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My Indian Adventures: A World Apart

My name is Amanda Hackenmueller and I am a physician assistant student at the University of Iowa in the United States. I attended the Rural Urban Himalayan Rotation in India in October 2010. I am very grateful that CFHI was able to provide me with a partial scholarship and hope this report is helpful and enjoyable to those who want to embark on this enlightening experience.



My typical day really varied depending on what rotation location I was at for a particular week. In Patti, we typically had clinic in the morning and in the afternoon we either had clinic or health camps. Tuesday and Thursday were the afternoons that we had health camps; we hiked to different nearby villages and provided medical for those who lived there. Some of these villages are a 2 or 2.5 hour hike one way; I could not imagine hiking that when I was sick and needed medical care. So, these health camps provide much needed healthcare to individuals who would not otherwise be able to travel all the way to the primary clinic site and it feels great to know you were able to be a part of helping these people receive medical care. On our free time, we went for walks, enjoyed the beautiful views, and learned about Indian customs and culture from the friendly Indians we worked with.

For the two weeks in Dehradun, we typically rode a vikram (an experience in itself- definitely something you have to try!) to Doon Hospital (the government hospital) and worked with one of the doctors there for the morning. In the afternoon we went to one of the other private facilities around the city. At Doon Hospital we had the opportunity to work with an ophthalmologist and a cardiologist. In the afternoon the first week we went to an



OB/GYN clinic and the second week we went to a private hospital & clinic run by the medical director of our program that delivered mostly cardiology and emergency medicine care. On our free time, we went site seeing, shopping, and checked out the various markets, restaurants, and coffee shops Dehradun has to offer.

In Mussoorie, we were in the outpatient area of the hospital working with various doctors who practiced general medicine or one of various specialties. We also had the opportunity to attend a praise and worship service in the chapel in the morning and go on rounds of the inpatient wards with the staff



physicians. We could watch surgeries or deliveries if we wanted as well, so we had a lot of freedom to see what interested us. I saw a wide variety of things from a Tibetan orphan with hysteria to a woman who gave birth to twins with twin-twin transfusion syndrome. Some afternoons we had the opportunity to travel with the

primary care doctors to one of the many private boarding schools in Mussoorie to delivery healthcare to the children who attend the schools. That was very interesting as well. On our free time, we went hiking, checked out the various shops and restaurants in town, and enjoyed the beautiful views.

This experience definitely enhanced my medical education. Being immersed in a culture that is so vastly different from that of my home country has helped me to be more aware and accepting of other patients' cultural differences and practices. For example, ayurvedic medicine, which uses herbal medicines and traditional beliefs, is widely practiced in India along with allopathic medicine. In Patti, the doctor we followed was an ayurvedic doctor. He used a variety of herbal medicines, most of which was grown in the village, and antibiotics (allopathic). Many herbal medications are made to target a specific organ or body system and not necessarily a



particular diagnosis. I wrote this excerpt in my journal about one of the ayurvedic principles: “if you have some kind of fever or throat infection, eating ice cream and rice and similar [cold] foods will make it [infection] ‘worse.’ If you have something that causes itchiness, hot things like tea will make it [illness] ‘worse.’” These principles did not seem to have much scientific basis to me, but these were all very interesting proposals. Some of my patients that emigrate from countries that do practice ayurvedic medicine may strongly believe in these principles and I need to keep this in mind when treating them and providing patient education.

Also, simple cultural practices and beliefs, like the view that shoes are considered very dirty and should be taken off when entering someone’s house, place of worship, or other gathering place or the fact that females are often very private about their body and hesitant to have it examined are things that would be good to remember when caring for patients who may have recently moved to America. Realizing and accepting these differences will help me to accommodate these cultural beliefs, preferences, and perceptions into patient care, education, and treatment.

Differences from my own culture were not the only thing I observed in India, though. When I traveled to Rishikesh and had the opportunity to observe a Hindu ceremony, I found myself drawing similarities as well as differences. Comparing the Hindu ceremony I observed to that of a Christian



ceremony, I wrote: “except for the clothing, color of ashes, [types of] rituals, candleholder [design], and language everything is the same.” Though I didn’t necessarily feel any more at home, this realization helped me to be more accepting and understanding of their religious ceremonial practices.

This experience also solidified my desire to work with underserved populations, both in my own nation and abroad. Though I was always in an area of India in which healthcare was available, I still saw a lot of poverty and sub-optimal medical facilities and situations. Patients were hooked up to ancient looking monitors and sometimes the power went out—with a lull of a few minutes before the hospital generators kicked in. I can’t imagine what would have happened if they were in the middle of surgery or had someone on life support while a power outage occurred! Many patients were only able to see the doctor

because cost was either free or very minimal and there happened to be a healthcare facility within traveling distance.

In India, there exists a large disparity in the availability and delivery of healthcare between the wealthy and poor. The government has tried to reduce this disparity by employing doctors and medical professionals in government hospitals across the country and charging patients nominal fees to be seen. The majority of these hospitals are in urban cities. Unfortunately, many of the nation's poorest citizens live in rural villages. These villages may be hundreds of miles away from the nearest government hospital and have minimal access to healthcare. If they are lucky, they may have access to a NGO run clinic or

hospital that is within traveling distance, but these clinics and hospitals often have very limited supplies and staff. Often diseases or illnesses are caught at later stages with a worse prognosis for recovery. In my journal, I wrote about one boy who could not have been older than 6-7 yr. that we encountered in Patti: "One little boy had quite the deep wound near his ankle (a chunk of his skin and sub-Q tissue was gone) that he got 5 days ago and wasn't even crying when he came in...tough little cookies these kids are."



While in Patti and Mussoorie, I had the opportunity to experience this first hand. In Patti, the entire clinic consisted of two rooms in the back of a general store; one room for the pharmacist and one room for the patient, doctor, and students. When we went on our first trek in Patti to a small village, I wrote this excerpt: "We had a small plastic table & plastic chairs to sit on with our stethoscopes, a blood pressure cuff, a tongue depressor, a thermometer, and a flashlight...no otoscope, ophthalmoscope, or any other instruments." We also had a limited number of medications, so many people were treated with similar medications and they were all provided for free. In the hospital at Mussoorie, we watched one woman deliver twins and three hours later was already leaving the hospital with her child and family because they needed to get back to their far away village and the last jeep that went there left at 2 pm that afternoon. It is amazing to me how strong these women are and what risks they must take at times regarding their health.

Though I was always in an area that did have some access to healthcare, I know there are many rural villages in India and across the world that have no access to healthcare. I am aware that there are also many people who live in urban areas that have no access to medical care, due to lack of insurance or financial circumstances. Seeing these disparities in India has strengthened my desire to work with



underserved populations in the future. I hope to either work with underserved populations for my primary employment or volunteer my services with underserved populations through different charities or NGOs across the U.S. and the world.

Being from a large family, I remember the importance of insurance in the ability of our family to receive medical, dental, and optical care. I have fortunately always been insured medically, but we did not always have insurance for dental and optical care. During these years, I remember continuously switching to different dentists and optometrists to find more affordable options for our family. Fortunately, not all of us needed glasses or intensive dental work, but the few of us that did definitely put a strain on my parents' budget when we did not have insurance.

Traveling to India and discovering that most of the Indian population does not have even medical insurance, I feel very fortunate that I do. At the community hospital in Dehradun and the NGO organized hospitals that I visited in other communities, some patients pay very little for a visit to the doctor. This allows them to visit the doctor, which is great, but it also allowed me to see that their healthcare coverage stops when they leave the door. Unless a NGO (like Child Family Health International) helps pay for their medications and procedures or they have insurance, these costs are all out of pocket. Though some medications aren't incredibly expensive, many patients don't have money to pay for expensive procedures or surgeries that may keep them alive or drastically



improve their quality of life. As a consequence, we saw many patients living with congenital or acquired health problems that greatly affected their livelihood. From children with Tetralogy of Fallot (congenital heart defect) to adults living with heart valve complications from Rheumatic Fever, many people are living with severely debilitating health problems because they cannot afford the expensive treatment.

Though the above disparities are disheartening, the country has adopted some national and international initiatives that are greatly improving some citizens' quality of life. One of these initiatives is called "Vision

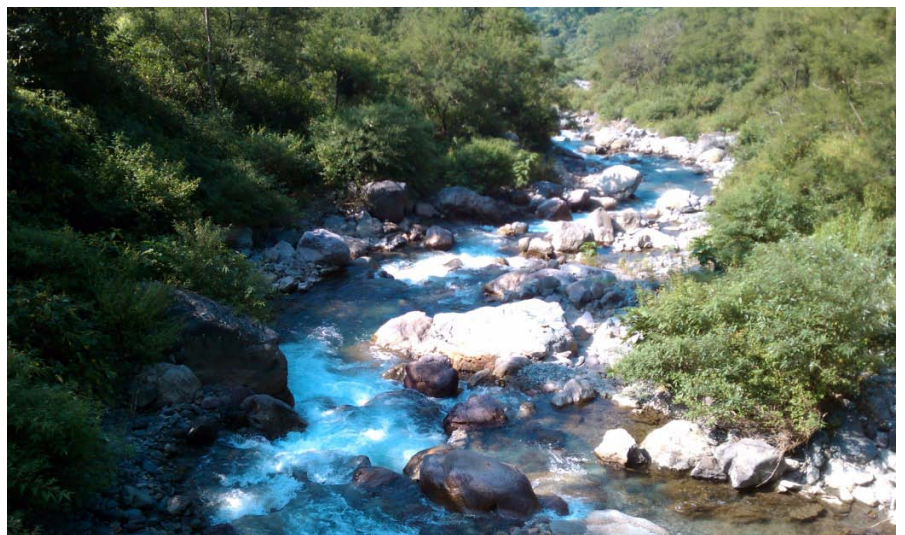


2020: The Right to Sight." I had the opportunity to see their work first hand. The mission of Vision 2020 is to eliminate treatable and preventable causes of blindness in the world. Blindness can be incredibly debilitating, especially in developing nations where it often leaves the

individual unable to independently care for himself or herself. Often a family member takes care of the visually impaired individual, which means there are two less people who can contribute to the family income. This can impose an incredible financial hardship on the family, which often needs all members to contribute to keep the family afloat.

How many visually impaired people have you met that are blind because they could not afford glasses? Well, in India it happens. Refractive error, cataracts and infectious diseases are among the most common causes of blindness in India *and* they are treatable! This is also common in other developing nations. Vision 2020 is striving to eliminate these treatable causes of blindness.

Through the WHO and other NGOs across the world, funding is being made available for people to get the



glasses, cataract surgery or other treatment they need for free. One of my preceptors is participating in this initiative and has already performed cataract surgery for hundreds or thousands of people who would have otherwise been unable to afford the surgery. This gave me hope that other similar initiatives may be implemented to help counter the disparities found in developing nations. Overall, this was an amazing experience that gave me a greater appreciation of the disparities that exist in our world and the cultural differences that make us all unique.