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I arrived in Delhi, India, on June 6th to participate in CFHI's four-week Public Health and Community Medicine program. The world's second most populous city, Delhi welcomed me into a dusty landscape of wild dogs, honking traffic, and vibrantly colored sarees. In the constant throb of life on the Delhi streets, I lived in a private apartment underneath the India Coordinator's flat in South Delhi, conveniently adjacent to an ATM and walking distance from the metro. The Public Health program enables students to interact with NGOs and their target populations, including migrant workers, sex workers, intravenous drug users, and street children. This program deals with issues that range from disease transmission to finance, providing opportunities to shadow clinicians on rotation while encouraging dialogue about sustainability and NGO formation. Program participants should expect to approach daily rotations as students, observing, questioning, and forming a conceptual framework for healthcare administration and the obstacles to providing adequate healthcare.

In a roughly six hour workday, I would tour NGO headquarters, journey on outreach missions to field sites, and, if applicable to the organization, spend time observing in clinic. The first NGO I visited sought to improve sanitation to replace human waste scavenging, a job performed by the untouchable caste of India. After spending a day speaking with the founder, I spent a day visiting slums where the organization had installed toilets and an additional day in the city of Alwar, a three-hour drive outside of Delhi, where I visited a vocational training facility for ex-scavenger women. In a similar fashion, I spent a day at a needle exchange center that also provided HIV and drug rehabilitation services. The following day, I walked through Delhi visiting drug "hotspots," as well as observing the doctor interact with patients complaining

of ailments resulting from longstanding drug addictions. Three days were spent at an eye institute, founded to provide eye care for a poor population. The eye institute rotation followed the same three-step routine, wherein I progressed from touring the facility, to field work consisting of gathering cataract patients in India's rural farmlands for transport to Delhi, to a day spent observing the patients' cataract surgeries in the operating theatre.

While ideally the program balanced discussion days with outreach work, often organization tours did not extend to field visits, and, likewise, hospital visits could exist separately from learning about the issues targeted by NGOs. Examples of some organizations without a "field" component include a project established to provide HIV services to the LGBT community, homeless services, a street children's shelter, and a rehabilitation center for juvenile drug addicts in conflict with the law. Touring hospitals was an essential component of elucidating the general healthcare structure of India. I had the opportunity to walk through government hospitals, primary care clinics, private hospitals, and complementary medicine practices. By the end of four weeks, I had a strong sense of India's available healthcare resources, as well as some sense of the needs of India's population based on the organizations that have developed to address issues like HIV transmission.

I had the unique opportunity of extending the Public Health program for an additional two weeks, choosing to spend time working on a focused project for the Juvenile De-Addiction Center for criminal boys. In this role, I commuted ninety minutes each day to work a six hour shift in the development of the center's standard operating procedures (SOP). The SOP document, a 66 page endeavor, was intended to record the treatment procedures implemented at the organization, to promote collaboration with other organizations, and to share the success of the rehabilitation program. I researched background issues, including studies on criminal

behavior, youth, and drug addiction, interviewed the program director, and cross-referenced the work with existing presentations and treatment manuals to prepare a solid foundation for the center's SOP.

My expanding ability to internalize the lessons gleaned from lectures and field visits paralleled my increasing comfort level with the Indian culture and acceptance of my own initial naiveté. After a week spent trekking the impossibly hot, rank streets of Delhi, I realized I completely lacked a working knowledge of world news, politics, economics, or international relations. I felt sheltered, innocent, and entirely self-absorbed in comparison to the leaders, pioneers, and selfless individuals surrounding me. Additionally, I struggled with the constant noise, the rancid waste heaps, and the constant staring from the 99% male populace with whom I interacted.

At some point in the five subsequent weeks, I surrendered to the inevitable onslaught of Indian culture, learning how to walk the streets, eat the food, and understand basic Hindi phrases. I realized that I appreciated the fact that my new lifestyle encouraged the formation of a global political focus and instilled an impressive set of survival skills. On my last day of work, I successfully avoided a protest, discovered an alternate route to the De-Addiction Center complex, stepped around a man peeing on the sidewalk, and ignored a jail full of men whistling without a faltering step or wavering resolve. I realize, now, that the sense of ownership I began to develop for my Delhi home motivated my interactions with the people I encountered.

This summer, I was gifted with a significant framework for understanding public health, and, in return, I left behind my contribution to the Juvenile De-Addiction Center's SOP. I feel a tremendous satisfaction for the concrete, measurable impact I had in my last week in India. However, CFHI does not invite students because we have the ability to measurably change the

HIV status of India, nor because we have any capacity to address drug addiction or homelessness. One must approach a summer in India with absolute humility, understanding that CFHI asks for openness, creativity, and receptivity to inspiration. Be prepared to learn and assume the responsibility of teaching others, spreading the education that CFHI imparts over the course of an Indian summer.