RURAL MEDICINE

Elective Report 2011 – The Hill Tribes of Northern Thailand

Introduction

Ever since the military coup d'état in Burma in 1962 there has been political unrest and with it much violence. As a result of this many of the Burmese people flee to Burma's neighbours, in particular China and Thailand.

Most of these refugees who flee to Thailand settle in the hills located in the north adjacent to the Thai-Burmese border. They live in small, isolated villages scattered across many square miles of dense jungle. The Thai government provides little in the way of humanitarian support to any Burmese hill tribes (there are also Thai hill tribe communities) and certainly during my stay with several of the hill tribe communities there was no evidence of any non-government organisation support to these tribes.

As a the hill tribe people rely almost entirely on the efforts of Dr. David Mar Naw. Dr. Mar Naw is Burmese himself and began his medical training in Burma, however, he was forced to flee the country in the 1970s after his participation in student protests. He fled to India where he was granted the opportunity to complete his medical training. Unable to return to Burma on completion of his medical training he moved to Thailand and set up his organisation "Where There is No Doctor". He started the project on his own with little money and no support, travelling between hill tribes on foot and providing what basic medical care he could. Since this time his organisation has grown and he now works with many volunteers, both medical and non-medical to provide basic health support to the hill tribe population. The organisation relies completely on donations.

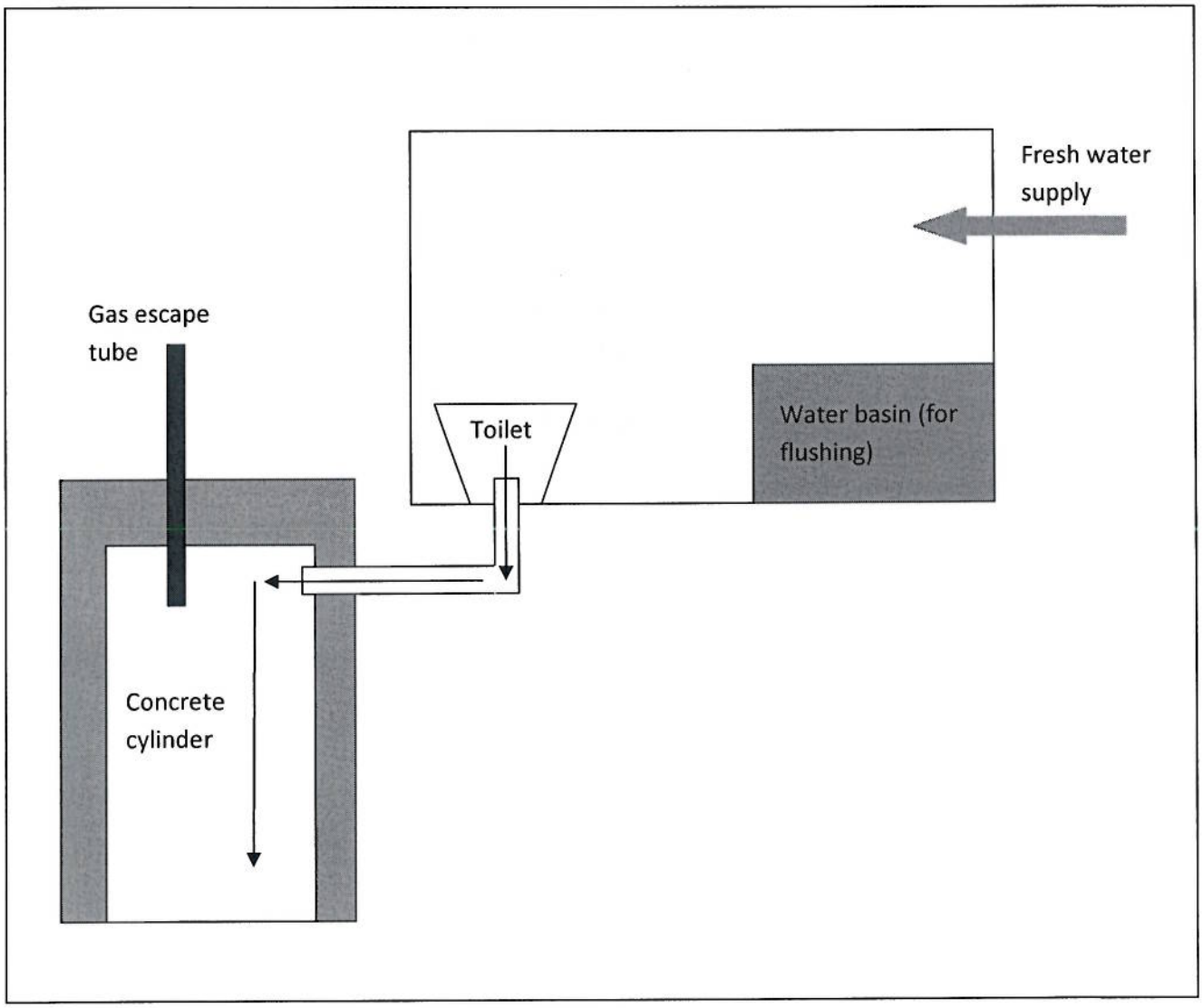
Health Related Objectives

1. **Observe how through education and simple improvements in sanitation can improve public health**

This was by far and away the work that had the most significant impact on the general health of a given hill tribe community. It was easy to see the stark contrast in the general health of a hill tribe who had a clean water supply and either "wet" or "dry" toilets, to those who did not yet have these facilities. While assisting in clinics run by Dr. Mar Naw presentations of diarrhoea and vomiting as well as childhood malnutrition were far more significant in tribes that lacked these basic facilities.

During my stay in with the hill tribes there were currently no freshwater projects being undertaken. Appoximately 50% of the tribes that Dr. Mar Naw looked after now had a fresh water supply but to undertake such a project required a lot of money and man power. Something which at that time he did not have. To briefly outline the scale of a freshwater project the first task would be to locate a fresh water spring located close enough and also at a higher altitude than the village. This is so that adequate water pressures can be maintained in order to pipe the water the distance to the village. The closest fresh water spring was 5km and the furthest 10km and this would be through a dense and challenging jungle terrain. A path would have to be cut from the fresh water source to the village and at the same time the pipe work needed to be laid. This tended to require the assistance of most of the male villagers as well as the resources from Dr. Mar Naw.

Although I did not have the opportunity to supply a village with fresh water, I was able to assist in constructing toilets. The design and structure of the toilet was simple and its impact on public health was significant. Previous attempts to provide toilet blocks for several hill tribe families had been trailed and this had resulted in diseases spreading quickly between villagers, instead now toilets were built for individual families to prevent this from happening. The approximate cost of a "wet" toilet was $200. As mentioned the design is simple. Prior to any construction an 2.5m hole is dug into the ground, approximately 1m in diameter, this is then lined with 3 large concrete cylinders stacked on top of one another to 2m. A pipe runs from the side and top of the cylinder about 1m out and a second directly out of the top to allow gas to escape once the cylinder is sealed. The toilet block is then built adjacent to the now buried cylinder stack.



These toilet systems are expected to last for 15 to 20 years. In villages where there was a good ratio of toilets to families rates of giardiasis and amoebiasis tended to be much lower. Although it was impossible to ever confirm that these to organisms were the major culprits causing diarrhoea (due to there simply being no microbiology facilities for at least 100km) Dr. Mar Naw assured us that based on his experience over the years as well as seeing recovery after his prescribed treatment that these organisms were the predominant cause of diarrhoea in these village communities.

2. **The effects of HI/AIDS in small refugee communities and how improving public health education can better the community**

HIV/AIDS is certainly a problem in the hill tribe communities. This was largely due to the opium trade that used to be rife in the area. During my visit we did not see any patients with HIV/AIDS, although I did take the opportunity to discuss the challenges the disease posed for Dr. Mar Naw. For him the main problem was access to drug treatment, since he buys all his own drug supplies he quite simply does not have the budget for expensive antiretroviral drugs. It was a case of utilitarianism in that for the same cost of one persons HIV medication, Dr. Mar Naw could treat many more people with other conditions treated with cheaper and effective drugs.

Many of the tribes people suffering from HIV/AIDS were still opium addicts and there was in fact a separate facility that had been set up for rehabilitating these addicts.

3. **Recognising the importance of good clinical medicine in diagnosis and treatment of disease without the assistance of modern medical technology.**

It was very easy for me to appreciate and observe the practice of good clinical medicine while with the hill tribes. Between toilet constructions, clinics would be held by Dr. Mar Naw two to three times per week. During these clinics most of the village would turn up as well as villagers from nearby communities. Dr. Mar Naw had to make diagnoses from a history and examination alone, he had no facilities to have blood work analysed and no imaging. There was a significant language barrier during these clinics, Dr. Mar Naw was the only person who was able to speak English but the clinics were always far too busy to translate patient complaints during the consultations. As a results the doctor would usually debrief us after the clinic and we would discuss the most common complaints from the patients as well as any difficult or challenging cases.

The most common complaints in adults were of abdominal pain and diarrhoea. As mentioned earlier the chief culprits implicated in causing these symptoms were entamoeba histolytica and giardia lamblia. Dr. Mar Naw was able to distinguish and diagnose these tropical infections very easily and explained that these conditions are essentially his bread and butter.

Conclusion

My experience with "Where there is no doctor" was extremely rewarding and I felt that I really got to experience the true power of public health interventions. I would certainly recommend this elective to anybody with an interest in this aspect.