

IOWA MEDICAL STUDENTS SERVE REMOTE VILLAGERS IN LADAKH, INDIA

In August, seven University of Iowa Carver College of Medicine medical students took part in an expedition to rural areas of the Indo-Tibetan borderlands. There they served villagers and monks without access to regular health care. Students received funding from the Iowa Medical Society Foundation to make this trip possible.

The students took part in the Kargiak expedition with the Himalayan Health Exchange (HHE) program in India. Robin Paetzold, Director, Global Programs at The University of Iowa Carver College of Medicine, coordinated with HHE's Director, Ravi Singh, to arrange the students' overseas clinical experience.

HHE's expeditions combine service, education, and adventure to provide care to the underserved populations in remote areas of Indo-Tibetan borderlands. Each trip combines service and adventure, with team members providing care while also experiencing the land, its natural environment, people, and culture.

These teams travel on foot and by road to remote settlements and villages to provide free medical care to a mix of Tibetan refugees, Northern Indians, and Gaddis, a sheep-herding tribe of the Himalayas. The following are photos and excerpts from the students' experiences. Read their full stories on the IMS website, www.iowamedical.org.



The team hiked between villages at high altitude. Physical conditions were as challenging as the clinical work.

KATHRYN SONGER, M4

My first impression was amazement that people could live in such a harsh environment. This is a place that gets 6–8 feet of snow in the winter, but very little water during the summer. The growing season is limited to five months, and seven months of the year the valley is isolated due to snowfall.

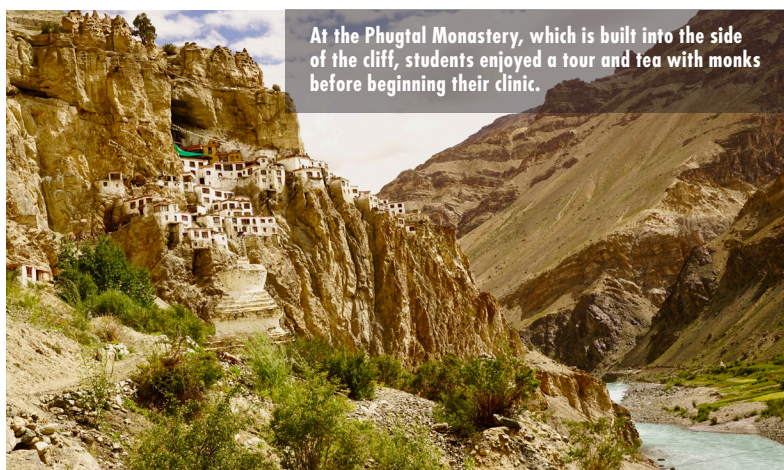
Yet these people have learned to grow and thrive in this environment. The people have a fascinating relationship with the mountains and water. They will redirect entire mountain streams laterally along the mountain base and then divert small rivulets of water that are used to water their fields and supply water to their homes.

Everything in the valley is built using human effort. There are miles and miles of stone walls snaking through the valley used to pen yaks and mark territory. The amount of effort it took to construct all the structures in the valley is just staggering. – *Adam Verhoef, M4*



The group lived in shared tents during their journey. Sherpa guides led the way, traveling with 47 mules loaded with medical and personal supplies and food.

AARON LACY, M4



At the Phugtal Monastery, which is built into the side of the cliff, students enjoyed a tour and tea with monks before beginning their clinic.

AARON LACY, M4





Portable white tents became the clinic facilities as the team traveled from village to village.

KATHRYN SONGER, M4

By invitation from the local government, a team from HHE visits Zaskar every summer to provide free care and medicine to the underserved inhabitants of the valley. The medical team flew into New Delhi, then to Leh in the region of Ladakh. From Leh, we trekked to and set up eight mobile, walk-in-style clinics throughout the Zaskar Valley of Ladakh.

The villages where the clinics were located were in areas of rough terrain between 12,000–14,700 feet. This high elevation and the environment in which they live leads to many unique health challenges for the people who inhabit those areas. The patient population we saw included indigenous Tibetans, nomads, children in monastic schools, and Buddhist monks.

The primary health challenges in this population, which are often related to its isolated and underserved status, include malnutrition, tuberculosis infection, limited resources for handicapped children, and environmental ophthalmologic and musculoskeletal conditions. On this expedition, we provided care for approximately 500 patients over the course of the month, working with local healthcare providers and utilizing local interpreters. — Kathryn Songer, M4



KATHRYN SONGER, M4



BRANDON BOLDT, M4



The expedition combines service with adventure, so there was time built in to enjoy the natural beauty of the surroundings, here at elevation of 18,200 feet.

KELSEY HART, M4

We had been trekking for about four days before entering the valley where many of the villagers we served resided. I remember coming down the gorge and being taken aback by the beauty and peacefulness of the valley. When we reached our first village, Tangste, we were welcomed by the villagers and were allowed to camp and set up clinic in the fields surrounding their homes. When traveling from village to village throughout the trek, it was this welcoming demeanor and kindness that was very special to me and is a testimony to the Buddhist culture within the region. — Chloe Gumpert, M4



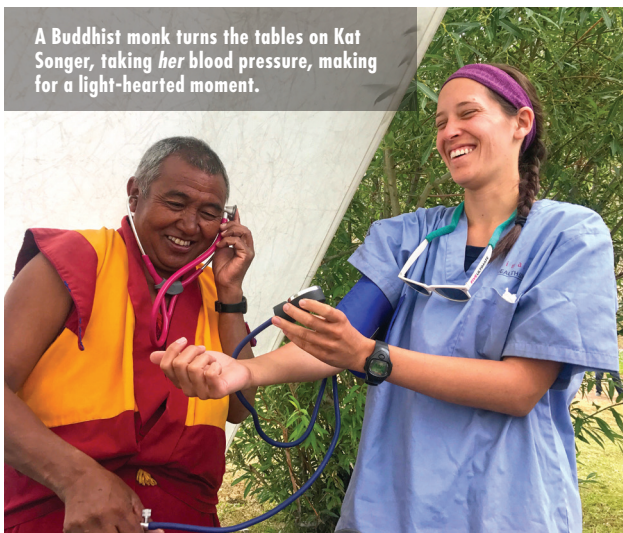
FRANK JARECZEK, PHD CANDIDATE

Clinic days began with early-morning tea and a later breakfast, with clinic start time around 9:00 or 10:00 a.m. The first clinic was held in Sarchu. After several days of trekking and crossing the Phirste La pass, the team reached the otherwise inaccessible Zanskar Valley, where six further clinics were held at Tangste Village, Phuktar Monastery, and the villages of Khangsar, Testa, Kyng, and Kargiakh. The last clinic site, Chika, was visited after we exited the valley.

During each clinic, we were split up into teams of three or four students supervised by a resident or staff physician. Another group of students triaged patients, recording vitals before bringing each patient to a provider team. Patient evaluations were a group effort, with one or two students taking the history and performing the physical while another student scribed a note documenting the encounter.

The students then presented their patient and their plan to their supervising physician, received feedback before sharing the assessment and plan with the patient, and subsequently brought the patient to the student-staffed pharmacy for administration of medications when appropriate. — *Frank Jareczek, PhD Candidate*

A Buddhist monk turns the tables on Kat Songer, taking her blood pressure, making for a light-hearted moment.



KELSEY HART, M4

IMSF

Iowa Medical Society

FOUNDATION

What is IMSF?

The Iowa Medical Society Foundation (IMSF) is the giving arm of IMS, the largest physician membership organization in Iowa representing more than 6,100 medical students, residents, and physicians. IMSF is a voluntary organization that uses personal donations from physicians and friends of medicine to inspire, facilitate, and expand the educational and philanthropic endeavors of the Iowa Medical Society.

Why contribute?

IMSF supports physician initiatives promoting professionalism and leadership, including the development of medical students in Iowa. IMSF also supports public health initiatives and the philanthropic efforts of Iowa physicians and IMS.

Donate today!

In 2017, IMSF provided scholarships to Iowan students attending medical school at Des Moines University College of Osteopathic Medicine and the University of Iowa Carver College of Medicine. The Foundation purchases the white coats worn by these students and helps fund Global Health Studies Clinic Experiences.

In efforts to provide professional development to Iowa physicians and patients, IMSF helped in sponsoring the IMS *Candor* conference in September and will be funding state-wide physician burnout and professional resiliency activities in 2018, as well as educational sessions during the IMS Annual Conference.

Your contributions are needed to continue to make a lasting impact in Iowa and globally. This year, IMSF is participating in #Giving Tuesday, on November 28, as part of a year-end fund drive. Give to IMSF and help its continued support of physicians, residents, and medical students in Iowa. Visit the IMSF (www.iowamedical.org/iowa/imsf) website to make a tax-deductible donation.

For more information regarding IMSF, contact James Hart (jhart@iowamedical.org) at (515) 421-4773.





BRANDON BOLDT, M4

Unfortunately we had no employed translator for the local language, Ladakhi. The valley was so isolated that the language is mostly unknown, and we relied on local villagers to translate for us. Each village only housed 80–100 people, so having a community member translate was difficult due both to breaches in privacy as well as having no knowledge of medical terminology.

The Ladakhi translators would have to translate from Ladakhi to Hindi, and then a Hindi translator would have to translate from Hindi to English, making for a challenging game of two-way telephone. Additionally, we only had supplies that we carried in on the mules and our backs. It was frustrating to diagnose someone with a medical condition and not have the proper treatment for it. We had to be very creative with our distribution and selection of medications, which was a valuable learning experience. Often we were using second- or third-line treatment for medical conditions, which forced me to expand my practice knowledge from beyond what we have in the States.

Many of our patients had chronic medical conditions that were not appropriate to treat. Osteoarthritis was one of the most common adult patient diagnoses due to the difficult farming lifestyle. Prescribing medications without any follow up to look for adverse effects would be irresponsible, so unfortunately many patients walked away without symptomatic relief. However, we were able to treat many infections as well as provide reassurance that symptoms were not part of a more sinister pathologic process. – *Aaron Lacy, M4*

The easiest part of the trip to adapt to was the group dynamics. We had a fantastic group of medical students, physicians, and undergraduate students. We had lots of fun every night learning new card games and telling stories from our college days.

The greatest bonds I made were with the fellow medical students. We had six students from the U.K., three from Canada, and 11 from the U.S. There is something special about spending one month together in the wilderness. By the end of trip, it was sad to see everyone go back to their respective schools. I think most of us will stay in touch long into the future. We are even planning a reunion trip to Iceland after medical school graduation! – *Brandon Boldt, M4*

The Kargiakh Expedition with the Himalayan Health Exchange program was a once-in-a-lifetime experience, and I made many great memories and met incredible people along the way. I would recommend this experience if you are interested in global health, enjoy trekking and backpacking, physically fit, and okay with living without usual hygiene practices for one month. . . . I am happy that I had this opportunity as a medical student. It was incredibly humbling, making our living conditions, medical technology, and access at home feel like such incredible luxuries. – *Kelsey Hart, M4*



BRANDON BOLDT, M4