



# The Mae Tao Clinic

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## Annual Report 2005

Dear Friends,

It is a pleasure for us to present the Mae Tao Clinic 2005 Annual Report. We have been providing health care services for displaced people on the Thai-Burma border for more than 16 years now. From our base in the Mae Sot district of Tak Province, we serve a community of around 100,000 migrant workers and 50,000 people displaced by civil war.

In addition to providing health care, our goals are to train new health workers, strengthen health information systems, support community health education, and promote cooperation between local ethnic and international health organizations.

The past year has seen many accomplishments as well as challenges. The work of our clinic was recognized in Time Magazine's Global Health issue and in Taiwan a book was published about Mae Tao Clinic. We launched a Gates Institute- funded obstetric emergency training program to increase the capacity of health workers along the border to address important causes of maternal and neonatal mortality. With the help of a volunteer supported by Pfizer we improved our pharmacy management systems. We also expanded our internship program so that health workers from inside Burma who spend 6-12 months with us to learn specific clinical skills now have the opportunity to learn about environmental and human rights through a project with Earthrights International.

Our staff is continually learning new skills to address the increasing burden of chronic illnesses in our communities such as HIV, tuberculosis, cardiovascular disease, diabetes, and cancer.

We were fortunate to receive assistance from Child's Dream, who built a new, bright and spacious Child IPD. Renovations were also carried out on our training centre and in the adult inpatients department. We also constructed 12 new toilets and upgraded our wastewater management systems, water storage facilities and garbage disposal systems. In addition, Taipei Overseas Peace Services supported us with several computers, which has helped us to upgrade our staff computer skills and improve data collection systems. We also added a Public Relations department to the clinic to assist patients and visitors in accessing the necessary services.

Many of our senior staff participated in refugee resettlement programs and left with their families overseas, making it necessary to rapidly train 45 new staff in nursing and basic medicine to cover our 120-bed inpatient facility and 4 outpatient clinics.

In recognition of the current pull factor of the ongoing refugee resettlement programme, we conducted a survey to help us upgrade our staff support policy. At the same time, a friend of the clinic, Yandi Chang, conducted more comprehensive research on the

challenges and rewards of being a health worker at Mae Tao Clinic and in the Back Pack Team.

Research was also carried out on communication between our staff and clients, and staff attitudes, and experience of Sex and Gender Based Violence (SGBV). A research team from the University of California San Francisco has been conducting malaria research at our site.

This year, we expanded our collaborative projects. We worked with the International Organisation of Migration and the Ministry of Public Health to train community health volunteers in areas of safe home delivery and primary eye care. Our cross border collaborations expanded and together with the Burma Medical Association, we now work with ethnic organisations in 7 different ethnic areas coordinating maternal and child health centres. We began a new collaboration with the Karen Handicapped Workers Association. They will provide measurements from amputees and limb prostheses will be made at Mae Tao Clinic to specifications they provide so that landmine victims will gain artificial limbs without having to journey from their villages. We also joined several local networks in Mae Sot working on Reproductive Health, Gender Issues and HIV/AIDS.

2005 saw the completion of a DVD documenting the work of Mae Tao Clinic and the distribution locally and internationally of Dr Cynthia and Suzanne Belton's Report: "Working Our Way Back Home: Fertility and pregnancy loss on the Thai-Burma border" in Burmese and English. At the end of the year the Burmese language health publication: Nightingale Journal was launched in collaboration with the Burmese Medical Association and the third edition of 1,500 copies was distributed.

In May, we launched an appeal to our donors, since we had faced severe funding shortages in 2004. The response was overwhelmingly positive and we were fortunate to have three new funders join in the financial support for Mae Tao Clinic.

We have also started to consider issues related to the sustainability and security of the clinic, and held several meetings with staff, advisers and supporters of our work.

We hope you will find this report provides useful information about our clinic today.

Sincerely,

Dr. Cynthia Maung  
January 2006

# A clinic born out of the struggle for freedom and democracy

In 1988, the Burmese military violently suppressed pro-democracy demonstrators. Many of those who survived the crackdown fled to the Thai-Burma border, seeking refuge with local ethnic people such as the Karen who were waging their own struggle for freedom and democracy. In the midst of war, Dr. Cynthia established the Mae Tao Clinic to provide medical care for all who were fleeing fighting on the border.

Today the military dictatorship is still in power, the leader of the democracy movement Daw Aung San Suu Kyi is under house arrest, and fighting continues inside Burma, displacing whole villages. To serve the needs of displaced people on the Thai-Burma border the Mae Tao Clinic has grown into a comprehensive community health center and is a key regional training center.



*Mae Tao Clinic in 1998*

In 2005, the Mae Tao Clinic offers the following services:

- Medical Service (OPD/IPD)
- Surgical (OPD/IPD)
- Reproductive Health OPD/IPD including basic Emergency Obstetric Care services
- Child Health Services (OPD/IPD)
- Laboratory / Blood Bank
- Primary Eye Care and Eye Surgery
- Prosthetics and Rehabilitation
- HIV/AIDS Prevention (Safe Blood, Voluntary Counseling and Testing and Preventing Maternal to Child Transmission)
- Malaria Management
- Tuberculosis Case Finding and Referrals
- Migrant Outreach and Cross Border Collaboration (support home delivery services, school health promotion, adolescent reproductive health and primary health care services)



*Mae Tao Clinic in 2005*

## Vision & Mission Statement

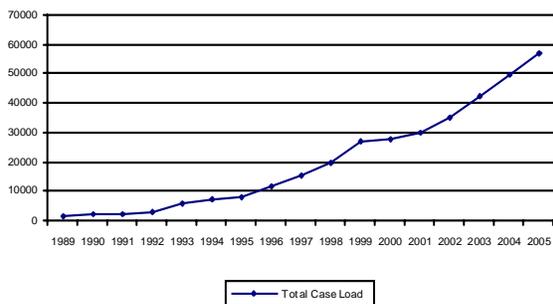
The vision for Mae Tao Clinic is to continue providing quality health and social services as it has from the beginning. Moreover, the Clinic is endeavoring to further promote health education and care among the population that can access the clinic and even beyond. Specifically, the Clinic will:

- continue to provide quality health care services
- build capacity of health workers and local community
- strengthen health information system

- enhance health collaboration effort among local ethnic health organizations, health professionals and international health institutions
- improve health knowledge and attitudes within the local Burmese populations.

# Providing health services to those in need on the Thai-Burma border

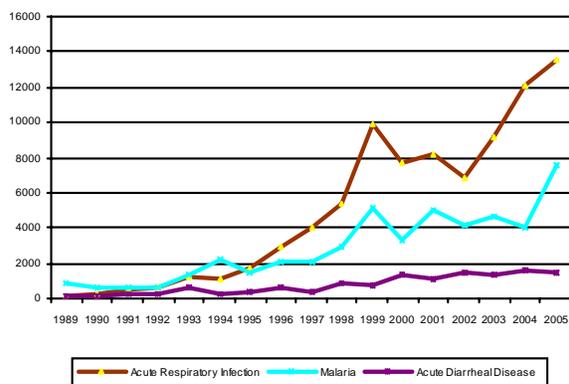
The demand for health care among migrant workers, refugees and displaced people from Burma has soared exponentially over the years. This past year the Mae Tao Clinic served 49,000 people, including 8,000 inpatient admissions and 99,000 outpatient consultations.



Some illustrative numbers:

The number of malaria cases showed a 90% increase from 3,975 in 2004 to 7,505 in 2005. Of the malaria cases, 6,045 patients were due to *P.falciparum*, the most aggressive and lethal type of malaria.

Our laboratory processed 29660 slides for malaria diagnosis and 644 HIV test for VCT service.



Our surgical inpatient department cared for 438 admissions and performed 1162 surgical procedures, which does not include dental extractions and fillings.

Surgical Dept: Cases	2002	2003	2004	2005
Dental	795	1811	2583	2776
Non-trauma	2486	3523	4810	4172
War casualty	26	10	49	44
Violent injury	23	70	102	78
Burn	46	75	98	114
Workplace injury	430	258	805	482
Motor vehicle accident	61	100	160	195
Total	3867	5847	8608	7861

The child outpatient department saw 11,292 cases.

We collected and screened blood from 1,475 donors

480 patients received sight-saving eye surgery, almost four fold increase from 121 in 2003.

182 patients, most of whom were injured by landmines, received new prosthetic limbs. Also another 70 prostheses were made to order and sent to landmine victims in Burma.

3,383 women received antenatal care, which showed a decrease from the 4,122 women seen in 2004. 1,439 infants were delivered at the clinic, which is also a decrease from 1,602 deliveries in 2004. Possible explanations for the decrease in antenatal care and delivery clients include: 1) traditional birth attendants who have been trained by MTC are seeing a greater number of normal pregnancies, 2) two new MCH centers operated by MTC local partners have begun providing antenatal care to Burmese women inside Burma.

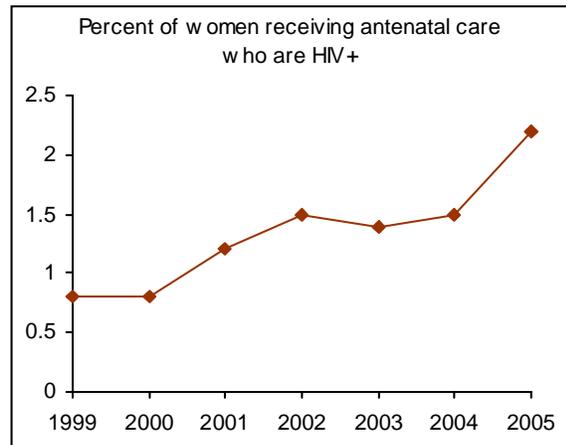
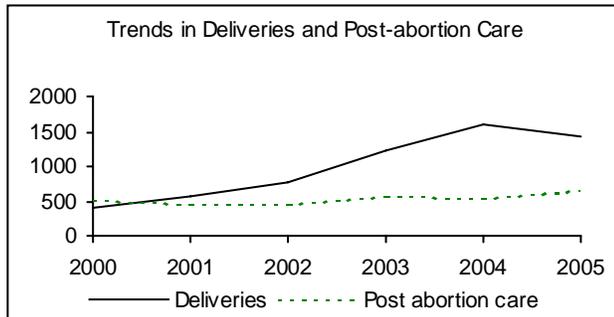
There were 6,948 visits for family planning, and 19,620 condoms were distributed.

Health Services 2005	Number	Burma:Thai Ratio
Total Visits	98,979	8:9
Referrals	276	2:1
Blood Transfusions	797	3:1
Tubal Ligation	130	3:1
Eye Surgery	480	5:1
Malaria (PF)	6,302	3.7:1
Pul: Tuberculosis confirmed	120	N/A
Severe Malnutrition	44	1:1
ANC Client	3,554	1:1.3
Delivery Admission	1,520	1:02

We have noticed some important trends recently. First, the proportion of patients coming from Burma has steadily increased in the last three years. Secondly, these patients making the difficult journey to our clinic tend to be more severely ill compared to those living in Thailand. For example, of the 2,043 presumptive cases of *P.falciparum* malaria admitted to IPD in 2005, 72% were from Burma. Patients from Burma were three times more likely to require blood transfusions, and twice more likely to need referral to Mae Sot Hospital for care than patients living in Thailand.

In 2005, we referred only 0.5% of patients to Mae Sot Hospital compared to 1% in 2004. This reduction most likely reflects some of our budget constraints in 2005. However, referral patterns to Mae Sot Hospital also indicate that our capacity to care for some of the more complex patients is improving.

For example, despite slight increases in the proportion of teen pregnancy (21% in 2003 to 30% in 2005), low birthweight infants (13% to 16%), and the proportion of pregnant women presenting with no antenatal care (9% to 12%), the percentage of delivering mothers requiring referral to Mae Sot Hospital has declined from 14% in 2003 to 5% in 2005.



### Hospital Admissions (Medical)

Cases	Number			Average stay (days)		
	2003	2004	2005	2003	2004	2005
Malaria PF Confirmed	1233	1051	1947	4.7	4	4
Acute Diarrhea	247	194	219	4	4	3
ARI/ Pneumonia	313	460	358	6	6	6
TB Sputum Confirmed	77	115	49	11	9	9
AIDS Confirmed	40	61	40	22	20	14
Meningitis	39	48	46	7	7	10
Severe Malnutrition	44	40	44	19	15	19
Cardiovascular Diseases	116	212	182	10	9	8

## The burden of chronic illness

Though some diagnoses represent a minority of our inpatient admissions, their greater complexity and longer length of stay put a disproportionately heavy strain on our resources. For instance, severe malnutrition accounts for only 7% of our child inpatients, but 21% of the deaths in children under 5 years. AIDS is another good example: for patients of all ages, AIDS accounts for 0.9% of admissions and 23% of deaths. While the average patient with *P. falciparum* malaria might be hospitalized for 4 days, the patient with cardiovascular disease stays an average of 8 days, tuberculosis patients 9 days, and AIDS patient averages 19 days. This affects our facility capacity.

### HIV/AIDS

The problem of AIDS will likely grow in the near future. Among women receiving antenatal care at our clinic, the prevalence of HIV seropositivity was 2.2% in 2005. Though this might seem like a small number, it is double the rate four years ago. Ideally, those found to be HIV positive in our antenatal screening and voluntary counseling and treatment programs would be offered antiretroviral therapy, but currently there are no resources available to address this growing need. We are able to provide AZT treatment together with Mae Sot Hospital to pregnant women as part of our Preventing Mother to Child Transmission program. There is no ongoing treatment after delivery for mothers nor for other adults and children with HIV.

## Building capacity – trainings

An important way for our clinic to save lives is to strengthen the ability of local health care workers inside Burma to provide health care. The Mae Tao Clinic has long been a major training center for health care workers who provide care for communities throughout the Thai-Burma border area. In 2005, we conducted the following health worker training courses:

### Health Worker Training 2005

Training Title	Period	Trainees		
		M	F	Total
Nursing (initial)	6 months	35	52	87
Laboratory (initial)	3 months	16	5	21
Prosthetics (initial)	6 months	6		6
Basic Medical Training (upgrade)	6 month	12	33	45
Emergency Obstetric (upgrade)	6 month	4	39	43

### Mae Tao Clinic Intern Training

Health care workers come to Mae Tao Clinic from many of different ethnic groups inside Burma. Those who have already had basic training can also enroll in 6-12 month internships at the clinic to gain specific clinical skills, as well as participate in seminars on environmental and human rights conducted by Earthrights International.

Ethnicity	Gender		Total
	M	F	
Karen	16	27	43
Kachin	0	2	2
Palaung	2	1	2
Lahu	1	0	1
Burman	0	1	1
Pa O	0	2	2
Kayan	2	2	4
Kayah	0	3	3
<b>Total</b>	<b>21</b>	<b>38</b>	<b>59</b>

## Ongoing Staff Training

Our staff can also access workshops and short training courses offered at the clinic to continue developing their clinical skills. This year we provided workshops in management, human rights, training of trainers as well as the following clinical topics:

<i>Title</i>	<i>Hour</i>	<i>Freq</i>	<i># Parti</i>	<i>Facilitating Org</i>
Blood Transfusion	20 hrs	1	30	MTC
Lab Training (HIV/STI)	30 hrs	1	12	FHI
STI (Treatment)	10 hrs	1	20	MTC
Home Based Care	35 hrs	1	22	FHI
Malaria	18 hrs	1	30	MTC
Mental Health	12 hrs	1	24	BBP
Post Abortion Care	15 hrs	2	35	MTC
Primary Eye Care	60 hrs	4	117	MTC
IMCI	30 hrs	1	20	BMA
Family Planning	20 hrs	1	40	MTC
VCT Upgrade Training	40 hrs	1	21	FHI
Water and Sanitation	12 hrs	1	40	MTC
Symptoms Analysis	20 hrs	1	22	MTC
Refraction Refresher Course	12 hrs	1	8	MTC
Migrant Teacher Vision Screening	6 hrs	1	50	MTC

## Distance Trainings

As often as possible we try to send our staff to trainings outside of the clinic where they can benefit from meeting health workers from a variety of countries and situations.

### Primary Health Care in Complex Emergencies

Two staff, one from Reproductive Health and one from IPD attended the Primary Health Care in Complex Emergencies Training in Bangkok organized by IRC and the Asian Disaster Preparedness Committee.

### VCT and PMTCT

Two staff, one from our PMTCT programme and one from our VCT programme attended a two and a half day workshop organized by UNHCR where various NGOs came together to discuss management of PMTCT and VCT programmes.

### Financial Management

Two of our accounting staff attended financial management trainings in Bangkok. One attended a one week training provided by MANGO (Managing Accounts for NGOs), and the other spent one week with the auditor to get support for developing MTC's financial systems.

### Project Cycle Management

Two staff traveled to Chiang Mai to participate in Project management skills. The training was organized and sponsored by Terre Des Hommes.

## School Health

Our staff continued and expanded their work with the migrant schools with our School Health project. By providing simple preventive measures such as vision screening, periodic deworming, and vitamin A supplementation, schools can be an even more valuable resource in maintaining the health of our children. In 2005, 3,649 children received both Vitamin A and deworming medicines.

Another school-based intervention to improve child and community health is a curriculum that educates children and adolescents about sanitation, hygiene, and reproductive health.

## Service collaborations - improving the health of local communities

We partner with the Back Pack Health Worker Program, whose 70 teams provide health care services to an estimated 150,000 internally displaced persons in Karen, Mon, and Karenni areas.

We also have partnerships with ethnic health and welfare departments and organisations to provide health care in remote rural areas of Burma through primary health care clinics or mobile health teams.

This year we collaborated with the Burma Medical Association and local ethnic health organisations to set up eight maternal and child health service centres in 7 ethnic areas of Burma.

In 2005 the Mae Tao Clinic embarked on an exciting new program to decrease maternal mortality on the Thai-Burma border. With the assistance of the Global Health Access Program (GHAP) and Johns Hopkins University and funded by the Gates Institute, the Mobile Obstetric Maternal (MOM) Health Project will train traditional birth attendants and local health care workers inside Burma to better care for obstetric emergencies such as hemorrhage, malaria infection, uterine infection, and obstructed labor. Making skilled traditional birth attendants accessible in the field by a larger number of mothers will go a long way towards reducing the risk of death during childbirth.

In 2005, we continued to work closely with Medecins Sans Frontieres for treatment of our TB patients. We referred a total number of 459 cases in 2005 to MSF.

We also worked with the International Office of Migration (IOM) and the Ministry of Public Health to train Community Health Volunteers to provide outreach health education to migrant communities.

The Mae Tao Clinic coordinates with Social Action for Women (SAW) and other organizations to find new homes for children who are orphaned or left at the clinic by their parents.

Mae Tao Clinic collaborated with World Vision to provide care for migrant families living with HIV/AIDS, in the form of supplementary nutrition, counselling and treatment for opportunistic infections. In 2005, we provided support to 73 families. We organise regular peer group discussions to bring people living with HIV/AIDS together to share ideas and challenges.

## Public Health Partnerships

### Thai Public Health

The Mae Tao Clinic is fortunate to have technical and logistical support from Thai Public Health authorities and Mae Sot Hospital. They provide many services such as vaccination, special laboratory tests, x-ray and ultrasound, medical waste disposal, obstetric and medical emergency referrals, disease surveillance, and HIV/AIDS prevention including prevention of mother to child transmission.

Our staff regularly attend meetings and conferences at Mae Sot Hospital, such as the quarterly perinatal conference, and also attend workshops and seminars organised by the Ministry of Public Health.

In 2005 our staff attended the following meetings:

### HIV/AIDS, Nutrition, Reproductive Health and Child Health

9-11<sup>th</sup> November. Organised by the World Health Organisation and the Ministry of Public Health in Chiang Rai.

### Thai-US Collaboration (TUC) for Communicable Diseases Control

In December 2005 the US Centers for Disease Control and the Thai Ministry of Public Health met in Tak Province for the first time and invited Mae Tao Clinic and other NGO's working on the issue of tuberculosis control in this area to participate in an ongoing assessment and collaboration on developing action plans to limit the spread of tuberculosis and other public health diseases.

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## Monitoring and evaluation

Mae Tao Clinic regularly monitors its services. The areas covered in the monitoring effort include quality of services (appropriate treatment, accurate laboratory diagnosis, effective communication between patients and health worker, reduced mortality) and patient and staff satisfaction. Data are collected through records review, exit interviews of patients, and discussions at management meetings. Mae Tao Clinic also aim to reduce case fatality and case referral to Mae Sot Hospital.

Overall, the monitoring conducted in 2005 show positive results. 92% to 100% of patients received appropriate treatment according to established protocols (malaria, post abortion care), and more than 97% of malaria slides and 100% of HIV rapid tests were diagnosed accurately. In the area of patient-health worker communication, 94% of the malaria patients knew at least one way to prevent malaria after seeing the health worker. In addition, 98% of the patients were satisfied with how the health workers treated them at the clinic. Some areas for further improvement include communication of diagnosis and correct dose of medication to the patients (only 33 to 43% of malaria patients knew these after seeing a health worker).

Recommendations from the staff questionnaire include improving the quality of communications between staff and patients, improvement in staff training, living conditions and stipends and addressing the long-standing problem of the legality of their residence.

## Other Mae Tao Clinic projects

### Children's Development Centre

Mae Tao Clinic also manages a school for migrant children from day care centre to 6<sup>th</sup> standard. In the 2005-2006 school year there are 328 students enrolled in the Children's Development Centre. Child's Dream renovated the school building and provided two new classrooms.

In 2005, there has been considerable activity by the Thai government to find a way to provide education to migrant children by either improving access to Thai schools or by finding a way for migrant schools to become non-formal learning centres. Mae Tao Clinic together with the Burmese

### Bamboo Children's Home

Bamboo Children's Home is a boarding house for unaccompanied minors that Mae Tao Clinic has supported since 1995. In 2005, there were 129 students staying in the boarding house from kindergarten level to post ten school.

### Delivery Certificates

Since 1997 Mae Tao Clinic has issued a birth document for every child born at Mae Tao Clinic, a total of more than 6,700 birth documents in just eight years. In addition, MTC staff now work daily at Mae Sot Hospital to assure delivery certificates are issued to children of Burmese parents born at the hospital. However, our data shows that the majority of women deliver at home and for those births there was no documentation. In 2003 Mae Tao Clinic worked together with other community based organisations in Mae Sot to establish the Committee for the Protection and Promotion of Child Rights (CPPCR). In 2005, MTC continued to work together with this group whose aim is to raise awareness among migrant and IDP communities about the issue of birth registration. In addition they have developed a process in consultation with lawyers from Burma and Thailand to provide documentation for home deliveries. No government has as yet sanctioned delivery and birth records from MTC or CPPCR. But with the number of stateless children ever increasing, it was imperative to provide some form of documentation for the protection of the child and his/her future. By the end of 2005, CPPCR had issued 1,778 birth documents.

### Addressing the growing problem of trauma from workplace injuries and violence

Unsafe working conditions are a major threat to the health of migrant workers in the factories and on construction sites. We are also seeing increased numbers of patients with nonaccidental injuries from violence and abuse. Part of this increase may be due to more patients seeking care for injuries, but we also believe that there is an increase in violence in our communities. Stress caused by displacement from usual sources of support, crowded living conditions, long working hours at low wages, and substance abuse are possible contributing factors.

Outreach programs to factories and communities by health care workers trained in counseling and mental health are needed. More mental health services with an integrated referral system might also help stem the rising tide of violence.

# International Advocacy

## Global Health Conference 2005

Dr Cynthia Maung and Sophia Hla (Reproductive Health Program Manager) attended the 2005 Global Health Conference in Washington DC and presented at a panel on: *Improving Emergency Obstetric Care Management on Thai-Burma Border*. During this trip they also met with the Open Society Institute, International Rescue Committee and Women's Commission in New York.

## Magsaysay Awardees Ceremony

In November, Dr Cynthia and Eh Kalu (from BPHWT) attended the Magsaysay Awardees Conference. The topic of the conference was: *“Young people: making commitments matter”*. The conference was a good opportunity to form links with other awardees in Thailand and Asia.

## Taiwan Trip

In 2005, a book about Mae Tao Clinic was published in Chinese and distributed in Taiwan by Chou-Ta Kuan Foundation. To coincide with its release, and for Dr Cynthia to collect an award from this foundation and participate in an awareness raising campaign organised by TOPS (Taipei Overseas Services), Dr Cynthia and Lisa Houston travelled to Taiwan. It was a great opportunity to connect with the Taiwan/Burma community.

## Time Magazine Article

Dr Cynthia was included in Time Magazine's November International edition in a section entitled Global Health Heroes. This article came to many people's attention and increased interest in Mae Tao Clinic.

## US Trip

In November, Dr Cynthia and Eh Thwa traveled to the West Coast of the US. During this trip Dr Cynthia met with US Senator Obama, Amnesty International, Congressman Tom Lantos, the Burmese American Women's Alliance (BAWA) and Burmese American Democratic Alliance (BADA), Planet Care and the Foundation for the People of Burma



## Awards

### Voices of Courage Award

Sophia Hla (Reproductive Health Programme Manager) was awarded the Voice of Courage Award by the Women's Commission for Refugee Women and Children.

### Unsung Heroes of Compassion Award

Dr Cynthia received the Unsung Heroes of Compassion Award from the Dalai Lama and Wisdom in Action (San Francisco USA) in November 2005.

### 1,000 Women Nobel Peace Prize

Dr Cynthia was also nominated as part of the 1,000 Women Nobel Peace Prize Nomination (Global), three other woman from the Thai Burma border were also included in this nomination.

## Mae Tao Clinic Staff

Total number of staff - 200			
• Medical	♂ 46	♀ 65	(Total - 101)
• Admin/Logistic	♂ 81	♀ 13	(Total - 94)
• Training/Publication	♂ 5	♀ 0	(Total - 5)

In 2005, we were supported by the following long term volunteers:

- ♦ Dr Elisabetta Leonardi
- ♦ Dr Terry Smith
- ♦ Dr Jerry Ramos
- ♦ Dr Win Myint Than
- ♦ Kanchana Thornton
- ♦ Bronwyn Duce
- ♦ Dr David Downham
- ♦ Lisa Houston
- ♦ Anne Joly

In addition we hosted volunteers from the medical and public health sectors throughout the year, who assisted us with monitoring and evaluation, research and clinical support. This included 35 medical student elective placements from universities in the UK, Canada, USA, Australia, Sweden, Denmark, Germany and Kenya.

# Mae Tao Clinic Funders and Donors in 2005

Action Medeor  
Australian Volunteers Services  
Bang-On and Prachaya Siriprusanan, and Andrew and Oranood Cowell  
Bienvenido Tan  
Burmese Migrant Workers Education Committee  
Books Abroad  
Brackett Foundation (USA)  
BRC-USA  
Burma Border Projects  
Burma Children's Fund  
Burma Medical Association-North America  
Burma Relief Centre/Interpares/CIDA  
Burma Relief Centre/Interpares/GOLF  
Carsten Hartmann  
Child's Dream  
Clear Path International (USA)  
Family Health International (USA)  
Friends of MTC in Taiwan  
Global Health Access Programme (USA)  
Global Health Conference (USA)  
Help Without Frontiers  
ICCO (Netherlands)  
Ida Monzon  
International Health Partners  
International Rescue Committee (USA)  
International Support Group  
John P Hussmann (USA)  
Johns Hopkins University (USA)  
Karen Aid  
Karen Foundation Aid (UK)  
Larry Mueller  
Mae Sot Hospital  
Mahidol University  
Medical Mercy Canada (Canada)  
Miao Jan (Malaysia)  
Mitwelt - Netzwerk (Inge-Germany)  
Mitwelt-Netzwerk

Nonna Gabriella (Italy)  
Norwegian Church Aid (Norway)  
Open Society Institute (USA)  
Operation Smile  
Pfizer Global Health Programme  
Planet Care Project (USA)  
Project Umbrella  
REMEDY  
Rotary Canada  
Sacramento Friends of MTC  
Sandoz  
Stephanie Lazar  
Stichting Vluchteling (Netherlands)  
Taipei Overseas Services  
Tao and Paula (USA)  
Terre Des Hommes (Netherlands)  
Thailand Burma Border Consortium (Thailand)  
University of California San Francisco



*We thank you for your support as we work towards a future of health and peace for all people.*