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New Delhi, Fall 2006, Full Scholarship recipient

Reflections of my Experience



I have grown tremendously on a personal and professional level, more so than I could have ever imagined. Before departing, I expected to be moved by what I would see in India and to pour my heart out and help the people there in anyway I could. I had it all figured out before I even step foot in India. After all, I have watched Anderson Copper's CNN new special on HIV in Africa. I have seen him show images of people suffering from HIV—I saw their broken lives and their call for help. So it was very natural for me to imagine myself in India, following healthcare workers around all day, as we tend to HIV patients—feed them, medicate them, talk to them. I got more that.

My experience in India, challenged many of my perceptions of healthcare, made me doubt my core values, and re-programmed the way I think and the way I see at the world. And this all happened in one month. It was so overwhelming at times, that it left me withdrawn and very confused, and unsure of myself. It was an intense and necessary awakening. I came out of it a wiser and more perceptive person.

The first day of the program set the tone. I didn't start the first day trekking through remote villages, handing out medicine; I didn't start the first day at a field clinic taking blood pressures. I didn't even start the first day with a doctor. I was in a classroom. Dr. Goyal (*a Ph.D*) was in front, briefing Stella, Susan and I on the current healthcare profile and challenges facing India, and how the government is dealing with it. He explained his involvement with the planning and execution of the Rural Health Program—the government's response to the healthcare disparity among its rural population. As he was explaining the hierarchical infrastructure of the system—large district hospital branching down to smaller village health clinics—I could already anticipate volunteering there. I was ready to go; ready to make a difference.

The following day, the three of us arrived at the Primary Health Center, a middle health structure within the hierarchy. Dr. Gupta, the head doctor at the center, sat us down and explained to us the operation of the PHC and its role within the community. The center sees about 50-60 villagers and townspeople a day, providing them with basic primary healthcare.

During our visit, it was a pretty normal business day. I could see that pretty much every patient had a staff looking over them—manpower was not an issue. Labor is cheap in India. We began our tour. We walked passed the barely stocked pharmacy, viewed the labor and delivery room and saw used latex gloves hanging to dry over a wire. The center washes, and re-uses them. I was bit bother by this practice. I quickly realized that the center is desperately under funded. Dr. Goyal had mentioned that the government barely pours any money into healthcare.

And during our interviews with local villagers, many of them complained that the clinics often have insufficient supplies, forcing them to buy medicine and other medical supplies with their own money.

It became clear to me that a heart and passion for helping people can only go so far. Without the necessary means to carry out your passion, you risk compromising it, but more importantly, you risk compromising the underserve's desperate need for help. The challenge for healthcare workers is not only to provide healthcare, but to ensure that the means exist that allow them to provide their services—the fundings, the facilities, the staff, the right heart attitude.

But beyond the healthcare aspect of the program, I was introduced to the social aspect. This was an unexpected surprise for me. The title of the program has no reference to any social work. Yet, social work is an integral part of public health. We visited many women self-help group. At first, I felt really uncomfortable being the only male, sitting in a room full of women. But I got real comfortable real fast. I had too. It seen like every other day, I was in a room full of women.

At one of the women's micro finance groups, one lady shared with us how the group help her get a loan from a bank to pay for her daughter's medical bills. Another woman told us how she used a loan to buy a cow. The milk from the cow help added another source of income to her family. It's funny how a cow can contribute to public health or even health in general. But the cow is literally a cash cow in every sense of the word. The extra income from the cow can help buy better food, the milk itself is a nutritional source for the family, and the extra income can free up some time for the family that might have other wise been spent laboring. All of this is public health.

These women's empowerment help raise the social and financial independence of Indian.

I slowly realized that there is more to serving the underrepresented, than simply taking blood pressures, passing out food, and medicine, lending a helping hand to the local healthcare workers, etc.

I realized that you have to be able to look beyond the patient's illness, and to see numerous circumstances that are working in the background in bringing the patient to your clinic. Illnesses are not isolated events and can not be treated as isolated events. A simple pill does not always solve the problem. My experiences in India has taught me that a healthcare worker has to be perceptive to forces beyond the patient's illness, may include social, political, economical, cultural, and religious circumstances, just to name a few. A healthcare worker has to understand that these forces play an influential and significant role in the patient's health. The beyond treating the patient's immediate illness is the ability of diagnosing and addressing these forces. That is the challenge of future healthcare workers.

Reflections for CFHI:

Did you experience any difficulties preparing for and participating in this program that CFHI was notable to address? If so, how did you manage them?

One of my greatest difficulties in preparing for this program was understanding what the program was about. Even up to the moment I landed in India, I just had a vague idea of what the program is. Beyond the brief and general online description of the program I had very little knowledge of the program. This made it very hard for me to prepare for the trip. I went to a few bookstores, planning to buy one or two books to read, so that I could be better prepared for the program. Walking through the bookstore, I realize how much I did not know about the program. Wandering through the HIV book section, I had no idea which books to pick. It was only when I met my program coordinator that I had a better understanding of the program. She gave us a detailed day by day outline of the program. I believe that if this schedule is made available to students during their preparation process, it will help them give them a more concrete idea of the program.

I think that it would be helpful for the program coordinators to prepare an information packet, with materials from past rotations, including student feedbacks, program schedules, pictures that students took during their program (I have attached all the pictures I've taken of the program and will submit my detailed, day by day journal of the program as soon as I am done with it), and it might be a good idea to have current students on their last day of the rotation, write up a brief "advice letter" to guide advise future students to their program. This letter can help future programs run more smoothly and also help future students anticipate potential pitfalls or prepare for something exciting. For example, one helpful advice may be to have students rate the local India

healthcare workers, from one to ten and write a few words about them. This can give future students a feel of which healthcare workers to approach and which ones etc.

How were your host medical director and local coordinator able to support your experience in the program?

Our local coordinator, Shali and our India coordinator Hema, were extremely integral to our experience. Shali was especially helpful. We had many different programs while we were there. Shali was with us on our first day of each new program date. She was there to orientate us and to make sure we knew what to do for the rest of that one program. She made us feel like we were always being guided and watched. This was a great help. We felt taken care of and because of that, we were more comfortable with our rotations. Feeling comfortable in a foreign country is extremely important. Shali gave us that comfort. Beyond that, Shali treats her job more than a job, but a passion. She would stay over our rooms and talk to us about the programs for hours. One time, she stayed and talked with us for 3 hours, and this was in light of the fact that she was extremely tired that day. She shares with us stories beyond the program. She told us about her life, growing up in India as a girl, her typical day at work, even what kind of man she wants to marry. She went above her duties. And because of this, we got the opportunity to appreciate an intimate cultural, social and life experience from her life stories.

The medical director, Dr. Raina, wasn't that helpful. He was too busy for us for the most part of the trip. We were suppose to have a orientation at Apollo Hospital, where he works, but he was caught up with his duties and we just sat in one of the Hospital's lab for two hours. Many times, he canceled weekly meetings with us. We never understood his role, beyond the fact that he is responsible for our health. However, of the times he was with us, I can see that he is a very warm and loving person. He shared his journey from learning ABCs under a tree to ending up as a doctor. He told us a few life lessons that were very inspiration. He's a good man and very knowledgeable. I don't know his role, so I can't really comment on him that much. The only thing would be to say that he should dedicate more time to us because he's too busy most of the time.

Hema, our India coordinator, is like a mom to us. She always calls in to check on the three of us. We would be wandering around Delhi on one of the weekends and she'll give us a call every few hours to see if we were okay. And we call her constantly, asking her to bargain with the taxi-drivers for us. Even

though she was not around us all the time, we felt like she was always next to us. We felt safe in India with her constant phone calls. And she was very good about helping us get supplies, food, etc.

All in all, the coordinators were great, especially Shali.

What suggestions would you give CFHI to improve the scholarship program and the international program in general to support more underrepresented students?

I think that CFHI could open up scholarship programs to local underrepresented students from within the country that the program takes place in. I believe that these local students are a huge resource to instill social and medical change within the country especially since they are from these countries themselves. Besides that, I feel that the international program was wonderful. I had a mix of medical and social exposure. Hema and Shali made a wonderful Delhi program. I am so thankful for their work. The experience they gave us changed three lives. I also thank CFHI and its staff for making this possible. Now I know that third medicine is something I want to do in my future. I am so grateful. I thank you again.