



A Small Medical Clinic on the Burma-Thailand Border



By Terrence Smith, MD

Humanitarian relief as well as medical care are desperately needed by a population caught up in a cycle of violence and militarization.

ONE DAY YOUNG MA MYINT WIN went out to collect bamboo shoots in the forest behind her village in Burma, and her life changed forever. She stepped on a landmine buried by the Burmese military. It blew off both of her legs.

Villagers brought her across the Moei River from Burma into Thailand, arriving near midnight. At the hospital, doctors amputated both legs above the knee and sent her to Mae Tao Clinic where she was fitted for prosthetic limbs and learned to walk again. That was over seven years ago.

Now Ma Myint Win works at the clinic, helping out in the trauma department, rolling bandages and raising the spirits of patients. She will never return to her home in Burma, but she is not looking back. She feels strong now and wants to help.

She was luckier than many of her countrymen. She got help that is not available inside Burma, a county in turmoil.



Photo taken outside the clinic.

Continuous fighting with large-scale social and economic disruption has been a way of life in Burma for decades. After a brief stint of parliamentary government, military generals have ruled since 1962, solidifying their hold on power after the brutal repression of the democracy movement in 1988.

Since then, political solutions have been frozen and the condition of people caught up in this cycle of violence and militarization has steadily deteriorated. Human rights abuses abound: the Burmese military uses the anti-ethnic policy of four cuts (against recruits, supplies, information and food) that has been regularly accompanied by summary executions, rape, torture, human trafficking, forced relocation, compulsory labor, burned villages, scorched crops and the use of landmines to restrict movement.¹



Photo taken outside the clinic.

Burma was once described as the breadbasket of Asia, but it is now the basket case of Southeast Asia. Misrule and armed conflict have gutted the once self-sufficient country. Instability and poverty have resulted in some of the worst health indicators anywhere. The World Health Organization in 2000 listed Burma as the second worst health care system in the world. Only war-torn Sierra

Leone was worse.

In ethnic regions of eastern Burma, the situation is even more dire. Between 15 and 30 percent of children suffer from malnutrition. Twelve percent of the population is infected with *Plasmodium falciparum*, the most dangerous form of malaria; the maternal mortality rate is estimated at 10 percent.²



Outside a clinic building.

Thousands of children die every year in infancy from malaria, malnutrition, diarrheal disease and other treatable conditions. Burma has one of the fastest growing HIV/AIDS epidemics in Southeast Asia. Malaria and tuberculosis are endemic.³ The rate of drug resistant tuberculosis is double that of Burma's neighbors and the 2,500 malaria-related deaths per year are more than in India, which has a population 20 times as large.

Just inside Thailand, on the border with eastern Burma lies the Mae Tao Clinic. It was founded by Dr. Cynthia Maung, herself a political exile after the 1988 democracy protests. Physically the clinic is not much more than a ramshackle collection of buildings on rented land, but it provides essential health care to migrants and to people uprooted by the sustained conflict and oppression. This is where I've worked over the last six years to assist Dr. Cynthia and her staff in addressing the most basic needs for health.

Today the clinic maintains 120 inpatient beds, an operating room, and pediatric and maternity wards. It has ambulatory programs for reproductive health, medical, surgical, child health, mental health, eye care/surgery, a blood bank, and a workshop for building prosthetic limbs. It operates programs for TB, malaria, dental care, and HIV/AIDS outreach, support and treatment program.

² An average of 270 patients are seen each day. Last year they included over 81,000 cases, including 5,000 cases of malaria, 1,300 blood transfusions, and 2,117 baby deliveries.



Dr. Smith with 2 young patients.

Increasingly, the Mae Tao Clinic has taken on the responsibility of training Burmese health care workers in skills they can take back to their villages in Burma. They come to Mae Tao clinic to learn how to recognize and treat disease or malnutrition, use a microscope or deliver a baby. They then return to their village with these skills to serve the members of their community who could never travel to the clinic.

Far from being a depressing scene, the clinic is a village. It's a vital hub for medical care, training and advocacy. On any given day there are births, deaths, weddings, funerals, celebrations of sadness or joy, Buddhist ceremonies, human rights training, youth movements, environmental campaigns and so on. This is a community striving to hold together and strengthen the disparate elements of a refugee population.

The response to Cyclone Nargis in May of this year is an example of the clinic's role in the community. While foreign governments and non-governmental organizations were shut out of the affected areas by the military government, the clinic with other organizations like the Backpack Health Workers

Team reached out to find underground networks to get food, water, shelter and medicine to those most in need.

At the height of the response there were 18 teams working through monasteries, churches, health worker networks, families and other avenues. Despite the severe restrictions by the regime, and the appalling scale of the damage caused by Cyclone Nargis, the people continue to fight to provide their own humanitarian assistance. The relief effort continues today to rebuild - providing pumps to clear the salt water out of rice fields, providing seed for replanting and building boats to navigate the waterways that are the main transportation arteries.

It is exciting and challenging to be part of the clinic. As clinician and adviser for the HIV/AIDS program and the obstetric program, I see the commitment of so many people, young and old, stepping forward to help. They do so even at the risk of being targeted for arrest or worse. As a friend to many at the clinic and to some who have moved away, I am inspired by their resilience and undaunted good spirits in the face of adversity.

I don't see my work as particularly charitable and certainly not as missionary. I do it first and foremost because I enjoy the challenges and opportunities to work alongside like-minded people on something that seems important to all of us. Paul Farmer once described his attraction to healthcare for the poor as "the unarguable immediacy of need and the vitality of practice of those seeking to meet those needs."⁴ I have found medicine offers a uniquely personal way to reach out across cultural and language differences to meet those needs.

Secondly, I see it as an investment with benefits for everyone. Health care is a basic value and the health of a population is fundamental to the other dimensions of society: family, education, economic productivity. Helping to improve health is a step toward building a healthier, safer world.

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From 1982-90, Dr. Smith was an SSVMS member practicing in South Yolo and Sacramento counties with Dr. Henry Go. Since acquiring an MPH, he has been fully involved in a broad array of local, national, and world health efforts; 2002 found him on

the Myanmar (Burma) Thailand border. He is still there, periodically returning to update his skills, CME, and his personal finances, as he has no source of income in Thailand. For more information about the Mae Tao Clinic visit the website: www.maetaoclinic.org.

Dr. Smith notes that due to demands of culture and language, a volunteer is only helpful when a commitment of six months or more is possible. - JL

1. Public Health and Human Rights: evidence-based approaches. The Johns Hopkins University Press, Chris Beyrer ed 2007. p 393
2. Chronic Emergency: Health and Human Rights in Eastern Burma, Back Pack Health Worker Team, August 2006
3. Martin Smith. State of Strife: the dynamics of ethnic conflict in Burma. East West Center Washington. 2007
4. Paul Farmer: Infections and Inequalities. University of California Press 2001 p. 24

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