MAE TAO CLINIC

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Annual Report 2000

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Introduction

Over the past eleven years the Mae Tao Clinic has grown from a small house serving Burmese pro-democracy students fleeing the 1988 crackdown to a busy clinic providing free health care for Burmese migrant workers and people crossing the border from Burma into Thailand. Our staff of 5 physicians, 60 health care workers, 25 volunteers (waiting to start the Primary Health Care training) and 20 support staff provide comprehensive health services including inpatient and outpatient medicine, trauma care, blood transfusion, reproductive health, child health, and eye care. Each year we also train a new class of medics to serve people throughout the Thai Burma border. We also work closely with Thai health authorities as well as local and international non-governmental organizations (NGOs) on medical and public health initiatives.

The director has received many honors for the clinic's humanitarian work. These include the Jonathan Mann Health and Human Rights Award, The John Humphries Award, and the American Women's Medical Association President's Award. The Mae Tao Clinic's reputation attracts visitors from all over the world, many of them health professionals volunteering their time for clinical and educational activities.

The Mae Tao Clinic also has community service programs including a home for 50 unaccompanied children, some of them orphaned and abandoned, in Umphium Mae refugee camp. We also lend support to schools that serve the children of local migrant workers and our staff. In addition we sponsor women's organizations, health education and community awareness events at refugee camps.

Even though our clinic has changed through the years, many of the challenges to our work have remained constant. Drug use and sexual violence constantly threaten community well-being. Civil war and human rights abuses inside Burma continue to cause internal displacement and refugee migration. In early 2000 we again had to supply emergency assistance to an internally displaced Karen Camp that was attacked and burned to the ground by SPDC forces. Burma's dismal economic situation forces migrant workers to enter Thailand illegally to seek work, often in exploitive and unsafe conditions. Many teenagers who have dropped out of school come into Thailand searching for jobs to support themselves and /or their families. Action against these illegal immigrants disrupts patient access to the clinic. Such crackdowns were particularly severe early and later months in 2000 after a cluster of events including the Bangkok Burmese embassy takeover by student activists in October 1999; the God's Army hostage incident at a Thai hospital in January of 2000 and migrant workers prison outbreak also in October 2000;

In February 2000 the Ministry of Health of Myanmar and the Ministry of Health of Thailand met to discuss health issues on the Thai-Burma border. Over the summer they began to plan a joint health care program for preventing and treating malaria, tuberculosis and HIV.
We very much hope that this spirit of cooperation will improve conditions for all people on both sides of the border. It would appear for the first time that SPDC has allowed ICRC (International Committee of Red Cross) to assess the IDP population in Karen, Mon areas in 2000.
In the meantime we will continue our services and improve our quality of care so that we can better fulfill our mission: to serve the health of the people.

Inpatient and Outpatient Medicine

Most of the time our 36 beds are full with more than one patient per bed and extra mattresses added on the remaining space on the floor. In the last trimester of the year 2000 the monthly number of admissions was about 300 patients. More medics (who cover the triple function of cleaners, nurses and doctors) have been added to IPD staff, making it finally possible to have 3 shifts of 8 hours each, instead of the previously exhausting 12 hours. Nonetheless, when there are 4 or 5 unconscious patients with cerebral malaria, the demand on everybody is very high. We were fortunate to have a full-time foreign physician with us for the first few months of the year, then another who joined the IPD in August and will be here at least for a year.

Because of the continuous heavy load of patients and fast turnover, our IPD staff is trying to re-organize the way we work to ensure a high quality of care for our inpatients. Some of the changes include:

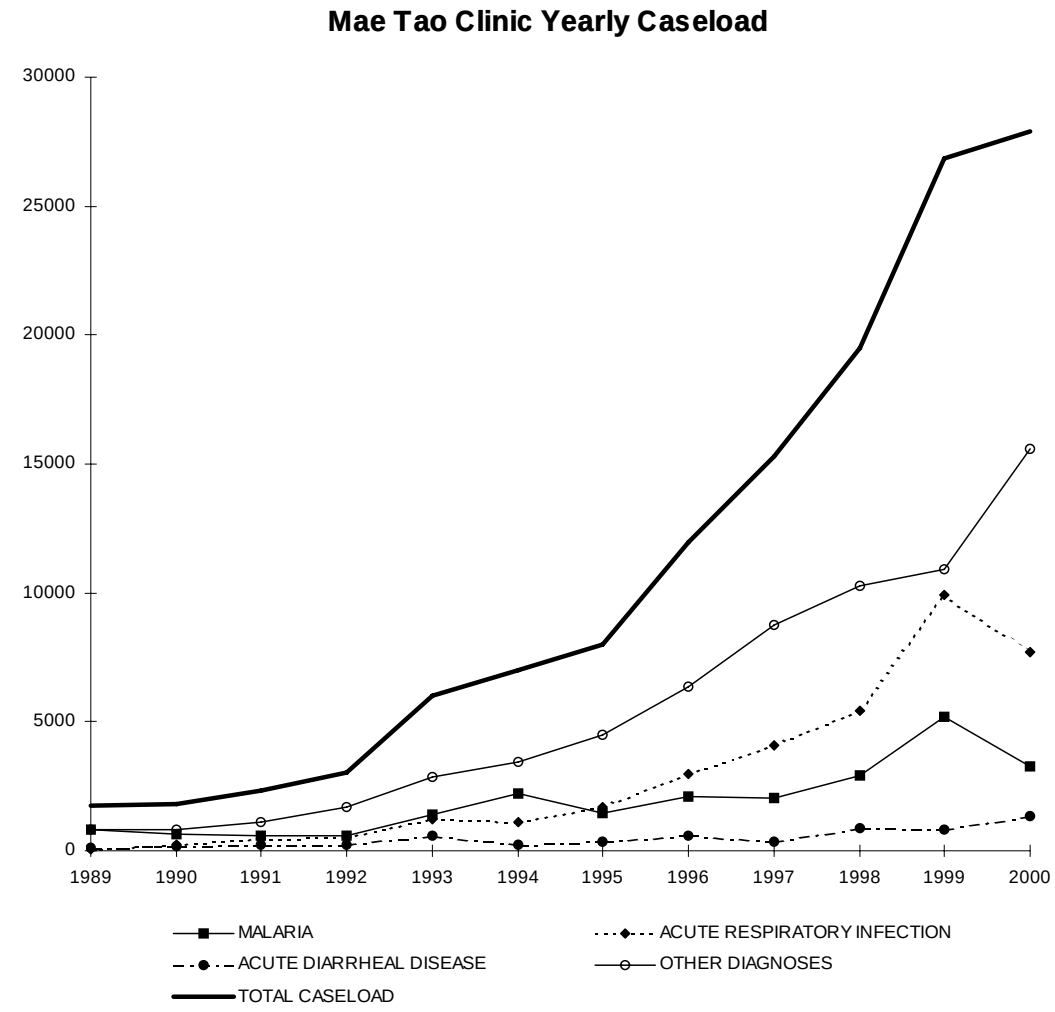
- bed assignment to medics, with more responsibility delegated to each medic
- revised IPD charts and IV fluids charts
- 3 female medics (one per shift) trained to look after severely malnourished children, charting feeding and growing and making special formulas
- a reorganized pharmacy
- a death register, started in October
- regular weekly teaching conferences
- daily bedside teaching
- a renovated staff entrance room with much needed running water

The most important disease is always falciparum malaria, discussed in a later section of this report. While the number of malaria falciparum cases has not increased from last year, the number of patients seeking medical care for other reasons has increased sharply (65% more than in '99). For this in 2001 we will collect the data more in detail, adding new "voices" to ARI, Diarrhea and UTI. We have many cases of typhoid fever, hepatitis, amebiasis, scrub typhus, malnutrition, TB, and other diseases.

Anemia is a common denominator to all our patients. Due to a combination of factors including recurrent malaria attacks, hookworm, malnutrition (the basic diet is rice with chili and fishpaste), several pregnancies and nearly continuous breastfeeding, anemia is a silent cause of poor concentration at work or school, poor work capacity, and exhaustion. The usual low hemoglobin concentration at which many people live is the reason why many cases of severe anemia follow a malaria attack. This results in the high demand we have for blood transfusion.

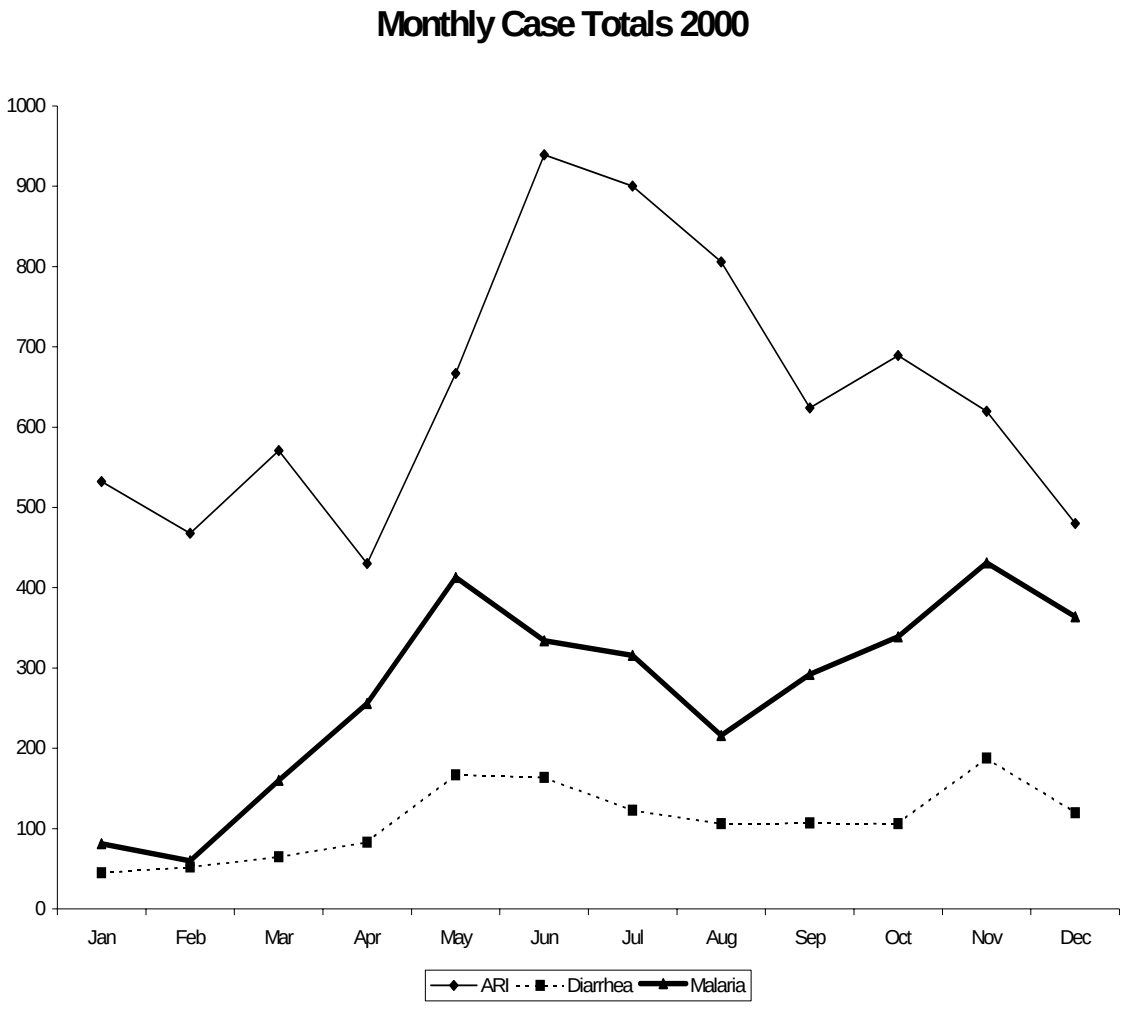
It is not unusual that patients come from Burma hoping that we will able to refer them on to have operations that they can not afford in Burma, which unfortunately is not the case. We do sometimes order laboratory tests, x-rays, and ultrasound studies at Mae Sot Hospital, but even these are a strain on our limited resources. Also we have had a few end stage AIDS patients who come to us because nobody wants to care for them. They are usually young people without family, whose friends or colleagues are too busy working to look after them. This opens for our medics a completely new chapter of medical care - terminal and palliative care- for which at the moment we are not well prepared, but will be a subject of training for the coming year.

Figure 1. Our Inpatient Department (IPD) and Outpatient Department (OPD) saw 27,911 cases in 2000, an increase of 4% over the previous year.



	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
MALARIA	794	620	559	611	1402	2191	1461	2095	2063	2917	5179	3262
ACUTE RESPIRATORY INFECTION	81	241	441	552	1203	1104	1691	2985	4063	5420	9942	7726
ACUTE DIARRHEAL DISEASE	88	148	250	219	564	259	373	573	379	888	793	1326
OTHER DIAGNOSES	797	818	1089	1677	2835	3436	4467	6338	8767	10246	10931	15597
TOTAL CASELOAD	1760	1827	2339	3059	6004	6990	7992	11991	15272	19471	26845	27911

Figure 2. Patient access and seasonal variations in disease patterns have an enormous impact on clinic visits. This graph shows the patterns of three of the major diseases that we track: acute respiratory infection, diarrhea, and malaria.



The tables below show the annual total number of cases seen in the OPD and IPD respectively, listed by diagnosis. Accurate statistics are not available for HIV/AIDS, which was often a secondary diagnosis for patients coming to the Clinic for ARI, diarrhea, or tuberculosis.

OPD Caseload by Diagnosis

Diagnosis	**<5 years old**	**>5 years old**	**Number of Cases**
Other	1483	6882	8365
ARI	2874	4557	7431
Malaria	296	2064	2360
Anemia	247	1550	1797
Gastrointestinal Symptoms	17	1221	1238
Diarrhea	604	387	991
Urinary Tract Infection	41	918	959
Skin Disease	362	517	879
Worm Infestation	342	273	615
Mental Health	0	319	319
STD	5	290	295
Beri Beri	18	224	242
Measles	62	21	83
Total	6351	19223	25574

IPD Caseload by Diagnosis

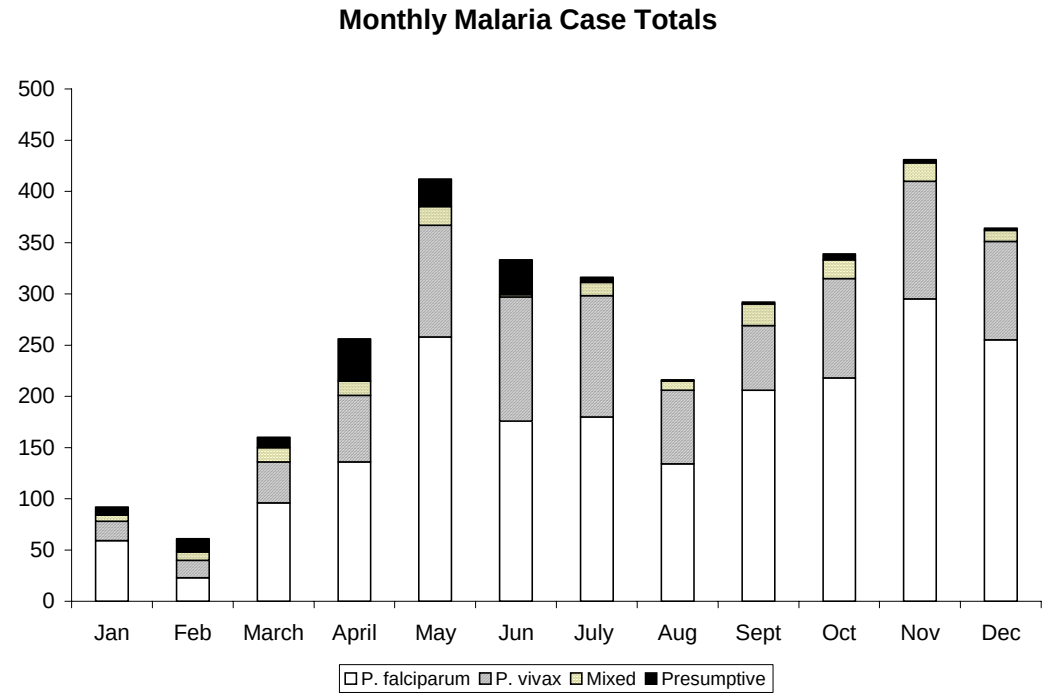
Diagnosis	**Number of Cases**
Malaria	902
Other	708
Acute Diarrheal Disease	335
Acute Respiratory Infection	295
Urinary Tract Infection	97
Total	2337

Malaria Program

Malaria accounts for 9% of our outpatient cases and 39% of our inpatient cases. In the year 2000 we had many more malaria patients in the second semester, with a high peak in the months of September-December rather than the usual peak in July-August. We do not know if this was due to local conditions and transportation barriers, to the political situation in Burma, or to a true higher second seasonal peak than usual.

Of our malaria inpatients, 43% were from Mae Sot, 12% from Poh Pah District, and 45% from Burma. By comparison, most of our outpatients were local: 58% from Mae Sot, 10% from Poh Pah, and 32% from Burma. The admission rate was higher for patients coming from far away; patients from Burma were 1.6 times and Poh Pah were 1.4 times more likely than patients from Mae Sot to be admitted (35% and 31% respectively vs. 22%, $p<0.001$ for each). Our overall admission rate was 28%. Often the patients from Burma arrive very late because of difficulty crossing the border due to lack of money to pay for transport and papers. For example, 9 out of the 15 patients who died in the IPD in November expired on the day of or the day after arrival. Our malaria treatment in IPD follows the guidelines of the latest malaria research done on the border, using an oral combination of artemisinin derivatives and mefloquine for conscious patients, and parenteral artemisinin derivatives for severe malaria cases.

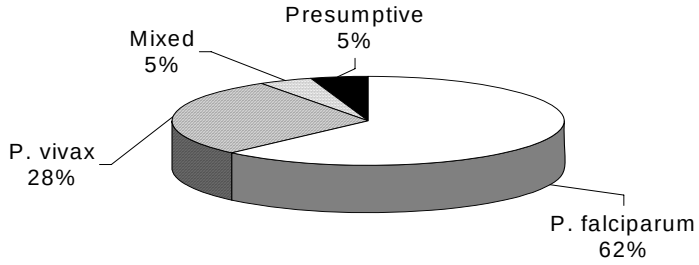
Figure 3. There were 3,262 cases of malaria treated at the clinic in 2000. Twenty-eight percent were admitted to the IPD for treatment, the remainder were treated as outpatients.



Malaria caseload by month

Month	P. falciparum	P. vivax	Mixed	Presumptive	Total Cases	% Admitted to IPD
Jan	59	19	6	8	81	44%
Feb	23	17	8	13	60	38%
March	96	40	14	10	160	25%
April	136	65	14	41	256	22%
May	258	109	18	27	413	23%
Jun	176	121	2	34	334	22%
July	180	118	13	5	316	13%
Aug	134	72	9	1	216	23%
Sept	206	63	21	2	292	40%
Oct	218	97	18	6	339	33%
Nov	295	115	18	3	431	31%
Dec	255	96	11	2	364	35%
Total	2036	932	152	152	3262	28%

Figure 4. The proportions of IPD plus OPD cases of P. falciparum *(PF) and* P. Vivax *(PV). The overall ratio of PF:PV was 2.2:1. The ratio was higher in the IPD (16:1) than the OPD (1.4:1). In 1998, the overall ratio of PF:PV was 3.1:1.*



We diagnosed and treated five percent of patients presumptively. This was often necessary in patients coming from outside of Mae Sot, as many had started antimalarials before coming to us for blood tests. Of these patients 43% were admitted

The total number of malaria cases included 441 patients under 5 years of age, who as a group were 1.2 times more likely to be admitted to the IPD ($p<0.01$) than older patients. Acute renal failure was a complication in 1% of admissions, cerebral malaria in 6%. Blood transfusions were given to 20% of admitted patients. We transferred a small proportion of patients (1%) to Mae Sot Hospital for care. Unfortunately there were 34 deaths due to malaria, resulting in an overall malaria case fatality rate of 1% (IPD and OPD combined).

Tuberculosis Program

We tested 398 patients for tuberculosis as part of the MSF (Medicin San Frontier) chest clinic during 2000. Thirty four percent of patients had positive sputum samples. A total of 864 sputum samples were sent for testing, of which thirty six percent were positive. As mentioned earlier, AIDS was a secondary diagnosis for a few tuberculosis patients, but because only primary diagnoses are tracked, statistics on AIDS cases are not available. The following table summarizes the activity of our tuberculosis program.

	Male	Female	Total
Total number of patients	241	157	398
Sputum positive (%)	88 (36%)	46 (29%)	134 (34%)
Total slides	536	328	864
Positive slides	206 (38%)	106 (32%)	36%

Reproductive Health Program

We have programs in prenatal care, deliveries, family planning, and treatment of abortion complications and other obstetric-gynecological problems. Both inpatient and outpatient reproductive health care services are available. Abortions are not performed at the Clinic. In the prenatal program, we screen women for anemia, HIV, hepatitis B, and syphilis. Those with high-risk pregnancies (e.g. complicated by severe malaria, hepatitis B or HIV infection) are referred to the Mae Sot Hospital for management. In 2000 we served 1,592 women, an increase of 57% from last year. Most of the women (78%) were from Mae Sot, with 10% from Poh Pah and 12% from Burma. We administered 2080 doses of tetanus toxoid. The following table summarizes prenatal screening tests performed at the clinic.

Prenatal Clinic Screening

Total number of prenatal care visits	4492
Total number of patients	1592
Percent under 20 years old	17 %
hemoglobin < 7 gm/dL (out of 1539 screened)	1 %
Total number of women screened for STDs	1148
HIV positive	0.8 %
Hepatitis B surface antigen positive	3.7 %
VDRL positive	1.0 %

There was a fifty percent increase in cases presenting to the clinic for delivery (538 in 2000 vs. 356 in 1999). Of these we delivered 414 at the clinic and referred 75 to Mae Sot Hospital. Address information was available for 528 women of whom three quarters were from Mae Sot, 12% from Poh Pah and 13% from Burma. Twenty-one percent were under 20 years of age, and 40% were with their first pregnancy.

Birth Statistics

Number presenting to Mae Tao Clinic	538
Number referred to Mae Sot Hospital	124
Number of women delivering at Mae Tao Clinic	414
Number of prenatal visits before delivery (n=524)	
0	13 %
1	17 %
2 or more	70 %
Percentage of deliveries < 20 years	21%
Number of tetanus doses before delivery	
1	41.3%
2 or more	56%
Delivery complications	28 %
Stillbirth	0.4 %
Birthweight 1.5-2.4 kg	8.6 %

We believe the actual number of women who received two or more tetanus doses before delivery to be higher than in the above table, because if more than a few months passed between doses women sometimes restarted the series.
The following table gives more detail about the types of obstetric/gynecological problems that are treated by our reproductive health inpatient unit. Though the clinic does not perform abortions, we do provide care for women presenting with complications of abortion such as infection and bleeding.

Reproductive Health Inpatient Diagnoses

Abortion Complications	213
Severe Malaria	119
Other	60
Severe Anemia	28
Pre and eclampsia/High Blood Pressure	23
Prolonged Labor	20
Positive STD Test (VDRL/ HIV/ HbsAg)	19
Premature Labor	17
Puerperium Sepsis	14
Breech Presentation/Mal Presentation	12
Previous C/S	10
Placenta Adhesion/Previa	9
Postpartum Hemorrhage	7
Intra Uterine Fetal death	7
Cervical Tear	5
Forceps Delivery	2
Thalassemia	1

Combined statistics on inpatients and outpatients presenting with abortion complications are summarized in the table below.

Total number of women	503
Admitted	40.3%
Previous abortion	31%
% <20 years	13.7%
First pregnancy	26%
hemoglobin < 7	9%
Given blood transfusion	5%

To reduce the demand for abortions, which are often done in unsafe conditions outside a health care facility, we offer family planning counseling for post-abortion patients, prenatal care patients, and mothers bringing children to the nutrition, immunization, or outpatient clinics. Patients choose their own contraceptive method after discussion with their spouses. Couples counselling is provided if desired or appropriate. In 2000 we saw 1740 patients and 2559 visits for family planning, almost double the number seen in 1999 and more than triple the number seen in 1998. Eight percent of women seen for family planning had not yet had children.

Child Health Program

In our child health program, mother-infant nutrition assessment and supplementation is synchronized with the immunization to make it more convenient for parents to participate. We use the visits for health education on breastfeeding, supplementary feeding, oral rehydration therapy, diarrhea prevention and family planning. Children who are found to have acute health problems are referred to the OPD children's clinic. Because statistics are kept by month rather than by patient, and patients often made more than one visit, accurate statistics on rates of malnutrition and immunization are not available. In 2000 we screened 7,067 children for malnutrition. Despite the difficulty in assessing the impact of the nutrition program in preventing and curing malnutrition, we believe much of the program’s value is attracting families to come to the clinic where they can then receive immunizations and other health services.

Child immunization services continued during 2000. The Mae Sot Hospital donates DPT, OPV, measles and BCG vaccine to our clinic for this program. The transient and mobile nature of the clinic population continues to be a barrier to immunization. The numbers of BCG doses and measles vaccine doses were increased 50% compared to last year. The immunizations we gave are summarized in the table below.

Immunizations Administered in 2000

Vaccine	Number of doses		
	Age < 1 year	1 year and older	Total
BCG	674	149	823
OPV 1	622	209	831
OPV 2	311	83	394
OPV 3	195	57	252
DPT 1	622	209	831
DPT 2	311	83	394
DPT 3	195	57	252
DPT Booster	49	53	102
Measles	279	163	442

Blood Donation Program

A blood donation program was established to address the shortage of blood needed for transfusion. There are five components to our blood donation program: collection, screening, storage, HIV counseling and information, and transfusion training.

Blood donation drives are held approximately twice a month among local factory workers. Blood is then stored at Mae Sot Hospital. We now screen all donated blood for hepatitis C in addition to hepatitis B, VDRL, and HIV. Most blood donors are male, so by comparing results to our prenatal screening program we can roughly estimate gender differences in the prevalence of these diseases (please see statistics in the following laboratory section). We provided all potential blood donors with group HIV education and offered free testing to those desiring it. This next year we are excited about starting individualized HIV pre- and post-test counseling.

Path Canada (NGO) staff has been working closely with our staff on blood donation program. Some of our medics had training at Mae Sot Hospital on cross matching and toured the hospital's laboratory and blood bank. In October our laboratory implemented a cross-matching protocol to ensure the safety of every transfusion.

In 2000 we transfused 293 men and 273 women at the clinic. Eighteen percent of transfusions were for patients under 5 years old. Malaria accounted for 69% of blood transfusions. Ninety-six transfusions were given for obstetric indications.

Laboratory Activities

Our laboratory routinely performs a range of testing and screening services including hemoglobin, urinalysis, HIV antibody, hepatitis B surface antigen, hepatitis C antibody, and VDRL. Mae Sot Hospital performs other tests not available at the clinic such as complete blood counts, metabolic tests, and renal function tests. Malaria slides constitute the bulk of

our laboratory services. During 2000 our laboratory processed 11,572 slides as shown in the table below.

Malaria Slides Processed in 2000

	under 5 yrs	5 yrs and over	Total
PF	255	2144	2399
PV	171	912	1083
PF+PV	36	258	294
PFG	10	43	53
Total Positive	472	3357	3829
% Positive	19 %	37 %	33 %
Total Slides	2467	9105	11572

Apart from our antenatal screening program there were 678 serologic test panels (HIV, hepatitis B surface antigen, VDRL) performed in 2000, 78% to screen blood donors and 15% for obstetric emergencies. Overall 1.2% of tests were positive for HIV, 8.5% for hepatitis B, and 0.7% for VDRL.

Eye Clinic

The Eye Clinic provides eye care weekly at the Mae Tao Clinic. The Eye Clinic provides basic eyeglasses (i.e. same power lenses in both eyes). The clinic also treats trachoma, vitamin A deficiency (xeropthalmia), basic eye infections and minor accidents and injuries to the eye. Cataracts and other surgical cases are registered for referral to volunteer eye surgeon who come twice a year.

Eye clinic data was available only from March through December of 2000. There were 940 cases, including 583 eyeglasses prescribed. One hundred seventy eight patients were put on a referral list for potential eye surgery. In March of 2000 eye surgery was performed on 22 patients, and later in November, 11 patients underwent procedures, mostly cataract removal.

The Eye Clinic is also active in a variety of eye-related training activities including training in primary eye care during the health workers' training course, eyeglass and refraction training and training of trainer in primary eye care. We are thankful to Dr. Jerry Vincent of IRC who has trained our medics over the years and his constant support.

Trauma Program

Our trauma center has 3 main components:(1) a daily OPD clinic functioning as a primary referral center for the diagnosis, treatment, and management of minor surgical problems such as superficial burns, fractures, skin infections, and wound healing; (2) an inpatient facility to manage the post-operative care of patients requiring more intensive and invasive treatment for common surgical problems as well as landmine wounds, gunshot wounds, motor vehicle accidents, and congenital abnormalities; (3) a dental clinic open 2 days a week for simple dental procedures and oral preventive health education.

The trauma unit is run by a team of 7 medics trained in basic surgical procedures. Recently an Australian physician joined us for a year-long stay to assist in patient care and medic training. Since it opened in March 2000, our trauma center has served an increasing number of

displaced people. The team performed 2,624 procedures in 2000, double the number done in 1999. 81% of patients were from Mae Sot, with 9% from Poh Pah and 10% from Burma. Nearly 40% of patients were women, and 8% were children age 5 years and under. They also performed 361 dental procedures during 2000.

Emergency Assistance

In March 2000, tensions mounted near the Thai-Burma border at the Mae La Po Hta refugee camp, home to more than three thousand Karen villagers. The following month, villagers from the camp evacuated to the Thai side of the border just days before SPDC forces attacked and burned down the camp. One Thai-Karen man was killed. Several hundred houses were destroyed along with a church, primary schools, a clinic, and a vocataional training center for amputees.

In response to this disaster our clinic assisted in relief efforts by providing food, clothing, bedding, cooking utensils, crockery, water, and medical supplies. Some of the villagers from Mae La Po Hta were relocated to Ler Per Herl Karen village camp inside Burma. At that camp we supported the villagers by purchasing seeds and agricultural tools so that the people could become self-sufficient as quickly as possible. The Mae Tao Clinic also provided an evacuation boat and medical supplies.

Other emergency support includes small grants to grieving migrant families who cannot afford funeral services for their deceased. Also some financial support was given for transportation for patients and their relatives to return to their homes during severe crackdown.

Training and Exchange Programs

In 2000 we continued our 12 month training course in primary health care. The students came from several different areas and organizations on the Thai-Burma border. The curriculum included anatomy and physiology, microbiology, child health, Reproductive Health, first aid, public health, curative medicine, nursing care and minor surgery.

In addition there were training sessions on a variety of topics as listed below. Some of these were ones we organized and they will held in our clinic, while others were organized by outside organizations but held at our clinic or in other locations in Mae Sot.

- Backpack training in community development, health and human rights, public health, environmental health, monitoring and evaluation.
- Blood transfusion
- Child psychosocial training
- Clinical medicine
- Data collection and computer training
- Financial management
- HIV/AIDS education and counseling
- Malaria
- Monitoring and evaluation of reproductive health programs
- Primary eye care and eyeglasses training
- Strategic Planning in Management Practice
- Terres Des Hommes Burma partner’s meeting

- Women's Leadership
- Public Health in Complex Emergencies
- Drug Addiction
- Health and Human Rights
- Women and environment

We were also fortunate to be able to send some of our medics and colleagues abroad for exchange and training programs including a public health conference (Beijing), a child rehabilitation program (Philippines), a reproductive health conference (Geneva), gender monitoring training (Philippines), and a conference on children in conflict situations (Canada).

Each year the Mae Tao Clinic hosts health workers and students from abroad who are interested in the situation on the Thai-Burma border. During the last year we hosted many medical students from all over the world and redesigned our student rotation to give them a more structured learning experience. There were also many short-term medical and nursing volunteers who worked in various departments of the clinic. We have enjoyed annual visits from foreign health professionals including Dr. Ben Brown from Sebastopol, California; Dr. Tao Sheng Kwan-Gett from Seattle, Washington; Dr. Tom Lee from Los Angeles, Calfornia; Dr. Myron Semkuley from Calgary, Alberta and midwife Inge Sterk from Villingen, Germany. In 2000 the Clinic was especially fortunate to have foreign physicians for longer term stays of several months to a year, including Drs. Rebecca Foxton from Australia, Maria Guevara of Venezuela, Tom Jeyachandran from Canada, and Elizabetha Leonardi from Italy.

Facilities and Maintenance

Because they are so critical to our operation, we upgraded our water supply and sanitation systems in 2000. Now we have three sources of fresh water: rainwater, deep well water, and the local municipal water supply. To make the system work we had to build a complex system of storage tanks. Despite some initial difficulties, our efforts have paid off with a more reliable supply and better quality water.

To improve sanitation, we upgraded the toilets and bathrooms used by our staff and patients. New tiling was laid in some of the bathrooms, additional running water was installed, and broken tanks and pipes were replaced.

We finished construction on the new trauma center previously described, and began construction on a rehabilitation unit that gives health care and vocational training to landmine victims and other amputees.

The clinic was also honored to receive funding from the Burma Medical Association (North America) to renovate and extend the child health clinic in memory of the physician late Dr. Kyat Mu Khin - Secretary BMA (North America). Construction will begin in early 2001.

Back Pack Health Worker Program: There are 56 teams which strive to provide health care to 100,000 displaced people in Karen, Mon, and Kareni areas. These health workers are community-based, and work with village leaders, traditional birth attendants, and any existing traditional healers. Their activity include primary health care services, training of traditional birth attendants, collecting and analyzing health data and upgrading knowledge and skills of health workers.

Financial Statement

In 2000 our major donors decided with the director of Mae Tao clinic to have a financial statement which will be audited every year starting from this year. It was agreed that the financial year of the clinic will be January to December. It was also decided this single audit will be accepted by all donors. Unfortunately the statement was not ready for this report because we lack accounting personnel with the necessary skills. The accounting section of BRC (Burma Relief Centre) is helping us prepare the statement. As soon as it is ready we will be sending a copy to all of you. Moreover, we have been looking for an accountant to fill the position. We do apologize for this delay.

Plans for 2001 and Beyond

It is clear that the community we serve will continue to need our services for the foreseeable future. With this in mind, in 2000 we began to focus our attention on achieving sustainability and ensuring a high quality of patient care. We have taken the difficult but necessary steps of strengthening our organizational infrastructure, upgrading our data collection systems, and improving our accounting practices. In early 2001 we look forward to an independent audit. We are instituting all of these measures to keep our clinic operations transparent and accountable.

We also plan to start individualized HIV pre- and post-test counseling as part of our blood donation program. Positive tests will follow the standardized UNAIDS/WHO confirmation protocol for developing countries.

The year 2001 promises to be full of exciting developments for our clinic. We eagerly await the operation of the joint Thai-Burma border health project, which will focus on malaria, tuberculosis, and HIV for a period of two years. We will also initiate school health programs for migrant worker children by bringing immunizations, health care, and nutrition education to their classrooms. New construction will upgrade our facilities, which will enable us to maintain our existing programs for what we anticipate will be continued high patient volumes. And we will continue to engage in education and training programs that will further develop our most important resource, our people. Thank you for your support of Dr. Cynthia and the Mae Tao Clinic.

Funders

The following organizations support the work of the Mae Tao Clinic with grants for specific projects.

Action Medeor	Medical supplies
APHEDA	Back Pack Health Worker Teams.
Brackett Foundation	Children Development Centre.
Burma Border Consortium	Food for staff and patients, rent and utilities
Burma Border Project (Boston)	Children's Fund.
Burma Medical Association (North America)	Funds for medications and for child health centre extension.
Burma People's Relief Group	Family Planning services, Sanitation, Children project and medical supplies for Mae La Po Hta.
Burma Relief Center	IPD/OPD/Trauma services Mae Tao clinic and Back Pack Health Worker program.
Burmese Refugee Care Project	Backpack health worker program, Bamboo Children's Home, Mae La Po Hta emergency services and support for volunteer doctors.
Burma Youth Volunteer Association	Medicine and Furniture for the clinic.
Canadian Embassy	Electronic mail and communication
Difah, Germany	Malaria medication.
IRC	Eye Clinic program, PHC training program, RH program from July 2000 and Pa Hite Clinic.
Mae Sot Hospital and Thai Public Health	Vaccines, storage space in blood bank, training in blood transfusion and hospital referrals.
Mary Knoll	Mae La Po Hta clinic and rehabilitation center.
Medical Mercy Canada	Blood Transfusion services from January to June 2000 and project at "Mae La Po Hta".
Midwelt-Netzwek	Malaria medicine and medical supplies and renovation and sanitation projects in the clinic.

Norwegian Burma Council	Emergency Assistance for Mae La Po Hta.
Path Canada	Blood Transfusion services from July 2000
Peter Moore Foundation (UK)	Child health (July - December)and the education program.
Shinning Charity Foundation (Taiwan)	Medications and equipment.
Terre des Hommes	Emergency Assistance and fund for training.
Unitarian Universalist Service Committee	Laboratory services
Women's Commission for Refugee Women and Children	Reproductive health services from January to June.
Women's Education for Advancement and Empowerment (WEAVE)	Primary health care training, health education materials
Young Green Foundation	Child Health Program (Jan - June).

In addition, the generosity of many of the organizations and many private individual donors support the clinic's many other projects and needs. These include orphan care and education, additional medications and supplies constructions, renovation, furniture, land rent of the clinic.

Clinic Staff

Physicians

Cynthia Maung	Director
Shee Sho	Training
Maria Guevarra	IPD up to April 2000
Elisabetha Leonardi	IPD from August 2000
Rebecca Foxton	Trauma and Child Health

Administrative Staff

Dr. Tom Jeyachandran
Say Paw
Lah Lah
Win Tin

Department Heads

Kyi Soe	Pa Hite Clinic
Naw Htoo	Reproductive Program
Paw Ruth Say (Jan -June)	
Dixie from July	Child Clinic Program
Hla Myint/ Tender	Eye Clinic Program
Khin Zaw	Laboratory
Maung Maung/ Ah Maung	OPD
Aung Mon	IPD Assistant
Htun Htun Oo (Jan - Oct)	
Ko Ko Lwin from November	Trauma
Aung Myo Win	Pharmacy

Coordinator

Than Naing	Blood Transfusion
Tin Tun	Sanitation
Tar Eh	Continuing Medical Education