

# Review of: "Public Health Student Internship: An Opportunity to Explore System, Self, and Society"

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The commentary by Trivedi et al. is well written and thought provoking. I have some questions and suggestions.

1. The statement "There is a limited focus on community engagement to learn about health-seeking behaviours and collective health actions of community members." needs to be explained in detailed as this may have been true in the past but not now. There is an interest in internships, including those from the Global North to low- and middle- income countries. There are numerous examples and ethics of these missions see: Hart D, Singh-Miller N, Shukla A, Jindal RM. A New Era of Partnership Between The Uniformed Services University and The Armed Forces Medical College, Pune, India. *Mil Med.* 2016 Aug;181(8):726-8. doi: 10.7205/MILMED-D-16-00181. Berkley H, Zitzman E, Jindal RM. Formal Training for Ethical Dilemmas in Global Health. *Mil Med.* 2019 Jan 1;184(1-2):8-10. doi: 10.1093/milmed/usy246.
2. The authors should describe the non-governmental organization - Self Employed Women's Association (SEWA) in Gujarat, India, in greater detail. Many readers would like to know the inception, work, and current status of this organization.
3. Readers will like to know how internships are obtained in SEWA and what exactly was the role of the students during the internship. Was it office work, field work, was a specific project assigned to them? Who were the local mentors? Was this internship paid and was it by a competitive process?
4. The authors should avoid the term "developing country like India", and use low- and middle-income country which is the correct terminology for countries in the Global South.
5. The authors should avoid jargon such as "Such pedagogical approaches perpetuate power hierarchies by widening the information asymmetry between future providers and communities" and use simpler words as many of the readers will be non-specialists.
6. Statements such as "Idolizing their professors, the PH students normalize the existing power hierarchies and learn to put themselves on a higher pedestal" need to be referenced in the Indian context or deleted.
7. Many of the thoughts expressed by the authors may be summarized under the umbrella term "decolonization of global health" The authors may include a brief description of this emerging concept and describe if their philosophical approach is decolonization or not.
8. The inclusion of caste in this statement needs further clarification "They need to explore a range of determinants of health viz. caste system, gender, cultural sensitivity, disability, and inclusion through a deeper exploration of the lived experiences and realities of the communities that shape their health". The issue of caste in India is complex and a

topic of sociological discussion and furthermore, caste is probably not important in modern day India. In addition, “disability” needs clarification - is it physical, developmental or mental disability?

9. The statement “Take an example of a woman who is unable to receive COVID-19 vaccination despite having her home 200 meters from the centre. A deeper exploration may make one realize that she may have recently delivered a newborn and couldn’t afford to stop being a sole caretaker at any time” should be prefaced with the fact that SEWA, SAATH and several other NGOs in Ahmedabad, have community health workers who can supplement the work of the government by home visits. In my opinion, interns have much to learn from community health workers such as ASHA, Anganwadi workers in India.
10. “At the end of such an invaluable experience, the students must learn to ask themselves: “Are we complying to strengthen the existing unequal structures or shatter them?” Was there a formal de-briefing of the internship experiences and did the interns present their findings to the wider student body? It is possible that the concept of interns working in marginalized communities may be idealistic but needs supervision and preparation to be meaningful.