

Candice Park
Child Family Health International
India
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I remember the mounds of trash brushed up against the roadside ledges. I remember the swerving of the cars; I remember the ensuing honks of their horns to alert fellow motorists of their presence. I remember the women donning saris, riding on the backs of motorcycles with both legs elegantly placed on one side of the vehicle. I remember the glistening rice patties sitting undisturbed as if a glass panel lay atop. I remember the smell of incense burning from fruit stands, the feel of heat radiating from the dry Delhi sun, and sound of drums beating for the celebration of a rural Indian wedding. India is a land of constant sensory overload. It is a land that requires all aspects of the body to be present to receive and respond to the rich culture. Just as the knees of the rice farmer must remain robust, the hand-eye coordination of the laparoscopic surgeon must be acute. Health, therefore, remains a primary concern in India. From the bustling streets of New Delhi to the serenity of the Himalayas, India's mere diversity in standards of living merits a keen study of its healthcare system. This past summer, I embarked on an eight-week venture to country where the average daily spending is just \$1.25 and the life expectancy is 65 years old.

Under Child Family Health International (CFHI), I participated in three programs: Public Health Delivery Innovations and Community Medicine in New Delhi, Introduction to Traditional Medicine in Rishikesh and Patti, and Maternal and Child Health in Pune. Child Family Health International is a non-profit organization that networks students with existing health care providers from across the globe. Over 50% of CFHI program fees feed directly into the local community. Preceptors from hospitals and staff members from NGOs receive a stipend from

CFHI for participating in the global health education program. As a result, interns are granted first-hand knowledge of the Indian healthcare system. As an intern, it was my goal to strengthen my commitment to global health and fulfill CFHI's mission to build America's next generation of global health professionals. With a critical eye, I examined the intricacies of India's three tier healthcare system and evaluated the progressions and shortfalls of medical care in this developing country.

During my first four weeks, I completed the Public Health program in New Delhi. Each day the group visited a different NGO, learning about the mission and work of the organization. What was accomplished with each visit to a new NGO, however, varied. Some organizations explained the workings of their projects via field visits or outreach clinics, while others were purely discussion-based meetings. Furthermore, the group toured the grounds of government and private hospitals, where the purpose was to fathom the overwhelmingly populous sick of India and the inadequacies of healthcare resources. The NGOs that we visited were grouped into themes such as hygiene and sanitation, high-risk HIV groups, and women and children health. Each day, we spent approximately five or six hours at various NGOs. Towards the beginning, I wished to retreat into the apartment after a day of great physical and mental exhaustion; however, I gradually adjusted to the levels of hydration and the mental attentiveness required to have a successful internship experience.

My favorite experience from the Public Health program was learning about Sulabh International. Dr. Pathak, the founder of Sulabh, set out to resolve the issue of human waste disposal by designing an efficient two-pit pour flush toilet that utilizes only a small amount of space and just two liters of water. He was inspired as a young boy to uplift women, called scavengers, from their demeaning task of collecting human excrement during the night hours. I

was fortunate enough to meet with Dr. Pathak, and I learned that Sulabh is so sustainable because it is funded by the implementation of the program (i.e. payments to use toilets, renting of mobile toilet complexes, biogas fuels) rather than by the government. Aside from outlining Sulabh management, Dr. Pathak revealed his philosophy of using one life to pursue one idea and thus fulfill one mission. The clarity of his drive and vision of Sulabh is what makes it an excellent resource to not only ex-scavengers, but also to the general Indian public. Moreover, we visited Nai Disha in the rural city of Alwar to interact with ex-scavengers pursuing vocational training supplied by Sulabh International. Later, we walked through a slum where Sulabh installed a mobile toilet complex. During this tour, the local coordinator pointed out how residents of the slum discovered a water pipe running beneath the cement ground and broke a hole through the pipe to allow easier access to city water. This sight truly overwhelmed me. To me, it was so fascinating yet entirely unfortunate how resourceful people living in India learn to become.

I also participated in a condensed version of the Introduction to Traditional Medicine Program and spent one week in Rishikesh and one week in Patti. I applaud CFHI's design of this program, because it truly granted interns experiential learning. In addition to the knowledge gained by the preceptors at both locations, I could feel the potency of Indian alternative medicine just from the ambiance. The greater presence of wildlife, the teeming mass of greenery, the fresher air diffusing from the mountaintops, the healthier and simpler diets, and the bi-daily yoga classes all contributed to the tonifying nature of the Traditional Medicine Program. CFHI taught me about Indian ayurvedic medicine through experiencing its principles it first-hand; we learn to heal by healing ourselves.

Finally, I spent two weeks in the Maternal and Child Health Program in Pune where I mainly shadowed a laparoscopic surgeon, general surgeon, OB/GYN, and pediatrician. I was able to observe many interesting surgeries including multiple caesarean sections, a laparoscopic hysterectomy, and a laparoscopic myomectomy. Similarly, I observed interesting case studies at Dr. Kothari's pediatric office, such as adenoiditis, scabies, dengue fever, ear tags, and hand-foot-mouth disease. I also gained from this program a greater understanding of the ethical dilemmas that pervade the Indian healthcare system. I engaged the doctors in open discussions of the controversial issues of male infant preference and abortions. I also learned that what seems like a simple 3-tier healthcare system is actually tarnished by some corruption. For example, medical officers working in the lowest government tier, a Primary Health Center, could steal government-funded medical equipment and pharmaceuticals and re-sell them in a private clinic. Additionally, the issue of distance in rural India remains a primary barrier to care, as some people must travel eight to ten kilometers before reaching any kind of quality healthcare service. Shortfalls to a healthcare system, like these mentioned, are bound to occur in such a populated country with immense diversity state-to-state. I am thankful for the eye-opening education that CFHI provided me with during my eight-week internship.

Experiencing Indian healthcare from the government-funded primary health centers to the privately owned clinics gave me a comprehensive understanding of how health begins with the self. Indian people must become stakeholders in their own well-being and strive to alter aspects of their daily routines to reach healthier outcomes. If not, diabetes and obesity will gradually take hold of the sedentary lifestyles and fried/spicy foods beginning to plague the country. There's such an admirable rhythm to Indian life, however, that gives me great hope for the country's healthier future. Education is a must for this change to manifest. Thank you Child Family Health

International and Kellogg Institute for International Studies for motivating me to transform an incredible summer opportunity into a career lifestyle and goal.