



# Burma Children

*Medical Fund* operating to give  
Burma's kids a future

## July-September 2013

### BCMF Quarterly Report



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## Overview

A Personal Note from the Program Director:

In this quarterly report, we present a brief analysis of the current state of the health care system in Burma. The findings in this report are based on interviews with health care professionals working both on the Thai-Burma border and inside of Burma, site visits to towns and villages in Karen State and Mon State, interviews with refugees and displaced people living on both sides of the Thai-Burma border, and clinical interviews with Burma Children Medical Fund (BCMF) patients and their family members.

The objectives of this report are to:

1. **Identify** existing barriers to patients accessing health care in Burma
2. **Map** the health care services available to BCMF patients in Burma
3. **Develop** processes that BCMF can adapt for better serving patients both inside Burma and on the Thai-Burma border
4. **Expand** existing strategies to enable BCMF to better target and reach out to our patient population on both sides of the border

As part of our research for this report, BCMF staff went to Mon State and Karen State in order to learn more about the current health care situation in Burma and the challenges that our patients face in attempting to get treatment. In many of our meetings, there were recurrent discussions about the true costs of health care for patients in need of complex medical treatment and the challenges Burma will face on the road to health care reform. It was clear that there are no easy answers when it comes to addressing the immense difficulties Burma will face in reshaping its health care system in the years to come.

During the course of our discussions, we encountered some reticence among health care professionals when it came to talking about the challenges facing Burma's health care system. We were frequently told that physicians and health care professionals would not speak to us without official permission from the capital, Naypyidaw. Those that were willing to talk with us were clearly hesitant to stray from the official party line. We repeatedly heard the same refrain from medical professionals throughout our trip in Burma; "health care is free in government hospitals". Getting to the truth underlying this official government position proved to be a challenge.

While it is true that health care is nominally free in Burma's government hospitals, a closer look reveals that in an under-resourced system plagued by corruption, underpaid medical staff, and limited expertise, it is rare that any medical treatment truly is free of charge to patients and their families. Patients must pay out of pocket for every service imaginable, including medication, equipment, cleaning fees, medical supplies, and diagnostic tests. In addition to all of the out-of-pocket expenses born by patients, patients told us that families are frequently asked to make a "donation" to hospital staff, including doctors, nurses, and orderlies in order to ensure that loved ones are given quality care. However, many of the doctors we spoke to were clearly hesitant to have an honest conversation about the true costs of health care incurred by the patients. There were few answers when we asked doctors about the contradictions inherent in the concept of 'free health care' when contrasted with the reality of the sometimes significant out-of-pocket expenses born by patients.

Truly getting to the bottom of the typical costs incurred by patients and their families and gaining a clear understanding of how the health care system in Burma currently functions is no easy task. There are no standardized billing or payment policies in place which means that physicians and surgeons largely have discretion about how much to charge patients on a case-by-case basis. This also means that patients have no

way of predicting what medical care will cost and have no way to control when doctors and nurses will require that they pay extra money for quality care. We were also told that doctors may generate business for themselves by referring patients from their own private clinics to local hospitals and then informing hospital staff that the patient is under their personal care. This allows the doctor to have some degree of control over what the patient pays, even at the “free” government hospital, in order to ensure the patient receives adequate attention and personalized care. One observer noted that “officially” patients do not have to pay for treatment, but “unofficially”, doctors may require patients to pay private clinic fees even to have surgeries done at the public hospital, particularly if they want to have the surgery done by attentive staff in a timely manner.

In the face of all of the contradictions and confusion we heard from medical professionals when discussing billing practices, patients we spoke to were unequivocal in their answers; almost nothing comes free when it comes to health care in Burma. Patients must pay for everything out of pocket. Patients in need of a minor medical procedure such as dressing a wound must go out and purchase their own supplies, bringing gauze, iodine, and antibiotics to the physician on duty at the local hospital. Similarly, patients undergoing surgery will be given a list of supplies of what will be needed for the operation—everything from the initial anesthesia to the medication and supplies needed for post-operative care. Patients must then go out and purchase the items on their own in advance of the surgery. One woman whose daughter was hospitalized during the Dengue Fever outbreak this rainy season noted that her daughter had to stay overnight in the hospital for several nights while she was recovering from her illness. In addition to the cost of her daughter’s medication and medical supplies, she had to pay cleaning fees, pay fees for required blood work, and was also expected to make a “donation” to the doctors, nurses, and orderlies attending to her daughter’s care. A physician we met with acknowledged that even blood transfusions are not truly free as patients are frequently expected to find a relative to donate blood for them, or if they cannot find a match and must have blood donated from existing stock, they are expected to have a relative “repay in kind” by making a blood donation at the same time that they receive the transfusion.

We were fortunate enough to encounter physicians and health care professionals who were willing to have honest conversations with us about the resource constraints facing the Burmese health care system. Outside of Yangon and Mandalay, there are few options for patients in need of advanced treatment, specialized testing, or surgical care. For patients without the money or means to go to Mandalay or Yangon for treatment, local health care options are limited. Physicians we spoke with in Mawlamyine told us that only the most simple pediatric surgeries can be done locally. For example, babies born with an imperforate anus can undergo emergency colostomy surgery in Mawlamyine, but must then be referred to Mandalay or Yangon for subsequent treatment including anal reconstruction surgery and reverse colostomy. Since a large number of BCMF patients come from Karen State and many of our patients suffer from heart disease, we were naturally interested in the facilities available to test and treat cardiac patients. Health care professionals told us there is no echocardiogram machine available in Karen State. Patients in need of an echocardiogram must pay significantly higher fees at a private clinic in Mawlamyine (2 hours away) or else be referred to government hospitals in Mandalay or Yangon. Even INR testing—used to measure the clotting time of blood—can only be conducted in Mandalay or Yangon. INR testing is essential for patients on Warfarin, a blood thinning medication. Many BCMF cardiac patients must take Warfarin after surgery and undergo regular INR testing for the rest of their lives.

Further complicating things for patients is the convoluted referral process currently governing government health care facilities. Physicians told us that patients must follow a step-by-step process, being referred in turn to the next largest hospital regardless of whether the hospital has the facilities or expertise to treat the patient. For example, even though there is no echocardiogram machine or means to conduct INR testing in Karen State, a cardiac patient coming from a smaller hospital in Karen State must first be referred to the general hospital in

the state capital of Hpa-An before then being referred to Yangon. This step-by-step referral process must be followed even though Hpa-An has limited facilities to investigate, test, or treat a cardiac patient.

Health care facilities are also limited in neighboring Mon State. The one CT machine in Mawlamyine is only available at a private clinic. Modest estimates were that a CT scan at a private clinic might cost anywhere from 80,000 to 120,000 kyat (\$100 USD) per person depending on the type of CT and whether or not contrast must be used. However, one patient participating in the discussion later made the private observation that, in his experience, patients might be charged double that amount for a CT scan, depending on the clinic and part of the country where it was done. His observation illustrates the lack of a regulated pricing structure and how patients can rarely predict the costs of any given medical procedure. Regardless of the cost, recent estimates place the average annual per capita income in Burma between \$200 and \$230 which makes the cost of a CT scan completely out of reach for much of the population. Physicians also reported that no MRI is available in either Mon State or Karen State and patients in need of an MRI must travel to Mandalay or Yangon. The majority of BCMF's patients come from rural areas in Burma and some estimate that up to 70% of the population in rural areas in Burma face significantly increased rates of poverty, making it impossible for many to pay for even basic health care expenses, let alone advanced investigative procedures such as a CT scan or an MRI.

The Burmese government has taken initial steps to address the health care crisis in the country, and in 2013, the government raised health care expenditures to 3.9% of the government's total budget. Health care professionals in Burma readily acknowledged that more investment is needed and told us that the goal will be to further increase health care spending to 6% in 2014. In 2011, the most recent year for which data are available, the World Bank reported that Burma's healthcare expenditure per capita was \$23 U.S. dollars. By contrast, in Thailand, Burma's neighbor, health expenditure per capita was \$201 U.S. dollars. Health care professionals we met with were quite willing to have an honest conversation about the resource constraints facing the country, noting that Burma does not have enough support or resources to meet the vast health care need. These resource constraints are best illustrated not only in the lack of specialized equipment and testing but in the limited numbers of specialists available throughout the country. Health care professionals told us that there are limited numbers of specialists such as cardiologists and neurologists in the country, and the majority of them only work in Yangon or Mandalay. While the goal will be to expand such specialty services to all states and divisions, that goal still remains far out of reach. In a recent Asia News article, reporters summarized the resource constraints acknowledged by Burmese Health Minister, Dr. Phay Thet Khin. In a speech to the Senate in August of this year, he noted that there are only 15 neurologists and 12 neurosurgeons in the entire country. With the exception of Yangon, Mandalay, and Naypyidaw, he said there are not enough specialists to serve the rest of the country. In his speech, the minister stated that there is a shortage of urologists, gastroenterologists, and other specialists, with no hope for improvements in the short term since it takes more than 10 years for a doctor to specialize in a particular field.

The country's long history of conflict and unrest adds another layer of complexity to the challenges Burma will face on the road to health care reform. Currently, Karen State which has a population of 1.3 million people is one of the most resource starved regions in Burma. The ceasefire between the Karen National Union (KNU) and the Burmese government that has been in place since January 2012 has allowed some progress in addressing the region's needs as the two entities have begun working together to address some of the more pressing health care issues. However, only small steps have been taken as both sides must first seek the cooperation and approval of their respective leadership before moving forward. According to an article published in Karen News, in April 2013, officers from the Karen National Union (KNU) health department and Dr. Naing, the Karen State Health Director, met and agreed to cooperate to fight malaria, to prevent maternal deaths, and to work together to get recognition for Karen State health workers. While government officials agreed in principle to the planned cooperation, they said they first needed to report the issue back to Naypyidaw for approval. Similarly, KNU officials stated that they needed to draft a detailed health care plan and report back to the

KNU's Central Executive Committee for their approval. According to Karen News, before the KNU and the Burmese government reached a cease-fire last year, Karen health workers were at risk of arrest and detention. In government designated 'black zones' 'shoot on sight' orders were in place, and health workers risked death for providing health service to Karen communities. As a recent article on Devex noted, conflict also adds another layer of complexity for aid organizations interested in working in Burma, where aid groups need permission from rebel groups to enter territories under their control. In addition to the KNU and the Burmese military, other ethnic armed groups operating in Karen State include the KNU/KNLA Peace Council, the Border Guard Force, and the Democratic Buddhist Karen Army (DKBA).

The recent political reforms in Burma have meant that there are more opportunities for NGOs and nonprofits to work inside of the country as Burma opens its doors to aid organizations. However, much of the focus has been on primary health care, providing basic medication, testing, and treatment for some of the most prevalent health problems in the country. One of Myanmar's oldest donors was the "Three Diseases Fund" which was established in 2006 to reduce the burden of HIV/AIDS, tuberculosis, and malaria. It was supported by six bilateral donors as well as the European Commission with a combined contribution of \$140 million. Today, conquering these diseases continues to be a primary focus of health care donors operating in Burma and the Global Fund is a major donor to Burma with continuing efforts to fight HIV, tuberculosis, and malaria. Other major areas of focus among aid organizations includes providing basic health care to underserved rural areas as well as reproductive, maternal, newborn and primary health care for children under 5 years of age.

The themes emerging from our site visits and discussions with physicians working in Burma confirmed the anecdotal information we frequently hear from our patients. Despite this progress to address Burma's health care needs, secondary and tertiary health care remains a largely unaddressed area among aid organizations and it was clear to BCMF staff that there are only a handful of organizations helping patients who need surgery or advanced medical treatment. Burma is most definitely taking steps in the right direction when it comes to health care reform, but Burma watchers and public health experts point out that the task is monumental.

In this quarterly report, we highlight three patients who exhausted their options in Burma before making the trip to BCMF on the Thai-Burma border in a last ditch attempt to get treatment. Saw Paw, Khine Yazar, and Shoom Yee are all BCMF patients who first attempted to get treatment in Burma before coming to BCMF. While BCMF can help connect patients like these with the medical treatment they were unable to access or afford in Burma, it is important to remember that patients coming to seek help at BCMF must have the financial resources and social support that allow them to make the journey to the Thai-Burma border in search of treatment. For those without the resources to make the trip to Thailand, getting complex medical treatment or needed surgery may remain out of reach.

### BCMF Program Statistics July – September 2013

<b>Total number of new cases across the program</b>	<b>68</b>
- Children – Burma Children Medical Fund (BCMF)	12
- Children (under 12) funded by donor in Chiang Mai (CDF)	19
- Adults – Burma Adult Medical Fund (BAMF)	19
- Gynecological Cases - Burma Women Medical Fund (BWMF)	18

## FUNDRAISING APPEAL BCMF PATIENT SAFE HOUSE

### *Announcing the Launch of Our Patient House Fundraiser*

In addition to funding patients' medical treatment and providing support services, BCMF also provides patients with food and accommodation for as long as they are undergoing treatment. BCMF currently pays per patient for accommodation and food provided by a partner organization in Chiang Mai. However, given the significant and continuous increase in BCMF's patient caseload in recent years, our needs have expanded beyond what our partner organization is able to provide.

BCMF has now reached a point where it is essential to establish a house exclusively for BCMF patients, allowing us to better serve our patients' needs and stabilize our costs.

The current fundraising campaign will help to raise \$5,000 in funds in support of a portion of our start-up costs. Funds raised will be used to help renovate the current site we have selected for the new patient house including building additional bathroom facilities, a kitchen and dining room, and a sidewalk around the property that will allow all parts of the house to be wheelchair accessible. Funds will also be used in support of some of the initial furnishings and household items we will need to get the house up and running.

Please consider making a donation and share the link below with your friends and family:

<http://www.youcaring.com/bcmf>

### SAW PAW



Saw Paw is a 7 year-old boy who has suffered from cardiac disease since he was born. When he arrived at Mae Tao Clinic, he was in such severe condition that he was immediately admitted to the Inpatient Department and put on oxygen to ease his symptoms.

Saw Paw was born at home with the help of a Traditional Birth Attendant. His family lives in a small village in Karen State. When he was a few months old he became sick, suffering periodic bouts of fever, coughing, and fatigue. His parents took him to a local medic in their village who gave Saw Paw medication to reduce his fever and coughing, but did not recommend any further investigation or treatment. His grandmother said that despite the medication, Saw Paw continued to experience shortness of breath, fatigue, and heart palpitations and his fingers and toes were frequently blue. He continued to experience symptoms throughout his childhood and as he became older, he could not walk long distances or do his day-to-day chores. However, local medical staff did not recognize that Saw Paw's symptoms were

indicative of cardiac disease and so his family continued to focus on treating his symptoms without understanding the underlying cause of his illness. His grandparents tried to treat him with herbal medication and took him to traditional healers, but nothing seemed to work.

As Saw Paw continued to suffer bouts of illness throughout his childhood, the local medic eventually recommended his family take him to Hpa-An Hospital for further investigation. In October of last year, they went to Hpa-An Hospital where he was given a blood test, urine test, and a chest x-ray. The doctor told Saw Paw's parents that he needed heart surgery in Yangon, but did not go into detail about the nature of his condition. However, the doctor told his parents that he was still too young to get surgery and would have to wait until he was older to get the operation. (It is unclear why the doctor told his parents he was too young for surgery. While patients with severe symptoms may sometimes need to be stabilized with the use of a cardiac shunt or medication, there is no clear reason why Saw Paw's parents were told he was too young for surgery. On the contrary, it is important that children with congenital heart disease undergo corrective surgery while they are young or their condition is likely to deteriorate as they get older).

Saw Paw was hospitalized in Hpa-An Hospital for four days and the total charge for his stay including the costs of medication, testing, and the use of hospital facilities was 400,000 kyat (\$400 USD). However, his symptoms returned two months later. His grandmother again took him to Hpa-An Hospital where he was again admitted as an inpatient for one week. He was given medication and put on oxygen, but did not undergo any testing. This time, the cost of his hospitalization was 100,000 kyat (\$100 USD). Saw Paw's parents both work in Bangkok and send money home to support the family in Burma. Together, they are able to send about 4,000 baht (\$130 USD) per month home to Burma to cover their family's expenses. However, Saw Paw's grandmother says that this money is not enough to cover their living costs because Saw Paw is so frequently sick and she has had to use much of the money to cover his medical expenses.

Currently, Saw Paw is attending school in his village and has started the first grade, but due to his health condition, he frequently has to stay home from school and miss class. His grandparents have a farm where they grow food to support their family, but have had to cut back on their work in order to take care of Saw Paw. When Saw Paw became severely ill yet again, a neighbor told his grandmother about Mae Tao Clinic. Rather than seek treatment at Hpa-An Hospital a third time, his grandmother decided to bring him to Mae Tao Clinic in the hopes the clinic would have more treatment options for her grandson.



Mae Tao Clinic medics referred Saw Paw to BCMF and he was sent to Chiang Mai for investigation on July 25, 2013. In Chiang Mai, he had an echocardiogram and doctors scheduled him for surgery immediately. On July 31, 2013, he underwent total correction surgery to address his congenital cardiac condition known as Tetralogy of Fallot (TOF).

Saw Paw and his grandmother said that their overall experience in Chiang Mai was good. Saw Paw said that the doctors and nurses were very kind to him and that he learned to say "hello" in Thai. When he greeted the doctor, the doctor was so charmed that Saw Paw had learned a little bit of Thai, he gave him 20 baht as pocket money. Saw Paw said that the hospital staff were very kind and caring toward him. He recalled an incident in Burma when one of the nurses shouted at him while he was hospitalized in Hpa-An. He said that the Thai

doctors and nurses were much more gentle and polite to him. Saw Paw says he liked them very much. During his recovery process, he had to do post surgery exercises at the hospital and he received cartoon books and a bear as presents from the hospital staff. He loves his bear a lot and he often carries it around with him. During the interview, he answered questions with a smile and BCMF staff were impressed that he looks so much healthier than he did before the surgery.

His grandmother said that Saw Paw is much happier now and has more energy than before. He can play without getting tired and no longer has blue lips, fingers or toes. He can now manage day-to-day tasks—showering and dressing himself—things he could not do before the surgery. When he returned home, his grandfather was so surprised at his transformation that his eyes filled with tears of happiness seeing his grandson so happy and healthy. Saw Paw's younger brother says Saw Paw looked so different that he didn't recognize him when he first returned home!

Saw Paw's family says they are so grateful for BCMF's assistance. His parents said that as migrant workers in Bangkok, they could have never afforded the cost of his surgery in Burma. His grandmother says that Saw Paw would have died without assistance from BCMF. She would like to thank the donors and the staff of BCMF who made his treatment possible.

## **KHINE YAZAR**



Khine Yazar is a 13 year-old girl who was born with cardiac disease. Her father is a soldier in the Karen National Liberation Army (KNLA) and her mother is a farmer. Khine Yazar's father does not receive a salary from the KNLA, but is paid in rice for his time in service. They keep a portion of the rice for the family to eat and sell the rest to cover their expenses. Khine Yazar's mother also raises livestock such as pigs, chickens and cows. They earn approximately 500,000 kyat per year (\$515 USD). They are able to cover their day-to-day living expenses and to send the children to school, but they cannot save any extra money to cover unexpected expenses. If someone gets sick, it is difficult for them to pay for health care.

Khine Yazar's mother said that she first noticed Khine Yazar's health problem when she was 10 days old. She frequently got sick, had difficulty breathing, and was coughing a lot. At first, her mother thought that she had asthma, but then she noticed that her symptoms were always the same. A visiting medic from the Backpack Health Worker Team thought she might have a respiratory infection and gave her mother amoxicillin. The medication seemed to help and as Khine

Yazar grew older, her health seemed to improve.

However, when she was in grade seven, she began experiencing fatigue and noticed that she got tired easily. One day, when crossing the street with her friends on the way to school, she suddenly felt so tired that she had to sit in the middle of the street in order to rest and catch her breath before she could continue on to school. She also noticed that she had more difficulty breathing at night. She was frequently fatigued and found that she could no longer manage many of her daily activities. When Khine Yazar came down with the flu, her aunt



took her to a local private clinic. There, the doctor examined her and listened to her heart and told her aunt he suspected that in addition to her current illness, she had an underlying cardiac problem. He gave her medication to treat the flu symptoms, but told her aunt she would need to take Khine Yazar to Yangon to address her cardiac disease. Khine Yazar's aunt decided to seek a second opinion at a private clinic in Thaton Township. There, doctors performed additional tests and confirmed her diagnosis of cardiac disease. However, the doctor there did not instruct them to go to Yangon for further treatment. Instead, he recommended Khine Yazar's family seek treatment for her in Thailand; he said he was not sure if a pediatric cardiologist would be available to treat her in Yangon and that even if a cardiologist was available, the estimated cost of surgery would be 10,000,000 kyat (\$10,000 USD). Since Khine Yazar's family only earns approximately \$515 USD per year, they had little hope of ever being able to afford her surgery.

Following her visits to the private clinics, Khine Yazar continued to experience shortness of breath, fatigue, and chest pain. She was able to go to school but her chest pain made it difficult for her to attend class regularly. After borrowing money from relatives, in July 2013, Khine Yazar's family took her to Asia Royal Hospital in Yangon, 235 kilometers away. The doctor there performed an ECG test, an X-ray and an echocardiogram. Doctors confirmed her diagnosis of cardiac disease and prescribed medication. However, doctors at Asia Royal Hospital also recommended that her parents take her to Thailand for treatment; they told her family that the only cardiologist on staff at the hospital was traveling abroad and was not available to treat Khine Yazar. Even if the cardiologist was available, the hospital staff confirmed that the cost of the surgery would be 10,000,000 kyat (\$10,000 USD). The total cost of their two-day trip to Yangon, including transportation, accommodation, testing and treatment was 160,000 kyat (\$165 USD). Khine Yazar's mother had to borrow money from her cousin in order to cover the costs of their trip. Even though the doctor recommended that they seek treatment in Thailand, her mother's immediate thought was that she could not afford the cost of surgery in Thailand either and that her daughter would just have to live without treatment. However, when Khine Yazar's mother went back to her village and talked with the medic who works for the Backpack Health Worker Team, he told her parents about Mae Tao Clinic and encouraged her to seek treatment for Khine Yazar there.

Khine Yazar and her parents came to Mae Tao clinic on August 13<sup>th</sup>, 2013. They left their village on August 8<sup>th</sup> and the journey took two days to get to Mae Sot. After examining Khine Yazar and confirming her diagnosis of cardiac disease, medics at the clinic then referred her to BCMF the following day. BCMF sent Khine Yazar to Chiang Mai where doctors determined that it was not necessary for her to undergo open heart surgery after all. Khine Yazar's condition was instead treated through balloon angioplasty, a treatment alternative for some children with congenital heart disease. An inflatable balloon device is inserted into the narrowed segment of the aorta and the device is then inflated to mechanically widen the aorta and improve blood circulation.

## SHOOM YEE

Shoom Yee is a 7 year old girl who came to Mae Tao Clinic in December 2012 in the hope of finding treatment for an old injury resulting from a burn to her right arm. She sustained the burn when she was 2 and a half years old and the severity of the burn has caused her long term functional impairment. Shoom Yee has a keloid scar that resulted from contractures which extend from her upper arm to her forearm. A burn contracture is an area of skin that has undergone excessive scarring as a result of healing from a deep burn injury. Contractures can begin as a slight puckering of scar tissue, but over time they can worsen, becoming thick bands of hypertrophic scars. These tight bands of scar tissue can restrict joint movement, lead to the loss of joint mobility, and permanently impair normal joint function. Without splinting or pressure pulling in the opposite direction, such contractures can continue



years after the original burn injury.

At the age of two and a half, Shoom Yee was playing in an area not far from where her parents worked as farmers in the rice paddies, when she disappeared out of sight from her parents. She had fallen and tripped over a pot of boiling water that had been cooking over a fire, severely scalding her right arm. There was no medical help in their village so they attempted to treat the burns with tradition medicine- an ointment of ground leaves. However, this only inflamed the wound, resulting in further swelling and causing the burn to become increasingly red and wet. Immediately her parents set out to the closest medical facility to their village- a clinic over 30 miles away. Carrying Shoom Yee, they walked for three days to get help. After arriving at the clinic, she was given medicine and cream to dress her wound. The visit to the clinic cost them a total of 50,000 Kyat (around \$58 USD). They had to borrow money from relatives as they did not have enough to cover the cost of treatment themselves. Shoom Yee received no additional treatment for her burn following that visit.

Shoom Yee 's family eventually relocated to Mae Sot, where they found more reliable work than what was available to them in Burma. After they had been living in Mae Sot for several years, a friend informed Shoom Yee's mother of the Mae Tao Clinic and encouraged her to seek treatment for her daughter's burn at the clinic. After coming to the clinic, medics referred her to BCMF.

Shortly before coming to BCMF, Shoom Yee had started her first year of school and had begun learning to read and write. However, she struggled to learn to write and draw with her left hand as she is naturally right handed. She loves school and is a very active student, but she is often embarrassed by her inability to take part in many classroom games and activities. Simple tasks such as counting and adding and subtracting on her fingers proves difficult and embarrassing as she cannot use both hands. Shoom Yee has a very bubbly personality, and her mother describes her as very creative; she particularly loves to paint despite her physical limitations. Unfortunately, she is often teased by the other children at school, as they call her names and tease her about her "broken arm". When this happens, Shoom Yee gets very upset and embarrassed.

BCMF sent Shoom Yee to Suandok Hospital in Chiang Mai in February 2013 where she underwent an initial investigation and was scheduled for surgery. Shoom Yee underwent surgery to release the contractures that had formed on her arm as well as skin grafts using skin taken from her right thigh.

Shoom Yee says it is now much easier for her to ride a bike and she is starting to play using her right hand. She is in the second grade and is looking forward to going back to school as she loves studying and learning Thai. She says that when she grows up she would like to teach Burmese, English, and Thai. She proudly stated that she is also an excellent swimmer and once she fully recovers, she wants to teach swimming to the other children in her neighborhood.

Shoom Yee says that she can't even begin to express how thankful she is to have finally gotten treatment for her burn. Her grandmother is very grateful as well and says that they never would have been able to afford the costs of her granddaughter's treatment in Burma.



## PATIENT SPOTLIGHT: NAZEE



Nazee is a 7 year-old boy who came to BCMF suffering from a mass on the right side of his neck, suspected to be cancer. He and his family live in the Mae La Refugee Camp on the Thai-Burma border. They fled Burma four years ago when violence erupted in their village. Nazee's family is Muslim and, according to Nazee's parents, the Burmese government doesn't recognize them as citizens and they are considered stateless people in Burma. (Some Muslims living in Burma belong to one of the officially recognized ethnic groups and are entitled to citizenship, while others are identified as foreigners on identification cards—many listed as Bengali, Pakistani or Indian, regardless of how long they or their ancestors have lived in Burma). Nazee is the eldest of three children and is in the first grade.

In 2011, Nazee's parents noticed a small mass on the right side of Nazee's neck so they took him to the hospital in Mae La Camp. The doctor examined Nazee's neck and gave him antibiotics, paracetamol and a multivitamin. Nazee took the medication for three weeks, but the medicine had no impact on the size of the mass. Nazee returned to the camp hospital for follow-up visits for the next two months and was given more of the same medication, but showed no improvement. In 2012, staff at the camp hospital referred him to Mae Sot Hospital. There, doctors performed tests and determined that Nazee had tuberculosis. He was given medication which he took until December 2012. Despite the treatment, the mass on Nazee's neck did not improve.

Doctors at the camp referred Nazee to Mae Sot Hospital again in April 2013. This time, doctors at Mae Sot Hospital determined they had limited facilities to treat him there and recommended he go to Chiang Mai for further investigation and treatment. However, as refugees, they needed a referral from the camp doctors to facilitate the transfer of Nazee's case to Chiang Mai. Despite the recommendation from Mae Sot Hospital, doctors at the camp told Nazee's parents they would not be able to facilitate his transfer, but the reason why was not made clear to them. (Camp hospitals have a limited budget to treat complicated cases and it is likely that camp doctors determined they did not have the funds to support Nazee's investigation and treatment in Chiang Mai).

Nazee's parents continued going to the camp hospital seeking periodic treatment for Nazee. According to his health records, he visited the camp hospital on an almost monthly basis. He was given more antibiotics, but the mass in his neck continued to grow larger.

Nazee's parents say that the most obvious symptom of his condition is that he is frequently fatigued. He sometimes plays with other children, but he has less energy to participate in his friends' games and often he will just sit in the corner and watch the other kids play. He has also has periodic bouts of illness, frequently running a fever and sometimes complaining of abdominal pain. Each time he gets sick, doctors at the camp hospital will treat his symptoms, but the mass in his neck has remained unaddressed.

Nazee's parents heard about Mae Tao Clinic from a neighbor in the camp. Since the camp hospital was unable to help their son, they decided to seek treatment on their own at Mae Tao Clinic. The trip to the clinic took an hour and a half hour and cost 200 baht per person. Before they left, they had to ask permission from the Thai authorities in order to leave the camp and had to pay 150 baht to get the necessary travel documents signed. After coming to Mae Tao Clinic, medics referred him to BCMF.

Nazee's father said that his family has been extremely stressed and worried about Nazee's health. He is hopeful about the prospect of getting his son treatment. His father is very proud of his son, noting that Nazee is a smart boy and such a good student that he recently received an award at school. He likes reading and wants to be a teacher when he grows up.

BCMF has already transferred Nazee to Chiang Mai for investigation and we are currently awaiting the results of Nazee's biopsy. It is likely that he will require extensive treatment including surgery and potentially chemotherapy. Please consider making a donation to BCMF in support of Nazee's medical treatment.



<http://burmachildren.com/get-involved/how-to-donate/>

## IN MEMORIAM

*In some cases, patients only come to Mae Tao Clinic and BCMF after they have been sick for a long time. Many seek treatment in Burma but are ultimately unable to afford the cost of medical care. With no other options, many patients simply live with their symptoms until they hear about the Mae Tao Clinic and BCMF from a friend or neighbor.*

## NAW DAH



Naw Dah was a 40 year-old woman who developed a uterine mass three years ago. However, in her village, there was no clinic and she couldn't afford to travel to another city for treatment. She and her husband divorced 10 years ago. Her husband moved to Bangkok and has not contacted her since she gave birth to her youngest daughter. She told BCMF staff that she didn't know where he is or even whether or not he is still alive. After her husband left, she worked at the fruit farm that she and her brother inherited from her parents. She shared the profits from the farm with her brother, but their annual earnings were meager.

Naw Dah's eldest son works as day laborer in order to supplement the family's income. However, his work is not consistent; when he has work, he typically earns about 5,000 kyat (\$5 USD) per day. Because his income is not stable and she did not earn enough from her fruit farm to support the family, they frequently had trouble making ends meet.

Naw Dah told us that she first experienced back pain and abdominal pain on her right side about 3 years ago. She says she could feel that there was a mass inside her abdomen but she was not sure where it was or whether it was in her uterus or on her ovary. She primarily relied on medicine from the local pharmacy to manage her pain. Naw Dah said she never went to the clinic or hospital due to the financial difficulty of paying for the travel costs and medical bills. Because of the pain, Naw Dah eventually had to stop her work on the

farm and could only manage light housework; she could not lift heavy objects or exert herself too much. She told us that in addition to her abdominal pain, she sometimes got tired and dizzy and frequently had headaches.

Some of her neighbors encouraged her to go to the nearest township hospital for investigation and treatment, but since she was not able to afford the cost of the trip, she just stayed at home and bore the pain by herself. A neighbor told her about Mae Tao Clinic, but since she didn't have enough money, she put off making the trip. However, when the pain got to the point that she couldn't bear it anymore, she borrowed money from her neighbor and made the trip to Mae Tao Clinic. After she came to Mae Tao Clinic, medics in the clinic's Reproductive Health Department performed an ultrasound, confirmed the presence of a uterine mass, and referred her to BCMF. When she came to BCMF, she had very little appetite and had been losing weight for the last two months. She also reported that she had been running a fever at night for the last month.

BCMF sent her to Mae Sot Hospital where she was diagnosed with advanced uterine cancer. She underwent several surgeries, but following the second surgery, she suffered from uncontrolled bleeding and a severe drop in blood pressure, and she passed away shortly thereafter. BCMF would like to remember Naw Dah and express our respect for her long struggle with her illness, and her brave decision to seek treatment far from home.

### July-September 2013: Summary Data

<b>Total number of new cases across the program</b>	<b>68</b>
-Cardiac Disease	30
-Obstetric/Gynecological Condition	18
-Urological/Kidney Condition	8
-Cancer	4
-Blood Disorder	3
-Congenital Musculoskeletal Deformity	2
-Abnormal Growth/Benign Tumor	1
-Gastrointestinal Condition	1
-Orthopedic Condition	1
<b>Patient's home state/division</b>	
-Karen State	28
-Mon State	10
-Tak Province	9
-Other (Thailand)	7
-Refugee Camp (Thailand)	6
-Bago Division	3
-Bangkok	2
-Yangon Division	1
-Ayerwaddy	1
-Sagaing	1
<b>Total number of patients taken to Chiang Mai for treatment</b>	<b>130</b>
<b>Total number of patients enrolled year to date:</b>	<b>200</b>