

HEALTH

THANARBAID
CARE

CENTRE

THANARBAID HEALTH CARE CENTRE NEWSLETTER

Tuesday 20 August

2002

A letter to all our Friends:

Asalamu-Alaikum, Namuskar and Jisunarasong to you all. *

This is Tuesday and I am writing from **Thanarbaid**, sitting in the Clinic room at night, between plaster patients. Onen and Pintu are with me plus several patients who are helping. *(Dr. Baker has written this first-person report to give you, his friends, a feel for the movement and the actual activities involved during one of his weeks.)*

Every Monday afternoon is the **Kailakuri** staff training time and every Wednesday we do the same at Thanarbaid. The Thanarbaid training session is attended by both the village programme and clinic staff; usually 40 to 50 persons, and involves discussion groups, question and answer interplay, blackboard or flip-chart visual aids, and quite often a short drama. Sometimes I take charge of it. Sometimes it is taken by **Sorit, Leo or Onen**. Usually it relates to disease prevention and management or to some aspect of the village health work.

The Kailakuri training meeting involves about 20 to 30 staff members and relates to some aspect of TB or diabetes or to other health problems. Often it deals with how we are preparing for the enormous increase in diabetes patient numbers. Yesterday we broke up into discussion groups looking at the **Diabetes Programme's** constitution which will go back to the patients for final review and decision later this year. *(In previous letters there have been explanations of how **Dr. Baker** has been striving for a number of years to turn over the whole operation of the Kailakuri Diabetic and TB Programme to the patients themselves.)* It is predicted that about 10% of the adult population in Bangladesh will be diabetic by the year 2025. Theoretically we could anticipate 60,000 patients dependant on our little Clinic.

Normally I sleep Sunday and Monday nights at Kailakuri and cycle back to Thanarbaid (about two miles) on Tuesday morning. Rain fall here has been extreme this year and dirt roads are mostly mud. Sometimes it is easier to walk that distance than to ride. **Konillo** is now the Centre-in-Charge at Kailakuri. She had 22 admitted patients by the time I left this morning. We now have 410 diabetic patients under our supervision. There are ten new patients waiting to go for registration at the Diabetes Hospital in Dhaka. When they register it enables us to get free or almost free insulin for them. The patients will be taken to Dhaka by **Sujit and Jewel**. From Kailakuri it takes about two hours to reach the bus stop on the main road. The trip takes about eight hours and it usually requires four days in Dhaka. They stay at the sick shelter run by the **Notre Dame College Holy Cross Fathers, CSC** when in the city.

. Recently on my way back to Thanarbaid from Kailakuri I spilled off my cycle into deep black mud. Fortunately I was able to clean myself immediately in a pool of water at the side of the road. Arriving back at Clinic there was, as always, another set of patients waiting for me to examine them. Today we have a total of 30 admitted here. **Bedora** is in charge of them -- burns, rickets, severe peptic ulcers, pyloric stenosis, malnourished babies and mothers, fractures, diarrhea, pneumonia, heart failure, kala azar (black fever) and so forth. They are cared for by **Bedora, Triphola, Bipul, Haydor and Surayon**.

The other night I was delighted when **Onen**, one of my senior paramedics whom I have been training up to do suturing, did a really good job on a deep foot laceration. Our village worker, **Shopna's** son slit his foot on the edge of a bamboo cutting knife.

Tuesday morning is usually spent checking up on outpatients and inpatient problems at Thanarbaid. Sometimes there are letters to be written. Then in the afternoon we have either a paramedic clinical meeting or else staff small group management meetings. Beside that there are usually one or two patients

who for some reason gets repeated fractures; next the resetting of plaster splints for the deformed fingers of **Farook**, aged 23. He has severe rheumatoid arthritis. There is also a third, the wedging and straightening of leg plaster for **Saidul**, aged 4, who has bowed legs caused by rickets (or I give him a treatment with vitamin D.)

Back at Kailakuri last week, we had a two day seminar for our diabetes senior staff and members of all the five area committees, a total of 31 people. The aim was to give an overview of the problems and what we are doing in preparation for the challenges ahead. There were repeated discussion group sessions and we all feel it has helped our awareness, unity and planning for the future. Most of our Kailakuri staff are themselves diabetic. They are determined to keep the programme going. Due to a hiccup in getting essential donor support into the country through government red-tape we have now transferred the registration of the Kailakuri centre to **I.I.R.D (Institute of Integrated Rural Development)** which is a highly motivated national NGO. **Thanarbaid Clinic** and the **Village Programme** are registered under the **Church of Bangladesh's Social Development Programmes**. The three programmes, however continue hand in hand as the **Thanarbaid Health Care Programmes** – a Christian and humanitarily motivated programme, working in the Muslim, Hindu and Christian communities

Libby Laing, who has been with us for four years and set up the Village Programme to be self-sustaining, has now completed her term. That Village Programme continues to run effectively under its supervisors' management team – a credit to **Libby**. She remains with us in the Lord and in the memories of all her staff. We are grateful for her many contributions.

Our sincere thanks go to all who have made and continue to make our work possible.

Edric S. Baker.

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Asalamu-Alaikum: “Peace be with you” in Arabic, the usual **Muslim** greeting around the world.

Namuskar: The usual **Hindu** greeting, meaning generally, “I recognize God’s presence in you.”

Jisunarasong: In the **Mandi** or **Garo** tribal language, it is the Christian greeting, “Jesus be praised.”

Note Well: The words in *Italics* are comments by your correspondent. Also the explanations of the initial greetings by Dr. Baker in this letter are attached by the same. Dr. Baker will leave in mid September for a well deserved and needed vacation and will be returning in November 2002. Any comments and observations you might have or help that you would want to contribute can continue to go to his address:

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