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Lessons in humility on the Thai border

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It took me a while but I eventually realised why I could not bring myself to enjoy the high life upon my return to Bangkok. I had just finished seven weeks as a volunteer research assistant at the Shoklo Malaria Research Unit (SRMU) in Mae Sot, a town in northwestern Thailand. Seven weeks earlier I would have killed to dine at the Hilton and drink the best whisky at the swankiest rooftop bar in downtown Bangkok. Those thoughts occurred however, before I had met my Karen colleagues in northwestern Thailand. I realise now that for the cost of my dinner, I could pay for the treatment of more than ten malaria patients, or feed a migrant family for more than two weeks[1].

The SMRU is a field station of the Mahidol-Oxford University Tropical Medicine Research Unit. Located on the Thai-Burmese border and established in 1986, SMRU specialises in the investigation and treatment of malaria and other tropical diseases. Working out of five clinics in the Tak province of Thailand, the SMRU has been a mainstay for the provision of medical care to tens of thousands of Karen refugees and migrants forced to flee Burma. The Karen people are the largest minority group in Burma, consisting of approximately 6-12% of the Burmese population of 47 million.[2-6] The Karen along with other ethnic minorities, have been fighting for an independent state since the end of colonialism in 1948, and still 60 years on, there is little sign of change.

In recent years the Burmese military junta's imposition of forced labour, land confiscation, agricultural production quotas and indiscriminate military operations against rebel groups and civilians alike has resulted in the displacement of over 500,000 people in Eastern Burma.[2,6] These people have been forced to hide in the jungles or cross the border into Thailand as refugees. It is this population, disowned by their own government, which the SMRU, along with other non-governmental agencies (NGOs), work to keep alive.

Of the half million displaced, approximately 135,000 are refugees.[2] These people place their lives in the hands of the Thailand Burma Border Consortium (TBBC), a cooperative of 12 NGOs providing everything from food and shelter to healthcare and education. These are the lucky ones. For the 400,000 other Internally Displaced People, life is a struggle for survival. Persecuted by their own government, they hide in jungle settlements where disease is rife and malnutrition is chronic. Many more thousands cross illegally into Thailand in search of work. Having fled their own country out of fear, a migrant worker has no rights and is forced to plead for illegal work in another. Employers know this and use it as leverage to exploit them. Migrant workers work long hours in return for meager pay. Within one kilometer of my guesthouse, there were two brothels and one factory employing almost exclusively illegal migrant workers. The black market is booming and the back pockets of policemen are very full.

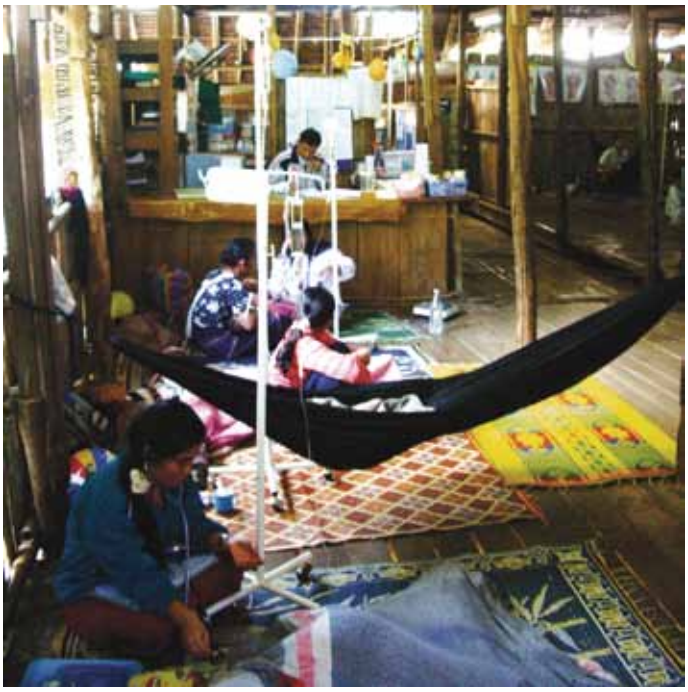
The length of the conflict has meant that the situation in the refugee camps differs from similar refugee situations around the globe. While still officially referred to as temporary shelters, many of the people in the camps have lived there for over 20 years. My peers at the camp are unlikely to have experienced life outside of the camp's four kilometres squared confines. Thankfully missionary schools offer some educational opportunities and my friends now hope that the United Nations High Commissioner for Refugees will arrange their resettlement in the United States, Australia, Europe or even New Zealand. The elders of the camp communities have given up on the dream of returning to a free Burma and instead work selflessly to provide hope and freedom for future generations.

The refugee camps are geographically beautiful, with bamboo and banana leaf huts surrounded by limestone cliffs and tropical forest. One might be forgiven for thinking they had found paradise. Upon closer inspection however, the camp is surrounded by armed checkpoints and barbed wire fences. The knowledge that clashes between freedom fighters and Burmese military are constantly occurring just a few kilometres away is unsettling.

Unable to leave the camps or even move freely within their camp, these people also have little chance to work. Refugees rely on handouts from NGOs. TBBC provides charcoal, oil, rice, beans and 'nya uti' (spicy fish paste, a staple in the Burmese diet) for each family and Aide Medicale International (AMI) and the SMRU provide health care.[3] AMI is able to manage and treat the majority of illnesses, from HIV through to fractures, while the SMRU specialises in malaria. The latter has had great success in eradicating most of the malaria within the camp and as such can now focus on tropical obstetric and paediatric care.

The SMRU provided me with an amazing experience in clinical medicine. Within my first day I had seen and palpated all the tell tale signs of malaria:

View across
Mae La refugee camp



In patient department at the Mae La clinic

spiking fever, chills and rigors, fatigue, weakness, anaemia, hepatomegaly, splenomegaly, and raised respiratory rate.[7] I was also able to examine blood smears with the mobile microscopy teams and learn to differentiate between strains of malaria parasite. Plasmodium falciparum and P. vivax predominated and I was quickly able to distinguish between P. falciparum's classical crescent-shaped gametocytes and P. vivax's ring-formed trophozoites.[7] Treatment options were limited, but specific protocols were in place to prevent parasite resistance developing. Every suspected case was investigated with a blood smear for typing and severity of malaria before treatment. P. falciparum is treated with a combination of mefloquine and artesunate, while P. vivax is treated with chloroquine.[7]

I was also privy to the cooperation between NGOs to optimize the health of the Karen people. Simple examples include giving them iodized rather than regular salt to prevent goitre; vitamin B1 supplements to prevent beriberi; and folate fortified flour. This along with education about health matters like HIV, TB, hepatitis and malaria prevention are multi NGO cooperative initiatives, which greatly improve the wellbeing of the refugees.

Exposure to the inner workings of an NGO providing care to a dependent population also opened my eyes to many other aspects of human care. The SMRU has to constantly produce top grade research in order to receive continued funding. Many of the doctors live and breathe their work to achieve this and ensure continued treatment for their patients. One research project I worked on was assessing crowding within the refugee camp. This gave me the privilege to move through the camp and into the homes of refugees. I was able to see the minimalistic living conditions of the refugees. Families, often with more than ten members, live in huts smaller than the size of a bedroom; and a mere flat bamboo wall separates them from the next family. There is no such thing as privacy in the camps. No-one complains. They appear to be happy as they are safe and their basic needs are being met.

It was this exposure to a community without possessions that had the biggest effect on me. Each person in the camp was living in a borrowed hut, off donated food, and cooked with donated charcoal on a borrowed clay stove. Their humility was admirable. Money was non-existent and the simplest of pleasures sufficed. I was repeatedly humbled by the sight of children shrieking with delight, while they played with dusty wrinkled balloons that I had handed out days before.

As we become doctors we learn of ways to gain the trust of our patients so that we may assist with their health. The refugees and displaced migrants have no option but to trust others for their survival. Choice is no longer an option in regards to the availability of different types of food, treatment options, or midwife to oversee the birth of an expectant child. As a third

Checkers outside Mae La clinic. Rocks vs pebbles

year medical student this was very disconcerting. Coming from the New Zealand medical environment, where students know enough to know they know very little, I initially had little confidence in my own ability to provide the refugees with adequate medical care. Yet mothers would readily entrust me with their children for examination. Having been exposed to the lives of the Karen people, I am astounded they can trust anyone. Being trusted to give care made me realise that this was something I could do on a basic level. This was a perfect confidence boost prior to beginning my clinical years.

The Karen people are in a unique and unenviable situation with no easy solution. Nonetheless I will always remember their optimism. For me, the chance to live, work and learn from them was a priceless gift. They showed me that happiness doesn't come from anything we can buy in a shop. It comes from the people around us and the relationships we forge.

You will have noted that I did not refer to Burma as Myanmar. I urge you to do the same. This is at the wishes of my Burmese colleagues. The Union of Myanmar is the term introduced by the SPDC, the State Peace and Development Council. Refusal to acknowledge this term is in protest of the multitude of state sanctioned human rights abuses committed throughout their rule.

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