



# Burma Children

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

**October – December**

**2014**

## **BCMF Quarterly Report**



Program Director: Kanchana Thornton  
Phone: +66 898 988 694  
Email: [administrator@burmachildren.com](mailto:administrator@burmachildren.com)  
Website: [www.burmachildren.com](http://www.burmachildren.com)  
Facebook: [www.facebook.com/burmachildren](http://www.facebook.com/burmachildren)  
Twitter: [www.twitter.com/burmachildren](http://www.twitter.com/burmachildren)

## Overview

The period from October – December 2014 marked a particularly turbulent time along the border. As reported by the Democratic Voice of Burma (DVB), anxieties have been raised with the continuing talk of repatriation for refugees coinciding with an escalation in physical skirmishes between Burmese and Karen soldiers between Myawaddy and Hpa-an. In addition, the on-going Koh Tao murder trial has attracted significant attention from Burma, Thailand and the international community (Bangkok Post Online, 2014). As a result of these issues, the predicament for undocumented Burmese migrant workers has become a significant cause for concern in Burma. The situation for migrant workers and refugees along the Thai-Burma border is continually marked by uncertainty and instability. The absence of clear, disseminated information for refugees regarding repatriation, relocation or admittance into the Thai social-service system creates confusion among the most vulnerable.

The Burmese army is continuing to attack ethnic areas, issues of land-confiscation are rife, anti-Islamic violence is continuing across the West of the country and the country's exasperated political rhetoric is becoming no more tangible or transparent (KHRG, 2014). As reported in the Irrawaddy News, October saw an escalation of heavy armed conflict in ethnic regions – including Kachin and Shan State – and as a result many more people have been forced to flee their homes, adding to the ever increasing numbers of displaced peoples both in and outside of Burma. At the same time, government officials continue to push for a nation-wide cease fire deal – a proposal that contrasts quite starkly with the situation on the ground. For many, the lack of access to basic human rights such as health care and education, is caught up in a constant flux of political conflict, dialogues of reform and peace processes that – as ever – translate to little, if any, meaningful change here on the ground.

Moreover, Burma continues to lack properly equipped state healthcare facilities along with the staff and expertise to run them. The Burma healthcare system is suffering from at least 50 years of neglect, in a 2014 report, the World Health Organisation, ranked it last out of 190 countries for “overall health system performance.” Even when doctor's appointments may be free, patients are still required to pay for medicine and anything from the bed they sleep in, to the gauze on their injuries and the individual who mops the floor. Regardless of nearly doubling the national budget allocation for health care spending between the fiscal years of 2014-15 and 2013-14 from 3.8% to 6.5% (UNICEF, 2014), there is little change for regular Burmese people. Many of these patients are still forced to travel to the Thai-border in the hope of receiving health care for either themselves, or their child.

In November, the Burmese government hosted the ASEAN Summit, an annual meeting to address cultural and economic development in Southeast Asian nations. The validity of Burma hosting ASEAN attracted much international attention due to the country's controversial membership due to its human rights record. While there has been a reduction in fighting in certain areas across the country, including Eastern Burma (where approximately 44% of our total case load in 2013 came from) there continues to be extensive militarization in ethnic states. The

presence of Burmese soldiers in Karen villages increased dramatically after the ceasefire, which, according to a recent TBC report, is continually linked to resource extraction and commercial development.

Accordingly, the past three months have marked a busy period for BCMF. On the 6<sup>th</sup> October, BCMF along with Mae Tao Clinic and Mae Sot Hospital participated in a second wheelchair-fitting training session for representatives from Tha Song Yang, Umpang, Meramad and Phop Prah Hospital, as well as participants from Handicap International and the Tak Special Education Center. This training session was conducted in Thai to train physical and occupational therapists in assessing and fitting wheelchairs which had been kindly donated by Wheelchairs For Kids in Australia.

From October 15<sup>th</sup> – October 22<sup>nd</sup> a team of BCMF representatives journeyed to Rangoon and Hpa-an in Burma to conduct an initial capacity building and outreach pilot program that BCMF is hoping to expand upon in 2015. The main focus of the project was to create points of access to health care for patients inside Burma. This will be accomplished by establishing a referral network between international surgical missions, small clinics and charity hospitals inside Burma. BCMF is currently developing a referral system linking the Muslim Free Hospital, the B. K. Kee Clinic, Kwekabaw Hospital and the Karen Baptist Convention Hospital in Rangoon as well as the An Nan Da Myit Tar free clinic located inside Law Ka Di Pa Monastery in Hpa-an. BCMF is also developing a referral network with Children Action, an international organization that performs free orthopedic surgical missions inside Burma. By developing such networks, BCMF aims to build capacity in Burma, create ranges of referral options for Burma and Thailand, reduce delay of treatment and reduce the cost of surgical treatment in Thailand.

On the 21<sup>st</sup> October, BCMF was delighted to have the opportunity to meet up with some of our old patients in Rangoon and Hpa-an. Caregivers new and old had the opportunity to talk about their experiences receiving treatment and the journey their children underwent with BCMF. Phone numbers were exchanged, and this opportunity helped create a strong patient network between BCMF's patients.



From the 2<sup>nd</sup> to the 7<sup>th</sup> of November, Operation Smile Thailand, who specialize and provide free surgeries to repair cleft lip, cleft palate and other facial deformities for children around the world, set up in Mae Sot Hospital. In the course of one week, over 160 children were screened and 100 underwent operations. During this mission, BCMF's network from Shan State mobile

clinic was able to bring three patients with cleft lip, five patients with cleft lip and cleft palate and one spinal patient. Five cleft palate patients will be meeting the team again for surgery in Naypyidaw Burma capital. Another five patients with complex surgical conditions will be transferred to Chiang Mai for surgery through BCMF's program. Thank you Operation Smile for helping funds these patients' surgeries in 2015.



Operation Smile staff and our funding partner Watsi also kindly supported these Shan patients and their medic with their transportation costs home. These children had faced discrimination and were prevented from attending school due to their unrepaired clefts. A big thanks go out to all the volunteers, sponsors, and Operation Smile Thailand staff who made this mission a great success, and ensured the possibility of an education for these children!

In looking forward, BCMF hopes to continue to develop and expand our referral network in Burma, increase the communities' ownership over their healthcare and create more points of access to health care for marginalized and under-represented peoples. This will enable BCMF to offer a higher quality of decentralized service that will reach more people in need.

Regarding program statistics, this quarter exhibited the largest intake of patients compared to the previous quarter, 95 new patients up from 75 during the prior quarter. The reason for this was two-fold; firstly, BCMF was working through a backlog of wheelchair assessment forms that were flooding in from Thai hospitals and community organizations in Mae Sot, and secondly, due to Operation Smile, who accepted eight BCMF patients via a partner organization in rural Shan State.

Finally, BCMF would like to say a big thank you for everyone who has supported us this past year, none of what we do could happen without the generosity of our donors and we are continually humbled by the devotion of our supporters. For a thorough overview of our past work and plans for the future, please keep an eye out for our 2014 annual report which will be released later on in the year.

## Patient Spotlight: Saw Bwai

This quarter we would like to highlight the inspiring story of Saw Bwai who has made a truly remarkable turnaround. In 2007 he was diagnosed as suffering from Leukemia and was a patient with BCMF for two years. Five years later he is now training to be a medic at Mae Tao Clinic and is passionate about sharing the healthcare he received with other people.

**Interviewer:** How far along in your training are you?

**Saw Bwai:** I have finished the year-long community health worker (CHW) course and I'm now working in the Child Out-Patient department at MTC. After two years, if I have the chance, then I would like to continue my training to become a medic. However, it isn't easy to have the opportunity – so I will have to see what happens.

**Interviewer:** Initially you were training to be a teacher in Mae La Refugee Camp, so what made you want to become a health worker?

**Saw Bwai:** I really want to help other people as best as I can. I think after I finished my work here I will go back to my village – we have a small clinic there. I want to go back to Karen State and help my people.

**Interviewer:** Why do you think that health care is so important?

**Saw Bwai:** When people don't know about health it is very dangerous for them, also in Burma it is so expensive – people just cannot access it. If we can help with a part of their life then it's important that we do.

**Interviewer:** And finally, what are your hopes and aspirations for the future?

**Saw Bwai:** Wow [laughs]. My hopes are so big! I want to help and support many poor people, I want to be an important medic in my community. I will try my best and I hope that one day it will become true. I want to be like a donor. Here, we receive help from other people, you cannot see the donors but they help you. I want to try my best to be able to take care of my people. If our health care is sustainable then no one can destroy it.



## BCMF Patients

The patient highlights from this quarter were chosen to outline the plight our patients from Burma and Thailand are forced to undertake to access the healthcare they deserve. Moo Kyon and Htun Htun are typical BCMF patients who came here after exhausting their options in Burma and being unable to receive the treatment they require.

### Moo Kyon

Moo Kyon is a softly-spoken 25-year-old woman from Dah Mine Goh, a village near Kawkareik in Karen State. She was referred to BCMF from Mae Tao Clinic RH-OPD on the 12<sup>th</sup> November 2014, when she was diagnosed as suffering from an ovarian cyst.

She married when she was 19 years old, and she and her husband now have two children. They



work as subsistence farmers and own a small plot of land on which they plant rice. They earn between 20 – 30,000 Kyat, (20 – 30 USD) a month, but their income fluctuates with the seasons.

As a result, they sometimes need to take out loans on occasion from a neighbor to pay the monthly bill for their children's education – both of whom currently attend kindergarten. When her youngest daughter was three months old she could feel something inside her abdomen that felt like her uterus had

“fallen down a bit” (prolapsed) and when she lied down on her back she could feel a mass move from the center to either side of her abdomen.

The mass began causing her considerable mental distress and physical pain, her abdomen became very sore and she couldn't sit or stand comfortably. Her condition also started to impair her ability to work in the fields and take care of her children.

In August 2014, she visited clinics in Hpa-an and Kawkareik where she was informed she had an ovary cyst and would need an operation to remove it. However, she wasn't told how much such an operation would cost or offer any further information.

By this time, she was consumed with worry and terrified what the implications for her family might be. However, she was reluctant to have an operation in Burma because when her sister-in-law had an operation in Burma there were many complications. The incision became infected and the medical equipment wasn't very good.

Moo Kyon heard about the services offered at MTC from a neighbor and decided to try and get treatment here, she arrived on the 12<sup>th</sup> November 2014 and was admitted in Mae Sot Hospital (MSH) on November 18th where she had surgery to remove her left ovary.

Now Moo Kyon said she feels more energetic, and lighter. Her worries have gone and she anticipates being able to do more than just plant rice at the farm, she even dreams of opening up her own shop and earning some extra money.

She said, ‘I was so worried because I didn’t have enough money to pay for an operation and because I couldn’t afford the treatment costs I thought I would never get better again – I am so lucky to have found this program. I want to say thank you very much to all the donors and everyone involved in my care! I am truly grateful.’

### **Htun Htun**

Htun Htun is a very playful six year old boy who comes from Mon State, Burma. He lives with his two older siblings, mother and grandmother in a village near Mawlamyine. His mother works as a cleaner, washing other peoples’ clothes and his grandmother stays at home and takes care of the household work. He and his two older siblings attend school.



When he was three or four months old his mother noticed his skin had an unnatural blue-tint. She told a medic in her village clinic and the nurse explained that Htun Htun had a congenital heart condition.

After the vaccines, the nurse instructed her to go to a Mawlamyine child specialist doctor. However, his mother wasn’t able to take him because it cost too much money. Instead, she stayed at home and took care of her son as best she could with a limited budget.

When he was a year and nine months old, his condition worsened so his mother took him to a clinic in Bago where he was given an X-ray and a medical check-up. The doctor confirmed that he had a congenital heart condition and said he would need an operation. However, he said the operation couldn’t be performed until Htun Htun was 10.

Afterwards, his mother took him to a child specialist in Bago, who prescribed them some medicine but said the same thing – the baby was too young for surgery and he would need to wait.



When Htun Htun was almost three years old, one of his mother's friends advised them to go to Rangoon hospital. So his mother borrowed some money and took her son to Rangoon hospital. After a CT scan and an echocardiogram, the doctor said the operation would cost one and a half million kyat (150,000 USD). Feeling completely helpless, and with no idea what to do, they returned to their village.

Since then, Htun Htun has returned to Rangoon every three months for a check-up and to receive medication from the doctor. When he turned six years old, his mother was becoming increasingly frustrated with the lack of progress. Her son's condition was deteriorating but he was no closer to receiving surgery than when he started.

In desperation, they came to MTC where Htun Htun was referred to BCMF for further treatment. Currently, his skin is slightly blue in color and he cannot walk very far due to fatigue, he has clubbed fingers and toes. He is very playful and loves going to school where the teachers look after him because of his condition.

His mother added it that it has been very difficult for them to find medical care. She added that because of his condition he won't be able to work a physically difficult job in the future and will need to be educated to gain good employment.

Htun Htun said he wants to be a pilot in the future, he saw it in a movie and he's decided that's what he wants to do. At home he really enjoys playing with toy cars and toy airplanes!

Please consider making a donation in support of Htun Htun's treatment and for others just like him.

## 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 costs of medical care. With no other options, many patients simply live with their symptoms until they hear about Mae Tao Clinic and BCMF from a friend or neighbor.

This quarter, BCMF would like to remember Zin Zin, Cherry, Chit Yin, Thant Aung and Saw Lone. Much loved patients who suffered and struggled, but were unable to complete the course of treatment they required to return to full health.

### Zin Zin

When Zin Zin came to BCMF in 2013, she was just 16 years old. Zin Zin was in the 10<sup>th</sup> grade when she had to drop out as she lost her eyesight. After repeatedly visiting a private optometrist in Bago City, a government hospital in Rangoon, an ophthalmologist, the Medical Oncology Department at Yangon General Hospital and extensive medical investigations, consultations and chemotherapy, Zin Zin's family had run out of options and money.



Thankfully, a local monk advised they come to MTC to seek treatment. By that time the swelling in Zin Zin's eye had become increasingly worse until all of the tissue of her eye eventually prolapsed, displacing her eye entirely from the orbit. She was then referred to BCMF to go for investigations in Chiang Mai – it was confirmed that she had a mass in her nasal cavity that extended into her orbital cavity causing displacement of her eye. She was then informed that her condition, Non-Hodgkin's Lymphoma, was cancerous and she would need to have her right eye removed to prevent the cancer from spreading.

After her treatment Zin Zin said that she was no longer suffering from any pain and didn't notice any more symptoms. However, during a follow-up appointment on the 19<sup>th</sup> August 2014, doctors performed a CT scan and realized that the cancer had returned. She then was started on a course of chemo therapy but the doctors confirmed that the cancer had spread to her lungs and her spine. BCMF, following the professional opinion of the doctors, ceased her treatment. Unfortunately there was nothing more that could be done. Zin Zin requested to return to her village where she wanted to spend time with her family. That evening, she told her mother she was tired and wanted to sleep. She passed away peacefully in the night.

Zin Zin's passing was a shattering blow for everyone here at BCMF, after believing she was in the clear, we were all devastated to find out the cancer had returned our heartfelt condolences go out to her family who struggled so hard to get her treatment for so long.

## BCMF Program Statistics

October – December 2014

	4 <sup>th</sup> Quarter	3 <sup>rd</sup> Quarter	2 <sup>nd</sup> Quarter	1 <sup>st</sup> Quarter
<b>Total number of new cases across the program</b>	95	75	51	73
Children- BCMF	65	25	9	23
Children- CDF	7	17	16	21
Adult- BAMF	8	16	10	23
Gynecological cases – BWMF	15	17	16	6
<b>Diagnoses</b>				
Cardiac Disease	8	26	14	17
Obstetric/Gynecological Condition	15	17	16	8
Gastrointestinal Condition	3	2	6	5
Eye Condition	2	2	2	4
Neurological Condition	8	8	2	5
Benign Growth/Benign Tumor	5	6	2	8
Congenital Musculoskeletal Deformity	10	2	2	4
Urological/Kidney Condition	0	4	2	4
Cancer	0	1	1	4
Severe Burns	1	0	1	3
Blood Disorder	1	3	1	3
Orthopedic	2	0	0	0
Wheelchair	40	0	0	0
Other	0	2	2	8
<b>Patient's home state/division</b>				
Karen State	48	29	26	26
Tak Province	32	25	11	25
Bago Division	3	3	5	1
Mon State	4	13	4	8
Mandalay Division	0	2	2	1
Shan State	12	1	1	5
Ayeyarwady	0	1	1	0
Sagain	0	0	0	2
Yangon	0	0	0	1
Rakhine	0	0	0	1
Thailand	1	1	1	3