

KAILAKURI HEALTH CARE PROJECT

(In association with Indigenous Peoples Development Services)

Village Kailakuri, Madhupur Thana, Tangail District, Bangladesh

DECEMBER 2017:

“Merry Christmas from Kailakuri”

KHCP has gained approval from the NGO Bureau for next year’s activities (as a project of IPDS). We have also applied for registration as an independent NGO, under the name “Dr Baker’s Organisation for Well-Being” and we are awaiting several investigations by government agencies before this can be approved.

An update on the Village Health Program – by Sujit Rangsa & Minhaz Ali (paramedics)

We would like to pass on our love and Christmas greetings to you all. The Village Health Program (VHP) is a very important programme within the Kailakuri Health Care Project. The staff of the VHP have been working faithfully for the people of the three religious communities in this area for a long time. This year we have had to make some adjustments because of changes in Government rules, reduced funding and retirements. Four of the 18 staff have retired this year. For many years Leo Rema was the faithful leader but he has recently retired and been replaced by Hemonto Bormon. Hemonto has worked for ten years in the clinic programme and he has had two years of preparation to become VHP Leader.

There are new challenges in every season. We are facing each of these challenges with your cooperation, love and support, which have helped us to stay strong and given us courage to continue our work. The government has divided our two unions (local administrative areas) into four. Although we are now working across four unions, the number of VHP villages is still twenty-two, with a population of 18,000.

Our sub-district, Madhupur, has a population of 315,000. Among them, 126,000 people are poor (40%), and 63,000 people are extremely poor (20%). There is still a huge need to continue VHP work in our area. The VHP’s work has had an impressive impact on health related outcomes and building awareness of health issues. In the villages where VHP works, there are many poor people who can’t afford proper treatment for pregnant women and babies. Although some of the main roads are sealed, the conditions of most village roads are still appalling. The VHP staff are carrying out their mother and childcare work in these areas throughout the year in cold, rainy or hot, muggy conditions. Every VHP staff is responsible for a particular area near their village home. Because of this, they are able to assist in many deliveries and give advice at any time. So the mortality rates of mothers and children have decreased significantly.

Alongside mother and childcare, the VHP also focuses on health education, giving treatment advice and increasing awareness. When people do not receive medical advice from the right people they can be led astray by quacks and become even poorer after selling their property for treatment. If a new disease appears, the VHP staff work hard to treat the patients and prevent further outbreak of the disease.

We believe that our program is a good model of effective health care at low cost. People come from different places to visit us. Sometimes medical students and doctors come and they go into the villages

with our staff to see our work. In this way they are exposed to the lifestyles and health problems of poorer and lower educated people in the villages, in situations they may be unfamiliar with.

Overall, we really feel that this is a suitable programme with appropriate treatment methods. As the government treatment centre is far way, the people of this area, especially pregnant women and children, would have really suffered without the VHP. The VHP's activities are still necessary for the people of this area. We hope that we will be able to continue our health work in the future as we receive the same support and cooperation as before. We wish you all the best.



Left: 15 of our VHP staff, who attend weekly review meetings and further training on Saturdays

From Dr Jason Morgenson,

Many of you may remember Fr. Doug Venne. He was my mother's cousin and did the newsletters for Thanarbaid and Kailakuri for many years. He also invited me to visit Dr. Baker's health project back in 1999, when it was still in Thanarbaid Village. I was in my first year of medical school at that time and already felt called by God to cross-cultural medical work. I was very impressed with the project. "Health care for the poor, by the poor" was the model. It was a model of immersion, much like Jesus immersed himself among the poor and healed their illnesses. The project was also all inclusive: Muslims, Hindus, and Christians all prayed, ate, and worked together. I returned in 2000 for another visit. In 2006, I returned with Merindy, my wife, for yet another visit. Merindy was very impressed with the project, which by that time had relocated to Kailakuri Village. Fr. Doug passed away in 2009. In 2011, we visited Fr. Doug's grave in Bangladesh and visited Kailakuri again. After much prayer, we decided in late 2012 that we would like to follow our calling to cross-cultural medical work at Kailakuri.

Merindy has had some health issues that prevented us from leaving right away. Then we had triplets in 2014, who have kept us very busy. Jason went to Bangladesh in early 2015 to learn about the administrative details of Kailakuri from Dr. Baker. We were hoping very much to arrive at Kailakuri later that year and learn all we could from Dr. Baker. In May 2015, Merindy found out she was pregnant again (a big surprise!). In September 2015, Dr. Baker passed away suddenly. We were all devastated. The Kailakuri staff kept on working just as Dr. Baker had trained them. Health care for the poor by the poor was a reality, even after Dr. Baker's passing. Our youngest daughter was born in 2016. Our fundraising for our first two years in Bangladesh was complete as of February 2017. Currently we are waiting on work visas for Bangladesh. If all goes well, we hope to arrive in Bangladesh in early 2018. God has been good. We hope to continue the work started at Kailakuri by Dr. Baker. We hope to pray, eat, work, and live together with the people of Kailakuri just as Dr. Baker did (plus a few children). Please pray for us.

Other News

Nadine Vickers and her Bangladeshi husband Ratan Bormon are both settled in Christchurch, New Zealand now, with Nadine about to start Police College in March 2018 and Ratan enrolling in Academic English studies soon. Both continue to help Kailakuri. Nadine regularly talks through management issues with Executive Director Pijon. Ratan has kindly translated the VHP article you have just read. Nadine is hoping that another volunteer will step up to take on the English Communications role at Kailakuri soon, so that the Bangladeshi staff gain much needed support!

Drs **Jason and Merindy Morgenson** hopefully will receive their visas and arrive in February. An apartment has been arranged for them in Mymensingh where they will undertake language training for six months before shifting to Kailakuri.

KHCP – NZ Link Group

NEWS



It is now over two years since Edric passed away. It has been a tumultuous time in Bangladesh but the health centre continues to run smoothly. The staff have proudly risen to the occasion. They really do 'own the project' – as reflected in what they have written about the VHP. Proof indeed if any was needed of the validity of Edric's life work.

Our income has dropped this past year and running costs have increased, so we are facing a big challenge to keep the health centre running. Please consider whether you can increase your donation.

It is five years now since Edric did his last NZ-wide speaking tour. Next year we would like to be able to visit all of the groups he visited to bring you up to date on this unique and most worthwhile mission. As you plan your 2018 programme, please get in touch with Peter Wilson to arrange a speaker to visit.

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WEBSITE <http://sites.google.com/site/kailakurihealth>

FACEBOOK www.facebook.com/kailakuri
(Like our Facebook page and receive regular updates)

GIVELALITTLE www.givealittle.co.nz/org/khpc

Donations can be made by...

- From New Zealand:
 - Making an online payment to our New Zealand bank account (ANZ, Whakatane). Account name: Kailakuri Health Care Project – Link Group; Account number: 01 0486 0185024 00.
Please email Glenn Baker at treasurerkhcp@gmail.com with your donations and contact details for receipts, also details of any regular automatic payments set up.
 - Posting a cheque to “Kailakuri Health Care Project – Link Group” to KHCP-NZ Link Group, PO Box 522, Whakatane 3158, New Zealand.
- Internationally:
 - Paying online through our website via Paypal at <http://sites.google.com/site/kailakurihealth>
 - Making a telegraphic transfer (TT) payment to our New Zealand Bank Account (ANZ, Whakatane, New Zealand). Account Name: Kailakuri Health Care Project - Link Group; Account Number: **01 0486 0185024 00, SWIFT code ANZ BNZ 22**. Please email Glenn Baker at treasurerkhcp@gmail.com with your donation and contact details.
 - Please get in touch with Pijon Nongmin at drbakersorganisation@gmail.com for options to donate within Bangladesh.
- If you live in the United States, you can write a cheque to “Asia Connection Inc”. Please indicate on a separate note that the donation is for Kailakuri and send to Ted Rose, Treasurer, Asia Connection Inc, 1226 Scott St, El Cerrito, CA.94530-2458, and give your contact details for a receipt.

For any changes to your contact details or if you would like to receive your newsletter by email please contact Pijon Nongmin at drbakersorganisation@gmail.com (international) or Hilary Lynch at tui_eden@xtra.co.nz (NZ)

*Thank-you so much for your support.
Our greatest need is gifts towards on-going running costs.*