

I quickly ran to my parents' room where I found my brother and sister crying. In a quivering and uncertain voice our father told us, "stay quiet." We heard another sound as they stormed through our front door. We could hear some of them marching towards us as others were destroying our home. They finally arrived to our room. My father was thrown on the ground as two men started to kick and punch him. My mom was screaming, "STOP! STOP!" We were put in a truck and taken to a military camp in Dar Es Salaam, a city within our home country of Tanzania, where we spent the night. My dad, filled with bruises and an eye so swollen that he could barely see from it, woke us up in the morning and we were quickly taken to the airport.

About a month later we ended up in Milwaukee, Wisconsin. We came to Milwaukee because my aunt had settled here and was doing well with her small business. As most immigrants we struggled, however with help from family and friends we made steady progress. Being the first person in my family to complete college and attend medical school is a tremendous privilege. In medical school I built a passion for surgery and gained tremendous satisfaction from continuing patient care in an outpatient setting. I find otolaryngology to encompass all of these aspects of medicine I love.

The combination of surgery and ability to be a patient advocate attracts me to otolaryngology. The surgical ability and anatomical knowledge in otolaryngology excites me. The particular surgical skills necessary to help people with fundamental abilities such as hearing, breathing, and eating are very fulfilling. I find the field to be tremendously stimulating due to the surgical challenge of mastering an entire region of the body from the pediatric to geriatric population. Especially in academia, I find otolaryngologists, such as my advisor Dr. Bruce Campbell, to be extraordinary surgeons while being patient advocates for initiatives such as smoking cessation. Mentors such as Dr. Campbell continuously teach me otolaryngology is more than just giving the correct medicine or performing the best procedure, it is about promoting the wellbeing of the people we serve.

Promoting the healthcare of people without health insurance has always been a keen interest of mine. Once my family arrived in Milwaukee my dad worked as a baker and my mom a maid. Although these jobs brought needed financial support, they did not offer health insurance. This experience led me to start the nonprofit organization United Medical Aid Inc. Through various outlets, one being the website [www.unitedmedicalaid.org](http://www.unitedmedicalaid.org), UMA helps people without health insurance find subsidized care. This interest in service and public health directs me to otolaryngology because I observe otolaryngologists successfully incorporate these interests in their career. That is, I desire to be a surgeon who not only is able to skillfully treat patients in the operating room, however one that can advocate for disease prevention.

I enjoy otolaryngology in academia because it embodies leadership, research, teaching, and service—areas that are an important component of my life that I wish to grow. Volunteering at the student operated free clinic, teaching the first and second year medical students, and starting a USMLE Step 1 review program for my medical school has been incredible and fun. One of the most challenging, yet exciting activities that I have been involved in is research. My research projects in otolaryngology studying dysplasia in juvenile recurrent respiratory papillomatosis and the presence of pepsin in bronchoalveolar lavages of children with chronic respiratory disease helped me build enthusiasm for research. I enjoy the process of making a hypothesis, designing the study and then analyzing the data. I hope to continue to build my research abilities, clinical knowledge, and surgical skill to develop a career as an otolaryngologist in academia.