



Mae Tao Clinic Annual Report 1996

Dr. Cynthia Maung
4 March, 1997

Introduction

Mae Tao Clinic is located in Thailand 4 km east of the Moei River, between the Burmese border town of Mya Wa Di and Mae Sot. It was established in 1989 to provide medical care for Burmese students who fled to the Thai border in 1988. Since that time the medical services have expanded to meet the needs of an ever increasing number of Burmese in Mae Sot and adjacent areas of Thailand and also those who come in to Thailand from Burma for medical services. The clinic has a hospital referral arrangement with the Mae Sot General Hospital. In 1994 a Maternal and Child Health program was started, and has expanded each year. More recently an eye care program was instituted, which treats trachoma, vitamin A deficiency, and other eye diseases, as well as fitting glasses. Additionally, each year the staff at the Mae Tao Clinic trains new medics and midwives, and cooperates in the training of new laboratory technicians.

The Mae Tao Clinic also serves as the organizational and administrative base for a medical and health network which serves the people inside of Burma. Five civil clinics have been established in Cho Gali, Maw Kee, Po Pa Hta, Sa Khan Thit, and Eah Maw Deh, small villages in the Karen state of Burma. SLORC attacked the areas surrounding Maw Kee and Po Pa Hta in early 1995 and these two clinics have been evacuated. Mobile medical teams, using the Mae Tao Clinic as a base, travel for several months at a time to provide medical care and basic health education to jungle villagers in areas too unstable to justify permanent clinics. A mobile eye care team provides eye care services in these areas also. These mobile teams go into Karen State and also Karenni State, which has signed a cease fire with SLORC.

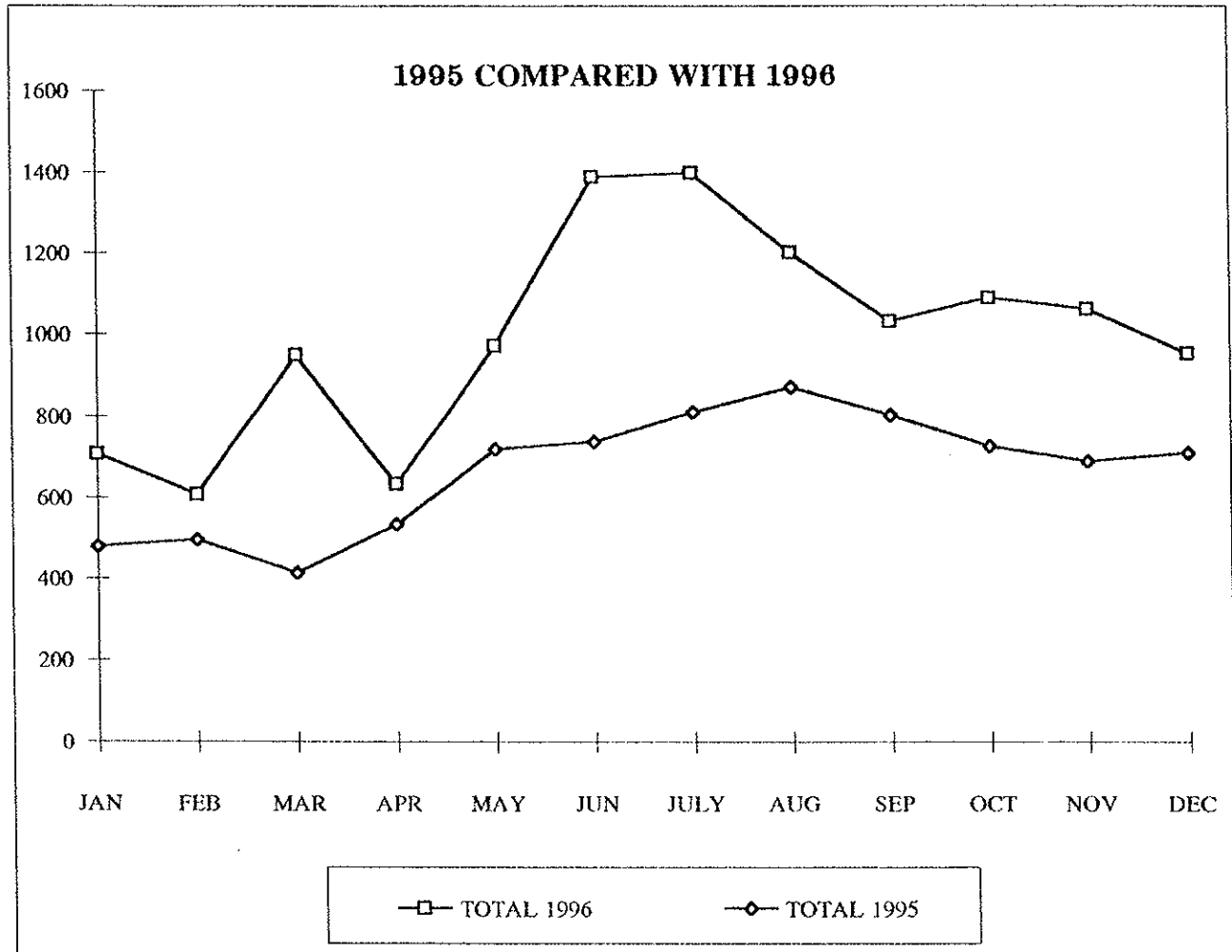
Medical Staff

Dr. Cynthia's medical services consists of four doctors and sixty health care workers. The Mae Tao Clinic has three doctors, thirty health care workers, an administrator, and an office staff of five. All of the workers are volunteers who receive only basic necessities such as food and shelter for their services. The names and current assignments of the senior staff are listed in the appendix.

Current Medical Services

The graph and the table on the next page compares the total patient care given in each month of 1996 with the same figures for 1995. It is clear from this graph that the patient load was higher than the year before each month. The smallest

TOTAL PATIENT LOAD



	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
INPATIENT	14	16	23	29	54	75	54	58	51	76	82	34	566
OUTPATIENT	693	591	926	604	917	1313	1344	1143	981	1014	979	920	11425
TOTAL 1996	707	607	949	633	971	1388	1398	1201	1032	1090	1061	954	11991
TOTAL 1995	479	496	414	535	720	738	810	871	803	727	689	710	7992

difference was 98 patients in April and the largest was 550 patients in June. The total patient load reached very high levels of close to 1400 patients in June and July. The overall increase in patient load for 1995 to 1996 was 3999 patients which represents an increase of over 50%.

The following page shows a graph and a table of the incidence of the three major diseases we track by month, Acute Diarrhoea Disease (ADD), Acute Respiratory Infection (ARI) and Malaria. ARI peaked in July with 457 cases, just under one-third of all patients treated that month. Malaria rose rapidly from a low in March to a peak in May and remained high until December when it dropped slightly. No significant pattern was observed in ADD which fluctuated around an average of 48 cases a month.

Of the total of 11,991 patients treated this year 294 or 2.5% were referred to the Mae Sot General Hospital.

There were 36 blood transfusions done at the Clinic during 1996, 12 of these were for obstetrical patients. Blood was provided by the Clinic staff.

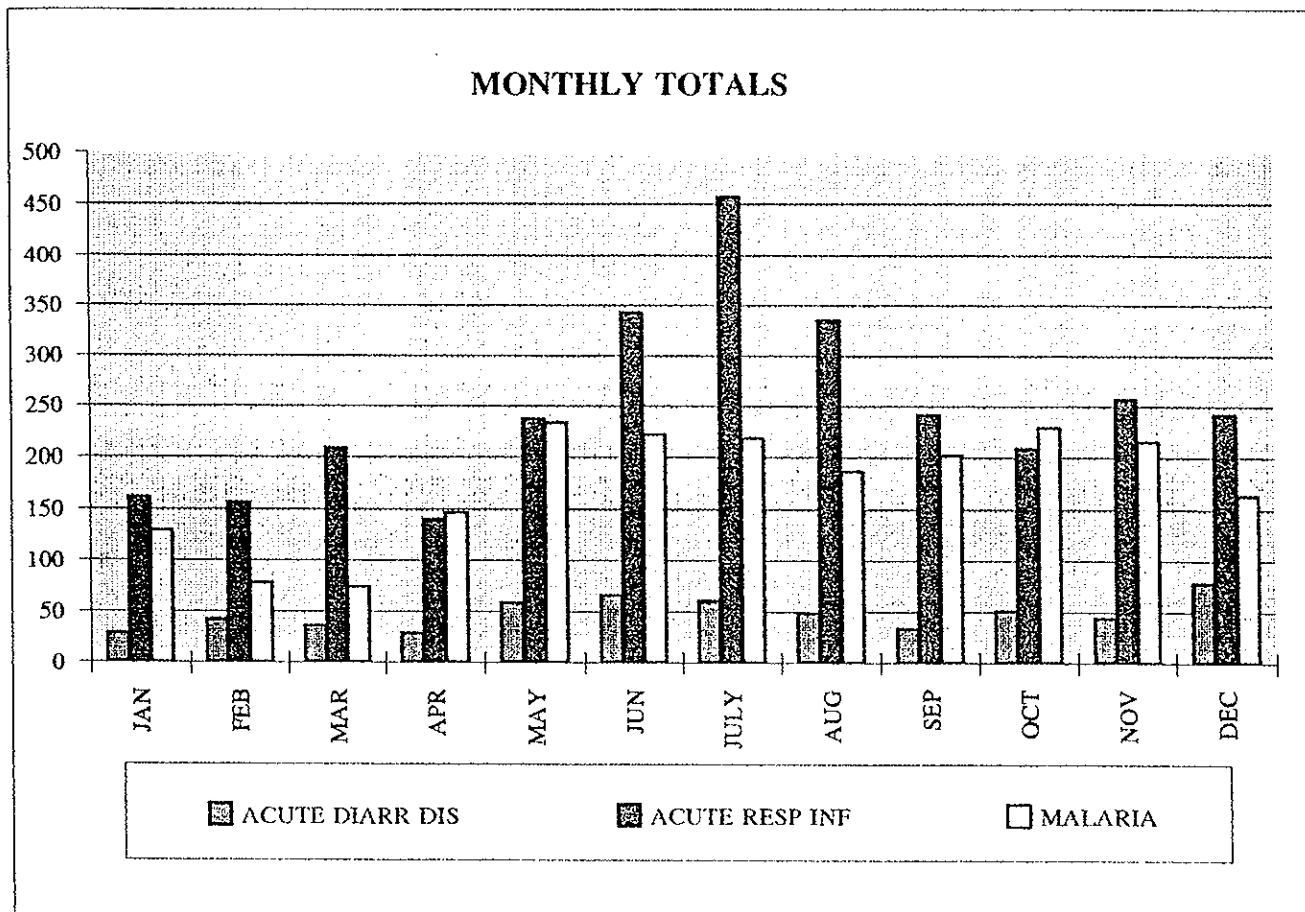
The table below shows the annual total and the average number of cases per month of the different disease classes.

DISEASE GROUP	Monthly Average	Annual Total
Acute Respiratory Infection	249	2985
Malaria	175	2095
Anemia	115	1380
Eye Care	81	967
Acute Diarrhoea Disease	48	573
Injury	45	538
Complications of Abortion	8	97
Tuberculosis	8	95
Measles	5	61
Other	267	3200

Other diseases tracked at the Clinic include: Malnutrition, Beri Beri, Filariasis (only 3 cases observed this year), STD, and Skin Diseases. The Clinic does not perform abortions, and the category Complications of Abortion denotes treatment of gynecological conditions secondary to abortions which we presume were induced. This number is high enough to be of concern and we will continue to track it in the future.

Eye Care Program

Eye care is available weekly at the Mae Tao Clinic. The eye care program treats trachoma, Vitamin A deficiency, and some other infections and minor injuries of the eye. Patients are screened for glaucoma and cataracts and referrals made to eye surgeons who volunteer their services. The eye care team also fit glasses,



JAN FEB MAR APR MAY JUN JULY AUG SEP OCT NOV DEC

DIAGNOSIS

MALARIA

INPATIENT	9	5	14	20	43	53	34	33	34	43	48	21
OUTPATIENT	120	73	60	126	190	169	184	153	168	186	167	142
TOTAL MALARIA	129	78	74	146	233	222	218	186	202	229	215	163

ACUTE RESPIRATORY INFECTION

INPATIENT	0	1	2	1	3	6	3	2	3	0	5	1
OUTPATIENT	161	155	206	139	234	337	454	333	238	208	252	241
TOTAL ARI	161	156	208	140	237	343	457	335	241	208	257	242

ACUTE DIARRHOEA DISEASE

INPATIENT	0	2	1	1	1	2	0	5	3	7	2	3
OUTPATIENT	28	40	35	27	57	64	60	44	30	44	42	75
TOTAL ADD	28	42	36	28	58	66	60	49	33	51	44	78

using donated eye glasses when the correction is the same for both eyes. Lenses must be ground for patients with astigmatism or unequal correction.

There is a mobile medical eye care team which made two trips inside Burma and visited four refugee camps in Thailand in 1996. These were primarily to screen for referrals to eye surgeons.

Laboratory Services

The following table summarizes the malaria slides tested during 1996. The year 1995 is included for comparative purposes.

Year	Positives (% of total)	P. Falciparum gametocytes % of positives	P. Falciparum % of positives	P. Vivax % of positives	Mixed % of positives	Total Slides
1995	1872 (38%)	5%	70%	17%	8%	4913
1996	2768 (40%)	4%	72%	17%	5%	6758

Maternal Child Health Care

Regular prenatal care and delivery services were established in 1994. In the prenatal program, women are screened, and those with high-risk pregnancies (e.g. complicated by malaria) are referred to the Mae Sot Hospital for management. Women with uncomplicated pregnancies are monitored and delivered at the clinic. The results of the 424 screening tests done in 1996 and those given in 1995 are given in the table below.

Year	H.b < 10%	HBsAg	HIV	VDRL	Total Patients
1995		37 (9.7%)	6 (1.6%)	7 (1.8%)	381
1996	267 (63%)	19 (4.4%)	4 (0.9%)	4 (0.9%)	424

There were 156 deliveries at the Mae Tao Clinic in 1996. The table below gives the incidence of twins, breach position, forceps delivery, babies with birth weight less than 2.5 kilograms and still births. Because some mothers seek care for the first time at the point of delivery, prenatal care is not possible. This may cause a higher than expected number of problematic deliveries.

Year	Birth weight < 2.5 Kg.	Breach	Twins	Forceps Delivery	Still Births	Total Deliveries
1996	17 (10.9%)	4 (2.6%)	2 (1.3%)	5 (3.3%)	2 (1.3%)	156

Child immunization services were expanded during the 1996 year. The Mae Sot Hospital donates DPT, OPV, measles and BCG vaccine to the clinic for this program. The number of immunizations given is listed in the table below. Since this is a new program, the numbers of second and third shots in a series would be lower than expected for an established program, but part of the decrease for the second and third shots may be due to the transient and illegal population which this clinic serves. These children may have returned to Burma, or be here in Mae Sot, but with working mothers who do not get them back to the clinic for a second shot.

Age	BCG	DPT			OPV			Measles	DPT Booster
		1	2	3	1	2	3		
<1 yr.	273	273	75	42	273	75	42	117	2
>1 yr.	74	71	13	19	71	13	19	80	2
Total	347	344	88	61	344	88	61	197	4

The newest MCH service, family planning, counsels patients and supplies contraceptives (oral contraceptive pills, condoms, depo-provera, and IUDs) which are provided by the Mae Sot Hospital. Insertion of IUDs is done at the Clinic. When appropriate, patients are referred to the Hospital for free vasectomy or tubal ligation. The number of couples served in this program this year was 219. The selection of contraceptive method is given in the table below.

Women bringing in infants for their first check up or children to the under five clinic provide a client contact for family planning. Choice of method is left to the patient, after discussion with her husband. Couples counseling is provided if desired or appropriate.

Year	1996
Condoms	64
Intra Uterine Devices	35
Oral Contraceptive Pills	30
Depo Provera Injections	45
Tubal Ligation	21
Vasectomy	3
Total	219

No statistics are available on the effectiveness, or the problems of using these methods because of the transient nature of the population and the newness of the program.

The Burmese in the Mae Sot area presents particular problems in developing an MCH program. It is difficult to form women's organizations and there are no nursery schools or schools for the Burmese. Therefore the major contacts for the MCH program are women seeking curative care or prenatal care, often late in the pregnancy. The transient nature of the population also makes it difficult to provide a full range of MCH services.

Training Programs

The Mae Tao Clinic supports three training programs. Primary Health Care training is provided in a ten month course each year. Twenty-eight students completed the course in 1996 and thirty-one started in October. This ten month course is supported by WEAVE. The course is followed by a two year internship in Dr. Cynthia's medical network. This program has experienced a two-thirds retention rate over the years.

The Mae Tao Clinic served as host for three classes of Eye Care Training in 1996. The American Refugee Committee ran the program teaching a total of forty-three health care workers drawn from the KNU, MSF and AMI as well as Dr. Cynthia's program.

The Mae Tao Clinic provided the site for Laboratory Technician training which was staffed by MSF. Eight trainees have just completed the course.

The Mae Tao Clinic also hosts medical students who are interested in studying medicine in third world countries. Last year two students from Columbia University in the United States, twelve students supported by the Slovenian Medical Association, and two from Australia studied and assisted at the Clinic.

The Mae Tao Clinic is visited annually by many foreign doctors . Last year we were visited by a doctor from Japan and several from the United States. In addition Drs. Ben Brown from California and Myron Semkuley from Calgary, Alberta visit us each year, as does Inge Sterk, a midwife from Villingen, Germany who assists with midwife and family planning training.

Funding for the Clinic

The Mae Tao Clinic is supported by:

- BBC with rent, utilities and basic food supplies for all staff, patients and others,
- MSF with medicines and medical supplies,
- BRC with office supplies, kitchen supplies, monetary support,
- BRC and IRC with monetary help for OPD and IPD services at the Mae Sot Hospital,
- the Mae Sot Hospital with vaccines, family planning supplies, and free obstetric procedures,
- WEAVE with a training program including supplies, utilities and food for staff and trainees and developing illustrated materials for the MCH program,
- smaller NGOs and private donors.

Activities for 1997 and Beyond

Continued growth of the Clinic is stretching its physical plant. Two new outdoor classrooms have been built and one of them is serving also as part of the OPD clinic. The IPD capacity is fifteen beds which can be expanded to twenty-five by utilizing the staff lounge area. Continued growth may require additional facilities.

The MCH program is adding a PAP smear test in 1997 in cooperation with the Mae Sot General Hospital. Additional materials will be developed for the MCH program to emphasize the need for completing vaccination series.

In February of 1997 the SLORC army attacked the villages where the civil clinics of Sa Khan Thit and Cho Gali are located. These clinics have been evacuated and their programs discontinued. Some of the medical staff are assisting in refugee camps in nearby areas.

For a variety of reasons including growing staff families and orphans from Cho Gali and Sa Khan Thit who had been living with the staffs there, the Clinic is housing an increasing number of young children. Child care, nursery school, and primary school for these Burmese children has become important, and we hope to start schools for the children in 1997.