

2007-2008 Mabelle Arole Fellowship

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At this point, on the cusp of a new year, I am just past mid-term in my fellowship. There remain less than five months left before I return to America and all its accoutrements, and I feel that whether it was meant to be that way or not, the previous months were for learning, taking, absorbing, and me, me, me. What's left is the doing, giving, contributing, producing time, and I plan for my future reports to detail all my sure-to-be tremendous progress.

Some R&R

Right before the New Year, I went with Chandu (CRHP's lab technician) to the home of Santosh Mane for dinner. Santosh was a patient in the hospital in late August for abdominal pain. Dr. Nawgada performed the laparotomy and attributed the case to mild pancreatitis. Santosh stayed for a post-operative week and was admitted again when the pain returned in September. The medical details were unspecific and, for the most part, irrelevant.

One of the best aspects of the low-cost secondary care provided at the CRHP hospital is patient care by the patient's patient relatives. Bathing, feeding, and other personal needs are attended to by spouses, parents, siblings, and children, giving the nurses, doctors, and other skilled hospital personnel time to attend to medical tasks and queries. Therefore...

While Santosh was at CRHP, so was his wife Bisla, 6 year old Ravi, and 3 year old Rohan. Since my Diploma course had started by this time, I was in the hospital much less frequently during the day and I took to visiting the staff and patients in the evenings. Ravi and Rohan became my favorite playmates, and I would bring them chocolate and biscuits and fruits. I was glad to see Santosh gain strength enough to be discharged, but I was lonely enough to pine for them when they left. When Chandu mentioned that the sons of his good friend Santosh wanted to see me, we picked up some chocolate cream biscuits and went across the street.

Many of the staff and workers at CRHP live in Indiranagar, the slum across the street (i.e. this is where I spent much of Eid getting sick on sweets). The neighborhood was actually renamed for Dr. Mabelle, and the sign above the main slum road reads "Mabelle Arole-nagar." I've mentioned in emails the dancing that must be done in the name of fecal avoidance to get past MA-nagar. But even beyond the bathroom practices, it is a fairly filthy place, especially compared to most of the CRHP villages. Despite that, I like it there, if only because there are so many familiar faces among the sizable Muslim population, the broad representation of Hindu castes, and the terrific CRHP Village Health Worker (VHW) named Asha. There are also a number of "nomadic" families – many of them tribals – who have settled here, perhaps for work, perhaps to be closer to commerce and the rupees that trickle down to them by the blessing of proximity. They live on the edges of town in tarp dwellings meant for impermanence, but charged with duties beyond that. It is these families whose houses are crappiest, whose children are dirtiest, and whose connections to the rest of the community are most tenuous. Of course, we're talking about a slum, and by definition, those connections are weak in general, given the lack of family ties and generational continuity that the villages can boast.

With Diwali (when they had gone back to their village to visit family) and my own recent family and visa requirement travel, it had been perhaps a month and a half since I had seen them. When I visit, the kids are as excited as I am, but my visits with them (and their neighbors) are brief – rarely more than an hour – especially with short winter sunlight hours and long work days for Bisla. Santosh has been unable to work much since his surgery, so the burden of family care and provision is on Bisla. I went to see her when I got back, she had recently started working on someone’s farm for Rs. 30 per day. She takes Rohan with her, while Ravi goes to school and passes time until his mother returns at six.

The thing about women in India is that they do all the work. In the villages, in the town, the people sitting around talking, spitting, drinking tea, chewing *paan*, are the men. There’s no end to the men I’ve met who tell me they can cook, followed by the admission that they never do it. They also admit that their chapatti will look like a map of India, unlike the perfect circles that their wives make. Women, on the other hand, are constantly busy – cooking, serving, cleaning; tending the farm, tending the children, tending the animals. They are the first ones up and the last ones down, giving a whole new meaning to “no rest for the weary.”

So, dinner. Bisla invited me and Chandu to come over on Saturday at 8. Electricity is out until at least 9:30 in the evenings, and Indiranagar was too dark for shadows. CRHP is flooded in generator-produced fluorescent light at night, which is a challenge for a star-gazer. So that night turned out to be the first time I’d seen the Pleiades in months.

If CRHP didn’t have its generators, the campus would be subject to the limits of a rural government-provided power supply. This would mean maybe half a day’s worth of electricity everyday. As it is, though, the generators allow us interruptions of rarely no more than 14 seconds (the time it takes for them to kick in when the main power supplies cut out) and usually much less. As a result, there are not often problems in having light and air-cooling in the operating theater, hot water in the guest houses, a mad amount of Christmas lights, refrigeration in the mess kitchens. Life outside of campus – and even for the on-campus staff who don’t receive the same power access – is subject to the whim of fickle currents, trees falling on power lines, heavy wind storms, and the neighbor’s attempts to feed off your supply. Electricity, lights, refrigeration, flush toilets – how much have I taken these things for granted? In the states, I would never even consider living somewhere that lacked such necessities, and here it’s clear that very few things are necessities.

Chandu led us by the light of his mobile phone cum flashlight over the uneven roads that hiccupped our voices with every pothole. When we reached the house, we found Santosh and Ravi outside while Bisla, exhausted from work, was sleeping alongside Rohan on the floor. It became clear quickly that the invitation had been forgotten – Bisla was horrified that she could only offer us simple village food, the leftovers of their own dinner, and only vegetarian. No meat, no curry, no biryani; just sorghum flatbread (*bhakri*) and a couple different spicy greens with pulses. I cleaned my plate – tastier than the mildly spiced (in deference to western tongues) options in the mess, as well as a nice change from it, the food was delicious. The dinner topic was all apology on their end, and protests on ours. Bisla and Santosh invited us back for mutton-no, fish! the next night but we said no – what was the need after being fed so well? As we walked back, Chandu said that for the family to feed us the food they were promising, they would have to borrow the money to buy it. I can’t stop wondering what will happen to these boys.

Heigh-ho, Heigh-ho

My learning is constant, even now. I love this CRHP model of rural community-based primary health care. The information gap between educated and non-educated, rich and poor, urban and rural populations in America ain't nuthin' compared to India's, and CRHP's PHC approach has accomplished incredible things in educating people about health.

I've never encountered a society so stratified; I have never seen a world like this. Families wake up to traffic on the sidewalks in Bombay, and I have peeked into the passage of lifetimes lived with so much lack and so little technology. I've never had the trappings of my own life and my own norms feel so irrelevant. There are those here who understand to some degree how much more belongs to visitors like me. To witness the way Ravi accommodates foreign guests to make them feel comfortable is only to begin to grasp it. How does that feel? What do they imagine of our lives? I don't think it could even be comprehensible to some of my friends here who have never even seen Pune. Many ask for things, and I can't blame them – it's smart to request a \$4 lotion from me when \$4 means three days of wages in their hands and not even a sandwich in mine. People live without lights and without cars. They buy a day's supply of milk every morning because there's no way to keep it fresh after evening. Eating or drinking anything cold costs money and those luxuries are not for everyday. I can't get over how much that I thought so necessary is lived without here – shoes, exercise, in-house water supply, separate bedrooms, toilets, vacation, travel, four walls, internet access. Dhotis, saris, turbans – are there other places in the world where the dress and clothing of centuries ago has not changed in daily wear? But it's more complicated than that – lives are infused with religion and frosted with Bollywood. Television is a hobby, an activity – not just a way to pass time, but a form of socialization, proof of being a good host.

An elderly woman came to the hospital last week. A regular patient with chronic asthma, with a wheeze in her lungs I could hear without a stethoscope, she needed more medicine to keep her illness under control. Her sari was filthy and stitched together roughly in a number of places. She was charged only minimally for her medicines, but she protested strongly, saying to Shobhatai, “You go to Pune, you wear so many nice saris, you have so many things, I know, I see, I hear.” Apology and pleading are the usual reactions, and I wonder why more of the poor are not indignant like this. How easy can it be to live so meagerly next to someone who has so much more?

My time in the hospital has been truly satisfying. I love doing rounds, seeing improvements in most of the patients over the course of their stay. I love that there are patients I recognize when they come to the outpatient clinic for a check-up. Sometimes they're better, sometimes they're worse, but what a cool job a doctor has! I've been assisting Dr. Shobha in the OR and enjoying being back in the hospital after interruptions throughout the fall. For the time being, though, this again is on hiatus, with Shobha at a Schwab Foundation meeting in Geneva. Proposals have been a royal pain lately, and I'm working on developing a careful balance between having ownership over and pride in my work and going with the flow of depending on less urgent, less detailed people for the information I need. I've also been picking up the work that Alex Kaysin started over the summer, making and refining powerpoint presentations on various topics for classes taught by Shobhatai and Dr. Arole. It wasn't easy to start on these before I had ever heard them teach the topics, but it's easier after classes and I enjoy providing tech support while Dr. Arole teaches. He is a wealth of information and a fascinating teacher.

I've finally finalized my project and I hope the 4.5 months left are enough to bring it to completion. I'm working with Ravi on a computerized database of hospital records. There are 30-some years of record books kept in the little registration dome outside the hospital. You can imagine what a task it is to do any kind of data-based research here. Right now, I'm starting to clean up records that a couple different people have started transferring to Excel, and Ravi and I will begin work on design

and eventually training and implementation. I admit that I imagined sexier project possibilities – like toilets in our villages – but I am pretty motivated about the utility of the database as well as my ability to do this work without putting pressure on the organization’s financial or human resources. It’s also nice to have reliable work that I know has some sort of goal to it and that I can do anytime, even if it also gives me a bit of that familiar college conscience-gnawing of constant work to be done.

Going back to the fall, most of my classmates for the Diploma course in CBPHC were internally displaced in Burma or refugees in Thailand working for organizations that try to bring primary health care to a population on the run in challenging terrain. In addition to a Nepali leprosy expert and an Ivorian doctor-nun, the class was small and limited in its English-speaking capabilities. Language tutoring and reminders to slow down my speech happened just about everyday, and I was often wistful for the missed opportunity of in-depth discussions and extended explorations of the topics that could have been possible with English-speakers. Alternatively, it would have been nice if I could speak Burmese. Due to Shobhatai’s concurrent illness, it was a challenging time in terms of feeling understood. Though it was rare to be physically alone then, it was not uncommon to feel emotionally lonely.

Ravi and his Circle of Power (Vishnu, Jabbar, and Datta) have been getting lots done on the grounds. The onions were planted last month at the farm, watered by manually-dug ditches without a sprinkler in sight, and all 17 potential tons of them personally guaranteed by Vishnu to be of excellent quality and profit margins. There are fancy new visitors’ quarters near the training center and a brand-new mess with bathrooms, projector capabilities, and table tennis. Ravi paved the open area behind it, and Shobha keeps promising that we’ll play tennis there soon. There was a game of basketball, and given Ravi’s and my advantage in actually knowing how the game is played, he set up the teams so that the strong, tall men were on the *other* one. After being pushed around a couple times, I started hanging around the perimeter, but even so, all Hakim had to do was say boo and I’d turn it over. I can’t believe I was once a rugby player! It was a fun 30 minutes, though I had a jammed finger swell to the size of two for a few days. What else? Christmas lights all went up and came back down faster than I could believe, and construction on the new hospital is moving, with the second floor concrete slab set in December and the whole thing growing like it’s alive. Australians, a tamer and less enthusiastic version, have arrived again, and *National Geographic* and Pat, the Brooklyn College-based anthropologist researcher and good friend of CRHP, have just left.

Indulgence and Frustration

Of course this is true for every fellow, but I have the sense that the way I experience and interact with Jamkhed is different from the way that previous MA Fellows have. From the start, CRHP has been a warm and comfortable place to be. I am surrounded by people I am happy to see – hospital staff and office staff, the army of boys who maintain the grounds and the men who manage them, the wonderful and amazing Village Health Workers, the hard-working social workers, all of their families, and so many kids. They’ve given me a social stability of sorts in the midst of so many comings and goings, and I am grateful for their dinner invitations, their greetings, their Marathi lessons, and especially their friendship. In high school I remember thinking of a self as the sum of one’s experiences understood through the perspectives of the people one has known. I feel like being at Jamkhed is helping me grasp something I’ve known about but never really observed – like being able to see the back of my own head.

When I first arrived, I had the crumbs of the summer’s Certificate course left to savor. Americans and one Dutch, they were enthusiastic, dynamic, interesting, and interested. They truly were the first ones to introduce me to clinical medicine, understanding only as med students can how much you don’t know in a hospital when you don’t know anything. I didn’t get lonely here until they

left. My own Diploma course mates were enjoyable in a completely different way, and there was a significant transition period in between. This is when I began to spend more time with CRHP staff and employees and when my education in Marathi began – both of which acknowledge again the importance of the friendships I have made. As my friend Laura says, trying to communicate without really knowing a language is infantilizing. So I'm still trying at Marathi, and I'm impatient with the time it takes. But I enjoy it and my progress is satisfying.

That period of transition would probably have been the time when most Fellows would begin to spend more time with the Aroles. For me, though, it coincided with the beginnings of a significant depressive episode for Shobhatai. I had been given very little information about her illness in advance, and “sometimes she gets a little depressed when it's hot” did not help me fully understand that she even had an illness. I do wish there had been more transparency around this ahead of time. I have supported friends and students with various forms and degrees of mental illness, but responding appropriately is difficult when you don't know what is happening. The discomfort of my ignorance was fairly acute, and to have heard it all from Shobhatai in the beginning rather than in vaguely referential comments from others would have allowed me comfort through understanding.

This awkward start made me deliberate in finding my way to comfort with the Aroles. Beyond Shobhatai's depression, I have been thrown off by things that are supposed to make me feel comfortable, like eating with the Aroles, sitting at a table set with forks and knives, joining for meals eaten after grace. There is nothing inherently wrong with any of this, but it's the surrounding context that makes me uncomfortable – the formality and lack of social fluidity at meals, the stilted conversation and the Marathi that must be translated for me, over a protracted meal. But while these require only patience, it is the food serving and plate clearing done by people who don't eat with us that feels very personally uncomfortable to me. I'm not used to being served that way by people I am not paying, especially friends, and it is around those hands that feed me – Shobhatai's house staff – that I truly feel most comfortable at Jamkhed. This may seem strange, but it makes sense given the regularity of my contact with them since I've arrived, despite whatever happens to be going on with everyone else. I like best to eat with them at their late meal hours or during off times, chatting and watching them cook as I eat on the floor.

Though CRHP for a foreigner is, as Ravi says, a pretty laidback place, there is unexpected formality where I don't expect it (at meals, for instance), and a power dynamic and fear around Dr. Arole and Shobhatai that surprised me after reading *Jamkhed*, and that I don't really understand. Though I feel free to navigate my day and routines in the way most comfortable to me, and reassured by Ravi that it is all fine, I can tell by Shobhatai's initial reactions that this is strange, that the other fellows didn't do such things. “What are you doing wandering here and there?” she jokes. But less than a year and a half from 30, I'm pretty set in my wandering ways, and having lived without family or roommates for so long has also accustomed me to doing my own thing, so to speak. I am grateful that though my habits may throw them off, the Aroles are flexible and accommodating with the way I like to do things, with no disrespect intended and no offense taken. In all of this, Ravi has been especially important to me for his understanding and openness, and I appreciate him for being dependably straightforward and always informal.

In my work, I can see that organizationally and financially, CRHP faces big challenges at this point in time. Dr. Arole is aging, and the gap left by Dr. Mabelle's death has never really been filled. Without the luxury of delegation to reliable staff, the health of all three Aroles are not unaffected by the relentless of the work to be done. It's difficult to find qualified staff in all departments who are willing to commit to un-glorious rural work for low pay. The challenge of funding hits the staff hard, and I can understand the temptation to look for better salaries, especially among the younger, newer

staff with fledgling families. The task of fund-raising and grant-writing has fallen on the MA Fellow in recent years, which may make some sense given language ability, but is terribly inefficient in many ways – wheel reinvention, the challenges of passing down information and organizational systems, and especially in ultimately relying heavily on the Aroles (and thereby not really saving much time) to get things done. But grant-writers are not easy to find, especially around here. I wish that I could have witnessed the dynamism of the organization in its early years. The 2006 Strategic Plan’s approach to the future and scaling-up lies in focusing on CBPHC training. This is exciting for its potential global impact, but in the back of my mind, I worry about the obstacles in gathering evaluation data and securing funding without reliable methods of measurement for such things.

I, for one, believe in what CRHP accomplishes and I am hopeful for the security of the project’s future, especially given the Aroles’ commitment. I know I’m not the first fellow who’s imagined returning to Jamkhed post-medical training, and who knows? Maybe the MA Fellowship will become a source of hospital staffing in the next few years. For now, I’m doing my part, and I promise a prompt report in March!