

FIELD NOTES | SPRING 2018

## Seven Hundred Fifty-Four Kilometers

By Heli Patel

It was just eight in the morning but I was sweating as if I had been out in the sun all day. I walked into the pre-operative ward and noticed a cute, pale-faced kid staring up at the ceiling. He was seven years old but looked more like he was five. I picked up his chart and perused through at a slower than normal speed as everything was written in Hindi and doctors tend to have terrible handwriting across the globe.

I was spending my summer in India, at a charitable heart hospital where people who could not afford surgery would come from all over the country. Most of the people were poverty-stricken farmers and laborers from the tiniest villages whose names are unknown to most people. Space inside the waiting rooms was used to seat patients while family members were lined across the hallway, sitting on the floor, some scattered through the courtyard, and even on the steps of the building.

I took a quick look through the charts to check out the daily lineup of surgeries. It was a pile of relatively routine congenital defects and bypass surgeries. The first case of the day was that cute kid, who had not one but four heart defects—a rare condition called Tetralogy of Fallot. When one of the nurses came to take him up to prep, he bolted out the door so fast you couldn't tell he had a dying heart. I peeked out the door and found him standing still, frozen.

I bent down and asked why he ran and he said, "I'm scared." But before I could come up with a reassuring reply, he ran away to his father who was now standing in the doorway. I asked his father where they are from, and he told me they came from a village (whose name I could not even understand) in Rajasthan. Recalling my vague geographical knowledge, I just remarked, "Wow that is quite a long trip." "Yes, around seven hundred fifty-four kilometers. I am glad we at finally made it." *Seven hundred fifty-four kilometers!* With some quick mental math, I calculated that was over 460 miles.

Using the best of my Hindi skills to understand his mix of Hindi and some dialect I failed to recognize, I found out they had been traveling for a couple of weeks now. At first, I had no idea what he was talking about and just nodded my head. But when the ward nurse joined the conversation, she slipped me some quick translations of his narrative. They came from a small village where access to healthcare was scarce. And even with access to medical care, they could not afford it. At a certain point, there was a free clinic set up nearby that was performing echocardiograms and portable tests to screen for heart abnormalities. The father knew there was something wrong with his son, and the screening confirmed he needed heart surgery. The alternative was an early death in childhood.

Usually, their option would have been to accept the death. That's what happened to any child born "strange" or "different" from the rest. But when the father heard rumors of a hospital in Rajkot that did cardiac surgery for free, he took whatever chance he could get. He admitted he did not know what was wrong with his kid; he just knew that something was wrong. He took his son and started off to come here. It is no small task to leave your village, family, and responsibilities with the hopes of getting some surgery. Most of the people that came to this hospital really did not know what surgery meant. This type of advanced care can be hidden to those without financial capability.

The father laughed as he said they took every mode of transportation—from donkey carts to sneaking onto municipality buses. Sometimes truck drivers and locals would offer them a ride for a few kilometers. During some stretches of the trip, they had to walk. Except 7-year-old Kanu with four heart defects already had trouble with perfusion on a normal basis. Instead, his father carried him on his shoulders. Other times, he would seat Kanu on a mule and walk alongside. If and when he came across some measly amount of money, they would hop on a local bus. So Kanu knew by the look on his father's face that running out the door was not really an option.

Now I was the one standing frozen in my tracks. I had the same routine here every day—wake up, go to the hospital, read the charts, and spend the rest of the day in surgery. Talking to the patients and hearing their stories was nowhere on my list of priorities. Little did I know back then that the most I would ever learn about the human condition was not in the operating room, but outside of it.

Kanu's surgery took around five hours and went fine for the most part. His blood pressure was a bit on the low end after getting out of cardioplegia, but when I asked about it, the doctor said it should not pose a problem. So as per usual, after the day's caseload, I casually walked around the post-operative ward to take a look at everyone. But Kanu was nowhere to be seen. I found him in the ICU on a ventilator, but I was relieved to see that his pale face was now noticeably rosy. The next two days went on with me going through the usual routine with no cause for alarm... until I got to the second floor ICU again, where this time, the nurses were surrounding a particular bed in the left corner.

I just caught a glimpse of the tube being slowly removed from Kanu's mouth. Unplugging machines, removing the IVs, as a young nurse brought over a white cloth. Since I had gotten here, every single patient had survived remarkable odds and recovered until now.

In that moment, all I could think about was the seven hundred fifty-four kilometers. All of that distance traveled for what? Seven hundred fifty-four kilometers that his father would now have to walk back empty handed. How was I the only one thinking about this? I looked at Kanu once before they draped his head and he looked at peace.

I walked down two flights of stairs expecting to see a devastated father and thinking of what to say, if anything at all. I ran straight into him at the bottom of the stairs and said something along the lines of "I'm sorry."

He looked to me and *smiled*, much to my surprise. "Don't be. At least we made it here," he gestured. "This is much further than we expected." *Seven hundred fifty-four kilometers further than where he would have died.* There was something at this hospital to be seen rather than said about the human condition. The willingness to endure and suffer for the sake of even the slightest bit of progress. The hope to somehow walk to a better outcome next time. The humility and graceful acceptance of death. The unrelenting struggle against circumstance. I realized the length to be traveled for advancement was not just seven hundred fifty-four kilometers – there's still a much longer distance for us to go.

Heli Patel is a student in the Penn State/SKMC accelerated BS/MD program. Through her journey in the fields of cancer, neuroscience, and surgery, she seeks to capture the narratives of the people around her to better understand the human condition. She also greatly enjoys spending her time reading literature and philosophy and adventuring the outdoors as a way of fostering her curiosity. She hopes to use her abilities to create a more meaningful, intellectual, and selfless connection with the people and patients around her.