Katherine Herila Child Family Health International India Summer 2016

Upon my arrival to India, I could not help but act like a foreigner as I gazed in awe at the new country as if it were a new world. As soon as I stepped out of the airport, I was overwhelmed by new sights and sensations. The 110-degree muggy Delhi air immediately misted my skin with sweat while my eyes absorbed the city's diverse scenes. Women dressed in colorful saris and men in suits paraded across chaotic streets, which were jammed with incessantly beeping cars, motorcycles, and green-yellow three wheeled motor vehicles called rickshaws. Cots and makeshift homes made of rags sat amidst wandering stray dogs, lounging cows, and beggars reaching their arms out to each passerby. Street vendors bargained with customers under bright signs illuminating calligraphic phrases in Hindi. As the third most populated city in the world, Delhi offered me something new to see in every street and alley.

I had originally planned to spend two weeks in Delhi's Public Health Program and six weeks in Dehradun's Traditional Medicine Program, but I found the Public Health Program to be so enriching that I decided to complete four weeks of the rotations in this area. The Child Family Health International (CFHI)–India program coordinator, was flexible and encouraged me to adjust my itinerary. Every day, I learned something new about a variety of fields such as maternal care, juvenile and adult de-addiction, government and private hospital administration, sanitation, transgender support, eye care, HIV prevention, and more. I felt fully immersed in these issues by having open conversations with doctors, patients, founders of NGOs, and drug addicts. The Delhi coordinator accompanied the other students and me, and translated conversations between Hindi and English when necessary. My primary role in CFHI's Public Health Program was to learn through observation and conversation with directors and patients. This method of learning was highly successful because I gained valuable insight into the public health challenges and initiatives in Delhi. Instead of readings and lectures, personal stories and emotions humanized public health challenges and deepened my passion for the medical field.

The Public Health Program also enriched my experience in the Traditional Medicine Program throughout the following four weeks. I held a firm grasp on urban life, which emphasized the unique aspects of the more rural areas. I shadowed doctors in three different locations of Northern India: Rishikesh, Patti, and Dehradun. At each location, I learned about unique forms of medical practices such as Naturopathy, Ayurveda, and Homeopathy. These methods are different in several ways, but commonly focus on integrating the mind, body, and spirit. In addition, they use natural methods to prompt the body's immune system to heal itself rather than antibiotics or steroids. Each doctor I shadowed was passionate about his or her medical specialty. I learned about forms of healing that were unique and intriguing such as the use of herbs, pulse reading, and integrated treatment with moon phases.

Each city I stayed in also contributed to my knowledge of the diversity of India. Rishikesh is the spiritual and yoga capital of the world with an artistic and serene aura about its narrow streets that overlook the Ganges. In this city, I practiced yoga and shared meals with patients undergoing Naturopathic treatment at the Parmath Ashram. They commuted to the Ashram from many different cities and through conversations with them, I gained further insight into their thoughts on their treatments as well as the cultures of their hometowns. My next stop was Patti, which is a rural village populated by only about 400 people. I stayed at a guesthouse right below the clinic and developed an appreciation for India's natural Himalayan beauty as well as a perspective of the challenges that arise with a rural Indian lifestyle. Lastly, the final two weeks of my program were spent in Dehradun, where I experienced the Northern Indian city life in a less densely populated area than Delhi.

The Traditional Medicine program exhibited a slower pace of learning than the Public Health Program, but was equally rewarding. In Delhi, I traveled to a new place every day and had the opportunity to converse with new people of different backgrounds. In the Traditional Medicine Program, however, I spent multiple days with the same doctors in the same place. I loved the fast pace and excitement of Delhi, but I also appreciated the format of the Traditional Medicine Program because I was able to foster relationships with the doctors. This opportunity led to discussions not only about their medical specialties and passion for their field but also about their lifestyle and culture. For example, one day I had a conversation about my favorite Indian dishes with a doctor, who then invited me to her home for lunch to learn Indian cooking firsthand.

Throughout the Traditional Medicine Program, my greatest challenge was the language barrier. Since my role was mainly to observe doctors interacting with their patients, there were a few gaps of time where I felt confused. Doctors, however, were willing to explain, and I overcame this challenge by asking many questions in between patients. As a result, I ultimately felt successful in the program and appreciated the experience to learn about medicine and more about Indian culture.

My eight weeks in India were one of the best experiences I ever had, and led me to mature both personally and professionally. Adjusting to a completely new culture and way of life was a more difficult and longer process than I had anticipated, but also a very rewarding and beautiful one. The food, heat, lifestyle, and extreme level of poverty that I witnessed presented me with unforeseen physical and emotional challenges. Overcoming this cultural shock through perseverance and an open mind, however, led me to a valuable understanding of the world's diversity and challenges as well as a stronger sense of independence and self-identity. It not only kindled my passion for healthcare, but I was also inspired to consider a global perspective in my career. After embracing the culture and lifestyle for eight weeks, I felt like a genuine member of Indian society and that my Indian experience had grown to become part of my identity. I knew that people on the street would always view me as a foreigner as evidenced by their stares and photo requests. However, I surrendered my initial intimidation, formed friendships, and fully embraced the culture to transcend my foreign status and make India a home.

Upon my return to the United States, culture shock presented itself once again. The American lifestyle felt ashamedly luxurious, and I had trouble wrapping my head around the coexistence of abundant wealth with poverty in our world – the overflowing clean water in my sink with the water pipe dug up in the narrow alley of a Delhi slum. India has eternally shaped my perspective. Since returning, initial feelings of guilt over luxuries have transformed into passion and motivation to extend my professional goals globally. America is my home but will not be my limit as I pursue my career. I am so grateful to CFHI and the Kellogg Institute for allowing me to have this experience that has enriched me with new knowledge and memories that will continue to impact my character and vocation.