

my trip to... India

Sophie Bloomfield describes her elective in Berhampur



I had the privilege of spending my elective in Berhampur, India, doing community paediatrics. Needless to say it has a very different style in India! Without newborn screening there are frequent late presentations of congenital malformations and advanced disease. There is no healthcare provision for the poor and government hospitals are full to bursting, unclean and the systems are corrupt. In the middle of this, Love the One (LTO) is an organisation that has a holistic model of healthcare, education and nutrition delivered to children through Early Paediatric Intervention Care (EPIC) centres for 0–5 year olds, a school and a centre for disabled children as well as community outreach clinics.

Charity directors Dr Mary and Dr Cat explained to me that when they had started they had been treating the big killers: malaria, typhoid, diarrhoea, malnutrition. But when these children recovered, they went straight back into their homes with no

sanitation, not enough food, poor quality or no education at all and it made them wonder: what were they saving children from? Now, instead of catching the children downstream from the problems, as it were, LTO is now paddling upstream to tackle the root of deprivation.

My job was mainly doing six-monthly health checks in the centres. The fruit of the projects was evident with children slowly crossing weight centile lines! Dropping the children off to their homes was one of my favourite times of the day; there were about 30 kids and five adults crammed into one jeep. I watched one of the girls with cerebral palsy be greeted by her mother and carried out of the jeep. They were both laughing and joyful and I knew it hadn't always been like that for them; that this child had spent many years in a dark corner of their one family room without stimulation. Her being able to go to the children's centre in the day had altered Neha's disposition into a much



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happier girl and rescued her mother from being overwhelmed by the task of raising a disabled child in a society that rejects them.

When I was wandering conspicuously near their home around Ghetta Slum – a group of corrugated iron shacks built on a rubbish heap, one of the LTO staff members turned to me and said ‘How does this make you feel?’ When I thought about the answer I knew I didn’t feel sad at all. Had I become hard-hearted? Wasn’t I supposed to feel heartbroken? I knew these kind of daily hardships break God’s heart. But I looked around at the side and saw many children running around, laughing and playing in bright red, blue and green EPIC centre polo shirts. They stood out against the dismal backdrop and what I felt most strongly was hope. What is wonderful about early intervention with the poorest children is the ripple effect it has throughout the community – women are employed through the day centres, the children’s mothers are able to go to work, children are not forced into labour jobs or beaten at school, but receive free education and full bellies.

As a white woman in Odisha, I had the novelty of being automatically respected (and stared at often!). I was not naïve to the issues that women face in the culture but it was still shocking to see how ingrained the gender discrimination is. Whilst I was in Odisha, a baby girl had been so unwanted she had been buried alive in a rubbish dump. For reasons like this it has been illegal to perform gender determining ultrasound scans since 1971 due to high rates of girl feticide. Towards the end of my trip, I ended up sharing accommodation with a single mother with three young children who had been evicted by her landlord for not having a high enough social standing; with no regard to her welfare.

I remember one of clinical interactions trying to communicate with a mother of an eight-year-old boy with a ventricular septal defect who came to clinic to discuss upcoming cardiac surgery. Part of

the job was ensuring that consent would be given at the time of the operation – in the past parents could withdraw consent due to religious beliefs that illness was an affliction from the gods and intervention would be futile. For that reason, I asked her questions about her own beliefs and family life. Connecting whilst talking through a translator is never easy but I was frustrated as to why she would not respond to my questions and instead the child’s ‘uncle’ (a family friend) talked throughout the consultation. It was afterwards explained to me: she’s probably never been asked her opinion before in her life. This woman had been raised under oppression, arranged to be married to someone she barely knows and subject to domestic violence and rape as part of her everyday life. The sad thing is, by the end of my trip, meeting wives and mothers like this was not a surprise to me but instead a cultural norm.

My reflections on the trip are ongoing. It is easy to be overwhelmed looking at the enormous number of children that would benefit from the most basic interventions. Dr Cat and Dr Mary taught me through their words and actions that we are called to love one child at a time (hence the name of the charity). I was personally encouraged that God has different areas for each of us and we are not called to try and change everything at once, but we are called to do the best we can with the calling and resources he has given us. The community of people I spent time with has transformed my own attitude – admittedly a tad tired and cynical that is often too contagious – and replaced it with a new passion to align myself to Jesus’ teachings; to ‘love’ my patients and colleagues better.

Please join me in praying for the ongoing resources to reach more of the most vulnerable children and communities in Odisha. ■