A Train of Hope, and a Chance to Train

I WAS STRUCK BY HER EYES AS WE APPRAISED EACH OTHER from across the crowded hall. They were big, beautiful black eyes, looking at me with a mixture of fear, curiosity, and awe. They belonged to a young girl, with a bright, lively face. I know my eyes must have mirrored hers, for I too was filled with the same emotions.

I was thousands of miles away from my home in Canada, in the middle of what is known as the "very interior of India," a remote town called Jagdalpur, in a highly impoverished state, Chattisgarh. Our India Health Initiative team had been journeying around the subcontinent, achieving the goals we had set out for our group of five students, representing the medical, occupational therapy, and nursing fields. We had been learning about health care delivery in rural India, about children with physical and mental disabilities in orphanages, about each other as members of future professional teams. As a first-year medical student, I knew it was all I could have hoped for, and I thought that the many lessons I had learned along our spectacular journey were enough, that there was not much more I could absorb in the last week of our trip. How wrong I was.

Our team was visiting a screening camp for a mobile hospital based in a train, aptly named Lifeline Express, a unique health care delivery model developed with the intention of bringing high-impact surgical and medical care to isolated and inaccessible regions in India. The hall where the screening was taking place for corrective orthopedic operations—advertised as corrective procedures for polio, since no one knew what "orthopedic" meant—was packed.

I was awed by the sense of overwhelming hope and expectation in the room—the knowledge that something tremendous was about to happen there. Wailing children, tense teenagers, anxious parents, methodical physicians . . . and in that sea of faces was this singular individual who held my attention. I wondered what this beautiful young girl, about my age, was doing there.

I kept my eye on her, as she did on me, while I laughed and played with the children as a distraction while they waited their turn in line. They enjoyed the same peek-a-boo games I would have played back home; no language was required for us to share some fun. The children were waiting to be examined by the plastic, orthopedic, and general surgeons who had traveled nearly eight hours from the capital, Raipur, to be part of the Lifeline Express. The train-based nongovernmental organization, under the umbrella of the larger Impact India Foundation, lived up to its name, parking in each rural location for a month, allowing free camps of cataract operations, epilepsy treatment, dental care, and—what we were there for—orthopedic and cleft lip procedures, to be performed for the poor who could not afford to travel for their health care.

One by one the children were assessed. Some refused to venture far from their parents' laps, while others obligingly walked back and forth, twirled around, and placed their feet into the hands of the men and women they hoped would change their lives. The surgeons went through a very basic preoperative triage, deciding whether the surgery could be performed on the train the following day, or whether the patients would need to be transferred to Raipur. Lifeline Express, along with the government, did guarantee that the operations would be done for free, regardless of the transfer, so few would leave the hall disappointed.

Most of the orthopedic operations were for the condition called congenital talipes equinovarus—clubfoot. I had not seen many such cases, perhaps because in Canada, these are corrected earlier in infancy by splinting or surgery. However, in India, it was explained to me that patients with this birth defect had walked for years on their ankles, been discriminated against, struggled for work and for food. The operations done on the Lifeline Express would surely make a difference in the lives of these children.

I again wondered what the young woman was doing there. She had no child in her lap, nor any other relations talking to her. She sat alone, though surrounded by people. She laughed when I made the child I was playing with laugh, and she met my eyes with even more warmth and friendliness as the day went on. Somehow, we had a connection, and I felt welcomed and at home in this strange land of my ancestors.

Many patient hours and three cups of tea later, the surgeons were getting ready to wind down; most of the children had been looked at, and the operations would begin the following morning. Finally, my new friend struggled to her feet. It was then that I realized that this young woman, who looked so perfect in every other way, had feet that were twisted and deformed beyond what I had seen before.

She limped to the stage, ready for her turn. Her feet had become calloused and infected over the years, because of constant friction and the rubbing of her ankles and the sides of her feet with the ground. She continued to smile at me, and I at her, but inside the wonder had not left me. I now became curious about how on earth this could be fixed. She looked at me for encouragement, and I gave it willingly. I listened carefully to the surgeons' words, as they spoke in

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Hindi, and though I was comfortable with the dialect, the medical language was difficult for me to grasp.

I understood the gist. Her face had fallen as the physicians explained to her that they might be able to perform corrective surgery on one of her feet, but not both. There were too many other patients, they told her, and it would be a difficult operation. My heart broke for her as she knelt at their feet on the hard floor. "Please," she implored. "I have come all this way. Please." The power differential in the room became almost unbearable for me to watch. I knew physicians were respected worldwide; I understood in theory what it meant to hold life and death in your hands. But here I saw it before me. Though death was not in the picture, certainly the potential for a full life was hanging in the balance.

I didn't know what to do. Her tears became mine as the surgeons discussed it among themselves. She looked at me once for strength, and I don't know if I was able to give it to her. At last, the long minute, which felt drawn out almost for an eternity, ended when one of the physicians gripped her shoulder. "We'll do it," he announced. The words were like a weight had been lifted in the entire room. She was smiling, they were smiling, and the onlookers, witnesses to this dramatic moment, were smiling. In fact, a ray of hope stirred within me as I became optimistic for her future.

I saw her following the operation in the makeshift postoperative ward. Children were around her on either side, crying in pain. She was the only one on the floor with a dazzling smile that could have been mistaken for the sun. I sat at the edge of her bed, as she told me her story in broken Hindi, not her native tongue. She was a nursing student, she said, from a nearby village and had come for the train, knowing that it would change her life. A marriage, a home, an education—all of that which she had never dreamed possible—would now be within her grasp. I asked her about the pain. I knew, with both her legs wrapped in casts, it was probably excruciating. She refused to acknowledge it, however, choosing only to laugh and smile with gratitude.

We parted fast friends, but not knowing if we would ever see each other again. I will not know if that surgery was successful, or if her dreams were fulfilled. What I do know for certain is that I was there for the moment that changed her life. For better or for worse, the physicians had given her a chance; an opportunity for this young individual at the threshold of adulthood to make a new start in life, turn a page, put the agonies and indignities of the past behind. I asked myself that day, as I do today, Isn't that what medicine is about? As a wide-eyed, naive medical student, I too have had days in which I envisioned a life where I walk in the room and save the day, pull people from the brink of death, and claim credit for the healing. But this moment, far away from everything I had ever known, pointed out something very different to me.

Maybe medicine is also about relationships, the building of trust, a narrative, the ability to understand and empathize with the challenges and trials of another human being. Maybe it is about sharing in a few paragraphs of the story of a patient, a partner, a friend. It is true—it does require knowledge and technical expertise. But sometimes it is also the opening up of one's humanity to help another turn a page or begin a new chapter. It is a chance to reshape a life.

Charushree Prasad, BMSc

Author Affiliation: Schulich School of Medicine and Dentistry, University of Western Ontario, London (cprasad2014@meds.uwo.ca).

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