



Keith Glover
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Keith Glover is a medical student at Stanford University School of Medicine. His drive to help the underserved comes from his unique background. His mother is Navajo and his father is African American. He grew up in Long Beach California, in a low-income community in which gangs are prevalent and higher education attainment is low. He also spent time on the Navajo reservation in Arizona, where he witnessed first-hand many of the problems that plague American Indians such as heart disease, cancer, diabetes, and chronic liver disease. Growing up in these two completely different underserved communities has empowered him to help these areas. When Keith thinks of medically underserved populations, he does not think of them as unfortunate people that he volunteers to help. He thinks of his best friend from elementary school who is now homeless, and his cousin with diabetes. He does not see his work as helping the underserved, but as lending a hand to friends and family members.

He attended California State University of Long Beach, where he earned degrees in Biochemistry and Chemistry, but it was not until medical school that he started carving out his niche in this area of medicine. He has been the co-chair of Stanford American Indigenous Medical Students (SAIMS) for the past three years and community liaison of Student National Medical Association (SNMA). Both are student groups committed to engaging with the community and increasing minority representation in medicine. He was also an anatomy TA for the Stanford Medical Youth Science Program (SMYSP). A program geared toward introducing low-income high school students to the sciences and health professions.

This year, he co-led the Stanford University Minority Medical Alliance (SUMMA) conference. The conference hosts about 500 undergraduate students and focuses on increasing the diversity of health professions to better care for medically underserved communities. It was the culmination of four months of planning by medical and undergraduate students with the Stanford Center of Excellence in Diversity in Medical Education staff.

Finally, he is most proud to have co-taught a course called Rural and American Indian Health Disparities. Throughout the quarter, he taught the students about the history of American Indian health and the unique problems they face like rural medicine, deficient funding, and lack of continuity of care. Cultural competency was also emphasized during the class. The class culminated with a weeklong trip to the Rosebud reservation in South Dakota, one of the poorest communities in the nation. While on the reservation, the class split their time between shadowing doctors at the Indian Health Service (IHS) and working at Habitat for Humanity building houses for the community.

Last year, Keith took a year off from medical school to conduct basic science research in the Stanford Vascular Surgery department. In addition to research and work with health inequities, he also took classes in clinical research, design thinking, and business. He realizes that health disparities are a multifactorial problem and he has tailored his education to address these problems. He recognizes that he has a lot more to learn and even more work ahead of him, but he is confident that he will make a difference in these communities. He is willing to bet his career on it.