Twenty-three years later, my parents immigrated to the U.S., a country that welcomed everyone else’s tired, poor, and hungry, including Korea’s. My father worked 20-hour days welding the hulls of massive ships at Bethlehem Steel, then 20-hour days running a corner grocery with my mother in inner-city Baltimore, then more 20-hour days overseeing successive small businesses for the next 30 years.

On Saturdays when I was six years old, the same year that crack cocaine reportedly first appeared in Baltimore, I would go with my parents to one of these businesses, Super Fried Chicken on Druid Hill Avenue—the projects. I remember giving change to gaunt young women with needle marks all over their forearms and serving French fries to old men who could barely keep their eyes open, who slurred their words and reeked of liquor.

As a six-year-old, I segregated what I saw on Druid Hill Avenue from my life in the suburbs, where I played with neighborhood friends, climbed trees, and spent afternoons at the library. This was my life; that was theirs. And now as a medical student here at Geisel, in this beautiful New England town, maintaining the same division should be easy—but it is not.

Martin Luther King, Jr., in a 1965 commencement speech at Oberlin College, said, “all mankind is tied together; all life is interrelated, and we are all caught in an inescapable network of mutuality, tied in a single garment of destiny.” Although I may not have realized it as a child, my destiny is tied to the destiny of the skinny women with track marks on their arms and to the men with yellow eyes eating French fries. My destiny is also bound to that of the prison inmate I saw not long ago, who cried when diagnosed with terminal cancer—“all I ever wanted was a fair chance,” he said, as the tears streamed down his face—and to the HIV patient whose recurring nightmares of sexual abuse have been quelled of late only because her uncontrolled blood sugars leave her exhausted by bedtime. My destiny is equally tied to the destiny of Indian children dying of dysentery, African refugees escaping genocide, and immigrants fleeing war and poverty as my parents did years ago. We are all bound together in this same indelible web.

So what can I do? As a doctor, what will I possibly be able to do about poverty or hunger or homelessness? Asking these questions is exactly how poverty became the preoccupation of my second year of medical school and the focus this year for Geisel’s student chapter of Physicians for Human Rights (PHR). Soon this conversation took on a life of its own as we collaborated with medical students, faculty, staff, undergraduates, and Geisel and Tuck graduate students to hold a symposium on poverty that attracted more than 300 participants and raised hundreds of dollars for international nonprofits.

This year, PHR has also laid the groundwork for projects that will give medical students experience working with prison inmates and homeless people in the Upper Valley and with underserved communities in Peru, and it will provide education about the factors that lead to cycles of crime, poverty, and homelessness—and the health consequences that result. In so doing, we believe that PHR members leave Geisel with a more profound understanding of the human condition and a deeper sense of responsibility for the patients we serve.

So what can I do? Simply asking this question proved to be a powerful step toward exploring solutions that others have discovered and toward approaching the answer myself. For me, the answer echoes a pledge my mother took when she joined the organization Korea 4-H as a young farm girl a few years after the end of the Korean War: I pledge my head, heart, hands, and health to serving the tired, the poor, the sick, and the hungry to the best of my ability and will bring as many others along with me as I can.

And now I leave the question with you: What can you do?

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