

Newsletter

Kailakuri Health Care Project



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

Village Kailakuri, Madhupur Thana, Tangail District, Bangladesh

DECEMBER 2012

A Tribute to our Muslim Friends

The road outside our gate is just horrible. It was wrecked by trucks and then the authorities dug it up for sealing but the budget ran out and so it was just left. With the coming of the rains it became a whole series of muddy pools. Our enterprising staff dug it up a bit more to make a high path on one side so that pedestrians, cyclists and motorbikes can get past without going through the mud – provided they don't veer off the high path.

Last night I did just that. I and my bike tumbled down into a filthy, muddy pool. I was covered with mud from the top of my head to the soles of my feet. I managed to clamber out though I was very embarrassed. A young Muslim man rescued the bike and helped me back to the clinic. Sekandor was there waiting for me, another young Muslim who often comes to see me! He pumped water into a bucket from the well and washed my bike as I cleaned myself up by torchlight.

This is what ordinary Muslim people are like. There is an enormous undertow of empathy, warmth and concern for those in distress. They are friendly and emotive. With the recent attacks on the tiny Buddhist minorities by the Myanmar border, the outcry against the attacks in the public press has been almost all from Muslims.

During October there was an article in the religious column of the newspaper explaining that Islam requires people live together in peace and harmony whatever their religion, it called for interfaith dialogue so groups may listen, be heard and learn from each other's faiths.

Especially since our Kailakuri project started to get media publicity within Bangladesh, there has been an amazingly positive response, 99% from Muslims. It is as if the people are tuned up by their culture and religion to long for a society of harmony, justice and caring. They feel they have found a model and so they respond. Many have come to see the project. Some have given money. Some are wanting to support us: Faisal, Maruf, Rana, Mintu, Idris, Risal, Kabir, Yakub, Nesar and many others. Within our project some of my closest friendships are with Muslims who will often come and comfort me if I am upset or unwell.

We called a meeting for some of those wanting to help us; eight came, three from Dhaka (five hours travel each way). A Kailakuri Health Care



Model Support Group was established looking to help with on-going support and publicity. In addition, a joint trust is being planned from businessmen in Bangladesh and New Zealand instigated most particularly by Gareth Morgan, a

New Zealander and Mintu (Abdullah-Al-Mahmud), a Bangladeshi.

We believe that friendship, sensitivity and mutual concern can be the basis of on-going cooperation, improving the lives of the poor in this community and, maybe one day, throughout Bangladesh and the world.

Edric Baker

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Momiron worked as cook for the Thanabaird Health Care Project in the old days. Sometimes she comes to visit the Kailakuri Health Care Project. She is now quite elderly and I was disturbed to see her upset the other lunchtime. Rahela, one of our cooks, gently took her aside and listened as she explained that her sons have refused to feed her because she is old. The staff gave her a meal. We have another person, Fidelas, who is 45 and a burnt out schizophrenic who visits from time to time and is often given a cup of dhal. ...and I've just been made aware again of how much a part of the community KHCP is.

Christine Steiner

Dr Mariko writes...

"The first time I visited KHCP 4 years ago, I could not distinguish staff from the patients and their families. At meal time they eat together in the kitchen and dining room. KHCP looks like a big family.

In many hospitals in Bangladesh, they don't supply meals for patients. In KHCP, we do. Some people get sick because they cannot have enough food at home. For them, food is more important than medicine. In the inpatient department of KHCP, attendants of patients help cooking staff to prepare meals for more than 80 people every day. One of the important jobs of cooking staff is to check whether the patients eat enough and report problems to the paramedics (medical staff). They prepare special food for patients with special needs.

Even a new patient coming into the hospital quickly gets used to being a member of this big family."

Liton

In our July newsletter we told you about Liton who suffered severe injuries from an electrical shock while working in Dhaka in February this year. While Edric was travelling through New Zealand many commented on Liton's story. We thought some of you might like an update. Liton has been home since April recuperating and though he gets tired easily, he is very well. During that time it was discovered he had cataracts probably as a result of his accident. One eye was operated on in August and the results are good. We are now waiting to see how his other eye responds to medication before deciding to operate. And due to the generosity of a group of Italian doctors Liton has just had reconstructive surgery on his face. We will include photos in the next newsletter.



Interview with Dr Edric Baker

Kate Day is a researcher on advocacy work and employed by the Anglican Christchurch Diocese in New Zealand. She is working on social, community and climate issues under the Social Justice Enabler. Kate interviewed Edric while he was in New Zealand.

Kate writes:

"The aim of the interview is to provide information useful to anyone interested in replicating the project. The interview also captures some of Dr Baker's thirty years of experience. While brief the interview touches on a range of issues..."

This interview was conducted while on an 8 hour bus trip from Wellington to Hamilton and can be found on the website: <http://sites.google.com/site/kailakurihealth>

To make a donation

visit our websites or contact Bill Rose (USA), Glenn Baker (NZ) or Christine Steiner (BD)
Donations can also be made via PayPal on our website <http://sites.google.com/site/kailakurihealth>

Our most pressing need is help towards the on-going running costs of the project.

For any changes to your contact details or if you would like to receive your newsletter by email
please contact me (Christine) at kailakurihealthcentre@gmail.com

GOOD NEWS – Doctors for Kailakuri

We have only just received the great news that two young American doctors are going to come and work with us. We will write more in our next newsletter. We are, however, still on the search for an:

Administrator (English language for Funding and Communication)
Could this be you or someone you know?

For further details please see:

<http://sites.google.com/site/kailakurihealth/work-at-kailakuri>

Christmas and New Year Greetings

We soon come to the time for celebrating the birth of Jesus Christ. This is a hopeful occasion and we would all agree that there is a lot of need for hope at the present time. We pray that it will auger well for 2013 and blessings of peace and prosperity will fill all, especially the poor, with hope.



An important message to our USA Supporters

In our April newsletter this year we notified you that our recipient for USA donations has changed. There seems to have been some confusion so we just want to remind you that donations can be made to Asia Connection Inc. and they will pass them onto us. A 'Fiscal Sponsor' contract has been signed with Asia Connection Inc. Bill Rose of Asia Connection is an old friend of Dr Baker's. They served together in Vietnam. The requirements and details for Asia Connection Inc. are:

Please write out your check to:
Asia Connection Inc.

On a separate note give your contact details and clearly state that the check is for "Kailakuri Health Care Project"

THANK-YOU so much for your support.

Please post your donations to:
Asia Connection Inc.
PO Box 260475
Tampa
FL 33685-0475

for further information please contact...

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WEBSITES

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