

► **DirecTalk** MUSINGS FROM THE 10TH FLOOR

David Dyjack, DrPH, CIH

## Jamkhed

George, Allan, and I fingered the stacks of rupees, 350,000 to be exact. The year was 1997 and I had in a moment of insanity agreed to exchange our U.S. dollars on the black market in Mumbai, India. Any discomfort I felt was ameliorated by the calming presence of the church pastor for whom I was doing this favor, he savored the foreign currency and we needed the rupees. We felt considerable relief when the ledgers balanced. We dropped our cash in a brown paper grocery bag and proceeded into the street, making our way in the twilight on foot toward the YMCA. Imagine the absurdity of the scene—three young foreigners walking through the slums of a megacity with a literal bag of cash balanced on our heads. It would be the first in a series of mind-bending circumstances that would come to define our 5-week educational visit to India. What happened next, however, remains to this day a key milestone in my career.

I had arranged for our public health students to spend a few days with Drs. Raj and Mabelle Arole at their compound in a rural community named Jamkhed, which is about 320 km east of Mumbai. The Aroles were famous in international development circles for their commitment to community health in a time when they, both being physicians, could have easily practiced medicine and led comfortable lives. They forfeited a potential life of prestige and abundance to assist in rural development and help the poorest of the poor.

I ventured out after sunset on my first night at Jamkhed to escape the heat and insect infestation in the dormitory. I had one of those little miner headlamp flashlights as I looked out for

*The greatest contribution we will likely make during our careers will not fall within the four walls of the environmental health profession.*

potholes and things that go bump in the night. I had just been diagnosed with near-sightedness and was getting familiar with wearing glasses but what I saw next was bewildering. On the dark lane leading out of the compound were a considerable number of men and boys defecating in the street. I was embarrassed and taken aback at the sight and promptly snuffed out my headlamp. What the heck?

While intrepid travelers are renowned for returning home with tales of adventure, I was less interested in conveying this experience to people back home and more interested in how one of the most famous development projects in the planet had failed in something as fundamental as providing latrines to its community. At the next opportunity I peppered Raj with my observation and he

smiled with a knowing smile. He walked with me and with some pride and amusement, he pointed out ventilated improved pit (VIP) latrines that had been built adjacent to many homes in the community. I took some time to inspect a few and they oddly appeared unused. What was going on? He calmly explained that toilet building had been a priority and that the resources were secured to build VIP latrines. Regretfully, he demurred, he hadn't considered the social context of latrine use.

Life in Jamkhed is difficult and much of that difficulty is borne by the women and girls. The one time of day the ladies had to themselves to socialize and enjoy each other's company was first thing in the morning when they gathered and walked into the fields to engage in a communal bathroom break. It was their time to be together. Why would they elect to use a single toilet in the dark? They didn't. Furthermore, because they didn't, their children didn't either, which leads me back to my first night at Jamkhed. The men I saw that night didn't use the toilets because the women didn't. Herein lies an important lesson that has stayed with me for the last 20 years: women are the world's change agents. They ensure the children get immunized. They are essential players in small enterprise development. They are first to adopt techniques that use less energy for cooking. And yes, if they use the latrine, the children and men will likely follow suit.

I learned other important lessons during my time with Raj and Mabelle. Community participation in any endeavor is not a given,

*continued on page 49*

## NEHA Staff Profile

As part of tradition, NEHA features new staff members in the *Journal* around the time of their 1-year anniversary. These profiles give you an opportunity to get to know the NEHA staff better and to learn more about the great programs and activities going on in your association. This month we are pleased to introduce you to one NEHA staff member. Contact information for all NEHA staff can be found on page 44.



### Ayana Jones

I joined NEHA's Program and Partnership Development department as a project coordinator in December 2018. My primary role at NEHA is to develop and execute project deliverables on a variety of environmental health content areas such as the Model Aquatic Health Code, open data, vector control, and water. I am one of five employees here in the

Washington, DC, office, where we engage strategically with our public health and environmental health partners. Over the past year, I helped contribute to, facilitate, and monitor the work of several federally-funded environmental health projects.

I was born and raised in Maple Heights, a small suburb of Cleveland, Ohio. I attended Slippery Rock University for my bachelor of science in public health and more recently graduated from the University of Maryland in 2018. Before my transition to graduate school at the University of Maryland, where I studied health equity, I worked as an environmental health fellow and at the American Public Health Association. The foundation of my environmental health work began as a sanitarian at the Cuyahoga County Board of Health.

My personal and professional passions lie with the betterment of environmental health, specifically for the most vulnerable groups of people. One of my goals here at NEHA is to continue to promote environmental justice and health equity within my project areas and incorporate the roles of environmental justice and health equity in the environmental health workforce. My first year here at NEHA has been both challenging and exciting. I look forward to doing greater things at NEHA in the years to come. When I am not working, I enjoy doing hot yoga, working on audio editing projects, or going to jazz and soul concerts in the DMV (Washington, DC, Maryland, Virginia) area. 🐼

## DirecTalk

*continued from page 50*

it must be cultivated. The Aroles recognized that certain influencers within their catchment played an outsized role in regional development decisions. Investing in those relationships and ensuring buy-in and support from these individuals would lead to better health outcomes for everyone. The farmers clubs were an excellent example of Arole ingenuity. They created clubs where farmers with wealth had something in common with subsistence farmers—everyone farmed—and these clubs were essential in creating cooperatives where everything from financing, infrastructure, pricing, and health centers could be discussed and worked on together. A common purpose bonded all the players, regardless of what caste they were born into.

The farmers clubs also played another more interesting and productive purpose. The Aroles understood that while the women were the change agents they needed to work with, the men were easily threatened and would likely prohibit their spouses from interacting with the Aroles, even if it benefited their family's health. Hence, the farmers



*Dr. David Dyjack addresses a gathering of Delhi community leaders in 1997. Photo courtesy of David Dyjack.*

clubs. The village men's status was collectively improved by associating with the clubs. They came to trust the Aroles over time and eventually ceded permission for the women to become involved in many community health improvement initiatives. Brilliant.

I'm struck by the notion that the greatest contribution we will likely make during our careers will not fall within the four walls of the

environmental health profession. Alternatively, it will be what we achieve in collaboration with other disciplines: engineering, medicine, nursing, health education, architecture. To effectively gain access to these professions, we will, like the Aroles, need to cultivate trust with the gate keepers. In our case, these gate keepers include university deans, medical center directors, company presidents, governmental health officials, and nursing supervisors, among others. Let's meet them on their turf, create and deliver value as defined by them, and when they claim credit for our ideas, let our satisfaction lie with the fact that we achieved our aim.

The great rupee exchange of 1997 was the opening scene on a 5-week adventure that brought me to Delhi, Mumbai, Manipal, Bangalore, Chennai, and Hyderabad. I learned the importance of community participation and was introduced to the outsized role of women in the health of their and our communities. It's time to dust off the lessons from India and bring them on home. 🐼

*Dave*

ddyjack@neha.org  
Twitter: @DTDyjack