

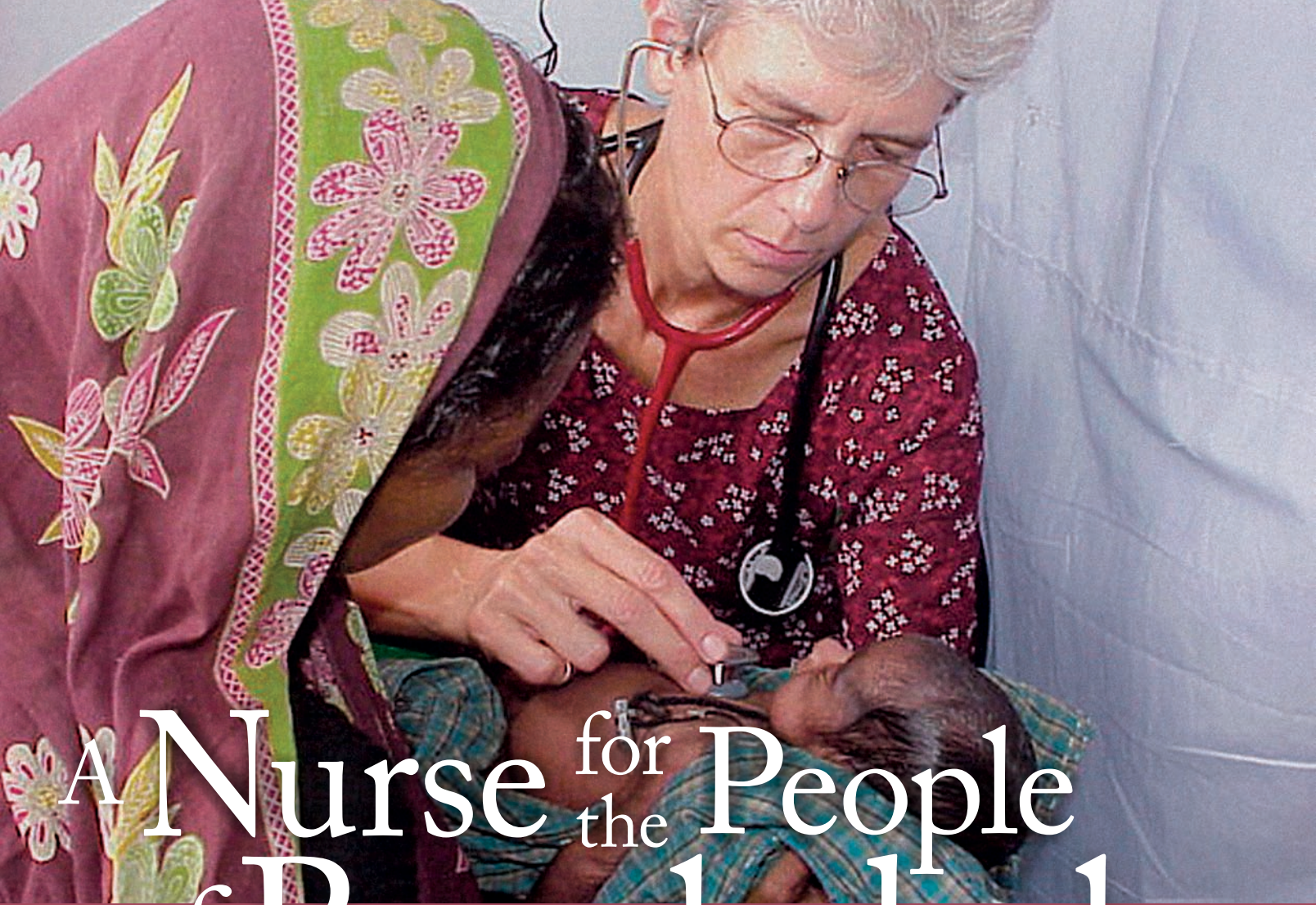
# LIVE & LEARN

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# A Nurse for the People of Bangladesh

How an Excelsior College Nursing Graduate Is Bringing Modern Health Care to Rural Bangladesh

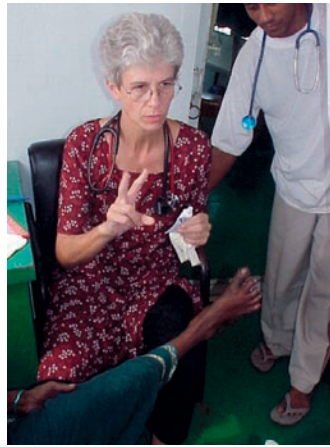
by Ben Greenberg

Sandra Borden did not always dream of being a nurse, but once in the profession, the 1984 graduate and 2004 Carrie Lenburg award-winner realized she could achieve her long-held ambition to work in a remote area helping the less fortunate. She earned her Bachelor of Science degree in nursing from Excelsior for very pragmatic reasons—earning a bachelor's would allow her to continue on for a master's degree and post-master's work. "When I finished my nurse practitioner degree, I wanted to try international medical service." Although her path to a career in nursing did not begin with pie-in-the-sky aspirations of saving the world, her journey has taken her to the point of helping to make the world a better place—at least one small part of it.

In 1999, Sandra and her husband Karl, a long-time, active member of Rotary International, decided to look into finding an overseas project to become involved with while on joint sabbaticals. They sent out inquiries through Rotary to two projects in India, one in Nepal, and one in Bangladesh. The first reply came from a businessman in Dhaka, Bangladesh. So off to Bangladesh went Sandra Borden, working for three months aboard a 42-foot boat on the Maghna River. Based in Bangla Para, a remote village on the river about five hours from Dhaka, the floating clinic provided medical services for about 275,000 people with no other source for care.

Bangladesh has long been known as one of the most impoverished nations in the world. With 141 million people, it has the





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eighth largest population within a land area the size of Wisconsin. Seventy-five percent of the population is considered rural, most living at the subsistence level or below. Bangla Para and the surrounding region is no exception.

When she signed on for the project, Borden didn't realize just how far from Dhaka she would be working. “It is difficult to describe how very remote Bangla Para is to Americans. There are no paved roads, no telephones, no indoor plumbing, no paper products, no TV, no electric stoves, no washing machines, no reliable electricity,” according to Borden. “The five-hour journey to Bangla Para requires rail travel and then boat because there are no roads into the village.”

The floating medical clinic traveled to other villages for the day (or several days), and Sandra would see patients in the front cabin, working with an interpreter. On her first trip, she treated just over 3,000 patients, “with little more than an oto-ophthalmoscope and stethoscope.” It was during this time that Borden decided that she must do more. One experience in particular—the death of a young girl who could have been saved but for the lack of modern medicines and facilities—sealed her resolve to stay involved. Upon her return to the U.S. in 1999, Borden began to raise money. Over the next year, she raised \$300,000 (mostly from Rotary Clubs) to build a new hospital in Bangla Para and established a charitable foundation to administer the funds.

It didn't stop with the fund-raising, though. In all, she's been to Bangla Para five times. Borden oversaw all the details of the hospital, drawing the floor plans herself. At one point she even attempted to reinstall a hot water heater that had been installed incorrectly the first time. In 2001, she found three nurse aides and sent them for training in a hospital in Jarul Islam. In 2003, she hired two full-time Bangladeshi physicians based on their skills as well as their treatment of patients. One doctor she interviewed had good skills, but when she watched him interact with

the local population, she changed her mind. “One patient came in for treatment having a history of cancer and no treatment options. This doctor sat across the desk, bluntly told the man that he would die soon, all the while cleaning his fingernails and not making eye contact,” explained Borden.

Eventually hiring a husband and wife team as the hospital physicians, she trained them in physical assessment techniques, which she says are lacking in Bangladesh in general. Since then, she has sent two young village women for training as registered nurse midwives.

The idealism inherent in Sandra Borden's work in Bangladesh is tempered with the same real-world pragmatism that seems to have informed the rest of her career. The most important requirement for the Hasuk Hospital is that it becomes economically self-sufficient. As Borden says, “If the hospital can not cover its operating expenses, it will eventually close. The money from outside sources always runs out. There are so many NGO [non-governmental organization] projects that built buildings, hired a staff, provided monies and drugs, and closed because the support ran out.”

In 2004, the hospital needed only \$2,000 from outside sources for operating costs. All other income came from patient fees. And now Borden is planning for the expansion of the hospital by adding a surgical wing, a full operating suite, 20 more inpatient beds, a third physician, and an incinerator to dispose of hospital waste. But it is also important to Borden to establish local control and accountability. Of course, the next phase will require more funding, and she says it will only go forward when “definitive plans are presented for the use and additional services that will be covered.”

Perhaps as important as the success of the hospital is the effect it seems to be having in and around Bangla Para. On her last visit, Borden noticed cottage industries sprouting up where there had been none before. And what started as a three-month project has become what Borden expects to be a decades-long commitment. “My real dream is that 10 years from now, we'll be opening a nursing college in Bangla Para, training our own nurses and providing real professional opportunities for the young women of the villages.” ■