

T y p e c a s t i n g F i l m s

P r o d u c t i o n I n f o r m a t i o n

BECOMING FAMILY

Written and Directed by

Carl Strecker

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Typecasting Films presents
A Carl Strecker Film

BECOMING FAMILY

CAST

Dr. M. Rahmi Mowjood..... Himself
Dr. Kyle Smart..... Himself
Dr. Jesse F. Martinez Himself
Rehana Mowjood Herself
Chandra Patel Herself
David Cao Himself
Heather Kranitz Herself
Clarissa Lew..... Herself
Siraj Mowjood..... Himself
Matthew Ott..... Himself
Anita Singh..... Herself
Nicholas Kreider..... Himself
Kushil Gunasekera..... Himself
Bob Connolly..... Himself
Sharaf Mowjood Himself
Nuzhath Hafsa Herself
Carl Strecker Opening Narration

CREW

Produced by Carl Strecker
M. Rahmi Mowjood
Written and Directed by..... Carl Strecker
Edited by Carl Strecker
Cinematography..... Carl Strecker
Original Music Don Bodin
Sound Re-Recording Mixer Mark Petersen

Camera Provided by
Elliott Visuals
Westlake Village, CA

Post-Production Sound Services by
Laser Sound Services
Laser Pacific Media Corporation
A Kodak Company
Hollywood, CA

Filmed on location in Sri Lanka and
the United States of America

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Western University of Health Sciences
Foundation of Goodness
The Rainbow Clinic
The Mowjood Family
Elliott Visuals
Laser Sound Services
Filmlook, Inc.
Louise and Jack Strecker

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STORY

Six months after a devastating tsunami hit South Asia, Muslim-American and Sri Lankan born Dr. M. Rahmi Mowjood led a team of American doctors and medical students on a relief trip to Sri Lanka. While mentoring medical students and aiding injured villagers, Dr. Mowjood also finds a way to ask someone to become a member of his own family.

Shot on location in Sri Lanka, the film features original music by Don Bodin and won the 2007 Top Applause Award at the International Family Film Festival in Hollywood.

On December 26, 2004, two tsunami waves created by a 9.0 earthquake 500 miles from the Sri Lankan shoreline swept upon Sri Lanka, killing 30,000 people and leaving 1.5 million displaced. In January, just two weeks after this tsunami, Dr. M. Rahmi Mowjood along with four other doctors traveled to Sri Lanka to provide immediate relief to the devastated coastlines. The trip was exhausting and bittersweet, and in July of 2005 Dr. Mowjood prepared for his second trip, this time as the team leader of a much larger group, and with the additional task, as the team would soon find out, of proposing to a Sri Lankan woman he'd been courting for the six months since his first trip.

Dr. Mowjood was originally approached by student Chandra Patel after he returned from his first relief trip. Chandra wanted to organize a similar relief trip to Sri Lanka during the summer between the medical students' first and second year, and after funds were raised and the trip organized, Dr. Mowjood and

Chandra were able to successfully assemble a team of three doctors (Dr. M. Rahmi Mowjood, Dr. Kyle Smart, and Dr. Jesse F. Martinez) and seven medical students (Chandra Patel, David Cao, Heather Kranitz, Clarissa Lew, Siraj Mowjood, Matthew Ott, and Anita Singh). Along with Dr. Mowjood's mother (Rehana Mowjood), who handled much of the trip's logistical planning, on July 5, 2005 this team embarked on the twenty-six hour journey to visit Sri Lanka, the damaged island nation off the southern tip of India.

Because Dr. Mowjood had also been courting Nuzhath Hafsa since his first trip, he also had other news in store for the team, and as soon as everyone was assembled at their first group dinner in Sri Lanka's capitol city of Colombo, Dr. Mowjood announced the news that he had just become engaged to be married. The team congratulated Dr. Mowjood, but there was much work to be done, so they finished celebrating and prepared for the tasks ahead.

The next day, the team traveled to the southern region of Sri Lanka, in an area called Galle, where the team witnessed for the first time the somber reality of what had happened as a result of the tsunami. As the bus traveled along the coastline, Dr. Jesse F. Martinez described the images of destroyed homes, damaged boats, and touching monuments they observed. At one point, the team stopped to view several beached boats carried inland by the tsunami, and paused to appreciate a memorial statue erected in remembrance of the 136 people that had been killed by the tsunami in that particular village.

Finally the team arrived in the village of Seenigama where they would work out of a clinic that had been transformed from a summer home. The owner

of this property and the founder of the Foundation of Goodness was Kushil Gunasekera, a Sri Lankan humanitarian activist and successful businessman best known as the manager of superstar Sri Lankan cricket bowler – and the highest wicket taker in cricket history – Muttiah Muralidaran. In the cricket world, Mr. Muralidaran is as famous as Michael Jordan.

Dr. Mowjood had coordinated with Kushil to have the team of doctors and students work out of this clinic for several days seeing patients. Upon arrival at the clinic the team also met Nicholas Kreider, an American from Pennsylvania who had been using his MBA skills as Project Manager at the Foundation of Goodness managing funds and following through on individual, industrial and livelihood projects within the village. Nicholas explained the function of the foundation and the experience he'd had working in Sri Lanka, sharing that he had planned to leave months prior but because he had become so enamored with the village, he had already renewed his visa several times to stay longer.

Kushil then took the time to tell the personal story of how he experienced the tsunami first hand, showing the watermark of the 10-foot-high wave that swept through his summer home and destroyed so many lives in the village. But like the waves of destruction that came to take away so many dreams, the “waves of compassion,” as Kushil says, that came in the form of non-governmental organizations, individuals, and international aid organizations had helped rebuild the village and helped turn this tragedy into something positive. The tsunami was no doubt a terrifying event, but Kushil hopes he can turn the experience, ultimately, into a blessing.

The team began setting up to see patients. During this process, we see the students' eagerness and the doctors' instructional talent. The team worked passionately despite the humid conditions and cramped quarters. Student Anita Singh described how fortunate and invaluable it was to have this hands-on experience – these first-year students would really have an edge on all the other students because of the amazing on-site opportunity.

Meanwhile, personal tensions began to build between Dr. Mowjood and his mother Rehana Mowjood as the engagement started to evolve into a bigger event. They argue about how to handle the unfamiliar terrain of cultural traditions and family negotiations, and how to keep the size of the celebration relatively manageable. Rehana also struggled with the fact that her youngest son, Sharaf Mowjood, was not in Sri Lanka to join the celebration.

Later at the clinic Kushil escorted the team to the ceremonial opening of several rebuilt houses, and the team witnessed how personally connected this village had become. Each homeowner welcomed all the villagers and visitors into their newly rebuilt home and between the smiles and watery eyes of each new homeowner, everyone felt the emotional impact of the triumph over the tragedy. Each homeowner also invited the team and local villagers to take part in the Sinhalese tradition of lighting ceremonial candles displayed at each home.

Over the weekend, the team had scheduled two refugee camp visits. These camps contained temporary shelters built from United Nations-issued tents. Many of the inhabitants of these camps had not received medical attention for some time, and the team did their best to work through the large number of

patients. Injuries ranged from minor scabs to major wounds and traumatic psychological stress. Dr. Mowjood related the story that one camp remembered him from his previous relief trip, and that while that was gratifying on a personal level, the reality was that these same people were still living in the same refugee tents they had been living in six months prior. This realization hit Dr. Mowjood quite hard.

At the second camp, Dr. Mowjood presented to the students a noteworthy case involving an infected foot injury that could possibly lead to an amputation. At the conclusion of Dr. Mowjood's treatment, he told the patient through translator Rehana Mowjood (his mother) that the man "needed to get to the hospital today so that he could save his foot." Student Matthew Ott described the emotional impact he felt seeing these families and children living in tents, and how easy it was for us in the United States to get so caught up in complaints about "having to go to class" or "being late for a meeting" that we eventually lose sight of how precious the simple things in life really are.

The next day at the clinic the team focused on the study, recognition and therapy of Post-Traumatic Stress Disorder (PTSD). Student Heather Kranitz explained what PTSD looked like in a patient and how difficult it sometimes was to hear the patients' painful stories. Rehana Mowjood took a moment to describe the distressing story of one tsunami survivor who was having trouble sleeping. As the story unfolded, we learn that this survivor was unconscious and mistakenly placed in a truck with a pile of dead bodies until eventually she was discovered in the mortuary.

Dr. Kyle Smart then began a group PTSD therapy session devoted to fifty children from the village. Dr. Smart started the session by allowing the kids to sing songs and enjoy themselves. Then he began some focused art therapy, asking the children to draw something that they probably hadn't been asked to draw before – something that scared them. He used himself as an example by holding up a picture he had drawn of his house burning down when he was a child, highlighting the fact that he drew himself crying. All the children responded with genuine empathy, and most of their drawings were of a tsunami wave. Yet each child drew the wave in their own way, and Dr. Smart observed that the children often included themselves in the picture of the wave, and in some cases included bodies floating in the water, seemingly lifeless. The day was emotionally draining, but it also became the rewardingly cathartic experience that provided the emotional boost the team needed to push through the rest of the trip.

Dr. Mowjood's wedding engagement had finally blossomed into an actual wedding ceremony, and faced with the stress of negotiating two families' needs, managing Rehana's feelings about the absence of her youngest son Sharaf, and finalizing the details of what had now become a three hundred person event, Dr. Mowjood decided he would return to Colombo a day earlier than planned to help Rehana with the remaining details. After Dr. Mowjood left in the morning, the rest of the team, led by Dr. Smart, visited a third refugee camp – an unregistered camp sponsored and maintained by individual donors but not recognized by the government. The camp was built of wooden shacks instead of United Nations

emergency-issued tents, and it became obvious that the patients hadn't seen medical attention in a substantial amount of time.

Dr. Smart described the camp and how important it was to visit such places, and student Chandra Patel described how important and impactful it was to connect with people on the other side of the planet.

Dr. Mowjood's wedding day had finally arrived, and he was making phone calls to friends back home, letting them know that the engagement had, in fact, turned into a wedding. Bob Connolly, whom Dr. Mowjood had known since high school, described (in a flashback moment from two weeks earlier) how far Dr. Mowjood had come over the past year and how proud Bob was of his friend's professional and personal accomplishments.

Dr. Mowjood then hurried to a room where close family members had gathered during the wedding preparation and paused to take a moment to hug his mother, Rehana Mowjood. The moment was touching as the two personalities who had been at odds during the week leading up to the event finally connected.

Dr. Mowjood proceeded to the room where his bride Nuzhath Hafsa was waiting to take pre-wedding photographs. After some uncertainty that he should even be allowed to see his bride prior to the big event, Dr. Mowjood – and we the viewers – finally saw the beautiful woman who had captured his heart. We also saw something that hadn't shown itself during the entire trip – Dr. Mowjood's euphoric grin that stretched from ear to ear. Dr. Mowjood said to the camera blissfully, "Who ever thought this beautiful woman would want to marry me?"

As the wedding ceremony progressed, Dr. Mowjood discussed how happy he was to have everyone involved in such an important event in his life. He also reflected on the bridge between his life and the relief work, and how everything was connected, often in a bittersweet way.

As scores of family members congratulated Dr. Mowjood, images of rubble, refugee camps, rebuilt houses, children, and families highlighted the poignant message of a globally connected world.

Finally Dr. Mowjood, Dr. Martinez, Dr. Smart, Rehana Mowjood, and the medical students reminisced about the climactic wedding experience and how gratifying and profound the trip was. The students were inspired to continue to help people abroad in new ways, and some, like student Siraj Mowjood, also “didn’t want to forget the people here at home [in the United States] as well.”

Dr. Kyle Smart then shared that he had taken the knowledge he gained in Sri Lanka by watching Dr. Mowjood and used it to visit Hurricane Katrina victims in the devastated areas of our own country just days after the hurricane destroyed so many homes and lives. Dr. Smart made particular note of the fact that Sri Lanka had prepared him for the emotionally draining aspect of the relief work.

The trip was a success, the team was a triumph, and Dr. Mowjood was a happily married man. Dr. Mowjood concludes the film by noting that the things he’ll remember most are the sacrifices the team members made and the genuinely grateful expressions on the Sri Lankan patients’ faces. A thoughtful

expression remained on Dr. Mowjood's face as he contemplated the elevated importance of this experience.

A STATEMENT FROM THE DIRECTOR

I hope this film communicates the emotional impact that a relief trip like this has on its participants, and I hope viewers walk away seeing how we can all do our part to make the world a better place – that it's not scary to take action but wonderful and rewarding. Many of the students have plans to do more relief work in the future and are motivated because they've learned that it's not just about being proud of one past moment, it's about continuing to give, learn, grow, connect, inspire, and strive for present and future moments.

We are, after all, members of the same important global family.

ABOUT THE PRODUCTION

Timing is everything. Only two months after leaving his sales job in May 2005 to pursue more creative freelance work, the ultimate creative – and philanthropic – opportunity arose for filmmaker Carl Strecker.

On July 5, 2005, Strecker found himself on a 26-hour flight to South Asia with three doctors and seven medical students to document a relief trip only six months after two tsunami waves devastated many South Asian homes, careers, and lives. The team was on its way to Sri Lanka, an island nation off the southern tip of India, and the birthplace of team leader Dr. M. Rahmi Mowjood. "Rahmi has one of the biggest hearts in the world," says Strecker of Dr.

Mowjood. "I've known him for over 10 years, and even back in college he was finding ways to overachieve and help others."

It all began two months earlier when Strecker and Mowjood were discussing their relative futures. "Now that I'm my own boss," Strecker said with a smile, "wouldn't it be crazy if I came with you to Sri Lanka?" Strecker was joking, but his friend wasn't. "Actually," Dr. Mowjood responded, "I've been thinking about that, and I think you should come along as the official photographer."

It took two days for Strecker to come back with an answer. And when he did, he raised the stakes. "What if I came along and made a documentary?" Dr. Mowjood smiled. "Let's do it." It was all set.

Over the next month-and-half, Strecker put together an efficient collection of electronic equipment which included plenty of extra power adapters, batteries, and battery chargers. "My biggest fear was that I wouldn't be able to recharge the camera and be completely out of luck after the first day." Strecker had also assembled an assortment of extra cables and about 80 mini-DV digital videotapes.

"As soon as we arrived at our first hotel room in Sri Lanka," recalled Dr. Kyle Smart, who was roommates with Strecker during the trip, "Carl was moving the bed and hooking up all kinds of wires and equipment that I think took up every outlet in the room. It was pretty funny."

"Better to be over prepared," Strecker insisted. His planning paid off, because the camera never failed him during the 14-day trip.

The camera itself, a Panasonic DVC-80, was generously loaned by friend and colleague Bob Elliott of Elliott Visuals, who provided it at no charge. "Bob was extremely intrigued by the subject matter, and I couldn't have done the documentary without his generosity," Strecker said. Elliott Visuals also included a sound package of two microphones – a shotgun microphone mounted on the camera and wired into the left audio channel, and a wireless microphone which rotated between subjects and was wired in the right audio channel.

"I was often listening to two different conversations at the same time," Strecker explained. "In my left ear was the sound from what I was shooting straight ahead, and in my right ear was the sound from the person who was wearing the wireless microphone. It really helped to have the variety of audio, especially during private moments and conversations. Rahmi was incredibly trusting of me during the trip, and even volunteered to wear the wireless microphone under his clothing during his wedding."

The rest of the team, however, took some time to build trust with Strecker.

"I think they were a little skeptical of the 'Hollywood filmmaker' who was coming along," said Dr. Mowjood. "But it didn't take long for them to realize that Carl wasn't going to make anyone feel uncomfortable."

"Actually," Strecker interjected, "I did purposefully take lots of pictures of the team on the flight and upon arrival, which I think annoyed them. I was trying to get them used to being filmed right away so they wouldn't be self-conscious when the relief work began." Strecker did receive resistance at first, but after some time together the team not only bonded with each other but with the

filmmaker as well. One night, Strecker and a few team members had a ping pong tournament which Strecker claims he won, although I'm sure Siraj Mowjood might disagree. And almost every night the entire team enjoyed dinner together, laughing and telling stories while also appreciating the accomplishments of the day.

"I remember when everyone was still getting to know me," Strecker reminisced, "I got everyone's attention and told them that filmmaking is great because in editing you can cut out all the things that might be awkward or embarrassing. I told them not to worry about saying the wrong thing or looking silly, and made very clear that my primary goal was to make everyone look great. And the funny part is, making them look great turned out to be really easy because they *are* great. All of them."

Eventually, though, new obstacles began to arise as the trip progressed. The humidity caused the camera lens to fog up every time Strecker moved from an air-conditioned interior to an exterior or vice versa. Also every member of the team sweated profusely from the heat, and after a few days Strecker even began to experience back pain from holding the camera all day long.

"Fortunately for me," Strecker said, "the medical team was trained in osteopathic manipulative treatment – or OMT as they call it – which is a way of cracking your back and neck to help it realign after it's been strained."

"Carl was a great guinea pig," said Dr. Kyle Smart. "I actually used him to show the students how to perform OMT a couple times."

The inclement weather was also accompanied by impure health conditions. Because the tsunami destroyed much of the plumbing infrastructure and also because of general third world conditions, the tap water was prohibited from drinking, or even for use while brushing teeth. And the bottled water came with no guarantees either. In fact, almost every single member of the team has some form of stomach illness while on the trip.

“I think Matt Ott and Dr. Kyle Smart had the worst of it,” Strecker recalled. Other members of the team had trouble too. Siraj Mowjood, in fact, slept in the bus nearly half of one day when he fell ill to stomach sickness. And in addition to fighting water contamination, all the members of the team also had to be prepared for the danger of mosquito bites by receiving anti-malaria immunizations prior to the trip and bringing appropriate medication along with them during the trip.

Yet it was the emotionally draining aspects of the trip that were most affecting. The entire team experienced so many different stories of tragedy that it was impossible not to reflect in awe upon the horrors these villagers have had to overcome.

“I was walking from the clinic to the beach to film some shots of the ocean when I stopped to talk to a local villager named Sarath,” Strecker remembered. “He was a nice young man, probably in his mid-to-late twenties and after some pleasant small talk I asked if he was here during the tsunami. ‘I lost three daughters,’ he replied. ‘My mama. My home. My tut tut (car). My job.’ I paused for a long moment. I didn’t know what to say. I said ‘I’m so sorry,’ but I almost

broke down right there. It catches you off guard,” Strecker continued, “these tragedies, the amount of loss these people experienced, and how hundreds of stories are all right there, around every corner.”

The hardest part of the editing process, Strecker later said, was that he couldn't include Sarath in the final version of the film. “It's so hard when you're editing,” Strecker explained, “and you realize that something which affected you in a profoundly personal way ultimately doesn't fit in the flow of the film's story. My heart wanted Sarath's scene in the movie, but my head knew that the story was best told without it.”

Another impactful moment Strecker experienced was being invited in for tea by a family of fifteen at the third refugee camp. “These people all live together in one makeshift wooden hut, and yet they smile and offer me to join them for tea. They were so genuine and so sweet. I left the camera on the entire time and ended up using some of it in the movie.”

Many moments didn't end up in the final version of the film. Out of forty hours of footage, only seventy-four minutes remained, so of course some things had to be cut. Examples include a mother-daughter team from the United States who worked at the clinic checking patients' eyes, a visit to an elephant orphanage, a trip through a Buddhist temple, seeing countless patients, traveling in tut-tut taxis, watching a traditional Muslim chanting ceremony, working with local pharmacists, and many lighter moments where the team joked and laughed to help ease the weight of the work they were doing.

Lastly, of course, was the impressively open access Strecker had to private family discussions between Dr. Mowjood and his mother Rehana Mowjood, as well as discussions between key elder members of the Mowjood family as they negotiated the details of his wedding ceremony. Being allowed to witness and record these moments allowed Strecker to tell the story in a deeply personal way. “I’ll always be grateful to the entire Mowjood family,” Strecker said. “They trusted me enough to allow me to be present during stressful and vulnerable moments. That honesty makes the film beautiful and affecting.”

ABOUT THE CAST

DR. M. RAHMI MOWJOOD (Himself) was born in Sri Lanka before moving to the United States at the age of one. After he completed his undergraduate degree from Claremont McKenna College in Southern California, Dr. Mowjood went on to receive his medical degree from Western University of Health Sciences in Pomona, California, and complete his Family Medicine residency from Arrowhead Regional Medical Center in Colton, California. Dr. Mowjood is board certified in Family Medicine, has been a full-time member of the Western University of Health Sciences faculty as Assistant Professor of Family Medicine, and has worked at the Sierra San Antonio Urgent Care. He currently serves as a board member of the Muslim Public Affairs Council (MPAC), volunteers as a sideline doctor for local high school football games, and occasionally works at Anaheim Stadium as the on-site event doctor for baseball games and concerts. He now lives in Rancho Cucamonga, California with his

wife Hafsa, and has just started to work with his friend Dr. Kyle Smart in a private practice – the Cucamonga Valley Medical Group – which they share with two other doctors.

DR. KYLE SMART (Himself) was born and raised in Southern California and completed his Bachelor's of Science at the University of California, Riverside. Dr. Smart went on to medical school in Pomona, California at the Western University of Health Sciences and completed his residency in Family Medicine at Arrowhead Regional Medical Center in Colton, California. He is board certified by the American Board of Family Medicine. Kyle Smart has actively pursued relief work throughout his life in Mexico, Honduras, and here in the states. He spent part of the summer of 1994 teaching English to college students in Hungary. Sri Lanka was his first medical relief trip, but he has since taken two separate relief trips to the Katrina-devastated Gulf Coast in the United States. Dr. Smart is happily married and lives in Rancho Cucamonga, California with his wife and four young daughters.

DR. JESSE MARTINEZ (Himself), born and raised in Santa Maria, California, graduated from the University of Southern California, School of Pharmacy with a Doctor of Pharmacy degree in 1977. As a registered pharmacist in both California and Nevada, Dr. Martinez began his pharmacy career as an owner and operator of a community pharmacy in Southern California. He then began a professional focus on geriatric patient care in home and long-term care environments. For the last twenty five years, Dr. Martinez has concentrated his efforts to improve patient care by operating healthcare

companies that service nursing homes with pharmaceutical treatment. After his recent tenure teaching at Western University of Health Sciences' school of pharmacy, he joined Rx Two Pharmacy Services, Inc. where he currently serves as President and Chief Executive Officer.

REHANA MOWJOOD (Herself) is mother to team leader Dr. M. Rahmi Mowjood, medical student Siraj Mowjood, and Sharaf Mowjood. She grew up in the Galle region of Sri Lanka and spent much of her young adult life teaching religion and science to elementary school students until 1971 when she married Muhammad Rizvi Mowjood. In 1973, one year after her first son Dr. M. Rahmi Mowjood was born, Rehana and her new family moved to the United States where they lived in New York City, Toledo and Chicago before finally settling down in Southern California in 1979. In 1991, Dr. Muhammad Rizvi Mowjood died unexpectedly of a heart attack and Rehana was left to raise her three boys on her own. The nucleus of the Mowjoods remained strong throughout the years, and all four members continue to be very involved in the Muslim community of Southern California, particularly focusing on community awareness during the turbulent and confusing time that followed the tragic events of 9/11. Rehana currently serves as college counselor for high school students in Pomona, California, and volunteers at schools, health care facilities, and homeless shelters. She lives in Upland, California.

CHANDRA PATEL (Herself) grew up in Los Angeles, California and was an exercise physiology major at USC. She decided to pursue medicine at Western University of Health Sciences because she believes people everywhere

should have proper medical care, and by becoming a doctor she can help contribute to those in need. Ultimately Chandra would like to travel abroad as often as possible, perhaps as part of an organization such as Doctors Without Borders, and at the same time work in a clinic in Southern California. Previously she served in the Peace Corps in San Pedro Perulapan, El Salvador, worked with the Ulan Bator Foundation doing assessments in a hospital in Ulaanbatar, Mongolia, and volunteered in the inner city and for short trips to build houses in Mexico and Thailand.

DAVID CAO (Himself) promised himself he'd become a doctor after experiencing a near fatal ruptured appendix at the age of 6. A native of Alhambra, California, David studied Biology at UCLA before attending medical school at Western University of Health Sciences – a school chosen for its osteopathic teaching philosophy and its close proximity to his family. He plans to become a pediatrician with his degree and finds time to volunteer for as many extra-curricular activities as possible. David had never traveled outside the United States prior to this trip to Sri Lanka, and felt very lucky that his first international travel experience was with such a warm group of people who grew to feel like family.

HEATHER KRANITZ (Herself) is originally from Fremont, California, and studied Biology at the University of San Francisco before choosing to attend medical school at Western University of Health Sciences – a choice made because she felt the osteopathic philosophy and manipulations taught at Western would help ultimately provide more treatment options for her patients. Although

she had traveled to Europe and Australia, the trip to Sri Lanka was Heather's first visit to South Asia. She had previously traveled to the Ukraine to volunteer as an English teacher through the Ukrainian Catholic Education Foundation, and hopes to continue to go on medical mission-type trips in the future, possibly bringing medical students with her much like Drs. Mowjood, Smart, and Martinez have. She currently is pursuing an international rotation in South Africa and looks forward to deciding her medical specialty in the next year.

CLARISSA LEW (Herself) is from San Francisco, California and attended University of California at Davis. She plans to focus on primary care while at Western University of Health Sciences, and hopes to continue to do volunteer work both in San Francisco and abroad to help people who aren't fortunate enough to have adequate healthcare.

SIRAJ MOWJOOD (Himself) grew up in Upland, California and is the older of Dr. Mowjood's two younger brothers. He completed his undergraduate degree at UCLA and now attends Western University of Health Sciences. He says he has always wanted to be a physician and hopes to continue to help underserved members of both local and international communities. Although he traveled a number of times to Sri Lanka to visit family, Siraj had never done relief work prior to this trip.

MATTHEW OTT (Himself) is from Rochester Hills, Michigan and attended college at Michigan State University. He chose to pursue medicine to make a positive difference in people's lives, especially when they are most weak and vulnerable. At Western University of Health Sciences he is considering a focus

in surgery – a skill very useful in an international setting – and hopes to eventually have a practice in Southern California while still allowing plenty of time to continue to work abroad. Matthew spent a week building houses in Thailand for people who lost their homes to the tsunami before meeting up with the team in Sri Lanka. Most recently, Matthew spent ten days in Pakistan in July 2006 providing medical relief to victims of the tragic October 2005 earthquake.

ANITA SINGH (Herself) studied the biological sciences at the University of California at Santa Barbara before choosing to attend Western University of Health Sciences. During college, Anita volunteered for blood drives, children's festivals, and various bicycle charity tournaments in the Santa Barbara area. She also volunteered as a medical assistant in Santa Barbara, and hopes to eventually become a pediatrician when she finishes medical school.

NICHOLAS KREIDER (Himself) received his Bachelor's Degree in Business Administration from the University of Delaware in the Summer of 2003, majoring in Marketing. In January 2004 Nicholas moved to Australia to pursue his MBA at Bond University in Queensland, AU. He graduated in February 2005 and immediately moved to Sri Lanka to help rebuild the villages destroyed by the tsunami and develop new livelihood work programs to get the community back on its feet. After six months in Seenigama, Sri Lanka, Nicholas traveled to Africa where he worked with three different organizations involved with HIV/AIDS orphanages in Nairobi and Subukia, Kenya. He then traveled recreationally through Northern India, Malaysia, New Zealand and Fiji until he finally arrived back in his hometown of Cornwall, Pennsylvania in December 2005. Nicholas

has worked with Big Brothers Big Sisters in Delaware, Rosie Youth Mission in Australia, The Foundation of Goodness in Sri Lanka, Nyumabi Orphanage, Dagoretti4kids and Njaaga Child Hope Orphanage in Kenya and The Children's Lifesaving Foundation in Los Angeles. He now resides in Los Angeles, California.

KUSHIL GUNASEKERA (Himself) grew up in the small coastal village of Seenigama in South West Sri Lanka and always felt extremely lucky and privileged that he had the access to a good education through a reputable school (Ananda College) in Colombo while many friends weren't so fortunate. He vowed to himself that one day he would devote his time, energy and money towards assisting the people of his region so that they too could live meaningfully and purposefully with equal opportunities to excel in life.

And he did. On March 3, 1999, Kushil Gunasekera realized his life-long dream and established the Foundation of Goodness. Now a registered Sri Lankan non-governmental organization (NGO) and a highly reputable force in the region, the Foundation has been active in the community of Seenigama and surrounding villages for over the last seven years.

During his college years, Kushil was more interested in playing cricket than he was in academics. However, the quality of compassion that developed within the heart of this young man was more than a life of academia could ever teach. Kushil was the Secretary of the first ever under-19 Cricket World Cup in Sri Lanka as well as the Secretary of the governing body for cricket in Sri Lanka during 2000 and 2001. More recently, he has inspired many throughout the

globe via the development of a rural community model designed for other regions and disadvantaged communities to follow.

Kushil has committed himself to humanitarian service and community development for at least the past 15 years. He is presently engaged in managing four charities – the Foundation of Goodness, the Muralidaran, Vaas and Gunasekera Foundation, Ruhunu Children's Development Trust and the Ranaviru Doo Daru Rekawaranaya Trust – all of which are committed to enriching the quality of life.

As a member of Rotary International for over 12 years, Kushil received the Ten Outstanding Young Persons (TOYP) award from Jaycees International in 1993, the Best Club, President's and Community Service Director awards from Rotary International District 3220 in 1990 and 1991 and the Rotary Centennial Service Award for Professional Excellence in 2005.

Since the tragic Boxing Day tsunami in 2004, Kushil has traveled to many corners of the world, including a visit to Buckingham Palace to meet the Queen and discuss tsunami issues. Most recently, Kushil visited the Pentagon, the Federal Emergency Management Agency and the doorsteps of the White House, through the International Visitors Leadership Program sponsored by USAID.

To this day, Kushil has retained his strong ties to the world of cricket and remains the manager of famous Sri Lankan bowler and the highest wicket taker in the history of cricket, Mr. Muttiah Muralidaran.

BOB CONNOLLY (Himself), a Southern California native, was born in Pomona, California and completed his undergraduate studies at Pitzer College in

Claremont, California and his post-graduate studies at the Claremont School of Theology. Currently working as a tutor and proofreader, he is attending the California School of Professional Psychology in Alhambra to be a clinical psychologist. Bob has been a hospice volunteer and Red Cross blood donor, and has been a close friend of Dr. Mowjood since high school. He currently lives in San Dimas, California with his wife Nancy.

SHARAF MOWJOOD (Himself) was born and raised in Upland, California, and is Dr. Mowjood's youngest brother. He attended Chapman University in Orange County, California, majoring in Screenwriting and Peace Studies with an emphasis in the Middle East. As part of the school's international training program, he traveled to Jordan for five months before graduating Cum Laude in 2005. After graduation, Sharaf worked as the outreach coordinator on Robert Greenwald's documentary "Wal-Mart: The High Cost of Low Prices" produced by Brave New Films. He currently is working at the Council on American-Islamic Relations (CAIR) as the government relations coordinator, and is still very active with Brave New Films as well as the ACLU.

NUZHATH HAFSA (Herself) studied law in her home town of Colombo, Sri Lanka, and upon graduation began work at a law firm. Nearly a year after she and Dr. Mowjood were married, Hafsa had all the necessary visa paperwork approved, and on April 9, 2006 arrived in the United States to live permanently with her husband. She now happily resides in Rancho Cucamonga, California with her husband Dr. Mowjood.

ABOUT THE FILMMAKERS

CARL STRECKER (Writer, Director, Editor, Cinematographer, Opening Narration) is a native of San Diego, California, and studied theater and film at Pomona College in Claremont, California. While at college, he appeared in a number of theater productions including the title role in “Julius Caesar” and directed several short films as well as a student production of “Equus.” After graduating Pomona College with a Bachelor of Arts in Theater Performance in 1994, Carl appeared in numerous student, independent, and short films. At the same time, he pursued marketing and sales at The Walt Disney Company, Sony Pictures Entertainment, Paramount Pictures, and Reed Business Information. In 2000, he appeared on the Los Angeles stage in an original play, and over the past several years he has appeared on screen in the independent films “Shiner,” “Hunting of Man,” and “Bloody Murder 2: Closing Camp.” The feature “Becoming Family” marks his professional directorial debut, and Carl is proud to share this rewarding and life-changing story.

M. RAHMI MOWJOOD (Producer) also hopes to become more involved in writing and producing theatre and film projects. He and Writer/Director Carl Strecker plan to team together to develop script ideas and future ventures that promote the entertainment arts.

DON BODIN (Original Music) was accepted to the acclaimed Liberal Arts program at Millikin University on a full music scholarship. By his third year, Don had already produced several albums, including a jazz project with Dave Hoffman from the Ray Charles Band, and Billy Stritch who was Liza Minnelli's

sideman. In the late nineties, Don had the privilege to work on over 900 albums and several national advertising campaigns including projects with The Smashing Pumpkins, Cheap Trick, Pepsi, Jim Beam Brands Worldwide and Sony Walkman. Don also formed an electronic rock band, File Underwater, and in the spring of 2000 the group took the #27 spot on Amazon.com's Emerging Artists Sales charts. He also kept busy producing albums for several indie artists in the Chicago area, including the group Kill Hannah (who were soon picked up by Atlantic records) and 1000 Liquors fronted by the now popular author Joe Meno. Don then moved to the Pacific Northwest to engineer shows at Seattle's legendary Showbox Theater, where he worked with many emerging artists and industry veterans including Pedro the Lion, Modest Mouse, Slater-Kinney, Pink Martini, Frank Black and David Lingquist of the pixies, puff Daddy, Elliot Smith, The Reverend Horton Heat, Busta Rymes, Concrete Blond and Guided by Voices. He currently resides in Los Angeles actively scoring for independent films and media presentations.

ADDITIONAL DOCUMENTATION

ADDENDUM A:

During his trip to Sri Lanka, Dr. Kyle Smart sent e-mails to friends and family about his experiences. "Addendum A" includes these accounts.

ADDENDUM B:

As a result of everything Dr. Smart learned from his trip to Sri Lanka, when the Gulf States were ravaged by Hurricane Katrina Dr. Smart knew he had to

help – and ABCNews.com reported his visit. “Addendum B” features the ABCNews.com article, which includes excerpts from e-mails sent during this hurricane relief trip.

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ADDENDUM A:



During his trip to Sri Lanka, Dr. Kyle Smart sent e-mails to friends and family about his experiences.

They are included below.

Wednesday, July 6, 2005

I have to admit that saying good-bye to my family, even if only for 11-12 days, was more difficult than I anticipated. This is the longest that we have been apart. I am so blessed by Deanne, Lauren, Grace, and Isabel. My exhaustion may have added to an emotional good-bye, but it allowed me to sleep for the first nine straight hours of the first nineteen hour flight. Oh yes, there were two flights, three stops, and a total of thirty hours of travel between LAX and our hotel in Colombo, Sri Lanka. I am thirteen hours ahead of you people. We stopped in Tai Pei, Kuala Lumpur, and Singapore. FYI, at each place I felt very safe. I have always wanted to go to China, and it was neat to be a stone's throw away from her Southeastern coast.

Our team is strong. The students are eager to learn and get some clinical experience by seeing patients. We will be working in Southern Sri Lanka near Galle, where the tsunami hit. We will be working for six days straight – four days at an existing clinic. This clinic was a house where the interior was destroyed by the tsunami. The owner now uses the structure as a clinic/public education center for the local rural communities. And two days will be spent at two refugee camps. Dr. Mowjood has informed us there will be a focus on Post-Traumatic Stress Disorder, especially in the children. Our plan is to 1. Engage kids with music (I brought my guitar), games, art, puppets, etc. 2. Do some basic counseling and support. 3. No psych meds will be given as we will not be able to provide the necessary follow-up. We will also be seeing a host of other pathology, and I will keep you posted.

Finally, I am happy to announce Dr. Rahmi Mowjood's formal engagement. Culturally, this is a big deal, full of rich tradition and ritual. We will be attending a "Nicca" (engagement ceremony) in one week, where I plan to wear some traditional Sri Lankan garb.

These are good times to enjoy.

Thursday, July 7, 2005

It's only been five hours since my last email (of sleep for me, that's jetlag for you), but I wanted to send another quick email.

As I walked to dinner with Dr. Mowjood's mother last night, I congratulated her for her son's engagement. She hugged me a long time. She is very happy, but also a bit stressed out by all of the cultural demands. They fall squarely on her shoulders, as Dr. Mowjood Senior died prematurely some years ago. Knowing that I am Christian, she is Muslim, she still asked me to keep her in my prayers when I pray. In my humble opinion, this is the kind of interaction that can bridge cultural and religious gaps.

Thursday, July 7, 2005

All is well in Sri Lanka, as we just heard about the terrorist attack in London. We are being more careful as a group, but personally do not sense any immediate or imminent danger.

The real work starts tomorrow, as we travel south and do our first day of clinic work. Both Dr. Mowjood and myself have prepared the students as much as possible, but nothing counts like the real thing. The model we will use is similar to any academic setting, where all of us will see patients, and the doctors will further oversee, double-check, and address any issues the students have.

Friday, July 8, 2005

Traveling to Galle early this morning we had many somber reminders of why we are here. Colombo, the capital, the industrial/economic hub, was untouched by the tsunami (if it had been, Sri Lanka would have literally been decimated and left in the dark ages). Anyway, going from normal to devastated areas was awakening. Our first real sign of the tsunami was in the form of a beautiful monument/memorial. It was a simple, fifteen foot bronze sculpture depicting the tsunami wave as a curl of metal. Out of various points of the metal waves, sets of hands were reaching up out of the water. Approximately ten percent of each village we passed was lost.

We began passing more and more destroyed homes, still not rebuilt. We saw rubble around a concrete foundation with a tent as walls and a roof. We saw boats on their side, many near the water, one very far inland, and the people have no means to get the boats back into the harbor. New railroad tracks have been laid next to the old, destroyed ones. US Marines came through quickly to clean and rebuild the roads, while the Japanese rebuilt metal bridges, both in and out in matter of days. And finally we saw the train, the infamous train which I saw on TV, the one that was toppled by the tsunami – the one that the Chicago mother and daughter were on, where the mother died. The train has been righted, but remains on the old train tracks.

By the time we got to the clinic we definitely needed to vent some emotion, and got right to work. We started by restocking the existing pharmacy (a former closet), Dr. Martinez, our pharmacist, worked most of the day in "the oven." And finally we began to see patients. We only saw about fifty people, which was fine for the first day, as it allowed us to get acclimated to our surroundings and the kinds of cases we will be seeing. I saw a teenage boy with cerebral palsy, a congenital (born with) disease which has left him with some facial tics and deformed, but usable legs. Thinking I might be able to offer him something a host of other doctors could not, he wanted me to cure him. Dr. Mowjood said this would be very common, a patient coming to us with an existing, chronic problem hoping we can help them. Working with the students, we did our best, we taught him some stretches and exercises he can do. Later, I taught him and some other children how to play three-flies-up. The students and our pharmacist did a great job, and we look forward to our days ahead.

Saturday, July 9, 2005

The architecture and infrastructure of Sri Lanka remind me of Mexico, where as the climate is more like Honduras. The buildings are small compared to our standard, being made of reinforced cement. There is no wood framing, drywall, carpet. The roads are the same two-lane highways made by the British in the 1920's, only repaved. The roads are full of traffic and eighty percent of this is mass transit in the form of buses or tug-tugs (three wheeled taxis). I have not witnessed any accidents, but I'm sure there are many with all of the passing while avoiding oncoming traffic. Surprisingly there is no road rage – people accommodate this high risk behavior. Finally, the humidity is stifling. Hydration is key. Our saving grace is that it is monsoon season, and the intermittent, spontaneous showers are refreshing.

Day number two at the clinic was awesome. I can say that I was in the presence of greatness. Kushil Gunasekera, a national celebrity, is the gentleman whose vacation house was damaged during the tsunami. Instead of repairing it, he has turned into a community outreach center. He has started a foundation (www.unconditionalcompassion.com) which has rebuilt 160 homes and repaired even more damaged homes in the 450 family community that surrounds his villa.

He has done all of this without any tsunami relief funds. His own story of surviving the tsunami is amazing. On our second day at the clinic, he and his entourage dedicated eight houses. And Kushil decided that the American doctors should personally dedicate each one. I was involved in five of the ceremonies before I politely returned back to the clinic. The thing is that each of the families had prepared a feast for each of their homes, and I don't think I could have eaten another thing, partly because I didn't know what I was eating half of the time – I would never make it on Survivor. Joking aside, it was an unexpected honor and privilege. Kushil has a saying: "the waves of water have destroyed, and the waves of compassion will rebuild."

We continue to see many patients. It is very exciting for the students, and for me to be working with them. Their desire to keep working is contagious. We have seen a lot of chronic conditions: joint pains, back pains, congenital deformities, cerebral palsy, hypertension, asthma, alcoholics. We have seen acute issues: bronchitis, pharyngitis, asthma attack, otitis media/externa. We have seen tsunami related injury: anxiety, depression, unhealed wounds from six months ago. A theme quickly made itself known. The first wave was only one to three feet, hence as people ran their lower legs were injured by debris. It was the ten-to-twelve foot second wave that decimated and killed. We have seen a significant amount of lower leg wounds, residual infection, ulcers, and two cases of clinical osteomyelitis (based on the size, depth, and odor of the foot wound).

Wednesday, July 13, 2005

I did not realize how much six days of relief work had taken out of me until we got on the bus this afternoon to return to Colombo. It was well worth it. In trying to assess our impact, we gained some wisdom from Dr. Mowjood and his previous relief trip. He related to us that six months ago he felt that despite all of his efforts, he had really done nothing, that he hadn't even made a dent. In discussing this with a mentor, she encouraged him by saying, "although you didn't fill the well, you made yourself available to give someone a drink."

So after working out of one clinic and three refugee camps, performing one children's production, and treating over three hundred patients we haven't changed the world, but we have done our best to impact it one life at a time. Goal assessment is very natural to us in our capitalistic society, and I am sure that in association with the university this trip will be thoroughly analyzed. But for now I am tired, missing my girls, and hoping I can unwind so I can enjoy my experiences tonight at Rahmi and Hafsa's Nicca.

Overall, working out of the Rainbow Clinic was awesome, but by having an established clinic, this community was not as needy as other areas. Political strife on the east and north coast have, for the most part, kept NGO relief away. Although we did not venture into the above, we were able to go to three refugee camps that have received less attention in the south.

It is a bit surreal to personally see and touch UN tents and huts. Even more surreal is to work with other international relief organizers and teams, which are impossible not to run into. I have the sense that the world is smaller and that generally people are good. The refugee camps were great, and the people needed our help. There was some mob-like behavior when we broke out the toys, but we were able to handle it.

One of our goals was to address PTS (post-traumatic stress), especially in children. I asked Dr. Mowjood if I could work with the Rainbow Clinic's organizer to set something up. Thanks to Rashmini (the clinic coordinator), the medical students help, and the fact that kids actually came (about fifty), the event was a success. A guitar breaks down barriers, and I got more smiles and hellos in Taiwan and Malaysia carrying that guitar around, and it paid off in Sri Lanka too. Needless to say we started by singing songs. This is not as easy as it sounds. Leading the Hokey-Pokey can be embarrassing, but thankfully the medical student were great and didn't leave me standing alone. I have tried to teach the students to get into the trenches with their patients, and that making yourself vulnerable allows others to make themselves

vulnerable (with appropriate boundaries, of course). The children taught us songs and we taught them songs, like Old McCarl Had A Farm (I altered the name in honor of our camera man). We did art therapy. I had the children draw two pictures. The first picture showed something that made them happy, so I first showed them a picture I drew of my family, flowers, the sun, and a butterfly. I told them not to laugh at me I wasn't a good artist. The second picture showed something that scared them. I wanted them to mentally focus on the tsunami, emotionally process it, and physically express that. I told them even though my house was not destroyed by water, it was destroyed by a fire. Again, I showed them a picture I had drawn, of a house on fire with a family watching, making sure to point out the tears I had drawn on myself. I was overwhelmed by the look of concern on the children's faces when I showed them my picture. It was working. Obviously, most of the children drew the tsunami. Many of them drew themselves, floating listlessly in the water. Then we had some group therapy, asking, by show of hands, how many were in the tsunami, had lost their family, had lost their home, still thought about it everyday, and had nightmares. The goal was for them to see they were not the only ones thinking and feeling this way. We encouraged them to continue to talk to people at the clinic or talk to surviving members of their family. We then broke up into smaller groups to talk more about the pictures. This was hard as there were more groups than translators. We finished up by singing all of the songs again, which included the Itsy Bitsy Spider, and I couldn't help but think of and point out to the children the parallels of the resilient spider and the resilient tsunami victims.

Spirituality has been a major topic of discussion among our group. The "working together" theme has been highlighted several times. It is important for people to know that post-9/11 Muslims (Rahmi) and Christians (Kyle) can work together, and more importantly, have genuine, deep interpersonal relationships, that extremist Muslim or Christian beliefs are not the norm, and that their action should not scare us from living life.

Here in Sri Lanka, most of the buildings we've seen are half-finished. And not just because of the tsunami, but because things are much slower paced here. Dr. Mowjoods uncle's house, which is very nice, but small compared to our standards, took five years to complete. There are very few traffic lights, but many traffic people. I can't help but feel bad for these guys, sucking diesel exhaust all day with a paper mask as protection. Also, animals roam free in the streets and communities – and are, from greatest numbers to least, 1: Dogs. 2. Cows. 3. Cats. It has not been uncommon, and apparently acceptable, to have stray dogs and cats even roam through the restaurants where we are eating.

Thursday, July 14, 2005

The Nicca was a neat experience. In short, what was an engagement celebration turned into a full-fledged wedding over the days that we have been here. It was neat to see Dr. Mowjood transform into Rahmi. Rahmi was what you would expect a groom to be: a ball of nervous, excited energy. Basically, there was a ceremony followed by a reception with food and music, a familiar formula. Hafsa's family is a bit conservative, so there was no dancing. Ironically, all of the males from the states showed up in traditional clothing, the native males wore suits and ties. All of the women beautifully colored garments. We had fun dressing up. When I am at an event like that and my children start acting up, I distract them by taking them outside to look at the scenery or for animals. Last night all of the unruly children were brought by our table, as if to say, "Look at the Americans."

The trip is coming to an end. We have said goodbye to our drivers, whom became much more than just drivers. They were our guides, translators, and generally looked out for our well being. They went way above the call of duty. The students will now be trickling off over the next day-and-a-half, going home, some continuing their vacation in Thailand and Vietnam. It has been a wonderful trip, but I am ready to come home.

Saturday, July 16, 2005

Last night was our final dinner together before people began to depart. Dinner was at yet another house of the extended Mowjood family. What a blessing they have been. They have truly opened up their hearts and their homes to us all. Every night, which was about six, in which dinner was not planned we were eating at an uncle's, aunt's or cousin's house. Feeding all of us (ten) plus other family members which were present was very generous, and did not go unappreciated. Furthermore, they allowed us to observe and participate in ceremonies, greetings, good-byes, and a wedding. The rich taste of Sri Lankan culture that we got was largely due to the Mowjoods' hospitality.

Two important team members left last night – Rehana and Siraj. AKA: Mrs Mowjood (team mom) and Student Dr. Mowjood (Rahmi's younger brother). In a beautiful display of emotion, tears, hugs, kisses, songs, and prayers this large family said good-bye. We were all moved by the moment. I could not help but reflect on my own good-bye ten short days ago, although it seems like a month ago. This experience now gives way to my own anticipation and excitement of coming home.

We are all going through different emotions, which are amplified by exhaustion and exhilaration. The larger Mowjood family is separated. The smaller Mowjood family is separated as Rahmi works to secure Hafsa's permanent visa. But for me, I am coming home – coming home with a renewed sense of appreciation. An appreciation for street lights, air-conditioning, potable tap water, arid not humid heat, great friends, and a loving family.

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ADDENDUM B:

As a result of everything Dr. Smart learned from his trip to Sri Lanka, when the Gulf States were ravaged by Hurricane Katrina Dr. Smart knew he had to help – and ABCNews.com reported his visit.



Reaching Out to Those Most in Need California Physician Brings Help, Hope to Katrina Evacuees



By **ADRIENNE MAND LEWIN**

Sep. 8, 2005 - Like many Americans, Kyle Smart felt compelled to provide immediate help after learning about the extent of the devastation caused by Hurricane Katrina. But he decided sending a check from Southern California wasn't going to be enough.

"I just wanted to physically and tangibly go out there and show people that even out in California, we care," said Smart, a 30-year-old family medicine physician and a married father of three young daughters. The reality of the destruction on the Gulf Coast hit home for him when he heard personal accounts from an old friend whose family lived in Baton Rouge, La.

"When I heard that he had three cousins missing, it was on my front door," he said.

Though several groups he contacted were organizing volunteers to provide medical support, he was told they would not be ready for another week. So last weekend, Smart joined fellow physician Jared Salvo and his friend James Crawley, a real estate agent, for a trip that started at Houston's Astrodome and moved to Baton Rouge, caring for evacuees with medicine and kindness.

A Holistic Approach

It wasn't the first time Smart responded to a natural disaster. **In July, he spent 11 days in Sri Lanka where, six months after the tsunami, victims still had unhealed wounds and were gripped by post-traumatic stress and anxiety.**

On this trip, he hoped to treat not just victims' physical needs but their emotional, social and spiritual ones as well.

The group found that people were actually faring better at some of the informal shelters set up in municipal offices and churches than at some of those established by the American Red Cross and other groups, because it is considered a liability for them to provide any assistance beyond food and shelter. Counseling is prohibited, as is dispensing over-the-counter medicines to ease headaches and diarrhea.

"The people who were getting help in a holistic manner were better off than the places that weren't offering those things," Smart said.

"They didn't have TV, Internet access. They didn't know how to begin to find their loved ones," he added. "The spiritual aspect, it depends whether an individual wants to get into that. Certainly that's not going on at the Red Cross and not even at the church in some places."

Altogether, Smart and his companions visited about 10 sites and treated about 220 patients for everything from infected cuts to rashes to chronic illnesses like diabetes and HIV for which people had no medication.

"We hit places that hadn't been touched by health care providers," Smart said.

"I expected just to go and do what I could," he added. "We encouraged the evacuees, but serendipitously we encouraged the other volunteers, the pastors, the Red Cross people, the National Guard."

Now that he's been back for a few days, the full impact of the devastation he witnessed has sunk in. "It was exhilarating. It was emotionally draining," he said.

"I think anytime you do something like this, you take away more than you can ever give," Smart added. "In reality, did we even scratch the surface? No, but I think in Baton Rouge we made a difference because we bridged the gap before the cavalry could get there."

Dispatches from the Southeast

During his trip, Smart sent e-mails to friends and family about his experiences. Below are excerpts from his accounts.

Thursday, Sept. 1
11:19 p.m. PDT

You may think I am some sort of adrenaline junkie, but I am not. I am taking a small relief trip to the southeastern states affected by the Hurricane Katrina. Like many of you, when I first began to realize the amount of devastation, I thought to myself, "I should do something." My responsibilities kept me from taking that urge seriously.

Then I checked up on a friend of mine from New Orleans, Louisiana. James and I have been friends a long time and he and his family have lived in Southern California for many years, but he has many friends and relatives in the south. He told me their accounts about people, survivors, refugees that are on the periphery of the destruction, crowding into churches, YMCAs, wherever. He told me about his three relatives that are still missing.

I soon saw a short, but definite hole in my schedule. We (James and I) are going to leave tomorrow, Friday night/Saturday morning and come home Tuesday midday. I will only have to call off one shift.

Our goals are: 1. To provide tangible support/relief. 2. To provide encouragement, hope, prayer. 3. To provide medical support where/if needed. 4. To gather information and contacts.

Saturday, Sept. 3
10:01 p.m. PDT

What an awesome day. Today alone was worth the trip, and we still have two more days.

The Houston airport, lending to the stereotype of Texas, is *big*. A train system connects the five terminals. James and I arrived at 6 a.m. We finally connected with Jared, who arrived at 4 a.m., after searching for over an hour. James and I had some good time to catch up. James and Jared hit it off immediately, we were off to breakfast, then to the Astrodome.

The Astrodome and the surrounding area was amazingly quiet and serene. We stopped at a Sam's Club, and it was business as usual -- one would not have known 25,000-plus evacuees (not refugees) were across the street.

We pulled into the entrance and were directed to physician check-in without incident. The place was a well-oiled machine -- it had been like that since yesterday. It was organized, coordinated, with a lab, XR, CT, pharmacy and plenty of providers. Most physicians were from Texas, we met one from New York. It was cool to be there. We registered, we networked with other docs, we interacted with the evacuees. I saw one patient, Jared helped organize the cardiac medications in the pharmacy and we bailed. We were assuming our efforts would be better served in less popularized areas. We felt very safe, and based on our first-hand conversations with people, there is a lot of misinformation going on both ways.

The five-hour drive to Baton Rouge was beautiful: open spaces full of lush green forest, which turn into wetlands and marshes, which turn into swamp land as far as the eye can see, which turn into waterways, rivers and bayous. Based on our contacts, we wanted to hit two sites in Baton Rouge, working into the night. One was a church (150 people), the other a university (500 people). Apparently both had not received any health care.

Well, we arrived at the church, where we were definitely needed. As Jared and I began to see patients, James went ahead to the university to scout it out. We were the first physicians that these New Orleans evacuees had seen -- they couldn't believe that we came from California. We spent five hours there and saw almost 60 people. Approximately half are coping well. The others needed emotional and physical help -- there was a lot of hugging and crying. Most people in the latter group are still missing relatives (see next email).

We treated blood pressure, diabetes, muscle aches, wounds, skin infections, bug bites that have turned into skin infections, STDs, sore throats and ears and a lot of situational anxiety. This church is a great contact for anyone that wants to give directly to evacuees. Needless to say, we are going to the university tomorrow as we are exhausted and ran out of time. The info James gathered on that site is that it is much like the Astrodome. The Manning brothers made an appearance there today, and there are plenty of providers. We are still going to go, but will look for sites that have not received any aid.

Finally, one of those little perks that inevitably shows up on these kinds of excursions: we ate at a very authentic Creole restaurant. The setting was right on the bank of the bayou, the climate was perfect and the food was delicious. Seafood gumbo, jambalaya, etouffee, shrimp, crayfish, catfish, oyster (cooked), frog legs and hush puppies.

The people are friendly and so far have received us well. The need is great. Thanks for all of your thoughts and prayers.

Saturday, Sept. 3
10:24 p.m. PDT

I probably do not need to send this to all of you, but it is the reality of the situation. All people listed below gave me permission to post their name and the names of the missing on the Web. They do not even know where to begin to look/find their loved ones. Please note the missing are likely only separated, not dead. I believe there are sites devoted to helping people find each

other, and I am hoping one of you will forward this there. All of the people listed below can be contacted at:

St. John's Missionary Baptist Church
820 New Rafe Mayer Road
Baton Rouge, LA 70807
Pastor: Donald R. Ruth
Phone: (225) 775-9756

Marilyn Berry is missing grandson Allen Dequeie (5 years old), last seen with his mother, Trachell Williams (28 years old).

Alfred Galmon Jr. is missing girlfriend Raneeka Marsh, newborn Asia Marsh and children Alfred Galmon III and Antwon Galmon. Also sister Wanda Galmon and her boyfriend Lawrence Brown Sr and their six children Leonard, Joseph, Timothy and Lorenzo Galmon, and Lauren and Lawrence Brown Jr.

Darcell Brown is missing son Kenneth Brown (5 years old), last seen with godmother Susan Brock. Also mom Lorraine Brown and grandmother Marion Brown.

Nonya Grove is missing mom Nicole Winsey, stepfather Darrin Winsey, brother Darrin Winsey Jr. and sister Gabriella Winsey.

Akela George is missing aunt Sheka George and cousins Artamus and Amahd Rainey.

Sunday, Sept. 4
10:21 p.m. PDT

Another wonderful day. We spent 10 hours going to two Red Cross sites and three churches. I think it was unique to find a site that had not received any health care, as we did on the first night. Hence, all of the sites today had previously seen physicians--thankfully. We still saw 70 people. Today we treated some higher acuity patients. A hospice patient dying of prostate cancer, an HIV patient that had been without her antiviral medications and a bipolar patient in an acute manic phase.

All of our objectives are being met. I have many reliable contacts for those of you looking to come out and help.

Monday, Sept. 5
10:04 p.m. PDT

We are back in Houston in time to get some rest. I am back to work tomorrow night. It has been a whirlwind, but we all feel like it was well worth it. We hit two sites today and saw another 70 people. Unfortunately, we were never able to get to the "waterfront" where the 5,000 were.

Sadly, today we came across two evacuee sites that had not yet received any health care -- that is six-seven days. We were overwhelmed by the need and by the people. These people were broken, and there were many emotional outbursts. I took care of one lady and her eight children, who poked and prodded Jared and I, while I wrote out all of their prescriptions. Jared worked with one patient that couldn't talk because of her uncontrollable sobs. James and his sister, Ladeta, were able to work with her, allowing Jared to keep seeing patients.

The five-hour drive back to Houston gave us time to debrief. We made some important realizations. One, the culture of the affected region, especially Louisiana, has deep and large family bonds. Where we might define immediate family as mom, dad, siblings and maybe grandparents, they define immediate family as the above plus aunts, uncles, cousin, etc.

So now you have a family group of 20 to 40 people living in and around their great-grandwhatever's home, that are now separated because of the chaos. Not only are these people traumatized, in emotional shock and have lost everything, but now [they] are left without a primary coping mechanism: family. Until this concept is identified and begun to be rectified, the emotional recovery will be hindered.

Secondly, we have visited approximately 10 evacuee sites, and the ones that have addressed all of the evacuees' needs were far more positive and better off than those that did not. In other words, it's great to house and feed people, but it's better to do that and give some basic medical and emotional support. The medical term is biopsychosocialspiritual approach (bio: medical; psycho: mental/emotional; social: family/finance; spiritual: beliefs/values). At one site, the volunteers just didn't know how to do this. At other sites, it was against protocol. Any help is appreciated, but there were definitely different levels of support out there.

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