

HEROES + HERETICS

Ben Saunders is inspired by a woman who is proclaiming good news to the poor

HERO + HERETIC 23: KIRAN MARTIN Founder of Asha, New Delhi

What does it mean to make a difference in the world, or the lives of others? As a medical student and now as a paediatric trainee, I am constantly asking the question. Having been blessed with the great opportunity to study medicine and practise it, how do we use what we have been given to bring God glory?

One of Jesus' famous sermons was in his home town of Nazareth, where he proclaimed what many see as his manifesto. He didn't endlessly repeat the slogan 'strong and stable' or put up election promises on a stone. He read from a prophecy about himself in Isaiah:

"The Spirit of the Lord is on me, because he has anointed me to proclaim good news to the poor.

He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to set the oppressed free, to proclaim the year of the Lord's favour." (Luke 4:18-19)

As Christians we are called to live like Christ, and as Christian doctors this Nazareth manifesto provides us with a great framework to 'make a difference' – one that lasts eternally. To preach the gospel to the poor who have no hope, to free prisoners and the oppressed, and to treat illness and suffering so people know they are blessed by God.

On my elective in 2012, I travelled to New Delhi and had the pleasure of meeting a woman who embodies this manifesto of Christ - bringing healing,



Kiran Martin

hope, empowerment and change through the gospel. From small beginnings as a one-woman clinic and drug dispensary in a Delhi slum, Dr Kiran Martin's organisation, Action for Securing Health for All (Asha),¹ has grown to become one of the world's finest models for slum development, working in over 90 slums in Delhi and bringing lasting change.

I love to travel, and have had the pleasure of visiting many different places, from

Azerbaijan to Liberia. I love experiencing other cultures, but I found my ten weeks in India was certainly a challenge at times. More than the heat and my apparent propensity to *Giardia lamblia* gastroenteritis, there is a palpable sense of inequality and injustice there that saddens the soul. Huge rubbish tips scoured by children picking out items to sell and dirty slums full of families trapped in poverty sit next to extravagant shopping malls selling designer suits and Rolls Royces.

The caste system hugely influences the culture – the situation you have been born into is where you should remain, however bad it may be, and condemns the next generation to the same state. The chains of poverty are interlinked and complicated – just providing good healthcare is not enough. Without challenging the things that keep people poor, such as lack of education and the rule

of the slumlord, means open sewers remain outside the front door and the poverty cycle continues.

This is what Kiran saw first-hand in 1988 when she set up a clinic in *Ambedkar Basti*, a Delhi slum, during a cholera epidemic. She had recently finished paediatric training and hearing of the situation there, decided to help. Setting up a borrowed table and seeing patients, she quickly realised how complex the suffering was there. After the

clinic, people came up to talk to this woman who was unique in showing an interest in their welfare.

'People were desperate to share their problems with me... being kicked around by the police, having to beg for a bucket of clean water to wash in from wealthier neighbourhoods. I very quickly realised that just sitting there as a paediatrician with my clinical skills doing the same thing all day every day was not going to get me anywhere. I needed to start working with communities to bring about change.'²

Driven on by her Christian faith, she decided to do whatever she could to achieve this. With some like-minded people, that year she founded Asha, 'hope' in Hindi. She began with small 'OPDs' – seeing a wide variety of patients in clinics, but also meeting with people in the community to find out what the needs were.

People in the slums needed so much more than good healthcare...

freedom for the prisoners

Firstly, they needed empowerment. This is



The work of Asha

a concept Kiran is extremely passionate about. People are equipped to help themselves, not given handouts that increase their reliance on others. Exploitation was easily achieved when communities were not united or aware of their rights as citizens. No one owned the houses they lived in, yet their lives were dictated to by the slumlords who rule communities and demand protection money; there is a constant risk of eviction. No ownership of

the environment means people do not care about where they live – dirty taps don't get fixed, rubbish is left in the gutter, and disease spreads.

Asha empowered the people to take ownership of their slum and their problems – women's groups in particular were educated on their rights, coming together to form a unified front and badger police and government officials so conditions were improved. On my elective, seeing first hand the slums where Asha had been for years and where they were just beginning to work, was a stark contrast. Clean toilets vs open latrines, paved roads vs muddy paths, and dirty vs clean water. Visible change had taken place, and people's health dramatically improved as a result. Modestly, Kiran does not claim responsibility for this. She says she merely showed communities what they could achieve together.

setting the oppressed free

Slum dwellers in India work hard, pulling rickshaws to domestic cleaning to small businesses. But no one makes more than enough to get to the next day.

lessons from Kiran's life

- Recognised health is not just a matter of healthcare. (Addressing socio-economics is vital – so listen to all those sociology lectures at medical school!)
- Empowered people to help themselves and bring lasting change.
- Saw God would use her in a wider role than medicine – she achieved much more by not just seeing patients.
- Knew the gospel brings visible change to lives and communities.

When an unexpected cost comes up, there is trouble. No one has bank accounts or real power over their money so they fall prey to loan sharks. Microfinance schemes provide loans but are too small to make a difference. Kiran often feels these schemes tell people they're not worthy of being in the mainstream banking system, and don't properly empower.

Kiran invited the Finance Minister of India to see Asha in 2008 and together they came up with a solution. In partnership with banks, Asha enabled slum dwellers to set up accounts and obtain low interest loans to build their businesses, repair their homes, or pay for their children's education. They are motivated to work themselves out of poverty, so much so, the finance minister has boasted to the corporate world in India about the repayment rates of the urban poor and how their example should be followed.

I will never forget visiting the home of a teenager in an Asha slum. He lived in a house smaller than my bedroom, with one room for all his family. All six of them slept on the floor, but the walls were covered in books! Textbooks for his studies at school. There is a great desire for education, and with education comes opportunity, so Asha brings that too. Through motivation, advice and financial help they have seen over 1,500 teenagers from slums achieve the unthinkable and study at university.

proclaim the year of the Lord's favour

Prior to Asha's involvement, health outcomes were dire. Infant mortality was around 100 per 1,000 live births, and under-five mortality 149 per 1,000. Preventable diseases were claiming lives daily. Asha provides a three tier system of healthcare to meet people's needs. The clinics are manned by doctors and paramedics, with the capability to perform basic investigations, as well as links to tertiary referral centres but the key tier is the community itself.

Asha trained networks of community volunteers to help achieve their health outcomes. These

previously illiterate women from the community attend births, give vaccinations and treat minor illnesses. Infant mortality has fallen dramatically, to just 16 per 1,000 in 2013, lower than the Indian national average at 57. Vaccination rates in Asha communities are almost 100 per cent, better than the UK at 94 per cent in 2017.³ Again, Kiran humbly says, 'it's really a tribute and a testament to what the communities can do for themselves.'

proclaim good news to the poor

One of the greatest experiences I had on my elective was a meal with some of these women. A lot had come from awful backgrounds, but they had been given knowledge that was saving lives. Far greater was the fact that these Hindu women now knew Christ. We sat on the floor eating dhaal, and then I listened as they praised God and sang songs to him. Though my lack of Hindi meant I couldn't understand every word, the joy on their faces was palpable. Christian sisters helping their communities, making a difference. This is what brings glory to God.

India is a country where there is much suffering and injustice. It's easy to see that and despair, but the gospel brings real hope. ■

REFERENCES

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