

## AN EMBODIMENT OF THE MOBILE HEALTH CLINIC

**J**ules P. Brown, M.D. died on February 17 2003.

His family requested that contributions in honor of Dr. Brown's life be made to the Ashalayam Mobile Health Clinic.

Dr. Brown started his medical career as a flight surgeon of the United States Air Force during the Vietnam War. Because of his warm and gentle bedside manner as well as his desire to have close and personal interactions with his patients, he changed his field to radiology and soon became a renowned radiologist in Denton Texas. In the mid-1980's, Dr. Brown opened his own practice called Family Radiology which soon boasted 5 partners and 30 employees. Dr. Brown was a successful doctor as well as a devout and active Jew—a generous human being who never forgot the less fortunate. Growing up in the industrial town of Bethlehem Pennsylvania, he personally experienced religious discrimination, but never became embittered, always responding to others with kindness.



Dr. Brown's daughter Heidi was a classmate of my older sister Mira, and Heidi usually spends Rosh Hashanah and Yom Kippur with our family in New England. In September 2002, Dr. Brown was too sick to go to his synagogue in Denton, so with my father's help we held a mini-service for him on the telephone from Vermont. It was a moving and memorable experience, both for Dr. Brown and for all of us.

I wish to honor Dr. Brown's life in this newsletter not simply because of the donations made to the Mobile Health Clinic in his honor, but also because he embodied so much of what the Mobile Health Clinic is about. He devoted his life to the health, comfort, and well being of people in need; he knew the importance of the doctor-patient relationship and never lost the personal touch which is so important in health care; and he was ever aware of the spiritual dimension to life by which he was guided. We send our deepest condolences to his wife Barbara, and his three daughters, Heidi, Carri, and Rebecca.

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## WEBSITE COMING

**W**e are currently working on a website for the Ashalayam Mobile Health Clinic. McArthur and Free Range Graphics, based in Washington DC, are designing the website, and in our next newsletter we will announce the website address. The website will be primarily for the convenience of our contributors and will hopefully attract new ones. On the website we plan to include:



Mother with her three children and the activities children in Jogadda

Æ Numerous pictures of the children and the activities

- Æ Numerous pictures of the children and the activities provided by the Mobile Health Clinic.
- Æ Interviews with individual mothers about their experiences with the Mobile Health Clinic.
- Æ Case studies of children given medical treatment by the Mobile Health Clinic.
- Æ Letters written by contributors who have seen the Mobile Health Clinic in action.
- Æ Newsletters online.
- Æ Techniques used, and results of monitoring and evaluation of the Mobile Health Clinic.
- Æ A section on the problem of street children in Kolkata and Howrah and the difference the Mobile Health Clinic is making.
- Æ And more....

Please feel free to share this newsletter with friends and family. We would love to enlarge our community of Friends of the Mobile Health Clinic. We would also be so happy to hear from you with questions, concerns, suggestions, comments or reflections. Please make them known to us through our US office.

Contributions can be made anytime by making your check out to "THE SALESIAN MISSION" (for tax deduction purposes) and sent to our US office at the address provided below. If you are a new contributor please let us know how you heard about us.

**U.S. Office :** Attn: Noah Levinson, 31-C Jay Street, Cambridge, MA 02139, Ph: (617) 441 3647, E-mail: GBNL@aol.com  
**India Office :** Ashalayam Mobile Health Clinic, 158/18 Belilious Road, Howrah 711-101, West Bengal, INDIA,  
 Ph : (011-91-33) 2643 5037/9341, E-mail: dbasha@vsnl.com

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# MOBILE CLINIC NEWS

SEPTEMBER 2003

## ABOUT THE MOBILE HEALTH CLINIC

**T**he Ashalayam Mobile Health Clinic is a project set up to reach some of the poorest children in and around Kolkata with quality healthcare. This healthcare is quite comprehensive, and includes monthly checkups, free medicines, follow-up treatment, referrals, and hospitalization when necessary. Beyond that, however, the Ashalayam Mobile Health Clinic is devoted to the complete rehabilitation of each and every child we encounter. The children are invited to take part in all of the child-oriented programs and activities provided by Don Bosco Ashalayam. (To see a list of these programs please see the Ashalayam website [www.ashalayam.org](http://www.ashalayam.org).)

**D**ear Friends,

Greetings from Kolkata!

I am on another extended visit to Kolkata, this time, sponsored by Marlboro College where I'm still a student. I've been here since the end of July and will stay until the end of December. It's great to be back in Kolkata, although the heat and humidity are intense. As this trip is through my college, it is a different kind of visit in which, beyond work on the mobile health clinic per se, I will be focusing on language skills and studies helping to place the mobile clinic in its larger public health context. The academic work will be focused on three main themes: Bengali language, a one-year analysis of the Mobile Health Clinic, and a comparison of public health services available now to public health services administered under British rule before 1947.



Since my arrival in late July, I've spent much time with the

Mobile Health Clinic and am delighted with the progress being made. Three things strike me in particular. First is the systematic way in which the Mobile Health Clinic is administered. In a city filled with physical and administrative obstacles and often subject to day-long government shut-downs, it's quite an accomplishment for any facility to operate consistently and manage to navigate around the uncontrollable circumstances which are always arising. Yet each month the Mobile Health Clinic visits twelve centers and numerous slums without fail, and counterparts are always informed if rescheduling is necessary. When we started the clinic we had difficulty keeping order among the children waiting for treatment. Now the children sit quietly and wait their turn for medical treatment. Where parents exist and are present, they also wait patiently until their children's names are called. Records are kept legibly and systematically, and the doctor looks over the past medical history of each child before an examination is administered. Remarkably, the Mobile Health Clinic seems to bring an element of order to the chaos often inherent in these urban slums.

Secondly, I'm struck by the dedication of the staff. Their commitment to the project and to each child is remarkable. Our coordinator, Shelly Chatterjee knows the names of more than 500 children and somehow remembers their medical conditions and histories as well. The mothers greet Ms. Chatterjee as if she were a saint, and often use her as a confidante for personal problems they are experiencing. Ms. Chatterjee is especially concerned about the household violence which sometimes takes place on evenings when husbands/fathers have been drinking. Watching our new nurse, Sumana Kundu, explain the importance of particular medications to these children and watching the children carefully taking their first doses is uplifting. Doctor Majumdar and Ms. Chatterjee are working tirelessly to create and maintain connections with hospitals, surgeons and specialists for special cases which the Mobile Health Clinic cannot handle on site.

Third, by all indications the Mobile Health Clinic seems to be accomplishing the goals we set for it. Lots more in this newsletter to give you some sense of that.

With special thanks and blessings to each of you,

*Noah Levinson*

Noah Levinson and the kids.

## FIVE MONTHS FIVE HEALTH AWARENESS PROGRAMS

During the last 5 months, the Ashalayam Mobile Health Clinic has hosted five Health Awareness Programs designed by the Mobile Health Clinic staff in conjunction with the Ashalayam Non-formal Schools. The idea of the awareness program is based on the fact that while the children are learning about basic healthcare and hygiene in school, the parents or caretakers of these children (where they exist) do not necessarily have this knowledge. A proposal was submitted for an increased budget so that these awareness programs could take place.



*Healthy mothers have healthy children  
This is the future.  
Think about this before you have a child.*

*For children all vaccinations must be done.  
Be regular on vaccinations.  
If this is done, six kinds of disease can be avoided  
Measles, polio, tuberculosis, jaundice, diphtheria, and small pox.*

*Bottle feeding is not pure.  
Infection from bottle feeding can kill a child.  
That's why I'm saying, the mother's milk is the best milk.  
Breast feeding also gives extra care and affection to the child.*

*If you don't want your children to lose their eyesight,  
Then feed your children green and yellow vegetables.*

*Pregnant women should eat special food for the health of the baby.  
It's not true that costly foods are more nutritious foods.  
Which foods are nutritious...that the mother must learn.*

*Healthy mothers have healthy children  
This is the future.  
Think about this before you have a child.*

Along with seeing their children on stage, caretakers get to take away with them the messages of their children's words. After the presentations by the children, there is time for questions and answers.

One of the byproducts of these Health Awareness Programs is that they have become mini-festivals for the slums, an occasion for mothers and children to dress up and feel special.

In each case a tent is set up, and posters with pictures and texts describe the importance of immunizations, polio vaccinations, iodized salt to prevent goiter, and birth control/family planning mechanisms. Slum mothers and sometimes non-working men attend the awareness program. The program begins with a short speech by the Mobile Health Clinic coordinator describing the reason for the program, and then a short speech by the doctor who speaks about his particular concerns for the slum in question, be it skin diseases, perpetual diarrhea, infestation of worms or tuberculosis. Then the fun begins. The children, who for the previous month have been practicing songs and poems about health and hygiene, present their recitations and songs to the adults. Children actually are teaching their parents about health and hygiene. Below is an example of such a poem loosely translated from Bengali.

### IN THE NEWS

## MARLBORO STAFF/FACULTY SHAVE TO RAISE \$2,567 FOR INDIA'S STREET CHILDREN

MARLBORO, VT – More than \$2,500 will make its way to the street children of India thanks to Marlboro College staff, faculty and students who were willing to shave their locks in the name of charity.

On April 22, members of the Marlboro community followed through on their promises to shave their hair to raise money for junior Noah Levinson's work with the street children of India.

The quirky fundraiser, pegged "Hair to Help" involved the pledge of various staffers and faculty members to publicly shave everything from their heads to legs if they were able to collect enough pledge money to do so. Money was also



From left: John, Nancy, Seth & Carrie

raised to "buy back" hair for participants at risk of losing their lengthy locks.

According to Levinson, who earned \$100 for shaving his own head, the unusual project brought in a grand total of \$2,567.23. It cost Director of Psychological Services Nancy Pike her hair – something she said she was more than willing to let go of to support the project.

Pike was joined by a half dozen others who participated in the project, including a faculty member who was able to buy back her locks and a staff member who shaved her legs to raise funds.

Levinson has spent the past two years traveling around the streets of India and offering medical services to its street children. He has started up a mobile health clinic that brings medical supplies to children who would otherwise not have them and has raised more than \$50,000 toward the project.

the project. He has hired a doctor and a nurse and bought a vehicle and medical supplies with that money.

The mobile health clinic provides medical treatment to more than 1000 street children outside of Calcutta. It provides monthly checkups, medicines, surgery, substance abuse treatment, and braces for the handicapped.

Money raised through the Hair for Help project will go toward the continued funding needed for the program.

Thanks to all the students, professors, faculty and staff for their support of this rather unique fundraiser. And special thanks to the hairless—Professor of English, John Sheehy, Professor of Asian Studies, Seth Harter, Director of Community Service & Career Development, Carrie Weikel, and Director of Psychological Services and the force behind Hair for Help, Nancy Pike.

## NEW STAFF

We have a few additions to the Mobile Health Clinic Staff who we would like to introduce. A special welcome to...



Dr. Nirmal Majumdar,  
MBBS.



Nurse Sumana Kundu



Driver Rajesh Prashad

## MOTHER KNOW BEST

For the past several weeks we have been conducting interviews with some of the mothers who send their children to the Mobile Health Clinic. Our primary goals in conducting these interviews is to better understand the conditions in which the children are living and to find out what concerns the parents have about the Mobile Health Clinic. I'd like to recognize Nihal Shah for her valuable assistance with these interviews.



Gouri Dome from the slum of Konnagar has two children who come regularly to the Mobile Health Clinic. Gouri Dome comes from one of the lowest castes in India and whose family name represents those people who work at the funeral pyres. When we asked her about the care her children were receiving from the Mobile Health Clinic staff, she answered by saying, "Yes, very good. The way you are sitting close to me—they do the same. They make us sit by their sides and talk softly. Explaining things. They say, look here, you must take care of your children. They treat us like one of their own people". The smile on her face as she said this was beautiful and I hope it is somewhat captured in the photo of her. When we asked her whether she had any concerns or problems

with the Mobile Health Clinic, she gave us some valuable insights. While the Mobile Health Clinic carries to each slum, a wide variety of medicines, there are situations where the medicine which is required for a particular ailment, is not with the clinic. In these situations, the staff tells the child or parent that the required medicine will be brought on the next visit and also gives a prescription so that if the mother or child wants to get the medicine on his/her own, that is also possible. Some of the prescription drugs that the clinic doesn't carry on its rounds are costly, yet when a child is sick, one doesn't want to wait for the next doctor's visit. This was a common concern among a number of mothers and the staff has taken the matter seriously. We are now working with local pharmacies and looking into the possibility of hiring another nurse who will make rounds to check on special cases. From the children and the parents we learn the most and interviews will remain an important element of our monitoring and evaluation exercises.

At the end of the interview with Gouri Dome, she said, "I have lived here all my life, no one ever took my interview like this. I have never spoken to such big people. I cannot compose myself. I feel like laughing."