

One of the first experiences that was vital to my interest in public health was visiting an immigration detention facility in south Georgia. I was very involved with the youth group at my church and went on several trips a year, each educational and emphasizing social justice issues. In 2017, we traveled to Stewart Detention Center in Lumpkin, Georgia. The goal of the trip was to learn more about the United States immigration system by directly speaking with someone being detained. We worked with the organization *El Refugio*, whose mission is to advocate for immigrants through hospitality and support.

At 13 years old, I had not learned about the U.S. immigration system beyond a textbook Ellis Island history lesson. I had no idea what I was going to witness or how this experience would impact my life. *El Refugio* paired our group members with someone being detained, most being young Latino men. The man with whom I was paired was a young father of two. While I do not recall the exact details of our interaction, there were several key messages I still carry today. What stands out most in my memory was the security. Entering the facility felt equivalent to entering a high security prison. I was patted down, went through multiple metal detectors, and was required to follow very strict instructions. The man I met was not a criminal, yet he was facing the same conditions as a felon. He had been detained at Stewart for several months and was no longer in contact with his family. We did not discuss much of his backstory and mostly tried to talk about lighter topics, and he expressed to me he did not socialize much. This experience gave me a glimpse into one man's story which is part of a larger, complex system of stories from hundreds of thousands of people.

Years later as a senior in high school, my visit to Stewart Detention Center still resonated with me, and I wanted to learn more. I spent the entire senior year writing a paper for my AP Research class about the health implications for Latinx adolescents in detention centers. This

project gave me insight into the immigration system and was deeply disturbed by much of the information I found. I reconnected with *El Refugio* for my project and contacted a man who had recently been deported from Stewart Detention Center. He shared his story explaining he was originally from Brazil, immigrated to Texas, was arrested for a traffic violation and was undocumented, was placed in different detention centers across the U.S. over multiple years, was deported to Uganda, and at the time was working as a truck driver. This was yet another story of someone who had been treated with not only disrespect, but also pure inhumanity. Learning about the U.S. immigration system fueled my desire to work for bigger change.

Another influential experience that is rooted with my passion for public health is my volunteering with the Central Outreach and Advocacy Center (COAC). The COAC is a nonprofit in downtown Atlanta that offers critical services to people experiencing homelessness. We assist people with obtaining driver's licenses, birth certificates, social security cards, SNAP cards (food stamps), and other important documents. There is also a closet with professional clothing, essential goods such as hygiene products, and appointments for assistance in finding housing and jobs.

I have been working with the COAC for many years, but I volunteered weekly in 2022. As a high school volunteer, I mainly assisted interns, employees, and completed office work. Observing the process for obtaining what is typically considered basic documents was fascinating, as I learned it can be a challenging task to complete. I also ran the mail room available for anyone who does not have a permanent address. I had many meaningful interactions with people as they collected their mail and gained interesting insight into the vastly different backgrounds of people only ten minutes from my own home. It was important to me that I make an impact on each person's life and help provide them with as much assistance as I

could, even if that was handing them their brand new social security card or a letter from a loved one.

The COAC taught me about the inner workings of nonprofits and how challenging it can be to help people with fewer resources and opportunities when the organization itself does not always have the necessary resources to remain successful. I learned about the importance of community health and what it was like to experience change at an individual level. I gained more of an understanding of the houseless population in Atlanta and the potential risk factors that lead to not having a permanent address. Stigma and stereotypes block people from empathizing and understanding the need for a systemic change surrounding houselessness. I have witnessed prejudiced conversation surrounding the houseless population which is often widely misunderstood, and I want to work to change these perceptions and improve the issue as a whole. Working with the COAC sparked the drive for me to observe the issues I saw and the disparities people face within my own city and put that energy into a larger scale policy change.

My most recent public health interest is drug addiction and poverty among the Indigenous American population. After I graduated high school, I planned a cross country road trip to visit National Parks across the U.S. I visited many states to which I had never been, several of which have large Indigenous tribes and communities. I had some previous background knowledge of the modern circumstances of the Indigenous people in the U.S. through documentaries I watched and brief news articles surrounding the fight for public lands and climate advocacy during the first Trump Administration. I considered myself aware that the Indigenous Americans face many challenges and lack critical resources. However, when I drove through a Native American reservation in South Dakota, I was beyond shocked.

I drove through a small town where every person lived in an old trailer, had little infrastructure including street lamps, there were people actively using substances, and there was one general store and one gas station. Five miles down the road was a major mining operation. I felt like I had stepped into another world, realizing how little I knew about this entire group of people. I immediately started doing my own research on these living conditions and read about the extreme poverty and addiction rates in tribal communities across the U.S. I saw multiple more towns under the same conditions on that trip in South Dakota and Wyoming. This past summer, I went on a similar trip in the midwest. This time, I drove through Montana and saw even worse living conditions. I had stumbled across a town with some of the highest addiction rates in the U.S.

Although I only observed these communities by driving through, I want the opportunity to work to improve the living conditions of rural areas with primarily Indigenous American populations. There is so little discussed about this issue, especially living in Georgia and far away from that particular problem. However, there could be more education and advocacy for the entire communities struggling in the U.S. Since I arrived at UGA, I have channeled this topic of interest into my assignments allowing myself the opportunity to dig deeper into the public health issues Indigenous communities face.

When I think about what ignited my interest in public health, I think about the moment I discovered public health as a concept. When I learned about public health as a field, a choice for a major in college, and a career, I had an epiphany. This field and its missions connect directly with my personal values, and I felt enthused by the possibility of my life's work being centered around my biggest passions. I have always felt strongly about helping others, making community-wide change, immersing myself within different communities, and educating myself

on other people's lived experiences and lifestyles. Putting these principles into a career is part of what most drives me towards public health.

I feel the most impact in public health comes from social change. I want social change for communities disproportionately affected by the institutional issues in the U.S. that continue to give more to those in power and with privilege. The current system favors people who do not need additional aid when it should be working towards an equitable system that uplifts those who are in need. There is a crucial need for better leadership that can listen to and redirect resources to help build a society that truly addresses every social determinant of health. Social reform to create better access to healthcare, promote important policy change, and implement strategies on a large scale eventually impacts every individual and I want to be part of promoting that idea.

I am particularly passionate about the policy, research, and community-focused aspects of prevention to make change. My aspiration is to work as an epidemiologist for organizations like the CDC, WHO, or IHS, where I can advocate for effective solutions to critical public health issues, including addiction, poverty, and policies that support marginalized communities. Each of my experiences are catalysts that have contributed to my overall fervent belief in the importance of public health and the need to constantly work towards social reform.