

# The New York Times

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NEW YORK, TUESDAY, NOVEMBER 21, 2006

A CONVERSATION WITH

Persharon M. Dixon

## Attending to Sick Children Along a Gulf Coast Still in Tatters

By CLAUDIA DREIFUS

PASS CHRISTIAN, Miss. — For most Americans, Hurricane Katrina is a distant nightmare, nearly 15 months in the past. But for Dr. Persharon M. Dixon, a pediatrician and the director of the Mississippi Gulf Coast Children's Health Project, the storm and its consequences are at the heart of a distinctive medical practice.

Every weekday morning, Dr. Dixon boards a blue Winnebago that goes to schoolyards in the Katrina-ravaged towns along Mississippi's coast. From the Winnebago — which is staffed with a nurse, a social worker and two aides — Dr. Dixon, 42, dispenses routine health care to thousands of youngsters who still suffer the aftereffects of the hurricane.

Her mobile clinic is financed by the Children's Health Fund of New York and co-sponsored by Coastal Family Health Center of Biloxi.

"This is the kind of pediatrics I've always wanted to do," Dr. Dixon said on a recent morning as her clinic-on-wheels sat outside the Pass/DeLisle Elementary School, not far from where Hurricane Katrina made landfall. "Here I can treat children who really need my help, and I can also be an advocate for them. This is what real medicine is about."

**Q. What was life like in coastal Mississippi before Katrina?**

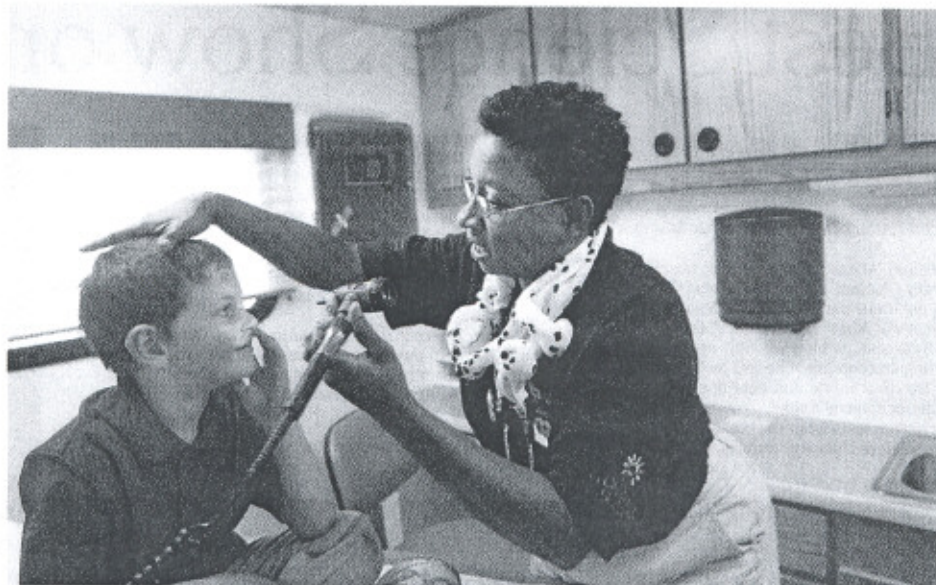
**A.** It used to be an up-and-coming place. This wasn't the Mississippi of the history books. It was casinos, re-

Long after a storm, a common refrain: 'Our doctor is gone.'

sorts, high-tech. In a state with awful schools, the schools here were pretty good. But, of course, there were disparities.

For the people living in the more depressed areas, all the problems they had before Katrina have been compounded by the storm. Beyond that, the hurricane created a whole group my project manager calls "the newly poor." I've seen people who were teachers and now they're in a FEMA trailer.

Nobody likes the FEMA parks,



Cheryl Gerber for The New York Times

**MEDICINE ON WHEELS** Dr. Persharon M. Dixon giving a checkup to Jim Boren, 6, in her mobile clinic.

those makeshift encampments of trailers where a lot of people have been forced to live. But everyone is terrified about what's going to happen in February when Washington stops paying for them. With housing costing double what they were before the storm, nobody wants to even think about it.

**Q. What sorts of health problems are you seeing among the children you've been treating?**

**A.** Asthma, allergies, wheezing, respiratory illnesses. You hear a lot about the FEMA trailers having mold.

Nutrition is a big problem. Some parents say their kids aren't eating enough. Others say the kids are gaining weight. If the family is living in a FEMA park in a very remote location, the parents have a hard time obtaining healthy foods. Sometimes, people can't cook in the trailers. If they're in a FEMA camp with a lot of crime, the parents won't let the kids go outside to exercise. The school nurses say they're seeing more obesity than before.

You see an unusual number of kids with headaches, stomachaches. And the parents wonder whether these things are real or something else.

You see kids being very clingy, not sleeping at night.

**Q. Why, more than a year after the storm, are you encountering so many mental health problems?**

**A.** Some of it is post-traumatic stress. For many families, the storm touched off a succession of disasters that keep continuing.

The man who drives this van, Anthony Jackson, was hurt in the storm. His family swam out to safety. Afterward, his niece was murdered. Then a cousin's FEMA trailer burned down. Anthony's son started feeling afraid of being alone. For a while, the boy had problems in school.

A child we've treated was approached for sex by an adult at the FEMA camp where his family lives. The boy tells us whenever he comes out of his trailer now, he runs; wherever he goes, he's afraid. In school, he acts out, and they want to expel him.

Frankly, we're overwhelmed by the number of children needing mental health services. There are quite a few kids where the parents were forced to take jobs elsewhere. We're seeing 4- or 5-year-olds on the verge

of being expelled. I mean, who gets expelled from Head Start? We think this is because of all the separations.

**Q. How are the parents doing?**

**A.** That's the thing. The kids don't feel secure because the parents aren't. When I examine kids, I always ask, "How is your family doing?" It leads to things I need to know, like, "My dad is upset because he doesn't have his job anymore," or "My brother's upset because he has to sleep in a room with Grandma."

You see a lot of depression with the parents. I recall one who couldn't hear that her child was having problems. When the casino she'd worked in was destroyed, her employer offered her a job in Las Vegas. To support the children, she took it, and left the kids with grandparents. One child was having trouble in school. "What more can happen?" she asked. The parents feel like they have no control over their lives.

**Q. What happened to the local health care system?**

**A.** In many towns, it got washed away. A lot of the doctors, their offices got flooded out. Estimates are that the three counties we serve, 20 percent of the physicians have closed

up shop. We've been doing a lot of basic care because — over and over again — it's, "Our doctor is gone."

One doctor I've just met in Bay St. Louis is Scott Needle. He's just got his practice back. He did it with the help of the local hospital and the American Academy of Pediatrics. There needs to be more of that because some of the local doctors just don't have the means to rebuild their practices.

**Q. To change the subject, we can't help but notice that you wear your hair short, exposing what seems to be a birth defect on your right ear. Do you show it deliberately?**

**A.** I wear my hair short so that my young patients can ask me about the ear. That gives the kids a chance to discuss children they might meet at some point who have defects or disabilities. "They are not weird," I tell my patients. "They're going to be fine." Then I add, "It's O.K. to ask questions. What bothers a child with a handicap is when you just stare and don't ask questions."

**Q. Are you from Mississippi?**

**A.** No, Atlanta. I was the medical director of an urgent care center there. When Katrina hit, my friends from the Morehouse School of Medicine were concerned about our old schoolmate, Dr. Belinda Alexander. She's an internist in Biloxi.

When we couldn't locate her, two of us drove here. Belinda's house was O.K., but her parents and her brother lost everything. We stayed on a bit to help out.

A few months later, people from the Children's Health Fund asked Belinda if she knew of anyone to head this project. She said, "I have this crazy girlfriend in Atlanta who really thinks outside of the box, but I don't know if she'll leave."

**Q. What was "crazy" about taking this job?**

**A.** Some people might think it crazy to uproot your family and move them to a storm-ravaged place. And frankly, it was a big step. My husband and I had to give up our house, our jobs, and move three kids. In Atlanta, we had a 3,000-square-foot home. Here, because of the housing shortage, we're in a trailer, though it's a nice one.

But this job really appealed. You know the phrase "make a difference"? Well, in coastal Mississippi, you can.