

Returning to Wellness

Oothay is a 42 year old man living with HIV/AIDS and TB. When the hospital referred him to the Outreach Program after discharging him home, he was too weak to walk, couldn't keep food down and didn't have the money for transport to the hospital to pick up his medications. We provided him with vitamin supplements, nutritional energy



Oothay before

drinks and educated him about taking his medications and visited him regularly in his little bamboo shack with only one wall. As he slowly improved we loaned him a walking frame for exercising and a year later he has put on weight, is feeling good and is trying to find work.

Currently the Outreach Program has more than 30 families registered with the weekly clinic, and covers villages as far as a 200 km radius from Nongkhai. It receives referrals from district, provincial and university hospitals as well as from Thai government welfare and charitable agencies. The Outreach Program has a food



Oothay after.... with Wit our driver

program targeting vulnerable woman and children and also supports 59 children affected by HIV/AIDS and

financially assists them to go to school. This is done with a minimum amount of staff lending their hands to what is needed and by the generosity of donors such as Our Lady Star of the Sea Parish Terrigal and Marist Mission Centre in Australia, Kindermissionwerk in Germany and many individual donors who we are so grateful to.... But we still

NEED YOUR HELP...

The cost of the Outreach Program is approximately US\$63,000.00/year this includes expenses such as medicines, hospital admissions, vehicle maintenance, gas, food and milk, staff wages, financial support for school fees for children affected by HIV/AIDS living in surrounding villages.

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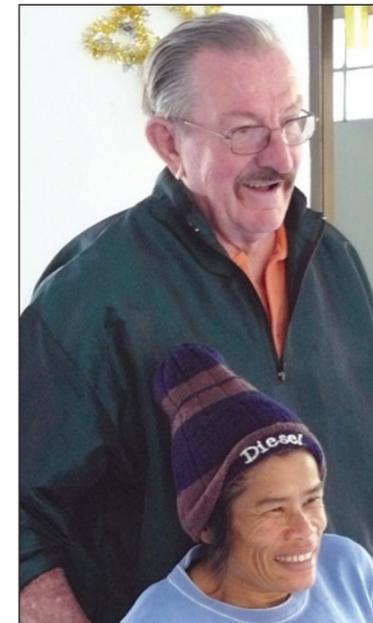
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Written by Kate Introna

Sarnelli House

“The Outreach Program”



In this issue, our Aussie nurse Kate Introna describes the plight of many poor people we met right from the very first days of our work for the HIV/AIDS sufferers in northeast Thailand. We had all the good will in the world, but no knowledge of or access to antiretroviral (ARV) drugs that would halt the advance of this disease. As a

result, in the first couple of years, over 80 people we ministered to in the Outreach Program all died terrible deaths. Now thanks to Kate's dogged persistence with the medical authorities, we receive the medicines necessary to give the sick, suffering and abandoned some quality of life.

Our Outreach Program tries to stay focused on AIDS sufferers and their families. But sometimes they meet families who, although they have no one living with HIV/AIDS in their hovel, they live lives of heart rending poverty. As well as helping with the health and poverty issues we also support education for poor kids. Most think we should only help those living with HIV/AIDS but when a desperate kid shows up who has never begged for anything but just wants a chance to get out of the grinding poverty through a decent education, I cannot turn them away.

Anyway this is the Year of the Rabbit, so Happy Chinese New Year. Again, thank you so much for your dedication and sacrifice for these God's people and God Bless you!

Fr Mike Shea C.S.s.R

The Early Years

11 years ago when Fr Shea first started his work with people suffering from HIV/AIDS, the Outreach Program consisted of an office converted into a clinic in Viengkhu where Fr Shea, (who was well trained by American medics stationed in Udon Thani during the Vietnam War) worked. He administered vitamins, antibiotics and whatever medicine he had on hand to try and treat the deadly co-infections of HIV/AIDS. Despite ARV drugs being accessible to high income countries by 1996, people in Thailand and other poorer countries had no access to these drugs and were dying. Most of the people Fr



The poverty can be heartrending

Shea treated were young men and women who had contracted the HIV virus while working away from home and who came back to their villages too sick to work or ostracized by their work. Then, as now there were no social security nets and often no money available to families to buy medicine, as these young people were the families' chief breadwinners. Faced with the onslaught of so many young people dying hideous deaths, the advent of Thailand's national program for access to antiretroviral (ARV) drug treatment that began in 2002 was a genuine life saver. Access to these drugs is provided by the Thai government, under the 30 baht card universal health care scheme.

However, in this poor rural region of Thailand known as Isaan, despite the advent of ARV medications, many people living with HIV/AIDS still do not access health



Baby Bim with hydrocephalus and his sister and Dad

facilities that can give them the appropriate care. The reasons seem to be varied and include illiteracy and not being able to negotiate the bureaucratic hurdles to gain registration for health care, the shame and embarrassment of having HIV/AIDS, the fear of dying from HIV/AIDS, having no knowledge of how successful current treatment can be and sometimes the arrogant or uncaring treatment by health personnel.

Staff

Over the years the Outreach Program has been staffed by foreign volunteers as well as the stalwarts of the program - Kru Noi and the driver Mr Wit. One of the main functions of the Outreach Program is often to act as a "middle man" between the people living with HIV/AIDS and the health care facilities. Despite having no formal health training, Kru Noi has spent many years developing partnerships with the provincial hospital in Nongkhai and the University Hospital in Khon Kaen as well as many of the smaller district hospitals in the region. Her phone is often plastered to her ear for hours as she negotiates hospital admissions, transport to hospital, deciphers and re explains in common language the advice from doctors and supports and educates sick people and their families, all without leaving the van as she does her daily visit to the local hospital. Kru Noi has been working for Sarnelli House since its beginning. She started as a kindergarten teacher to the children with HIV/AIDS who were not expected to ever go to school because of their illness. So Kru which means teacher in Thai has stuck. Kru Noi learnt on the job about the treatment for HIV/AIDS when the children first began receiving their ARV medications which had to be purchased by Sarnelli House. With a

system of delivering the medicines to the kids every morning and night established, and the staff trained in monitoring the children's health, Kru Noi began to show her negotiating skills and her steadfastness when it came to helping adults dying from HIV/AIDS seek treatment. She has participated in training with Srinakarin Hospital, the Mercy Centre in Bangkok and the Good Shepherd Sisters but most of what she knows is from experience and understanding the local people and the workings of the health care system.

Transport

The distance between home and the local hospital can sometimes have life threatening consequences for sick people like Oom. Oom was a 32 year old woman who lived in a village outside of Beung Kan with her mother and father. She had 2 small children, but when she was diagnosed with HIV/AIDS her husband packed up the children and left her. She developed breast cancer which spread to her brain and was treated with a short course of radiotherapy, but she needed to have a longer course of chemotherapy. Midway through the course Oom ran out of money to pay for transport to the Cancer Hospital in Udon which is almost 200 km from her home, and she could not attend any more treatments. When she was referred to Kru Noi by the Cancer Hospital months



Kru Noi visiting a grandmother who cares for her daughter with HIV/AIDS

later the cancer had erupted onto her breast and was eating it away. Oom required daily dressings at least to contain the odour and discharge. She came to stay in the small 3 room boarding house Fr Shea had built



for people needing transport to the University Hospital in Khon Kaen. They arrive in the afternoon, sleep in the small room and leave for the hospital at 6am the next day. Almost once a week the Sarnelli van carries a load of adults to this hospital. Oom stayed on and was transported to chemotherapy weekly and was taught how to do her dressing. Even though the fungating breast cancer was never cured she was able to manage the dressings and ventured out to the market on some days. After staying for 3 months Oom decided she wanted to go home. She went back home and the Outreach Program visited her regularly and bought her dressing materials. She made contact with her children again but she died a distressing death in the local hospital almost 10 months later.

Primary Health Clinic

In Don Wai the new building opposite Sarnelli House houses the clinic (funded by friends from The Netherlands - Vriendenvansarnelli) which contains a medicine room, treatment area and a bedroom for new kids who need to be quarantined because of TB, herpes infections or other serious illnesses. People living with HIV/AIDS arrive every Friday morning to attend the clinic, as do elderly or poor people living in nearby villages who can't afford to travel into Nongkhai to the hospital. The main aim of the clinic is to educate and monitor people living with HIV/AIDS to take their medication on time and to be aware of side effects and new infections. Many of the people who come to the clinic have been living with HIV/AIDS for many years and they spread the word about the Outreach Program in their villages if they notice someone with the unmistakable signs of HIV. Others come in who are not

yet diagnosed but arrive sick, debilitated and in urgent need of medical care. A 32 year old local gentleman who had been working in Bangkok for some years arrived at our clinic, he had HIV/AIDS but said he did not need to



Mother and child attending the Friday clinic

start his ARV medications yet as his blood tests were good. Although he was thin he did not have any other major symptoms so he attended every week and his weight, blood pressure (BP) and general symptoms were assessed and he received supplemental vitamins. He was married with 2 children and was working in the fields. Over the course of a month he became thinner, and we encouraged him to bring in his blood results so we could check them or we would take him to hospital for a check up, but he steadfastly refused. One Friday he came in very weak with a low BP, fevers and severe headaches with neck stiffness. He had no choice at this stage and we bundled him into the van and rushed him to the Emergency Room in Nongkhai Hospital. He was diagnosed with meningitis and transferred to the University Hospital and it gradually emerged that he had started his ARV drugs 3 years ago in Bangkok and his condition had consequently improved over the course of a few years, so he stopped taking them, thinking he was cured. It also turned out that he hadn't told his wife or children that he had HIV/AIDS. This complicated situation is not unusual and now this man has recovered well from meningitis and knows the hard way that he must continue his medications for life. His wife has been tested and has not contracted the virus. The Outreach Program visited him weekly in hospital where he stayed for some 4 weeks and at home supporting his family by providing food while he was unable to work and education about living with HIV/AIDS.