

Kailakuri Health Care Project



(Kailakuri & the Institute of Integrated Rural Development, IIRD)

Farewell to Another Loved One

April 2010

Mrs. Libby Laing amazed everybody by coming to a very difficult developing country for the first time at the age of 60. She was a New Zealand Plunket (district mother-child health) nurse ideally suited to our mother-child village programme and skilled in group work. She trained the staff and built up a self-reliant team that over the years has helped many hundreds of poor mothers and children-one of the highest risk groups in poor communities and the top group in cost-benefit priorities. She was a talented person who would not allow essential needs to be overlooked. Many village homes owe their safe drinking water and their latrines to the efforts of Libby.

Bangladesh is not an easy assignment. After four years of consistent work she continued to visit each year and to support us as coordinator of our New Zealand Link Group.

All her work here she did by bicycle. She personally went around the villages with every worker giving advice and guidance to each one. She trained them and supported them with whatever was necessary. And she found funding for the programme. She would be greatly distressed if a child were not properly cared for or if one of her staff was suffering family problems (not all of them have easy husbands). She was driven by love and female determination. She once

wrote to a friend "Since coming to Bangladesh I have learned to be assertive" to which her friend replied "Libby, you always were assertive; you must now be positively aggressive!" She was a person who got things done and did not easily bow down to obstacles and she had a sense of humour. She once threw a banana at me in the course of a friendly debate (she was always buying bananas for me and we were always having friendly debates) upon learning which her friend wrote "Libby I have three questions: 1. Did you hit? 2. Did it have the required effect? and 3. Did you eat the banana together afterwards?" Because she thought with her heart she knew well how to bind people together in friendship.

When she resigned from her roles with Kailakuri she said to me, "Edric, I've still got so much love inside me. I've got to go on doing things for people." And she came back to work with handicapped children in Dhaka (at the age of 70).

Libby was the mother of two children, Carol and Peter in New Zealand, and a widow, but also the adopted mother of the SMSM sisters in Dhaka who affectionately called her their mother superior. May God take her up in His loving arms to her eternal inheritance in the place where fractions and denominations are unknown.

Her departure was completely unexpected.

She came to our area for about a week before Easter. The day she returned to Dhaka I gave her a large delicate wild flower I had picked at the side of the road. I apologized because it got crushed in my pocket. Tears came into her eyes. A few days later she had her massive stroke (“in the arms” of the sisters) and did not regain consciousness. Muslims, Christians, Hindus, everybody wept at our Kailakuri prayer meeting. The day before the body was flown back to New Zealand six of us made a nine hour up-down trip to Dhaka to say goodbye in the hospital morgue but it was not the same.

The mother child programme has 17 staff working in the same number of villages, Muslim, Christian and Hindu. Currently they are caring for 1128 under-four-year children and 112 antenatal mothers. Their team leader is Leo Rema who is small in size but massive in knowledge and experience. All the staff were devoted to Libby. In the future the programme should be enlarged when we are able to develop our administrative capacity and can find the funding.

We thank God and the NZCMS for giving us this wonderful colleague and friend.

We have farewelled Fr. Doug and we have farewelled Sr. Libby but the poor are still with us and the work must go on. We believe that the poor are precious in the eyes of God. They are deprived of essential health services (priced out). The two losses we have sustained have opened our eyes to the precariousness of our work but it must continue. We have lots of weaknesses and faults but never the less we have a good strong team, a very good programme, lots of friends and supporters, and lots and lots of

people are helped. We have just taken on a new young man, Pijon Moming to be trained up as project manager and are about to get Dr. Mariko Inui a highly motivated Japanese lady doctor who will probably be with us for nine months and may be longer. Two New Zealand Rotary Clubs, Newmarket (Auckland) and Half Moon Bay have just given us a large new out-patient block and Newmarket has also given a house for the lady doctor. A Belgian student group is going to come and put up an obstetric unit. Our urgent need is for an English speaking person who will take our people and our work to their heart and take on donor correspondence, English office work and fund raising and then move on to management upgrade. Then I will be able to give my time to essential medical work and doctor hunting. Then I will be ready to leave in peace when the time comes.

I cannot say how grateful we are to all of you our partners in making this work possible. Please continue to help us.

In affectionate memory of Libby, from Edric Baker and the team at the work-site.

P.S:

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