# **Humans of CDI**

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**Axana Rodriguez-Torres, MD, MPH** is currently a PGY3 resident in the MGH Internal Medicine Primary Care Program. Originally from Colombia, her dream of becoming a physician and her commitment to community advocacy began at an early age. She initially started medical school in Colombia but had to put her degree on hold when she immigrated to the U.S. with her parents.

Upon arriving in California, she spent nearly a decade working in immigration consulting and tax preparation, assisting people from various countries. During this time, she gained insight into the healthcare disparities prevalent in underserved communities. Her unwavering dream of becoming a doctor led her to restart her medical education, this time taking the community college route.

She eventually earned her undergraduate degree in Neurobiology and Psychology and an MPH from UC Davis before obtaining an MD degree at UC Irvine. Axana's journey brought her to the CDI's Summer Research Trainee Program (SRTP) as a medical student, where she fell in love with MGH and Boston.

Axana acknowledges her family, mentors, and support system for her current position. She remains dedicated to her mission of advancing equitable healthcare access for all and is pursuing training in Geriatrics and Palliative Medicine. Last year, she served as one of the Education and Career Development Officers for the CDI Resident and Fellow Committee. In this role, Axana focused on ensuring that UiMs can access essential resources for career advancement, aiming to give back to the community that made her dreams a reality.

To learn about the transformative impact of her SRTP experience and her unwavering commitment to improving healthcare accessibility, keep reading as Axana reflects on her unique journey from medical school in California to becoming a dedicated physician at MGH and her ongoing mission to advance equity in healthcare.

This year's application cycle for the Summer Research Trainee Program (SRTP) is set to begin in the coming weeks, and we'd love to hear more about your experiences. As an SRTP alum, what impact did that experience have on you, and your career in science?

SRTP impacted my future positively in ways I never imagined. I was able to learn and live MGH in a unique way while gaining lifetime career and personal mentors. I learned to work in a supportive environment as well as an environment with significant opportunities for further support. As I learned through that Summer in 2016 (following my first year of medical school in California), I was offered a permanent research position – which I took after I finished my second year of medical school. I was able to continue working on my SRTP project, which I had the opportunity to publish.

Additionally, participating in research for two years allowed me to continue forming mentorship relationships that led to and confirmed that my preference for residency would be MGH. As I continued to reach out, I was always welcomed and supported. My intention was to return for the Visiting Clerkship Program (VCP). As the COVID pandemic took place, VCP was placed on hold. However, since I had existing mentors, I reached out to virtually join available activities. I was supported then as well. When residency interviews took place, virtually for the first time, I was able to say that for sure I wanted to return to MGH for reasons with strong foundation. And here I am!

What change have you witnessed and what's left to be done?

A change I have witnessed take place is support for UiMs in healthcare. I have experienced and witnessed this type of support during my time at MGH. There is a road ahead to continue advancing support for the underrepresented in medicine, but the process takes place on a daily basis. I have experienced extensive support to continue advancing with my efforts to continue serving communities in need.

### What does true equity mean to you? How do we get there as a hospital?

Equity would be a world where the healthcare outcomes of underserved and non-privileged communities had no difference when compared to the rest of communities with more resources. Witnessing people suffering from not being able to afford medications and access to healthcare in general is unjust and simply, should not be. Not being able to enjoy similar quantity/quality of life due to not being able to afford more historically is one of the biggest injustices that continues to prevail. MGH has implemented significant efforts to fight and advance in advocating for communities in historical need. We continue to work on this daily in the hospital, the clinics, the community. Much more is yet to be done and is one of the reasons that more people with similar interests join this taskforce.

# Tell us about your heritage. How does your heritage influence your work?

I was raised by my Grandparents in Colombia. They are the reason that my vocation in medicine is so deeply grounded. From a very early age, I knew I was going to put all efforts into medicine and all it implied.

I experienced first-hand the needs that people with limited resources live. I am able to relate to them and their specific needs. Thinking of my family and my community provides me with the grit and perseverance to continue on even when the road becomes challenging. My vocation is embedded in who I am and who I aspire to be.

## What do you do for fun?

Long distance running – it reminds me of that challenges can be accomplished despite the fact that they may seem to be unattainable. I love to run and discover that I too can continue to achieve goals that are only attainable one step at the time. Besides, it provides me with joy and mental and physical health. I started to run when I started medical school. I am a very slow runner, but always feel proud of myself as I reach one mile at the time. And it continues to be representative of the rest of my goals in life.

#### What is your hidden talent?

"Caring too much" -- it can be a double edged sword!