

Thanarbaid Health Care Centre News

Bangladesh

August 1999

Life is full of surprises.

Even events we have expected, catch us by surprise and happen at an unexpected time. This newsletter is a good example. Normally you would have received one earlier in the year but you did not. Although you have been half expecting it, you probably got a surprise when it arrived in your letter box! Life at Thanarbaid Health Care Centre is like that all the time. Last year Bangladesh had an unexpectedly severe flood – the worst for ten years. Early this year, the dry season was unexpectedly dry – we did not get rain for five months. The combined result of these two events has been that food has not been so plentiful and prices have gone up – placing even more pressure on the already inadequate budgets of poor families. On a day to day basis, even though we expect the sick and injured to come in the gate, we are still surprised by what happens. Just recently we have had a young man come in for the second time, brought against his will. He is intelligent and has been to university and passed B.Sc., but unfortunately he is schizophrenic and killed his mother. We put him onto a drug regime and he responded amazingly well. Then he went home, stopped taking his drugs and – you guessed it, was brought back in again against his will. Some 18 months ago we also treated his schizophrenic brother – who finally ran away. Within the last few days we have had a girl with continuing epileptic fits and several patients with severe encephalitis (inflammation of the brain.)

In April the medical officer in charge, Dr. Edric had an unexpectedly rapid departure from Thanarbaid when his father in New Zealand became seriously ill. His father made a good recovery and Edric had a very much needed rest and recuperation. He also had the opportunity to meet many friends who have supported the Health programme and was deeply moved by the welcome he was given everywhere.

Daily life continues to present Libby Laing with little surprises as she now takes up more of her duties. Rewarding little surprises are occurring every day as suddenly her ears recognise a new Bengali word, a word that she knows exists and knows the meaning of, but has never actually heard and understood before. Although still feeling inadequate, she is conversing with staff and patients with increasing confidence but there is a long way to go. Although ultimately Libby will be working on the village health care programme, for the time being she is working at the Thanarbaid Health Centre. Here she is becoming immersed in the local customs, culture and language while helping to raise the nursing standards for inpatients. In particular the last few weeks she has been overseeing two difficult post-natal cases. One mother who had previously lost her first baby was having difficulty in getting her baby to breastfeed. Perhaps scared of bonding too closely because she might lose this baby too, she was giving up. However, much persistence has paid off and both mother and baby are now doing well. In the second case a first time mum was presented with twins, a large boy (2.3kg) and a tiny girl (1.6kg) The strong boy was easy to feed and the mother was giving preference to him. By the time he had fed, there was little left for his sister who did not look as if she could survive. It has been a long haul, but little sister now gets first preference and both she and her brother are now putting on weight at a very satisfactory rate.

In July Dr Edric had a most unexpected experience when he went to do a home visit for counselling of a young diabetic man who (believe it or not) had stabbed his wife in the eye with his diabetic needle to stop her from deserting him. Edric arrived late afternoon, but the man was not there and he had to wait until he came from his in-laws house. This took a long time and at midnight Edric went to bed.. He shared the room with three goats, two cows and some hens. Twice during the night he sensed something was not quite right and opened his eyes to find a goat on the bed beside him enjoying his company. The feeling was not mutual !

The unexpected is not always so amusing however. As those of you who have been faithful readers of this newsletter over the years will realise, Thanarbaid Health Centre caters for a mixed population. Historically the dominant people in the locality were the Mandi, a tribal group of forest dwellers. The Mandi are predominately Christian. The majority are Catholic, then Baptist, followed by Church of Bangladesh and a tiny minority of Adventist. Over the years, the forests have been pushed back and Bengali Muslims have moved into the area. During this process the Mandi became marginalised. Today 57% of the population are Muslim. The Mandi are by and large better educated and, having had support from their respective Churches, are in a lot of ways better off than their less educated Muslim neighbours. Finally there is a small ethnic minority, the Borman, part of a Hindu group who are to be found scattered in pockets over Bangladesh. The approximately 2,000 Bormans in the Thanarbaid area are the smallest and poorest ethnic group in the community.

Thanarbaid Health Centre is an outreach of the Social Development Programme of the Church of Bangladesh (COB). The centre is overseen by a local management committee which in the earlier years was made up of people solely from the local COB community. This has now been diversified with some members drawn from other ethnic and religious communities. It remains still however basically a COB committee. From the outset there have been some differences in concept as to the purpose of the Health Centre. One point of view is that the centre activities should benefit the poorest of the poor, a Christian outreach of love following Christ's example of tending for the weak, the sick and the under-privileged. Another viewpoint is that the Centre is a Church facility primarily for the benefit of the Christian community.

Despite much progress being made, with the Centre continuing to expand and health standards rising in the villages, underlying tension manifests at times, complicated by resentment that the centre is pre-occupied with the poorest in the community - in service and even employing their members, who often happen to be non-Christian.

At present we are facing a very testing and challenging time. Tension has erupted affecting even the centre staff. A complex staff problem complicated with human prejudices and village politics have become woven together to present us with a very difficult situation. The very reason for our existence as a religious humanitarian outreach born of Christian conviction, and called to Christian understanding, is called to the issue. When service of the poor and empathy with someone in distress seem to point in one direction, and adherence to community social ethical norms another, (and everything seems to be based on hearsay anyway), then what is the correct course to take? As we struggle with the issues and personalities involved, we need your utmost prayer support that the true spirit of divine Love and Wisdom may prevail.

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