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When Robert Frost wrote about “the road less traveled,” I am convinced he was thinking of the dirt path leading to Basma, a tiny village in the West African country of Burkina Faso, where the sight of a motorized vehicle is the talk of the town. I worked in Basma as a community health development volunteer with the United States Peace Corps – a road in my life that has, indeed, made all the difference.

However naïve, I certainly *hoped* to make a difference when I went to Africa. But I also wanted to learn about medicine on a human level – beneath technology and bureaucracy – before forging ahead with formal medical education. My interest in medicine began during my senior year at Hamilton College. I started off as a student of the humanities, drawn to literature because I enjoy learning about people by reading about fictional characters. But as my professional goals evolved, I realized that I would rather contribute to the lives of people in a measurable, humanitarian way. Since then, I have explored the medical profession as a postbaccalaureate science student at Bryn Mawr College, as a clinical researcher in a New York inner-city hospital, and as a health educator in rural West Africa. My road to becoming a doctor, though circuitous, has been uniquely my own.

Why, my family and friends demanded to know, did I insist on including the obscure country of Burkina Faso in my premed itinerary? Hot, flat, and famously poor, a capital city named Ouagadougou seemed an unworthy destination. But my years in the village of Basma profoundly impacted my personal and professional development. My home was a round, mud-brick hut on the grounds of the primary-care clinic, nestled between hospital rooms and the maternity ward, where I experienced the life of a “resident” in the literal sense of that word. Supervised by three African doctors, I assisted each day with the clinical procedures and traveled to neighboring villages to vaccinate children against communicable diseases. My primary role was to work with village leaders and implement health education programs focusing on the following themes: prevention of malnutrition and dehydration; educating families about the vaccination schedule for communicable diseases; control and prevention of guinea worm disease; construction of latrines in family compounds to improve the health and hygiene of the village. My experience in Burkina Faso was an ideal precursor to medical school, introducing me to the nature of tropical diseases, clinical aspects of maternal and child health, public health theory in real-world setting, and primary health care at the grassroots level.

But to speak of my three years in Basma only in terms of my work would give an incomplete impression of my life in Burkina Faso, for I lived my most memorable moments outside the clinic. I learned to conserve AA batteries by manually rewinding cassette tapes with a ballpoint pen. An apprentice to the village midwife, I mastered the art of holding the flashlight for a delivery while chasing chickens, goats, and pigs out of the room. Traumatizing children with the mere sight of my light skin, I experienced temporarily what it means to be a minority. Sipping millet beer with village friends under African skies, I was asked questions like, “Can you see the moon in your country?” I made bricks from the earth and built my own house with them, and I lived with bats, scorpions, and porcupines. Once a total stranger, with time I became a familiar friend, and I encountered goodness and integrity in people whom I will never forget. Warm and lively, with an enviable sense of humor

and a dignified sense of who they are, the people of Burkina Faso sustain moral wealth that makes economic poverty seem insignificant.

Since returning to the United States over a year ago, I realize how my work in Burkina Faso will enhance my study and practice of medicine. In my immunology course at the University of Pennsylvania, I remembered patients in Bama who died from malaria and meningitis, and I have insight into social factors that can influence the pathology of those diseases. In my work as a research assistant in emergency medicine at the Hospital of the University of Pennsylvania, the health care reform debate is all around me. I can evaluate various viewpoints based on personal recollections of the socialized medical system in the developing world. But ironically, it is the non-medical aspects of my service that will be most valuable to me in my career as a physician. Confined by cultural and linguistic barriers, I adapted to life in Bama and found common ground with people whose world is radically different from my own. I am likely to revisit that feeling when I adapt to life as a medical student and learn to provide comfort and support to patients. As I apply my experience in Africa to the classrooms and clinics that will fill my life for the next several years, I look forward to lifelong learning, to living fully and deliberately, and to dedicating myself to the health and well-being of others.