Real Essays From Stanford Medical Students

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The essays contained within this document were written by current Stanford medical students and have been carefully read and reviewed by file reviewers, interviewers, and admissions staff and officers at Stanford Medical School as well as dozens of other medical schools across the country. We must emphasize that you need to be honest in writing your personal statements. If you borrow material or use quotes from other sources, make sure to credit them appropriately. Not giving credit where it is due is not only disastrous to your essay, but it is also illegal. Admissions officers read hundreds, and even thousands of personal statements each year, and have developed a fine tune sense for detecting plagiarism as well as remembering the essays they've read. You owe it to yourself to be hones, open, and sincere in writing your personal essay as it is a reflection of yourself and what is important in your life and your decision to pursue a career in medicine.

Stanford Essays

The following essays were written by real Stanford medical students in preparing their applications. We suggest that you read through all of the essays to get a diverse view of the types of themes and styles which have been successfully used for personal statements. Each personal statement is exactly that, personal. No one format or style will work for everyone. However, there are structures and themes which are common throughout. These essays are meant to give you an in depth look inside previous applicants' writing and what has gone into their decisions to enter the field of medicine. All essays are presented in their original format, unaltered. In certain cases, personal identifiers have been removed to protect the privacy of the essay writer. These essays are meant to be a learning tool for you as well as a source of inspiration, not a source for copying or imitation. Plagiarism from these or any essays is illegal. We hope you enjoy the following essays, and we wish you the best of luck throughout your writing and application process.

Personal Statement #1:

The classroom and the 400-meter oval track, although very different venues, have taught me complementary and interwoven lessons. Concepts in physiology, biochemistry, and nutrition can be applied to elements of running, such as developing more effective training methods and learning how to optimize substrate utilization in order to achieve peak physical performance. The methodology developed through research has enhanced my development as an athlete. For instance, I can investigate a training method and evaluate its effectiveness in increasing my physical performance to better individualize my preparation. On the other hand, running has taught me lessons in teamwork and cooperation that improve my ability to interact in academic and professional settings. Running also teaches lessons in self-discipline, perseverance, and endurance which contribute to my success as a scientist. I have applied these character traits fostered from running to becoming a better scientist. In turn, to me running has evolved into a science. The application of science to health is medicine and is a natural evolution of my interests that I would love to pursue.

As in science, I had to learn the basics of running. My initial awkward form disappeared through a few years of training and dedication, and I evolved into an athlete. I was

fortunate to compete against the best athletes both at national competitions and at the World Championships in Belfast, Ireland. These competitions inspired and challenged me to seek my full potential. Of equal importance, through running, I was introduced to topics in biology, chemistry, physics and physiology. It was at a running camp where I first learned about ATP and made one of my first tangible connections between science and sport. As my talents grew in running, it was equally rewarding to find my knowledge in the sciences expanding. These concepts were reinforced as I started to research the purpose of each workout. By the end of high school, my interests in science were high and I became interested in pursuing a career in medicine.

These interests in medicine and running guided my experiences at Stanford. The opportunities to explore and expand my previous knowledge were limitless: I was like a kid in a candy shop. I indulged in topics of exercise physiology, human biology, human nutrition and sports psychology. These topics were not only fascinating but also enjoyable to put into practice. As I continued to apply these concepts to my training, I found some explanations unsatisfying. For example, I could not explain my propensity towards experiencing heat exhaustion. A presentation on thermal regulation research inspired me to perform two years of research. The culmination of my efforts led to an honors thesis on the application of a thermoregulatory device to improve human physical performance. In my efforts to apply this science to the pursuit of better running, I persuaded my coaches to allow me to bring the thermoregulatory device to the NCAA Track Championships in Baton Rouge, Louisiana. Application of the thermoregulation technology was successful in helping my teammates and me achieve our personal bests. This experience served as a catalyst for my investigation of additional research topics. Observations about how my mental outlook impacted my performance outcome resulted in the completion of a senior tutorial in sports psychology. Following graduation, I learned more about the mind-body connection through neuroimaging research focused on how to characterize and understand mild traumatic brain injuries as well as mental disorders, including Williams syndrome and narcolepsy with cataplexy. These experiences were rewarding examples of how better health care can be obtained through medical research.

The topics of science, research, and athletics explored through being a student-athlete have prepared me for the medical field. Like a clinician, I quizzically explore topics in science and research with the same fervor that I approach my training plans and racing schedule. I have learned to tolerate great pain and sacrifice to reach my goals. I'm not an ascetic; rather, I have high personal expectations and possess the confidence in my abilities to reach new levels in my running as well as in science. These traits are especially tested during injury, where I have learned to keep a positive attitude in the face of adversity. These character traits have prepared me for the upcoming challenges of medical school. I have received additional direction towards the medical field during times of injury and illness, where I have found comfort through my experiences in working with various doctors. Their role has extended beyond providing a superficial diagnosis and treatment of my injuries to addressing my overall health, both physical and mental. These doctors have served as my paradigm for being a physician. Like these doctors, I want to inspire and guide my patients to seek better health. Through my exposure to various clinical populations, I am confident in my ability to be an advocate for all of my patients, and my desire to serve others in this capacity has guided me towards the medical profession. Like an athlete, I have prepared for this opportunity. Challenge me. I will perform.

Personal Statement #2:

"I hope my brain doesn't start melting."

I don't recall much of what happened next, but I do remember thinking that as I watched my temperature creep past 104F. When I regained my composure, I was out of the heated chamber and in a cold shower, my sweat-drenched clothes still on and the temperature probes still dangling from my body. Slumped over, my mind slowly started to function again as a sense of satisfaction settled in. Another experiment done, another data set complete...all in all, another good day at work.

I hope that by testing on myself I'll be able to take the necessary risks to make discoveries that can improve lives and push the envelope of current knowledge. Moreover, I hope that one day all of my self-testing and probing might help treat heat stroke victims, develop new cooling techniques, and save lives. After a quick cleanup and snack, I gather myself together, leave the exercise lab, and start running. Most of the time during the 3 hours of swimming, biking, and running I think about the Ironman. Just thinking about the race fills me with a sense of excitement, fear, and pride all mixed into one. I chose this race because I admire how its finishers are made, not born. I'm not a natural swim champ, a Lance Armstrong, or a Kenyan runner. I'm a guy who believes in the value of challenges and discipline, and that the easy road may not take you where you really want to go.

When I finish my workout and my body's pain finally turns into relaxation, I head back to the lab to work. I enter the hospital and walk by the myriad of patients lining the hallways leading to my office. Whenever I take this route I feel an unfulfilled sadness. I see crippling pain in each person's face, posture, and gaze as they watch people pass by. They sit in their wheelchairs trapped, unable to move and live freely. It feels unfair that I can workout when so many around me can barely move. Every day I want to help these individuals and alleviate their physical suffering. As a result, every day my desire to become a doctor grows stronger.

Sitting at my desk and analyzing stacks of data, afternoon transforms into night. I start thinking about the events of my day and I ask myself: why do I do all this? I pause for a few moments to reflect. I do all this because I want to better prepare myself to help people like those who shared their lives with me during my high school and undergraduate clinical experiences - people with heart disease, diabetes, cancer, leukemia, and AIDS. I do all this because I want to personally and directly improve the quality of people's lives, and because I believe there is no greater good than helping the sick become healthy.

Walking through the darkness to my car, I can't help but think about journeys and destinations. The average hyperthermia experiment is 15 miles of cycling and lasts 60 minutes. The Ironman spans 140 miles and takes roughly 12 hours. The road to becoming a good physician has no set distance and can last a lifetime. However, it is the one that I am more eager to travel than any other, and it is one I am the most prepared to work for, commit myself to, and pursue no matter what it may require.

Personal Statement #3:

I never planned on going to college. By the time I was sixteen I had stopped going to school to train full-time as a competitive ice dancer. The intensity of the work, the sense that every moment of my day was devoted to accomplishing a single goal, was immensely gratifying, as were the artistry and the challenge of competition. However, my life was insular and solipsistic. My skating partner was verbally and sometimes physically abusive, coaches determined how I spent nearly every moment of every day, and I knew few people outside skating besides my academic tutors. I sensed that if I continued to devote myself to skating, I would never grow up. Two weeks before college applications were due, I decided to apply.

At college I initially studied painting because I loved working with my hands and observing fine details and saw parallels between skating and art. (I still couldn't quite imagine myself a non-skater.) I knew I wanted to do something that involved more human contact and intellectual challenge, but wasn't sure what that thing should be. I turned to philosophy because I knew it would provide exposure to a myriad of different disciplines and modes of thought.

After graduation, I became a research assistant at the ____ Bioethics Institute, focusing on ethical issues in embryonic stem cell research and on clinical ethics. I sent out weekly emails with citations of publications on controversial areas of medicine and science. In the midst of scanning PNAS or JAMA for the relevant articles—say, on the rights of vegetative patients—I inevitably found myself absorbed in a description of the pathology of the vegetative state, or the "Clinician's Corner", or "Case Records of the Massachusetts General Hospital". The doctors I met at meetings weren't just reading and writing about things that happened. They were making things happen, and I envied their engagement and responsibility. The Institute was located in a hospital, and the patients I passed everyday intrigued me. What was going on in their bodies and how and why had it happened? I could tell from watching patients and their families waiting in hallways how vulnerable illness had rendered them, and I longed to help them directly. I imagined the difference stem cell differentiation, something that enthralled me, might make in their lives and wanted to see it firsthand. In pursuit of clinical exposure, I began volunteering at a medical clinic and ultimately solidified my commitment to medicine by joining ____'s Post-Baccalaureate Premedical Program.

Working at the clinic has allowed me to grow in ways that were impossible as a skater and artist. The patients are all homeless, and many suffer from drug addiction and other psychiatric disorders. They have challenged me to become more understanding and empathetic and to question my values. Most of our patients suffer from slight or chronic infirmities, and others often need medication that we cannot provide. The clinic's work may seem small in scale; however, our occasional victories are far more meaningful to me than any of my achievements as a skater, artist or bioethicist. One patient's pinky had been crushed years ago so it appeared half the normal size. As he extended it to me, he looked ashamed and reluctant, wanting to hide its ugliness. I held out my own pinky, which was partially amputated in a skating accident, and showed how when I bent it the scar made a shape like a smiling face. He laughed and told me we were "pinky buddies" and that he'd always remember me. He gave me a hug, and I left clinic elated. I could not fix his hand, yet I had helped relieve his embarrassment. He and his fellow patients face so many difficulties that they cannot control. I feel truly fortunate to be able to give them anything that might better their physical or emotional health.

Nine months ago, pursuant to the interest I developed in stem cells at the Bioethics Institute, I began volunteering at a neurology lab at ____ that uses mouse stem cells extensively in its research. I'm now working full-time and am currently focusing on a project examining the role of myelin in protecting axons from cell death. Although I began my work at the lab with virtually no experience or specialized knowledge, I am now able to think critically about our experiments and engage in discussions of research design and direction. I'm excited and proud because I know our work may some day make a difference for patients like those I have seen lingering in hospital corridors. Seeing once-paralyzed rats begin to walk because of stem cell injections and understanding the mechanism by which their transformation occurred is a thrill. Some day, I hope to see patients, not rats, taking their first steps, and that what now seems a "miracle cure" will have become standard treatment.

Because we live in a world where technology is a dominant force, it is more important than ever that scientific innovation be paired with sensitivity and wisdom. This marriage is most clearly manifest in medicine. As a clinician, I look forward to engaging in the practice of medicine as a science and an art in the service of humanity.

Personal Statement #4:

The newborn lying before me was abnormally swollen from edema making him resemble the characters of a Botero painting. "He was born with a diaphragmatic hernia," Dr. Schreiber explained. "The intestines migrated into the area of the left lung, preventing normal development. We have reoriented the intestines and hope for a positive outcome." Observing the Botero baby's tiny, IV tube covered body, I felt amazed by the technology that kept him not only alive, but on a path towards recovery. Leaving the neo natal intensive care unit, I felt like healthcare was simply physicians employing scientific discoveries to achieve the best possible outcome. But then I saw it: the Botero\ baby had a family. The man and woman stood at each side of his crib, with silent tears falling down their faces. As I watched Dr. Schrieber gently touch the woman's shoulder while offering her a chair, I knew my perception of medicine had changed. I realized medicine involves more than technology and science; medicine is an art that blends physical treatment with compassion. A caring physician embraces this art and treats patients with knowledge and empathy.

My commitment to become a compassionate physician developed over the path of many years, with my desire to be a positive force in society leading me. I've always known my calling was biology. From a child studying bird bones to an undergraduate publishing a paper in the Journal of Biological Chemistry to a researcher developing a human blood sorter at a biotechnology company, Arryx, my love of biology has shaped my ambitions and dreams. In fact, my love of biology initially led me to a pre-medical path. However, working in the Cancer Center at the University of Arizona I met patients desperate for any new treatment because conventional treatments had failed them. I began to believe that the most effective way to improve healthcare would be through research, and therefore continued to work in cancer research labs for the next two years. Now, as I work at Arryx and can manipulate hundreds of individual cells at once to test cell-to-cell interactions and drug delivery with cellular response, I find even more hope that research will bring about technologies that will improve healthcare outcomes. However, I have seen numerous times that advancing technology will never be adequate enough to replace the compassionate aspect of medicine or be adequate enough to fully comfort those suffering from terminal diseases right now.

Volunteering in the palliative care unit of Northwestern Memorial Hospital, I have interacted with patients distressed by unexpected paralysis to patients suffering from terminal diseases like AIDS. One afternoon while I was volunteering, I was warned that room 21 would be very demanding. After responding to three calls in ten minutes, I asked if she would like some company. Her name was Ruth and she was paralyzed from the waist down from a fall. I held her hand and listened to her as she sobbingly told me her fears of losing independence and burdening her busy surgeon son. I reassured her that she could remain independent even if she couldn't walk and her son would not consider caring for her a burden. As I was preparing to leave the room so she could rest, she said "Thank you. You treated me like a person, not a patient." Although I had not cured her paralysis or lessened her pain, I did make Ruth feel loved and cared for that afternoon. The satisfaction I felt knowing I had made her difficult time a little better is something I will never tire of or take for granted.

I have found that having this empathy and understanding of others has translated well outside of the clinical setting. As a founding member and officer of Students Advocating the Treatment of Eating Disorders (SATED), I saw the effect sincerity and sensitivity could have with extremely personal and private diseases. I led an effort to establish a confidential and anonymous email help service for our campus in conjunction with the University of Chicago Hospitals. We received several help requests a year and subsequent thank you emails. Even though I was not with the person on the receiving end of these emails, knowing that the person in need was a step closer to getting help gave me a sense of satisfaction I can't achieve through research alone.

The science behind medicine has always fascinated me and given me hope that positive changes in healthcare are just around the corner. However, the humanistic art of medicine is where I believe I can make the biggest impact in society. A Botero painting is not successful because Botero dutifully fills in the lines with paint, analogous to a physician simply reading the scientific information in front of him and ordering an x-ray. A Botero painting is successful because he establishes a relationship with the viewer and takes the work beyond color within lines. The humanistic art of medicine takes the practice of medicine beyond science's lines and adds the relationships between the physician and patient. Through my experiences, I have realized that I have the desire and skills to be this artist of medicine, bringing trust and empathy to medical care as a physician.

Personal Statement #5:

I am not sure which was more shocking for me to hear: the fact that Tina had run away from home or the calmness of her foster mother's voice as she delivered the news. Tina was now at the Harlem Hospital Center, recovering from days of not taking any insulin. Watching her lie in the hospital bed, IV in arm, I wondered if our modest, student-run program was really fulfilling its mission of educating teens about healthy habits and proper diabetes care. Part of me wanted to remind her again that she should carry insulin with her at all times, but I knew that what she needed now more than ever was a reminder that we cared about her and that we wanted her to get well. Sure enough, we coaxed a smile out of her, which was all I needed to remind me why I had decided to volunteer with TIDES in the first place.

In the fall of 2001, seven other students and I ran the Diabetes Pilot Program under the organization Project HEALTH. Although we are now called TIDES (Type I Diabetes Education and Support), our goal of providing a safe environment where teens can learn about diabetes with their peers has persisted. Designing creative "lessons" each week, including trips to the supermarket and rounds of Diabetes Jeopardy, also taught me about carb counting and coping with hypoglycemia. Although we stuck to the basics of daily care, I felt that my ability to advise was limited by being neither a medical expert nor a diabetic. Instead, I focused on something I knew I could offer: my mentorship. In fact, some of my most vivid memories from TIDES are not from the program at all: taking Jimmy to Central Park's Winter Festival, watching a taekwondo tournament with Shatema, and visiting Tina at the hospital. The kids knew that I gave them advice they needed to hear, but what made them actually listen were our friendships. My willingness to connect with them and earn their trust is a quality that I believe is necessary in the field of medicine.

My compassion for the teenagers naturally developed into a concern for the program itself. After only four semesters, the volunteers with whom I had launched the program with were graduating, so as a sophomore, I felt responsible for ensuring the program's continuity. Aside from overseeing the logistics as a Program Coordinator, I archived our materials on Project HEALTH's Intranets website for future programs. Setting up regular meetings with our mentors at the Naomi Berrie Diabetes Center and contacting other hospitals and schools resulted in new participants. Perhaps most satisfying for me was holding our first family dinner, which allowed the parents to meet the volunteers. I am hopeful that as TIDES continues to grow, it will find a place within the kids' diabetes care by providing extra support; sometimes prescribing the correct dosage is simply not enough.

Realizing what living with Type I diabetes entailed inspired me to expand my commitment into the larger diabetic community. As a volunteer intern in the Online Services department of the Juvenile Diabetes Research Foundation (JDRF), I focused on collecting pertinent articles from the old children's website and presenting them in a kid-friendly manner on the redesigned JDRF Kids Online. As I helped rebuild a resource I had often used before, I was drawn to the hundreds of JDRF-supported abstracts posted online from around the world. What captivated me about Dr. Kevan Herold was not only that he was at the forefront of diabetes research right here at Columbia, but also that he had given his time to be interviewed for the "Role Models" section of Kids Online.

To make up for my inexperience in the lab, Dr. Herold had me work with both clinical fellows and post- doc researchers culturing cells with antibodies, identifying mouse islets, and running FACScans. Using Mixed Meal Tolerance Tests from a national clinical study, Diabetes Prevention Trial-1, I calculated C- peptide secretion and evaluated various physiological factors. My preliminary analysis was used in a review paper for "Diabetes", and now as a full-time research assistant, I will expand on that analysis for my own submission of a paper in August 2005. In research, the challenge lies in pairing the information with the proper procedures. Just as I tailored the structure and curriculum of TIDES to the kids' needs through gradual changes, my research projects require me to be flexible and open to different perspectives.

In my senior year, I was able to give back to the organization that so inspired me by serving as a Student Director on the three-year-old national Board of Directors. Meetings and conference calls spent evaluating Project HEALTH programs and discussing future

expansion ensured that other students could serve the communities as I had, but they felt very detached compared to the direct impact I had on the kids at program. As a student, TIDES allowed me to affect the teens' habits and attitudes, but I could not keep them out of the hospital. As a doctor, pairing my compassion with a more precise knowledge of the treatments my patients will need will allow me to offer more substantial and individualized support. Spending hours with the kids -- my kids -- each weekend showed me that until a cure is found, providing the best care possible is of utmost importance.

Personal Statement #6:

When my youthful curiosity led me to swallow a penny at the tender age of five, I did not foresee two important consequences of my actions: 1) the chance of impending physical doom, 2) the ensuing challenge to my naive view of medicine. My idealistic view of the physician as a miracle-worker was indeed threatened when the physician taking care of me was unable to remove the penny. A few years later, my view was challenged again as a doctor explained how he could not heal my congenital heart condition. Since my early interest in becoming a physician was based upon the miraculous power to heal, my experiences shook my naive conceptions of medicine and challenged me to reconsider my career goals.

A friend later addressed my ideological quandary by suggesting that love is presence. This statement reveals a way to love despite insuperable barriers and has colored my encounters with the terminally ill. Two years ago, I spent a summer at Dana Farber Cancer Institute in Boston, developing a program that provides music lessons to women with cancer. I expressly recall teaching cello to one woman in a late stage of breast cancer. I knew my actions would not cure her, yet I loved with presence. This capacity to love with presence was appealing, and for a while I considered becoming a music therapist. Nevertheless, the immovable barriers of affliction I encountered were far too menacing to be left unaddressed; since my time at Dana Farber, half of the patients I befriended have passed away. After realizing the cost of inaction, I decided to search for a career involving not only presence but also action against affliction.

Since research provides a vehicle for such action, I delved into several research efforts at Yale. During my senior year, I performed a pilot study that identified a protein that may be involved in the etiology of autism. I also worked on a project run at the Yale Child Study Center that revealed how autistic children focus too closely on the mouths of speaking individuals. In addition, I was the principal investigator of a study examining the emotional response of autistic individuals to music. These experiences have drawn me to research as I have seen its potential to engage disease. But could I pursue research for the rest of my life? This question resonated in my head countless times and is still faintly heard. I am attracted to research by its potential for action but am detracted by its distance from the afflicted and its consequent neglect of presence. Unsatisfied, I looked for a vocation involving both presence and action.

To my parent's dismay, I next considered becoming a pastor. What drew me to pastoral ministry was the capacity to love with both presence and action. This became evident over the years as I have spent countless hours counseling and mentoring those afflicted with spiritual concerns. In truth, this interest originated from a broad conception of affliction I hold that encompasses even the spiritual. Beyond the physical and spiritual, I have also extended my personal philosophy to social, economic, and emotional affliction

by founding The Musical Cure at Yale- an organization engaged in a struggle against poverty, mortality, and social injustice. As my conception of affliction continued to broaden, I began to see many exciting career paths in various fields. Thought, prayer, and counsel have revealed, however, that my efforts would be best spent focusing on one form of affliction.

This circuitous path has thus brought me back to medicine. In considering music therapy, research, and ministry as potential vocations, I have confirmed my desire to become a physician and to focus on physical affliction. Nonetheless, my experiences in these fields have helped me to forge a new conception of medicine which I can uphold as a future physician. From my interactions with cancer patients, I have learned of the capacity to love when facing terminal illness. My research pursuits have revealed the importance of action in combination with presence. Finally, my experiences with religion and social service have stretched my conception of affliction.

In the year to come, I hope to integrate one final element into my developing creed-constancy. Earlier in this account, I divulged only half of my friend's helpful statement. The full statement is as follows: love is presence, and presence is constancy. As I continue to espouse my philosophy of loving through presence and action, I also hope to develop constancy. Next year, I will continue developing the previous elements of my credo through research and religious study. In the lab of Dr. Michael Greenberg in Boston, I will continue my research pursuits in a study examining the signals involved in axonal guidance. My interest in spiritual affliction will continue as I pursue a Masters in Theological Studies at Harvard. Further, I will foster constancy by returning to Dana Farber to continue teaching one of the surviving students I taught a couple years ago. Ironically, the new conception of medicine that I am developing will empower me to care for the afflicted in miraculous ways, allowing me to reconcile my youthful idealism with the actual potential of medicine.

Personal Statement #7:

A tampon and a condom. According to backpacking folklore those two little items comprise the most basic first aid kit capable of managing injuries encountered in the wilderness; a tampon to stint blood flow and a condom to act as an elastic bandage and protect wounds from bacteria. For most of my twenty-one years I assumed the closest I would ever come to practicing medicine would be makeshift bandages and the occasional CPR class. Now I think back on a day six years ago when I fought a losing battle with the anesthesiologist. In the time it took me to drool all over myself a surgeon skillfully removed the tattered remains of my ACL and screwed a piece of tendon into its place. Hours later I stared with fascination at the video of the reconstructive surgery filmed from within my knee. Unbeknownst to me at the time, what had initially seemed a cruel blow of fate had in fact guided me onto the path that was to become my life's passion: medicine.

I am often amazed at the remarkable ability with which living systems adapt to extreme environmental variation. After listening to a friend recount his nude run around the South Pole and back into his research station's sauna, an incredible 350 degree temperature swing, it would seem the human body is robust enough to withstand any force of nature. Yet, as I know all too well from my research on Alzheimer's disease, even something as miniscule as a single point mutation can have profound and deadly consequences. Continuously designing and analyzing my own experiments has not only taught me the

value of diligence, patience and replication in the laboratory setting, but it has also instilled in me a profound respect for the biological intricacies that make life possible. In my mind the rewards of medicinal research stem from its practical application. A physician acts as a conduit between the test tube and the bedside, thus they are able to experience both the joy of investigating the unknown as well as developing the gratifying doctor-patient relationships unique to medicine. As a physician the critical-thinking and problem-solving skills I have honed through research will enable me to tackle difficult, and sometimes unknown, problems with sound reasoning and confidence.

When the doctor gravely told me I had torn my ACL he was met with a blank look. Realizing my confusion he pulled out a model of the human knee and proceeded to explain my condition in a way I could see and understand. My experience highlights one of the most critical skills a physician must master, the ability to communicate. As a math and science tutor at my university I have discovered I have the ability to explain difficult concepts to people whom are seeking help and clarification. I must not only find the answers to student questions, but also determine the best way to convey the information in terms they can comprehend. In the future my communication skills will enable me to effectively explain a patient's condition so that they understand what is happening to their body and are not left feeling bewildered or out of control. This bedside manner will help me gain the patient trust and intimacy that is so crucial to medicine and the recovery process.

The interpersonal relationships in medicine appeal to my deep appreciation for human life and my desire to serve society in a beneficial way. As a physician I will be able to make a direct and immediate impact on my patient's wellbeing; whether in the form of a complicated medical procedure or simply a hand to hold during the final hour. Already, through my volunteer work at St. Joseph's Hospital, I have come to appreciate the unequivocal importance of human compassion. My most rewarding responsibility is delivering flowers to patients in the ICU. When presented with a cheery bouquet of fresh flowers their eyes light up and the severity of their situation is forgotten, if even for only a moment. Sometimes empathy is the best medicine and I will never underestimate the healing qualities of a smile and a flower.

Fortunately not all aliments warrant a trip to the ICU and many once-incurable conditions can now be overcome with the aid of a practiced physician. For nine long months after my surgery I battled my way through rehabilitation, sometimes wondering if I would ever play competitive sports again. But my doctors and therapists patiently facilitated my recovery; such was their skill that when I competed at the National Track and Field Championships last spring the only observable evidence of my injury was a few small dots of scar tissue. The road to recovery is not easy, but having been through the process myself I will be better prepared to connect with my patients and guide them through their experience.

I smile at the irony of my situation, it took a personal injury for me to realize I wanted to spend my life working to alleviate the pain of others. The sheer pleasure I derive from helping people and sharing what I know, coupled with the mental stimulation intrinsic to the profession, make medicine the clear career pathway for me. Hopefully, if someday my first aid kit falls into the river and I am forced to resort to condoms and tampons, I will wield those tools with the expertise and confidence of a practiced medical doctor.

Personal Statement #8:

I dropped out of high school and left my New York City home at sixteen. Although my apparently reckless desire to encounter more of life may seem like an unlikely decision for a future physician, what I have accomplished since conveys the opposite.

After moving to northern California I earned my GED so that I could become a massage therapist and later a doula assisting women in childbirth. Practicing massage and providing prenatal support were ways I could directly aid people's health and wellbeing. The satisfaction of relieving the pain of childbirth or watching an individual regain a lost physicial skill was immeasurable. However, I confronted the limits of my training when I could not satisfactorily answer clients' questions about how massage might affect their pre-existing health conditions. Although I engaged my clients' doctors for answers I often did not know how to phrase my questions; besides, the relevant information about the capacity of massage to aid or injure was sparse. After a spate of such experiences, it became clear to me that to aid my clients I needed a greater fluency in the language of the body. I decided I could best obtain this knowledge by going to college to study the foundational sciences as they applied to human health. I began my studies at Cabrillo College in 1999 and eventually transferred to Hampshire College in 2001.

In college I excelled in my coursework, but I missed the interpersonal immediacy of my practice. However, I soon found that I could be of service in academia as well--as a chemistry tutor and massage workshop facilitator. When tutoring I learned how to make sometimes dry scientific concepts tangible at the same time as I helped my classmates build confidence in their abilities. In my workshops I taught my peers how to use touch in safe, health-promoting ways, while confronting their fears about physicality and body image. Far from disparate activities, these two teaching "jobs" informed one another and thrilled me when they overlapped. From my growing fascination with science and my conviction to help others heal, I became convinces that I could be a doctor who nurtures whole-person health while being able to communicate scientific knowledge in an accessible way.

I kept this dual line of inquiry vibrant through my combined study of the natural and social sciences and my participation in social justice activism. Through these interests I sought out, and won, a summer 2002 reproductive rights grant to assist a Mexican physician, Dr. Guadalupe Mainero, at a feminist health care center in Cuernavaca, Mexico. Along with her clinical responsibilities, Dr. Mainero trained local midwives to do cervical cancer screenings and conducted epidemiological research about cervical disease. During that summer, I organized an intensive training series for the midwives and together we held cervical cancer screenings for women throughout central Mexico. These screening data formed the basis for a prevalence map for the region. My integrative approach continued as I trained midwives in pre-natal massage techniques and learned from the graceful skills with which Dr. Mainero communicated difficult results and scientific subtleties to her patients. In Dr. Mainero's diverse abilities as a healer, scientists and physician, I found a powerful role model.

Hampshire College's comprehensive senior thesis requirement offered me the fantastic opportunity to expand the many skills I have acquired in the 10 years since high school. Working on this thesis (2003-2004) prepared me for the diverse challenges I will face as a medical student and physician. I chose my subject, "The Epidemiology and Political Economy of Cervical Cancer," after participating in a clinically based medical delegation to El Salvador in January 2003. During that year I investigated both the social

underpinnings of disease and Salvadoran interpretations of cervical pathology while conducting original research on vitamin intake and cervical intraepithelial neoplasia and assessing the ethical implications of my research. Aided by the generous support of a Howard Hughes Medical Institute Grant for independent Student Research, I carried out the clinical component of my research in coordination with a gynecological research team from the University of Southern California. To explore the nutritional co-factors of cervical pre-cancer, I designed a locally relevant food frequency questionnaire which I, and my team of 6 Salvadoran medical students, administered to over 500 participants. This work culminated in a 250-page thesis that included a scientific manuscript designed for publication. The epidemiological research, which called for a focused look at vitamin fortification of foods in El Salvador, has been accepted for presentation to the American Public Health Association's 132nd conference in November 2004.

My flight from home and high school was motivated by my desire to feel engaged in the world while helping people. I have accomplished that, and I want to go deeper. After years of work as a massage therapist, activist, and scientists, I am convinced that becoming a doctor will be the best way for me to serve people.

Personal Statement #9:

"Raise your hand if your first memory was at age five," prompted the professor on the first day of Introduction to Psychology. By the time he reached age two, most hands had lowered but mine remained high. When I was two, a family friend had hoisted me above his head and exclaimed to me, "Someone has a hole in her heart and is having it fixed soon!" I must have looked bewildered because he started to laugh. How could I have known then what a "hole in the heart" was?

Perhaps my most significant memory, though, is on an operating table, screaming and crying, with bright lights above and nurses poking at me. Although it was not until I was much older that I learned the full meaning of a "hole in the heart," I have long considered it a defining characteristic. While some view defects as a stigma, mine has been a source of pride for many reasons: the rareness of the disorder; the steadfast will of my parents throughout the hardship; the medical miracle of open heart surgery; and the dedication and compassion of the medical staff. From this positive experience as a patient, my passion for medicine emerged.

In high school my computer science teacher once pulled me aside. By the intense look in her eyes and tone of her voice, I expected a reprimand. Instead, it would be my first encounter with a concerned parent. I mistook the intensity for a look of warning, when in reality it was a mother worried about her child. Hoping for reassurance, she asked me: "You had heart surgery as a baby, but are you fine now?" Her daughter was born with atrial septal defect, a variation of my disorder, ventricular septal defect (VSD). With my limited knowledge I endeavored to explain my condition, surgery, residual murmur, scar, and full capacity to engage in all activities. Though I sensed a bit of relief, I knew I was not able to completely reassure her. In one way it felt as if I had failed. In another, our discussion evoked those feelings of fulfillment that come with sharing knowledge with a patient.

Attempting to describe my congenital defect had made me realize how ignorant I was about my medical history. Partly to rectify this lack of knowledge, I applied for a research program at a medical school. Knowing my desire to connect with my history, the

program coordinator suggested I team up with a pediatric cardiologist also involved in research. Over the next two years I had the privilege of developing a close relationship with him and gained profound insight into the life of a physician, from its hardships to its rewards. As the father of two toddlers and husband of an OB/GYN, he impressed upon me the domestic difficulties of practicing medicine and the sacrifices necessary to overcome them.

Through Dr. B's interactions with patients, medical students, residents and fellows, I came to recognize various professional responsibilities of a doctor – compassion, integrity, a love of learning, and the importance of teaching. Shadowing Dr. B allowed me to witness the doctor-patient relationship first-hand. Theresa, a 16 year-old ward of the state, was reserved and cautious during initial conversation but warmed up immediately to the doctor's sincere personality. Listening to her heart, I noted the difference between my systolic murmur and her continuous murmur, which I learned was the cause of a patent ductus arteriosus. In the conference room Dr. B challenged the students to determine each patient's diagnosis. He drilled them on anatomy and physiology, pathology and EKG analysis. Observing the exchanges between doctor, patient and student was invigorating, and intensified both my admiration for the profession and desire to contribute to it.

Outside the clinic, I collaborated on two laboratory projects with Dr. B. Investigating the role cardiac conduction abnormalities play in Sudden Infant Death Syndrome stimulated my interest in research. Learning laboratory techniques, examining results, and realizing that my data might impact medicine taught me to appreciate the science I had studied in the classroom. Personally satisfying was my research on the genetic risks related to congenital heart defects, including VSD. In the course of this project, I began discovering what a "hole in the heart" meant to me, both literally and figuratively.

Some people experience an epiphany. My revelation to pursue a future in medicine, on the other hand, has been progressive. Beginning with my early memories, my passion for medicine and conviction to serve have grown with each person and experience I have encountered: from Andrés, the Dominican orphan in need of acceptance and love, to Jessica, the insecure 8th grade girl just beginning to learn the wonders of being a woman, to Lupita, who is now prepared to save her infant's life if his heart stops beating. The impact of my doctors, a fascination for science and the opportunity to heal others continue to drive my commitment to medicine.

Personal Statement #10:

"Be careful of the 'flying toilets,'" my professor warned as he took me on a tour of the largest slum on the African continent, located in southwest Nairobi. While I envisioned a large ceramic tank directed at my head, he explained that almost 750,000 people have to share 600 toilets in Kibera; due to the limited facilities, plastic bags are often used as toilets and then hurled as far as possible. Open sewers and poor sanitation promote the spread of diseases like malaria and typhoid. More than half of the health problems in Kibera are hygiene-related. I felt myself internally troubled as I took in the miles of tin shacks along the 'main highway,' which consisted of a dirt track filled with deep holes and littered with piles of garbage.

However, after we arrived at our destination, a three room structure called the STARA school, in which 151 AIDS orphans were instructed and fed, my resolve to remain

unemotional quickly crumbled. My mental preparation for the abject poverty and the horrifying conditions could not prepare me for the depth of spirit I was confronted with in these young and impecunious children. They welcomed us so warmly with songs and smiles and treated us as if we held the ability to make their lives better. It was remarkable that people with so little could sustain so much joy. At that moment all I wanted to do was use my energies to help these children in whatever way I could.

The majority of Kibera's youth are orphaned by AIDS and over 20 percent of the population there are HIV positive. I realized that despite my desire to care for these orphans, my efforts would be better invested in a more indirect approach. I visited the investigators of the Kenya AIDS Vaccine Initiative (KAVI), a clinical trial that was inspired by a group of sex workers from Kibera who had been exposed to HIV on innumerable occasions, but had astonishingly remained uninfected. Having worked with HIV for the past seven years, I felt strangely at ease in the laboratory there. When I walked into the sterile, climate-controlled environment with recondite machines, I could just as easily have been walking into my own lab at the University of Pennsylvania. My research is based on an innovative and relatively expensive immunotherapeutic approach to HIV treatment. Yet, I discovered that KAVI employed many of the same techniques and tools of analysis. Having children follow me pointing and shouting ‘mzungu’ and struggling to find common ground with my peers had become exhausting; science was universal. Still, the facilities at the Vaccine Initiative seemed to conflict with my other experiences in Kenya.

I traveled to Kenya to challenge myself and experience the unfamiliar, so I began volunteering at a center for HIV counseling, testing and care. I had the opportunity to interact directly with a diverse group of clients and patients. It was immediately evident that AIDS prevention, testing and treatment programs are very different in Kenya from those in America. Societal factors and culture play a larger role in health conditions and health care than I could possibly have imagined. One woman explained that the 100 ksh, or approximately $1.30, that the clinic charges for two rapid HIV tests and 45 minutes of counseling was unaffordable. For those seeking treatment, the few drugs that are available in Kenya are even less affordable than the diagnostic tests. I was surprised to discover how much financial status affects health even in a non-profit setting.

In America, I never observed the same limitations. When I worked at the Bethesda Naval Medical Hospital, I found the lack of effective, long-term HIV treatment frustrating. Watching patients’ health progressively deteriorate after having exhausted a series of anti-retroviral therapies cultivated my desire to pursue further treatment options through research. However, witnessing the rapid degeneration of a person’s health due to a lack of accessible drugs just seemed senseless. My quest to further understand the social conditions surrounding both the development and treatment of AIDS in Africa convinced me that this epidemic needs to be fought on a larger scale by doctors who understand disease as well as how it impacts people’s lives.

Going to Kenya made me realize that science alone cannot address disease; solutions to the world’s health conditions need to be developed from a deep understanding of the circumstances surrounding their occurrence. Now I recognize that in order to effectively address major health problems, I need to integrate my interest in biomedical science with the issues of communities and people. These two fields are intrinsically linked and should be more closely joined through translational research that brings basic biomedical research to the clinics. Furthermore, clinical innovations need to be

distributed to the greater population. A medical degree will amalgamate my existing knowledge and experiences with a command of the causes and effects of illness, yielding an acute insight into the heart of health. A multidisciplinary approach that involves collaboration across the fields of basic science, medicine and public health can tackle the roots of Kenya's health problems, starting with the 'flying toilets.'

Personal Statement #11:

I grew up in a house that doubled as a rubber stamp "factory". When I was six years old, my father bought a rubber vulcanizer and set up shop in our garage. My weekends were filled with glitter and multicolored ink, not only because I was surrounded by arts and craft supplies, but because I came to hold major responsibilities like sales, graphic design, and advertising. As years passed, the daily requirements of my job ranged from webpage design to the intimidating task of predicting trends in customer taste. I believe this wide range of challenges encouraged me to develop a flexible approach to problem solving and a creative nature that will help me be a successful researcher and clinician.

These early experiences taught me the value of efficiency. In my current laboratory, I grew frustrated with the "semi-automated" methods of cell-counting that I inherited from a previous lab member. Although this technique was much better than manual hand counting, one still had to "teach" the computer to distinguish between cells and background for each image processed. After studying several computer programs, I developed a method that not only automatically recognizes cells, but also distinguishes between single cells and clumps of cells. Data sets that once took a month to process now only take a week; additionally, my method applies to data from the other members in my lab.

My efforts to improve our cell-counting process demonstrate my ability to draw from previous challenges and adapt to new situations. In high school, I taught myself how to use graphic tools such as Adobe Photoshop in order to create new product designs for my parents' company. My capability to overhaul our lab's counting procedures is due to my willingness to research unfamiliar computer programs and program functions to achieve my goals. I hope to apply my problem solving skills in a parallel fashion within the clinical setting.

As natural as my decisions seem now, I have not always known that I wish to pursue both medical practice and scientific research. My long time passion for biology stems from the beauty of the subject. No matter how minute a biological system, one is able to appreciate its real-world importance. For instance, I have been fascinated by the function of telomeres since high school. My interest began with an article in Time Magazine about the implications of telomeres and telomerase in cancer and aging. From that time, I have gravitated towards the subject when choosing topics for class projects or papers; nevertheless, I never imagined that I would one day be able to experiment with the enzyme. My studies have come full circle now that one of my current projects involves manipulation of the active enzymatic portion of human telomerase in the context of tissue engineering.

Even with my passion for biology, I have been hesitant to dedicate myself solely to research because I am such a "people person." An example of my appreciation for personal interaction is my long term interest in the Spanish language. I value the ability to communicate with individuals from different cultures, since language is crucial in

forming emotional bonds. I am also a compassionate person, and my language skills have aided me in multiple service efforts. In college, I held leadership positions and was a mentor in ____, a program that pairs college volunteers with students from disadvantaged backgrounds. I was attracted to this program because of its personalized, hands-on approach to motivating kids about science. I often was paired with mentees with higher needs because of my experience and my language abilities. It is satisfying to realize that the attention and companionship that I gave to these children helped them develop self-confidence and interest in basic scientific principles.

My experiences this past year at ____ have helped solidify my interest in medicine and research. During my time at the ____, I have investigated both professions by working on medically relevant research projects, shadowing residents and attendings, and volunteering in the orthopaedic cast clinic. Such hands-on opportunities combined with my long-time pursuits made me realize that I would like to embark on a path that combines clinical practice and scientific research. I believe this type of training would allow me to use science to tackle medical problems in a productive and efficient manner.

I was raised in an environment where work figured into all aspects of family life. Consequently, I have always known that I must find a career that I truly enjoy because it will be difficult for me to fully separate myself from my occupation. After deep reflection, I am confident in my choice to enter medical school, for I have both the passion and the talent required to succeed as a doctor. My motivation stems from the chance to significantly improve patient care both directly and indirectly through clinical interaction and through medical research. I believe that I can make a significant difference in the health of our society, and I cannot wait for the opportunity to actively do so.

Personal Statement #12:

My interest in medicine began my sophomore year when my father was admitted to the intensive care unit of Harborview Hospital after surviving a major trauma. Walking into his room I was shocked to see his body swollen and unrecognizable, a tube ran from his mouth to the machine that maintained his breathing. I had never considered being a doctor; yet, sitting beside my father, watching his vital signs, nothing seemed more natural.

Coming from a working class background and married right out of high school, my parents worked hard to give me a good education. By age fourteen, attending Beverly Hills High School, I could see how fortunate I was. My exposure to different economic and social perspectives has driven my desire to help change the circumstances and problems of others. My passion for learning about social and scientific issues is the common thread of my academic and professional pursuits that has ultimately led me to medicine. All of my seemingly disparate interests coalesce in this field strengthening my desire to be a doctor.

As a member of the first generation in my family to go to college, I saw attending the University of California, Santa Cruz as an opportunity to choose what I wanted to do with my life. I explored many different avenues for expressing my interest in society and its problems: capturing it with documentary photography and studying it in fields like Sociology and Environmental Studies. Inspired by the ability of science to create solutions, I decided to major in Molecular Biology. I was also drawn by more quantitative methods of problem solving and continued taking classes in math and physics after I

received my degree. This diverse educational background strengthened my ability to question my assumptions about people and problems and helped me put them in a political, social or scientific context, increasing the depth of my understanding.

During my last year in college I began research in the area of RNA splicing in the Howard Hughes Undergraduate Research Lab. I continued to pursue research, after graduating, at the University of Washington, where I currently study a novel collagen and its role in mineral deposition. Through research I have become drawn to the intersection between quantitative forms of science and biology. This area has the power to create innovative new techniques, such as quantitatively analyzing cell signaling networks or modeling artificial neural networks. Watching and helping doctors in their research, I see how medicine lies at this interface between fields, giving doctors the unique ability to both help individual patients as well as to create far-reaching medical solutions.

During the summers, while in college, I taught middle school students from economically disadvantaged backgrounds for programs such as Citybridge in Boston and Breakthrough Collaborative in Cincinnati. Teaching for Citybridge, a boarding program, each day we had to wake the students up, teach classes, write lesson plans, grade papers, attend extracurricular activities and put the students to bed. Even though the schedule was demanding I was energized and inspired because I made a difference in the lives of my students and the service we provided was essential.

Volunteering at the emergency room at Dominican Hospital in Santa Cruz I could sense the same essentialness of purpose. It was powerful to observe the range of patients being treated; there were expectant mothers, sick children, the drunk, the homeless and the scared, all served with the promise that no one would be turned away. My role at Dominican Hospital was to determine if the patient had any needs. Often I found they just wanted me to listen. This was one of the most enjoyable aspects of this experience.

Listening to others and determining their needs is a skill I cultivated while running my own graphic design business, starting at the age of sixteen and continuing through college. The most important aspect of my interaction with clients was to accurately establish what they required. This skill is what impressed me most about the doctors I shadowed at the Seattle Hand Clinic. Watching them during their rounds or in surgical procedures it was amazing to see how they changed their demeanor and tone with each patient in order to make them feel comfortable and tease out any necessary information. I was also impressed by the time they took between each surgery and appointment to explain to me the problem they would be facing next.

In each of my experiences with medicine, the doctors personify all the roles I wish to fulfill: mentor, caretaker and scientist. This confluence of interests in one field is part of what resounded so strongly with me when I saw my father enter the hospital. Watching and helping him in his recovery not only drastically changed the focus of my interest to medicine but also made my desire to find a meaningful career even stronger. Each of my interests has led me back to medicine and deepens my resolve that I want to be a doctor. It is in being a doctor that I will have the ability to use the skills I have gained to help others at the interface where social problems and scientific discovery meet.

Personal Statement #13:

“Don't move", the technician advised me, as two white spheres orbited around my head. Even without the dental film that held my mouth in place, I would have remained still. I knew the drill, as they had taken the same panoramic x-ray countless times before. When a skiing accident at age thirteen broke my lower jaw cleanly in half, the surgeries necessary to treat initial and secondary injuries required that I spend a significant amount of time, over several years, with my specialized team of doctors and dentists.

Rather than just wishing that each procedure was over, I was amazed by the reconstruction process, as these experiences transformed the two-dimensional images I studied in school into a fascinating montage of real-life examples. At each visit, I would ask an endless stream of questions, sitting with a mirror held in front of my face to better visualize the explanations I received. Each question led to further queries, as I wanted to understand in depth the language my doctors spoke. Fortunately, they were indulgent in this regard, and took the time to answer my questions with patience and in detail.

Over the years, an early curiosity with my own medical ailments grew into a fascination with the whole of human physiology. Following my accident, I entered a high school for science and technology where I took classes in advanced genetics, conducted research in neuropharmacology, and volunteered at a local hospital as a pediatric aide. These activities provided me with the opportunity to study the language I so avidly wished to understand, the language of medicine, and the complex systems it describes. What equally held my attention were the patients I met, their diverse ways of coping with illness and the details of their experiences to which I was privy while for a short time, I was a part of their lives.

It was this interest in people, both collectively and individually, that led me to major in history. From these studies, I developed a worldview of how past events affect the present and how religious ideology, economics, science and superstition shape the course of human existence. Throughout college, I was also able to synthesize my fascination with medicine and people by seeking out experiences in biomedical research and patient care. At the National Institutes of Health, I searched to find a molecular explanation for a rare childhood disease, not only learning new techniques but also exploring the unknown. I sat in our clinic, comforting and distracting a baby boy as I held his soft, pudgy body taut so that the doctor for whom I worked could extract spinal fluid from his middle vertebrae. I would watch, fascinated by the procedure itself, but always aware of the pained look on his parents' faces, ever hopeful that our research would find some way to alleviate or cure his illness.

Volunteering in the pediatric emergency department at Columbia-Presbyterian Hospital made me more aware of the detective aspects of medicine, clinical diagnosis and the complex puzzle that precedes it. I was also in a privileged role where I could observe doctor-patient interactions, noting the effects that a doctor's words and questions could have on his patient. This experience stressed to me the importance of medicine not only as a physical science, but also a behavioral one. I interacted more directly with patients than I previously had - comforting a screaming child, translating from English for patients who spoke only Spanish, calmly explaining a procedure to a frightened parent. I left the hospital at midnight each Friday, tired but exhilirated by the knowledge I had learned and my ability to make a difference.

There were sobering aspects of this work as well. I met children with chronic illnesses whose diseases could only be managed, not cured. I observed patients in critical

condition because they failed to practice the lifestyle changes necessary to prevent relapse. And I saw numerous people who, lacking primary care, only sought medical attention when their illnesses had reached an acute phase. I thus became interested in the preventive side of medicine as well as clinical treatment, and accepted an AmeriCorps position in public health, working in rural Illinois.

The past year has been both rewarding and at times frustrating. I have learned to appreciate the capacity of public health to prevent illness. At the same time, I want the ability to understand and treat disease when it does occur. I look forward to combining these two facets of medicine as a physician.

Looking back at the past decade, I can see that the seeds of my interest in medicine as a career were sown in the years following my ski accident. Since that time, my participation in a broad range of health-related activities has reinforced my commitment to become a doctor, a choice first considered when I was 13. Such a pronouncement, made by an adolescent, may have been premature at the time. After all, many children try on prospective careers like hats, quickly put on and just as quickly discarded. My accident sparked my interest in medicine, but it was everything that followed which confirmed this decision for me. I have been amazed to find how well the hat fits.

Personal Statement #14:

I grew up in Rose Hill, a small town in rural Kansas. My parents moved there in 1975, after living in East Africa. Growing up, I was not exposed to much diversity in any form, be it people, thought, or culture. My family was the only South Asian family in a predominantly white neighborhood and high school. We identified with a religion, Jainism, that most people in my hometown had never heard of. We ate dhal; my friends usually ate steak. Everywhere I was surrounded by “all-American” success stories. It seemed as if everyone excelled in school, played varsity sports, sang in musicals, went to college, and found jobs that afforded a comfortable lifestyle. Rarely did we question this formula; rarely did we discuss politics, race, religion, or philosophy; rarely did we have the opportunity to explore the world outside of Rose Hill.

It was not until I arrived at Duke University that I was first challenged to define and refine my world view, to rethink my assumptions, and to begin developing my passions through a course of study that would one day allow me to help the community and world in which I live. I tried to expose myself to a diverse group of peers and professors who shared a passion for learning. I decided to major in Biomedical Engineering, a discipline which views the human body as a problem using analytical skills to find a solution. I attended lectures on making healthcare affordable in the third world. I met with students and professors who taught me the importance of AIDS activism. As my interest in medicine, the human body, and social activism increased I began thinking about ways that I could transform these interests into actions that would allow me to grow while realizing my passions.

In June of 2002, I left the U.S. for Tanzania to work with AIDS patients at SHM Hospital in Dar Es Salaam, on a program that I had designed with support from Duke. The situations I encountered over the subsequent two months in Tanzania were unlike any I had ever had to confront in a classroom, textbook, or laboratory. For all that I did to prepare for the trip - reading about Tanzanian history, culture, and healthcare; outlining the goals of the epidemiological study and AIDS education program I planned to pursue–

in retrospect the most formative and lasting aspects of my time in Tanzania came about through the unexpected; through all those things that I couldn't plan for in advance; through working alongside several doctors who managed a kind of patient care that I didn't think was possible given their limited resources and the tragic levels of poverty and sickness.

Of all the people I worked with during that summer, none embodied this spirit more than Dr. Ramayana Kaushik, a 54-year-old, soft-spoken AIDS and diabetes specialist. Dr. Kaushik knew he was fighting an uphill battle. Not only were over 50 percent of his patients infected with HIV, but there were few doctors at the hospital who would see "incurable" patients at all. Still, Dr. Kaushik attended to everyone that came to his door, even 17-year-old Mary. Mary had been diagnosed with AIDS as well as TB, Meningitis, and malnutrition. She had a violent cough and barely enough strength to respond to Dr. Kaushik's questions or smile as he tried to comfort her. In the few minutes that Dr. Kaushik had to spend with her, however, he did everything he could to put her at ease and show her that she wasn't being overlooked or written off as a hopeless case.

From Dr. Kaushik, I learned what separates good doctors from great doctors. Good doctors can correctly diagnose a patient and administer the proper medication. Great doctors, however, can earn each patient's trust. They serve both as a patient's caretaker and companion, even if a cure for their condition isn't immediately available. My journey to Tanzania exposed me to the "humanization" of a healthcare system that did not have the advantages of advanced medical technologies.

That summer in Dar encouraged me to continue my experience upon returning to Duke in the Fall. With the support of the Duke administration, I was fortunate to create an annual medical research based internship, Partners in Education and Research in Sub-Saharan Africa (PERSA). The program allows students from Duke, UNC, and Tanzania the opportunity to work in pairs in clinics and dispensaries to research ways of benefiting the Tanzanian healthcare system.

My experience abroad has strengthened my desire to practice medicine, as I witnessed the impact of compassion, problem solving, and perseverance. One day, I hope to bring the emphasis on the doctor-patient relationship to my own career in medicine. Working with patients is an opportunity not only to make a difference in someone's life but also to learn about myself through others. I have come to value the educational journey in itself, as opposed to viewing it as a means to some greater goal. I hope to continue this growth in the coming year as a Fulbright Scholar teaching English in South Korea, where I will again have the opportunity to grow and commit myself to service in a place outside of my comfort zone. Although I cannot foretell all that the next year will bring, I do know that the experience will lead me to become a stronger person and, as a result, a better physician.

Personal Statement #15:

I swung a hammer instead of a baseball bat, ran plumbing instead of races and framed walls instead of pictures. These were not obscure hobbies; this was my childhood. Before I was born, my father dreamed of designing and building our home. This dream became reality shortly after my 4th birthday when demolition began on the small bungalow my parents had purchased as teenagers. Our family of five moved into the converted garage for what was supposed to be a few short years. Yet for almost a

decade, virtually every weekend and after school hour was devoted to building our new home. I always admired my father's relentless commitment to this project, but my unquestioned and expected devotion became a source of conflicting emotions as I grew up.

At the time, it was easy to get upset that building our house dictated how I spent my free time and kept me from the "normal" activities of childhood and early adolescence. Yet as I matured, it became obvious that my unique early life experiences had taught me skills and lessons that were instrumental in developing my character and were the foundation for many of my future achievements. I approached my schoolwork with the care, dedication and work ethic that I had learned at home. As I established a record of academic success, I began to have dreams of my own. I was determined to be the first in my family to go to college.

My second dream occurred when my mother was pregnant with my youngest sister. I went to all of her prenatal visits and was in the delivery room when Kelhia was born. I was fascinated by the process of development that I had witnessed and was in awe of the knowledgeable and kind physicians who cared for my mother. For the first time in my life I could envision myself in a profession. I wanted to be a doctor. Although caring for my sister and obligations at home prevented me from further exploring this interest for years, my curiosity remained strong throughout high school.

With my acceptance to Stanford, I acquired an unprecedented amount of freedom and embraced the opportunity to follow my passions. My first course was a seminar in developmental biology. As I learned about the miracles of A.R.T. and as scientific explanations enhanced my superficial understanding of human development, my love of biology and interest in medicine reignited. Yet I hesitated to prematurely limit my education to the sciences and began taking Italian instead of Chemistry. Only after studying in Florence did I realize the value of this decision and the salience that it would have in my later community health work. Immersion in another culture made me more aware of my socially conditioned behaviors and biases. I learned to not fear the unknown and to gain understanding by careful observation, polite inquisition and patience. But I also felt the frustration and embarrassment of not being able to effectively communicate in a foreign language and the lasting pain that can result from a single instance of being misunderstood or mistreated.

This new perspective changed how I approached my human biology coursework. I still loved learning about the biological determinants of health, but was more sensitive to the environmental factors that influence an individual's behavior and well-being. I was appalled to learn about the numerous health disparities in the U.S. that exist between ethnicities, socioeconomic groups and even gender. I developed a commitment to working with underserved populations and eliminating health disparities which became the motivation for many of my extracurricular activities. From organizing health screenings for Latinos to establishing a partnership with a women's shelter, I valued creating community-based approaches to identify and address the health concerns of local populations. Yet ultimately, my volunteer clinical experiences confirmed my desire to care for the underserved as a physician.

I enjoy and respect the privilege of the patient-provider relationship and the unique opportunity that it provides to care for an individual at the most personal level. As a Patient Advocate, I experienced the importance of empathizing with a patient and

establishing trust by making patients feel safe, being honest, non-judgmental and conscious of their background and resources. The first person I ever interviewed was a prenatal patient. Her tight fists and lowered eyes immediately told me that she was worried. When I discovered her concern about having left her two children at home, I reassured her that it was okay to bring them to the clinic and even offered to watch them. After convincing her of my sincerity, her hands relaxed and she smiled. Although I thought coincidence brought us together in the following months, I later learned that those appointments were intentional and I was profoundly touched.

I know that not every patient relationship is so natural or as satisfying, but I am committed to always giving my best, to learning from each interaction and to working with a health care team to never let limited resources, linguistic or cultural differences function as barriers to providing optimal patient care. I look forward to a medical education that prepares me to care for the underserved and to be a leader in the elimination of health disparities.