

Toorach, consequences of tuberculosis in developing countries. he

[Business](#), [Career](#)



Toorach, a four-year-old boy living in northern Uganda, sat timidly in front of me as I shined a light into his eyes. He displayed all the symptoms of severe vitamin A deficiency: night blindness, wrinkled conjunctiva, and white patches adjacent to his cornea. His mother, I later discovered, did not give birth at a health center because she could not afford to purchase her own medical supplies.

Consequently, Toorach was born at home and never received any antenatal care, which typically includes vitamin A supplements and education on how to feed her child. I felt helpless in explaining to his mother that Toorach needed to be seen immediately by healthcare staff - four hours away by foot. After graduating, I was awarded the Mickey Leland International Hunger Fellowship to lead a research project on food insecurity in Uganda. I have spent the past year documenting the remarkable stories of the Acholi community that live in the northern region.

This community has suffered from significant hardships for decades - the insurrection of the Lord's Resistance Army, forced relocation to internally displaced camps, and political failures - that have left many without access to a stable food supply or reliable medical care. My Ugandan colleagues and I are hopeful that by collecting health-related data in remote villages we can improve the delivery of resources to people who need it most, like Toorach. For me personally, my time in Uganda has provided me the opportunity to get a better and more holistic perspective on the etiology of health disparities.

My initial interest in health disparities was piqued during my sophomore year when I attended a lecture by Dr. Paul Farmer, a leading global health expert and human rights activist, on the consequences of tuberculosis in developing countries. He spoke about the role of social justice in medicine, and the need for more funding and research to be allocated towards conditions that disproportionately affect underserved communities. It was my first realization that many people are still not receiving the benefits of contemporary medicine. Encouraged by his lecture, I began working as a Research Assistant at the Maryland Center for Health Equity to elucidate barriers to colorectal cancer screening in African American communities. While interviewing participants, I fostered perhaps my most important skill during college: listening.

The stories I encountered pushed me to be a more empathetic individual and informed student, and I developed an impassioned awareness of the socioeconomic and political barriers that hinder access to care. Concurrently, my interest in medicine began to crystallize as I joined Providence Emergency Room as a medical scribe. The extended hours of the hospital allowed me to work nights and weekends, and then attend class during the day. One evening a man, paralyzed from the waist down, presented in the emergency room complaining of a pungent smell arising from his wheelchair. During his physical exam, we found a large ulcer on his buttock deep enough to expose the bone.

His injury, the result of tremendous neglect, required surgery to prevent the infection from taking his life. The patient reported that he had been evicted

from his apartment and, now homeless, had been unable to attend his physical therapy sessions. I was shocked by the cascade of events that allowed for a pressure ulcer to develop into a life-threatening condition.

To my surprise, I would continue to see this patient numerous times throughout my two years at Providence Hospital. A combination of heroin abuse and mental illness made it difficult for him to seek care outside the emergency room. I admired how the physicians built his trust over the years by treating him with understanding and compassion during each visit, and I desperately wished there was more I could do to help. Ultimately, my time at Providence Hospital helped me understand the inextricable link between poverty and disease, and I recognized the tremendous need for physicians to serve in under-resourced areas. Though my time as a medical scribe cemented my desire to be a doctor, my interest in medicine has been growing for a number of years. I can trace it back to my early childhood when I would listen to my mother, an intensive care nurse, recount stories about her patients.

The genuine concern she would show for her patients' wellbeing, even after coming home exhausted from a 14-hour shift, taught me at a young age that medicine is both a rewarding career and a powerful tool to help others. I know that the hours I spent listening to her stories, and learning about the challenges she faced emigrating from Mexico to the United States in her mid-twenties, inspired me to push through my own hardships of balancing working nearly full-time and maintaining a rigorous academic schedule in college. I now understand the important role overcoming these challenges

has played in molding my resilience and leadership qualities in ways that are permanently entrenched in my character. And having seen how physicians are already contributing to bettering the world around me, I am eager to begin my next academic journey as a medical student.