

## November 2009 update – Heather Christie

Hello!

I hope you are all doing well.

I have settled into life up here in Guwahati. It is strange to think that I am already halfway through the course. It has been 8 weeks since that mammoth train journey up here (when a 24 hour ride turned into 36 hours). I am kind of getting used to these long train journeys. Whenever I go anywhere on the train, I have to travel at least 12 hours. The weather is getting colder now, especially at night.



Guwahati is a nice city. It is on plain surrounded by hills. When I went with a team to do a medical clinic in a village a few weeks ago, we travelled an hour or two into the hills. It was so beautiful → .



I am living and studying with a great bunch of people. There are 11 students on this healthcare course (including me). They are all Indian except 2 Americans and me. The course leader is from Holland and there are 5 other staff members (including me). My role is a mixture of staff/student and occasionally speaker. Some days I am teaching and other days I am sitting in as a student. Every Monday morning we have a test on the previous week's teaching. So I spend most weekends studying.

My teaching week was a few weeks ago. I lectured on the cardiovascular system (heart and blood vessels), blood, lymphatic system and diseases that can affect these systems. This is the first



time I have ever done anything like this. Thank you for all who prayed for me. It went well and the students seemed to



understand the subject and my accent!! I tried to make it creative. To review the heart teaching I made an outline of the heart chambers and vessels on the floor and got the students to walk through the route the blood takes. It was fun.

The course is bi-lingual (English and Hindi) but medical language is mainly English and there are a lot of strange new words for people to learn. The Hindi speakers are finding this quite hard. The course teaching focuses on preventing illness and recognising signs and symptoms of common illnesses.

*“What would you do if you were in a village a day's journey away from the nearest Doctor and someone came to you with the following symptoms....?”* The students had fun learning how to take blood pressure, other vital signs and wound care. This recent week we have had teaching on trauma care. How would you transport an injured person from the village to the hospital (you can't phone 999 here!)?



The lecture phase finishes on December 18<sup>th</sup>. I will be back in Scotland from 19<sup>th</sup> December – 11<sup>th</sup> January. At some point I will try to get down to Wales. Will let you know when.

I start outreach when I get back to Delhi on 12<sup>th</sup> January. The students have been split up into 2 groups – the North India team and the North-East India team. I will join the North India team in Delhi for a few weeks where we will be working in the slums. Then around the 29<sup>th</sup> January I go to help co-lead the North East India team. We will then spend 1½ months in Kalimpong (near Darjeeling) working in villages and other projects. I guess it will still be quite cold up there that time of year, and I hear we will be hiking through the jungle to remote villages in the hills. It's going to be interesting!!! Around the 10<sup>th</sup> March my team returns to Assam to work in villages near Guwahati. The course finishes at the end of March.

I have really enjoyed doing this course. I remember when I did the tropical nursing course in London the community health lectures inspired me the most. I desire to see community transformation through empowering the community to take the lead to change their circumstances for the better. I hear many accounts of organisations going to villages and doing projects like building toilets, but the sad thing is the community never use them. They don't feel they need toilets. They don't understand just how important sanitation is to preventing disease. I have even heard of one village using the toilet to house the village god. Unless the community feel the need for something and take ownership of the project, then most projects fail. Since my tropical nursing course I have desired to help train community health workers. Give them the skills to help transform the health of their village through prevention, health education and simple treatments. I find that this IPHC is something similar to that. These students have come to learn these skills and will go back to the areas they work and use these skills to show God's love to those in need and help bring about community transformation. I also hope that they will also be able to teach others these skills. This is not just social work; God is the only one that can bring lasting transformation to communities. Through building relationships with people we desire to share God's love with them.

I think that during my time in India I will probably be involved in staffing or leading more IPHC's. I found out after I came here that that is the reason the leadership asked me to be staff. I can't lead an IPHC unless I have staffed one!

Please keep the staff and students here in your prayers. Every Friday afternoon we have outreach either to a village or to the hospital to pray with patients or attend the baby clinic.

Thank you all for all your prayers and support. There are 5 weeks left of the lecture phase, so that's five weeks till I return home – this year has flown by!

God bless  
Lots of love  
Heather