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# Serving Yupik Eskimos: Public Health on the Last Frontier



I believe that in life, one should work to ameliorate the injustices that one has experienced or witnessed, so that others should not have to suffer the same obstacles. Born and raised in Liberia, West Africa, I did not visit a doctor until I was eight years old. Only one hospital clinic existed in the country, corrupted by government officials and lacking adequate facilities. Although I experienced a serious lack of access to health care, the access for indigenous tribes living in

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isolated villages was further stifled. A deceitful government was responsible for this, and in 1990 civil war erupted forcing my family to flee the country with nothing. After years of determination, my family has rebuilt our lives. I reflect on this difficult time and I think about indigenous Liberians and others around the world that still suffer from a lack of health care under corrupt governments. Thus, I wanted to use my Burch Fellowship to contribute to work in the public health field to help improve the well being of impoverished people so they will not have to suffer from a lack of access to essential needs.

With the fellowship, I was able to design an experience allowing me to pursue a passionate interest. Thus, I decided to create an experi-

ence in cross-cultural public health. I traveled to Alaska to study the health care delivery system for native tribes—a system in which each village selects a representative for training as a lay health care provider, called a village health aide. During my fellowship, I researched this model hoping that it would provide me with a good understanding of how to improve health care access internationally. Working with the director of Western Alaska's community health aide program and other public health professionals, I implemented projects that involved extensive travel to villages. At village clinics, I trained health aides on the use of telemedicine, which allowed them to begin using EKGs and video otoscopes to transmit

vital patient information to doctors hundreds of miles away.

Also, teaching villagers how to use glucose meters and conducting patient satisfaction interviews allowed me to learn about their lives. While I lived in impoverished villages without essentials like running water, major public health hazards like open dumps and poor health practices like children chewing tobacco shocked me. Many times, I discussed these issues with tribal councils who were working with public health officials to improve these problems through new initiatives. Appreciating the importance of good public health in these communities, I understood the crucial role of public health leaders in creating essential programs and policies that serve peo-

ple in poor and hard to reach areas. Based on this understanding, I traveled to New York where I presented my research to the director of a free health clinic in an indigenous Liberian village. The director and I used the Alaska Native model to initiate concrete plans of expanding public health education in villages with aid from the Liberian government.

My interest in public health spawns from childhood experiences in a third world country. My Burch Fellowship has burned in my memory the struggles of those in need of adequate healthcare. As I pursue a career in public health, my memories of my Burch experience will enrich my ability to help needy populations gain access to proper health care.