2018 White Coat Investor Scholarship Announcement

Katie and I are very thankful for the financial success The White Coat Investor has brought us personally. One of the ways in which we like to “pay it forward” is through The White Coat Investor Scholarship. The WCI staff is justifiably proud of this program and despite the hassle factor insist that we continue it each year. I know of no other blog that gives away this much money to its readers. Although I suppose it has some marketing value for the enterprise (that’s certainly where it gets put on the income statement) we really view it as an opportunity to very directly assist professional students in minimizing the financial burdens of their training. When the contest ends in October, we literally write and mail out big fat checks to the winners to use for whatever they want.

The scholarship also provides an opportunity to build The White Coat Investor community. Site advertisers start asking months in advance when they can sign up to sponsor it (it helps that it is the best advertising value we offer). Readers who are students apply by the hundreds. Readers who are not students sign up to pick the winners. By the time it is all said and done each Fall, we’re all better off for it.
We’re adding a few minor tweaks this year, but for the most part, it’s going to be the same process as last year, just with a larger pot of prize money.

**Our Contribution**

We traditionally contribute 1% of our WCI salaries and profits each year into the contest toward the cash prizes. This year we will personally contribute $13,000 in cash to the scholarship, $10,000 to the pot that gets divided up between the top three, plus $2,000 to 4th place and $1,000 to 5th place. $13K is more than was in the entire pot the first year (2015) that this scholarship contest was run. We will also contribute two boxes of WCI books (>5,000 value), and 10 online courses ($5,000 value). We will also cover all the costs of administering the program so every dollar donated by corporate and individual sponsors goes to the winners.

Site sponsors have already contributed $36,500 toward the scholarship. We hope that you will also feel a desire to contribute to the program, as it is really a community effort.

**Prizes**

In 2015, our first year running this scholarship, we awarded over $12,000 for this winning essay. In 2016, we awarded over $30,000 in cash and prizes, with the lion’s share going to the author of this winning submission. In 2017, we awarded nearly $40,000 in cash and prizes to a diverse group of five winners, including the grand prize winner who received $21,400 in cash.

The prizes this year will be as follows

- **Grand Prize:** 60% of the cash pot, plus choice of online course ([Fire Your Financial Advisor](#) or the [WCICON18](#))
- **2nd Place:** 30% of the cash raised plus choice of online course
• 3rd Place: 10% of the cash raised plus choice of online course
• 4th Place: $2,000 cash, a copy of *The White Coat Investor: A Doctor’s Guide to Personal Finance and Investing* for each member of your class, plus choice of online course
• 5th Place: $1,000 cash, a copy of *The White Coat Investor: A Doctor’s Guide to Personal Finance and Investing* for each member of your class, plus choice of online course
• Honorable mention: 6th-10th place will also receive their choice of online course

The cash pot to be divided among the top three is already up to $48,600 with an estimated total of cash and prizes for the contest of over $60,000!

**Eligibility**

Only professional students enrolled full-time for the 2018-2019 year and in good academic standing are eligible (yes, we actually call your school and check.) That means medicine, osteopathy, podiatry, dentistry, law, pharmacy, nurse practitioner, physician assistant, optometry etc. No undergraduates. No residents. Even if you’re a dental resident paying tuition. Sorry. Students only. You do not need to be a
US resident or even be attending a school in the US, but you MUST HAVE A US SOCIAL SECURITY NUMBER. As we are not a registered charity, the winners of the top three prizes will be required to fill out a W-9 before receiving their money and we will issue them a 1099 and report the income to the IRS. Consider it to be fully taxable income. The good news is your tax bracket is almost surely dramatically lower than ours, allowing us to give more and you to receive more on an after-tax basis.

How To Apply

All applications that follow the guidelines are su
between June 1 and August 31, 2018 before midnight MST will be accepted.
The application consists of an email to scholarship@whitecoatinvestor.com with “WCI Scholarship Application” in the subject line and includes the following information:

- Full Name
- Your Anticipated Degree and date of graduation
- Full Name of Your School
- Your Mailing Address
- Your Phone Number
- Your Email Address
- An 800-1200 word proofread essay written by you in English on any topic you choose submitted as an attached .doc file (such as that produced by Microsoft Word or Google Docs) sent via attachment or shared link. The essay cannot be published elsewhere.

Do not put identifying information in the essay file. It will have a number attached to it and judges will not receive any information about you other than what is contained in the essay.

Missed the conference? You can now purchase the video recordings.
If you are a prize winner, your essay will be published on this website in October 2018, and barring particularly exceptional circumstances like these, with your name and photo. (We only ask for a photo and a W-9 for winners so it is a good sign if we ask for your photo and a W-9.) Be aware that people in your hospital and perhaps future professional life will read your essay. I anticipate only publishing excerpts of the honorable mention essays.

We will be disabling comments on the winning essay posts this year because I found it embarrassing in the past to see the winners subjected to anonymous internet troll criticism by people who weren’t even willing to contribute or judge the contest. Unfortunately, that means they also won’t see the dozens of congratulatory comments either but c’est la vie.

The Judging Process

WCI staff are not involved in the judging process whatsoever. We had 400+ applications last year and expect even more this year. We will need the assistance of dozens of volunteer judges to assure a fair outcome. If you have ever found yourself wishing someone else had won first prize, sign-up and throw in your two cents! There will be a three-stage judging process. All volunteer judges will be WCI readers who are working or retired professionals (not students or residents).

In the first round, we
will provide a number of essays (10-20) to each judge and ask them to recommend 2-
to pass to the next round. These conditions will consist of several judges and a
fewer systems but will follow a similar format. The final round will consist of
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provided to an additional judge to make a selection. The round a judge serves in...
ll be determined randomly to minimize bias. Judges will remain anonymous to each other.
If you are a professional and would be willing to read and rank 10-20 (hopefully ten) 1000 word essays in a timely manner at some point in September, please send an email to scholarship@whitecoatinvestor.com with the words “Volunteer Judge” in the subject line. You’ll have a few days for the task, but not a few weeks. If you discover you cannot fulfill this duty at any point, please advise us ASAP so we can find someone else.

What Should You Write About?

You may write about anything you wish. However, after three years of doing this, I can tell you that most judges aren’t too impressed with you resubmitting your medical or dental school admissions essay. Also, remember that the judges are WCI readers with at least a passing interest in financial matters. You may also wish to go back and read some of the prize-winning essays in the past to see what did well. And please have someone else read it before submitting it; typos, misspellings, and grammar errors don’t impress anyone. You can write about a cool experience, your financial needs, what you would use the money for, what your future professional plans are, your family, something suitable for a guest post on a financial website, or just some random poem about tulips. However, if it is fiction, it needs to be very clear from the essay that it is fiction. No making yourself out to be Little
Orphan Annie if you aren’t.

As a general rule, creativity is rewarded, particularly inspiring stories of challenges overcome do well, and insightful anecdotes from your schooling that remind readers of their own years of study seem to resonate. You can write about your pet political topic if you like, but those seem to end up with half of judges loving them and half hating them, which doesn’t tend to result in a high enough score to win. Perhaps if you write about both sides of a controversial topic the judges would look more favorably on it! The judges tend to be a diverse crowd by race and gender with a significant skewing toward US physicians in their 30s and 40s reflective of the general readership of the site.

Call For Contributions

Please consider donating to the scholarship fund. 100% of your donation will go to the prize winners. Unfortunately, we are not a 501(c)3 registered charity, so your donation is not tax-deductible unless you can write it off as a marketing expense for your business (which is what most sponsors do.) Even without a tax deduction, it’s a great cause, a lot of fun, and a chance to pay your financial success forward. You might not even be itemizing this year anyway with recent tax law changes. You can remain anonymous or not, your choice. Be sure to tell us if you want to be anonymous.

We can take contributions most easily via Paypal to editor@whitecoatinvestor.com (use “send money to friends and family” option to maximize your contribution) although if you would like to use a credit card, let us know and we’ll send you a Paypal invoice you can use a credit card to pay. You can also send checks to:

Scholarship Fund
The White Coat Investor, LLC
P.O. Box 520421
Salt Lake City, Utah 84152-0421

Perhaps most easily, just use this handy button to contribute using Paypal or any major credit card.

Donate

Who Has Already Contributed?

We are extremely grateful for the scholarship sponsors who have already stepped up and made significant contributions. We have divided sponsors into 4 levels.

Platinum Level Contributors ($5000 or more)

The White Coat Investor, LLC
Larry Keller (Physician Financial Services) — Disability and Life Insurance
CommonBond — Student Loan Refinancing
Laurel Road — Student Loan Refinancing
Bob Bhayani (Dr Disability Quotes) — Disability and Life Insurances
Physician Home Loans at Fairway Mortgage — Doctor Mortgage Loans

Gold Level Contributors ($700 or more)

ProAssurance — Professional Liability Insurance for Doctors
Jamie Fleischner (Set for Life Insurance) — Disability and Life Insurance
Lucidity Direct — Locum Tenens
Chris Duncan (JumboCDInvestments) — Investments
Mike Wagner (BBVA) — Doctor Mortgages
Jon Appino (Contract Diagnostics) — Contract Review/Negotiation
Silver Level Contributors ($100 or more)

Includes my ski buddies from the WCI Conference, each of whom donated $100 to spend a few hours on the slopes of Park City Mountain Resort with each other and me!

- Laurence Kinsella
- Tim Saettele
- Greg Lamb
- Mike McEwan
- Brett Laggan
- Matt Wolfe
- **Harry Sit (Advice-Only Financial)** – Financial Advising

Bronze level Contributors ($10 or more)

Your name could be here!

Although we limit the platinum level sponsors to just 5, Gold and Silver level sponsors also receive valuable advertising benefits for their contribution. Contact **cindy@whitecoatinvestor.com** for corporate sponsorship details if you are interested in sponsoring the scholarship at the Gold or Silver levels. Like last year, you will see five sponsored posts this summer, one for each of the Platinum
level sponsors.

Thank you for supporting those who support the website and the scholarship. Also, consider posting this flyer in your school or hospital.

Scholarship Flyer 2018

What do you think? Will you be applying? Will you be judging? Will you be contributing? Comment below!

Cheers to a Lifelong Investment – 2017 WCI Scholarship 5th Place

[Editor’s Note: Welcome to Scholarship Week! We’re been excitedly looking forward to this week all summer. This website along with dozens of sponsors and many readers have contributed over $35,000 in cash and prizes toward The White Coat Investor Scholarship Fund this year. We received 376 applications, which were judged in three rounds by 44 volunteer judges, none of whom work here at The White Coat
Investor. The first round whittled the 376 down to 65. Each of those 65 essays was read and scored by three separate judges and the final 10 essays were read and scored by a completely separate group of ten judges. Our five winning essays will be run this week.

Today’s post receives the fifth place prize, a $100 Amazon gift certificate. This essay about bartending and health care disparity is by Samuel Joseph McMillen, an MS2 at The University of Missouri School of Medicine and exudes the idealism that drives people to spend a decade of their lives learning to care for the sick and injured without much thought of monetary compensation.

It’s a Friday night after a long day in the library, so I invite a few classmates over to taste my latest concoction: a play on the standard old fashioned with a homemade vanilla simple syrup, black walnut bitters and a rosemary garnish. Pinkies up, time to taste. They seem to enjoy it, but the mixologist in me questions the rosemary. Seven years of bartending between college and medical school turned me into quite the critic.

As we continue sipping our drinks while venting about the financial tribulations of medical school, one of my friends asks if I’m paying tuition with the money I earned in my off-years. I instantly spew my drink everywhere and choke for air.

Turns out that was just a piece of rosemary. Close one. But
equally to blame was my shock at her notion that a “non-traditional” student like myself would have a medical school fund. What my friend may not realize is that the time between undergraduate and medical school, to which I facetiously refer as my “gap decade”, was less than lucrative. Upon graduation, I struggled with the important decision of a career path. I knew I wanted to work in medical sciences, but the idealist in me couldn’t quite figure out in what way. Do I practice? Do I pursue medical theory? Or is there a way to combine both?

Those seven years in the work-force (or as my dad likes to call it, 11 years of college) were spent cautiously, yet strategically, immersing myself in different areas of medicine. I worked in a variety of niche medical spaces: ER scribe, HIV testing/counseling, patient services at an LGBTQ sliding-scale clinic, academic research in HIV prevention strategies, medical linguistics, and a handful of others. You name it, I tried it. As might be expected, jumping around kept my income consistently “entry level”. So, I bartended to supplement the inflated cost of living in Chicago.

My resume covers quite the range of drinkeries. From P.F. Chang’s to a rave night club. From a craft whiskey cocktail speakeasy to an underground leather bar. You name it, I’ve probably served someone a drink there. Each one with its own crowd of people, often times just looking for a conversation with a stranger.

This was the appeal for me, an endless flow of stories,
events, dreams, tragedies, successes and struggles. Countless hours with countless strangers inevitably incites a forgiving perspective on our differences; yet relating to an individual can be as simple as letting them tell their story. Some people hated that part of the job. As an eternal optimist, I considered it practice as an uncredentialed, underpaid, underqualified mental health professional.

The side bar gigs helped instill a strong value for hard work, but the important part of the past seven years was in my health-related day jobs. In my perpetual search for the perfect professional fit, I obsessed over what was missing. Turns out, the key wasn’t in what was missing, but what was consistently there. I loved all of these jobs, and they all had a similar motif: medicine, patients, and the intersection of bringing them together. Thus, I made the decision to pursue medical school.

Suddenly, real life hit me as unexpectedly as when they turn up the lights after last call. I have no money. I’m 30 years old and I can’t even spell 401K. I realized the past 7 years of exploring came at a cost; while I value hard work, and
consider it a strength of mine, it has yet to pay off financially. Cut to my best friends from high school, college, and beyond. Also in their 30’s, most of them started climbing the corporate ladder straight out of college. Their texts from Santorini seem to mock my weekend at the free comics exposition. Keyword: free. In truth, I don’t envy them; professional manifestation of passion and purpose will never concede to money in my lifetime. I’ve already spent my twenties working at least two jobs at a time, yet here I am signing up for debt that is thicker than the double White Russian my favorite bar regular had every night (obviously, against my medical advice). So, what really is the sacrifice in accepting that I will not have expendable funds until my 40s? My friends seem to think I’m crazy. Are they right?

While cleaning up after my very last bar shift before moving here for medical school, a co-worker said something that still resonates with me. “Congratulations, you found a way out”, he said, as we clinked our glasses for a night cap. It’s a common sentiment because that much time in the service industry exposes a person to some major struggles in life: inconsistent work, unpredictable pay, unemployment in the blink of an eye, not to mention the schedule. And you can forget about health insurance. The cost without benefits simply isn’t an option for most of my co-workers, despite working tirelessly at odd hours for usually more than 40 hours a week between multiple jobs; a reality faced by so many working adults.

I craved a way to immediately translate this concern into practice. Upon starting school, I was selected as one of the new directors for our student-run free health clinic, MedZou. With a patient population that is 100% uninsured, we provide free primary and some specialized medical care to folks who have pervasive chronic illness and no other options. This year-long position is extremely demanding, especially given the rigor of the first year of medical school. Such a major volunteer commitment immediately dismissed the option of
bartending at the local college watering hole to minimize loans. College students are notoriously bad tippers, so maybe it’s not a loss. Nonetheless, my experiences before med school prepared me for this type of position and professional continuity of service in marginalized spaces was worth every second.

I came to medical school without an idea of where it would lead me, with one major exception: I know I want to share in the responsibility of debunking the critical state of health disparities. In my opinion, this goes beyond tangible resources: social theory, medical linguistics, cultural motivations, trauma, personhood, identity, health literacy, power dynamics, the list goes on and on. Despite the reality that theoretical medicine isn’t exactly a lucrative field, if even employable at all, I look forward to the challenge of elucidating the invisible wall that seems to keep my friends in the bar industry ostracized from medical care.

Taking on this type of challenge may mean a lifetime of financial sacrifices. It’s okay, my twenties weren’t so bad after all. Maybe debt isn’t the best word for it, since in all honesty I’m paying for the opportunity to do exactly what I want to do. Just like every past patron, every future patient
will present with something they need in the context of a larger story. No amount of “debt” could scare me away from my chosen path. Nonetheless, the harder I work to keep cost down now, the more I’ll be able to commit to professional ventures that might not have a billing code. I have to trust that it will all work out in the end. And if not, I can always pick up shifts at the local dive bar.

What do you think? When was the last time you felt this idealistic about medicine? How would your practice or career be different if you had not started it with six figures of debt? Did you have a gap year (or decade)? What did you do with it and how did that help you? Comment below!

2015 WCI Scholarship Finalist
# 5

[Editor’s Note: This is an essay from one of the finalists in our scholarship competition. I have no financial relationship with any of the finalists, except the eventual winner, who will get a big check from WCI.]

My Favorite Shirt

The alarm sounds! I’m greeted by the replenishing feelings of restfulness, achieved by eight hours of uninterrupted sleep. I stretch my arms towards the eggshell-colored ceiling to kick
start the chemicals of cellular restoration as my cold vascular pipes begin warming. I observantly listen while slowly scanning my room from side to side. It’s quiet. In the vacuum of my room, the rays of the morning sun beams against the wall and partially against my neck, in the shape of a distorted window outlining an elliptical silhouette of my head. The warmth feels nice on my bare skin. My drawer sits on the far end of the room, next to the closet containing a large black suitcase with a missing left wheel, the content of which remains unpacked. On the ground lies my favorite solid blue Hanes T-shirt, with two gaping holes and a large red stain near the collar. Although everything appears uneventful, something about this day is aberrant. On this morning, the dangers of East Oakland seem to stop abruptly against my walls, like a cocoon protecting me even from the stray bullets of a drive-by shooting that may find itself presenting on my street.

In fact, my childhood was a mess, like an old rerun episode that played every night on your television at 7:30 PM. It always began with my parents’ voices in the kitchen, elevating until the shattering of a whiskey glass that my father angrily hurled against the wall, signifying the start of that night’s main event, like a starting pistol before a race. The sound of fragmenting glass always sent a screeching terror down my adolescent spine because I knew the wave front of the same recurring thunderstorm rapidly approached.

He was an alcoholic, an angry one. I lived in fear as I anticipated these explosions every day and met incalculable relief when we survived the night without conflict. However, when it did occur, I remember sitting in the corner of my room, with my arms clutched against my knees, crying as my fragile sense of security was yet again disassembled. I desperately yearned for a treaty that never emerged at home, and so I looked elsewhere.
Rolling with the 24 Crips was my escape. Although they sold drugs, flying under the wings of my best friend DeMarco always gave me a sense of community and belonging. Slightly older and infinitely more experienced, he taught me how to survive. Of all of his qualities, I admired his confidence most of all. He seemed to always know what was going on, and so I followed him everywhere. Wherever he went, I went. Like a brother, we spent our time together. I didn’t enjoy slangin’ dope on the corner, but I liked hangin’ with him. I felt important, like I belonged in our group. Sometimes the cops chased, but we always got away. He always knew the fastest exit routes in case things got out of control. Soon the other guys knew me as DeMarco’s protégé, which was an honor that I proudly internalized. Afterall he was the guy that I aspired to become.

Things made sense for a while. We kicked it everyday, usually chillin’ in front of Jackson’s Liquor until the others arrived. On this morning, however, something seemed off. Somehow your amygdala intuitively senses your surroundings, like a flock of birds flying away from an impending natural disaster. A black SUV slowly approached us, quietly creeping up as the tinted windows started descending, revealing two bandana-masked Bloods holding semi-automatic Uzi’s. “Get the f*** down,” shouted DeMarco as he pushed me through the front
door of the convenience store. As I stumbled into the shelves of assorted candies, a flurry of shots sounded behind me. Almost as suddenly as things started, the sound of screeching tires blazed down the street.

I’ll never forget the sound of DeMarco struggling to breathe during his final moments, as he desperately attempted to respire despite the pleural pressure equalizing through his punctured lungs. I tried comforting him, listening to the high-pitched wheezing while his fingers gripped my shirt near the collar. I screamed his name as his life rapidly depleted in my arms while I tightened my grip around his body. His shoes desperately scraped against the cement, searching to cling onto land that continued to dissolve with each passing second as he sank deeper in. His jeans continued grinding against the ground, until legs stopped moving altogether. He died right there...

I hop out of bed to freshen up and prepare for the approaching day. I assemble my usual outfit, which consists of a pair of stonewashed blue jeans, a button-up shirt, and a jet-black pea coat. After buttoning my coat, the aroma of Columbian hazelnut infiltrates the room through the slight opening under the door. I run downstairs to eat breakfast, a tradition that I hope to start every day with, now that I’m in medical school. They say, that medical students don’t have time to eat in the morning, but I’ll soon find out. I pour the freshly brewed hazelnut coffee and place the mug beside my plate containing two sunny-side eggs and two slices of whole-grain toast. The vanilla soymilk mixes into the aromatic coffee until the optimal light brown color is achieved. Cautiously sipping, being very careful not to burn my lips, the taste of my steaming coffee is delicious. Taking the piece of warm toast, I penetrate a corner into the inviting egg yolk. Immediately after breaking the membranous layer, the yolk oozes out like yellow lava down a hillside.
After breakfast, I run upstairs to grab my backpack, fueled to start my first day. As I close the door to my bedroom, I notice my blue T-shirt, with the two gaping holes near the collar, resting on the dark carpet. I take off my coat, unbutton my dress shirt, and slip on the tattered Hanes before assembling my outfit again. This is an important day. Although my opportunities are life changing, I will never forget where I came from. My memories are a component of the cement that forms the foundation of my career as a physician. I only hope that this next chapter in life doesn’t change me so much, that DeMarco won’t even recognize me anymore. I wonder if I will ever see my friend again? As I slowly close the door of my small bedroom, being careful not to wake my sleeping roommates, a reassuring thought crosses my mind, “I think so…I think so.”

What do you think? What were you doing with your life before you decided to go to medical school? What experience convinced you to dedicate your life to the relief of the suffering of others? Comment below!
Why My Wife Deserves This Scholarship

She’s been cooking for four full years without beaters. She whips cream in the blender. She went through an entire pregnancy without purchasing any maternity clothes. We have six forks and four spoons. She hasn’t cut her hair in over a year. And there have been many times when she’s awakened at 3:30 am, carried our little boy to the car, and driven me to the hospital for a rotation, so she could have the car for a day.

This may sound familiar to many medical students. We all know what it’s like to be poor. But if you were to ask my wife why she still hasn’t purchased beaters, maternity clothes or a car, her response wouldn’t be, “We don’t have the money.” Rather, she would say, “It’s not in the budget.”

You see, before we even got married, she sat me down, pulled up a Google spreadsheet and said, “Here’s my budget. Where’s yours?” I thought she was joking, but after about 30 minutes she was still talking about it. As she went on and on about the importance of living on a budget and how fun – yes, fun – it can be, I just kept thinking, ‘I’m a single dude in college..."
living off Top Ramen and chocolate milk. Why do I need a budget?’ Luckily, I didn’t say that out loud. If I had, I can almost guarantee I’d still be living on Top Ramen and chocolate milk.

I’m not sure where my wife got her passion for budgeting, but it’s a part of her. In one of her childhood journals she wrote, “When I get married, I hope I’m poor. That seems like a happy life to me.” If you don’t believe me, stop by and I’ll show you the page.

We make a pretty good team, my wife and I. She does all the budgeting, she pays all the bills, she takes care of all the insurance, and then she tells me what I can and can’t buy. It works for us.

I distinctly remember calling her one day when I was studying for the MCAT and asking if I could buy a candy bar. You better believe she pulled up the budget to make sure the money was there.

So maybe it seemed a little controlling at first, and maybe I didn’t completely understand why she had to be so precise about everything. And maybe sometimes I just wanted to throw caution to the wind and buy a Snickers bar. No questions
asked. But over the last few years, I’ve seen what an incredible blessing it is to stick to a budget.

Let me explain. My wife and I were married six years ago. Two short years later, we welcomed our beautiful, budgeted boy into the world. Life was good. I was a dad, my girl was a mom, our little boy was perfect, and we’d been accepted into medical school. We were on our way to the life we’d always dreamed of.

Except for one thing. My wife had always dreamed of having a large family. Eight children, to be exact. So soon after we got our bearings with Baby Number One and before we entered into the craziness of medical school, we began trying for Baby Number Two. We really didn’t think much of the negative pregnancy tests when we first started trying. Our little guy wasn’t even 1 yet. But after about 14 months of trying, we decided to go see someone about it. Our OB/GYN was confident that there were no serious problems, and that we’d be expecting a baby “in no time.” But “no time” slowly turned into “no idea.” And “no idea” slowly turned into “I can’t help you. Here is the number for an infertility specialist.”

That was a hard day for us, but we called the number and hoped for the best.

It took one appointment for the specialist to diagnose my wife with Lean PCOS – a common cause of infertility. But there was hope, the doctor said, because there was a treatment that had good success rates. A treatment that would cost us anywhere from $2,500-$15,000. Of the two new pieces of information, can you guess which one broke my wife’s heart more? Yep. The money.

So the first thing she did when we got home was look at the budget. Her worlds were colliding. How was she going to have a big family and not go into additional debt? I still remember sitting in the rocking chair, watching her on the sofa across
the room, starring at the computer screen. After about an hour of silence, she said, “Okay. We have $6,400 to work with. Things will be even tighter and we’ll have to dip into our savings, but it will be worth it.”

I laugh a little bit every time I look back on that moment. Two days prior to that appointment she wouldn’t let me buy a Junior Frosty on the way home. But on this day, she was able to find 6,400 extra dollars? I almost didn’t believe her.

Today, as I write this essay, work on my applications to residency, watch a little college football, and listen to my wife rock our beautiful budgeted Baby Boy Number Two to sleep, I’m pretty happy. Happy and grateful for the lesson my wife has taught me.

Good habits can’t wait until you’ve made it. Good habits are the REASON you make it. My wife learned how to keep a good, consistent budget when she was young. And because of that, we’ve had peace of mind, we’ve been independent, and we’re debt-free. (Except for our basic medical school loans.)

But most important of all, we have the sweetest little guy sleeping upstairs – a gift of immeasurable worth.
I’m now a firm believer. Budgeting matters.

What did you do to save money in med school? How has budgeting affected your life? Are you the budgeter in your house? Why or why not? Comment below!

2015 WCI Scholarship Finalist
# 3

Editor’s Note: This is an essay from one of the finalists in our scholarship competition. I have no financial relationship with any of the finalists, except the eventual winner, who will get a big check from WCI.

Bole, Northern Region, Ghana: a new mother is lying on the ground in the hospital corridor, her body curved around her newborn daughter, waiting to see the sole physician in the entire district. Belmopan, Belize: a little girl with a fever of 104 wails at the sight of a stethoscope; to her, basic
medical care is foreign and terrifying. McKeesport, PA, USA: a middle-aged man comes into the 9th Street Clinic with headaches, changes in his vision, and a blood pressure of 190/100, worried that he cannot pay for his medications because he recently lost his job and apartment. The next patient is a young female genuinely surprised to learn that her cigarette smoking is exacerbating her asthma and negatively affecting her 10-week-old fetus.

While the first two examples were snapshots of meaningful experiences in my global health career, the most disconcerting realization for me during my medical school rotations was recognizing the preventable healthcare disparities happening in my own backyard – not just 10,000 miles and oceans away, but right here in Pennsylvania. According to the National Health Service Corps, there are 846 Health Professional Shortage Areas (HPSAs) for Primary Medical Care in Pennsylvania. Unfortunately, these numbers are no better on a national level. The U.S. Department of Health and Human Service reports over 5,800 HPSAs across the country, and the future looks equally grim. A 2015 study by the Association of American Medical Colleges (AAMC) estimates a shortage of 31,000 primary care physicians by 2025.

This deficit comes as no surprise. For years major organizations and newspapers like the Washington Post and New York Times have been reporting on the physician shortage. Dr. Pauline Chen, M.D. authors an article called “Where have all the primary care doctors gone?” in which she speculates “much of the problem lies in what general practitioners have to look forward to. General practitioners work as many hours as, or more, than their subspecialty colleagues. Yet they have among the lowest reimbursement rates.
They also shoulder disproportionate responsibility for the bureaucratic aspects of patient care, spending more time and money obtaining treatment authorization from insurance companies, navigating insurers’ ever-changing drug formularies and filling out health and disability forms.” Understanding and uncovering factors that do succeed in attracting medical students to family medicine would take numerous studies. I do not speak for the rest of the medical field and I cannot explain every individual’s reasoning. But I can certainly explain mine.

Coming from a strong background in community service – from the Girl Scouts National Gold Award to leading a small 501 (c) 3 global health non-profit in Ghana – I always thought I would be interested in primary care. To put it simply, I wanted to help people in a field where help was needed. This field appeared to be family medicine. After all, as the president of the American Academy of Family Physicians (AAFP) Dr. Robert Wergin, M.D. recently pointed out, “the percentage of our current physician workforce practicing in [primary care] is at an all time low.” My reasoning stuck with me through medical school, but after spending more time in clinical settings I soon discovered other, additional reasons I was interested in primary care.
One case stood out to me in particular. Because I earned my master’s degree in bioethics, I had the opportunity to participate in family ethics meetings during my medical school clinical rotations. In this case, the patient had Stage IV lung cancer and wished to withdraw treatment and begin at-home-hospice care. His family was distraught, confused, and adamantly disagreed. Amidst the emotional debate, the patient requested the presence of his family medicine doctor of over 30 years. Curious, a family member asked the patient why he wanted the counsel of this physician specifically. A social worker, oncology specialist and palliative care expert were already there gathered around the table. The patient answered without needing a moment of thought. Through countless specialist consults and procedures, the family medicine doctor had been the patient’s sole source of consistent care. Through births in the patient’s family, the family medicine doctor had been a coach, educator, and then healthcare provider to the new children as well. Through deaths in the patient’s family, the family medicine doctor had been a caring counselor. To quote the patient, his family medicine doctor had “been there through it all.” When the physician did arrive, his deep understanding of the patient as a whole person allowed him to remain a trustworthy advocate in such a difficult situation. This unique relationship drew my attention to family medicine even further, and is what reinforces my desire on a daily basis. It is my desire to “be there through it all” for my patients, and I cannot imagine a more rewarding field.
My wish as a future family physician is to strive to provide complete medical care to underserved populations in our country, encourage my patients to take control of their own health, educate and expand health literacy, foster trusting partnerships between patient and provider, all while providing compassionate, dedicated, and personal care. I am optimistic, but not naïve. I know there will be days ripe with frustration, and days that will make me want to quit. There will be days when it feels as though no progress can be made and no patient can be saved. And there will be days I question a field in which I may spend more time with paperwork than I do patients, while earning the least among my colleagues. But even on these days, I will know that I am helping to fill the void in primary medical care. By doing so, I hope to give back to the greater community in which I was born and raised. The next time someone asks, “where have all the primary care doctors gone?” I will have my answer ready. I am here, and will be here – through it all.

Because my parents raised me to be goal-oriented, it did not surprise me when my dad asked me to write my goals for the next ten years when I was only nine. My goals focused on helping people and protecting the environment. Most importantly, I wanted to build and to run orphanages in Africa. However, ten years later when I stepped off a plane in Zambia, Africa, I planned only to volunteer at a school for handicapped children. Although I did eventually build an orphanage, my time in Zambia made me realize that I could have a wider, more powerful impact on people in need if I would become a doctor.

I drew this conclusion early in my stay when I left my sheltered and guarded compound to experience life from the perspective of the local people. I witnessed child
prostitution, malnourishment, disease, poverty and corruption; however, I also saw a beautiful and complex culture. I wanted to make a difference outside of my protected walls, so I traveled two hours to visit an AIDS hospice for the dying and terminally ill.

Immediately, as I walked into the small hospice, I smelled rotting bodies and saw skeletons lying on mats screaming in pain. Although in shock and wanting to run away, I knew I had to remain calm and confident. Therefore, I spoke with the patients in what little of the local tribal language I knew. They laughed at me because they were surprised and happy to see a foreigner trying to speak their language. Unknowingly, I had distracted them, for a short time, from their pain. It was the most horrific place I had been, but I realized that this is where I needed to spend my time in Zambia. As people brought their loved ones in wheelbarrows hoping to find them a comfortable place to die, I learned never to be fazed by a person’s physical state, but to greet him or her with compassion, to bathe and feed them, and to make their last days as comfortable as possible.

During the days I wasn’t at the hospice, I worked at the local nutrition center where I met two children who had been...
severely physically abused. It was obvious someone had violently hit one of the girls in the head. At that time I wished I had the medical experience to help. As I followed these children through the social system, I realized that they had two choices: return to the home of their abuser or join the thousands of street children living in abject poverty. Outraged by the lack of resources for these children, a Zambian friend and I joined forces to start a foster home for abandoned, abused, and vulnerable children. We named this foster home the Vima Lupwa Home. “Lupwa” means family, and we selected this name because we didn’t want to create institutionalized orphanages, but instead create family homes, taking no more than fourteen children into each home and raising them to honor their own culture under the parenting of a loving Zambian mother and father. After returning to the states and collaborating with my college professor, Marlena Bellavia, our project became registered nonprofit organization in the U.S. and in Zambia. I returned to Zambia to hire and manage over 200 workers to build our first family home.

On my 21st birthday we completed the home and welcomed our first foster daughter, Melody Banda. A few months later another nine-year-old girl, Mwape, having been abused joined our daily growing family. Soon we realized Mwape was mentally handicapped and had epilepsy. I spent hours at the local clinics trying to get her medication for her daily seizures. It took years for Mwape’s health to improve, and I loved being an integral part of helping her thrive emotionally and physically. Today the laughter of fourteen children who came from desperate living situations can be heard as they now have education, health care, and a loving family, and with this a renewed opportunity for a healthy and happy life.

After building the home in 2005, I started volunteering at various rural hospitals and health clinics throughout Zambia, Uganda, and war-torn region eastern Congo. These experiences fueled my growing fascination of healing the human body and
the desire to study medicine. I learned the local dialects because knowing the language is the key to understanding the culture of the people and their physical needs. It became clear that becoming a physician would give me the opportunity to have the greatest impact in under-served communities torn apart by violence and corruption.

Because my parents taught me the importance of setting goals, I established our foster home despite challenging conditions. Now my goal is to become a doctor and to work as a family practitioner in under-served communities in rural and inner city areas, both in the United States and in developing countries. I am currently a first year medical student at Oregon Health and Science, where I am actively pursuing my dreams of becoming a physician to help those in need.

My new 10 year goal is to become a primary care physician working in underserved communities on reservations and in rural communities while continuing my international work. As I continue to learn about and witness the challenges these communities face, I am increasingly committed to improving healthcare opportunities so that more people can receive essential healthcare education and services. I aspire to be a physician who devotes my time to listening to and educating my patients as we collaborate together to devise a personalized plan of care. As a physician I will aim to help ease the pain
and provide an environment of peacefulness and hope in the midst of chaos. Because of my dedication and persistence, I knew I could open the home for children, and I will not give up until I am a physician who makes a positive and lasting impact.

What do you think? Have you done any international aid work? Why or why not? What was your experience like? Comment below!

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Site Redesign Suggestions

Here at WCI we’re in the early stages of a site redesign. I’ve gotten lots of great suggestions over the years, some of which were easily implemented and some of which weren’t. This is your chance to really make a difference in your experience and that of new arrivals at the site. Everything design-related is fair game.

In your comments, consider the following issues:

1. What do you like/dislike about the layout?
2. Readability issues?
3. Organizational issues?
4. We’re also very seriously considering adding a forum—your thoughts on that? Would you use it? What categories would you like to see there? How tight of a moderation
5. Colors?
6. Ad size and placement (and no, ads aren’t going away, this is still a for-profit site, remember?)
7. Think back to the first time you ever came here. What was right and wrong with that experience?

WCI Classics

I would also like to add a category of “WCI Classics” posts to show off the best/most useful stuff here. What posts do you see as the “classic” or “best of the blog” posts?

Comment below!