

Elective Report

Himalayan Health Exchange: Medical and Dental Expedition, Dharamsala 2011
THIS ELECTIVE IS NOT FOR THE FAINT OF HEART OR THE LONE WOLF

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RURAL
MEDICINE

Himalayan Health Exchange (HHE) is a health care service programme based in the US which specialises in medical and dental expeditions to under served people living in remote regions of the Indian Himalayas in the Indian state of Himachal Pradesh. The state of Himachal Pradesh is found to the North of India and while its government boasts of being one of the richer states in the country, Himachal Pradesh also has the highest number of impoverished people who are unable to access healthcare due to the remote nature of their villages which are scattered across the Indian Himalayas.

On this expedition a team of 30 medics both students and doctors set up a mobile clinic to care for Tibetan refugees and the local patient population in a Tibetan refugee settlement, monks of Sherabling monastery and residents of four small villages located in the Dhauladhar range of the Himalayas. Clinics consisted of 7 tents, 4 medical tents (1 dental tent), 1 paediatrics tent, 1 women's health tent and 1 pharmacy. Facilities for further investigations were limited and we relied heavily on clinical judgement. In this period we were able to provide free medical care for 3000 patients some of whom were asked to go to local hospitals for follow up. Overall we had clinics in 8 different sites either trekking or travelling by four wheel drive to each one.

Accommodation was mostly camping with a participants sharing a two person all weather dome tent. Facilities in the camp sites were minimal as at some sites electricity was only available in the common/dining tent. Shower tents were used in lieu of actual showers where 2 tents were set up for privacy where you would have a bucket shower. To warn future elective students, the toilets at most camp sites are communal dug toilet tents which are moved every day which means there were 4 deep holes in the ground each covered by a tent for privacy shared by 30 participants. When one is done using the toilet tent 'flushing' is done by kicking a generous amount of dirt into the hole. Overall camping was an adventure for the first week, tolerated for the second and by the third we were craving 4 walls that didn't shake at the slightest breeze. In between camps there were breaks where we stayed at luxurious hotels (compared to a tent) and guest houses which felt like a little oasis in a desert. These pockets of civilised living were well timed and we were always excited and ready to move on to the next camp site after a few days in a hotel/guest house

We were accompanied by a retinue of support staff which consisted of cooks who also set up the tents and drivers who also acted as translators. As expeditions go we participants were spoiled by this group of wonderful people. They ensured our safety, we never went hungry, we always had clean water and most importantly always had hot water for a bucket shower. The cooks were experts in their fields as they could cook up anything from a naan to a pizza in their wood stove. They also baked a birthday cake for a doctor whose birthday was during the expedition.

The patient population we saw were predominantly farmers and labourers who lived in remote regions of the Indian Himalayas. These patients were reluctant to seek medical care since clinics were so far away from where they lived that it would cost them a bus journey and the cost of medicines. In this case patients would wait until the situation was unbearable or quite serious before seeking medical attention as a last resort. The pattern of illness in these regions were those of hard labour and poor medical care. All patients would report widespread musculoskeletal pain which was confirmed on physical examination. These patients worked in the fields and carried heavy loads on their backs everyday all day. Many patients had poorly managed chronic diseases such as COPD and hypertension. These patients do not have regular follow up or regular medication as they only seek medical attention when they are very ill.

Health provisions in Himachal Pradesh is poorly allocated compared to the UK. The local government has strived to build hospitals and local clinics but they are understaffed and overwhelmed by patients. These clinics are mainly placed in bigger towns and the smaller more remote villages are left wanting. There is no continuity of care for people in remote areas. If patients are lucky and live close to clinic they may be able to go for regular follow up but in the majority of the cases patients are seen once it will be a few years before they are seen again. At this point in time it is safe to say the main focus of healthcare at the moment is treating acute cases even though the government and healthcare are trying to move to a system where continuity of care can be achieved.

One of the other objectives was to learn to function as a team member in a large mobile medical team in a challenging environment. Every participant of this expedition was important and had to be team player or the expedition would have fallen apart. This was challenging as we had all met for the first time, came from all over the world and the only language we had in common was medic speak (even though we all spoke English). At least we understood each others geeky medic jokes. Since resources were scarce everyone had to be considerate towards other people in the group. Since we spent all of our time with the same 30 people everyone needed to 'just get along' for the sanity and peace of the camp. The environment was challenging as the treks were hard and the weather was blazing hot in the daytime and freezing cold at night. It hailed on two separate occasions. There were swept away bridges and landslides that prolonged treks and you just had to develop a tolerant and patient attitude. We learnt to take things in stride and laugh when things go horribly wrong like being on the wrong side of a swept away bridge.

All in all this was an amazing elective that I would recommend to anyone with a strong stomach and positive attitude both of which are more important than a stethoscope (on this trip anyway).

by
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