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Observational Medical Internship in India through Child Family Health International; Understanding the Culture and Medical Infrastructure of India

Leaving the United States (US) for the first time alone was a daunting task, let alone considering my destination to India. When I first told my friends about my plans to intern in India they of course didn't believe me. After they realized I was serious about going I was met with a lot of disbelief, comments about how dirty and smelly India is, and remarks about how bad Indian food is. Slowly as my departure date neared I became scared about how I would survive in such dismal conditions. This led me to pack things like: a water filter, travel sink, bottles of DEET spray, dehydration tablets, waterless soap/shampoo, face masks, etc. I arrived to the Delhi International airport with an open mind, low expectations, no idea of what Indian culture is, and a suitcase full of American luxury.

Within the very first week of being in India, I found myself deep in the honeymoon phase of a new culture. I was surprised how I transitioned into Indian life without any culture shock or resentment. The first thing I noticed was how easy and efficient showering with a bucket could be. Throughout my stay, even when using bathrooms with a western shower, I preferably used the bucket. Secondly I could not believe that I actually enjoyed vegetarian food for every meal, because in the US I was totally against the idea. I had never ventured to try Indian food in my life before coming to India, and have fallen in love with both North and South Indian delicacies such as paneer, dosa, sabzi, dal, and many others. Lastly I was proud of myself to become familiar and appreciate the public transportation system ranging from auto-rickshaws to trains. I am the lazy type who would rather drive than use the public metro station, or even walk a couple blocks. Even the first week I felt so adventurous grabbing a rickshaw to drive on the hectic roads and patient for walking long distances to clinics. Later on in my stay in Mumbai, the train system really affected me and my perspective on how simple it is to save money and the environment by using public transportation. By the time I made it to my second program in Mumbai, I was beginning to find myself using the same body language and non-verbal cues as most Indians...

...When trying to board a public train in India, men and women are shoving each other on and off as well as maintaining close personal space when sitting or standing. In the US aggression usually arises if a stranger is in your personal space and shoving you from the behind or even staring at you. In India, running into somebody rarely brings about an “I'm sorry” because physical contact is so usual between strangers. The narrow streets and small train stations, coupled with a population of over 20 million in the city of Mumbai alone, is a good indicator why personal space is inconceivable. The concept of staring is also acceptable because privacy is not regarded as important when there are so many people around at all times. Public urination and showering is common among poorer Indians because privacy is a luxury. Also, most Indians stare at foreigners because they don't get many chances to meet people from other countries due to financial reasons. The double standard of men being able to stare at women but not vice versa brings to light the evident social inequality between men and women.

Being the only male in all of the CFHI India program has really showed me the hardships of women in a country like India, where women are almost treated as second class citizens. It is a sad fact that the disclosure of a fetus's gender is illegal in India because most female fetuses are aborted since males dominate the social hierarchy. Males are seen as the gender who can pass on the family name and tradition deeming them more important. During the day of marriage ceremonies, the bride must not smile because she is mourning the loss of her family as she is “given” to be apart of the grooms family. The large dowries and financial burdens of traditionally immense Indian weddings also falls on the brides families shoulders, which can only be circumvented by birthing a son. Even during medical rounds or surgeries, doctors have noticeably given me more attention over the female students who are in the same room. It is good to see woman's equality on the rise as the first woman president was elected this year, but much still needs to be done to bring women socially equal. As women are trying to become more accepted as in the US, the US is beginning to transform its healthcare to provide care to all citizens like India already has.

It is remarkable to visit the government hospitals where people are packed in waiting halls to see the two or three lone doctors on duty. The doctors base their diagnosis on much more clinical experience rather than laboratory testing results which

US doctors solely rely on. I was impressed with the volume of patients that each doctor sees in a day receiving free care strong enough to keep the general population healthy, no matter their financial status. The government doctors would stress that the observations of a patient begin as they are walking in the door, the way they sit down, and the way they converse. With only limited time to see patients, these doctors have developed a keen sense for diagnosing minute to serious illnesses. Another major difference between US and Indian health infrastructure is that the patients are responsible for their health records. It was interesting to see patients carrying bags full of x-rays, prescriptions, and referrals which the doctors must sort through during each patient's analysis. The dynamics between private and public clinics are very different in the sense that private clinics have the same caliber doctors, but provide the patient with a more personal visit and enough time to ask questions. Also, private clinics are not on an appointment basis like the US, so patients are relieved of the stress of waiting days to see a specialist or family practitioner. The most notable difference between the healthcare in India and the US is the acceptance of Complimentary Alternative Medicine (CAM).

Ayurveda, Homeopathy, and Naturopathy are all funded under the Indian government as possible alternatives or compliments to their already free government healthcare. Observing such fields for four weeks opened my eyes to the other types of care people in India are getting which also give healthy results. The best example of the level of acceptance of these methods is one private clinic I visited where husband and wife practiced together. The husband was an Allopathic doctor and the wife a homeopathic doctor with an Allopathic background. They explained that for chronic illnesses or when all possible medications have been tried, they will resort to Homeopathy. I feel these safe, natural alternatives to medicine are beneficial and can give surprisingly great results to those who have chronic problems since being dependent on Allopathic drugs damage the body.

Preparing to go back to the US makes me look at all the unnecessary things I bought and never used like the: water filter, DEET spray, travel sink, etc. I have learned that although India may not be as developed as the US, people still live comfortably and healthy without all our American luxuries. I cannot wait to be back in the US and debunk all my friends' misconceptions that frightened me before I left. I already miss India at the

thought of leaving because I never really got out of the honeymooning phase while adjusting. This experience has both seasoned my medical endeavors and began my thirst for traveling to see other cultures.