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#### Nomination for ICEP Board of Trustees

Bearing witness to our patient's trials and triumphs, physicians are uniquely situated to advocate for local and systemic changes that can meaningfully alter the course of our patient's lives. The interconnected roles of physician, confidant, and advocate were impressed upon me early in my journey through medicine. My first steps began with stories throughout my childhood of my mother and rambunctious uncle's adventures. As my mother and uncle aged, my uncle's struggle with his health and type 1 diabetes slowly overtook the tales of irreverent youth. He would eventually go on to suffer complications, losing his eye, from an inability to pay for and adhere to his medications. My mother's lost childhood and transition from sister to caregiver, acted as my first impetus towards a career in medicine. As a high schooler, I crafted a research project with the Phoenix branch of the National Institutes of Health that sought to make an islet replacement operation a cost-effective pathway to insulin independence for patients like my uncle. Stories like those told by my mother and by our patients every shift continue to motivate me to innovate, advocate, and inspire the next generation of physicians.

As an undergraduate, I knew that the medical knowledge a degree in science would provide would not arm me with the tools necessary to take my practice of medicine beyond the walls of the emergency department. By combining my molecular biology studies with a degree in international relations, I was able to build a unique course of study that underscored the strengths and pitfalls of varying health systems. Armed with this knowledge, I applied to medical schools with missions of service and advocacy, where the art of medicine would be posited clearly in the realities of our patient's lives. Thus, I moved to Boston and trained at Boston Medical Center where the mission of "exceptional care without exception" was present in every referral and resource the hospital gave to its patients. From the free rooftop garden acting as a food pantry to complimentary tax filing assistance to peer-led warm hand offs in the ED for addiction services, the mission of holistic medicine which focused on the person and not the disease became the standard and not the exception. As a physician, I sought to incorporate these services and my background in political organizing from my time in Arizona to strengthen my institution's connections with our local community.

In the fall of 2019, I joined the Massachusetts Medical Society (MMS) and acted as my school and the organization's delegate to the AMA's Medical Student Advocacy Conference. While there, I discussed the need for telemedicine reimbursements, increased residency funding/positions, and student debt relief. With the onset of COVID-19, I turned my eyes locally and leveraged my role in the MMS leadership to coordinate a multi-school student-run COVID-19 frontline support group. Additionally, as voter restrictions and misinformation sprouted up across the country in the lead up to the 2020 elections, as the MMS Legislative Advocacy Chair, I collaborated with Boston Medical Center to run a series of voter registration and information outreach initiatives including multi-language discharge instructions with key election information, registration steps, and dates, including information for undomiciled individuals. I built upon these experiences and was elected to the organization's board of trustees where I advocated for more inclusive publishing criteria at NJEM (a subsidiary of the MMS) and organizational support and lobbying in Massachusetts and Capitol Hill for new migrants. At our interim and annual

meetings, I sponsored resolutions to push for legislation that expanded social services for undocumented and migrant families to bring them into systems of care in a more effective manner.

As my time in Boston came to an end, I sought out a residency program that was connected to its community and cared for populations outside the stereotypical academic ivory tower. University of Illinois – Chicago's emergency medicine residency contained this mission in its very structure. Staffing emergency departments throughout the city, from the Evergreen Park to Parkridge, our residency program exposes us to the strengths and pitfalls in the social safety providing the skills and stories necessary to push for meaningful policy change. Within the medical district, I have been able to volunteer with fellow members of the Social EM track at local police districts to provide basic medical care to undocumented migrants. In these sessions we have been able to direct recent migrants to clinics and cover life-saving medications for families through the organization Chicago Street Medicine. These moments and so many similar encounters in the emergency department, inspire me to continue searching and pushing for local and systemic change to ease the burdens on the most vulnerable members of our community. Working with the social EM track, we launched a series of talks providing my colleagues with the tools to engage with local politics through oral and written testimony focusing on the health risks and challenges facing our patients and neighbors. Expanding upon this, as a second-year resident I incorporated calls to action within our advocacy lecture series where I laid out multiple different pathways for residents and attendings in my program to get engaged with relevant advocacy topic. Given that it was an election year, I also circled back to Vot-ER going further than we had at Boston University as a medical student. This time, I incorporated voter registration paperwork into every clinic, ED, and in-patient discharge summary at UI Health. We also worked to incorporate Vot-ER into the Advocate and OSF health systems' Emergency Departments. However, local action alone would not be enough to address the politics and vitriol that many of our patients and fellow Chicagoans faced in the lead up and aftermath of the 2024 election. Thus, I was elected to the position of Illinois Resident and Fellow Delegate to the AMA with a focus on migrant, LGBTQ, and healthcare reform. In this role we passed policy at the AMA regarding scope creep in coordination with the EM Council, recognized mass deportation as a public health emergency, and protected gender affirming care in Illinois and nationally.

All these efforts have now culminated in this opportunity to stand for nomination to the Illinois College of Emergency Physicians Board of Trustees as a potential resident trustee. As resident trustee there are a couple areas I want to focus my advocacy efforts. For my fellow residents, I want to create an advocacy pathway for new residents to plug into our organization. This would start with a resident specific email chain that would highlight educational and volunteer opportunities to get involved with advocacy efforts. Next, I would want to expand mentorship throughout ICEP to enable mentors across hospital systems to be paired with residents who have similar interests. In terms of organizational change, I would like to see ICEP expand its advocacy across professional organizations to be better represented in places like the AMA and ISMS. I recognize that I am nearing the end of my resident career as I transition into my third year of training and want to be a transitional trustee that can build upon the work Dr. Adam Roussas (Resident Trustee 2024-2025) and lay a firm foundation of institutional knowledge that future trustees can quickly tap into. I know that my experiences across medical school and in residency have armed me with the organizational and advocacy skills to represent my fellow trainees effectively at ICEP. I humbly ask for your support and vote in this process.