THE 2002 RAMON MAGSAYSAY AWARD FOR COMMUNITY LEADERSHIP

BIOGRAPHY OF CYNTHIA MAUNG

When she slipped over the border from her native Burma into Thailand in 1988, Dr. Cynthia Maung never dreamed that Thailand would become her home. She was very young at the time, a new doctor, and part of a loose group of students engaged in political protest against the oppressive Burmese regime of General Ne Win. Maung hoped to return to Burma in two or three months. She did not realize that she and her companions were facing a protracted struggle for democracy and human rights in Burma, one that continues today. Nor did she dream that nine years later she would be running a full-scale medical clinic in Thailand, serving thirty thousand to forty thousand refugees from Burma every year as well as large numbers of partisans and victims of war still living across the border.

Burma, as Dr. Cynthia often tells her visitors, used to be considered the Rice Basket of Asia. It was a beautiful country with a literate and prosperous population. Under British rule, the Burmese took to English-language education and looked forward to independence as a democracy. The country's hill peoples and ethnic minorities—Karens, Karennis, Shans, and Mons, among others—did not share equally in modernization under the British but were incorporated into the colonial state and future national body. The British were especially interested in hill peoples who readily took to Christianity, such as the Karens, Maung's own ethnic group. At the advent of political independence in 1947, Aung San, a Burmese nationalist hero (and the father of Aung San Suu Kyi) was elected to lead free Burma. He hoped to integrate the country's many hill peoples into the nation-to-be, but he was assassinated on the eve of independence. In a sense, Burma never recovered from his death.

The postindependence government of the Union of Burma was led by U Nu, Aung San's deputy, and by Aung San's political organization, the Anti-Fascist People's Freedom League. The Union of Burma was a federal state, composed of a large Burmese area and four upland states that were home to the ethnic minorities; the latter were promised a great deal of autonomy. In practice, however, power quickly concentrated in the central government. This, plus economic decline and the Union government's stress on "Burmeseness," all contributed to a spate of insurrections staged by the Burmese Communist Party and various hill peoples, notably the Karens. The bright hopes of the Burmese and their ethnic groups for a better life under independence quickly faded.

In 1962, General Ne Win staged a military coup d'état. Under a policy of neutralism, he isolated Burma from the rest of the world, then proceeded to bankrupt the nation. Opium became a major export crop, and illegal arrests and torture became standard procedures as Ne Win stifled all dissent. Meanwhile, rebellious minority groups kept the country on a more-or-less constant war footing—a rationale for Ne Win's military dictatorship. Without relinquishing power, Ne Win repositioned himself in 1974 as a quasi-civilian president and prime minister under the Socialist Republic of the Union of Burma. Conditions in the country continued to deteriorate.

Dr. Cynthia Maung was born into a Baptist Karen family near the city of Moulmein in 1959. She was the fourth of eight children. The eldest child in the family, a son, had died shortly after being born, from an infection traced to the non-sterile bamboo sliver used by

a village midwife to cut his umbilical cord. Because of this tragedy, Dr. Cynthia's mother insisted on hospital deliveries for her seven subsequent children and became extremely concerned for their health and safety. Maung's father was himself a government health worker who served in public vaccination and malaria-control programs.

Maung's parents were determined that their children be educated. This is the reason they gave up remote family lands to settle in Moulmein; the children could go to school there. Indeed, the family was actually living in a missionary-school compound when Ne Win seized power in 1962, after which the school was closed and they were forced to move out. They built a house of their own and lived there until Dr. Cynthia finished high school. Her father, Mahn Nyein Maung, supplemented his government salary by trading in various goods. Her mother, Daw Hla Kyi, fully enjoyed family life. She devoted herself to caring for her seven children and raised chickens, ducks, and pigs under the house to supplement the family's diet and income. The political circumstances in Burma caused the family great anxiety. When they gathered in the evening, Maung's father liked to talk about the growing opposition to Ne Win's government, but her mother would stop him. She was afraid that the children might take up the dangerous cause. And, indeed, one of Cynthia's younger brothers, Kyaw Myat Nyeim (but called Living Stone in English), did become involved in political work when he was at the university, writing pamphlets, distributing "subversive" literature, and so on. One night, a military truck came to the house and soldiers arrested him. After he was released and back with his family, the household was tense with self-imposed silences. Soon thereafter, he joined the Karen insurgency in the jungle. Less than a year later, at twenty-four, he was dead of malaria.

Despite these difficult circumstances, Maung says she was a cheerful and carefree child. She and her younger sister were tasked to fetch water for the family. They balanced tins of water on their heads when they returned from the well and sometimes ran off to play in the shade with their friends, instead of returning directly to the house. School was crowded and not particularly challenging, although competition was greater in middle school, which started at grade five and featured English classes. She and her siblings also had private English lessons. Young Cynthia was a good student. By the eighth grade, she was assisting one of her teachers to grade papers and even writing comments on each assignment, impressing parents with the industry of the teacher.

Maung had been encouraged by her father since childhood to go into medicine, as he himself had wished to do. She went along with this, not having any strong ambitions of her own. But shortly after she finished high school, the universities were closed because of political unrest on campus. To disperse activist students and dissipate their political energy, the government set up regional colleges. Maung was enrolled in the Regional College of Moulmein, where everyone had to study English, chemistry, and business administration during the first year. In the second year, students were allowed to choose among four available majors. She selected animal husbandry, the most difficult one. As she had her sights on medical school, this seemed the best fit. Here she learned how to raise chickens and also took valuable courses such as anatomy and physiology. When she finished at the Regional College, she ranked among the top five hundred students in Burma. This qualified her to study medicine. She entered the Institute of Medicine II in Rangoon, the medical school in which Karens, Mons, Arakanese, and other minority students were concentrated. Maung's medical school costs were equal to about two-thirds of her father's salary as a public health worker. As he worked tirelessly to earn extra money, she took on part-time jobs herself to help pay the bills; some of her siblings also helped.

Medical school lasted six and a half years, plus one year of internship. Maung sailed through. In time, she and her fellow students found that even working with cadavers

became “friendlier.” She felt fortunate because her school never closed down, as so many other schools did during that period. But the work was hard and the hours were long, especially so when students were assigned to work in hospitals far from the school and had to depend on the irregular public buses. The language of instruction was Burmese, but most of the texts were in English.

Medical students did not study public health, although they were given a course called Preventive and Social Medicine. Moreover, some of her professors asked the students to observe patients carefully and try to understand their suffering and the reasons for it, above and beyond strictly medical explanations. Maung admits, however, that she and her friends paid little attention to this and even skipped some of the required classes, at least in the early years. But once the young students got into the hospitals for internships, the connection between medicine and larger social and political issues was hard to ignore.

“In the hospital,” says Maung, “we started learning that we never had enough [medical] supplies. The supplies were always short.” Patients were told to buy their medicines privately, outside the hospital, at much higher prices; patients with serious illnesses had to sell their cattle or rice fields to do so. Doctors and nurses were also chronically overworked because virtually all of them held several jobs at once. “Before they arrived at the hospital, they worked in one clinic,” she says, “and after they finished their jobs, they went and worked in another clinic. Everybody was in a hurry.” Another problem was competition among doctors to become higher-earning specialists. If the patients of specialists came into the hospital, she says “no one else could touch them. The specialists would insist: ‘This is my case.’” Life in the hospital made it clear that, in the Socialist Republic of the Union of Burma, “people who have more money, have more privilege.”

Medical students hardly had time for politics. Even so, Maung was aware that certain medical students were secretly involved and that they met to talk about corruption and the need for change. Occasionally, some were arrested. But she herself did not participate in such things. Nor were she and her friends much interested in the world outside Burma. They received very little news anyway, as the press was rigidly controlled. Maung does remember hearing more and more about Thailand, however. As the economy of Burma continued to plummet, traders began smuggling goods in and out of Burma from neighboring Thailand. (Maung’s own mother sometimes sold small items from Thailand at the local market.) Migrant workers also crossed the border to look for work in Thai factories, where their illegal services were cheap. And there was much talk about Thailand’s commercial sex trade.

As their medical education drew to a close, Maung and her classmates were under extreme pressure to pay back their families for their medical education and to make a contribution to the medical profession. Dr. Cynthia worked in a government hospital in Moulmein during her internship. Here she found out exactly why medical personnel went to such lengths to hold second and third jobs, or to offer “private treatment” to public hospital patients. Like everyone else, she earned two hundred kyats a month, just enough, she says, for transportation and lunch. Among the doctors, a common recourse to make extra money involved using their prescription privileges to buy subsidized drugs at the hospital pharmacy and then selling the drugs to private pharmacies, which in turn charged patients from four to five times more than the hospital price. “Everybody was involved in this system,” says Maung. This was the reason so few medicines remained on the hospital pharmacy shelves.

After she graduated from medical school in 1985 with an MDES (Bachelor of Medicine and Bachelor of Surgery), Dr. Cynthia moved into a private maternity clinic in Bassein, near the original home of her parents. This clinic was owned by her great-aunt, who had been a

nurse and had been married to an Indian doctor. The clinic was named for him: Atah. This was the beginning of her specialization in obstetrics and gynecology. The clinic handled deliveries as well as dilation and cleansing (DNC) and treatment for venereal diseases and postabortion infection and bleeding. Maung explains that abortion is illegal in Burma but, as everywhere else, people find the means when they are determined. Burmese culture had never allowed for the open discussion of sexual matters; this mitigated against family planning and increased the likelihood of abortions. There were also abortions caused by domestic violence, she says. Maung lived above the clinic. She was the only doctor there but had two nurses to help her.

After some time, Maung moved to another private clinic in the village of Eaim Du, to be near her ill mother. Eaim Du is a large village in Karen State straddling the road to Pa-an, which is on the Burmese-Thai border across from the river town of Mae Sot in Thailand. Unlike the Atah Clinic, this one offered full medical services. Once again, Maung was the only doctor, thus, she was swamped with patients. She saw from fifty to eighty patients a day and worked from 6:30 a.m., when the earliest patients were already lined up, until 9:00 p.m., when the last of the farmers would come in from the fields. One reason her workload was so heavy was that the doctor who ran the local twenty-bed government hospital had abandoned it and moved to Pa-an. Her clinic offered the only viable medical services for miles around.

Such was life in Burma in the 1980s, and things were getting worse. While Maung was still in Bassein, the Ne Win government devalued Burma's currency, automatically wiping out whatever meager savings people might have had. When university students protested, Ne Win closed the universities, freeing students to spread their anger to their home villages. The crisis mounted and, on August 8, 1988 (8/8/88), the entire country seemed to rise in protest. The military responded by gunning down thousands of students in Rangoon, Bassein, Pa-an, and other places throughout the country.

In Eaim Du, Maung felt compelled to join the demonstrations, along with students, nurses, and other health workers. A month later, Burma's military-led government was reformulated as a nineteen-member State Law and Order Restoration Council (the infamous SLORC), and a vicious crackdown followed. The streets now teemed with soldiers. Maung hid with her friends in a Buddhist monastery in Pa-an and learned from other pro-democracy activists that they were no longer safe inside Burma. They packed up a few extra clothes and one medical book and fled to Thailand. They walked for seven days, mostly at night. As they approached the border, they were guided by someone from the Karen National Union (KNU), an armed group of ethnic Karens that had been at war with the central government since the early Ne Win years. Finally, they entered Thailand at Mae La, a village north of Mae Sot, assuming that peace would be restored in Burma within a few months and that they would soon be home. But they were wrong.

As it happened, Aung San Suu Kyi, daughter of the assassinated Aung San, had come to Burma from her home in England in 1987 to visit her ailing mother. Dedicated to nonviolence and to peace in her home country, she soon found herself involved in politics. She organized the National League for Democracy (NLD), which quickly gained nationwide support. She also brought international attention to the repressive political situation in Burma. In response to pressure at home and abroad, the military junta scheduled an election for 1990. Aung San Suu Kyi, however, was put under house arrest in 1989—the same year in which the junta changed the English-language name of Burma to Myanmar, and of Rangoon to Yangon. (The new names, although controversial, in fact sound more like the actual Burmese-language names.)

Desperate to improve its image and generate foreign investment, SLORC did allow the multiparty election to take place on May 27, 1990. Despite the complete lack of press

freedom and severe repression against NLD candidates, including party leader Aung San Suu Kyi, who remained under house arrest with strictly limited opportunities to speak, her party swept to victory with 82 percent of the votes. Surprised and outraged, SLORC refused to acknowledge the election results. The military has retained its grip on power ever since.

Meanwhile, in Mae La, Dr. Maung came across a twenty-bed hospital where she worked for about a month. Then, she moved south to Kaw Mu Rah, nearer Mae Sot, where there were more Burmese refugees. Kaw Mu Rah was a refugee center, especially for Karen students. The air was alive with political talk and arguments between the KNU and the newly formed ABSDF (All Burma Students Democratic Front), but Maung was not really interested in the political debates. In the company of Mary Ohn, a Karen refugee and new friend, she spent her first month there visiting student camps in the area and inspecting their primitive medical facilities. Many of the students were suffering from malaria and some from its severe form known as cerebral malaria. Medicines were in short supply. A Thai Catholic priest, Fr. Manat Supalak, befriended Maung and helped her secure some basic drugs. Soon thereafter, Major So Soe, a KNU leader, helped her to find a house in Mae Sot that could be used as a clinic. She occupied the new house-cum-clinic in February 1989, five months after she fled Burma. She is still there.

With a staff of six and only the simplest medical equipment, Maung began receiving patients. The first were students from across the border. She examined them and arranged for their admission to the nearby hospital. Afterwards, she housed them while they recuperated. Fr. Manat stepped up with medicines and cash that he solicited from friends and organizations in Germany (where he had studied) and even helped to pay the students' hospital bills. Maung also visited refugee camps in the area, an act that entailed considerable risk since the refugees were considered illegal. The Thai military was uneasy about the ever-increasing number of refugees, some of whom were armed members of the KNU. When Thai soldiers overran one of the camps in 1990, all of the children and young people were sent to stay with Maung. Since they had not brought any extra clothes, her staff dressed them in what was readily available: military uniforms. This brought a suspicious Thai military investigator around rather quickly!

Medical needs at Maung's primitive clinic centered around malaria and pneumonia. There were also many students with mental health problems and, when fighting intensified across the border, students with war wounds. Treatment was quite basic; there was no laboratory and only the most common medicines. Dr. Cynthia sterilized her medical instruments in a rice cooker. Since most of the student refugees were male, Maung had little opportunity to practice her specialty of gynecology and obstetrics. However, there was a small group of young women in the They Bow Boo camp and she often visited them. She was concerned because many of them, isolated in the jungle with the young men, were being forced into early marriages. Later on, as the flow of general refugees increased, women's medicine became a much more important part of the clinic's work.

Early in her stay in Thailand, Maung met a veterinary student who was interested in the needs of the Karen villagers across the border in Burma. (There are also Thai-Karen villages in Thailand.) Many of these Karens were actually internally displaced persons, or IDPs, having fled into the hills from areas under Burmese military control. In these new hill villages, they were at least free. It was therefore possible to set up a small medical clinic in one of them, Chogali. The veterinary student, Poo Law Kwa, worked in the village and the surrounding areas as a sort of a backpack medic from 1992 until 1994, when the clinic opened. This clinic eventually had a four-bed inpatient facility, a laboratory, and a maternity and child section. Maung, Poo Law Kwa, and some other Burmese doctors arranged a staff for the clinic and set up a four-month training program for its paramedical health workers.

Dr. Cynthia frequently visited the clinic herself. The journey was difficult, she says, but it was safe since the area was completely KNU-controlled at that time. By then, Medecins Sans Frontières (Doctors without Borders) was already helping them with medicines, laboratory equipment, and training for lab technicians.

The clinic in Mae Sot also grew quickly; it received referrals from the villages across the border and from the growing nonstudent Burmese community in Thailand. For example, the border area had many factories that were staffed with Burmese workers. They were there because of the disastrous economic conditions in Burma, not because they had fled the military and the fighting over the border. It was, however, the militant young students who started needing maternity services, since many of them had gotten married soon after they arrived in Thailand in 1988. Maung cooperated with the obstetrician at the local hospital and delivered six students' babies there in 1990. By 1992, her clinic had a delivery room of its own and was equipped to provide more comprehensive maternity services. The need for maternity and pediatric services increased quickly as the local community of Burmese migrants grew and sought out the clinic's services. By 1995, Dr. Cynthia had set up a separate Maternity and Child Health Center. This was later called the Mae Tao Clinic.

As her own clinic expanded, Dr. Cynthia maintained contact with a few other Burmese doctors working in the border camps. Meanwhile, representatives from Medecins Sans Frontières visited the camps and clinics in the area every few months and led training programs as well as provided drugs and some equipment.

The growth of Dr. Cynthia's clinic occurred without any official sanction from the Thai government or anyone else; even relations with NGOs such as Medecins Sans Frontières were quite informal. It was only in the early 1990s that a volunteer English teacher came to work with the group and helped write the clinic's first year-end reports.

Meanwhile, Burmese students active in the resistance movement and trained in Mae Sot as health workers moved in and out of Burma. As they became more acutely aware of the health needs among the hill peoples on the Burmese side of the border, they began setting up more clinics there. In 1994, the International Rescue Service (IRS) agreed to fund four clinics, including the one already established at Chogali. New clinics at So Pa Hite, Maw Kee, and Pop Pa Hta were now added to the "medical conglomerate" in the border region. A group from the Netherlands agreed to fund yet another clinic at Sa Khan Thit.

The clinics were desperately needed due to the Burmese army's ruthless campaigns to subjugate rebellious hill peoples and other ethnic minorities. Forced relocation of village people was a widespread practice, especially in the hills. It was part of a counterinsurgency strategy known as "the four cuts," aimed at cutting the funds, food, recruits, and intelligence that the groups depended on. Secondarily, the relocation of hill peoples facilitated the government's policy of clearing large tracts of land for logging and other projects favored by the regime or its foreign investors. In 1988, the SLORC-led government had instituted an "open door" trade policy and encouraged foreign investment, especially in natural resources such as timber, rubies, oil, and fish found in minority-occupied states. Rather than create economic opportunities that might improve the standard of living of ordinary Burmese people, these large development ventures favored the country's military elite and its foreign investors such as Total (France) and Unocal (United States), which have partnered with the regime in a natural gas pipeline. Such projects have been heavily associated with human rights abuses.

Meanwhile, the KNU, with its headquarters in Manerplaw, along the Salween River, remained in de facto control of the Karen State borderlands. But a major offensive by SLORC forces led to the fall of Manerplaw in 1995. The following year, the Burmese army overran the Karen camps at Maw Kee and Pop Pa Hta and burned them to the ground,

destroying their medical clinics. In 1997, Sa Khan Thit and Chogali were also overrun and burned. This left only the clinic at Pa Hite. In the wake of these losses, Dutch funders agreed to finance another clinic in a still-safe Karenni area. This became the Law Nan Pha Clinic. (The Karennis are a hill group closely related to the Karens and live in neighboring areas. The word Karenni is sometimes translated as Red Karen.)

By 2003, three war-zone clinics were in operation, one at La Pa Hah, another at Law Nan Pha, and the third at Pa Hite. Pa Hite was, by then, the official clinic of the Karen State and had a staff of thirty-two, a laboratory, a twelve-bed inpatient facility, and a training program for traditional midwives. Dr. Cynthia estimates there were about one hundred such midwives in the area, each of whom was supplied with a safe-birthing kit. The staff of Pa Hite Clinic also worked with five schools in deworming the students, distributing vitamin A to prevent night blindness, and introducing basic health-care training. From Pa Hite, they sent out backpack medical teams to reach as many of the eight thousand people in their area of responsibility as they could. A Burmese doctor based at Day Po No Hospital, about six hours away, assisted the Pa Hite team with critical cases requiring surgery, amputations, or blood transfusions. (Maung reminds us that the area is full of land mines and that women and children kidnapped from minority groups to "serve" the military were often used as human mine sweepers, forced to traverse dangerous areas ahead of the military.)

As the Burmese military kept up its incursions into the Karen areas, the number of people fleeing to Thailand increased; some came as refugees, others simply for medical treatment. By 2003, Dr. Cynthia reported that the number of cross-border patients at the Mae Tao Clinic was on the rise: 20 percent of the outpatients and 40 percent of the inpatients had come directly from Burma. The trip into Thailand was costly and people had to pass through multiple security checkpoints. Moreover, their presence in Thailand was technically illegal. Because of these difficulties, says Maung, families inside Burma often waited until they had two or three sick or injured family members before making the trip.

Dr. Cynthia's clinic became so well known in Mae Sot that even taxi drivers recommended it; local non-Burmese factory owners knew where they should bring their Burmese workers. Despite the growth of her clinic, however, Maung knew there are still many thousands of people in the area who had no access to health care at all.

With the increase in border violence and in the number of refugees flooding into Thailand in 1997, several NGOs met together in Thailand to strategize about how to deal with the influx. Among them were the Burma Relief Centre (BRC) and the Burmese Border Consortium (BBC). Medecins Sans Frontières also increased its support at this time. Among those spearheading this effort were Fr. Manat and a woman Dr. Cynthia knows as Ms. Pippa. Pippa Curwen is ethnic Shan on her mother's side and British on her father's side; she had grown up in England but was married to a Burmese man and now lived in Chiang Mai, Thailand.

As more organizations began to support Maung's work and as the number of her patients continued to rise, she expanded the clinic. Up till 1997, she says, "the classroom, delivery room, medical ward, laboratory, dormitory—everything" was still in the one original building. First, she added a classroom, a simple bamboo pavilion with four posts and a roof. An equally simple maternity clinic followed and then a vaccination center for children. In 1999, she was able to add a new inpatient department with twenty beds. By 2002, the New York–based Women's Commission for Refugee Women and Children had become aware of the Mae Tao Clinic. (More than five hundred babies had been born there in 2001.) The Commission was interested in reproductive health care, especially obstetric emergency care; it helped Dr. Cynthia open a new delivery room. The Bill and Melinda Gates Foundation

also contributed to this. Medical Mercy Canada has also funded blood transfusion programs and assisted with the clinics inside Burma. Dr. Cynthia also put in money she had received from several awards.

By 2003, Dr. Cynthia's Mae Tao Clinic was treating over forty-two thousand patients a year. It offered services in inpatient and outpatient general medicine, reproductive health, child health, minor surgery, eye care, laboratory testing, blood banking and transfusion, and prosthetics and physical rehabilitation. It operated six days a week, with twenty-four-hour emergency service seven days a week. Its staff included six doctors, eighty-six health workers, and 150 other medical and administrative staff members, plus from twenty to forty international volunteers a year. More than fifty NGOs, international organizations, educational institutions, and individual donors were supporting the clinic and its programs.

From the beginning of her work in Mae Sot, Maung had the assistance of other doctors, usually on a volunteer basis. First, there were Burmese doctors who also worked in the camps; they would come every two or three months and stay for two weeks or so. In 1996, when the clinic in Ye Kyaw was overrun, the Burmese doctor there came to Mae Sot and worked for one and half years before leaving for the United States. Starting in 1992, an Australian doctor assisted in some of the programs. He was able to secure funding for medical supplies and child-care facilities as well as to arrange for another volunteer to come from Australia. This volunteer was "Dr. Brian." Later came a stream of medical students who volunteered for short periods. One of them, Ben Brown from California, returned repeatedly and traveled inside Burma with Dr. Cynthia's teams. Brown encouraged other foreign volunteers to come to Mae Sot and, in 1991, established the Burmese Refugee Care Project (now called Planet Care), which funds programs in education, emergency health services, and child care, particularly for orphans. It also funded the clinic's first professional administrator, an Italian doctor named Dr. Elisabetta Leonardi. In 1997, Maung's younger brother, Dr. Shee Sho, also came to Thailand and joined the clinic. Another comrade-in-arms is Dr. Myron Semkuley, who has been working to establish a clinic in the Shan State and other new health centers along the border.

In 1992, Dr. Cynthia married Kyaw Hein, who had come to Thailand as a student in 1988 and had seen some fighting with the KNU. Trained as a lab technician, he worked alongside Dr. Cynthia as she built her clinic and is now involved in laboratory training projects and social work. They have two children, Nyeim Chan Maung and May Thint Sim Maung, plus an adopted daughter.

These days, Dr. Cynthia tries to spend the first part of each day with the children—not just her own but all the children, including many orphans who live in the compound. Then, with the children off to school, she spends much of her day in meetings, evaluating and setting up training programs, meeting with backpack-medic teams, welcoming benefactors, and so on. There are so many different programs going on, and so many groups to be dealt with, that the meetings sometimes seem unending.

This leaves little time for clinical work, although Maung is usually the doctor "on call" at night since she lives at the clinic. In fact, her clinical interests in obstetrics and women's reproductive health have broadened to include issues of domestic violence and human rights. Burmese culture, she says, has never dealt openly with sexuality and psychology, so even the definition of domestic violence is not clear. But, under present circumstances on the border, within the context of wartime violence and refugee life, the population with whom Dr. Cynthia is dealing is also confronting the sorts of breakdowns in the social fabric that are occurring elsewhere in the world. There is a drug problem, for example, and it is growing. Family members are becoming separated. The incidence of rape

is increasing. There are trafficked women and girls to assist, as well as orphans, abused children, and the disoriented and needful elderly. There are so many vulnerable groups. At first, Dr. Cynthia dealt only with the physical treatment of these "at risk" people. Now, she is setting up programs to provide mental-health counseling, education, training, family planning, and other services. She hopes to lessen the number of people requiring physical treatment due to domestic and community violence and from attempted abortions.

Maung is deeply interested in the psychological difficulties of the border Burmese. They have been isolated for such a long time that they have become distrustful and suspicious of each other. They are also suspicious of their closest neighbors, the Thais. Dr. Cynthia says that both sides have behaved badly vis-à-vis each other. The Burmese never intended to stay in Thailand and made little effort to know and befriend Thais, all the more so because they are in the country illegally. For their part, Thai factory owners are said to treat their Burmese workers badly; Thai police are overly zealous in arresting Burmese, at least the Burmese believe them to be. Nevertheless, Dr. Cynthia has found many Thais willing to help her clinic. And these days, more and more Thai patients are coming in. She is collaborating with Thais on educational programs and other initiatives to alleviate suspicion between the two groups.

The Mae Tao Clinic backpack-medic program began in 1998 after the over-the-border clinics were overrun and destroyed by the Burmese army. Dr. Cynthia started with thirty-five teams and now has seventy. Each one is composed of three to five health workers, some men and some women. For the most part, the teams walk into Burma escorted by military personnel from the KNU who possess communication equipment and can steer the teams clear of Burmese army units operating in the area. Each team is led by a coordinator and, ideally speaking, includes both a "safe motherhood" specialist, who trains traditional midwives and provides basic safe-birthing equipment, and a public health specialist. The latter conducts health training programs dealing with sanitation, clean water, vitamin A deficiency prevention, and deworming. Dr. Cynthia's backpack teams also strive to strengthen the capacity of local health and community workers in the villages they visit, including traditional herbalists and healers. The seventy backpack teams are divided into fifteen regional groups. They gather periodically in Mae Sot for meetings and training workshops and to learn from visiting experts.

In most of these hill communities served by backpack medics, the biggest problem is food security. This is not just a scarcity issue, although that is one variable. The main problem is war. In the war zone, it is common for the Burmese military to sweep into villages suddenly and burn the fields and crops, or steal the harvest. Under this threat, people worry first about growing their rice and then about hiding it. Neither the backpack teams nor Dr. Cynthia herself can do much about this. But Dr. Cynthia notes that it is too bad that the people do not make full use of food they do have, such as bananas and papayas. These nutrition-rich fruits are ubiquitous, but some hill peoples are convinced that they carry malaria and refuse to eat them. Likewise, they eat only the eggs of their ducks and chickens and offer the meat to the spirits. She concludes that nutrition may be improved with education and modern attitudes, but the real solution to the food problem will be the restoration of peace and stability in Burma.

The backpack-medic program is funded through the Global Health Access Program, Stichting Vluchteling (Netherlands Refugee Foundation), Burmese Refugee Care Project (started by Dr. Ben Brown), Canadian International Development Agency (CIDA), Norwegian Church Aid, and Danish Church Aid.

Maung places so much emphasis on the backpack-medic program because she remains focused on returning to Burma and on training young medical students and workers who

might someday return there. All of her experience in the past many years, including her knowledge of Burmese hill peoples and her links to international benefactors, will be of value one day in helping to restore Burma's derelict health system. This is her dream.

Dr. Cynthia's efforts have been widely appreciated, both by activists in Burma and by concerned people and organizations in the global community. In June 1999, the Canada-based International Centre for Human Rights and Democratic Development awarded her, along with the incarcerated Burmese activist Min Ko Naing, the John Humphrey Freedom Award. Aung San Suu Kyi sent a message on the occasion of the awarding, mentioning in particular that Dr. Cynthia is a Karen and that it is important for the Burmese to develop in unity:

> *We need more people like Cynthia Maung. I am particularly happy that she belongs to the Karen ethnic group, because it helps the world to realize that Burma is a country of many peoples. It is not just made up of the majority Burmese, but of others like the Karens, the Mons, the Kachins, the Chins, the Shans, the Arakanese, and many other smaller ethnic groups. We think that it is only through genuine unity that we will be able to build up the future of our country. And these people who are going to Dr. Cynthia Maung today are not just Karens, not just people from other ethnic nationalities, but people from the majority Burmese ethnic group who go to her for help. . . .*

That same year, Maung also received the first Jonathan Mann Award for Global Health and Human Rights, given in honor of the late anti-AIDS activist and human rights supporter, Dr. Jonathan Mann. This award was presented to her by former U.S. President Jimmy Carter, but the award had to be made by satellite because, like her fellow refugees in Thailand, Dr. Cynthia's travel papers are not in order. Ironically, her nonappearance at the awards ceremony served to emphasize the gravity of the cause in which she is involved.

Burma would do well to bring Dr. Cynthia back, because, at present, the country has one of the highest rates of maternal mortality in the world, estimated by the World Health Organization (WHO) as 500 to 580 per 100,000 live births. Over half of all pregnant women are anemic, a fact that contributes to birth complications. The Burmese government has never provided family planning information or services—which may perhaps be attributed to the Burmese reticence to talk about such matters that Maung mentioned—and all contraception was actually illegal until 1991. Condoms were legalized only in 1993. Furthermore, the Burmese army has made systematic use of rape as a military tactic in subduing ethnic-minority areas. This has traumatized the women and demoralized the entire region due to the frequency, brutality, and impunity with which it is applied. Dr. Cynthia is all too aware of this practice since many of the victimized women find their way over the border and to her clinic.

Infant mortality is also extremely high in Burma: 95 per 1,000 births in 1996. But Dr. Cynthia points out that you cannot improve the health of people without improving their communities. "If people aren't educated," she says (as paraphrased by Paula Bock in the *Seattle Times*), "if they don't have jobs, if they are depressed, then they cannot care for themselves or their children. They will starve, get sick, have accidents. Their daughters will enter brothels and their sons will join the army. They will feel that they have no choice."

It is also doubtful that the military junta itself has an accurate picture of the health of the country's citizens. Malaria and tuberculosis apparently have gone on unabated, and AIDS is an ever-increasing new danger to the Burmese people. But doctors labor under

such bad conditions, and have been so badly treated, that the number of physicians in the country has steadily decreased over the years.

"Since 1988," observes Dr. Cynthia, "doctors and health workers have been forced from their professions, while others have been imprisoned because of their political beliefs." Doctors who had the opportunity to leave have often ended up working abroad in the West. About these doctors, Dr. Cynthia asks, "Will they enjoy their life, or not? I don't know. Maybe not. If you leave, you cannot work for your people." In Mae Sot, despite the many hardships and deep frustrations about the fate of her homeland, she says "we enjoy what we are doing."

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