

Laura Louie Hope Projects



December 1, 2014

Dear Friends & Supporters,

It's hard to believe that it's time for our annual newsletter. The year has been exciting, challenging and surprising!

The year started with us visiting the Darjeeling Project in Kalimpong, India. We went to the acupuncture clinic at the Adarsha Nursing Home (hospital) in February. Unfortunately we were told that the clinic wasn't running regularly as the nurses were too busy and that although 5 nurses were trained only 2 nurses remained. One nurse had a beautiful baby and did not return to the hospital. Another nurse got married and moved to a new town and the third nurse moved to Gangtok to help her sister with her baby. We were disappointed but not surprised. We knew that there was always the possibility of these young nurses to get married and to have children. However, we also hoped that they would take the acupuncture skills they learned to make an acupuncture business wherever they went. All these nurses were from poor villages and so the acupuncture training was also considered an income generation project for these underprivileged women.

Once we were at the Adarsha Nursing Home, the acupuncture clinic resumed. We were amazed at the remaining nurses' skills. They (Ashmita and Ramit) had remembered the acupuncture points and their needle technique was excellent. Ashmita and Ramit told us that although the acupuncture clinic was not running regularly, when they had time, they were doing acupuncture on some patients who were admitted to the hospital.



Photo (left): From left to right – Chanda, Ramit, Ashmita and me! Chanda was trained as an acupuncture assistant as well as in tui na massage, an ancient traditional Chinese massage technique. Ramit and Ashmita were some of the first nurses trained in acupuncture (2011).

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Photo (left): Here I am observing Ramit and Ashmita doing acupuncture and amazed that they still remembered the acupuncture points despite the fact the clinic hadn't been running regularly for several months. They were however, doing acupuncture on in-patients when they had time.

In addition, Ashmita had created a small private acupuncture practice where she would do home visits on her days off. We were thrilled and extremely grateful that they were using the skills we had taught them.

At the end of our time in Kalimpong, Dr Gyalmit Lepcha, the owner/administrator of the Adarsha Nursing Home approached us about conducting a new acupuncture training. She had always wanted to learn acupuncture but did not have the time. It's not surprising considering she works full-time at the government hospital as well as being the only on-call doctor at the Adarsha Nursing Home. However, this time Dr. Gyalmit wanted to clear her schedule for the training. She also chose a new group of nurses to teach who were more likely to stay in Kalimpong.

In September we started the new training with Dr Gyalmit and 4 other nurses – Pasangkit, Chanda, Prasanna and Anita. One nurse was a Lt. Col. (retired) from the military nurses services. We were thrilled to have such a qualified nurse participating as well as Dr. Gyalmit.

The training sessions took 5 weeks to complete. At the conclusion of the program all were proficient in acupuncture technique and basic medical acupuncture protocols. In addition, they were taught moxibustion (a modality using a cigar-shaped herbal stick to warm acupuncture points), electro-acupuncture (small electrical current used to stimulate acupuncture points), tui na massage (traditional Chinese massage technique) and some basic nutrition.



Photo (above): Here is the new group of trainees from left to right – Pasangkit, Prasanna, Anita, Chanda, Ashmita, myself and Dr. Gyalmit Lepcha. Ashmita already had completed the acupuncture training but came to help out!

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Photo (above): Here I am teaching acupuncture point location which was a huge challenge for the young nurses who had no formal training in anatomy. You can see the nurses were using hole reinforcers to locate acupuncture points.

Photo (right): Here Ashmita is observing Prasanna inserting an ear needle on Chanda. You can see Ashmita using a headlamp. The electricity goes off regularly and we used head lamps especially when needling the ear.

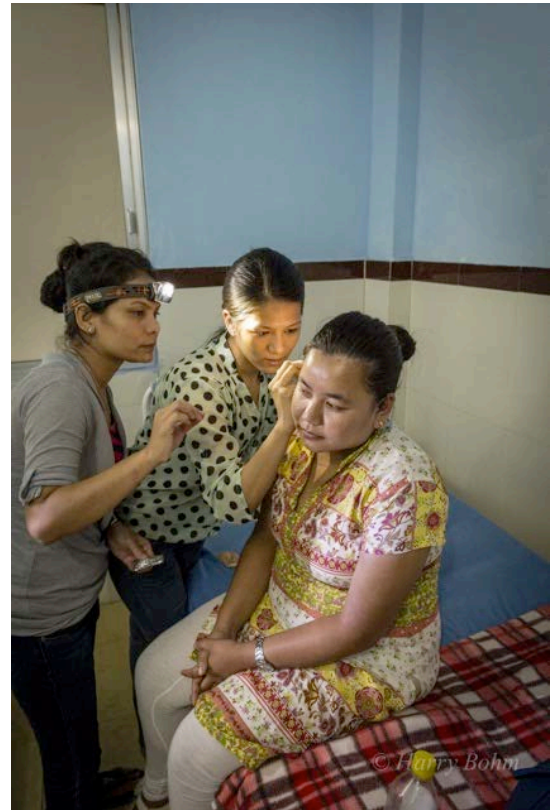


Photo (left): Here is Anita preparing to do tui na massage on a patient after acupuncture. You can see she is using gloves to prevent any transmission of infectious agents, like Hepatitis or HIV.



Photo (above): Lovely photo of the young nurses we trained. From left to right is Anita, Prasanna and Chanda. I was truly inspired and awed by these young nurses who not only had no training in anatomy and therefore struggled with the acupuncture point locations but also learned in English which is their second language. Amazing!

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Photo (left): This was our last day of training and the nurses wanted to wear their traditional dress for the group photo (below). I showed up in my Western clothes and Dr. Gyalmit immediately left and came back with a beautiful cloth which Ramit proceed to wrap over my clothes into an amazing dress. It takes a lot of skill to learn this and in fact, only Ramit knew how to do this.

Photo (above): A once in a lifetime photo of me reviewing acupuncture points with Dr. Gyalmit, Prasana and Ramit looking on in their fabulous traditional dresses.



Photo (above): Absolutely beautiful!! The end result of all the cloth folding and wrapping. This is a traditional tribal Lepcha dress which they wear to weddings and formal occasions. From left to right is Chanda, Anita, Dr. Gyalmit, Prasanna, Ramit, Pasangkit and me!

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We will return to the Adarsha Nursing Home in March 2015 to continue part two of the training. Until then Dr. Gyalmit and the nurses will be running a weekly clinic to hone the acupuncture skills learned and will consult me if there are any questions.

The Laura Louie Hope Projects also sponsored a five day Life Skills Development Workshop in Darjeeling in February in conjunction with the Shanker Foundation (Darjeeling network for people living with HIV and AIDS). This workshop was for youth group leaders.

You might be wondering what are life skills? Life skills are the ability to adjust and adopt good behaviour. They help us to manage our needs efficiently and effectively and to overcome obstacles that may occur in our daily life as well as to help us to confront and solve problems. For example, they help us say no when someone tries to persuade us to take drugs or have unsafe sex or they can help us to express our feelings and establish good relationships with our friends, family, and others.

The heart of life skills is: self awareness; decision making; problem solving; analytical thinking; creative thinking; interpersonal relationships/showing empathy; effective communication; social responsibility; coping with emotions; and coping with stress.

The workshop was lead by our dear friend Lawrence Maund who created these Life Skills Workshops throughout SE Asia with organizations like UNICEF. Needless to say the workshop was a huge success! Thank you Lawrence!!



Photo (left): Hari Chettri, the president of the Shanker Foundation, the Darjeeling Network for people living with HIV and AIDS. Hari did the logistics for the Life Skills workshop before we arrived. Thanks Hari!



Photo (above): Lawrence interacting and discussing answers to various case scenarios with a group during the Life Skills workshop in Darjeeling.

Photo (right): A typical activity where individual groups brainstormed answers to a range of situations and then presented them to the class.



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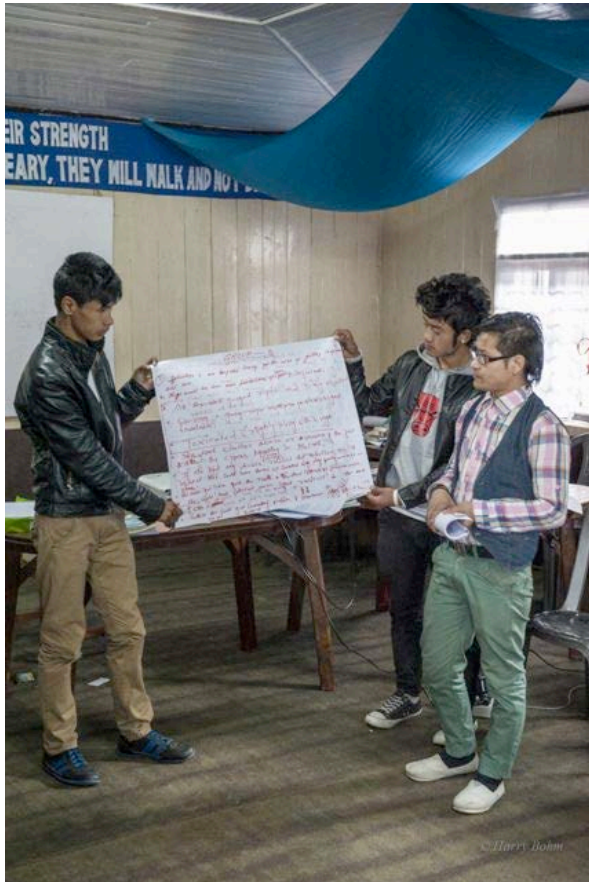


Photo (left): Presentation of a group activity where they discussed several questions regarding a typical and true account of a young girls fate in a rural village in Thailand. Here was the story:

Malika was from a small rural village. Her parents were farmers. She was brought up in a very traditional way. Malika moved to the city to further her studies. She was very eager to make new friends and be popular with everyone. One evening she went with her friends to a discotheque where she met a group of young men from another college. When she wasn't looking somebody put some drugs in here drink. She lost consciousness and was raped. She wanted to report it to the police but was afraid they wouldn't believe her. She worried that people would think she was a bad person. She returned to her village where she was cared for by her parents. When they felt she was better, her parents let her return to the city to continue her studies. Malika was still traumatized by what had happened and became very depressed. Unable to find a way out of her problems, she decided to take her life.

The Mae On Project continues to be success. In the last newsletter we told you that the Laura Louie Hope Projects had sponsored an addition to the Mae On hospital to provide a space for the weekly public health clinics. We're proud to announce the addition has been completed and is being used for a host of public health clinics including a well baby clinic, vaccination clinic, diabetes clinic, hypertension clinic, breast cancer clinic including how to do a self breast exam, mental health clinic, eye clinic and many more!



Photo (left): Here we are standing in front of the many posters used in the weekly public health clinics held in the addition that the Laura Louie Hope Projects sponsored. From left to right is Tee (our translator), Unchalee and me.

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The acupuncture clinic at Mae On hospital continues to be overseen by the amazing Unchalee. The clinic runs weekly and sees approximately 3 to 5 patients per week. When we asked Unchalee why the number of people living with HIV and AIDS coming to the clinic has dropped off she replied because they're all doing really well. What more could we ask for?



Photo (left): The incredible Unchalee in the Kid Zone area of the new addition where the well baby clinics take place.

We wish you all a happy and healthy holiday season. Thank you for your continued support and for giving so many hope.

With much gratitude and appreciation,

Laura

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Your charitable donations will help to make a dramatic difference in the quality of life of many resource-poor people.