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**Rural Himalayan India Rotation**  
**February 2007**  
**Dehra Dun, India**

**Reflections of your experience:**

- 1. How do you see yourself as a healthcare worker now? How does “service” fit into your future career?**
  - a. I believe I now have a much more “worldly”—literally—view of healthcare than I had before participating in the CFHI Rural Himalayan India rotation. I better comprehend the universal role of the physician, as well as the particular role of the American physician. Physicians are universally trusted with personal patient information; however, American physicians are required to document much more completely and to support diagnoses much more objectively than physicians elsewhere, primarily due to the litigious nature of medical care in America. I believe my participation in the CFHI Rural Himalayan India program has made me a more balanced, well-rounded person. This improvement will naturally extend into my ability to provide quality, comprehensive healthcare throughout my career. Service has always been a major portion of my life, on several levels. I will continue to serve my colleagues, my peers, and my patients throughout my career. Notably, I have an increased interest in public health issues than I had prior to my time in India. If I ultimately decide to incorporate a dimension of public health in my career, it will naturally include a service element.
- 2. Did this experience improve your medical education? If so, how?**
  - a. My medical education improved tremendously, and in many dimensions. In the most scientific sense, I encountered pathology that I have only read about in textbooks in the United States. I reviewed the anatomy and physiology of the major organ systems in the human body. The public health dynamics in India are intriguing, including the incidences and prevalences of diseases as compared to the US. Additionally, I learned about alternative treatments including acupuncture, hydrotherapy, massage therapy, magnetotherapy, and yoga through lectures on naturopathic medicine. In the clinical sense, I refined my physical diagnosis skills because the physicians relied much more upon the physical examination than on laboratory findings. I was able to participate in a variety of clinical settings, ranging from government hospitals to rural medicine “camps,” which provided a comprehensive glimpse of the Indian healthcare system. On a personal level, I feel that my global understanding of the human condition has deepened and has changed my outlook on medicine.
- 3. What impact did this experience have on you and on your future work? What are your goals and aspirations?**
  - a. My goals and aspirations have remained the same as before my trip to India: to become a successful OB/GYN; to potentially pursue a subspecialty or academic medicine; to be a wife and a mother; and to continue traveling and learning more about other cultures. My experience as a participant in the CFHI Rural Himalayan India Rotation has increased my interest in public health and the big picture. I will consider pursuing an MPH degree in the future. Additionally, I would like to continue to challenge myself to place more emphasis on history and physical exam findings than on labwork. I know the experience had a great impact on me, and I believe the entirety of the impact will be discovered as I continue in my career.
- 4. If you are a person of color or from an underserved community background, how did your identity and background shape your experience and what did you learn from this?**
  - a. This question does not apply to me in the sense in which it is asked, but it does apply to me indirectly. I was raised to not pay particular attention to a person’s race/ethnicity. As a white girl in India, however, I received a lot of stares and

unwarranted attention. I had beggars running to me, random strangers stopping and taking pictures with/of me, and shop owners inflating prices because of the color of my skin. It was initially intimidating and frustrating but I eventually adapted, and learned to not let it disturb me.

**5. What insight did you gain on issues of international health and underserved communities in other countries?**

- a. I learned about the different public health issues in India vs. in the US, including disease incidences and prevalences, the age of people afflicted with particular diseases, and risk factors predisposing the population to certain diseases. It was all very interesting. The infrastructure of the health system in India is different from that in the US. It was fascinating to learn about the similarities and differences between the two healthcare systems. For instance, in India, the patients are responsible for keeping their own medical records and for bringing them to scheduled appointments. In regards to underserved communities, I learned that they are incredibly self-sufficient. The people within the underserved communities see themselves as that, as well. They will only visit the doctor in an emergency; therefore, there is not much healthcare maintenance in underserved communities. Also, my observation was that the people in the underserved communities have a higher tendency to utilize herbs and medicinal plants than the people in the bigger cities.

**Reflections for CFHI:**

- 1. Did you experience any difficulties preparing for and participating in this program that CFHI was not able to address? If so, how did you manage them?**
  - a. The majority of the difficulties that were faced during the program were due to improper preparations for the weather and the travel in India. Any issues that came up on a local level were usually resolved with the help of the local coordinator. The one major problem we had was in Delhi the night before we left for Dehra Dun. All CFHI program participants stayed in a very shady, unsafe-feeling hotel called Hotel Metro Towers. It was far away from the train station and was not in a very good neighborhood. It was also rather secluded from entertainment/restaurants/shopping. The rooms were dirty, musty, and very small. We notified the local coordinator in Delhi, Hema, and our concerns were improperly addressed. We highly recommended that the hotel not be used ever again, and yet one week later the students who arrived at the program were once again placed in Hotel Metro Towers. Something NEEDS to be done about that!
- 2. How were your host medical director and local coordinator able to support your experience in the program?**
  - a. Dr. Gandhi and Mayank Vats were incredible. Dr. Gandhi went through a basic orientation to explain expectations of students, the healthcare system in India, prevalent diseases, and proper precautions to take while working in the community. Mayank was literally like a big brother throughout our stay. He was always readily available to meet with us, to recommend places to go, to help coordinate our weekend excursions, and to assist us in getting transportation to/from places when needed. He checked in with us frequently and went out of his way to make sure we felt safe, comfortable, and secure throughout our stay. They were AWESOME!
- 3. What suggestions would you give CFHI to improve the scholarship program and the international program in general to support more underrepresented students?**
  - a. I have no suggestions at this time in relation to supporting more underrepresented students in CFHI programs.