

## **2007-2008 Mabelle Arole Fellowship**

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My fellowship experience in Jamkhed was expanding, eye-opening, and challenging in ways I never expected. I am so grateful for the opportunity to have been there and for the generosity of everyone I've met that made that time so rich. Of course, I have special thanks for all the Aroles for sharing their time, knowledge, and home with me, and also for their flexibility in allowing me to gain as much as I did from this experience in the only way I knew how.

### Hospital Experience

By the time I arrived at CRHP in August 2007, I had finished the book *Jamkhed*, read through additional information given to me by Connie Gates, and was so excited to see this incredible story in action. I had great company for my first three weeks – American and European medical students and one Australian social worker. There were many good conversations and always something to do. Beyond the basic introductions to the farm, Indiranagar, the lake, my morning walk, etc., most of this time was spent in the hospital. The hospital experience truly solidified my interest in medicine, and I completed the fellowship with great eagerness to learn more about the things I saw. CRHP confirmed my interest in becoming a doctor and whet my appetite for more. Rounds, outpatient clinic, my first surgeries and deliveries all happened in August. I had never before seen malaria, leprosy, diabetic foot, or followed the course of treatment for hepatitis and pneumonia. Though I have spent a lot of time in hospitals in my life, this was my first true clinical learning experience and it was momentous. One of the earliest things I came to understand is that the breadth and depth of medical knowledge is wide and deep. It is both intimidating and exciting to know this before I've even started my education, but I have also seen here how wonderful a thing it is to be able to use one's knowledge and skills to help people who ask for it. This was something that I always found both unique and desirable about medicine. Though there was never enough time and never the proper resources for a not yet medical student to learn everything there was to learn about disease and pharmacology, the experience was certainly enough to make me hungry for the chance. This was the gift of my hospital experience – not that I learned everything or saw everything – but that I saw and learned enough to be sure that I want to learn more.

Beyond the purely medical aspect of my introduction to clinical practice, it was interesting to see how different this hospital setting was from one in a developed world setting. The other students and I often discussed issues of privacy, confidentiality, and sharing of information and the way they compared in the U.S. and Europe. In shared wards and open outpatient clinics, it isn't easy to keep patient diagnosis and treatment private. While western patients would likely react strongly to such a situation, here we rarely saw anyone who even seemed to feel uncomfortable in the circumstances. The western world holds a much higher premium on privacy in general – even beyond the medical setting – and I can understand the inappropriateness of my own cultural standards in a rural Indian village. At the same time, I immediately liked the way patients' own families take ownership over patient care – a tactic that saves costs as well as staff resources at the hospital. In addition, it would seem that this method helps patients themselves feel more comfortable with their own family feeding them familiar foods and attending to their personal needs. Nonetheless, I have met families who do not live with extended relatives, and the length of a hospital stay for those families equals the

number of days during which no one works. Though there is no clear remedy for this, the consequent economic burden of large hospital bills with minimal savings and a lapse in income is not insignificant.

### Diploma Course

The two-month Diploma course was one of the highlights of my CRHP experience. CRHP's comprehensive model of community-based primary health care (CBPHC) is an excellent one, and I have come to believe strongly in the pillar principles of equity, integration, and empowerment. I thank Connie for teaching the majority of the course and thus helping me realize the depth of power within such nice-sounding words. I really enjoyed Dr. Arole's lectures for providing me with the socio-cultural context and history that brought so much understanding and explanation to everything I saw and experienced in Jamkhed since then. The practical classes, the field visits, and the final project also all brought important learnings and perspectives to the work of primary health care within a structure of community participation and support. CRHP's story and history are tremendous contributions to primary health care in the world. A friend who read *Jamkhed* has said that if *Where There Is No Doctor* is the practical bible for primary health care, then *Jamkhed* is the spiritual one. Even almost 40 years after the beginning of the project, the practice of equality, the sharing and demystification of knowledge, the lessons in empowerment, the focus on the neediest populations – these lessons are enduring and still fresh, crucial for primary health care projects all over the world, regardless of the setting. The things I learned in September and October are some of the most important among what I will take away from Jamkhed.

My classmates hailed from Burma and Thailand, Nepal and the Ivory Coast. At times I wished for less of a language barrier between them and myself during that diploma course. There were certainly instances during which I really would have enjoyed discussions on a deeper level, and I envied the group from Burma/Thailand who were able to have such conversations together in the evenings. That said, I really enjoyed their company. I missed having ping-pong partners, sing-alongs, and impromptu yoga sessions after they left. The final projects were humbling. My classmates work for small organizations that put forth tremendous efforts to help people in truly challenging circumstances – ethnic war zones, refugee populations, devastating monsoon seasons, terrible roads and infrastructure. I have a huge amount of respect for them and for their strength in their work.

### Learning Marathi

It wasn't supposed to be, but learning Marathi became one of the best ways I spent my time, and though many others contributed to my language lessons, I am so grateful to Dr. Ghorpade for being my first and best – if easily distracted – teacher. I started learning around the time that the Diploma course started, partly because I didn't need as much free time for readings as my classmates. Another reason was the realization that visitors would come and go, English-speaking and not, but the Marathi-speaking staff would be here throughout my stay. Given how much I liked them already, it seemed a good time to start learning how to communicate with them. I had never before learned a language from scratch – without having ever heard it before – or outside of a classroom, and progress was extremely satisfying. Without this effort, I surely would not have benefited half as much from the time spent with people here. A recent American visitor commented on “how sad” it is that I'll go back to the States and not use my Marathi anymore, implying a waste of time and effort. But nine months of improved communication doesn't suggest any such thing. Though I am a long

way from fluency, I learned enough to be conversational – I could ask and understand how patients are doing, exchange basic greetings and jokes with the village health workers, and bargain, shop, and travel in Maharashtra. More than this, speaking a little Marathi helped me build meaningful friendships and have significant conversations with the people I met in Jamkhed – from the kitchen staff to my tailor and favorite fruit-*wallah* in town. I have heard first-hand stories of widows and abused women, I have had running jokes with CRHP staff, I have played games with kids. And these are the things that make me feel so sad to leave and make my time here something truly special. All the academic learnings here could easily have taken place in western classrooms with books, but it was in learning Marathi that I really came to understand anything at all.

### My Work

In my role as the Mabelle Arole Fellow, my work has been varied throughout my 10 months and, in that way, often lacking fluidity. While there were times when I was very busy, usually for a funding proposal deadline, I was usually left with a lot of free time. Though some visitors have come and wondered what there is to do in the evenings or on days without clinic, I am an introvert and life rarely bores me. I appreciated the slow days for the flexibility they provided to observe surgeries, spend more time in the wards and outpatient clinics, visit with village health workers, make field visits, study Marathi, see progress at the farm, and avoid any midday mental or physical exertion during the hot season. Especially, it gave me time to think and reflect, often through writing, on what I saw, experienced, felt, and discussed during the days. It may sound insubstantial, but I place a lot of value on the time I had to solidify everything I was thinking.

Though the hospital was especially exciting during my first few months in Jamkhed, the narrow margins of my knowledge and medical understanding limited the freshness of that experience. In addition, the other demands on Dr. Shobha's time often delayed, interrupted, and even prevented her own clinical duties. This presented little challenges for me in time and work management, adjusting to irregular eating schedules, and in continuing to feel engaged with the hospital. Though I was comfortable enough with the other doctors to join them in their own clinics and rounds, it wasn't always easy to follow the course of disease and treatment. Teaching medicine to English-speakers was not, after all, part of their job description. Though the fellowship materials led me to expect that the hospital would be a more significant part of my 10 months, I can understand that the CRHP hospital was not meant to provide my medical education.

I was surprised to learn on my very first day that a part of my work would involve writing proposals and reports. Though the reports of the past two fellows mentioned such work, I had assumed that they had taken on these tasks because of an existing interest in such aspects of non-profit management. I had previously done a fair amount of proposal-based fundraising in the U.S., and I am, quite frankly, not very interested in this work at all. Future fellows should be made aware of this responsibility before applying and certainly before arriving. I felt especially unqualified to do it here without enough knowledge about the organization's direction and history, especially beginning as early as I did after my arrival. I do understand, though, that the truth of lacking such qualified staff presents the challenge of accomplishing such work that must be met somehow.

I also spent some time researching various topics for Dr. Arole, and more time preparing and editing PowerPoint presentations for both him and Dr. Shobha. These were used for courses,

presentations, and conferences. Though initially daunting because of my lack of familiarity with the material and especially their teaching and presenting styles, I came to enjoy these exercises because I often learned a lot while doing them. They contributed largely to my understanding of the socio-economic context in India, in the ways that it's changed in recent years and not. The lives of women, children, and of people in rural areas and urban slums are still marked by hardship and poverty with the awful realities of bonded labor and sex work becoming more and more common.

In February and March, I joined the Mobile Health Team in regular twice-a-week village visits. Because most of my previous village exposure had been through model visits during my diploma course or with other groups, I was eager to see the way things actually worked in the field. After discussing with Shobha, we decided that I would do a project to investigate anemia among adolescent girls and pregnant women. Initially we hoped that I would be able to discover the causes behind the increase in anemia among patients at the hospital. While helping a lab technician check and record hemoglobin levels among the target population in different project villages, I initially used a questionnaire to ask the girls and women what they ate and how often. It proved difficult to obtain answers that were explanatory in any way because of the vagueness in describing amounts and subjective values of words like "often" and "much". There were no noticeable trends among the girls, but pregnant women – whose Hb averages were significantly lower than those of the girls (which were in an acceptable range) – often admitted to a lack of appetite or a lack of interest in eating or eating too much. Some women would eat only a *roti* (chapati) twice a day. If anything, there is the suggestion that renewed efforts in nutrition education during pregnancy should be undertaken in the villages. The screening of this year in addition with last year's provided data for a total of 48 villages (24 per year) which I analyzed and discussed in "Prevalence and Incidence of Anemia among Adolescent Girls and Pregnant Women." I really loved doing this project – it was one of the most satisfying parts of my fellowship. It was truly interesting and scientifically stimulating to identify the trends from year to year, from village to village, from girls to women and postulate hypotheses for the various observations made. I would have enjoyed a deeper investigation into the causes and examine diets and eating habits in more depth.

In the same way that I had a project to enhance my village visits, I complemented my hospital time with a paper providing rudimentary background on ischemic heart disease and discussing the ways in which the CRHP hospital responds to cardiac cases. Though it would have been helpful to have more resources appropriate to my medical literacy level, I also greatly enjoyed this independent exploration of disease and treatment. My *Oxford Handbook of Tropical Medicine* was a pretty good resource nonetheless, and I learned quite a bit from this exercise. Dr. Shobha explained how, with a few tweaks in protocol according to resources and finances, the CRHP standard addresses the concomitant social and economic factors that affect cause, treatment, and recovery of the disease. These ideas have been important to my understanding of health and medicine since working as part of such an integrated approach at Boston Medical Center almost 10 years ago, and it has been interesting to hear of a consistent approach to the same issues in such a different setting.

For my fellowship project, I had hoped to be involved with a scheme to promote the installation and use of toilets in the project villages. I have been interested in this since I arrived, when during my mornings walks, I would see widespread practice of open defecation along the way. Progress on this crucial element to the public health would have been so exciting to see. Though I was able to help with the proposal, the timeline was longer

than the time of my fellowship. In fact, a team going to observe and be trained in the construction of the toilets and community involvement in the project left for Orissa the day before I left Jamkhed. Instead, I decided to work with Ravi (Shobha's brother) on the database of all of CRHP's operational resources. This, too, will be a great tool and will hopefully streamline and simplify (after the initial training, of course), the record-keeping and resource tracking of everything that goes on at CRHP – a boon for future researchers and an easy way to keep track of everything from visitors to finances. I was focusing specifically on the hospital side of things, and most of my work involved providing data, brainstorming format, and understanding the hospital's information collection systems. Ravi transferred all of that to a computer-based interface, which is still yet to be live. Unfortunately, with incompatible schedules, visitors, and illnesses (both his and mine), we ran into a lot of difficulty finding time to meet and work together, especially late during my fellowship. Often we would have brief meetings to exchange information, but even those became scarce in May. The incompleteness of this project is disappointing. I hope that a future visitor or fellow finds similar value in the work and can continue it with Ravi.

### Challenges and Reflections

With the relentless heat and the anticipation of impending goodbyes, my last two months in Jamkhed were awful in some senses, tempered only by the long-awaited arrival of mangoes – which I ate nearly everyday. I left Jamkhed at six o'clock on a Monday morning, and 52 crying hours later, I arrived home. Leaving was emotionally tumultuous. Despite looking forward to more temperate climates, it felt violent, like I was being torn from something. I can still feel that setting – I think it will take school to take me fully out of it – and the missing of it, as well as being missing from it, is painful.

After breezing through eight healthy months, the hot season felt like running into a brick wall. It was deadening and I had underestimated it. Heat in Jamkhed is unendurable like no heat I've ever known. Worse than Monument Valley in the middle of summer, when chapstick turned liquid in the tube. Worse than manual labor in southern California, scrambling for shade in the lonely shadows of Joshua trees and the slim margins of a pickup truck. The temperatures in Jamkhed lapped at 110-115 degrees Fahrenheit, and this without the relief of a cool evening. Too often I would whimper about the heat only to have a helpful bystander explain, oh no, not yet. But it was hot enough to actually be nauseating. I learned to let the mid-day hours go – forget about work, turn off the lights, turn on the fans. I doused myself and my bed in water and would lie there until the day cooled. And even then, it was nothing close to refreshing, comfortable, or a relief; it simply made the afternoon endurable through a fretful passing of time.

As part of its campaign of oppression, the heat breaks down will. It steals appetites and wears down any resolve to exercise, which feeds back into the former. I lost about 20 pounds but I became not so much slimmer as squishier. Good-bye, muscle; hello, jello. In all seriousness, the ideal of living healthy was an enduring personal challenge while in Jamkhed. I dreamt about big ol' salads and bowls of fruit, I envisioned mountain hikes and ultimate Frisbee games, I pined for brown rice and homemade brown bread. Earlier, I had thought these things were less important and even somewhat indulgent, sacrifice-able for 10 months. Which, apparently, they were. But 10 months was pushing it. It became quite clear that for me, exercise and food are important for feeling healthy, good, whole, and productive. The motto of Britannia, my favourite biscuit-maker in India, is "Eat healthy, think better." And though that wasn't exactly what I got out of the biscuits, I've realized the truth in it for me.

On a holiday in April, I went with a new friend to visit an old friend (the new friend's cousin!) to a lush hill station in the western Ghats of Tamil Nadu called Kodaikanal. Little America is what Peter (the new friend) said it would be. It was heaven. For breakfast in Jamkhed we have white bread with "permitted" – not actually approved – hydrogenated emulsifiers and other scary organic chemistry nightmares. In Kodai I ate homemade brown bread every day. I ate broccoli and made real pizza, and I cooked my eggs just the way I like them. The sun was soft and embracing. We hiked, played ultimate Frisbee, read. There was no end to conversational stimulation. I was given permission to stop reading *Midnight's Children*, which had begun to feel a bit like torture. Peter and I watched the entirety of the original Star Wars trilogy on three consecutive days. Nights were cold and mornings were glorious. The weather never made me feel like not walking.

This sounds a bit like a story of my premature return to the creature comforts that I have a soft spot for. But I think this was actually truly an illumination. Spending 10 months, let alone a career or a lifetime, without the ability to control what I eat, without easy opportunity for activity and exercise, without a chance to be around the natural beauty that I find so sustaining, would be extremely difficult. Though I missed friends and their ability to understand me, writing, speaking on the phone, and reading accommodated that need well enough. I certainly do not require pedicures and fine dining, but the ability to feel healthy in mind and body (and spirit, consequently) is not something I could easily give up. My life at Jamkhed was not especially hard. And perhaps if it never became hot – i.e. never became uncomfortable – it would never have felt that difficult at all. But it did lack that comfort of being able to take care of myself, and I can recognize that in all the things I craved and pined for, therein lay the common theme. In fact, the fellowship application questions about being able to "rough it in rural India" seemed not even to apply to my own 10 months. Maybe it might be more accurately put as being able to watch everyone else rough it in rural India. Rooms at CRHP are palatial and board is consistently so delicious that despite the heavy cuisine and eventual repetition, it took me eight months to start craving other foods.

I am not making a point of complaining in my final report, but recognizing what I could and couldn't live without was a significant lesson of Jamkhed. I re-visited my love-hate relationship with rural areas – love of the simplified lifestyle, the slower pace, the removal from the vanity and frivolity of urban life hand-in-hand with the difficulties of small-town parochialism. Jamkhed is not an easy place to live for a long period of time. While other rural areas may have the luxury of being beautiful seasonal tourist destinations, Jamkhed does not, and thus lacks the access to things that become available where foreigners are, which accounts for the Aroles' frequent travel to large urban centers. I mentioned the brutality of the hot season; while I suffered nothing more than a cold during the rest of the year, my health took a turn for the worse in late April and May. The mosquitoes and dry air accustomed me to feeling chronically itchy. In such a dry, dusty place, cleanliness is an impossibly relative and transient state of affairs. All of that put together means no place is really truly comfortable in the way home is, but for most months it's certainly more than endurable.

And though it's far from suburban America, a large part of my discomfort in Jamkhed lay, ironically, in living so much better than the people around me. I do believe in the primary importance of self-care in someone devoted to caring for others, but I could not provide myself with such comforts to such a degree that I distance myself from the population I live

among and work for. Not that it's wrong – people living in such ways do great things for others – but I couldn't create such inequality by trying to achieve equity.

Working effectively and living happily are as high priorities as working for needy populations. I know that I will have to assess honestly the way I want to work, where and with whom. In other words, it has been very important for me to begin to understand the ways in which I myself can comfortably work in resource-poor settings without feeling like a queen among peasants. Having a strong belief in the necessity of community-based primary health care will not necessarily mean that I should up and leave for a situation where discomforts will make me ineffective in my job and prevent me from doing my work well. Being a long-term primary health care provider in a rural international setting where my personal needs are unmet will probably leave me a poor doctor. Despite my determination to promote universal access to quality health care all over the world, I don't see that being an inadequate physician for a noble cause will share that message positively.

Before I left, someone asked about my experience, “*Upayogi kai ahe? Phaida kai ahe?*” In other words, “What was useful? What's the gain?” Back here in America, I feel different. Jamkhed helped me understand things I have always known about poverty, and surprised me with love. On my last night, a friend from the slum across the street invited me to dinner. I begged out of it – not because I did not want to share her food, but because I already had both lunch and dinner invitations for that day. She insisted, explaining that she had taken the day off work specifically so that she could cook for me – something she could never do before given her working schedule. In a world of daily wages, the feast of my second dinner was an incredible gift. I miss her children and her neighbor's children. I would often visit them on Sundays with pockets full of chocolate and we would play games or I would just tickle them and somehow whole afternoons would fly by just like that. I miss sharing tea with Vishnu and Jayesh, having dinner with Dr. Ghorpade, meeting Lalanbai and Ratna in the training center, teasing and being teased by the kitchen staff. I miss the regular patients as well as the terminally ill who passed away while I was there. I miss the connections with people and the vibrancy of them – the straightforwardness, the simplicity, the purity of friendship and love. I miss and I will enduringly remember the warm generosity of time and hearts that my friends shared from the very beginning. They shared food and love in large quantities and I appreciated so much the ways they brought me into their homes and lives. I have always felt comfortable with them and looked after by them. I miss them terribly, and I will certainly go back again to see them.

This report would not be complete without saying how thankful I am to the Aroles for the opportunity to learn from and experience CRHP. All efforts were made to make me comfortable, and I appreciated their flexibility in dealing with a different kind of fellow. Though I did not become as close to or as familiar with the Aroles as previous fellows have, I fully appreciated the teachings I received, the gatherings and meetings and meals I was invited to attend, the time spared and shared for me by such busy people with so many responsibilities. I had very good working relationships with all three of the Aroles, and indeed, it has been through many of these interactions that I've learned the most about the organization. I know that the past 10 months would have been impossible without their help, and this time is one that will play large in my future. This has undoubtedly been one of the most significant experiences of my life and I can never give enough thanks for that gift.

I am also profoundly grateful to Dr. Mabelle Arole, my fellowship's namesake. So many villagers and staff have shared stories about the person she was, the way she made them feel

loved, what she brought to CRHP, what can never be replaced with her passing. Though trite to say, I feel it genuinely – I truly wish I had known her. Even through the stories alone, she has touched me in a way that only heroes have. I hope I have honored her memory in the work I have done and the way that I've treated people during my stay here. I hope to become more like her.