

Learning Health Care in India

By Melony A. Jones
Communication Specialist

A monkey – or two, perhaps three, even more – wandering through the streets of New Delhi, India, is normal. It's also common to see the creatures perched on fences and tree limbs throughout the city.

And it's not awkward to find them in government hospitals – so much so that signs are flanked on the walls, cautioning patients and visitors not to feed the monkeys because their bites could inflict rabies.

"They just run through the hospital," said Jacquelyn Messenger, an Austin Peay State University senior from Portage, Ind., who was in India for two weeks in May to observe the country's health care system. "It was weird to see them around, but everyone there was used to it."

Messenger, an ROTC cadet at APSU, was among 40 students from across the U.S. chosen for a summer internship program that offered students from various medical career majors a chance to examine health care systems abroad. More than 30 of APSU's ROTC cadets also participated in internships, camps and schools this past summer – a time when many college students try to take a break from the classroom.

But the lessons Messenger brought home will be with the former Fort Campbell, Ky., soldier as her career in medical technology develops. When Messenger first set foot on Indian soil, she had no idea how quickly she would learn of the impoverished country's health care dilemmas.

"There's no way to explain the smells and sights of India," she said. "They have problems with hygiene. You see people defecating and urinating on the streets because there is no proper disposal system.

"There are so many of them. There's no way to take care of all of them."

India's health care woes

For Messenger, 28, the public health sector in India "opened my eyes." Training to become a medical technologist, she witnessed firsthand how the country's health care sys-

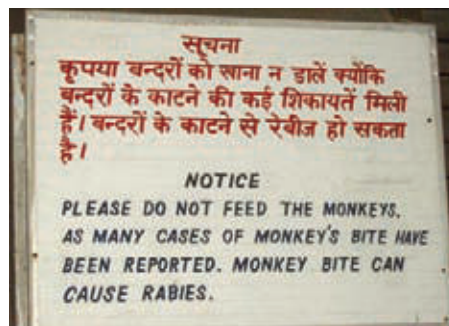


tem compares to health care in the U.S. The interns visited the All India Institute of Medical Sciences. The most significant difference, she said, is the cost.

"Over there, it's nearly free in the public sector," she said. "They do have private hospitals, but most of those require insurance, and not many people in India have insurance."

Another distinct contrast between the two countries is education and training. Completing medical school in India takes two years, four years in the U.S.

"Those who want to become doctors go through school there because it's faster, and then they come here because of the money. Doctors get paid a lot more in the states than in India," she said. "But about 1 percent of



Signs have to be posted on the walls of India's hospitals to caution patients and visitors not to feed the monkeys because of potential health hazards.

each year's class in India don't make it through."

The prognosis for the future of India's medical profession does not look good. According to the June 13, 2008, issue of *The Chronicle of Higher Education*, there are only six doctors for every 10,000 people in India, compared with nearly 55 in the U.S. and 21 in Canada.

Here's why there are fewer doctors: Professors are leaving medical schools for better-paying jobs in private hospitals and in the pharmaceutical industry, forcing the schools to cut the size of their programs. There are many Indians who want to become doctors, but that dream is pursued abroad, where it often is easier to gain admission into specialized programs, and salaries are higher. And students who would have studied medicine are pursuing more lucrative careers in the technical sector. For instance, a senior resident at the All India Institute of Medical Sciences earns \$7,200 a year, according to *The Chronicle* article. That is significantly less than the average salary of \$49,000 offered this year to graduates of the Indian Institute of Management in Ahmedabad.

'A long way to go' for India

The doctor shortage illustrates how government regulation and bureaucracy sometimes make it more difficult for India to meet the challenges in taking care of its citizens. The medical problems there are perhaps among the most severe globally. In fact, Messenger had an opportunity to travel to China, where government underfunding of its health care system in the last decade has contributed largely to health problems among its citizenry, but she chose to go to India.

"I want to be a part of helping to eradicate diseases," she said. "This trip to India proved more beneficial to me as I pursue my career."

Having served on active duty for seven years before attending APSU, Messenger plans to return to the Army following graduation. When she was in the military, she was a lab technician. Earning a degree at APSU

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George Sherrill *(continued from Page 31)*

said. "They showed me a lot of respect. I think they liked how I treated people and how I interacted with coaches. I was thinking I was one of the ones they wanted to build around. They built a pretty good bullpen, one in which I was a part. But they want to go in a different direction as far their rotation was concerned. You have to give up something to get something—they got a good one in Bedard.

"Initially, I really didn't understand why the Orioles would be interested in me. They were in a rebuilding mode and I am 31."

Orioles and Sherrill: The perfect fit

Shortly after the trade was made, Trembley, the Orioles' manager, asked Sherrill to be the closer.

"He said, 'I want you to close, and I want you to think about it,'" Sherrill said. "I told him 'I didn't have to think about it—I want to close.' But he asked me to think about it and tell him in spring training what I thought.

"The whole time I am just getting my mind shaped around it and getting ready for it. Then he told me, I think it was St. Patrick's Day that he was going to announce it the next day. Sure enough, I had a lot of media waiting on me. That's the real difference between setting up and closing, more media."

Trembley said the decision from management's standpoint was an easy one.

"One, he is a strike thrower," the second-year manager said. "Two, he is very competitive. Three, he commands both sides of the plate. He pitches equally well against right- or left-handed (hitters). And it doesn't take him long to get loose."

Sherrill had compiled just four saves total in Seattle. He doesn't have the typical "stuff" associated with closers. He doesn't throw in the mid-to upper-90s mph, instead topping out no better than the low 90s, with most of his pitchers in the high 80s. He also doesn't have any "trick" pitches.

"They say the ball comes out of my ear or my shirt. Whatever, the batter has trouble picking it up," Sherrill said. "I guess it is a little deception."

Obviously, it worked. In the first two months in Baltimore, as one of just five left-handed closers in baseball, Sherrill had nearly 20 saves for a team that totaled just 30 a year ago.

"I am not surprised because it starts with attitude," Trembley said. "We asked him to consider (being the closer) and he said he would do it. He has got really good stuff. He keeps everything simple. He works fast, he throws strikes."

Orioles Hall of Fame pitcher Jim Palmer, who now serves as the team's television color analyst, also likes the pitcher's mound presence.

"The fact he had never closed before didn't mean he couldn't close," said Palmer, who won 268 games from 1965-84. "They had a pretty good closer (J.J. Putz) in Seattle. But to anyone who saw George Sherrill pitch, and I saw him the last three seasons, it was obvious he had pretty good stuff. He is very effective.

"Think about it, most closers are used in situations where they don't come in with men on base. Set-up guys often times come in with men on base. Here he is, in most cases, coming in for an inning. He is deceptive. He commands his stuff. Is he overpowering? No, but he throws strikes and can keep the ball out of the middle of the plate. It appears to me he has the mentality to do it."

On a Saturday night in mid-May, Sherrill came in against the Washington Nationals in a 6-5 game. He retires all three hitters, and as the Nationals' Cristian Guzman pops up to first base to end the game, Sherrill's teammates come out for the postgame handshake ritual.

This time, the ritual is different. All the Orioles players flip up the bill of their cap to salute their new closer.

Nine years after attempting to knock down the door of anyone who might offer him a chance, George Sherrill, the self-admitted "chunky" pitcher nobody wanted, has become a perfect fit for the Baltimore Orioles. **AF**

Jacquelyn Messenger

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would allow Messenger to achieve officer status as a medical technologist.

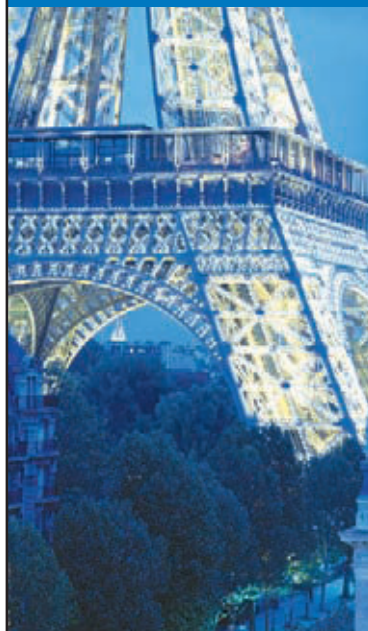
Messenger returned home with about 900 photographs, many of them capturing India's beauty in the architecture, such as the Taj Mahal and religious temples. Some images were taken during a surgery that resulted in the successful removal of a lymphoma from a woman's breast.

Other photos, however, are beyond shocking – a filthy laboratory filled with antiquated medical equipment and tools, old furniture stacked in a hallway – with monkeys rummaging through them.

It's all India has at the moment for health care.

"You really feel sad for them. This is as good as it gets," Messenger said. "They have a long way to go." **AF**

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