Initially I had reservations for medicine following the sudden death of my best friend Philip during middle school. I felt very hopeless at not being able to directly help Philip, who suffered blunt force trauma to his neck and head while riding a bicycle and was in a medically induced coma. These feelings changed once I found out how the dedicated nurses, doctors, medical staff  tried to resuscitate Philip. Watching the staff work their hardest to treat Philip left a lasting positive impression and left me with a deep motivation to help people suffering set my path towards pursuing medicine.

I found my calling for medicine following one particular overseas deployment in Honduras with the United States Army serving as a surgical technologist and translator.

 During my military career as a surgical technologist, I obtained valuable life experiences while maturing into a highly motivated, independent, creative problem solver, organized, dependable team member, with determination to excel in any situation that carries over to my student career. As a physician, I plan to return to the military and pursue either neuroscience, anesthesia or internal medicine and provide the best care for military personnel. This is in part of my experiences in the military deployed overseas working in austere environments left a lasting impression to continue my service to the nation.

My main motivation for wanting to become a physician is experiencing the loss of my best friend Philip Devine when I was in the eighth grade. Philip suffered blunt force trauma to the back of his head riding his bike home by a garbage truck and was taken to the hospital where he passed away. I remember myself as a thirteen year old asking my parents what we could do and not getting any answers, and feeling hopeless because I was unable to help my friend Philip.. When Philip was buried I attended the funeral and when I saw Philip I still kept asking myself what I could have done to help him out. That was the moment I decided to become a physician to help people in need, vowing never to feel as hopeless as I did then. I enlisted in the U.S. Army in 2008 to serve in the medical corps, I attended boot camp in Oklahoma, and I received advanced individual training in San Antonio, Texas and graduated in Fort Carson, Colorado.  I graduated as a Surgical Technologist/ Central material specialist and served for 8 years.

In 2012 I had the opportunity to deploy to Honduras  on a humanitarian mission with the U.S. Army to provide medical services to the underserved Honduran population while providing medical services to the deployed personnel. Over the length of my deployment I had participated in over five hundred and fifty general surgery cases; ranging from general surgery, trauma, orthopedics, OBGYN, and got to perform a handful of intubations.

In one of the missions while deployed I served as a medical liaison, translator, and surgical technologist to a small unit deploying from San Antonio to perform a MEDRETE (Medical Readiness Training Exercise) in the main capital Tegucigalpa. We  operated in Hospital Escuela and received over sixty five patients ranging from general surgery, trauma, cases to Obstetrics and Gynecology to Reconstructive Urology. I was serving as a medical translator and offering lunch breaks to the surgical staff who were operating in two main OR suites. Dr. Novack and his team performed a gender reassignment surgery on a 7 year old. The surgical technologist assigned to Dr. Novack’s team was sick and needed to be relieved. I came in and relieved him for the remainder of the surgery, (little did I know how long the surgery would be).

We had just finished our first case in Comayagua when a ER nurse came into the OR and immediately requested the Honduran surgeon to come to the ER bay. Our American Surgeon is requested by the Honduran surgeon to come with as well.  As our American Surgeon didn’t speak Spanish and so I volunteered to come with to serve as an interpreter. When we went into the ER the crowded hallway was flanked by multiple police officers brandishing their MP-7 and AK-47’s. The patient is a fellow police officer that was shot during an early morning raid at 06:00. the patient was a male police officer that had been shot in his head by a AK47[MV1]  7.62x39mm round. The entry wound was approximately 1.5 cm in diameter and the exit wound was multiple centimeters wide, evident that a bullet had tumbled in his skull. Once we entered the room the doctor who had been ventilating immediately signaled for me to take his place. I took over ventilation duties while translating for Honduran police chief and our surgeon. I saw the faint purple dura matter pulsate with each heartbeat, as I inched into a closer position some of his dark blood was trickling into the floor and splashed on top of my boot-covered shoes. His eyes were dilated and were rolled into the back of his head.

            When we saw the Honduran Police Officer  it was approximately 09:30, this means that he was brain dead immediately after the bullet exited his skull and it was a miracle that he survived that long. I translated while providing mechanical breathing and coordinated a MEVAC transport with our Blackhawk helicopter from our aviation unit to an appropriate hospital. To this day I will always remember mechanically ventilating the patient and obtaining a positive sense of directly contributing to his life.

            Third Memorable experience: receiving a 7-year old male patient that had an AK-47 bullet fragment enter his anus (creating a fistula) and eviscerated his large intestines causing a life-threatening sepsis. I had little time to remain shocked; we had to act quickly to save his life by resecting the dead and necropsied small/large intestine and clean out his abdomen with antibiotics. The patient then received a colonoscopy for two months. The next time we saw him, he had moderately lost a few pounds but was healthy overall. We performed the colostomy takedown and reattached his colon to the rectum. He survived and made a full recovery which greatly made the whole team extremely happy to be a part of.

During my spare time, I became interested in the local population. With the help of the military volunteers we created a community outreach program working with the Scouts of Honduras and our whole military base. We taught the Scouts skills ranging from First aid, survival escape and evade, STD awareness, CPR, navigation, swimming, bike riding and emphasizing teamwork exercises.  This was a great opportunity for