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FRONTLINES

THAILAND'S OTHER WAVE

Beginning years before the tsunami, Los Angeles doctors have led emergency relief in Thailand, working with Burmese refugees fleeing war and forced relocation

~ By DAVID ROSENSTEIN ~



Photo by Courtesy of BPHWT

~ Dr. Tam Lee of UCLA working with a patient in Thailand ~

Mae Sot, Thailand – For a man who saves many lives in one of the most inhospitable countries on earth, Saw Romel doesn't speak much. We sit in silence eating a meal of traditional Burmese curries outside of a teak wood home, elevated on stilts between an off-season rice paddy and a municipal utility station here on the Northwest border of Thailand. This is the headquarters of the Backpack Health Worker Team (BPHWT). Romel, fit and pensive, is from Burma, a native of the Karen people, and sits with his two-year-old son on his knee.

He has been illegally crossing the border in and out of Burma for five years, risking his life to work as a medic with the BPHWT. Trained in part by Los Angeles-based Global Health Access Program (GHAP), makeshift medics like Romel carry first aid skills and supplies on foot back to the Karen, where he deals with everything from diarrhea to field amputations. He's not a doctor. But just 6K to the east across the Moei River, Romel's home country is mired in its second decade of a withering and bloody civil war, and there are scarce doctors there who can help. Few in the West hear much about it, because most of Myanmar, as the country was named in 1989 by the ruling State Peace and Development Council (SPDC), is in a total media blackout.

In the month since the tsunami hit coastal Thailand on December 26, the



voting machines have a paper trail. Now that his career has gone up in smoke, his many enemies are itching to see those reforms overturned

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Electric Six steps back two decades for smart/stupid dance-rock at the Key Club

world's eyes have been on this part of the globe, with a swarm of Non-Governmental Organizations (NGOs), foreign governments, and private individuals arriving to offer medical assistance and billions of dollars in aid. But Mae Sot has been suffering its own flood for 17 years, a human tidal wave of refugees trying to escape death, misery, and civil rights abuses in Myanmar. It's a part of the world where the simple lack of medical facilities costs more lives than those lost in the tsunami every year, year after year.

Far outside the nominally "open" city of Yangon – the former Rangoon – Myanmar's "black zones" are jungle states that are now the site of open fighting between Burma's ruling military junta and ethnic rebel armies including the Karen National Union (KNU), the Karenni National People's Liberation forces (KNPL), and the New Mon State Party (NMSP). This area is strictly inaccessible to international observers. However, of all the internally displaced people of Burma, which are estimated to number up to 1 million, some 150,000 have found their way across the border to the relative safety of the Mae Sot region, often seeking medical care. With them, they bring personal accounts of atrocities.

Romel, a BPHWT manager, travels to Mae Sot twice a year from his home in Tanggo, deep in the jungles of Burma; it's a six-day walk through rugged terrain, three days on a riverboat, and 2 days by car – slow going due to the numerous military checkpoints along the way. Finally he says in clear, controlled English, "It's a little bit difficult," as he describes the path to rebuilding Burma's medical infrastructure. "Our future depends on the work we do now. GHAP has been very helpful with giving us this important knowledge."

Tsunami Every Week

Later in the week, I'm standing on the tarmac at the small airport in Mae Sot as Dr. Tom Lee comes striding off a plane lugging an oversized duffel bursting with medical training supplies, toting it back toward the project that has kept him in Southeast Asia for months on end over the past seven years. There is no entourage waiting for his flight, one of only three per week, no one to help carry bags, but everyone at the airport seems to know who he is and smiles at him.

Dr. Lee is a member of Clinical Faculty for UCLA Medical School and an emergency room physician at Antelope Valley Hospital. But in 1998, he cofounded GHAP and began offering this extraordinary solution to the problems in Myanmar: send in help by way of backpack.

"There are a lot of places in the world with poor access to medical care. The difference here is it's not just due to poverty, it's due to direct involvement of a military regime trying to commit a form of ethnic cleansing," says Lee as we sit at the airport. The military junta receives its funding from the opium trade and western oil companies tapping into natural gas resources. Oil company funds paid to the junta – including, most notably, by Southern California's Unocal – pay the military to "protect" their pipelines, which often means forcing people off the land in its path and ordering some to actually work on the pipelines and related projects.

Still fatigued from his seven-day shift in one of the busiest ERs in California, immediately followed by almost two weeks of intense work with tsunami survivors in Sri Lanka, Lee explains wearily that he simply had to come straight back to Mae Sot. "I don't want to diminish the impact of devastation caused by the tsunami," he says. "The destruction in some of those areas is immense. But I want the world to know that 8,000 children die every day in the countries affected by the tsunami before the event ever occurred. Every week of the year, more children die from easily curable and preventable diseases than were killed by the

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tsunami itself.

"The BPHWT, for example, assists a vast area in Burma. Since they cannot support all portions of the area full time, 3,000 kids will die this year alone. In the country as a whole, the child deaths will be a quarter-million."

BPHWT was launched with the help of many refugees, including Dr. Cynthia Maung, often described as "Burma's Mother Teresa," who has received several international awards for her humanitarian work. In 1988, she created the Mao Tao Clinic (MTC) to serve the immediate medical needs of displaced Burmese. Dr. Lee and GHAP joined her to provide technical assistance and support for health workers from five ethnic groups – Arakan, Kachin, Karen, Palaung, and Shan – who recently graduated from MTC to start clinics inside Burma. GHAP focuses on a variety of programs including reproductive health, malaria control, nutrition deficiencies, and land mine injury. They treat the internally displaced who manage to cross the border into Thailand – persons that other NGOs like Doctors Without Borders officially may not treat.

The Mao Tao Clinic functions as the primary health care facility for the refugees. Realizing that a significant portion of the Karen people who remain in Burma are unable to reach the clinic, Dr. Maung and others created the BPHWT to reach out to those people. Romel was recruited for the BPHWT five years ago at the age of 25.

"These people have no access. If NGOs do not provide medicine, they would not have it," says Dr. Lee. The BPHWT are health care workers hunted by the military while they render treatments. They are brave, self-motivated, paid essentially nothing, yet risk their lives every day – either by stepping on land mines or being shot. "People like Romel, they are the heroes," he says. For instance, there's the Leatherman story: Romel once received a Leatherman multi-tool knife as a gift from GHAP, and when he saw them again six months later he was anxious to share some pictures showing a successful amputation he had performed with it on a land mine victim. When GHAP returned the following trip, they brought with them a story from Afghanistan when a U.S. Special Forces medic was forced to conduct the same procedure using the same type of knife.

In 2003 (the most recent data available), the BPHWT's 70 separate teams directly handled 43,881 cases in the field. They treated everything from malaria to live births to gunshot wounds. Lee described a recent visit to a satellite clinic in an undisclosed border area: "We support this particular clinic. The medic in charge, trained by GHAP, treated two men who had stepped on land mines. It took them 10 days to get help; they had to cross hostile territory controlled by the SPDC. By the time they received treatment, it was badly infected and lost their legs above the knee." Without these medics, however, they probably would have died.

Twice a year, representatives from each of the 15 field areas return to Mae Sot to participate in program review, curriculum development, and field operations training. These programs are based on a model where they "train the trainers," who train others, etc. "We have learned that teaching them to be self-sufficient is the most sustainable approach to public health," says Lee. "Our goal is to work ourselves out of a job." Although it may be called a job, GHAP staff receive no payment for their work, allowing 100 percent of all donations to be used for medical supplies.

Romel is also trying to work himself out of a job by stopping the war and creating a peace. "We are trying to get a federation of Burma," he says, describing his country's numerous ethnic groups. "We all have the same slogan: to press down the dictatorship and become a democracy."

He hopes that the SPDC will sit down and negotiate, adding, "It is just a power struggle due to many things like petroleum."

The Burmese have struggled under various forms of military dictatorship since 1962. According to nonprofit human rights group EarthRights International, the ruling SPDC now spends 40 percent of its national budget on arms and 0.5 percent on health care. The World Health Organization ranked it 190th out of 191 for the terrible condition of its health care systems, and it has the highest per capita ratio of soldiers to civilians in the world. The regime refused to honor the results of the first democratically held national elections in 1990, when Aung San Suu Kyi won in a landslide victory, and has kept her under house arrest off-and-on for the past 15 years. She is the only person to win the Nobel Peace Prize who remains in prison.

During the 1990s, the Burmese drama intensified when three western oil companies – Total (France), Premier (U.K.), and Unocal (based in Los Angeles) – began funding projects to exploit the country's rich reserves of natural gas. Under the SPDC regime, the Yadana and Yetagun pipelines were stretched from the ocean, across Burma, and into Thailand. According to reports by EarthRights International, the army forced ethnic groups in its path to relocate, stole possessions, burned crops, and slaughtered livestock, as well as initiating atrocities including rape and murder. Halliburton and its then-CEO, Dick Cheney oversaw part of the construction through its subsidiary USA-Engage, while the remaining portion of the pipeline was built by forced labor. Those able to escape these "labor camps" fled into the jungle, joined one of the rebel armies like the KNU, or traveled across the border illegally into Thailand, mainly around Mae Sot.

At the 2nd Annual Karen Department of Health meeting, in which the numerous ethnic groups of the different states of Burma are invited to attend an information sharing session, the new logo translates as: "We can build a better world through organized social action."

"I don't see it ending, it can go on for 20 years," says Dr. Lee. But he plans to go on, too. "Once you find out about them, it's very hard to leave it. I just can't leave them." ★

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