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# Where Roads Take Us

Simple everyday errands, such as buying groceries, were a challenge for my family while I was growing up. My mother loved to cook spicy Indian food, and my father, younger sister, and I relished the flavorful biryani and chicken tikka masala she prepared. Every month, we would drive two hours to Buffalo, where the nearest Indian grocery store that stocked the necessary ingredients for our home cooked meals was located. The trek was worth the payoff, and these long car rides filled with lively discussions with my family are some of my most cherished memories. But, sometimes I wished that we didn't have to sacrifice our entire Saturday just to buy spices.

Born and raised in a small town in rural New York, I did not have the same educational opportunities as my peers who lived in more populated areas across the country. Despite bestowing upon me a geographic disadvantage, living in my quaint town

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of Olean, NY, gave me a unique perspective on the challenges of life. In a town of only 15,000, many residents had to travel two hours to the nearest major city to access advanced medical resources and life-saving treatments. My personal experiences and understanding of my remote community inspired me to become a doctor so that I may be able to give back to medically underserved communities as a physician.

Lack of accessible resources affected my educational experience in high school, but I learned to overcome those obstacles and make the best of the situation to achieve my goals. From ninth grade onward, my dream was to attend Brown University, the Ivy League school in Rhode Island that prides itself on its open curriculum. I knew that Brown's academic freedom would allow me to craft my own curricular path and choose any class that satisfied my intellectual curiosity, be it human physiology, public health, or ancient Egyptian archaeology. My understaffed, rural high school, however, did not offer any of the necessary Advanced Placement (AP) courses that schools in bigger cities take for granted. Nor was my high school equipped to send students to selective schools. New York State has one of the best public education systems in the country, but our small school lacked most of the tools that connected students to higher learning.

My thirst for learning, especially in the field of biology, had yet to be satisfied through my high school courses, so I decided to self-study for the AP Biology test during my sophomore year. My peers often ridiculed me for going beyond our curriculum and study-

ing more than what was necessary to pass the high school course. Once, when I was quietly studying the difference between type 1 and type 2 diabetes during a free period, my classmates mentioned to me that I was only pretending to study in order to “get attention” and labeled me as an “overachiever.” While the comments hurt, I learned to ignore the negative words. I recognized that I could not allow such remarks to interfere with my goal to get to Brown.

After successfully completing the exam, I persevered in my search for opportunities to expand my knowledge of biology. The sleepy town of Olean is not exactly a research hub like Cambridge or San Francisco, but in my quest, I met Dr. Hens, then-Assistant Professor at St. Bonaventure University, which is only minutes from my home. She mentored me as I worked in her breast cancer research lab. As I learned about the scientific aspect of cancer, I became more curious about the social aspect of health and disease.

My hometown only had one oncologist, Dr. S, who allowed me to shadow her at her private practice in Olean. For many, receiving treatment at Dr. S’ practice was the only available and affordable option. Some patients even travelled to Olean from the surrounding, yet distant hamlets to undergo chemotherapy several times a week. For more severe cases, travelling to Buffalo once again became necessary. Buffalo is home to Roswell Park Cancer Institute, which serves many cancer patients living in Western New York. When the Olean chemotherapy location could not satisfy the severe needs of sick patients, the closest option was to travel to Roswell in Buffalo.

By interacting with the many patients at Olean’s oncology clinic, I realized that additional travel time for life-saving treatments was inconvenient and stressful for many patients and their families during the emotional process of chemotherapy. I watched patients as they progressed through their treatments with emotions ranging from hope to despair. When meeting an anorectal cancer patient named Myrtle,

I understood her anxiety and resignation when she refused further travel to Buffalo for treatment and despondently remarked to Dr. S, “Just let me know when my time is up.” She explained she wouldn’t have to put her family and herself through more suffering and travel to Buffalo several times a week. Through these events, I started to comprehend how social determinants affect disease. If these patients had lived closer to Buffalo, where there is more than one oncologist and one hospital, access to medical treatments would have been less burdensome for patients and their families.

Even though I had fewer academic resources compared to my counterparts at elite high schools, I managed to improvise with my available tools and take advantage of all the opportunities offered in Olean, my hometown that I have come to cherish. I fulfilled my high school dream of attending Brown University, and I will be attending Alpert Medical School of Brown University this fall as part of the eight-year Program in Liberal Medical Education. I have had the opportunity to delve into my intellectual interests by taking a multitude of courses in both the sciences and humanities while majoring in public health, which has allowed me to explore both the scientific and sociological causes of disease.

My inspiration to pursue medicine came from witnessing and experiencing the struggles of patients in rural America, who, like Myrtle, often felt resigned and desperate because of the lack of resources. My first-hand experiences of living in an underprivileged area, where daily tasks like grocery shopping and important necessities like medical treatment were difficult to perform and obtain, have motivated me to return as a physician to medically underserved towns.

Although I realize that a single physician cannot repair the geographic and systematic barriers to medical care, I envision myself crossing all racial and socioeconomic boundaries to bring hope to a diverse group of people.