



MARYKNOLL  
GPO BOX 2399  
DHAKA 1000  
BANGLADESH

19 May, 1994

To Whom it may concern:

The enclosed hand written document comes from Dr. Edric Baker who is the founder, chief medical officer, administrator and fund raiser for the clinic. The document speaks for itself. I leave it in the hand written form because it gives the flavor of the whole request. I have known Edric for a good number of years and am impressed by the dedication and devotion that he gives to the health care program described here. It is because of this that that I do not hesitate to help him find some doctor to accompany him in his service to the poor of that area.

A word about Dr. Edric Baker:

Edric came to work in Bangladesh in the late '70s and early '80s. He worked in an ordinary hospital, learning the language and practices of the medical people here. However after a brief time he realized that health care was not really getting to the type of poor person in which he was genuinely interested. In searching for a way to do this, he convinced the Bishop of the Bangladesh Church (formerly the Anglican Church of Bangladesh) to let him put up his clinic on land near one of their Churches. It was in the small and remote village of Thanarbaid. It is there he has worked for some 14 years, gradually building up both the physical and personnel structures that he envisions to be a true Christian approach to health care. I don't have any pictures, except mental ones, of the clinic facilities themselves, but they are very simple, adobe mud brick walls, with corrugated tin roofs. Edric lives simply right on the compound with the patients. What he describes in his Job Description for a Doctor should be read very carefully. There is no exaggeration in his words.

~~Any person going to a foreign country to work with local people needs to learn their language.~~ A minimum of 4/5 months of good language study would certainly be required for a doctor. Of course, all people learn languages at different rates and it would depend on the person's own ability to learn. The advantage a new doctor would have is that Edric would be with him and be able to quickly acquaint him with the medical vocabulary that would be needed.

I have watched a number of doctors work in Bangladesh situations. It is amazing how they are able to adapt. Indeed, this adaptation is a sign of their comprehensive medical knowledge and innate skill, shown in the way they juggle medical facilities and medicines in the care of their patients. Critics have come and said that things should never be done that way. Still the many cured and helped for whom NO other medical care would be available, have a whole different perspective of such methods.

As to the commitment which Edric is asking, I would suggest that a person interested should come for a visit. It is only then that a person would know if he or she wanted to do such work. A three year commitment would be normal for person doing work in foreign countries for the first time. Again I suggest that the Job Description be read carefully and accurately. A more Christian and better commitment would be hard to find.

Peace and all good things.

(Rev) Douglas F Venne MM



# Thanarbaid Health Care Centre

থানারবাইদ হেল্থ কেয়ার সেন্টার

THE CHURCH OF BANGLADESH SOCIAL DEVELOPEMNT PROGRAMMES

( Reg. No. DSW/R-155 )

VIII : Thanarbaid

P. O. Jalchatra

Dist : Tangail

## Job Description for Doctor

Date... April 28, 1995

The Thanarbaid Health Care Program is in a fairly isolated village of northern Bangladesh working with village people of three communities: Bengali Muslim, Tribal Christian and Tribal Hindu, and finding its driving force from the immersion of Christ Himself in the lives, problems and troubles of the poor.

Because of the unrelenting poverty, the program is committed to an extreme simplicity of action and to engaging the participation of the people. It has 3 fields of action - Village work, outdoor clinic and indoor admissions. The Program has progressively increased in size so as to need the assistance of another Doctor.

A Doctor is needed who is willing to be extremely adaptable in life-style, language learning, and ready to face an unfamiliar and probably strange philosophical approach to the handling of disease treatment and prevention, ready to work without the back-up of laboratory and X-ray facilities, willing to treat patients with a small range of essen

medecines, and able to accept that ordinary people of low educational level can be trained up as health workers to handle the common problems.

Because of the absolute dependency on a new language (Bengali) and the many adaptations needing to be made, the Doctor would need to be ready for 5 to 10 year commitment (absolute minimum of 3 years.)

He would need to work in close conjunction and at first with the guidance of the present Medical Officer in charge, and his first roles after achieving some language fluency would be Indoor and Outdoor patient care at the clinic base freeing the Medical Officer in charge for community work and administration.

It would be necessary for the Doctor to recognize and accept that the nature of the program requires that the professional staff work in a close friendly brotherly/sisterly relationship with the local staff (who are of low educational level), patients and village people. From a practical point of view this involves adopting a simple life style, and eating and praying together with patients and staff.