

# THANARBAID HEALTH CARE CENTRE NEWSLETTER

August

2003

(originally hand written by Dr. Baker, typed and scanned for computer communication)

*Of the Thanarbaid Health Care Centre  
Village Health Programme  
And Kailakure Diabetes-T. B. Centre*

Greetings to all our friends in Asia, Australia, Europe and North and South America. Greetings from Thanarbaid in Bangladesh in the hot muggy gluey rainy season. Humidity runs at about 95%. Heat rash is a persecution. It is hard to find energy to do anything. Yet the beauty at everywhere luxurious tropical growth is startling. One great advance is that we now have a sealed road practically complete from Jalchatra to Thanarbaid linking us to the vast road and transport network of Bangladesh. Noise and the easy intrusion of outsiders are the cost of this privilege.

Problem and crisis follow problem and crisis. Intensification of this national norm has become the pattern of our programme over the past 12 months as many of our friends know. Our support organizations have made special efforts for us. Following the appeal in our last Newsletter so many have given special help, it is overwhelming. Crisis and problem continue. I have been unable to write my real appreciation to you, but I want to express it now. Thank you all very much for your generosity.

A couple of days ago I was cycling back from morning Mass at Pirgacha and passed a little boy, 14 year old Sujon clambering along the inset-brick road with his rough Thanarbaid Clinic-made crutches, protecting his very painful right hip. "Where are you going?" I asked. "I'm on my way to meet Jugol, who will take me to Mymensingh. (Mymensingh Medical College Hospital)." Tragic! Sujon is the oldest of four, from Ramnagar, five miles away. They are desperately poor and his father has deserted, leaving no support. He could have been put out for work at the age of eight or nine but is crippled with his hip. X-ray suggests probably TB or Perthes. Bad luck either way. He won't be a worker. Jugol takes our transfer patients to Mymensingh. He is tribal Hindu, married with one child, and has had his own share of suffering. When a false court-case was put on the family he collapsed under the strain. Now he is O.K. again and he takes these patients under his wing. It makes no difference that he is Hindu and Sujon is Muslim. They're both poor. May be we'll be able to get Sujon in later to the Church of Bangladesh trade school. That could take some weight off the mother and may be give him a bit of a future. These are the people you are helping.

Muslims are not the only fathers who live off others when things are getting difficult and leave it to the mothers. Japon is a girl aged 2.5 years who comes to us from Dhorati village with starvation. Father had gone. They are Mandi Christians. She is her mother's only child but there are grandparents in the background. Maybe the future will be less grim.

Every month we have one or two or three spectacular diabetic patient "saves". Each month we have eight or nine new diabetics to send to Dhaka to get started on Insulin. Then we pick up their subsidized stock. Each month one or two or three are extremely wasted (BMI 12 or 13 or 14), just skin and bones. Usually within a few weeks they regain strength and in two or three months are unrecognizable! Similar miracles occur all the time in the TB programme. 85% of our TB patients complete the 18 month course (a dramatic improvement on the 60% we used to have and the 25% Government had before the advent of the WHO National TB Programme).

Both our Thanarbaid and Kailakure programmes have been crippled by weak management. We now have a new manager for Kailakure. He is John Mankin, a Mandi aged 38, who worked for seven years as a manager in World Vision. He is very enthusiastic and energetic with lots of experience. We are already seeing the changes. His wife

Mitall and five children were in Dhaka but have now come to us. They all had chicken pox about a month ago. The staff found that Mitall has stopped eating and was weak and dehydrated with a BP of only 80/50. They admitted her. Then she got acute diarrhoea!! Fortunately she is now recovering.

The specifically Christian aspect of our work is concern for the individual. Nevertheless we are still part of the national health effort and the local Church's effort. We have to make sure that our work is part of a long term improvement of the national health and well-being. We also have to be sensitive to the needs and problems and life of the local Church. Having two centres, Thanabaid linked to the Church and Kailakure to a secular N.G.O. (I.I.R.D), gives an extra freedom of movement and action which we must use responsibly for the general good. The Church of Bangladesh is in a transition period and facing its own difficulties. We pray that God will pour His blessing upon it and guide it in its life and work.

Please accept my personal thanks, and please accept my thanks on behalf of the poor, our staff and our committees for your friendship, empathy and kindness.

Very best wishes,  
Edric S Baker  
Medical Officer In Charge

A note from your correspondent

Folks:

Last month I made an unfortunate mistake. When I gave you the address where you could send contributions. I gave the name of one of our priests who had died. Here is the address I gave in the Easter letter:

Fr. Tom Shea, MM  
PO BOX 304  
Maryknoll, NY 10545-0304  
USA

*Dear Fr Shea  
Please deposit these funds in the Bangladesh Mission Account  
for Dr.Edric S Baker's work in Bangladesh. Thank you.  
Sign your name and address. Maryknoll will send you a receipt.*

**However** Fr. Shea's name is **NOT Tom**, but **LEO**

So the correct address is: **Fr. Leo Shea, MM**

**PO Box 304  
Marryknoll, NY 10545-0304  
USA**

On top of that Dr. Edric's sister in New Zealand thought it would be better to have some place in that country where donations can be sent. So I will leave it to Edric's sister, Hiliary to inform all Dr. Baker's New Zealand friends and others about a place where gifts can be gathered in NZ. There is nothing sacred about sending to USA, in case anyone wants to know. Since I had asked you all for your help in a hurried fashion, I knew funds could be sent there safely. Edric and I did not have a chance to discuss the ins and outs of it. So please excuse me.

I spoke with Dr Edric recently (3 August 2003) and he mentioned the wonderful response and concern many of you expressed. We are very grateful to you all. Edric's letter gives you a good picture of the situation as it is, even though it is in flux. Let us all work and pray together that the poor may be cared for by the poor as is Dr Baker's objective (dream) and without undue harassment from the government and other power bodies.

Peace to you all.

Doug Venne

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(Rev) Douglas F. Venne, MM  
Your correspondent