



# Burma Children

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

## January – March 2016 BCMF Quarterly Report



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## Overview

The first quarter of 2016 has moved quickly. It was a period characterized by change within Burma Children Medical Fund (BCMF) and within Burma itself. Burma Children Medical Fund has been proactive in the expansion process into Burma, establishing and fortifying partnerships within. As the nation becomes ostensibly more stable, BCMF has continued to see high patient enrollment. In the first quarter of 2016, the number of new patient cases at BCMF was 99 patients. This value is slightly higher than patient intake from the previous quarter (October – December 2015) which was 96 patients. The consistency is largely due to BCMF's outreach to locate patients from areas that are difficult to access. Through efforts to raise awareness, BCMF is working towards bridging access to healthcare for people, especially in Eastern Burma. Despite a backlog from the end of 2015's onslaught of cases and a surge of BCMF outreach activity into Burma (read below), BCMF maintained its productivity. This quarter, BCMF invested in its future by investing in the future of Burma.

During the transition to the semi-democratic government in Burma, many are optimistic that the National League for Democracy (NLD) leadership will embark on a major reform process. The need to reform the healthcare system is evident in the government's expenditure on health, consistently ranking the lowest in the world. Despite the strong hope that the government will increase spending on health and education, change will not occur overnight and the transition will be slow given the deteriorated state of the health system. Millions will still have limited access to healthcare and will continue to rely on ethnic and local health organizations for support. For those living in the remote, rural regions of Eastern Burma and Karen State, BCMF will maintain a vital role in changing people's lives.

The 2015 year ended with a couple of BCMF visits to Eastern Burma. To start off 2016, BCMF picked up where we left off and made a series of productive trips into Burma. In late January, a team of BCMF staff traveled to Burma to connect with current and prospective partners. BCMF first met with the Ananda Myitta Clinic (AMC) in Hpa-an, the capital of the Karen State. Prior to this, BCMF has teamed with AMC, coordinating echocardiogram screening clinics, eye care and refraction training, eye screenings, referral projects, and wheelchair projects. At this meeting, AMC staff members were trained to write patient stories, report and refer patients to BCMF. In the long term, the expansion of the patient referral process reduces the need for Burmese patients to illegally enter Thailand and allows them to receive care within their homeland. In the first quarter of 2016, two patients were referred from AMC to BCMF.

During this same trip, BCMF visited another one of our current partners, Pin Lon Hospital in Rangoon to discuss future cooperation on pediatric cardiac surgery training and referral. For patients from Pin Lon who need specialized care, they can now be referred to BCMF and be sent to a Thai hospital. Conversely, BCMF will continue to refer cardiac patients to Pin Lon Hospital for their surgeries. Pin Lon Hospital often welcomes doctors from international surgical missions and this relationship will prove beneficial to all involved parties, supplying cases for the surgeons, and providing treatment for the cardiac patients. This quarter, BCMF has already referred four patients to Pin Lon Hospital for treatment. At a later meeting in

Rangoon, BCMF met with Children Action Foundation (CAF) to plan for future partnerships and surgical missions in 2016. Children Action Foundation specializes in treatment for burn victims and orthopedic cases for youth and young adults under the age of 26. In 2015, BCMF referred one orthopedic patient to CAF. Our partnership means we can work together to provide comprehensive support to patients and care givers during long complex treatment period. The partnership with CAF provides funding for accommodation, food, and operation costs for the BCMF patients treated there.

The next invitation took BCMF into Karen State's northern neighbor, Karenni State. Karenni State has a reliable power grid (the country's largest hydropower plant) built by the Japanese as reparations but the rugged terrain and lack of roads makes it difficult for people to navigate. To provide healthcare to people in remote areas, a mobile health team – similar to the Back Pack Health Worker Team – operates in the region. The nearest tertiary hospital is in the nation's capital, Naypyidaw, a roughly four-hour drive from the largest town in Karenni State. The efforts of local health organizations in Karenni State are therefore vital in serving the population.

In the town of Dee Maw Soe, BCMF met with the Karenni Mobile Health Committee (KnMHC), members of the Health Information System Working Group (HISWG). KnMHC has been in operation for over 30 years and provides health services to approximately 50,000 people across Karenni State. In Loi Kaw, the Karenni State capital, BCMF met with the Civil Health and Development Network (CDHN). These meetings were to establish the local needs to the area that BCMF can offer support.



Since 1956, the Karen Department of Health and Welfare (KDHW) has provided primary care services to the people of Karen State and now cover roughly 200,000 people. In Burma, there is a dearth of ophthalmologists so eye care health services are lacking and need improvement. There is a disproportionately high rate of blindness in the rural areas of Burma and 64% of the country's total blindness is caused by cataracts. BCMF partnered with KDHW Eye Care Program (KECP) to combat preventable blindness in Karen State. To reach people who

have operable cataracts, BCMF provided eye care training support in the form of financial support, eye screening equipment, and the delivery of approximately 1,800 pairs of glasses spread across three clinics. The eye training for community health workers took place from January 18<sup>th</sup> to February 12<sup>th</sup> at the Mae Tao Clinic. After evaluation and assessment, this pilot training may be further implemented to build on providing primary eye care, improving the skills of health workers, and collecting eye care health data in Karen State.

In February, [Operation Smile Thailand](#) led a surgical mission to Mae Hong Son, 400 kilometers



north of Mae Sot along the border. Operation Smile is a medical mission organization that travels across Thailand providing free surgeries to repair cleft lips, cleft palates and other facial deformities. In the past, Operation Smile has run clinics at Mae Sot Hospital, most recently in November 2015 when BCMF referred numerous patients. In February, BCMF accompanied eight children and their mothers to Mae Hong Son where six were successfully treated for cleft lips and palates by Operation Smile doctors.

The young patients returned to Mae Sot less than a week after they departed. Their lives will be changed in more than one way beyond the aesthetic, as they will have improved speech function, normal ability to eat and drink, and will carry with them the confidence to lead productive lives. One of the patient's mothers was so pleased with the surgical outcome, she told the BCMF team that "I will never give up my daughter, not even for an elephant!"



Later in February, BCMF staff made another trip into Hpa-An. Once again, BCMF met with AMC to train the local staff on record keeping and administrative duties. Then, BCMF conducted a meeting with a government hospital, Hpa-An General. Patients receiving care in government hospitals receive limited services that are subsidized by the government, but must pay high out-of-pocket costs if they require more extensive treatment. Operating within the government health system, BCMF reimburses our patients for health costs that are excluded from the free services offered by Hpa-An General Hospital.

During this trip, the Burma Children Medical Fund met with the International Committee of the Red Cross (ICRC) and Myanmar Red Cross in Hpa-An to establish a brand new

partnership. A mutually beneficial relationship was put into place allowing patients to be referred from BCMF to ICRC and vice versa. Where there is an absence of orthopedic surgeons, ICRC is able to manage many orthopedic cases in the area, focusing mainly on prosthetics and physiotherapy. BCMF can refer orthopedic patients who live in close proximity to Hpa-An to ICRC for post-operative care, physiotherapy, and applied mobile aid support. This allows the patients from Karen State to avoid making the time-consuming, costly, and sometimes risky journey to Mae Sot.



The team at ICRC will refer any surgical case they encounter to BCMF. The mobile team of ICRC will identify and refer patients of all conditions to BCMF for possible treatment. Early intervention care will now be more widely available for future BCMF patients. The staff members at ICRC were briefed on the BCMF wheelchair project so that disabled children in isolated villages will have access to wheelchairs. In March, BCMF transferred 20 wheelchairs to Hpa-An, 10 wheelchairs to AMC, and 10 more wheelchairs to ICRC. BCMF made another trip to Hpa-An where the ICRC staff was trained on wheelchair assembly and fitting. In Hpa-An, BCMF also spoke with local politicians to establish familiarity of BCMF's services.



In March, the Australian charity organization, [Wheelchairs for Kids](#), donated 166 child wheelchairs to BCMF. Each month, Wheelchairs for Kids donates up to 300 wheelchairs to disabled children in developing countries globally and has made two prior donations to BCMF in the past few years. In Bangkok, BCMF staff received the donation from Perth, Australia and proceeded to donate 30 of the wheelchairs and provide the necessary assembly training to the Institute of Orthopedics at Lerdsin General Hospital. The remaining

135 wheelchairs were then transported to Mae Sot courtesy of the shipping company, Allied Pickfords Thailand, and delivered to Mae Tao Clinic. Two young disabled patients were properly fitted for wheelchairs that same day.

The next day, BCMF took six of the brand new wheelchairs to the rural villages of Karen State, Thay Maw Khu and Kyawt Kay Hta. The villages are connected by a narrow dirt road, both within an hour drive of the international geographic border, the Moei River. Single-room wooden structures constitute the local health clinics which are scantily stocked with medications, and wheelchairs are virtually nonexistent. The new wheelchairs were brought to these and neighboring villages and given to children who have various health disabling conditions (see cover photo).

A Karen News video team accompanied BCMF to document the impact of a wheelchair on the life of one of the recipients. The child and protagonist of the story, Saw Beebe, is a nine year-old boy who had a high fever three years ago that debilitated his motor and speech abilities. A fit, healthy child prior to his illness, he now lives dependent on the support of his mother and family to tend to him at all times (spoon feeding him, taking him to the restroom, etc.) Once he received his wheelchair, he was able to leave his house and see his village for the first time in three years. The video production displays the power of collaboration; as different organizations unite together to drastically change the lives of villagers in isolated areas of Eastern Burma. The video will be available shortly and for more information [read Saw Beebe's story](#).



During the series of visits to the villages, BCMF spontaneously met with several dozen patients encountering conditions ranging from hernias, abnormal masses, cataracts, to cardiac problems. Patients were examined, many who have endured multiple years without medical support. Some accompanied BCMF staff to Mae Sot, with referrals to Mae Tao Clinic and directly to BCMF programs, and some were sent to Chiang Mai for treatment. So

far in 2016, BCMF arranged the group transportation of 22 spontaneously identified patients to Mae Tao Clinic and BCMF programs from personal outreach into their villages.

John and Wendy Knight, volunteers from Wheelchairs for Kids, came to BCMF later in March. Their expertise was used to bolster the staff's knowledge of fitting and assembly of wheelchairs as well as repairing 11 out-of-commission adult wheelchairs. The refurbished wheelchairs will now be included in the wheelchair project and will be delivered to patients in rural Eastern Burma villages.



Another exciting update to BCMF's operations in Karen State is the training of two medics, from Htee Ka Haw and Ler Per Her. In order to build capacity and sustainability with the local health clinics, these medics have been at the BCMF office to learn the patient referral process, build administrative and computer skills, improve communication, learn how to use cyber technologies to refer and consultation on patient's condition, develop English skills, and visit the patient house and Suandok Hospital in Chiang Mai. This will dramatically increase access and efficiency between BCMF and the rural clinics. Aside from the immediate benefits that this provides, the training of local medics will build upon the trust amongst their villagers.



It is common that villagers are reluctant or hesitant to travel to Mae Sot or Chiang Mai for healthcare if it requires leaving their home communities, often fearing the daunting prospect of traveling to a large, urban area in a foreign country. When the two medics return to their respective clinics after their BCMF training, they can ease the fear of receiving care at a large urban hospital, and will be able to connect more people from isolated regions.

The statistics from this quarter share similar numbers to the previous quarter. There are some differences that will be addressed. The high number of cardiac cases (32) in the final quarter of 2015 was attributed to the occurrence of an echocardiogram screening in November 2015. This also accounts for the high number of Child Dream Foundation (CDF) cases in (21) at the end of 2015. CDF provides care for children with cardiac disease so without the free echocardiogram screening, there were fewer identified patients to treat this quarter.

To compensate for these decreases, the number of BAMF patients increased from 26 to 40, and the number of benign tumor cases from 2 to 14. The reason for these spikes is due to BCMF's personal outreach into Karen State (see above) this quarter. During these visits, BCMF

encountered patients, primarily adults, who have tolerated a plethora of conditions for years without ever seeking treatment. Especially for the patients with benign tumors, including lipomas and cysts, there is a high turnover rate and they return back to their villages quickly. BCMF took on these patients, arranging transport for some on the same day they are met. Another reason for the increase of patients is a result of the Wheelchair for Kids donation; there has been an increase of wheelchair patients from 24 to 29 this quarter. For more information, refer to the statistics sheet located at the end of the report.

This quarter, BCMF received another steady influx of donations. We would like to thank the Seton Hall University Knitting Club, Flinders University Global Action Project, John and Wendy Knight, Debbie Singh, the Australian volunteer nurses Jessie-Mae and Adrienne, and everyone else who donated money, supplies, and time to BCMF.

Next quarter will be another productive one as BCMF looks toward several projects including the delivery of school supplies to 500 students in Karen State. Throughout this quarter, preparations have been started for the move to the new location of the Mae Tao Clinic. The official transition to the new office at the new grounds will keep the BCMF team occupied, but BCMF will remain ambitious in keeping the momentum going on our projects.





## Patients

Here we will share the stories of two patients who initially did not have their health conditions treated due to the limitations within their respective health systems. However, once they were referred to BCMF, they received proper treatment and are now able to return to productive lives with their happy families.

### Patient Spotlight: Eh Mu Dah

Eh Mu Dah is a 37 year-old woman with a myoma. She lives in Mae La Oon Refugee Camp with her husband and two daughters. She fled her village from the attacks of the State Peace and Development Council army multiple times and in 2009, found refuge at Mae La Oon. Eh Mu Dah's husband works at the Karen Refugee Committee Education Entity (KRCEE) office in the camp while she raises her children. Their income is approximately 89 USD per month.

In October 2015, Eh Mu Dah noticed a growing mass in her lower abdomen so she visited a clinic in the camp. After several visits without a clear diagnosis she was finally told that they did not have funding to treat her myoma. Her symptoms included but were not restricted to sharp abdominal pain, loss of appetite, disturbed sleep, and lower back pain. While the mass grew, she became more concerned about her health and the ability to take care of her family.



Her sister-in-law lives in Mae Sot and advised her to visit the Mae Tao Clinic (MTC) so Eh Mu Dah traveled to MTC with her daughters. The journey from Mae La Oon Camp took two days traveling by boat and line car including an overnight stop at the Mae La Refugee Camp where they awaited permission to travel to Mae Sot. Traveling to Mae Sot was expensive – about 900 baht (approx. 30 USD).

From MTC, she was referred to Burma Women Medical Fund (BWMF), and received a surgery date. In March 2016, the surgeons at Mae Sot General Hospital successfully removed her uterine myoma.

The doctor told her that he removed the mass and she is still able to have more children if she wishes. The doctors were friendly, she felt safe, and she could understand everything explained to her as she speaks a little bit of Thai.

Now, Eh Mu Dah feels more comfortable and no longer feels sharp pain in her abdomen or back. She is relieved that the myoma is removed and now awaits her biopsy results. Eh Mu Dah is excited to return home but dreams of her family getting documentation to live in Australia or the United States where her children can receive a better education. She hopes that the staff and donors who looked after her have their dreams fulfilled. "Without your help, I would not be able to afford the surgery. Without surgery, I would not be able to live. God bless, take care and thank you."

## Patient Spotlight: U Maung Shwe

U Maung Shwe is a 62 year-old retired farmer from Kyaut Ta Loe, Hpa-an, Karen State, Burma who lives with his daughter and son-in-law. They do not generate an income but when his family needs money, they sell their extra rice yield or their chickens and pigs. In December 2015, U Maung Shwe was walking on a dirt road when an out-of-control motorbike crashed into him and fractured his tibia and fibula.

He sought treatment at a traditional healer which was ineffective then went to a village health worker who gave him injections to temporarily relieve his pain. U Maung Shwe could not walk and required full assistance from his daughter to care for him. He never sought out treatment at a Burmese hospital because they are expensive and was terrified the doctors would amputate his leg. In March 2016, U Maung Shwe, made the five-hour journey to Mae Tao Clinic where his nephew works. He took out a loan with interest to cover his medical expenses.



He had to sit still for hours during the long journey and his leg and foot became more swollen. Mae Tao Clinic immediately referred him to BCMF for orthopedic surgery. On March 31<sup>st</sup>, 2016 he underwent an open reduction and internal fixation of his right tibia and fibula at Mae Sot Hospital. His overall hospital experience was very good with the nurses being very nice and the doctors being very informative.

U Maung Shwe is glad to have had surgery and is much happier at the prospect of walking again. His operation means his daughter can go to work growing vegetables on their farm. Although U Maung Shwe has no plans to come out of retirement, he hopes to be able to help the family by staying home and doing the cooking and cleaning. U Maung Shwe wanted his donors to know he is “so very grateful and thank you very much.”

## BCMF Program Statistics January – March 2016

	4th Quarter 2015	1st Quarter 2016
<b>Total number of new cases across the program</b>	<b>96</b>	<b>99</b>
Children - BCMF	34	33
Children - CDF	21	9
Adult - BAMF	26	40
Gynecological Cases - BWMF	15	17
<b>Diagnoses</b>		
Cardiac Disease	32	18
Obstetric/ Gynecological Condition	15	17
Gastrointestinal Condition	11	14
Severe Burns	10	4
Urological/Kidney Condition	6	3
Neurological Condition	5	8
Congenital Musculoskeletal Deformity	4	7
Blood Disorder	4	1
Orthopedic Condition	3	6
Eye Condition	3	4
Abnormal Growth/ Benign Tumor	2	14
Other	1	3
<b>Ancillary Support</b>		
Wheelchair	24	29
<b>Patient's home state/division</b>		
Karen State	59	57
Tak Province (Thailand)	21	16
Mon State	8	12
Mandalay Division	3	2
Ayeyarwaddy Division	2	0
Kachin State	1	0
Bago Division	1	4
Yangon Division	1	2
Shan State	0	0
Sagain Division	0	1
Rakhine State	0	0
Other (Thailand)	0	3
Magway Division	0	1
Tanithayi Division	0	1
<b>Country where treatment was given</b>		
Thailand	82	88
Burma	14	11