

HEALTH

THANARBAID CARE

CENTRE

THANARBAID HEALTH CARE CENTRE NEWSLETTER

SEPTEMBER 2000

When the cat's away the mice will play. But play well they do. At present Dr. Baker is taking a well-earned and needed annual retreat away for the Thanarbaid Health Care Programme location (THCP). In his absence, the Programme carries on with a full schedule. The leaders trained over the years in simple medical techniques do the supervision.

We are in rainy season here. Our little back roads, only dirt tracks, are not much cared for. However, a few months before the rains started a number of roads that had a fair surface, were raised high with dirt from the near by fields. When the rains come water buffalo, pulling carts, make deep ruts. Even then one could usually walk on the hardened earth between those ruts. Recently small horses have been acquired. The horses and the wheels on those carts chew up the whole road, making a porridge and pea soup mess of it. That doesn't leave much of a path to walk by. If they had just filled in the holes and not raised up the whole road, it would have been an improvement. To say the least it is a frustrating walk when trying to service the village people. But our gaze is really on the beauty of the scenery and the friendly people. That is where our hope lies.

Teach the people and they will care for each other. That is our goal. It is a continuing experience, our and theirs, in educating and working together as a local community. But families can make or mar the progress of patients. One happening with a very positive outcome is the story of H.B., a young Borman (Hindu) flatbed tricycle (van gari) driver. He was brought to THCP clinic one night at 11 P.M. He was out cold, breathing in gulps. In despair he had taken 30 tranquillizers (Diazepam) tablets a few hours previously. Dr. Edric was frightened that H.B. would stop breathing during the night and die. In desperation he decided to teach the accompanying relatives how to do artificial respiration. He first tried mouth-to-mouth respiration. Even he could not do it. So he resorted to the old fashion method of laying the patient on his stomach and lifting the upper arms and shoulders to inflate the lungs. The eight relatives quickly formed into teams of two. While one held his ankles to stop H.B. from moving on the mat, the other worked at his head, raising the arms and shoulders rhythmically and continuously. Knowing he had done all he could for the present the Doctor went to bed. The family continued with H.B.'s treatment through the night. On waking in the morning Edric was overjoyed to find H.B. fully conscious, breathing regularly but complaining of sore shoulders!! The immediate crisis was over. Nevertheless as always with a suicide attempt the cause of depression needed to be addressed. (*THCP clinic treats 2 or 3 attempted suicides per month.*)

Why?? An arranged marriage, a tribal custom, had been made between H.B. and Mary just a year ago. After talking to H.B. for sometime Edric knew that H.B. was unhappy and depressed because he had been unable to give his wife sexual satisfaction. He thought she was planning to leave him. To compound the problem his wife who was obviously also distressed, consulted her friends. As a result her husband's sexual incompetence became widely known throughout the community. H.B. felt his wife had let him down and would now

desert him. So he took the tablets. When he regained consciousness he no longer wanted to remain with his wife.

The following is a true example of a community response. The THCP staff noted the situation and had mutual meetings between the parties. There was much listening and where possible bits of input were given. Both sets of parents were called in. They felt the situation was hopeless. Besides the two extended families were antagonistic toward each other. Yet when it became apparent that the staff felt the marriage was salvageable, both families responded well. They agreed that they wanted the marriage to remain intact. They were prepared to do what was necessary to help. (*By Hindu law a woman is not allowed to remarry for the rest of her life. Previously they burned themselves on their husband's funeral pyre.*) Dipoli, herself a Borman, and Tripola, two senior female staff members worked with the woman. Mary did not want to break up the marriage. Her husband, however, needed considerable more counseling before he was ready to accept her again. The basic problem was that both individuals entered married life with the idea of gain for self. They had not agreed on a long-term commitment toward the other. When the husband and wife were ready, a meeting was arranged between H.B. and Mary, the two female staff members who had supported Mary and the Doctor who had supported H.B. They determined that both wanted to continue the marriage, recognizing their commitment and sensitivity toward the other. Follow up individual meetings then, took care of the intimate details. Time was also spent with the extended families and finally a combined meeting with all concerned, was held. The Doctor found the hopefulness and innate goodness of all concerned really inspiring. Now months later the young couple is extremely happy. One can see that the art of healing is not only in medical remedies, but in loving concern for the total patient and his relationships.

Let us look at the main features of this situation. First, not only were the boy and girl ready to start again and secondly, the families ready to strive for the marriage, but the support of community and commitment to the idea that marriages are not to be broken, also aided and strengthened the outcome. Maybe there is a message for some other cultures here!

Here is a Lolita story. We saw that H.B. recovered while aided by the families working together. Lolita's episode came from an internal family problem. This very thin, anxious looking nine-year-old Muslim girl was carried on her mother's hip to THCP clinic. She was having fits and could not walk. The fits occurred mainly in the afternoon and caused the family, especially her mother, considerable distress. After witnessing one of these 'fits' Dr. Baker was rather puzzled. He had never seen a 'fit' quite like this before. He asked Sr. Libby if she would investigate further. On entering the room at mid afternoon Sr. Libby chose to ignore Lolita and focus on another patient. Her attention, however, was drawn to Lolita by the consternation of her mother. Lolita was having another 'fit'. This consisted in Lolita pushing herself up on all fours while lying on her back. She was checking to see if Sr. Libby was watching! It was known as the 'Spider Walk' when Sr. Libby went to school. This was certainly no ordinary fit, but non-the-less serious.

Once again much time was spent talking with the family. It eventually transpired that Lolita's 'fits' started six weeks previously after she had witnessed her father beating her mother and the fits, then became progressively more frequent. In the meantime the father was asked not to visit. Lolita responded very quickly to lots of love and tender care, good regular food, and encouragement from all the staff. The 'fits' stopped almost immediately. Within one week she was proudly walking short distances unaided. Her older brothers visited frequently. Her mother lost her worn haggard look. Eventually the father was asked to return and the situation was explained to him. He obviously loved Lolita too and a family reconciliation took place. Unfortunately women in Muslim society are not as respected as in some other societies, though none of us can throw the first stone. It seems we all have something to learn from each other.

Something new has been added. THCP center now has a beautiful (*beauty is in the eye of the beholder.*) new building. At a recent staff meeting the members decided a new building was necessary as a base for the village health workers. The twice a week meetings which were held under the trees, would now be moved to that new building. At first Dr. Edric was hesitant. In the past new buildings meant an increase in patient numbers. But because the other staff members were persuasive the doctor was over ruled. The place and size of the construction were duly decided and costs were to be kept at a minimum.

The work began. Two appropriate trees were felled by the garden staff and milled near by. The lumber yielded was enough to make the roof struts and wall supports. Four workers were dispatched with Ponuel, the manager, to the purchase the necessary tin sheets and cement posts for holding up the roof. The site was cleaned and leveled. Two carpenters were employed to carry out the construction work aided by the center staff. Within 10 days the structure was completed. The men filled the base of the building with dirt and the women made a floor with smooth surface, using soupy mud, a skill they use often in their own homes. A black board was secured in place and all was ready for the grand opening. The cost of the whole construction?? **US \$ 300!!**

Then came ceremony time. Fr. Timothy responded readily when invited to officiate. A blue ribbon was strung across both doorways. They were ceremoniously cut after songs and prayers were offered. Inside, Fr. Timothy and Dr. Baker gave short comments of thankfulness to all those who had worked so hard and fast to make this shelter available. As custom has it, sweets were distributed to all patients and staff.

Dr Edric's Baker / Thanarbaid Health Care Center / P.O. Pargacha / Madhupur, Tangail 1996 / BANGLADESH

If anyone wishes to send email to: mk_oneye@bd.drik.net . it will be forwarded. Sr. Libby Laing, Dr. Edric's partner, and a former New Zealand visiting nurse wrote most of this letter. Present Correspondent - Fr. Douglas Venne, MM



“Beautiful” new building – Thanarbaid Center.

Then the first teaching session was held for all the staff. For persons outside our country these ceremonies might seem a little far-fetched but with simple people with few real possessions, a new community feature is a real blessing, a time for thanksgiving to God. Now a month later it is difficult for the village workers to imagine how they survived without the new facility. The building is also used for Morning Prayer, attended by Muslim, Hindu and Christian alike. The little center chapel was outgrown several years ago. But the new building is really the special domain of the village staff.

Here is another happening that demonstrates the development of the local staff at THCP center. A Muslim man named Zhoinal was carried in by his wife and daughter, a very bad paralysis case from the hips down. The fellow was so thin that he was a study in bone anatomy. He also had a large, open sore on his buttock, fever for several months, and a bad cough. Dr. Edric and Sr. Libby were in Dhaka on important business. They have learned to leave their staff in charge, even for a week at a time, following the procedures taught them. Shuronjon, a Hindu staff worker, was in charge of the indoor patients and took over Zhoinal's care with the help of Zhoinal's wife and daughter. Gentian Violet is a well-used solution at the center for open wounds. It so happened that volunteer Jason Morgenson, a second year medical student from Wisconsin, was helping Dr. Baker finish a number of clerical jobs. At the center he saw the patient with paralysis and noted his precarious health condition. He just stared. The buttock wound was way beyond his medical training. Yet as he gazed down, he felt he should try some thing. He noted black tissue in the wound, which was dead or dying. He used various medical texts to discover what to do about the wound. He decided to try to cut out the dead tissue. With scissors and forceps he began to probe and cut. Finally the wound looked clean. Shuronjon and Zhoinal's wife helped with the surgery and also bandaged the wound and kept after it for the next 5/6 days. Jason noticed that the edges of the wound were healing nicely. Jason also kept track of Zhoinal's fever, cough, and daily meals. He tried to make sure Zhoinal got the correct medications and enough food to eat every day. But it was his last day. He had to return to the States for studies. Dr. Edric came home just as he was leaving. Jason informed him of the paralysis patient and what they had done. Off Jason went, leaving the final care to the staff and Dr. Baker. Each little incident like that helps the whole THCP to grow. This is the real aim of the whole program for the past 17 years and it is happening



HB and Mary Reunited – a tricycle built for two