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BECOMING FAMILY

I first met Rama late in the winter of 2014. She walked into the Priscilla Project office looking for help, having just found out from our Barton Street clinic that she was expecting twins. She didn't know how to find the high-risk clinic to which she had been transferred. I told her I could help her.

On the way home from her first appointment, she talked with me about her family. She and her husband, Pratap, had come to America from Nepal with their 2-year-old daughter, Jelina, through the Diversity Immigrant Visa program. No other members of their family were living in the country. At the time, she had been in Buffalo for less than a year, but was already dreaming of going back to Nepal to see her family.

During this conversation, she turned to me and said, "When I go to Nepal, you can come with me." I never thought that in three years Rama would be like a sister to me, her children would call me auntie, and we would be making a 40-hour journey across the world together.

We did an intake and assessment for Rama to officially become a client of the Priscilla

Project. My colleague Bhagi explained that the Priscilla Project could provide her with a volunteer mentor, who would visit her weekly and provide support in various ways. (Mentors often teach English, provide transportation to appointments, show mentees how to go WIC shopping, and generally become a support, a resource, and a friend.) Rama's face lit up. She had no friends, no support, and no idea how to handle a multiple pregnancy in America. She asked Bhagi, "Can Sondra be my mentor?" I said yes.

The next six months were filled with weekly doctor appointments, finding supplies for the babies, and drinking lots of Nepali tea. I taught Jelina her first words in English and she started calling me "auntie." Rama and Pratap invited me over and taught me how to cook some traditional Nepali foods. Soon, I realized that they had not only invited me into their home, but into their family as well.

Rama's due date was in the same month as my birthday. Throughout her pregnancy I kept joking with her that the twins and I would share a birthday. At an appointment in August, we found out that Rama had to be induced at 37 weeks due to a medical

complication. The doctor left the room to have the procedure scheduled and came back with the date. Rama and I looked down at the paper: September 6.

"But that's your birthday," Rama said. She was worried I would be too busy and wouldn't be able to go to the hospital with her.

"Yes," I replied. "And I will be with you at the hospital!"

On the morning of September 6, 2014, I went to Rama's house to take her for her induction. Her family greeted me with "Happy Birthday!" and a big breakfast. The four of us went to Children's Hospital together, knowing that the next time Rama entered the house, it would be with two additional members of the family.

By 9 p.m. that evening, two healthy boys were born -- Abhay and Arambh. Having two "nephews" come into the world was the best birthday gift I could have received.

Over the next two and a half years, I continued visiting Rama and her family on an almost weekly basis. I attended

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many birthday parties for the children, celebrated Nepali holidays, and was included in family photos. In the fall of 2016, Rama told me the family needed to go back to Nepal for the twins' hair-cutting ceremony. (It is traditional for the maternal uncle to be the first person to cut the boys' hair.) We booked our tickets for the following summer.

From Buffalo to Kathmandu, the trip was a total of 40 hours. We were warmly welcomed to the family home in Mahendranagar; the same house where Rama and Pratap had lived before coming to America. Living in the house were Pratap's father, two of Pratap's brothers and their wives, and Pratap's nieces and nephews. (In Nepali culture, wives move into their in-laws' houses after the wedding.) Everyone was so happy to meet Rama's American friend!

The morning of the hair-cutting ceremony the whole extended family gathered on the balcony of the house. Rama's brother started the hair cutting; then different family members came up to cut a little bit of hair, too. Each person added a red dot made of rice and red powder (called a "tika") to the twins' foreheads. Though I had attended many traditional celebrations with the family back in Buffalo, I had never experienced an event like this with over 30 family members participating. Rama and Pratap were so happy to have both their families together for the first time in over four years.

I returned to Buffalo before Rama and her family. (They had planned to stay in Nepal for two weeks longer than me.) Shortly after I arrived in Buffalo, Jelina called to ask when I was coming back to Nepal. I told her I would see her at the airport when she

returned home. From our conversation, I could tell Jelina was confused about where "home" was. She and her family were in their home country, but they missed their life in Buffalo, the only home the children had ever known.

Visiting Nepal with Rama, meeting her relatives, and experiencing life in her hometown gave me an even deeper connection with her family. Having seen the life they lived before coming to Buffalo, I have a better understanding and appreciation of their culture with a depth that I never expected to attain. Mentoring Rama has provided so many opportunities for both of us. In the end, though, I think she has impacted my life more than I have hers. And for that I will always be grateful.

Data Proves Success of Parent-Child Home Program for Buffalo Students

Many of us know about the "word gap," the finding that children in low-income families hear about 30 million fewer words by the time they are three years old than children in more economically advantaged homes. In fact, by the time they enter school, more affluent kids frequently know around 15,000 more words than their less-affluent peers. And studies show that the effects of the word gap don't just fade into the background as children progress through grade school; they continue to affect students well into high school and beyond.

Jericho Road's Parent-Child Home Program seeks to address these disparities by providing in-home education for both young children and their parents on a weekly basis. As a replication site of the National Parent-Child Home Program, Jericho Road's PCHP prepares young children for school success by increasing language and literacy skills, enhancing social-emotional development, and strengthening the parent-child relationship. Certified Early Learning Specialists visit families twice a week, bringing with them a book or toy to facilitate learn-and-play activities between children and their parents.

The United Way of Buffalo and Erie County published a study on the effects of Jericho Road's and King Urban Life Center's Parent-Child Home Programs in their June 2016 report card on third grade proficiency in Erie County. The five-year study compared the proficiency of PCHP graduates in third and fourth grade at King Center Charter School with that of their peers who had not participated in PCHP. The results were decisive. On the NYS reading assessments, 75% of PCHP grads achieved proficiency, while only 49% of their non-PCHP peers reached that mark. Similarly, on the NYS math assessments, 100% of PCHP grads were proficient, while only 67% of non-grads achieved proficiency.

This two-year program can literally change the course of a child's life. Better early childhood education at home is directly linked to better high school graduation



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rates. Young adults with a GED are less likely to experience poverty, incarceration, unemployment, and violence.

This is where YOU come in! You can make a lasting impact for the next generation by sponsoring a child or family in PCHP or by purchasing an educational book or toy for use in the program.


THANK YOU TO OUR GLOBAL EVENT SPONSORS!

ARC Administrators, AXA, Baillie Lumber, D'Youville College, Dopkins & Company, LLP, Harmac Medical Products, Harter Secrest, Independent Health, Lawley Insurance, Oishei Healthy Kids, UBMD Family Medicine, WNY Imaging, WellCare

- Provide **books or toys for one family** for one program year: \$250
- Provide **backpacks filled with school supplies for 10 program graduates** this spring: \$250
- Provide **one child's early learning materials (books and toys)** for one year of visits: \$500
- Sponsor a PCHP **family for a school year!** (includes all books, toys, and twice weekly visits from a PCHP Early Learning Specialist): \$1,500



$$\text{OR} \quad \begin{matrix} \text{A} \\ \text{B} \text{ C} \end{matrix} = \$250$$



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$$\text{AND} \quad \begin{matrix} \text{A} \\ \text{B} \text{ C} \end{matrix} = \$500$$



$$= \$1500$$

We also have an Amazon Registry if you would like to buy several toys or books for the program! Browse items you can purchase by visiting jrhc.org/programs/parent-child-home-program. With your help, Jericho Road can equip more children with skills needed to excel in the classroom.

DOUX'S STORY

Bridging the Gap, our global fundraising event on June 15, was a big success! With over 400 guests in attendance, the event brought in approximately \$94,000 in immediate funds and \$70,000 in pledges to sustain our medical work in both Kono District, Sierra Leone and Goma, Democratic Republic of Congo (DRC). For those of you who were not able to join us, here is a patient story that we shared during the presentation that evening.

Nyota, 30, and her son Doux, 9, live in Mugunga, a part of Goma, DRC not far from Jericho Road's Wellness Clinic. Doux struggles with congestive heart failure, which is likely a result of being born with a hole in his heart. His symptoms include frequent seizures, fainting, and memory loss. Unlike many boys his age, he is not able to attend school or enjoy neighborhood games of soccer.

In the United States, a child with this condition would have undergone corrective surgery after turning one, but Doux has never had the opportunity. If left untreated, Doux's condition is fatal. The nearest hospital capable of performing the surgery he needs is in the neighboring country of Rwanda. Unfortunately, Doux and his family have never had the means to pay for the operation or even travel that far.

Nyota wants nothing more than for Doux to be a normal boy and have the same opportunities as his peers, so she decided to see what could be done for him at the Wellness Clinic. After examining Doux and diagnosing his condition, Dr. Daniel Ndungutse decided to call a hospital in Rwanda where heart surgeries are sometimes performed for free. Disappointingly, the Rwandan hospital explained that Congolese patients are not eligible for free care.

Jericho Road's Wellness Clinic can only provide minimal treatment for a complex case like Doux's. The clinic is committed to continuing to do what it can to manage Doux's symptoms, while advocating for a cost-free or low-cost surgery at an appropriate facility. Nyota finds some peace of mind knowing that Jericho Road is involved in her son's care and working to orchestrate a permanent fix.

Sadly, not all stories coming out of our global clinics have happy endings or tidy resolutions. As an organization, we realize that providing healthcare in difficult places means experiencing heartbreak and consistently struggling with the



At Jericho Road, we are positively changing health outcomes for desperately underserved communities with each individual we treat.

injustices that exist in our world.

At the turn of the century, Unitarian minister and author Edward Everett Hale was quoted as saying, "I am only one, but I am one. I can't do everything, but I can do something. The something I ought to do, I can do. And by the grace of God, I will."

At Jericho Road, we are positively changing health outcomes for desperately underserved communities with each individual we treat. Though we cannot bring healthcare to every person in need around the world (much as we wish we could), we are committed to doing that "something we ought to do" every day for as long as God allows us to continue.



JERICHO ROAD

COMMUNITY HEALTH CENTER

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If you'd like to be removed from our mailing list please email us at: contact@jrhc.org or call us at: 716-348-3000 ext. 417.

1021 BROADWAY UPDATE

Renovation has been ongoing at our new site on the East Side since November 2016 and our facility management partner, 716 Ministries, has been diligently working to ready the space for patients and partners. Since the fall, the entire west wall of the third and fourth floors was removed and replaced with beautiful floor-to-ceiling windows, the patient entrance remodel has started, and two of three roofs have been redone. We completed a National Grid review for an energy audit and are installing energy efficient fixtures in the building, which will keep costs low and reduce the facility's energy footprint. Building plans are finalized for the first, second, and third floors, and, by the end of the summer, the elevator will be installed.

Apart from the physical work being done on the building, we have also been making progress on partnerships with other local organizations. A partnership has been established with the Western New York Human Services Collaborative to bring additional services alongside

our medical clinic and community programs. Commitments to occupy space at 1021 Broadway have been made by EPIC (Every Person Influences Children), the Erie County Mental Health Association, and the Parent Network of WNY. WNY Imaging Group will share space with our medical clinic on the third floor to provide X-ray, ultrasound, DEXA scan, and mammography, which will greatly expand in-house facilities. Other participating organizations in the collaborative are in active discussion to join us in the building, as well.

On the funding side, we have received a \$300,000 matching grant from The John R. Oishei Foundation to support the renovation of the first 8,500 square foot clinic space, which will house one clinical "pod." This space will occupy part of the



third floor at 1021 Broadway and will initially house two healthcare providers. By 2019, we plan to build up to four providers in that space, which will allow us to serve approximately 3,000 patients (or more) over the next two years.

We anticipate opening this first "pod" in the first quarter of 2018. Keep an eye on our website (www.jrhc.org) and social media pages for future updates regarding this project.