HEALTH THANARBAID CARE CENTRE

THANARBAID HEALTH CARE CENTRE NEWSLETTER

EASTER **2002**

Happy Easter to you all. This is your correspondent greeting you from the deltaic land of Bangladesh. Dr. Edric Baker contacted me and wanted to show me the important work that is going on in his center in **Kailakuri (KK)**, the TB and Diabetes treatment center**.** **KK** has expanded and now has 3 sub centers in Dhonbari, Nandina and Chechua.

I pedaled over to the Thanarbaid Health Care center, only to find that Dr**.** Edric had left. **KK** is about 20 minutes away over meandering dirt roads and paths. After numerous direction questions I found him busy with his staff. But time was taken for prayer, a gathering of Muslims, Hindus and Christians, Bengalis and Mandi tribals, staff and patients to start the day united in work according to their beliefs.

Three large pieces of gunnysack cloth were spread on the ground with a tin can of fresh flowers adorning the middle of this simple prayer space. All sat for the invocation. A Muslim intoned an Arabic chant from the Holy Koran, followed by a prayer in Bengali by a Christian. A local Christian hymn was sung by all and the short service ended with the universal prayer of Jesus, the Our Father. The staff and patients operate as a team, so a few minutes were s pent in the news of new and old patients' activity and who would serve in these areas. Each day they follow this little ritual, the foundation of the **THANARBAID HEALTH CARE PROGRAM (THCP)**' motivating source.

KK was split from the **THCP** to separate the TB and the diabetes (DB) patients from the great number of other illnesses treated. So at **KK** there are really two programs operating. One is part of the National TB Program's sub center. the **Damien Foundation Center** in Jalchatra. The second is a program which is an extension of the **BIRDEM (B**angladesh **I**nstitute for **R**esearch into **D**iabetes, Endocone and Metabolic diseases) Hospital for DB in Dhaka. *[Later we will say a bit more about these institutions]*. Since there are the only two diseases treated here Dr. Baker felt that the **KK** center staff could be trained to do a good job even without the permanent presence of a doctor-in-charge. This has been Edric's vision since he started the program, the poor themselves helping the poor as much as possible. He is rightly proud of his staff. So he introduced them to this correspondent. Hang on. Here we go!

Sultan: He, a Muslim, is himself a diabetic who in charge of the DB portion of the center. He came to Dr. Baker 18 years ago, all skin and bones. Under the rules established for care of DB he is now well filled in. When tested recently, he had no sign of DB in his kidneys or eyes. Quite remarkable! **Rashid:** He is an active Muslim who has even been on an Islamic mission band, inculcating in others the spirit of Islam. Edric says he has many Christian virtues. Though not a diabetic, he came with his diabetic father when he was 11/12 yrs old. He is now married and has his own son. Edric treats him like a son. He is a senior paramedic in the DB program. **Hakim:** He is now 13 yrs with the DB program, himself a diabetic. He studied to become a Muslim cleric but because of DB he dropped out. Since he had been treated for diabetes at **THCP** earlier, he came back to work in the program. His position is Health Activities Manager and he is very motivated. Recently he married a very poor girl and took *NO DOWRY* from the bride's family, unheard of here. He is sole support of both her mother and his own folks. **Komilo:** This woman is a Mandi Christian who has served at **THCP** for many years. A married woman though not a diabetic, she is the senior paramedic in charge of examination and treatment for DB. She has had her sorrows. Her husband was kidnapped 9 years back and her 10-year old daughter died of kidney failure not long ago. **Aminul:** This diabetic has spent 7 yrs with the DB program. He is an indoor/outdoor paramedic, meaning a jack of all trades. **Shatar:** He is an elderly field worker, now 16 long years in helping Dr Baker, checking to see that patients follow their routine, and encouraging those who lapse. **Jibon:** He is a Hindu fellow, not diabetic, a paramedic for 8 yrs now with the doctor. The above are the

long time associates of Dr. Baker in the care of DB, most of whom have come right from the care program itself.

Shuruj: This staff member is the in-charge for the TB program though he is neither a diabetic nor TB patient. He has worked with Dr. Edric for some 16 years. He is an excellent teacher in the field of TB and instructs the patients well on how to care for themselves. He has 4 persons who help him in the care of the TB patients and paper work.

The kitchen is an indispensable institution in any health care process. **Hajera:** Not a diabetic, she is the senior cook. *[Her son was recently the first circumcision patient in a new community program started by **THCP.** Muslim boys receive musulmani (circumcision) at about age 10. Often an infection sets in. The **THCP** sends a staff member along with a Muslim cleric who does the cutting. The staff member sees that all remain clean. Since many boys go through this ritual, the new program is an attempt to show the nation how it can be done better.]* In the kitchen each patient has a diet to follow. Though most are illiterate a unique system has been invented so both the staff or patient can read it. *[Below you will find a sample].*

After the kitchen, a **Center Office** is necessary. **Hamid Master,** a former teacher, is an important man as head cashier. His assistant is **Shapla,** a Mandi woman. **Nekbot,** the only person on the whole staff who is not poor, (*He lied when he applied)* is kept because he is good in math and filing the many papers which are under the care of **Muajem,** the boss in that section. **Rashida,** a woman, very crippled from DB nerve disorder is the pharmacist for the group. Though not so efficient, she has no other means of lively hood or being crippled, no chance for marriage. So she remains part of the staff. She does supervise the urine tests for blood, observing from her chair at a distance. Anyone who knows DB work, knows that the urine test is very necessary. The patients are taught at the center to test their own urine and continue when at home. The doctor was questioned by persons in the medical profession on the use of the urine test. He convinced them that blood tests in these far out areas are too expensive and the urine test is ideal. **KK** has proven it over the years. The visitors agreed.

Dr. Baker took time to explain the origin of the two programs operating together in **KK.** The older program is the **National TB Program**. It stems from **WHO** in the UN which gives funds to the Bangladesh (BD) government. The BD government farms out the funds to certain NGOs who oversee the program. One is the **Damien Foundation** (one of world's largest) which backs the **THCP** in the **DOTS** (**D**irect **O**bservation **T**reatment, **S**hort term) program here. What this means is that the Foundation supplies the TB medicine. All the other expenses, land, buildings, staff wages and hiring and food for all, are supplied through **THCP.** Dr. Baker is responsible for all this. In BD this program is viable. Through **KK** TB program 39 patients are under the 8 months' treatment, the first two months being daily observation. There is no money given to the patients or fees taken from them. Also **KK** TB center is open 7 days a week by rotating the staff. No other place does that.

The **BIRDEM** DB program is not national. What is it? While the program gets some outside aid, the Dhaka Hospital was set up to take from the rich and give to the poor. Unlike the TB program, all are charged according to what they can pay. **BIRDEM** has set up some DB sub centers in various districts. However each is independent and lacks supervision. The centers have to shift for themselves. **KK** has the help of Damien Foundation to transport and store the monthly insulin supply for protection against armed robbery. Such is the situation in BD these days. Dr. Baker says that without cooperation of others their program would fail. At present it is doing well. At present they have 360 patients under care. The number increases daily. By the end of 2002, the doctor thinks they will have 500 patients under care. The numbers are staggering. There is a reliable estimate that by 2005 one person in ten in BD will be a diabetic. Dr. Baker's DB paramedic program is working well. It could be extended to the whole country. It is Edric's hope to convince the **BIRDEM** to organize it on the same basis as the National TB program.

There is hope. Recently 5 doctors from **BIRDEM** came and inspected the program. They were impressed. They had not seen the likes of it in BD, or perhaps even Asia. Not only were they impressed but they are sending a team of 8 very soon to stay for 2 days evaluation. They are also planning an eye care camp at **KK** for DB patients, blood sugar testing and gynecology assessment. Since the **KK** area became too small for both programs, **THCP** has purchased a big plot of land across the road for DB care and service only. This showed **BIRDEM** that progress was being made. Dr. Edric told me has only been

able to do so because of you, his good benefactors. So, you see the doctor and his simple staff are trying to move the government from their little outpost in the hinterland.

When the eye camp is held, the doctor figures about 320 of the DB patients will come. With relatives perhaps there will be some 500 persons. So they will have the **KK** patients' annual general community meeting at that time. The Central Committee has 3 regional subcommittees to keep them informed. **RAFIKOL,** a 6 year DB patient has the task of Committee Motivator and Liaison Officer to keep the committee moving smoothly. Dr Baker would like to turn the whole program over to them by 2005 if they are ready. That's about it for development.

As usual there were a couple of life-stories to be passed on. **Little Hajera** is on the cooking staff. She is a very poor young lady, 18 and illiterate and in DB care for 7 years. Her father divorced her mother saying **L. Hahira** was not his child. Seven days later her mother remarried. Her grandma loved her but unfortunately soon died. Her maternal uncle couldn't stand the kid, so he didn't feed her; he told her to go out and earn her own living. She did find work with a rich family but when she developed DB, the family would not care for her. So she begged at the Nandina bazar. It was there that **RASHID** *(see above)* found her and brought her to **KK.** For 2 years she came for treatment, and then worked part time. Now because she has some money the uncle allows her to stay with him. **L. Hajera** now stays one month with her uncle and works one month at **KK**. Dr Baker says she has a terrible personality, won't cooperate but is a very good cook. Since she has no where to turn, the staff puts up with her.

Shujit is a Mandi tribal from Mariamnagar who has DB. Of the 360 DB patients there, only 3 are Mandi. So, tribal people are a lot less susceptible to the disease than Bengalis. He has had DB for 7 years. In the beginning he was sent to Dhaka **BIRDEM** hospital. World Vision paid for his monthly trip to Dhaka to get the Insulin he needed but that stopped after 3 years. For another couple of years the Insulin was sent to the sub center in Jamalpur. It was always late and never enough. It reduced the DB but not the complications from it. In all those years he had no daily urine or blood sugar tests. When Dr. Edric went to Mariamnagar for vacation the pastor asked him if he could help a diabetic young man. Edric checked it out and the lad came to **KK.** Now he is one of the staff. He takes all the patients to Dhaka to be registered and gets the Insulin for them all. He cares for indoor/outdoor patients, is intelligent and motivated. He will soon be a fully qualified paramedic. While at work, he also teachers others on the staff to read and write Bengali. He was a great find for the doctor.

Well, I have spent a few minutes relating to you what the doctor is doing. It looks good. For some 18 years now the vision of the poor helping the poor has been kept alive. As mentioned above the work and vision has even impressed people on a national level. Good things come from below. But not without the help you have extended. Again the staff and the patients of **THCP** thank you for your generosity. There is still much to do and we hope you will stay in touch with the program and tell other about it.

On a personal note, please excuse me for all the abbreviations. It gets boring typing the same words over and over. But how else can we communicate? Thank you for reading.

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Dr Edric's Baker /Thanarbaid Health Care Program /P.O. Pirgacha /Madhupur, Tangail 1996 / Bangladesh

If anyone wishes to send email to: mk_oneye@bd.drik.net, it will be forwarded to **THCP**. The material for this letter is from Dr. Baker. The format is from your Correspondent - Fr. Douglas Venne, MM

(See back page)

BELOW IS A SAMPLE OF A DIET SLIP PREPARED FOR EACH PATIENT.

The purpose of this slip is to enable the illiterate cooks and patients to be able to follow the prepared diets. Each patient is fed 6 times a day. Each feeding is different. Most patients can remember their diet but it is important for the cooks to know what each is to receive. This is an ingenious little creation.

How is an illiterate person going to read this? Most can recognize their name when they have seen it written. So they know their own paper. The cooks have to recognize the name also. The food is prepared and almost all the persons get vegetables and lentils, the source of protein for them. Because of the expense, meat and fish are not usually served. Each slip has a different amount for a diet of either rice or bread, an unleavened flat circular piece. They can choose what they prefer.

The staff took a slip at random and gave it to an illiterate fellow who was eating. It was not his slip. They asked him what that person was supposed to eat during the day. He read it perfectly. The full rectangle across the page equals one flat bread or two small measures of cooked rice. So he said, "That person gets 2 ½ breads or 5 measures of rice in the morning. At Mid –AM, one bread or two rice; Noon – same as morning; Mid-PM, a piece of bread; Evening is a repeat of Noon and Night a repeat of the snack times. I thought it was clever. It taught me that to read, people need to know the meaning of the signs. Letters of the alphabet are only signs of sounds which make words. People are smart. They learn what they need for life.

NAME No. # VILLAGE

Morning

Mid-AM

Noon

Mid PM

Evening

Night