projects I undertook through the Harbor-UCLA Summer Urban Health Fellowship in 2007.

At first I didn't think anyone would open their door to a group of students with clipboards. On the contrary, most of the community members not only graciously gave us their time, but also answered our questions regarding their income and healthcare status very candidly. We utilized the random cluster sample design and conducted only face-to-face interviews. After surveying over 200 families we presented the results to medical professionals as well as the general public in a Health Summit held at Banning High School.

In a community like Wilmington, surrounded by oil refineries, health problems due to the elevated levels of pollution often result. The prevalence of asthma among children living in Wilmington is more than double than that of Los Angeles County and national rates, 21% in comparison to 9% in Los Angeles County. What is alarming is the low quality of medical attention that children diagnosed with asthma in this community receive. Only 1 out of every 3 children with asthma owned a peak

flow meter, a device which is required to adequately manage asthma, and less than half were taking medication to treat their asthma. In over 50% of the individuals diagnosed with asthma, activity had been severely restricted and these individuals had visited the Emergency Department within the past 12 months.

The director of the Harbor-UCLA Summer Urban Health Fellowship, Dr. Gilberto Granados, MD, MPH, said that children living in smaller apartments are more prone to health problems because of dust and dander. Furthermore, the research revealed that a greater percentage of children in Wilmington were uninsured when compared to national levels. Wilmington also had a higher prevalence of poverty, 27.2 % of individuals, as opposed to 12.4% on the national level. These studies lead us to believe children diagnosed with asthma in Wilmington do not receive adequate medical care.

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Health insurance is the number one predictor of access to healthcare. The most common reason for not having health insurance is that it is simply not affordable. Additionally, some immigrant families are wary to obtain medical insurance because the label "public charge" on their immigration file might not advance the immigration status of the parents. For this reason, Dr. Granados says it is important to have government health programs expanded to cover more children. For example, children with parents whose income exceeds the poverty level are ineligible. Current programs are also difficult to utilize because individuals are required to repeatedly show their income level in order to continue receiving coverage. Also, there are different qualifications for children of different ages. As a result, it is possible that in a given family one child qualifies for medical insurance while another sibling does not. These are just a few limitations that require the government to expand their health programs. The health of our nation's children depends on it.

#### Resource:

Statistics provided on behalf of the research done by the participants of the Harbor-UCLA Summer Urban Health Fellowship in 2007.

## Cambodian Refugees Article By Bunry Pin, PREP 2008

There are about 61,800 practicing physicians in California. The Cambodian American population in California is about 70,000. According to a report in May of 2008 from the UCSF Center for Health Professions, they estimate that there are 40 Cambodian American physicians actively practicing in California. This unique population of Americans is highly under-represented and the issues are not being recognized from California's health system. Perhaps the problem may be that a majority of Californians are thinking, "Who are Cambodians?"

In the 1970's, a civil war raged the entire country, eliminating 20-40% of its entire population. Among the majority killed were Buddhist monks, urban educated dwellers, politicians, and the Western educated. A lucky few were granted early admission to the United States as refugees, while the rest escaped off into the Thai border. In the Thai border, they were situated in refugee camps by the mercy of international efforts. A majority immigrated to different parts of the world, one of which, America.

In the United States, California holds the second largest Cambodian population density. Of the entire state, the L.A., Riverside, and Orange Counties make up that majority. Due to the forced leave of their country in the midst of war, almost all arrived with little more than their family, an outfit, and documentation. Given the nature of the genocide, a majority of the refugees were uneducated, forcing assimilation to be almost impossible for many.

It was reported in the 1990 census; almost 50% of the Cambodian population in California reported to have less than a 5<sup>th</sup> grade education. Now eighteen years later, many of them are still left uneducated, poor, and facing many problems including healthcare.

Cambodians face the major health disparities that are effecting many of the other minority populations of America such as cardiovascular diseases, diabetes, and a shockingly high percentage of the adult population suffer from PTSD (post-traumatic stress disorder) leading to serious mental illnesses including depression, dissociation, and anxiety. Also because of the poor sanitation problems while in the refugee camps, many of them suffer from illnesses that they have yet to be screened for including Hepatitis B, a life threatening disease if left untreated. Much of the population does not seek medical care due to the lack of health insurance, ignorance of Western medicine and linguistic isolation. According to a California Endowment report, of those who do seek medical care, an alarming 70% have reported to "have had a problem understanding a medical situation because it was not explained in their native language." These same people go onto make health jeopardizing decisions due to their lack of proper communication with their health care providers.

With the future on the horizon, it is urgent that we address these issues soon before these refugees become part of the rapidly growing senior population. Publicly addressing the health of the unrecognized underserved populations would be a first step. Doing so may help develop greater educational opportunities for underrepresented students. It would also increase government and private funding for programs aimed at addressing public awareness

and proper treatment protocols catered to addressing culturally-sensitive topics.

It is undoubtedly true that California has made a remarkable effort to face the challenges of tomorrow by progressively creating opportunities like the UC Prime Programs, DO Medical Schools, Physician Assistant Programs and many other career opportunities in healthcare. Here at UCLA, the School of Medicine is carving a path for many other institutes throughout the nation to take note of. Programs like Charles Drew School of Medicine, PREP, RAP, and an entire Admissions Sub-Committee devoted to diversifying their medical student enrollment is unparalleled.

There are a lot of positive outlooks for Californians. California will lead the rest of the country in the advancement of diversity in healthcare and education. In doing so, it is urgent that we not leave anyone behind.

**For more information on the Cambodian culture and health issues, you can visit:**

[http://ethnomed.org/ethnomed/cultures/cambodian/camb\\_cp.html](http://ethnomed.org/ethnomed/cultures/cambodian/camb_cp.html)

**Also for the latest report on the Diversity in California's Health Professions: Physicians, visit and click on the Publications link at the top:**

<http://centernews.ucsf.edu/>



**" Who are  
Cambodians?"**



## Profiles of Success: Dr. Theodore Hall

By Tabitha Herzog and Ashkan Sefaradi, RAP 2007

**Dr. Theodore Hall is a Pediatric Radiologist at UCLA. Throughout this interview, we explore his paths towards medicine and radiology, his involvement in programs exposing youth to the biomedical sciences, his utilization of his love for tennis to raise money for breast cancer awareness, and lastly, his advice to students in their pursuit toward medicine.**

Dr. Theodore Hall is a Pediatric Radiologist raised in an ethnically diverse enclave of Bronx, New York. Today he is one of the nation's leading radiologists, pursuing research, in addition to supporting initiatives that seek to increase the underserved and minority populations within higher institutions of learning such as medical school. Dr. Hall was raised in a single parent home alongside two siblings. He is the eldest in his family, and has obviously set a high standard by all means. Growing up, Dr. Hall obtained a work ethic second to none. Watching his mother work two to three jobs to support quality education for her children instilled a good blueprint for Dr. Hall to pursue his educational endeavors. Dr. Hall maintained good study habits throughout his academic career earning an undergraduate spot in the prestigious University of Pennsylvania eventually entering SUNY Buffalo School of Medicine, obtaining an MD degree in 1979.

While in college at University of Pennsylvania, Dr. Hall pursued academics in preparation for medical school while also maintaining balance through numerous extracurricular initiatives. During college, Dr. Hall was asked by a former member of the UPenn track team to participate in the White House Summer Internship Program; here he performed a project for the presidential archives. At the same time he also pursued the Georgetown Medical School summer program created to increase minority representation within higher learning institutions. It was during this program that Dr. Hall would learn how to apply to medical school. However, Dr. Hall's true enthusiasm for medicine came to him between his sophomore and junior years in college when moonlighting in the

medical records department of a local hospital. Here he often found himself going beyond his initial job description, reading patient charts and seeking answers to certain questions such as pathology and the reasoning behind physician decisions. Furthermore, he would curiously seek the Emergency Department for "the buzz of the ER," exclaims Dr. Hall. This was his first experience dealing with patients on a face-to-face basis. Over time, Dr. Hall began shadowing ER physicians, finally solidifying his career ambition as a medical doctor.

Nevertheless, upon beginning medical school, Dr. Hall did not know how he wished to practice medicine. All he knew was that he had a particular love for children, as growing up he worked extensively with youth as a summer camp counselor. However, during his pediatric rotations at SUNY Buffalo School of Medicine, he was forced to deal with anxious parents of pediatric patients, ultimately turning him away from the field of general pediatrics and

**"medicine is about lifelong learning. Be responsible to educating yourself throughout life and this will allow you to realize your particular interests within medicine."**

thinking about different fields within medicine.

It was during this period that Dr. Hall's enthusiasm for Radiology became apparent. While performing pediatric

rotations, Dr. Hall would spend his Wednesday lunch hour attending didactic Pediatric Radiology lectures. Here he began learning more about Radiology, as he would identify the "case of the week," a medical case presented to fellow medical students. Dr. Hall would often be one of few students to wholly understand the case and arrive at the correct answer. During his final year of medical school, it would be an elective with a Nuclear Medicine specialist, Sam Sostre, that eventually led Dr. Hall to make up his mind regarding his career in Radiology. "Dr Sostre who was originally from Puerto Rico was one of my mentors in Radiology, he seemingly knew anything and everything and I chose to do my two year residency in Nuclear Medicine because of the interest inspired in me by this man," Dr. Hall exclaims. Eventually Dr. Hall would not only complete his two year nuclear medicine residency, but this inspired man would also complete three years in a Radiology residency, gaining the title of Chief Resident during both residencies, spending plenty of time at the Albert Einstein College of Medicine, Montefiore Medical Center, in addition to a one year fellowship at the Children's Hospital of Los Angeles.

When asked about any advice that he may have for current and future students Dr. Hall replied, "medicine is about lifelong learning. Be responsible to educating yourself throughout life and this will allow you to realize your particular interests within medicine." Dr. Hall feels that the best way for a medical or potential medical student to determine the particular field of medicine in which they would work best in is to familiarize oneself with the literature regarding that subspecialty. "Anyone no matter where

they are in their educational career, undergraduate or medical student, should actively read literature that is relevant to their field of work. It is this literature that allows a person to realize his/her interests within a particular field," says Dr. Hall. He feels that lifestyle should not be a major consideration for a physician when deciding his subspecialty. Dr. Hall feels that it all depends on how hard one is willing to work that will determine his/her eventual success, and that technology has revolutionized the way physicians practice worldwide. It allows physicians to practice within the subspecialty of their choosing while still living the lifestyle they desire. Dr. Hall also feels that within medicine there is plenty of room to be creative. A prime example of creativity within a subspecialty is Dr. Hall's major research endeavors relating to liver transplants and applying new technologies to solving clinical problems. Today he also does plenty of educational research while serving as a Professor of Radiology at the David Geffen School of Medicine, at UCLA.

However, Dr. Hall is not all about the grade, in his time away from medicine, aside from being an avid tennis player, Dr. Hall spends plenty of time aiding the Office of Academic Enrichment and Outreach in addition to participation in a group called "The Circle Group;" a group that sought to get medical doctors

and students to adopt a middle school and mentor the students in an effort to get underprivileged children into the biomedical sciences. Alongside other colleagues and friends, mentors in "The Circle Group" speak to underprivileged children regarding topics such as Anatomy, Physiology, Nutrition and higher education. In addition, Dr. Hall has utilized tennis to raise large sums of money for breast cancer awareness via the

**"Don't be afraid to pursue unpopular things, do what you are motivated in doing"**

Westside Challenge to Beat Breast Cancer tennis tournament through the Santa Monica-UCLA Medical Center, which provides low cost mammography screenings and educational programs for uninsured women.

Dr. Hall feels that the greatest challenge to underserved communities is dissemination of information and education, especially HIV education. He feels that the government cannot do it alone, and that the government needs to form partnerships with the private industry to increase their involvement in public health. For example, access to health

care could be enhanced, if underserved populations had access to insurance coverage. Using assigned risks pools for populations, health care insurance could be extended to more of the most vulnerable in our population. Insurance companies should be encouraged to provide coverage for those with the least means for obtaining coverage. Incentives could be offered for those companies that insured greater portions of the population at most risk.

Dr. Hall also feels that maintaining an enthusiasm for education is one of the keys in making a good medical student. He also feels that one should be able to relate well to people and that it is our experiences that develop well-rounded individuals. Finally a self-motivated person with leadership potential is one of the other characteristics that Dr. Hall feels embody a good medical school applicant, aside from a solid mcats score and gpa. In addition, for individuals seeking to serve the underserved populations, physicians should have a basic understanding of pathophysiology and the extremes that it presents, for much of the extreme cases are often presented within the underserved populations.

"Don't be afraid to pursue unpopular things, do what you are motivated in doing," exclaims Dr. Hall, for these are qualities that his hero, Arthur Ashe embodied, as does Dr. Hall.

## Epidemiological Paradox

By Erick Castillo, Ana Ramos and Yolanda Tinajero, PREP 2008

### Fact or Myth?

In the majority of cases, individuals who are part of minority groups lack access to adequate health services. Based on this, it is logical to assume that this poor access to health care would lead to more of these individuals suffering from life-threatening diseases. In general, minority groups tend to achieve low levels of education, have limited access to health care, and use federal government-assisted programs such as Medicaid. Individuals who are considered minorities include African-Americans, Asian Americans, Native Americans, and Hispanics/Latinos. These minority groups are

classified by the Office of Minority Health as being a part of medically underserved populations that are prone to having poor health, higher newborn mortality rates, and higher rates of mortality from the top three causes of death – heart disease, neoplasm, and stroke. However, new research is showing that minority groups might not be as unhealthy as it was once believed.

### Minority Group - Latinos

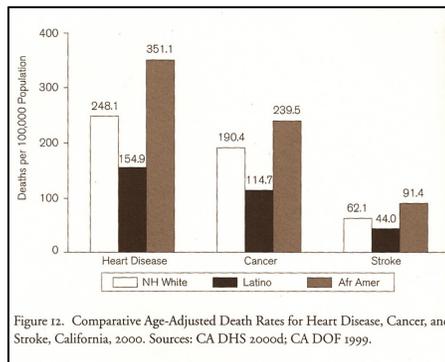
This new research has been brought to the surface by Dr. David Hayes-Bautista, a professor of Medicine and Director of the Center for the Study of

Latino Health and Culture at the UCLA School of Medicine. Dr. Hayes-Bautista has studied all minority groups, but has

**"New research is showing that minority groups might not be as unhealthy as it was once believed."**

focused primarily on Latinos. In his book, *La Nueva California: Latinos in the Golden State*, Hayes-Bautista states that "since the 1960's [analysts] have concluded that Latinos...exhibit all dysfunctional behav-

ior attributed to minority groups” (Hayes-Bautista, 67). This implies that the Latino population is at a higher risk for developing the most common diseases. Nonetheless, according to Dr. Hayes-Bautista, Latinos are one of the healthiest groups in the population despite their low levels of income and education. He has described this as the Latino epidemiological paradox. In his research he has found that “Latino mortality rates are lower than the non-Hispanic white mortality rates for nine of the ten... causes of death” (Hayes-Bautista, 82). In addition, Latinos have lower rates of heart disease, cancer, and stroke when compared to their non-Hispanic White and African American counterparts (Hayes-Bautista, Figure 12).



The paradox is further illustrated by the fact that Latino infant mortality rates are very similar to the non-Hispanic whites even though Latino mothers are “likely to receive late pre-natal care, either in the last trimester of pregnancy or not at all” (Hayes-Bautista, 84). Furthermore, the Latino life expectancy at birth is 82.5 years compared to 77.3 in

non-Hispanic whites and 77.1 in African Americans (Hayes-Bautista, 86). This trend surprises many physicians and health professionals because Latinos rarely have the opportunity to make regular visits to the doctor. Though the numbers support the information above, some people do not accept it.

### Believe It or Not

Several individuals believe that the epidemiological paradox does not exist and have proposed some radical ideas to explain the data. For instance, some people have criticized the results and claim that the reason why the mortality rate for Latino children is low is because “Latinas did not inform health authorities of a newborn’s death but instead took the small bodies back to Mexico in shoeboxes for burial” (Hayes-Bautista, 87). Dr. Hayes Bautista believes that though this might be possible it is very unfeasible thus it is highly unlikely that this explains the lower infant mortality. Other critics have argued that Latinos have been misclassified as non-Hispanic whites, thus affecting the results. Even if this was the case, Vital and Health Statistics state that “death rates are understated by 2 percent” thus there would be no significant change in life expectancy of Latinos. Another explanation for the epidemiological paradox is that aging Latinos return to their native country to die, leading to an increase in life expectancy for those that remain in the United States. This is contradicted by studies which show that US born Latinos and Immigrant Latinos have similar death rates. These alternative explanations for the

Latino epidemiological paradox do not have evidence to support them, so there must be something that Latinos are doing right in order to live so relatively healthy.

### Where Do We Go Now?

So what exactly is it that makes Latinos healthier individuals? Could it be the deliciously custom made beans and tortillas that they eat daily? More comprehensive research needs to be conducted in order to understand possible reasons for explaining why Latinos are less prone to suffering from the three leading causes of death, despite having inadequate access to health services. If relevant studies are performed and there is an answer for the Latino paradox, then this can be applied to the general population. By partaking in this activity, solution- one would expect to see a decrease in the number of individuals dying from the three leading causes of death. We have lots to learn from minority groups. Whatever the reason may be Latinos remain to be in significantly better health and have lower mortality rates than other minority groups.

### References:

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Kaiser Daily Health Policy Report. August 28, 2006. Los Angeles Times/ Kaiser Network. July 17, 2008. <[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?hint=3&DR\\_ID=39486](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=3&DR_ID=39486)>

### More Important Dates:

AMCAS Primary Application Deadlines:

Oct. 15: UCSF  
Nov. 1: UCSD, UCD, UCI, UCLA  
Nov. 15: Drew/UCLA

-American Diabetes Association presents "2008 Feria de Salud Por Tu Familia"

**When:** Sun, November 9, 2008  
from 10:00am - 3:00pm

**Where:** Olvera Street Plaza,  
Downtown Los Angeles

**Info:** [www.diabetes.org](http://www.diabetes.org)

-Simms/Mann UCLA Center for Integrative Oncology is hosting the: "Insights into Cancer Public Lecture Series."

-October 7, 2008:  
"Melanoma of the Skin and Eye:"

-November 18, 2008:  
"New Discoveries in Nutrition and Prostate cancer"

## UCLA Mobile Eye Clinic—An Outreach Story and Volunteer Experience

By Bao Tran, RAP 2008

The UCLA Mobile Eye Clinic is the product of a generous donation by an anonymous benefactor, Mr. K, in early 1972. Deeply concerned with the many barriers the underserved populations face in accessing healthcare, Mr. K initiated this project. He wanted especially to provide quality healthcare to these populations with an emphasis on sight care. Since its establishment in 1975, the UCLA MEC is one of the first and longest continuously operating projects using a motor vehicle to deliver high quality, completely free, privately funded ophthalmic eye care to underserved populations.

The unique feature about MEC is that it is a vehicle fully stocked with specialized ophthalmic equipment. With ophthalmologists and other trained personnel on board, this “eyemobile” travels to communities in the greater Los Angeles county area where eye care is rare or nonexistent due to the difficulties of transportation, finances, education, or geographic location, and would provide free comprehensive eye exams, minor or emergency treatment, and appropriate referrals. While the program is focused on patient care, it also serves as a means to educate residents, medical students, and even premedical students on the importance of eye care in the community and as a tool to provide data for clinical research projects on the epidemiology of eye care and diseases.

From its humble outreach to five schools and one free clinic in 1975-



1976, it has grown to serve more than 5,000 people yearly in some sixty-eight locations. MEC primarily focus their care delivery on children in underserved communities and adults who are in need of social service assistance include homeless individuals, battered women, and recent immigrants.

As children have always been the primary focus of the UCLA MEC, the majority of sites it visits are Title I elementary schools. Title I is a federally funded program that provides supplemental instruction for children in schools disadvantaged by high poverty and poor student achievement. At such schools the MEC concentrates on providing free eye examinations to all first-grade students, but never turns down a request to see younger or older students referred by teachers or school nurses.

The MEC has also greatly increased the number of trips taken yearly and added free clinics and community centers to its itinerary. These venues gave increased access to uninsured and underinsured patients. As homelessness in the LA area became a larger social and political concern during the 1980s, the MEC responded by working with agencies that help the homeless with various needs such as food, shelter, rehabilitation programs, counseling and medical care. Some of the sites MEC has visited include the Union Rescue Mission and Downtown Women’s Center.

The number of patients examined per day varies: eighty children if selected from the general school population; thirty-six children if referred by teachers or school nurses; or twenty-four adults, who are either self-referred or referred by community workers at various locations visited by the Mobile Eye Clinic. An individual report listing diagnoses and recommendations is mailed to each patient, and a summary report



listing the patients along with their diagnoses and recommendations is mailed to the trip location. Medications for simple eye disorders and prescriptions for eyeglasses are dispensed. Patients without other resources to pay for eyeglasses are given vouchers for free glasses through the generosity of Vista Optical. The Mobile Eye Clinic coordinator works closely with school nurses, social workers, and other on-site personnel to arrange follow-up care for patients needing more extensive evaluation or treatment.

The success of MEC is greatly due to the extraordinary leadership, dedicated staff, and enthusiastic volunteers it has had over the years. The program is under the directorship of Dr. Anne L. Coleman, Frances and Ray Stark Professor of Ophthalmology at UCLA Geffen School of Medicine. Five days out of the week Faye Oelrich, orthoptic technician with the MEC since 1978 and program coordinator since 1992 and her colleague Rene Galvin make their trip to the scheduled sites without fail. The UCLA MEC has become a well-recognized fixture in the community, with an excellent track record and a desire to reach even greater heights of public service. It is truly a gift that keeps on giving.

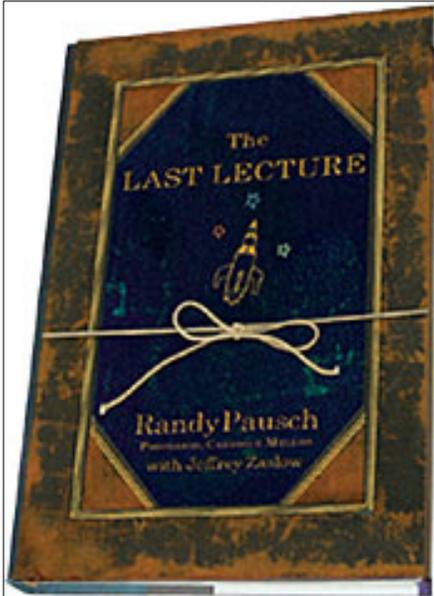
Interested in volunteering for the MEC? Contact Faye Oelrich at:

foelrich@ucla.edu

## IMPACT Book Club

By Brandon Kuiper, PREP 2008, and Michael Esparza, RAP 2008

Every issue, recommendations that PREP/RAP students make about a great book they have read makes it into IMPACT's Book Club. Enjoy!



### The Last Lecture

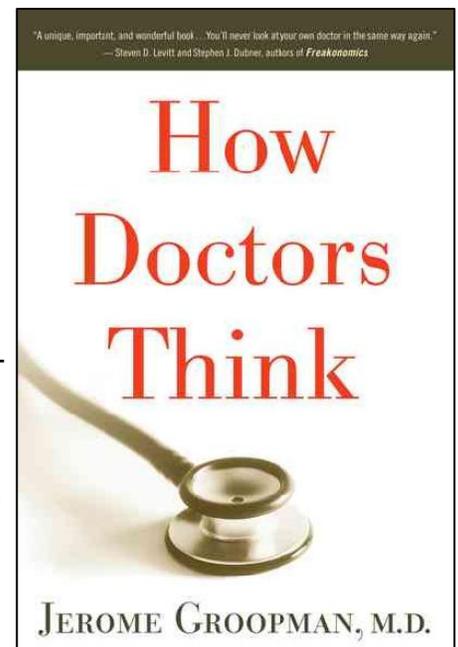
By Randy Pausch with Jeffrey Zaslow

At Carnegie Mellon University, an established lecture series titled *Journeys* is a means for professors to impart wisdom under the guise that it will be their “last lecture” before they die. For Randy Pausch, professor of Computer Science, this is a very literal reality as he was diagnosed with terminal pancreatic cancer in the summer of 2007. His book is based on a lecture he gave to an auditorium of 400 people that has quickly become an internet favorite, cycling through YouTube and other venues. Dr. Pausch does not use the spotlight to trifle upon a soapbox but rather uses his short time to speak, enlighteningly and often humorously, about the importance of pursuing your childhood dreams and of enabling others to achieve their own. In the end, this motivational read is not so much about revealing one’s dreams of the past but earnestly pursuing each day with optimism while tearing down the barriers. “Time is all you have and one day you may find you have less than you think.”

### How Doctors Think

By Jerome Groopman, M.D.

This book is highly recommended to both patients and doctors in the medical field. Jerome Groopman, a physician at Harvard Medical School, successfully examines a physician’s thought process during a diagnosis. As Groopman explains, “it is a window into the mind of the physician and insightful examination of the all-important relationship between doctors and their patients.” Through short narratives and personal stories, Dr. Groopman identifies why some doctors succeed and others err in their decision making. He demonstrates how stereotypes, emotional state and personal beliefs may influence how a doctor cares for his patients. Finally, Groopman provides advice to both doctors and patients on how to communicate effectively, improving health and reducing misdiagnosis.



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## **IMPACT is a newsletter by students, for students.**

We also highly encourage everyone to become involved and contribute to IMPACT. IMPACT is a newsletter that relies heavily on the contributions and participation of former PREP/RAP students. If we, at IMPACT, wish to continue our mission to encourage, educate, and empower pre-medical students and the community we strongly need your support. **SPECIAL NOTE** to this summer's PREP/RAP class: **YOU** can still be involve with our IMPACT Newsletter throughout the year and even if you are not able to attend our editorial board meeting and/or are not in the Los Angeles Area.



The Editorial Board meets once every quarter. Upcoming meetings will be announced. All are welcome to attend. To contribute to IMPACT or to join the Editorial Board, please contact us at **DGSOM.IMPACT@gmail.com**

### **Resources**

The Resources column is a forum intended for the sharing of research and information relevant to pre-medical students gathered by PREP & RAP Alumni. If you have any interesting websites you would like to share, please let us know:

#### **MCAT Information**

Sign up for this year's MCAT or get answers to FAQs, at [aamc.org/students/mcat/start.htm](http://aamc.org/students/mcat/start.htm)

**The Next Generation:** An Introduction to Medicine [www.nextgenmd.org](http://www.nextgenmd.org)

**National Association of Advisors for the Health Professions** [www.naahp.org](http://www.naahp.org)

**AAMC's Aspiring Doctors Website** [www.aspiringdocs.com](http://www.aspiringdocs.com)

#### **Association of American Medical Colleges**

Essential basic information about applying to medical school [www.aamc.org](http://www.aamc.org)

#### **American Association of Colleges of Osteopathic Medicine**

[www.aacom.org](http://www.aacom.org)

#### **Premedical Discussion Forums**

[www.studentdoctor.net](http://www.studentdoctor.net)

#### **MCAT Mnemonics**

<http://www.geocities.com/CollegePark/Union/5092/mnemMCAT.html>

#### **MDapplicants.com**

A collaborative site created by the online community to serve as a guide to premedical students.

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# IMPACT

PREP/RAP ADVISORY NEWSLETTER  
Office of Academic Enrichment & Outreach  
David Geffen School of Medicine at UCLA



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