

## **Putting “People’s Health in People’s Hands”: How the Bangs Inspired my Personal Journey**

The husband and wife were showing us pictures of women villagers in colorful saris crowded around a wooden device learning how to count breaths. They were an old and frail couple, and they looked more like they were in need of help than capable of giving it. But that afternoon, as they talked animatedly about their two decades of community health work in rural India, they had me. And they have me still. What they taught me was how one could make a difference if all one really wanted to do was make a difference – not necessarily by great, celebrated achievements but by small, even unnoticed ones.

You wouldn’t know Abhay and Rani Bang by name. You might recognize the mark they have made on global health. Physicians by training, they returned to their native India after receiving master’s degrees in public health at Johns Hopkins – returned to the poorest communities of Gadchiroli. But they returned not as self-perceived saviors for people needing health care. They came as partners intending to help the villagers build their own health system. “People’s Health in People’s Hands,” as they called it, which described exactly what they hoped to achieve [1,2].

It began as a way to reduce neonatal and maternal mortality. It evolved into a way for the community to demand its human rights because the Bangs showed the villagers that health rights and human rights were inextricably bound together. And what evolved into a human rights campaign became a quiet revolution [4]. The Bangs eventually authored numerous papers and books to share what they had learned about community building. And their methods of community mobilization were adopted all over the world [5,6,7]. But the Bangs not only helped to empower villagers and health workers across the world. In doing so, they helped change how global organizations themselves thought about empowerment and community engagement: bottom-up rather than top-down [1,2,4].

And they changed something else: me.

I would like to say I had a revelation. I didn’t. I had their inspiration. But I had to go on my own journey to appreciate the impact they had on me.

That journey began when I graduated from college, packed a copy of *Putting Women First* and headed off to work for a community-based HIV education NGO in rural Tanzania to “save the world”. I didn’t save anyone, but they saved me, even from that hubris. It was in a Tanzanian cornfield, watching a girl writhing in an epileptic seizure -- “possessed by the devil,” her family said – when I began to comprehend what the Bangs knew: the importance of cultural humility and sensitivity to local belief systems and illness etiologies. Like the Bangs, I realized I needed to embed myself in the community to be truly effective.

So, stripped of my savior complex, I went to rural Thailand on a year-long fellowship to learn Thai Traditional Medicine. Working alongside a group of herb farmers, I began to understand the relationship between health care and broader community development and how to partner with my new friends in their efforts to improve their health care and their lives.

My journey continued in India, where I met community health workers with no formal education or medical supplies who nonetheless were making impactful changes beyond curative care. It was there I first realized, as the Bangs had done decades earlier, the great potential of the grassroots workforce. And that inspired me to pursue a PhD in public health to investigate how people in low-resource settings navigate health decisions. The journey next took me to rural Nepal where I spent two-and-a-half years, like the Bangs, embedded in a remote community to listen and learn from them – bottom-up – about their healthcare experiences. But I also had a personal revelation. I realized that the best way to be most useful in limited-resource settings was to possess more medical acumen.

So, I went to medical school, like the Bangs, and wound up as a pediatrician spending time in rural India and Tanzania, hoping to serve a community by being part of it – someone who would understand it and bridge western medicine and traditional practices and health services and human rights.

These may be modest goals. So were the Bangs'. There will be no Nobel Prize. But seeing the couple's passion that afternoon, now so long ago, seeing their love and respect for the people *with* whom they served, not *over* whom he served, set me on my journey and directed me to my destination -- to serve vulnerable children in underserved communities in the process of helping those communities shape their own destiny.

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