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In the lowlands of Bangladesh, six hours away from Dhaka on winding dirt roads, Lori Walton walked into a tiny tin-roofed hut. Inside, “Ayesha,” a woman with a spinal cord injury, lived alone in a room just bigger than her bed. Her tin roof was full of holes, and when it rained, the holes would let in so much water that her bed barely kept her above it. Unable to move her legs, the woman could neither move around her house easily nor leave it quickly in case of an emergency. “I had been a student missionary and traveled on many volunteer medical missions before, but I wasn’t prepared for this,” says Walton, professor and research coordinator in the Department of Physical Therapy. This was her third time in the country, and she was accompanying a group of doctors, physiotherapists, and other medical volunteers on a home care visit from the mobile clinic of the Centre for Rehabilitation of the Paralysed.

Walton and her colleagues gave the woman physical therapy, provided her with forearm crutches and a custom wheelchair, and taught her how to safely move in and out of her small living space. They also fixed her roof. That same philosophy of active, practical service inspires her ongoing work with rehabilitation hospitals in Bangladesh, including the Centre for Rehabilitation of the Paralysed (CRP) in Dhaka and the Hope Foundation for Women & Children of Bangladesh in Cox’s Bazar.

CRP was founded in 1979 by British physiotherapist Valerie Taylor, a woman so committed to changing the face of disability that she still, in her 70s, lives the same life as her patients—staying on the hospital’s campus and refusing any amenity her patients wouldn’t have. It began as a small spinal cord injury facility, and has since grown into a full-service rehabilitation center and hospital with nine locations throughout Bangladesh, plus a school, orphanage, physical therapy school affiliated with the University of Dhaka, and mobile clinic. From the very beginning, CRP had social as well as physical importance: it began as a pediatric spinal cord injury center. Many children climb into mango trees, working from a young age, and falls are disastrous but common. It’s a vicious cycle: the children work because their families need the money, but if they become disabled they are abandoned or sent to the streets to beg.

Several hundred years ago, physically disabled persons in most cultures were social outcasts—condemned, disposed of, considered possessed by the devil. A similar mentality remains in Bangladesh, India and other caste-based societies, and as a result, disabled persons are often left without care to suffer alone on the fringes of society. CRP provides an alternative to street life by teaching patients a trade and how to be independent even if their families have abandoned them. Taylor’s work through the CRP—work that Walton continues to participate in—has helped many communities realize that disabilities, now treatable, do not doom a person to life as an outcast.

Walton, who first began working with CRP in 2009, learned about the center through Bangladeshi professors she met at the 2009 World Confederation of Physical Therapy Congress in India. When her colleagues found out that her research interests centered around maternal and fetal health issues, they insisted she take two days to visit the complex. When she saw it, Walton knew, “I had to come back. They’ve done great things on completely volunteer efforts and help from the outside world.” Since 2009, she has returned to Bangladesh roughly every six months, teaching classes to physical therapy students, helping young mothers learn how best to care for themselves and their children.
babies, and continuing her research and project development aimed at reducing maternal mortality and morbidity rates for those most vulnerable. She has also developed an online education forum in collaboration with other professors and Andrews University graduate students to provide much needed educational instruction in physiotherapy.

For women of low economic status in Bangladesh, the maternal mortality rate is staggeringly high, 240 deaths for every 100,000 live births (compared to a 9:100,000 ratio in the United States). Many of the issues these women suffer from can be prevented with “simple education programs or healthcare,” Walton says. Poor women of all ages are at risk because of inability to access healthcare, poor living conditions, and nutritional deficiencies. Walton helps CRP conduct a holistic education program, providing therapy and other related maternal health programs to the women, many of whom come from hours away to receive care. “My research has been a part of the motivation for a new women’s health physiotherapy program. It has been exciting to see other professors from Dhaka and across the world becoming actively involved in the development of this initiative.”

Walton also helped develop curriculum at the Bangladeshi Health Professions Institute, affiliated with the University of Dhaka, to transition from a bachelor’s to a master’s degree program at the physical therapy school, and teaches classes there when she is on campus. In Bangladesh, the working day for Walton starts at 8 a.m., in meetings with clinicians, professors and research collaborators, and proceeds in a cycle of classes and consultations that extend until 9 or 10 p.m. CRP’s mobile clinic travels up to six hours from Dhaka, but often patients come in to be treated from even longer distances—one student’s mother traveled seven hours by rickshaw.

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Ten hours south of Dhaka in Cox’s Bazar is the Hope Foundation, a women’s hospital specializing in pediatrics and women’s healthcare. Walton recently took several students with her to the Hope Foundation, visiting the facility and training Hope’s nurses and physicians. Walton and the directors of the Hope Foundation are also hoping to institute more educational sessions for mothers where physical therapy graduates and professionals can do long-term volunteer service.

“My research is always related to service,” says Walton, “because I don’t see a purpose in doing research unless it’s going to make a difference. Clinically, if I’m going to do a research project, I want to see that it is beneficial and is meeting a particular need.” And Walton has chosen to put her skills to good use in a population that desperately needs her help.

The more time Walton spends in Bangladesh, the more she becomes attached to its people, its beauty, and its problems. She and the other teachers at CRP want to open an educational forum for SAARC nations (South Asian Association for Regional Cooperation, of which Bangladesh is a member), where professors from around the world can post healthcare-related materials available for teaching at CRP and similar institutions. “I’m only one person, but if we each distribute our information and have a lot of people contribute without having to travel, then we have a wealth of information that [these schools] are in desperate need of,” says Walton.

It’s the contributions of physicians, therapists and professors that continue to allow CRP and the Hope Foundation to offer their life-changing services. Although these hospitals have always had good help, running on volunteer efforts and a shoestring budget means the hospital doesn’t have as much autonomy as it would like. “I cannot emphasize enough the importance of healthcare professionals going in for research and service,” encourages Walton, “but also more importantly education to keep this as a lasting effect.”

Centers like CRP and the Hope Foundation don’t just need healthcare professionals—they welcome anyone: graphic artists for promotion and development, ESL teachers, physical therapists, speech and language pathologists, occupational therapists, nurses and more. “If you want to volunteer, and you’re ready to go, they’re ready to take you,” says Walton.

To find out more about these missions and how you can get involved, visit www.hopeforbangladesh.org and www.crp-bangladesh.org.