

Summer Enrichment 2019: Himalayan Health Exchange

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The team of physicians, students, and translators at Kibber Village (one of the highest human settlements in the world)

During July of 2019, I decided to participate in the Himalayan Health Exchange for my Brody Scholars Summer Enrichment Activity. For 20 days, I was a part of a team of doctors and medical students from the UK and the US. We caravanned around to 5 different towns in the breathtaking Spiti Valley of Himachel Pradesh, a state in northern India. The trip exceeded all of my expectations and turned out to be one of the most invigorating, inspiring, and humbling experiences of my life.

The Himalayan Health Exchange (HHE) is an international medical expedition that takes health care professionals and health care students to the remote areas around the Indian Himalayas. The trips are designed for teams to travel around specific states in Northern India and set up clinics in multiple villages. The clinics are focused on providing walk-in style preventative and primary health services. For students, the clinic acts as a rotation or preceptorship such that they are the main point of contact for the appointment, conducting the interview and exam. They student then presents their findings and diagnosis to the attending physician who will then also see the patient and finalize the treatment plan. The patient is then sent to the pharmacy that is also set up at each clinic to pick up their prescription. Patients who are in need of more advanced care are identified by HHE and followed up with at a later date.

For my trip, we had 4 attending physicians (3 family medicine doctors, 1 interventional cardiologist) and around 28 students from around the world. We held 9 clinic days throughout our trek and saw over 700 patients. Our time between clinics was spent discussing cultural topics relevant to the local communities (traditional medicine, diet/nutrition, Tibetan history, etc.) and a variety of health conditions that affect Northern India. Also, I had time to start every morning with an early hike on local trails. I was an avid hiker before this trip, but I can honestly say that these hikes were unlike anything I

have and most likely will ever see again. Below is a rough outline of the trip itinerary, our activities, and clinic days:

- **Travel:** We kicked off the trip with a 4- day travel. We took a short flight from New Delhi to Chandigarh. From Chandigarh, we were picked up by the drivers who we would later find out would also serve as our translators in clinic. Over the next 3 days we drove along cliff-face, mostly unsealed roads from Chandigarh to Nako. Along the way, we were able to meet and get to know our fellow team members, experience extreme and exciting driving conditions, and take in the vast Himalayan mountains.
- **Nako:** In the village of Nako, we spent 3 days and held 3 different clinics. The first was at a nunnery where we divided a large conference room into 8 different stations with each physician overseeing 2 groups. Working with our drivers and several nuns who spoke English, we were able to begin seeing patients. This clinic exposed us to the majority of the health conditions we would encounter throughout the trip: eye irritations (due to UV exposure, dry/dusty terrain, pterygiums), GERD, and muscle/joint pains. The next clinic day was held outside of the local monastery where we set up tent stations (pictured below). Every new clinic day, students were assigned to different stations in order to work with different physicians and student teams. The last clinic in Nako was at the local school where we were able to watch the children's' morning march routine. This clinic, I was also able to learn more about conducting well-child examinations.



- **Tabo:** On the way to the next village of Tabo, we stopped to see a 500-year Buddhist Lama at a monastery in Gui (pictured below, left). We held 2 different clinics in Tabo, one at the local school and another at the local hospital. At these clinics we were able to see more adult and young patients. For the pterygiums, we were able to give patients eyedrops and sunglasses to protect their eyes from the dry conditions. We also saw several tooth abscesses in children for

which we were able to prescribe antibiotics. In the evening time, we were able to hike up to and explore the local caves and star-gaze at night (pictured below, right).



- **Kaza:** We held our last 4 clinics in small towns around Kaza village. Our first clinic was held at Kibber village which is the third highest permanent human settlements in the world (at 14,000 feet). This town was the most limited in resources due to the altitude, so we were able to distribute the majority of our medical supplies (sunglasses, eye drops, etc.) at this clinic. The next clinic day was held at Key Monastery (pictured below, left) which is the largest clinic in Spiti Valley and sits at around 13,700 feet. At this clinic, we were able to see the majority of monks who were studying and living at the monastery, we then were able to tour the site and learn more about the history of Buddhism and the monastery. The last two clinics were at the local nunnery and in the village of Kaza. On our off time, we were able to hike one of the most strenuous but also the most beautiful hike of the entire trip. We were also able to hike up one evening for the sunset over the mountains (pictured below, right).



- **Chhatur and Manali:** Over the final 5 days after finishing our 9 clinics, we began our travel back towards Chandigarh for our return back home. We spent 2 nights camping in Chatru (pictured below) where we engaged in our final discussions and reflections. That night, we had a bonfire where the drivers/translators (whom we've all grown quite close with at this point in the trip) backed the vans around the bonfire and played music for a Bollywood-song filled dance party. It was a wonderful night filled with laughter and celebration. The last several nights were spent in Manali, a touristy ski-resort town, before departing for home.



Reflection:

It's important to me that I discuss some reservations I have about international service work, and the thin line that must be tread when discussing "service" conducted abroad. There are many ethical considerations of international voluntourism: Who/How/Why are we serving? What are our intentions behind serving? Are we addressing concerns that are important to these communities in ways that are sustainable and culturally appropriate? We also must put in perspective the socioeconomic and educational privileges that allow us to travel and volunteer. The majority of participants in these international volunteering programs are from Western societies and the trips are often serving more remote, less developed countries. An equally important part of ethical international service work is how we discuss the trip upon return. Overstating the amount of "service" and "help" that we provide on these trips disproportionately highlights the amount of "need" these areas of the world are experiencing.

With all of this in mind while reflecting back on my trip, I am grateful for how the Himalayan Health Exchange framed the service aspect of the trip. The program was founded in 1996 by Ravi Singh who was originally from Himachel Pradesh. Ravi has built strong relationships with the communities that the program holds clinic at, and he has even established several permanent Himalayan Health clinics in these towns. The medical services that we provided remained in the scope of our training:

undergraduate students participated in vitals and check-in, medical students conducted patient interviews and physical exams that we presented to attending physicians who would sign off on all treatment plans. At the beginning of the trip, the physicians emphasized the point that the patients we will see all have access to local health care services, so our clinics were focused on preventative health screenings and addressing acute needs. They also stressed that this trip was more of an educational experience for the students. The towns that we held clinics in were some of the most sustainable communities I've ever seen. Agriculture was the main economic driver and most of the villages were in desert climates. There were extensive aqueduct systems built to bring and store water from the tops of the mountains into the towns, transforming the dry sandy and rocky terrain into lush farming grounds.

All in all, this trip was a learning experience and adventure of a lifetime. After an academically intensive and challenging first year of medical school, it was invigorating and inspiring to work with family physicians who had a passion for preventative and primary medicine. I am incredibly grateful for the communities of Spiti Valley that welcomed us and shared their culture with our team. I also cannot understate my appreciation to the Brody Foundation for supporting me through this process and allowing me this opportunity of a lifetime.