

HEALTH THANARBAID CARE PROGRAMMES

THANARBAID, VILLAGES AND KAILAKURI HEALTH CARE PROGRAMMES EASTER (TVKHCP) 2003

In this season we rejoice in the Good News of Christ's resurrection. It gives us hope against hope of our final victory

But so great have the problems been over the past year, at times it has seemed there is no way to keep going. To give up would be better. Staff have misused money and medicines. We ran into a financial crisis. We couldn't bring in donations because of government regulations. We had to divide the programme between two N.G.O.'s. We lost key staff. Now we see financial disaster ahead: we need more donors. Even then we may still be unable to meet regulation and be closed by the government.

A few weeks ago we had a bad day. I was called back from Kailakuri to care for a four-day old baby who was passing black blood stools and vomiting blackish blood. Haemorrhagic disease of the new born, I thought, due to vitamin K deficiency. However there were no injections of Vitamin K available. That night we also had a very bad insecticide poisoning; a young man was attempting suicide. He was obviously going to die. Three of us went and prayed with the patient and relatives. **Suronjon** (a Hindu) prayed. The fellow was Muslim. Then I laid my hand on the patient (touch in this culture is extremely meaningful). The other staff and all the relatives did the same. He died 15 minutes later. Next we returned to the mother and bleeding baby. They were Christian. I said the prayer. The baby had passed an awful lot of blood and yet remained vigorous and was not at all pale. The infant's condition had to come from swallowing its mother's blood at delivery. The baby remained vigorous and survived. I went to bed.

I was called at 5 AM for a mother who had delivered at 11 PM and was still bleeding. She was absolutely bled out and in shock. She had no blood pressure or pulse. She had had lots of intravenous fluids and the blood was not clotting. She bled both before and after delivery. She also had pre-eclampsia. The cause had to be disseminated intravascular coagulation with a breakdown of blood clotting power. We prayed (Again it was **Suronjon**). This woman was also Muslim. She died 10 minutes later.

So I headed back to bed but as I passed the pump-well outside the kitchen dining room I saw a cluster of patients' relatives washing the plates and cleaning vegetables for our combined breakfast. It was 5:30 AM. I felt peace and comfort. Years ago when a patient died, all the others would abscond. I knew that no-one would do so now, and was right. **We have become a community clinic.** The people see it as theirs. This is what they trust and where they go for treatment. Some will die, but they still come here. They have nowhere else. We must not give up.

The crises of the last year required repeated committee meetings and included trips to Dhaka. The chairman of our Church Supervisory Committee is the padre, **Fr. Timothy** (Mande) who lives about three minutes' walk from us. Other members are **Jothin** (a retired mission

headmaster, Mande), **Abul Kari Munshi** (Bengali Muslim priest), **Fr. Subratto** (Bengali priest from the Roman Catholic Mission) and myself, **Edric Baker**.

A trip to Dhaka means a lot of preparation. There may be financial and budget statements needed. Always there should be clear analysis of the problems. I have to think out possible actions before attending the meetings and a work plan for when I reach Dhaka. As well I have to sort out Clinic difficulties before departure. I still cycle to Jalchatra (45 minutes) although buses and 8-seater, 3-wheeled cabs are sometimes available. At the Jalchatra mission I can stay the night and that helps because I set out the next day, fresh. The semi-express bus to Mymensingh now takes only an hour and a half. (25 miles). When I arrive there I join the Taizé Brothers for prayer and lunch, if there is time. Otherwise I buy three chapatti (flat bread) and two bananas and eat them in the rickshaw or on the bus. At the bus terminal for Dhaka I wait for a luxury express bus. All this travel eats up about an hour of time. Buses leave every 20 minutes, taking 2 ½ hours (80 miles) to reach Dhaka, if not rush hour. It can take 3 ½ hours. The cost of the journey is Taka 80.00 or about US \$ 1.50.

The noise gradient increases from Thanarbaid to Jalchatra to Mymensingh to Dhaka. The noise in Dhaka is horrendous and continues day and night. In the city I get down at Mohakhali Rail Crossing and hop the first bus or van going to Farm Gate, an extremely busy hub area. It is another five minutes walk to the Marist Sisters (SMSM who are from Australia, New Zealand, Fiji, New Caledonia, Philippines and Bangladesh.) who are great friends and helpers. **Sr. (Dr.) Jenny** has been doing an evaluation of our Project at the request of the **New Zealand Christian World Health Service**. We are united in the conviction that a new injection of management skills is needed to survive and free the doctor for more important aspects of the programme.

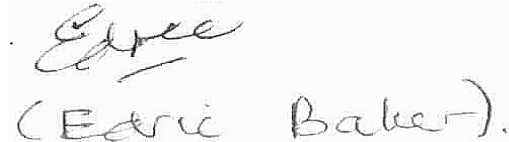
We are now hunting for a Bangladeshi manager who will be able to take over these Dhaka trips, fund-raising, office work and administration. Then we will be able to get on with the problem-solving and staff upgrade, paving the way for a complete hand-over and the departure of the foreign doctor.

After a visit to the Sisters I bus across town (40 minutes) to Notre Dame College near Motijheel, banking center in Dhaka. The American and Bangladeshi Holy Cross Fathers welcome me to stay there. The area is very central but as mentioned extremely noisy. I don't usually get much sleep the first one or two nights. Trucks can ply the city at night and roar past with horns at full blast. The seminarians' chapel however inspires and encourages me for the assault ahead.

In the morning I set out for the bank, the **BIRDEM** Diabetic Hospital or St. Thomas Church, the national centre for the **Church of Bangladesh** (Anglican-Presbyterian) and the **Church of Bangladesh Social Development Program (CBSDP)** Our Thanarbaid Program belongs to this organization. The Church's moderator is **Bishop Michael Baroi** and **David Mazumdar** is the head of the **CBSDP**. Dilip

is the accountant and John Bose is the Development Officer. These are the ones with whom I have the most dealings. It usually takes two or three visits to St. Thomas each trip to Dhaka. Much time is consumed. That part of Old Dhaka is very congested and travel is not easy. Riding on the crowded bus is very unpleasant. Taking a 3-wheeled taxi is costly and so is the fare for rickshaw. Nowadays I usually go by rickshaw or walk through the zigzagging back alleys (a 50-minute walk if I don't lose my way and 1 ½ hours if I do). When I work out the quickest route it will probably be 30 minutes (similar to rickshaws and much faster than the bus.) Dhaka City probably has a population of about nine million. Traffic jams, rickshaw jams and people jams are normal. Air pollution is terrible. Depending on the time of the year the heat and humidity compare with Singapore. Robberies and killings can occur in the middle of the day. It's not easy living in such congestion when it is so hot.

Bangladesh Institute for Research into Diabetes, Endocrine and Metabolic diseases (BIRDEM) Hospital is probably about 40 minutes to an hour from St. Thomas (rickshaw or bus). There I usually meet with Mrs. Daulatun Nasha of Social Welfare who give us our Insulin. Or with Dr. Sayeed who is a great friend and will probably do operational research on our Diabetes Programme. From BIRDEM to Sr. (Dr.) Jenny's place is about a 20-minute walk. From there to the Institute of Integrated Rural Development (IIRD) office is about 30 minutes by bus and rickshaw. The IIRD now provides the umbrella for our Kailakuri Diabetes-TB Programme. IIRD was founded by Fr. William Christiansen (Marist) who continues as adviser and fund-raiser, but is very much in the background. The



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(Allow a couple of weeks for delivery since Dr. Baker lives some 5 hours travel from Dhaka and we have to make an occasion to send the message to him.)

FOLKS,

This is your correspondent adding a few works. I hope you read this letter with your hearts. I can attest to all the hardship of travel and inconvenience mentioned here but only Dr. Edric can describe what it means to be on call 24 hours a day, 7 days a week. From the frugal way he travels to and in Dhaka and his moving from one office to another, you can surmise he is a man who counts every penny. He has the true spirit of poverty. The doctor has never asked directly for funds. A large portion of my own mission funds go to Edric because I know they go where needed.

This thought came to my head. A pledge of a \$1,000 or a generous amount like that, given over a year's period gives the programme a chance to survive. He knows funds are coming. Please know as I know that all the money, even for administration, goes for the poor, because it is the poor who are serving the poor. Their meager wages allow them to give

ones with whom I work the most are 2 Muslims, Hashen Bhai (Bhai means brother), the Executive Director and Yunus Bhai, the Liaison Officer. IIRD is efficient, highly motivated and very committed to the eradication of poverty. We think alike.

Often I meet Doug Bhai (the American priest who helps us so much – especially in producing the News Letter) while in Dhaka. Sometimes I go to Old Dhaka - Mitford to buy medicine or equipment but almost all these we now get in Madhupur (our closest shopping area) or Mymensingh. At times we visit patients in the big city, admitted there for us by Father Pope and Hena Didi of Notre Dame College. Their sick shelter is often filled by our diabetic patients and others.

Finally in a state of exhaustion I buy a ticket at Komlapur Railway Station and the next morning after Mass, walk to the Station (10 minutes) and board the 7:20 AM express for Mymensingh. It takes about 3 hours but is a pleasant trip. Going out through Dhaka you pass through the slums and shacks that extend to within a few feet of the train, built over open sewers with wispy polyethylene roofing. Beyond that is the idyllic countryside of rural Bangladesh. After another stop-off at Taizé, I finish the final leg of my journey, pick up my bike from Jalchatra at about 4 PM and arrive back in Thanarbaid by 5 PM.

The poor need and want this Project. They see it as their Programme and cannot conceive of it being no longer there. We are very grateful to all who have given us financial help. We need your help even more now. Please do not give up on us. We need God's help too. Please pray for us. Jesus is our inspiration.

themselves to the programme. Otherwise they could not do it. One would have to go a long way to find a programme where funds are used more frugally on the one hand and more generously for the poor on the other hand. And think of this. Even if the project were closed, all your funds will still have gone to the poor. Nothing will have been wasted.

Also if you are really inspired by his work, perhaps you could even convince another person of its value and so they too might help the cause. It seems to me that this way would be very much in the spirit of Dr. Baker's own efforts - the poor help the poor. But whatever you do, hear Dr. Edric's words, "Please do not give up on us."

Some certain organizations will be receiving the TVKHCP's annual report and evaluation. If any of you would like to have it, we would be happy to send it to you. I take this opportunity now to wish you a happy Easter and all the joy that goes with the expectation of New Life promised to us

Peace and all good things.

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