

I saw Mrs. Latimer's untouched plate sitting on the side of the table. Before taking it, I asked her if she had finished eating. "Well, I have acid reflux, so I can't eat tomatoes," she said, and picked up a red pepper, "or lemons," maneuvering a piece of squash with her fork. In Mrs. Latimer's reality, this harmless food would make her sick, despite her acid reflux. Rather than arguing that the vegetables on her plate did not include tomatoes or lemons, I brought a plate of broccoli to replace the mixed vegetables.

By this point, I had worked in the culinary department of a retirement home for several months, and I had handled many similar situations. Upon asking my coworkers questions about specific residents, I often got answers like "don't worry about him, he's crazy."

That wasn't good enough for me. In the midst of the absurdity of their behavior, I knew that the residents still had the ability to feel and love. If that were me, I would want the people that were being paid to take care of me to take a few extra moments to show me patience and compassion. I would want them to have empathy towards me. And most of all, I would want them to understand my struggles. After all, I would not be able to express them myself.

From birth my parents have taught me the Golden Rule: *Treat others the way that you would like to be treated*. I resolved to apply this to my work, and began to see the residents struggling with Alzheimer's disease as people, and not just paychecks. One day, I noticed that Mr. Heller wore a hat that said "US Army Air Force World War II."

"Mr. Heller," I said, "Did you fight in World War II?"

"Well, I fought a little," he replied. "Only 35 missions. I was shot down several times. The colors on this hat represent the highest honor that they give out."

Before this conversation, I had not even realized that residents that I serve were old enough to have lived through the Second World War. When I got home, I did some research, and learned that he had enlisted in the war at 17 years old. I realized that I hold a very different perspective on life from the one he held at my age. My challenges do not even compare to what he has been through.

Leading up to his passing, Mr. Heller continued to decline physically and mentally. If I had not taken the time to hear his story, it would have been easy to become frustrated with him as his needs made my job more difficult. However, since I held him in the highest respect, I always tried to make him as comfortable as I could.

After I heard this story, I began to pay more attention to the other residents as well. Mrs. Gurysh and Mr. Kizinger both graduated from Penn State, where I will be attending in the fall. Mrs. Buck and Mrs.

Raffensperger were female doctors in the 1950s, a time when gender discrimination was even more prevalent than it is today.

Mrs. Moneglia never likes her dinner, no matter what we give her. Because of her impatience and disrespect, she used to be among my least favorite residents -- that is, until I learned her story. She grew up as a child in Germany during the Second World War and never got over the PTSD of the active fighting in her community. People with Alzheimer's cannot remember what they wore the day before, but they can remember things like past trauma for a very long time. Her habits still test my patience, but from a person to a person I can show her kindness.

In addition to the stories of the lives of the residents, the physical changes that come with Alzheimer's also sparked my interest. Many residents have specific dietary needs like chopped, ground, or pureed meats; thickened liquids; or fluid restrictions. I wanted to know why I feed them in these ways, and discovered that Alzheimer's disease causes the brain to degenerate. It starts with memory loss, and the decline of physiological functions closely follows. A common example is dysphagia: the loss of the ability to swallow. The Heimlich maneuver can only be performed if someone chokes on solid food. If the person chokes on thin liquid, nothing can be done. To limit this danger, some residents drink liquids thickened to the consistency of nectar or honey, depending upon the severity of the problem

Because of this, and a plethora of other physical impairments, a diagnosis of Alzheimer's devastates the patient and family. Patients have between four and twenty years to live, but during that time they experience a slow and painful decline. Families can do nothing but watch as their loved one forgets who they are. As of now, nothing can be done. This needs to change, and I want to be a part of that. I have enrolled in the Eberly College of Science at Penn State in the biology program, and I may focus on neuroscience to pursue research about Alzheimer's and dementia.

After college, I plan to go to medical school to become a psychiatrist. This career perfectly combines physical and mental health, both of which are my passions. I hope to develop treatment to prevent and reverse the physical damage to the brain caused by Alzheimer's disease so that mental decline can be avoided. In the future, Alzheimer's disease will be completely eradicated. Until then, a day will not go by that I am not working towards that goal.

A few months ago, at a family gathering, I noticed that my great uncle lost his train of thought often and failed to recall a few of the stories that were being shared around the table. Soon after, he received a diagnosis of early Alzheimer's. As I begin to have more an even more personal experience with dementia, I hope that I continue to grow in empathy and compassion to all -- whether or not they struggle with Alzheimer's disease.