

[5/16/1995, 2:05 a.m.] “*He-he-he-he...he-he-he.*” That maniacal laughter means only one thing – Joe is up, and it is going to be another very long night. Joe, one of the developmentally disabled adults in the group home in which I work as a live-in therapist, is profoundly retarded, totally non-verbal, and one of the sweetest souls I have ever met. But when medication fails to calm his inner demons, or his day has been particularly stressful, he reacts with a night-long tantrum of scream-laughing, door slamming and relentless pacing through the house. We have been down this road before, Joe and I, and although it is exhausting to be up all night during one of his episodes, I know that this is why I am here: to care for someone who cannot care for himself, to prevent him from harming himself or others, and, I hope, to provide some solace to his inarticulate suffering. I try to offer Joe an atmosphere of stillness and calm, a sense of security as an antidote to his hand-wringing restlessness and paranoia. It has taken me over a year to learn these skills, to tap the wellspring of patience necessary to deal with these meltdowns on a day-to-day basis. And some nights, like tonight, these tactics work particularly well. I find his favorite shirt, the one with the flappy edges, and after a few hours he gradually unwinds. Eventually his eyes focus, and he recognizes me. He shuffles over to me and brushes my head with his still-shaking hand. Then he turns and makes his way back to his bedroom. When I’m satisfied that he is settled, I do the same, reminding myself that I have to be ready to do it all again tomorrow.

[8/27/1994, 6:14 p.m.] “*Schwoomp, schwoomp, schwoomp...*” The slowing beat of helicopter blades turning on the tarmac allows me to puff a slow sigh of relief. All of my aircrafts are down safely and will soon be resting in the hangar for the night. The tourists aboard them will return to their cruise ships with stories for their friends back home, perhaps with a better appreciation of the beauty of wild spaces and the creatures who live there. As an air traffic controller tied to the Juneau, Alaska tower, I am responsible for guiding 12 helicopters through Juneau airspace each day, so I share some responsibility for the safety of the people aboard. Working in this capacity has forced me to learn the stringent necessities of effective multi-tasking and taking control in stressful situations. Some days, especially when I first started, were disasters – my timing off, out of sync, a step behind. But with practice, patience, and a determined refusal to let frustration get the better of me, I steadily improved. On the best days, I feel as if I am flying right along with the helicopter pilots: effortless, graceful, in perfect command. Today has been one of those days, and I hum with quiet satisfaction as I admire the Alaskan sunset before heading for home.

[2/8/2006, 7:30 a.m.] “*Schwuumm-pop!*” There is no sound quite like a BSL-4 airlock sealing behind you. BSL-4 (or Biosafety Level 4) laboratories are the most secure laboratory environments in the world, reserved for the most hazardous biological pathogens. When the air lock engages and the door closes, you are locked in with the hard-core offenders: Ebola, Marburg, Lassa, Dengue, Hanta virus, SARS. Each is untreatable, but none is untraceable. That’s where I come in. For five years, it has been my job to design molecular diagnostic assays that track some of world’s most feared microbial thugs, then travel with a team of infectious disease specialists to far-flung outposts of the developing world to outfit nascent public health

labs. It is challenging, arduous work in the best of circumstances; it can be downright terrifying in the worst. In any other lab, an accidental needle stick might mean a course of antibiotics or antivirals; here it means being locked down in your own BSL-4 pod for a month of utter isolation waiting to see if you get sick. Consequently, every day's work is a tutorial in focus, precision, and stamina. Still, some days, like today, are a struggle. My biohazard suit is bulky and weighs over 20 pounds, and it grows heavier as the hours wear on. The only sound is the rushing of triple-HEPA-filtered air into my suit, which becomes oddly hypnotic. After spending hours encased in plastic, perspiration is inevitable, but there is no way for me to wipe the accumulation from my eyes. Nevertheless, every movement must be calculated and precise, because a tiny slip could result in death. Finally finished with my work, I meticulously clean my bench space, then leave the lab through the chemical shower. The airlock closes behind me, securing the pathogens inside. I unzip my suit and in an effort to release the hours of built-up tension. I am looking forward to my evening run, which is one of the ways I cope with the constant stress. My mom doesn't like that I work here— none of our moms does. But I do. We do. We like to think that it's worth it, all of the stress and fatigue, because in the end we might be able to save some lives from some very ruthless killers. I grab my gym bag out of my locker and head out.

[11/11/2008, 1:35 p.m.] "*Wah-wah-wahhh!*" The wail of the seconds-old baby permeates the delivery suite, and the staff exhales a collectively held breath as the newborn's lungs demonstrate her health and vitality. No one is more relieved than I am. I have just delivered my first baby. And in a moment of utter clarity, I realize that this is where it all comes together for me. Caring for Joe, guiding the helicopters and their precious cargo, spending hour upon hour in the lab - all of these experiences have translated into the maturity and confidence to allow me to help transition a new life into the world. With its traditional focus on treating the whole person, protecting vulnerable populations, and coordinating care, I see that Family Medicine is the perfect place for me. I enjoy the diversity of the patients and the challenge of undifferentiated medicine. I am committed to the concept of longitudinal care, and I look forward to rich long-term relationships with my patients, like those I enjoyed with my clients in the group home. One of the most compelling aspects of Family Medicine for me is the interactions with obstetrical patients, and I plan on becoming involved in a practice with a heavy O.B. aspect. I would also like to continue to develop my Ethics Consultation skills, a compliment to my M.A. in Bioethics. There is no doubt in my mind that my life experiences and medical training have prepared me for work as an excellent family medicine resident, and I am looking forward to discussing with your representatives the strengths and skill set I will bring to your program.