

## Winter Newsletter

# Kailakuri Health Care Project



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

January 2011

(Please do not read this letter if you are feeling faint)

**Greetings to all our friends,**

**Winter is burns reason in Bangladesh. Temperatures go down to 10<sup>0</sup>C or less. Poor people do not have proper clothing and housing to keep warm and so gather around the fire at night. Beautifully coloured cheap garments catch alight and blaze up in flames.**

However not all burns are due to standing too close to the fire:

### **I. Jahanara (aged 40).**

Jahanara was the mother of Komol now aged 27. Suruz our senior paramedic is his cousin.

Komol fell in love with Moina when he was at high school. He passed school certificate and went on to college. Her parents agreed to the marriage but his did not. So they had it in a registry office. They were very much in love but his parents never accepted her. They were Muslims. So at Id he took her to her parents' home for the festival. Night fell while they were on the road. The rickshaw was crossing a bridge when five men attacked. They blindfolded Komol and took him away. When they released him two hours later he could not find Moina and returned home in despair. Next day her body was found under the bridge. Komol became distressed and agitated. Fearing the police, his family sent him away to distant relatives but they could not hold him. Komol was crying out and demanding to see the body. He escaped and went to the bridge to see the body and fell into the hands of the police who beat him and tortured him until he said he had killed her (which he hadn't). He was sent to prison in Tangail and the girl's family put a court case on him which lasted seven years. Finally he was found guilty and sentenced to be hung. His family appealed to the high court which ordered the same. They then sold off still more land (for bribes, etc) and the case is still pending.

When Jahanara heard the high court verdict she became senseless, depressed and distracted and finally poured kerosene on herself and set it alight. She was brought to us with 100% burns (see last Newsletter). There was nothing we could do. We prayed with them and sent her home, but they took her to Mymensingh where she died a few hours later.

### **II. Monoara (aged 22).**

Monoara gave birth to her second child. Following custom she secluded herself for 40 days. When going outside at night for toilet, coming back in post-natal mothers have to be very careful lest evil spirits cling to them, gain entry and kill the baby. So according to tradition, Monoara on coming back inside stood right up close beside the fire flapping her arms and sari to shoo off the spirits. But attack came from another quarter, the fire itself. Up she went in flames and come to us with 40% burns (40% of the skin burnt).

Our paramedics are very good and very highly motivated. It's not very nice looking after these patients and you know better than they do what is in front of them. First step is pain relief and intravenous fluids. Then the question, do we keep them or send them elsewhere. The problem is that we haven't yet found a suitable place to send them. No where else gives the same meticulous attention to dressings and patient wellbeing and within affordable cost. The first three days are crisis days for fluids, fluid balance and feeding. Dressings are done daily from the start. Skin may be blistered and painful or dead and leathery. Gradually it starts to lift and you are left with a great raw area. After washing with savlon or sterile saline and cutting away dead tissue silver cream is smeared on. This is very good but has to be removed each day. We give the patients oral ketamine before starting but it is still not nice. They look horrible and despite pain relief and sedation usually scream

in fear. The patient is layed naked on a table on a clean polythene sheet for the daily ordeal. Monoara was taking about two hours each day. It would be hard to give sufficient praise to our staff who care for her so lovingly. Monoara is Muslim. Sobuja is a young Muslim woman with us now for about four years whose home is in the village of Hagurakuri just east of us. Nibita (Mandi) and Hamedra (Muslim) also in their twenties come from the village of Bagaduba immediately south. Each is married with two or three children. Two do the dressings together. Each burns patient has two attending relatives, one for day- time duty and one for night. For them it is one long night-mare. Each patient has a low wooden frame over them on the bed and the bed clothes are layed over it so they don't stick to or abrade the skin. The patient lies almost naked inside as in a little hut or tent.

Monoara has been with us for six weeks now and a lot of her skin which was superficially burned is now almost healed. She still has 15% deeply burned, mainly on the back of her buttocks and thighs. It would be desirable to do skin grafts immediately on arrival or else later on as soon as the areas are clean enough, but we can't really get them clean enough and besides we haven't yet found a hospital to do the grafting at low enough cost. When patients die, if not in the first few days it is usually due to starvation, infection or electrolyte imbalance.

### **III. Momin (aged 7).**

Momin came from Ramnagar, five miles away. It was a cold winter night. There were hot coals and ashes from the cooking fire put out on the ground behind the house. You have probably all noticed how much more active (or hyper-active) small children are than adults. We all slow down as we get older. If a person aged 20 or 30 did the things a five or seven year old does everybody would say they were mad! (One of the most appealing things about working in a poor high density area is that the children are so natural). Well that's what Momin was like. He was out the back putting straw on the ashes to make a fire and get warm. He stood close and it caught his lungi. The first mistake he made was not to cry out for help. If you roll the patient in a blanket or throw water on them you can put the fire out. The second mistake he made was not to have pulled and thrown off his lungi to escape from the flames. But if he got his hands burned how would he eat his rice? And his parents didn't know that if you pour cold water over the burned area for half an hour it will decrease the damage.

He was 60% burnt. His parents were in their twenties. Usually relatives do not realize just how bad the situation is. We cannot get 60% (or 50%) burns patients to survive and there is probably nowhere in Bangladesh that can, except perhaps for the very good burns unit in the Dhaka Medical College Hospital. I told the father that we probably would not be able to save him, but the father was adamant. They were too poor to go elsewhere and they had trust in Kailakuri!

Dressings were done by Minhaz aged 20. Minhaz is very good with patients and especially children. He plays with them, kids them up, jokes, tells stories and generally clowns around. The patients love him. Momin's skin was horrible, almost all full thickness, and he looked awful. He cried and screamed at dressing time. Minhaz was fantastic but Momin got worse and worse and thinner and thinner. Imagine what it is like for the parents. They both stayed with him. You see your lovely child turned into something that doesn't look like a human being any more. You look at his lovely suffering, anguished face and try not to see the rest. The burns involved the whole of his back, a third of his front, most of both legs and the back of his head. (Please forgive me for writing all this. Libby once said, "Edric you shouldn't put so much tragedy into your letters. People can't take it!" But you've got to get it out of your system. And besides I feel that people need to know. Imagine the daily situation in war areas).

You can understand the bonding that develops between patient, staff and relatives.

On Tuesday I went to see his dressing being done by Minhaz and Roton. These two young Muslim men are part of our project's hope for the future. Both are poor. Both are thin, BMI 16. Minhaz is unmarried, aged twenty, lives with his parents, extremely poor. Roton is 33 and is understudying Minhaz. He is married with one child and is a great organizer. (If Islam decided to have a pope my vote would go for Roton. He is energetic, empathetic and kind, intelligent, knows all about everything and is always ordering people around, but he does it in such a way that you want to do what he says!). I have put him for twelve months on patient care to broaden his understanding of the project.

Next morning when I went back to the inpatient side Hanif told me that Momin had died at six in the morning. I felt awful and yet relieved. I had a busy day and got back to my room about eight at night. Minhaz came. He was strangely silent. He had been feeling miserable all day and agitated and couldn't concentrate on anything. At mid-day he went to Ramnagar for the village burial. At a Muslim funeral the men (women are inside) stand in long times one line behind the other while the imam prays. At one stage you all turn and look first to the right then to the left. This is an expression of solidarity. Then the body placed on a mat and wrapped in a sheet is lowered into the grave (before that the face is exposed for last viewing). On top is a sort of a bamboo lattice to stop jackals from getting at the body. Then everyone present throws on three clods of earth. Momin's father was very strong Minhaz said. Minhaz broke down in weeping but Momin's father put his arm around him and comforted him. Minhaz was still feeling upset and couldn't sleep. We sat down together on a mattress. Minhaz recited from the Koran and I said a very short prayer. Then we both felt better and Minhaz went off to bed.

### **Post Script.**

I was feeling pretty upset about the burns patients and a couple of days later I rang Sr. Julie (NZ SMSM sister in Dhaka) and asked if she knew of any place we might send severe burns patients. The Dhaka Medical College Hospital burns unit is excellent she said. It has lots of foreign input, it is government so should be cheaper and there is a hospital social welfare service to help the poor. A few days later Sujit and Muazem were in Dhaka and I asked them to visit the unit. They said it was good and they saw a patient there with 40%, same as Monoara. They asked about costs and the relatives said that even after getting a lot of help from social welfare it was coming to about 40,000 taka (320 days' wages)!. This is the problem. Health care is too costly for the poor. And we cannot justify putting that amount behind one patient.

**Health care for the poor needs to be appropriate, effective, accessible, low cost, friendly, highly motivated and well supervised.** This is what we are trying to do at Kailakuri. Our weakness is medical supervision. **We need another long term doctor. People let us know if you find one for us.**

**Thank you all for your friendship and encouragement.**

Edric Baker

### **Contacts:**

<edricbaker@gmail.com> Bangladesh  
<hasna@iird\_bd.org> Bangladesh  
<peter\_wilson@paradise.net.nz> New Zealand  
<gabakerbcs@clear.net.nz> New Zealand  
<tui\_eden@xtra.com.nz> Hilary Lynch, New Zealand  
<v.klein@psdintl.org> USA  
<nwatseffos@gmail.com> USA

### **Web sites:**

<http://sites.google.com/site/kailakurihealth>  
[helpkailakuri@gmail.com](mailto:helpkailakuri@gmail.com)

Please share this newsletter with your friends.