



Registered association for the promotion
of medical care and social support in
Northern Samar, Philippines

Bugko, August 2007

Dear members, dear friends, and supporters of Mabuhay!

"Time flies," goes an old saying. It seems so to me when I consider that I've been supporting our project in Bugko for over half a year now.

Our patient numbers are constantly increasing, and patients are now coming to us even from distant villages. Word of our clinic has spread quickly, and people trust us. Some days, entire tricycle loads arrive here, as can be seen in the picture:



How many passengers can fit in one Trycicle?



Waiting patients in front of our clinic door

It's a blessing that we have so much medical equipment here to treat a wide variety of conditions. It's in constant use and is very well received by patients, both young and old.



In my first letter to you, I briefly reported on the flooding here in Bugko in December. Many water sources were contaminated, and as a result, we are currently seeing a large number of patients with skin diseases.

Treatment is lengthy and only successful if the entire family is treated and certain hygiene guidelines are followed. We train patients in the outpatient clinic on the correct behavior and measures to be taken and then monitor them at home. Unfortunately, we often have to start our explanations again because the patients are only half-listening. But it also shows how important it is that we conduct these checks at home.



April and May were heavily influenced by the upcoming national and local elections. These elections had a few positive aspects for our project. The road in front of our clinic was paved, and I asked the mayoral candidate whether our driveway to the clinic could also be paved, and as a campaign propaganda measure, he agreed. On our side, we built a small covered waiting area where our patients can now comfortably wait for their transport home (tricycle).





Now I would like to tell you a little about the most serious case I have been caring for since March. The girl is called Marifel and she turned 6 in April. She suffered severe, extensive burns on her head, both arms, chest and back when she carried a kerosene lamp over her small body. I was called to her because her mother could no longer help herself and her financial resources had run out. She was discharged from the hospital because she could no longer pay. The father left the family the day the burns occurred and no longer cares for her. The mother is 22 years old and has three!!! children. It took months of very intensive care and initially I gave the little girl only a slim chance of survival because the burns were so extensive, the environment was unhygienic and all the wounds were heavily infected. Pus was literally running down the little girl's body. Even I, as a professional, had never seen anything like it. But I didn't want to give up because the child herself is a fighter.

So we taught mother to bathe the child in Betaisadona, apply bandages, administer medication, maintain hygiene measures in the home, and follow some rules for a healthy diet. We also built something like a tunnel to keep flies away from the little body. We regularly checked on the progress of the disease and whether the mother was implementing what we had taught her. Fortunately, the wounds on her head and back healed first, so Marifel could at least sleep.

Our patience was rewarded. The wounds continued to heal, and Marifel's socialization process began. She played with the neighborhood children, and the RSCJ sisters, with whom I work at the school, arranged for Marifel to be homeschooled first and then enrolled in preschool.





In May, I went to Manila to renew my visa. It was another lengthy process, and the bureaucracy here is truly a problem in itself. There are long lines in front of the office, and nothing happens because you're sent back and forth, and ultimately, no one is responsible. Fortunately, the local bishops' conference was very supportive.



We used the rather long wait in Manila to visit the Philippine Ministry of Health. There, we received a lot of informational materials for our work in Bugko, where we plan to offer more training sessions on hygiene, nutrition, dental care, etc., to the population in the future. We also want to train some volunteers for our outpatient clinic so that we can provide even better care to patients, especially at home.

We spent the rest of our time looking for a suitable vehicle for our work. That wasn't easy, because it had to meet certain criteria. First and foremost, it had to be reliable, and spare parts had to be readily available in case of repairs, since our station is very remote and the road conditions are very poor.

The search was successful, and we were able to purchase a vehicle in Manila. It's a few years old, but we hope it will serve us well. The most important thing is that we are now mobile and can also reach patients who cannot come to us because they are either too ill or there is no means of transport for them. We can also now bring patients to the hospital whom we cannot treat in the clinic because they are too seriously ill and require monitoring or invasive treatment. I should mention that until now, we have transported these patients by tricycle or tied them to a motorcycle. This may sound strange, but that was the only way to get these patients to the hospital. Another problem here in Bugko is that after 6 p.m. there is no means of transport to the city at all. However, we have often had patients come to us as emergencies at night, whom we could only provide very basic care for and then have to send them home because there are no tricycles or motorcycles available.



More good news awaited us upon our return to Bugko in mid-June. The governor, whom I had written to before traveling to Manila, promised us that Dr. L. Quilatan would now work in our clinic once a week. She is a great help to us and very dedicated. Since she also works at the local hospital, we now have good contact with the hospital when we need to send patients there for further treatment and diagnostics. She is particularly committed to helping the very poor patients and provides them with previously unimaginable options, especially in the area of diagnostics.



Frau Dr. L. Quilatan



Many of our patients are very grateful and concerned about our well-being, bringing them natural products such as rice, fruit, and vegetables in gratitude for their treatment. This is very special, as they often don't have enough for themselves and their families. Often, the treatment took place a long time ago, and then, at harvest time, they remember us and want to show their gratitude, so we cannot refuse these gifts under any circumstances. I'm writing this so you can see how happy the people here are that we set up this station here.

On June 30th, we brought our first patient to the hospital in our "new" car. He had a severely infected finger that required surgical treatment. We brought everything necessary from our outpatient clinic, making the treatment very cost-effective. However, the hygiene conditions in the provincial hospital are catastrophic, as the pictures show.





At the end of July, I received the liberating news that my visa had been extended for two years. This means I can continue to support our project on-site and thus intensively pursue our goals.

The focus for the second half of the year will be on establishing a nutrition program for our malnourished and undernourished children and on the ongoing training of volunteers who will help us provide even more intensive care and monitoring for our patients in their homes. I will report on this in my next letter.

Here are a few more pictures of my work:



With best wishes for a wonderful summer, Yours,

Sabine Korth

Salamat (thank you) from Bugko!



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