

# Bangkok Post The world's window to Thailand

## For Choo, it's all work and no play

**The people of Burma are used to suffering. Burma has the worst health record in Southeast Asia. Yet the regime is not without money. It siphons billions of dollars earned from natural energy resources into offshore accounts while its citizens are forced to seek health care in neighbouring countries**

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It's mid-morning on the Thai-Burma border and amid the constant flow of people pouring into Mae Tao Clinic looking for health care is a barefoot girl carrying a feverish infant, half her own height.

The girl, Choo, shuffles and pushes her way to the front of the long queue that stops in front of a white-coated medic in the Children's Outpatient Department.

May Soe, the senior medic and manager of the department, looks up and asks: "Where's your mother?"

Choo hitches the slipping child onto her hip before saying: "Ma's died, I'm mother now."

May Soe was shocked by Choo's response, but did not have time to take it further, as the infant needed urgent medical assistance.

"Choo's baby sister, Wai, was very sick with malaria, she was dehydrated and also anemic. She urgently needed a blood transfusion and we had to get her onto a saline drip."

May Soe is concerned about the welfare of both children.

"I'm worried they have no mother. I'm worried that a 12-year-old, carrying a seriously sick infant, had to travel so far without the protection of an adult."

May Soe says getting to the clinic from inside Burma is difficult for adults at the best of times.



"It took the kids at least six hours to get here from their home. There are many army checkpoints to get around. There are many people who take advantage of children. Choo had no money and no one to help. The kids arrived with only the clothes they were wearing."

Choo explained to Spectrum why she came to the Mae Tao Clinic: "Wai was sick for five days. She was hot, crying all the time. There was no money to get medicine. I was worried, I was scared, I thought she would die like Ma did if I didn't take her to Thailand. Many people in the village told me to take her to Dr Cynthia's."

When Choo left home it was still early morning.

"It was dark, no lights, the sun was sleeping."

Choo tells how scared she was when her mother died two years ago.

"Wai was six months old. Ma was sick, she went to the toilet all the time. She couldn't get better. She took medicine, but nothing worked. She died."

May Soe said Choo's mother probably died from complications related to dysentery.

"If she could have got treatment, it would have been preventable."

Dr Voravit Suwanvanichkij, a research associate at the John Hopkins, Center for Public Health and Human Rights, and one of the authors of the report *The Gathering Storm: infectious disease and human rights in Burma*, not only agrees with May Soe, but also condemns the Burmese military regime for failing to protect and provide the Burmese people with access to basic health care.

"It's not just a tragedy - I would go further and call it a crime. The mother's death was preventable."

The Mae Tao Clinic was set up by Dr Cynthia Maung in 1989 to treat Burmese people along the border, and each year its caseload increases.

In 2006 the clinic saw 107,137 people who needed help.

In 2008 this had jumped to 140,937. May Soe says the 13,438 children seen by Child Health in 2008 were mainly the result of acute respiratory infections, malaria and anemia.

In spite of the increased numbers coming to the clinic in search of health care, Dr Cynthia says she expects to have less money in 2010 due to donors pulling out.

"We estimated a shortfall of about US\$350,000 (11.6 million baht) in 2009 and US\$750,000 in 2010. We've always been funded year by year. This short-term funding only allows you to breathe for a short while."

Dr Cynthia says her ever-increasing patient caseload is dictated by poverty, military oppression and the lack of human rights in Burma.

"The poor in Burma are getting poorer. We are not only treating migrants and refugees, but people from the cities and deep inside Burma. Over the past 20 years I have never seen the patient caseload decrease."

"I worry for next year - at the moment we don't have enough money for medicine, food, child protection or training."

Dr Cynthia says all groups working on Burma's problems face the same challenge - getting the regime to embrace change.

"I don't expect to see any noticeable change in Burma in the near future."

Meanwhile, in recent months, the Burmese regime, in an attempt to get international trade sanctions lifted and their hands on large sums of aid money, has pointed international governments, humanitarian agencies and non-government organisations to their self-lauded, but much-criticised National Constitution, as proof that they are serious about building a fairer society.

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Enshrined in the constitution, under State Fundamental Principles, clause 17 (a) is this passage: "The state shall earnestly strive to improve education and health of the people."

But the constitution principle rings hollow when subjected to closer scrutiny.

Dr Voravit says Burma's health indicators are amongst the worse in the region.

"Burmese people are coming to Thailand for basic health care. People in Burma are dying because there's no significant investment in health infrastructure, no access to the most basic, cost-effective health interventions that should be available at home. Over 7% of Burmese children don't survive to their first birthday and 10% will die before their fifth."

Dr Voravit says these statistics are proof of years of neglect, and contrary to the regime's claims, clearly demonstrating how Burma's health system has failed its people.

According to a health report, Chronic Emergency, by the Backpack Health Workers Team, an organisation that delivers medical assistance to displaced Burmese people, the situation in eastern Burma is more dire. There, one in 10 children will die before age one, and more than one in five before their fifth birthday, and one in 12 women will lose their lives from complications of pregnancy and childbirth.

Dr Voravit says these figures are comparable to disasters in such places as Rwanda, Democratic Republic of Congo and Somalia.

Dr Voravit's damning facts are supported by an overwhelming number of international reports, including those from the United Nations and the World Health Organisation.

The UN's Development Programme's Human Development Index ranked Burma 130 out of 177 countries. The World Health Organisation placed Burma's health system as the world's second worst out of 191 countries. Burma's official spending on health per capita is estimated to be \$0.74 (24 baht) compared with its Thailand, which invests \$89 (2,955 baht) per capita.

A John Hopkins School Of Public Health report, The Gathering Storm, estimates that the Burmese regime spends as little as "3% of national expenditure on health, while the military, with a standing army of over 400,000 troops, consumes 40%".

Dr Sean Turnell from Macquarie University in Sydney, in a report, Burma after Nargis, accuses the regime of squirreling away revenue earned by the sale of national resources such as oil and gas to off-shore bank accounts for their own use.

"Burma currently receives between \$1 and \$2 billion a year from its sales of natural gas to Thailand, but these funds are kept far from the country's public accounts."

Dr Turnell says the funds are moved off-shore and accessible only to the top leadership lurking in the shadows of the regime's State Peace and Development Council.

"Burma's gas earnings are today employed in constructing the country's new jungle capital of Naypyidaw, in buying military equipment from China, and in funding other schemes and proclivities that have long characterised the often bizarre aspects of the country's policy-making processes."

Matthew Smith from Earth Rights International says Burma earns billions from its natural resources.

"Since 2000 the Yandana gas project has generated \$7 billion in revenue. But a massive \$4.83 billion by-passed the rightful beneficiaries, the Burmese people, and ended up under the control of the military."

While the regime plunders money rightfully belonging to the Burmese people, Choo's father, a daily labourer when he can find work, earns 3,000 kyat a day, or less than \$3. UN agencies say 73% of the average Burmese household budget is spent on food alone, making Burma one of the worst food-insecure countries in the world and one third of Burmese children suffer from malnutrition.

Dr Voravit says: "A result of this is that for most Burmese families, basic health care becomes an unaffordable luxury."

But it is not only wage earners in Burma who are paying the price for the regime's military-inspired policies. Since her mother's death two years ago, Choo has not attended school, she now has to look after five children younger than herself and manage the household for her father and stepmother.

"When everyone is at work I look after five children. I also cook for everyone. I get up when it is still dark to light the fire and fetch water for cooking."

Choo cooks six kilograms of rice a day. She has to split the cooking into three sessions as the combined weight of water, pot and rice are too heavy for her to lift. "I'm not strong. I look after all the other kids until after six at night when Pa and the older ones get home. I have to get the evening meal ready."

"Sometimes I get sick and I need to rest. If the others have time they help me. When I have free time I like to play."

Choo says she misses school. "I had to stop when Ma died, but I miss Ma more. When Ma was here, life was easy. If Ma was here, I would be able to go to school and play. I miss her cuddles and kisses."

"I like to play and read when I have time. I love all my brothers and sisters, but I fight with my new [step] brothers and sisters."

"I'm happy here at the clinic, plenty of people help me, May Soe gave me and Wai clothes." Choo runs around trying to help older women carry their food trays and pulls funny faces to make the other children in the ward laugh.

May Soe, a mother of three, says Choo is not shy. "She's liked by the other patients, she helps where she can. I look at my 11-year-old daughter and I can't imagine her doing this. I'm happy she only has to think about playing. Choo's very good, but she's vulnerable, she's a baby looking after a baby."

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