The Underserved, the Undeniable, and the Difference We Make **September 21, 2025**

Dear Residents,

The second week on the inpatient service means that I have hit my stride, can reliably disambiguate the 600 side from the 400 side, and know where the 2 stairwells are located. More importantly I am reminded of the privilege of being able to do this work. A few days ago, we admitted someone who was younger than my youngest daughter yet in a life circumstance that was very different than hers.

She was 19 years old, admitted with a urinary tract infection. As I reviewed her history, I learned she already had two children. I remember pausing, wondering what her life must feel like. Womanhood had come too early, the teenage years perhaps truncated, the possibility of higher education made improbable. Her story was not unique, yet it captured so much of what draws us to medicine - the desire to meet people at the margins, to bear witness, and to help where we can.

As physicians, we live in a place of privilege. We are well compensated, respected, and given opportunities that few others enjoy. Against this backdrop, our pull toward the underserved raises important questions. Do we do this out of guilt? Out of a longing to make a difference? Do we actually succeed? And, more controversially, do we "learn on the underserved" while later "earning" on patients who have insurance and means?

But perhaps even the term *underserved* misses something essential. The patients we label in this way are often the very people who "over-serve" their communities, working as delivery drivers, construction workers, kitchen staff, and caregivers. They are the ones who make the modern city function, who build, deliver, and sustain the daily lives of others. Their health and well-being are not only a private matter but a public good. To serve them is not to reach down from privilege, but to honor the people who already hold so much on their shoulders.

This is why safety-net systems like Parkland and the VA are so remarkable. They have extended care far beyond the hospital walls, into clinics and communities, with results that stand up to the best in private medicine. Diabetes and blood pressure control, and the care of patients living with HIV, are at least equivalent (if not better) than outcomes seen in the private sector. These are not second-tier systems; they are models of equity, commitment, and what can be achieved when access is treated as a responsibility.

At the VA, I had the privilege of leading our rheumatology section from 1999-2007, where our team worked to ensure that veterans with rheumatoid arthritis, ankylosing spondylitis, and psoriatic arthritis had access to the newest biologic therapies. These men and women had already *served* us; it was incumbent on us to serve them with state-of-the-art care. We established the VA's first outpatient

infusion center and developed a national registry to track outcomes, both to guide our practice locally and to inform how these efforts could be scaled nationally. In doing so, we aimed not only to deliver cutting-edge treatment but to honor our responsibility to those who had borne the greatest burdens on behalf of others.

One of my mentors once told me that *M.D.* stands for "Make Decisions." Over time, I have come to believe that *M.D.* really stands for "Make a Difference." And, more importantly, that the act of making a difference makes *you* different. *GomerBlog* once joked that *M.D.* means "Morphine and Dilaudid." That may bring a smile, but the deeper truth is this: our patients and their stories transform us. Each encounter is not just a chance to heal, but a chance to be reshaped, to be reminded why we entered medicine in the first place.

Every human being is an unfinished project; there is no point at which we are complete. Medicine reminds us of this truth daily. It is more than lifelong learning - it is a lifetime of constant evolution. Our patients evolve, our science evolves, and so do we. Each encounter, each story, each act of care reshapes us in ways large and small. In serving those we call underserved, we come to see that we ourselves are unfinished, still becoming, still capable of being made different by the very act of making a difference.

As the autumnal equinox approaches, we are reminded that the cycles of life and training move forward in steady rhythm. Each season brings its own challenges and its own growth, and these weeks on the wards are no different. Relish these times. They are demanding, but they are also formative, and they will stay with you long after it has all passed.

This place matters deeply, and while the work is hard, there is no better time than now to care for one another.

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