Cover Letter Dr. Tashmia Kabir Dola

As a doctor in a developing nation, such as Bangladesh, adverse reactions of long-term health policy frameworks for the underprivileged and marginalized communities remain painfully present in my memories from experience as a fresh Intern Doctor in rural Bangladesh.

Upon finishing medical school and obtaining my MBBS, I was posted to rural Coxs Bazar for Gonosasthya Medical Sub Center for a period of four months. This was a pivotal moment in my journey as a medical health professional where I came to understand that in Developing Countries, the principle of 'Prevention Is Better Than a Cure' is not a priority for Public Health Policy Makers as seen by the provisioning of resources to more short-term solutions rather than creating programs in place which would zero down on creating a healthier nation in the long term. Thus, began my interest in pursuing further knowledge about the implications of Public Health Policies and their effects on marginalized communities in rural /developing regions.

To properly define my aspirations as a public health professional, it is imperative to describe my journey leading up to me becoming a fully certified Bachelor of Medicine & Bachelor of Surgery (MBBS) graduate and commencing my career within the public health field. I finished high school in 2006 with a 4.0 GPA and was accepted into the Gonosasthya Shamajvitttik Medical College in Dhaka. Medical school was a challenging but satisfying experience academically and instilled in me a deep sense of empathy for patients seeking medical help.

It was during my years in medical school, that I got seriously involved with various youth leadership initiatives and not for profit organizations. From 2008 till now I've been working with NFYOB (National Federation for Youth of Bangladesh), in their Peer-to-Peer Movement Project as the Head of the Youth Wing. Working at NFYOB provided me with a valuable experience when I was chosen to attend the 54th session of the committee of rights for children at the UN, along with the 8th session of UPR on Human Rights in the UN. I was awarded this opportunity after being selected for an internship program at the European Institute of Peace (EIP) Geneva-Switzerland in 2010 through a presentation competition organized by the Swiss National Youth Council. The 3 months that I spent in Geneva gave me a bigger picture of how developed nations are tackling many of their central medical problems within the population by enforcing public health policies that are designed to prevent diseases primarily through allocation of resources in a manner that has a trickle-down effect in the long term to ensure that the general population are living healthier lives and the average life expectancy keeps rising, in conjunction with improvement in other indicators such as mortality rate and birth rates. Programs such as family planning, social health care, mental health welfare and many more are constantly introduced to the general populations and redesigned to cater to policy specific goals that are attributed both to the short term and long-term public health outcomes. Developing countries do take advantage of such tools to increase awareness and general population health indicators but it comes at a cost, the tools are only applied after a problem or medical case has taken place, a preventative framework to keep diseases at bay continues to elude the minds of public health policy makers.

After the internship at EIP and successfully attending the UN sessions held in Geneva, I attended further trainings on youth advocacy and humanitarian issues, at the Commonwealth Youth Forum held in Srilanka in 2013 and subsequently the World Humanitarian Summit, held in Qatar during 2016. Other notable trainings and workshops that I have attended over the years include the 10th Maleka International Youth Dialogue (Health It's My Right) and the KRAFT model workshop from Sports the Bridge Project, in Addis Ababa.

Upon finishing my MBBS in 2016 and entering the world of professional medicine, I was faced with some harsh realities concerning the current state of Health Care within marginalized communities and in rural Bangladesh. During my internship with Gonoshasthya Nagar Hospital, I witnessed the pains of expecting mothers in having to travel to distant cities in order to receive prenatal care. Maternal Mortality rates were directly impacted by the lack of access to fundamental medical care which led many villagers to turn to their local village doctors. The so-called village doctors are not trained in any medical vocations yet they take advantage of the villagers' plight and in their ignorance, commit severe medical malpractices. The state of adolescent health care and mental health awareness also remains elusive to these marginalized communities. Even in the capital Dhaka, poverty can also lead to many underserved communities to lose access to facilities which are deemed as a basic health necessity such as menstrual hygiene and reproductive healthcare.

There are upsides as well to being a Medical Professional in Bangladesh, the same flaws in the system which make doctors work grueling never-ending shifts, also presents a steep learning curve due to the sheer number and variety of cases we get exposed to. The adversity of working in a rural area with underserved communities, was a pivotal moment in my medical learning journey. It enabled me to understand and appreciate the importance of experience in working with stressful situations. Situations where I had to often come face to face with situations like early child marriage and as the only physician at working at times, I had to undertake a leadership role in order to provide medical advice and remain professional without

bias. I hope to one day utilize my experiences going forward in the journey towards Public Health Advocacy and implementing policies that eradicate these flaws in public health policies, in a systemic manner

With my internship completed, I then came back to Dhaka and joined Al Markajul Islamic Hospital as a Medical Officer in 2018. In my first full role as operating Medical Officer, I acquired proficiency in these skills in particular:

- Direct patient care
- Patient health education
- Clinical experience with child nutrition cases
- · Clinical experience with pediatric cases
- Crisis Response
- Awareness and Educational Program Design
- Design and Implementation of inter disciplinary team plan
- Surgery and Non-Invasive Procedures
- Occupational Health and Safety

As I finished my first year at Al Markajul Hospital, I decided to team up with some of my peers and started a telehealth initiative, which to date has served more than 1200 patients with differing cases. Our aim is to provide affordable healthcare to patients who would otherwise be left unserved by the existing system. We started with only telehealth services but during the pandemic, we had to expand our operations with home diagnostic services. With the impact of my work visible, I was further motivated and started working a second job as Attending Doctor at a local clinic which gave free healthcare to underprivileged communities.

My education, experiences and the wisdom I have gathered from professional mentors, have thus implored me to see Public Health as the natural next step, in my journey as a medical professional. I believe by obtaining a Master's in Public Health, I would progress towards achieving my goals of becoming a Public Health Policy Advocate for marginalized and underserved rural communities in a developing nation like Bangladesh. I envision myself completing the Master's in Public Health and gaining experience with International organizations like WHO (World Health Organization) in order to bring about substantial and sustainable change in Bangladesh's Public Health Policies. The experiences I will gather moving forward in my Public Health journey will allow me to be a better doctor and lay the foundations for me to work closely with Public Health advocacy groups, in both crafting and implementing Public Health Policies which are going to tackle issues such as:

- Maternal Health
- Child & Adolescent Health
- Preventative Measures for Diseases
- Menstrual Hygiene
- Mental Health Awareness
- Reproductive Health & Family Planning
- Healthcare facilities in Villages
- Basic First Aid Measures
- Crisis Response

Thank you for considering me for the Public Health Graduate Program at your University and please reach out if you require any further information. I hope this essay has served to illustrate my background, my passion for Public Health and my desired outcomes from a Public Health Graduate course. Please email me for any further inquiries.

Regards,

Dr Tashmia Kabir Dola

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