

The roads were dusty and nothing was growing. Children were playing in the streets among partially finished buildings of brick and concrete that were their homes. Stray dogs roamed, having nowhere to go. I was surrounded by poverty and dirt as I traveled down the coast of Peru. It was the summer after my first year of medical school and two of my classmates and I found ourselves on a bus traveling south from Lima. We had come to Peru during our few precious weeks of summer vacation because we wanted to help people who had less than we do, and also for adventure. What we found was community after community of people in desperate need of healthcare who we could do very little to help.

During our first week in Peru we traveled with an American doctor and a team from Georgia down the coast to the towns of Chinchá and Pisco to set up health clinics in small churches and schools there. We brought bags of medicine from the United States and started seeing patient after patient. They came with many complaints – back pain, runny noses, diarrhea, etc. – and we gave them at best a month worth of medicine to help alleviate their symptoms. It was utterly depressing that our best efforts, so much time and money on the part of the volunteers, amounted to so little, nothing that would make a lasting impact on the health of these people.

My greatest desire is that every person across the globe would have a personal medical home and a doctor who they trust. It is horrible to see areas of the world where at best people may only see a doctor once a year when a church mission group comes through, but things are not necessarily much better here. Uninsured people in our own country go to the emergency room because they do not have a medical home of their own. In local emergency departments they are given a couple weeks worth of medicine and told to go to the primary care doctor who they cannot afford to see.

Seeing and experiencing this lack of access to basic medical care has led to my desire to pursue a career in family medicine. I want to be a family physician in order to provide that personal medical home to a specific community, whether that community is an underserved population here in the United States or elsewhere in the worldwide community. As their physician, I want to care for them from birth to death, to know them and love them as families.

I will be continuing to explore my interest in international medicine this coming January when I will spend six weeks at Kudjip Nazarene Hospital in Papua, New Guinea. This will be my first experience working at a hospital in a less developed country and I am excited for the opportunity. My experience in this 110 bed hospital will be wide, from obstetrics and pediatrics to surgery and care of AIDS patients. Because in the future I plan to work in remote locations like this one, be it Appalachia, the Andes or Papua, New Guinea, I am looking for a residency program that will train me for the diversity I will see in these places. This includes solid training in obstetrics, pediatrics, and inpatient and outpatient procedures. I want to be as ready as I can possibly be when the day comes that I am the one staffing the hospital or clinic seeing these patients who previously had so little access to health care. Unlike my time in Peru, this time I want to make a lasting impact on their lives and their health.