Personal Philosophy Statement

*Become a doctor. You’ll be the first in our family.* It was either this or the fact that I worked well with kids that my dad held me to this standard. Truthfully, I wanted to become someone who could ease the arthritis in my mother’s foot or someone who could replace the fractured bones in my grandfather’s hip. But it was this riveting gusto from my father that kept my passion for helping others burn hungrily inside of me. He wanted me to fulfill what he once was going to accomplish, but ultimately, he could not. Naturally, I adhered to my father’s wishes, ready to please him. If only I knew that becoming a doctor was not the only way in doing so. This was the first step my discovery and passion for health promotion.

I worked my way throughout high school, interning within surgical departments and animal hospitals. I sharpened my knowledge involving the human body and I even practiced my suturing skills. Following much of my efforts, I was praised by my mentors for complimenting patients with my warmth and concern, often at times a little too much. But what I looked forward to the most was entering my home and being greeted by my father’s proud smile. We both believed I could become the doctor my family needed. One that shielded my family from the harsh realities that insurance companies tried putting us through. One that could defend us from the lies that private companies would tell, really wanting to “just do business” with their clients.

Shortly before my admission into college, I became more alert when dealing with the physical irregularities displaying atop my body. I quickly noticed thick hair follicles grow underneath my jaw and stomach. I would feel painful and cystic acne bumps creep up around my cheeks. But, most of all, I felt intense pressure and unbearable waves of pain surge throughout my pelvic region. But there was no period blood. Not even a drop. I did not understand why I went seven months at a time dealing with these intense waves of pain without having a single period. I began suffering from sporadic anxiety attacks and stages of depressive tendencies throughout these months. My apathy towards completing everyday tasks looked so pathetic, my father threw my college applications for medical pathway programs out the window. This is the second step in discovering my dedication for completing a career in health promotion: the beginning of my lifelong rivalry with my disease.

To visit a few doctors is an understatement. Every consultation I had with a doctor, whether they specialized in reproductive behavior or internal medicine, became another failed attempt at diagnosing my condition. My mother’s patience was stiffening, as exhausting trips and expensive copays of many hospitals became a routine. I could not keep eating seven types of pills these physicians were recommending, as I began to vomit blood and experience severe diarrhea. After several months of added pain and even having my ovarian cysts rupture, I finally was diagnosed with my endocrine disorder: polycystic ovarian syndrome (PCOS). To live with this condition is to have a custody battle over your body. I can never agitate my already imbalanced hormones or else my role in a horror movie begins. To put it simply, I can never eat sodium. Or sugar. Or fat. I can never feel angst or be the slightest bit anxious. I cannot live a sedentary lifestyle, but I also cannot exercise too much. Anytime I cross these limits, my body physically amplifies the resulting consequences, most prominently the negative consequences. If my glucose spikes, my insulin spikes. If my sodium levels increase, my blood pressure accelerates. If my cortisol production increases drastically, my depressive tendencies and my panic attacks multiply. If my body temperature rises too quickly, my skin breaks out into disturbingly swollen and painful hives, otherwise known as my cholinergic urticaria. I want to divorce this genetic imbalance and I want my body to blossom into one that is beautiful like others’. But for now, I must least communicate with myself as to how I can ameliorate my continuous pains.

That’s just it. That is when I felt an unfamiliar, but exhilarating upsurge of excitement within myself. I have become combative towards doctors that try to market their new and “innovative” birth control or test screening to me. I have become truculent with my parents, disposing my key after I have locked myself away in my frail castle. I continuously accepted my sorrow resulting from the bullying that almost killed me. I hurt myself all these years, but never once did I ask myself these questions: W*hat environmental factors altered my risk of developing PCOS? Why have I not discovered more people who changed their behaviors that are known to decrease the risk of PCOS?*This moment felt so opportune. I was happy to unveil the true passion that awaited me in my career. I finally found a direction for my interests: a means of serving the public through surveillance of disparities, the third step in discovering my career of working in health promotion, specifically surveillance and biostatistical analysis of diseases.

This is what the term “epidemiology” means to me. Moreover, this is what the phrase “health promotion” means to me. We must not blindly tolerate the displeasures that estrange us from the best version of ourselves. Rather, we must critically delve into how we can mitigate these inequities. Why? We gain insight and a deeper understanding as to why specific relationships and correlations occur. We begin to build a foundation by garnering solutions from multiple sources, so that we do not repeat the same mistake twice. We learn to adapt and solidify instrumental practices that ultimately push communities away from seductive and corruptive policies. But if we want to ensure such productivity across differences, we must be able to restore our ability in communicating across boundaries. That is what I discovered I needed to do. I needed to understand which determinants led to the belligerent activity of my PCOS. I needed to analyze which situations allowed my body to spike in cortisol levels and which sugars metabolized thoroughly before turning into fat. Most importantly, I needed to talk to other suffering individuals so that we, together, formulate a plan to stimulate a healthy quality of life. I needed to utilize the varying facilities around my home so that I maintained my motivation in leading a sustainable lifestyle. If these facilities were inaccessible, I needed to figure out the means in establishing them. It means nothing to me if I must search my whole life for these answers. I am just ecstatic to rediscover the purpose from my childhood once again.

When pondering about which philosophical foundation I have built my thinking and experiences upon, I reach most towards the freeing or functioning philosophy proposed by Greenberg in 1978. According to *Principles and Foundations of Health Promotion and Education*, the freeing or functioning philosophy was established to counter victim blaming, or when a victim is held partially or fully at fault for the harm that has occurred to them. This philosophy challenged “traditional approaches of health education/promotion” by addressing how health education specialists may ultimately “free” the individual or the victim by allowing them to make the best decisions possible based off of their needs and interests, not based off of what society has been demanding. As a victim experiencing symptoms and consequences of my PCOS, I have been subject to harassment ranging all the way from my family to my peers to my doctors regarding my body as a direct result of my actions. For example, my brother would ridicule the curvature of my body, describing me as “unintelligent”, “undisciplined”, “a result of me hogging fat into my mouth”, etc. He was able to physically display his claims, since his body was morphing into an athlete’s, whereas mine remained stagnant in size. Although these words seem trivial, they seem to do the most harm when they recur in forms of domestic abuse and sexual violence. I remember when my assaulter said to me how he “won free pussy since my body was not worth it anyways.” This misery becomes unfathomable after events such as these, but uncontrollable feelings of guilt and shame are most wounding when one begins to internalize them. Corroding away like this after several years and even experiencing traumatizing episodes, I ultimately had to climb out of the black tunnel I was hiding in. I had to rebuild my resilience, let alone my confidence, and face a new audience. I was surprised to find this community, camouflaged right in front of me, that also was suffering from symptoms similar to those of PCOS. I discovered how my best friend, who ate a predominantly plant-based diet her whole life, suffered from cystic acne and prediabetic complications. We were awestruck at how our bodies were vastly different from each other’s, even though we still had the same condition. After analyzing and undergoing multiple studies, we learned how my PCOS may have become more genetically expressed as a result of not being breastfed after my birth, since I was allergic to my mother’s milk. We learned how my friend’s PCOS may have become activated as a result of domestic abuse from her biological father when she was very young. Analyzing these determinants, and any involved epigenetics, made me initially understand what it means to critically associate chronic illness with behavioral patterns. I just did not realize that these practices had a unique name, more importantly a whole career designated for them.

I cannot pinpoint my certitude to become an aspiring epidemiologist, but my stringing experiences inspire me to support my career with choices, both visible and intentional. I desire to close communication gaps, and I can by recognizing trends of prevalent disparities and inequities, influential towards community health. I can practice preventative medicine through more holistic and readily accessible means. I believe gaining insight into public health education occurs as an observer, as a patient, and as a prime researcher. I experienced the first two, and now I am eager to achieve the next. I want to serve as an Epidemic Intelligence Service Officer for the Centers for Disease Control, the National Institutes of Health, or The United Nations International Children's Emergency Fund. Ultimately, I will use my creative license to advocate for more interdependent policies and a unified community infrastructure.

What is the gift I get to unwrap at the end of all this? That unwavering smile returning to my dad’s face.