

Alice Rear, UO: Public Health and Child and Maternal Health rotations, Summer 2012

My first day in India was entirely new experience that engaged all of my senses. Horns were blowing, the air had an entirely unique smell, and the food was like nothing I had ever tasted. The first shock, of many, that I received was the traffic. The lines on the road mean approximately nothing. Red light? Green light? Same thing. Traffic never stops. It is amazing, and terrifying at the same time. Indian drivers are either the best, or the worst in the world. I still don't know how they avoid accidents.

The drive home from the airport was eye opening. India was nothing like I had expected. Delhi is the eighth largest city in the world, but there were no skyscrapers. It's a mix of pristine modern buildings, and old world architecture. There are so many people. Overpopulation has a profound effect on daily life. Sidewalks are full of people, cars are jammed overflowing, and restaurants are packed. Even motorcycles carry up to five people. Over the course of my time there, Delhi started to feel like home, but I never really got used to the open sewers. Being a born, and bred Oregonian, the 110 degree heat was a shock as well. All of the newness was exasperated by exhaustion, and my first hours in India were spent in a haze of disorientation.

I got to meet my internship supervisor that night, and Hema presented my first encounter with Indian hospitality. The guest really is God. I was presented with a cup of chai before I even sat down, even though it was past midnight. I found my way to the bedroom that I would share with five other girls, and slept the jetlag away.

As a side note, one thing that I would suggest is that future interns should be extremely careful of their cleanliness. I noticed that they wouldn't mention that they want your room to be

clean, but it really bothers them if it is not. So be careful, and don't make them ask you to clean things up.

The next day, we started our rotations. Our first location was a surprise, and we visited a sanitation center. This represents one of the things that I enjoyed most about the program. Public health is not necessarily about healthcare, but about the determinants of health. Over the course of my time in Delhi, I visited addiction treatment centers, LGBTQA support services, schools for street children, and a juvenile prison. It was more about systemic societal issues than healthcare. This turned out to be much more enlightening than a more specific program would be. My time in Pune, in the hospitals, was much less impacting.

My best example of this is from when we visited the needle exchange in Old Delhi. I had never had an interest in drug addiction treatment, but seeing the conditions was one of the most impacting parts of my experience. Society impacts health, and health impacts society. I wrote about the experience while I was there. So I'm including an excerpt from my journal from that day.

“We went out on outreach for the center today. We started out in the “backyard” of the main center. I saw people injecting, using clean needles, in what was basically piles of garbage. We talked to a group of men who have achieved sobriety, against all odds, and support each other in their fight to stay sober. Then we went out into the community.

We started under the overpass. There were lots of men who were missing limbs, and men who were lying there covered in flies as though they were dead. They don't buy any food whatsoever. All of their money goes to drugs. There was a man who clearly needed urgent medical care. He

had a huge abscess that had a swarm of flies around it. Empty bottles of injectable drugs were lying on the ground. There were some little boys sitting with cloths to their mouths breathing in inhalants to get high. There was a man sleeping in a trash bag, so skinny you could see his bones, crying in pain.

We were told that the problem used to be much worse. Now, most users avoid HIV, and can avoid abscess by using clean needles that they don't have to share. It shows how important the organizations' mentality on harm reduction is. The needle exchange doesn't tell people to stop using drugs. It doesn't tell them that they are bad people, or that what they are doing is wrong. All they do is try to help them stay healthy, and relieve their suffering.

Going back to the center, we spoke to a man who managed to recover after 28 years of addiction and alcoholism. He has now been sober for three. He said that he had been just like the men under the bridge. Then he found AA. He accepted the fact that his life was unmanageable, and gave it up to a higher power.

I also spoke to the doctor about the government's involvement in the organization. It is government funded, but he felt like all they cared about was the reduction of the spread of HIV. They don't care about treating the wounds, or reducing the suffering. If the rate of HIV infection doesn't go down then the program will get cut, and the men won't get the services. All of it comes down to paper. They look at the paper, and see if the data says that it's working, but they don't come to see what the organization is doing. They don't look at how it improves people's quality of life. More than a thousand people rely on the program."

Every day in Delhi was like that. I would wake up, go to the subway, and visit an organization that did work in a field of healthcare that I had never considered healthcare before. My internship allowed me to experience birth, death, addiction, disease, and poverty in ways that I had never known existed. I believe that these are things that a person entering medicine should see. Public health is more than just the absence of disease. It is creating a system of social justice by which everyone in a society can attain a state of health. I was lucky on both a personal, and a professional level to gain a deeper understanding of the world's realities. Some days were not necessarily easy, but I feel that I experienced a period of accelerated, and sometimes painful, growth.

Looking back at my internship, I can't believe how much my perception of India changed. My first day was, admittedly, terrifying. I was in a whole new world, but over the course of the ten weeks, I started to understand the Indian way of life. Things are never on time, crossing the street never ceases to feel like an accomplishment, and family always come first. No one ever says "no." I even started to adopt the Indian head bobble. The scary became the exciting, and I even started to travel independently across the country.

I wish that I had tried to learn more about the Hinduism, and Buddhism before I left the US. I think it would have been nice to understand the spirituality that immerses every side of society. However, the research that I really wish I had done is on my own country. I would ask people about the HIV rates in India, and they would ask me about the US. I still have no idea how many people are living with AIDS in the United States.

I think my time in India made me realize how little I know about poverty, addiction, and public health in my own country. It also made me want to come back, and be one of those

people on the front lines in my own home. I don't need to go to India to fight for social justice. I can do it in my own country too. I would love to return to work in India someday, but more than that, I want to make my own country a better place. I was inspired by the work that people are doing in India. I want to bring that inspiration to the US with me, to work for healthcare equity at home.