

HEALTH CARE THANARBABD CENTER

BANGLADESH Thanarbaid Health Care Center Newsnotes

August 1998

Greetings again from the hinterland of Bangladesh where the Thanarbaid Health Care Center (THCC) is located. Relocating at this time is the national pastime. Why? Because many waters have decided to pass through our lowlands and stay for a while before continuing, reluctantly on their trip to the sea. Unfortunately they have also occupied space used by two and four legged creatures. So the most populous country in the world becomes even more so on the remaining dry land. Thus, in a large bit of Bangladesh, people and cattle are crowded together, lacking food, housing and yes, water for drinking. Today's headlines (30 July) say, 'FLOOD SITUATION ALARMING.'

Dr. Edric Baker, Medical Officer in Charge (MOIC) of the center recently sent out his annual report on the work and state of the Thanarbaid Health Care Program (THCP) where he writes clearly of the increasing amount of care the program gives and the pressures which apply. Add to that the above mentioned waters and you get an idea of the effort that is needed to, shall we say, keep the program afloat.

The MOIC's responsibilities do not lie only with the program's medical procedures and motivation. That would be a dream of a doctor dedicated to health care for the poor. No, the outreach continues, trying to arouse the awareness of government medical departments and other aid groups to facts they are not aware of or care less to know. Though the THCP essentially involves an area of 10 villages, it reveals by its example, it's vision to include the whole country. Those who have received the full report readily perceive that.

In line with all these thoughts we find the 50-some year old doctor on a bicycle pedaling through ponds of water which formerly were a road, covering 10 miles up and 10 back to consult with people of the Damien Foundation hospital on preparedness for the flood and its aftermath. Admitting his age this senior cyclist confessed he was tired on his return.

However, the task was not finished. The incidence of **kala azar**, which can often be fatal, is increasing in this area. The condition is treatable by a period of injections. The THCC has 9 in-patients under its care and was lacking in the vials needed. It was back to the bike for the MOIC. Feeling he could not do it alone, he employed one of his stronger staff members, who still weighed 10 kgs less than he, to pedal him as he sat on the carrier. Later, they did have to take turns because the exertion was too much for a single person.

The trip was fruitful. The government medical officer in the Madhupur center was quite cordial. He gave them 30 vials of the badly needed medicine for **kala azar**, mentioning that he had only received 40 vials in all. Such generosity is rarely seen on official levels. This raised the hope in the doctor's mind that the THCP is affecting some hearts.

Suspecting that the flood will also cause many to be infected with **cholera**, Dr. Baker asked for saline solution. Only 10 bags were available, hardly enough for one person. Saline solution is much needed through the whole country now. So preparedness for the time following the receding of the waters is very low.

Some sad news was reported by the staff recently. A small child died of diphtheria. The little one came from an area where immunizations had been given frequently but this one 'slipped through'. Every effort was made to save her. When the MOIC sent to Madhupur for medicine, none was available. A staff member rushed to Dhaka (if you can call a series of bus changes, a rush.) Of the 100,000 units needed for

Adjusting the human side of staff life to the medical needs of the program is always a challenge. Jibon, a staff member, 20 years of age, came 2 years ago with some psychological problems. Though medical remedies did nothing for him, Tender Loving Care formed him into a loyal helper. Yet, troubles keep popping up. His parents are arranging for him to get married. Jibon said, no. His parents said, yes. Jibon ran away for two weeks but came back a few days ago. Last night he was assigned to the night shift (12 midnight to 8:30 a.m.) tending a person with tetanus. His parents had other plans. He was to meet the parents of the girl he was to marry. As a result he did not show up early evening as proposed. What to do? Just as the clock struck midnight, Jibon appeared, Cinderella-like, on schedule. You can't beat that for loyalty. The MOIC is curious about his marital prospects but Jibon is still asleep after his night vigil.

I mentioned that the official Thanarbaid Health Care Program annual report had been sent out. The report was well done. I would like to point out a few statements in that paper which show the challenges and the sincere motivation of the work undertaken which attract and impress me. From my point of view the program has to be looked at as a real effort to conform to the values of the Kingdom of God.

The report speaks of radical honesty. "In the difficulties and complexity of life, radical honesty is needed to rediscover who we are and ...our aims of Christian involvement in Community Health. We need to look critically ... to bring them into line with Christian discipleship ... according to the local situation." It goes on to say that this applies to local and foreign staff, the local and national Church leadership and even to overseas supporters. That is bold speaking, biting the hand that feeds you.

Then there is a reflection on the future. "... continuing population increase, land-loss to Muslims, education and development, the widening of the economic differential, migration of the young to the cities," make the future unpredictable. "With the extreme rapidity of change and uncondusive social environment the THCP must seek its role in the crucial step forward that is needed, into the new era ahead. Maybe stability and continuity of self-giving , suffering love will be the program's contribution. Maybe it will be a binding together in 'Health for All' empathy of those who do not at present identify with such bonding. Maybe the THCP's contribution to the new society will be the refusal to give a up on basic principles and a determined commitment to honesty."

This faith at work, driven by hope; it is the mustard-seed-and-leaven-in-the-dough apostolate of charity. Let it happen. ALLELUIA.

Again the MOIC and staff in the Thanarbaid Health Care Program thank you for all your care and concern for their effort. Please keep encouraging them for the road is long and narrow.

MONSOON ROAD TO THANARBAID HEALTH CENTER
Hauling pineapples to market

MOTHER OF PATIENCE