

NEWSLETTER

EASTER 2000

Greetings from the staff of the **Thanarbaid Health Care Program (THCP)**. This is our first newsletter of the new millennium, giving rise new hope, and new light. **DIPOLI** is a name in Bengali which indicates light: a lady of light, shining lady, or something like that. She is a young mother, and member of the in-patient staff here. Recently she took a maternity leave. She had worked so hard that she became sick and could not breast-feed her small baby. Besides being poor, there were also social problems at home. So she put herself in the care of her friends and companions at the **Health Care**

Center and was admitted. The staff readily served **DIPOLI** and her child. She got the rest she needed and good food. In a couple of weeks the baby was back, feeding off her mother rather than the cow's milk. All are happy with the good results. In the USA you might see a sign in a restaurant: *Even the staff eats here.* Well, in Thanarbaid even the staff comes for care. This incident is really what **THCP** is all about, the poor caring for the poor. All the words

below are verbiage, even though necessary. Today in the **THCP** there are signs of the renewed energy and direction in this 2000th year.

The Church of Bangladesh started **THCP** in 1978 in conjunction with a small rural parish among tribal people in Thanarbaid almost 100 miles north of Dhaka. In 1983 Bishop B.D. Mondal, the Church's moderator, found Dr. Edric Baker and asked him to become project director, as well as chief medical officer. Dr Baker had a vision of the poor caring for the poor and has continued to try to develop it. Indeed it has grown, not in immensity or modernity, but in service to the poor and sick who are in need. It has grown more like an unpruned vine, inching out with its tendrils to grasp any twig. The doctor and the staff that he has personally trained were drained. After 17 years the service and direction of the **THCP** needed to be evaluated.

Dr. Edric is a visionary but not a dreamer. He has goals and aims and works hard to make them a reality. Let me restate them as best I can.



Dr. Edric with Momataz and daughter

1. **He wants a health care program to care for the poor, especially.**

A. **The poor:** The poor are often those who are born in places of little opportunity, lack of education and suffer oppression from surrounding power structures. It takes time to instill motivation, a sense of dignity and worth in them, even to accept medical help.

B. **Care:** There are several needs here:

- i. Education to prevent illnesses and village awareness of it value.
- ii. Medical care for local illnesses both indoor and outdoor patients (inpatients and outpatients).
- iii. Medicines and simple facilities such as sick bed space and office materials.

2. **The poor are to do it.**

A. They need motivation – Training and education are needed. The poor have little leadership among themselves. They are often led by the educated, rich or influential who are

mostly centered on themselves. To become viable there is a need to work with the local power structure, to gain confidence and get cooperation.

B. Skills are needed – Again training and education. Dr. Baker is the source for this.

C. Support – Missionaries are a rare breed. These staff members are breadwinners. They need salaries based on local scales. Outside funds are needed. Put in a good word to your friends about this effort.

3. **That it continue in the future**

A. That the program be a desire and need of the Church of Bangladesh and the village people.

B. That dependence on foreign input gradually disappears. As Dr. Edric said well, this could happen through him as a person by his death, through being expelled, through accomplishing all the goals or finally, a withdrawal when it is seen to be impossible.

These objectives are always before the doctor, acting as project officer. But as mentioned above, the activities of the project in care for the poor grew overwhelmingly. Adequate

time was not allotted for the training, education and administration to keep on course. Dr. Edric and staff did make some efforts to self-evaluate. But in 10 meetings with the staff no conclusions were reached. At one time they took the project and goals directly to the village people. Did they want any changes in the program or another group, for example, an outside NGO, to be involved? **NO**, was their resounding answer. Village people are not quick to change a going concern for a risk.

With all that in mind a decision was made to take a great risk. A young American, Dr. Fran McCormack and his teacher wife, Mary Kate had volunteered to serve the Care Center for 3 weeks. Dr. Baker drew up plans for an external evaluation. Edric knew the dangers. Dr. Fran had immense good will but almost no overseas exposure. He knew nothing of the Bengali language and culture. The evaluation had to be done through an interpreter. Yet, the risk was taken. Dr. Fran had a free hand with the books, the history, the inventory plus personal interviews with the staff, patients and village folks. He worked hard and produced a remarkable 16-page report. Your correspondent was privileged to read it. It spoke highly of the dedicated and continued efforts of the Edric and the staff. In frankness though, it pointed out how overworked the chief medical officer was and how, in his zeal he has tried to keep much of the **THCP** under his direct control. Thus the goals of staff education had eroded. It spoke of the need for Edric to let go, to let more aspects of the project be managed by local personnel. As anywhere in the world many staff members felt they deserved a raise in pay. Yet, to date every wage scale has been approved by the Board Members, none of whom work there. They are all Bangladeshi except Edric. That means the wage scale was locally acceptable.

Dr. Baker read the evaluation and was jolted by it but also goaded in spirit to move on. He has lost no time. Hardly a month has passed yet and he is redirecting his own energies and the staff's into line with the original aims, care for the poor and especially, by the poor.

Edric wants to renew the whole **Village Health Care and Preventive Medicine** program and put it right into the hands of that staff. They have had a lot of experience already in such work. The need is to refine it and give them the responsibility of managing it.

Edric is also taking to heart Dr. Fran's observation about a lack of systematic and on-going training of the **THCP**'s staff. He has now incorporated a series of weekly meetings to bring his trained workers more fully into the decision making process. He has wanted to do this before but never got to do it with the group. Often he could not find time for it. Now it will be part of the schedule. At times internal tension between staff members themselves and even with him, has ruptured the teamwork of the program. Through a process of reconciliation along the whole line of command, Dr. Edric feels he and his co-workers are stronger for it because they have worked it through. Keeping peace is a full time job. Amen!!!

Into this whole mix comes Mr. John Gould, Project Officer of the Christian World Service, (CWS) in N.Z., traveling 7000 miles to observe the work of the Church of Bangladesh's **THCP** under its moderator, Bishop B.D. Mondal. The CWS

in conjunction with the NZ government has put up matching funds for local self-help projects like this one. Such generosity has given a great boost to the program. The CWS's aim is to have projects 100% under local administration. Edric is an outsider. This nosey correspondent heard a tidbit from a Swedish Taize Brother who spoke with Mr. Gould (His mother is Swedish.). Mr. Gould mentioned how impressed he was by the **THCP**'s activities. He felt torn between that and the criteria of the CWS. As with Dr. Fran's evaluation Mr. Gould is for acceleration of the local staff into all phases of the administration.

There have been other visitors to **THCP** also. Two members of IIRD, an International Integrated Rural Development group, gave a seminar on management for the staffs of **THCP** center and **KAILAKURI**, the diabetes and TB component of the program, a 1_ miles away. Dr. Edric had contacted the IIRD for their advice and they gave some very good input. **KAILAKURI** is quite far along in its process of becoming completely independent. Their constitution is into its last draft. Next, it will be brought to the diabetic and TB patients for ratification. Bishop B.D. Mondal has given it his blessing. The **KAILAKURI** section will then become something like a local NGO. Such a process is more feasible to turn over since diabetes and TB are singular illnesses for which the patients have a regular routine. **THCP** Center covers more varied and unpredictable areas. As such the training and administration are a more prolonged and involved educational process.

Others are showing interest in this 17-year-old effort. Six Japanese from their Overseas Medical Program heard of the work and dropped by. They were impressed with the care given to the poor and the staff's participation. They sang Japanese songs to the locals in appreciation. Also, Mr. Nitish, an Indian national, brought students from the Mymensingh Medical College to show them what service can be rendered in Bangladesh when they finish their medical education. These are signs of local interest in places and projects like **THCP**.

Where does all this lead? Dr. Baker sums up the process and the program in words like these:

1. The aims and ideals of the **THCP** must be kept and brought to fruition.
2. The needs of the moment have to be kept in mind, especially the care for the sick-poor. The needs of the people are the doctor's principle concern.
3. The future must be looked to. The baton is being passed on to the poor to care for themselves.

These are lofty goals. They all have to be brought together. Can it be done? Dr. Edric thinks it is possible and along with the staff is striving to do it. This correspondent was moved when Dr. Baker noted that if it becomes evident that the aims and ideals are not possible, it will be time for him to withdraw. He has brought the **THCP** to this point. It is hard to let it go, but he is willing to do so if his efforts fail. The Church of Bangladesh will carry on as it best knows how.

That brings us back to **DIPOLI**. The staff mothered the shining lady and baby back to health. And so will the local people of Thanarbaid care for each other.