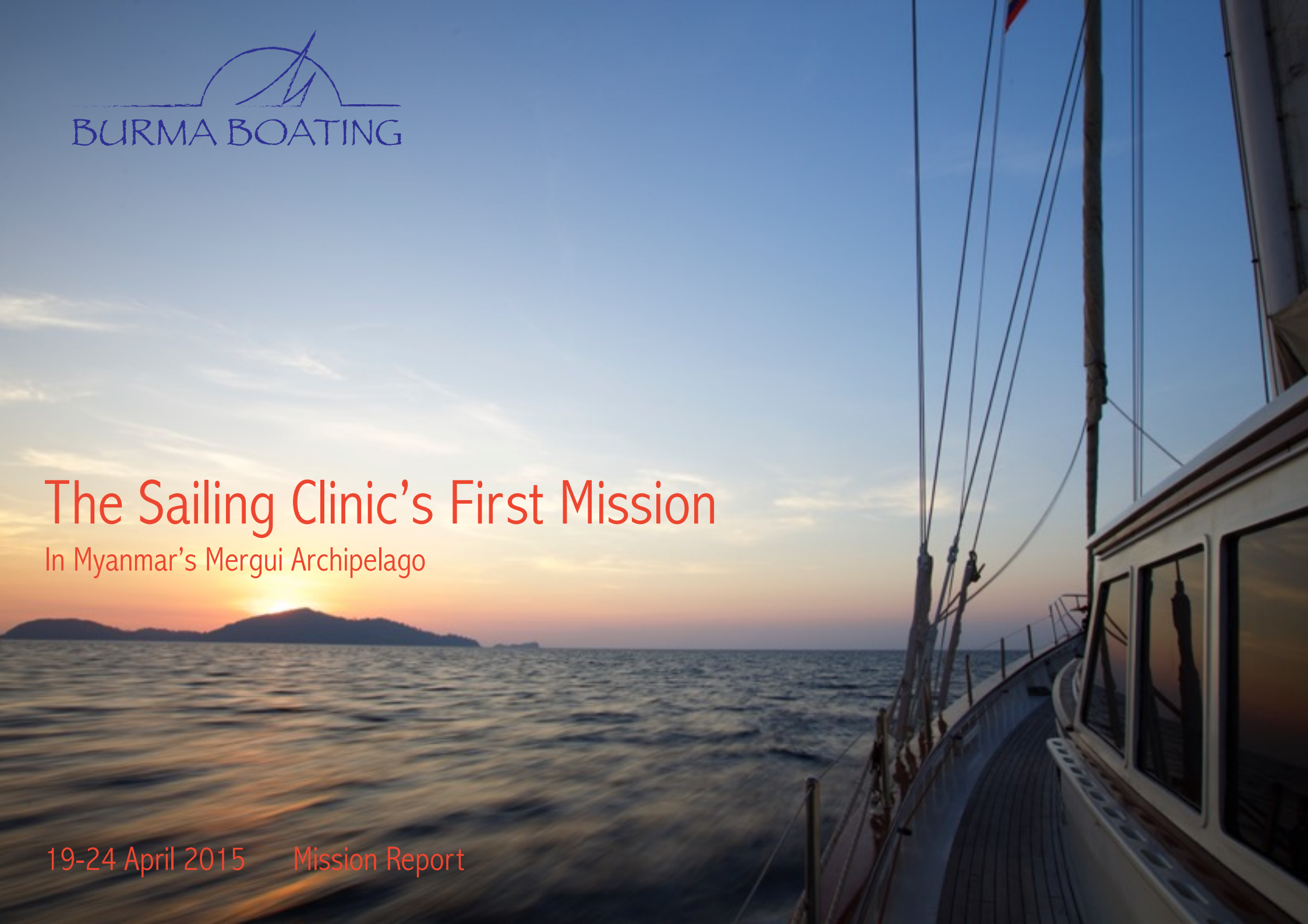
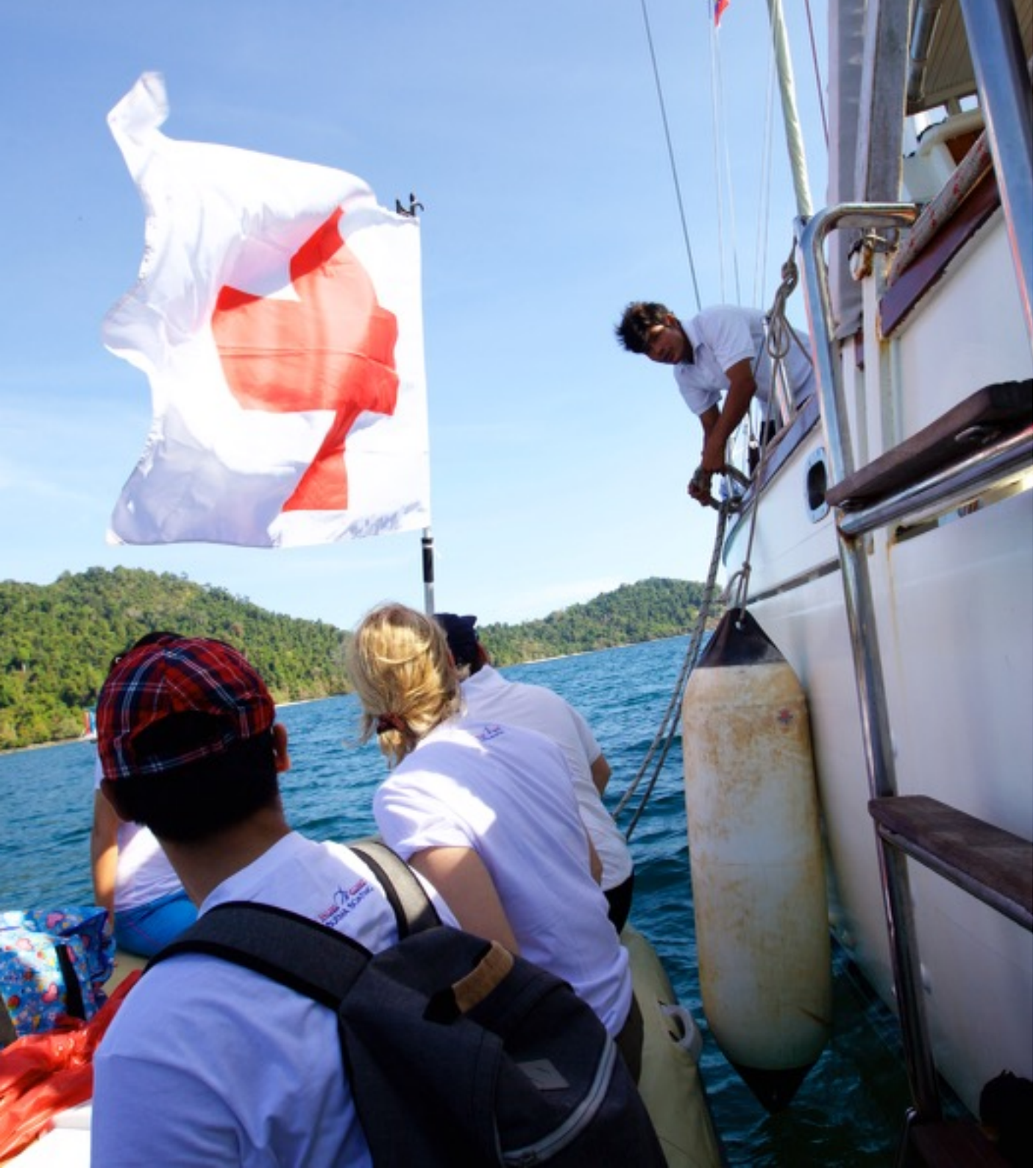


The Sailing Clinic's First Mission

In Myanmar's Mergui Archipelago

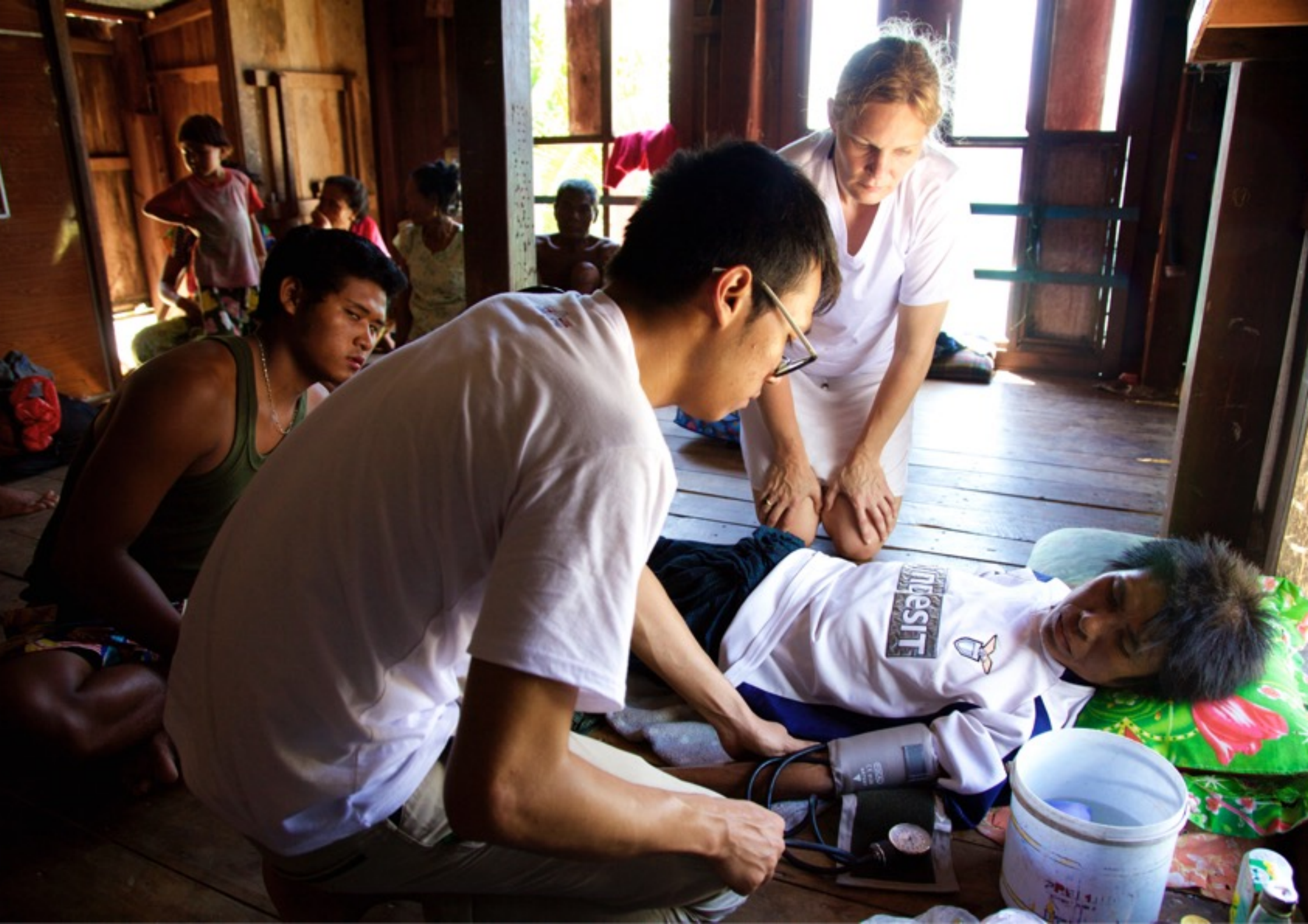
19-24 April 2015 Mission Report



The Idea Behind the Sailing Clinic

The Sailing Clinic is a charity project launched by the yacht charter company Burma Boating. We first visited the archipelago aboard our yacht Meta IV in February 2013 and we fell in love with it right away. Over the next two years, our crew had started supplying two nurse stations with basic medicine. But then in 2014, we had an encounter that made us think further. We met a young man who was working on one of the islands cutting wild cane and who had bad injuries on his arm. The wounds were already black and looked gangrene. We thought that he might not make it unless he received treatment. So we took him to the closest hospital and our guests gave him money for his medical treatment.

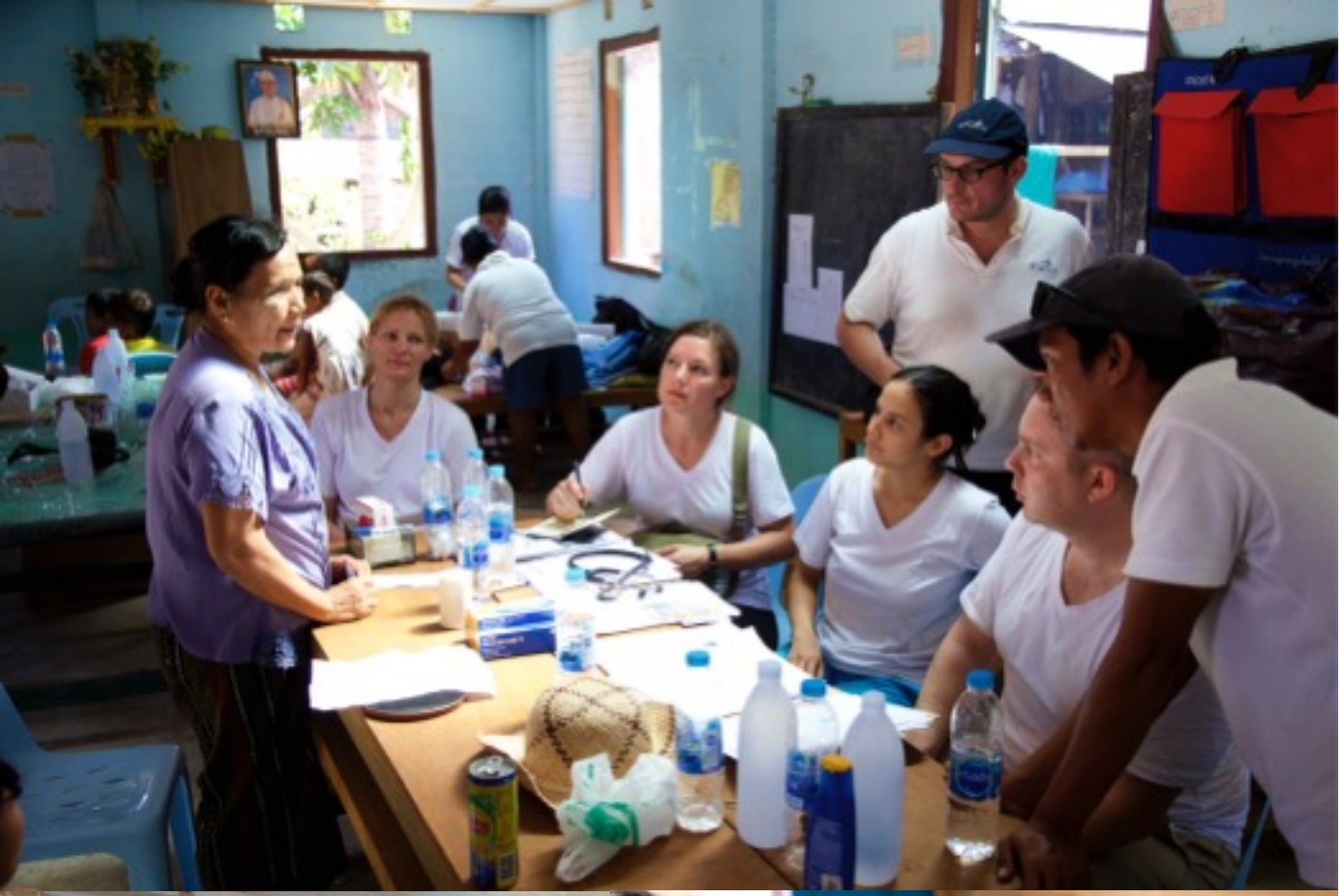
That was when we decided we needed to do more - and to start the Sailing Clinic to improve medical care on the islands. We are not doctors and not a NGO. But we wanted to help. We know the islands and its people and we have the means of transportation. We hoped that once we spread the word, we would find everything else. This was the start of the Sailing Clinic which became reality in April 2015.

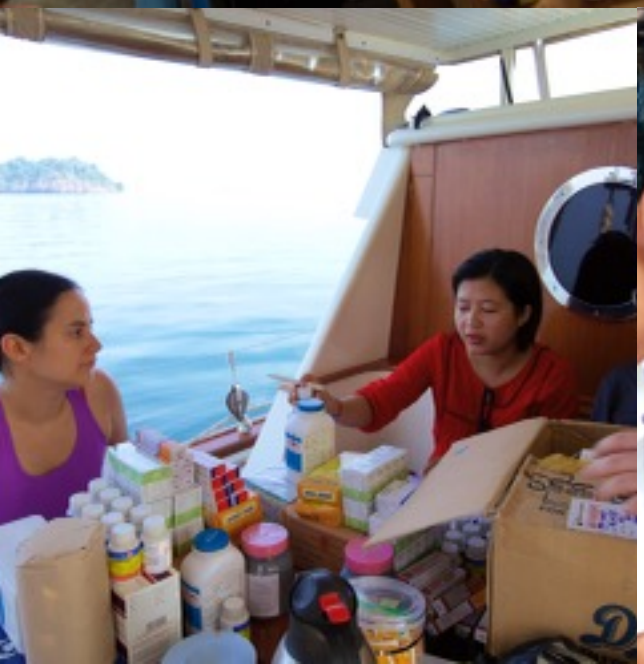


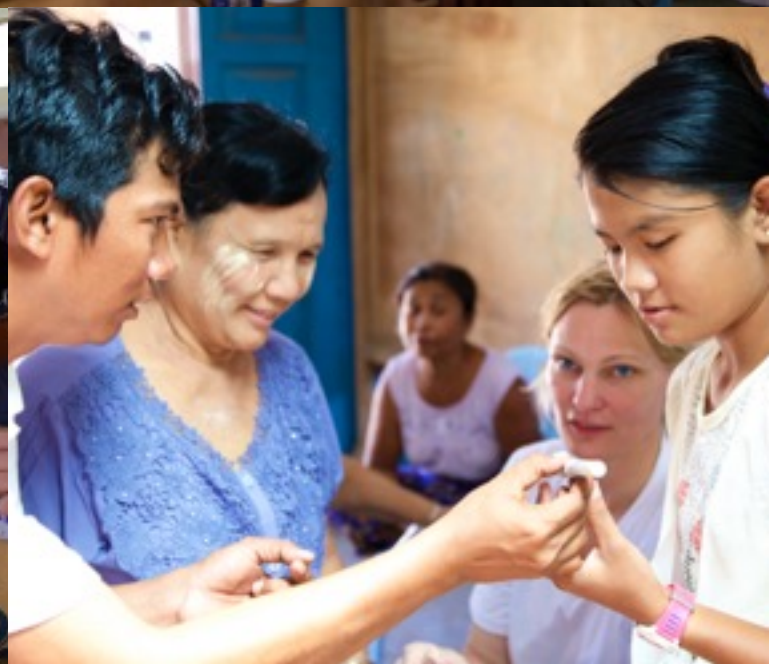
Mission Outline

We started with an online call for medical workers and volunteers in 2014 and launched a discussion with experts for public health and development projects to get ready for our first exploratory trip. First, we had to learn more about the medical needs and issues prevalent among the island communities. We decided that the best way to do this would be to talk directly to healthcare workers on the ground, village representatives and to the local people. We selected an interdisciplinary team of Myanmar and overseas doctors, comprised of general practitioners, a gynaecologist, a paediatrician as well as an ophthalmologist, all having experience with medical outreach programs.
During a compact four months preparation phase, we tried to optimize the planning and logistics for the first mission. In an online forum doctors and experts discussed and decided on medicine, supplies and instruments which would be useful to bring. Furthermore, our crew members conducted a short survey about the problems and needs of the people on the islands. With support of the Myanmar Eye Centre, we set up a mobile eye clinic to bring specialist ophthalmological care to the inhabitants of the archipelago. Not only the expertise of doctors and experts had to be crowdsourced to make all this possible, but we also had to raise funds for the first mission.
An online campaign was launched and it brought in donations of over USD 14,500. With these contributions, the Sailing Clinic could cover the costs for medicine, instruments and supplies for the villages as well as visas, logistics, government fees, PR, coordination and parts of the expenses for crew and provisions.

The first mission took place from 19 to 24 April and we visited four villages aboard our yacht Meta IV. Our crew members and guides had announced our visits beforehand. The doctors examined health conditions and gave comprehensive advice and training. Donated instruments (such as stethoscopes, blood pressure meters and glucometers) and donated medicine – commissioned according to needs and manageability on the islands – were explained and handed over. Donated mosquito nets were distributed; medical fact sheets on various topics (e.g. nutrition, personal hygiene) issued. Over 120 patients received professional eye checks in our mobile eye clinic. The clinic's optometrist also distributed free glasses (ready readers, ready distant glasses and sunglasses) to those in need.

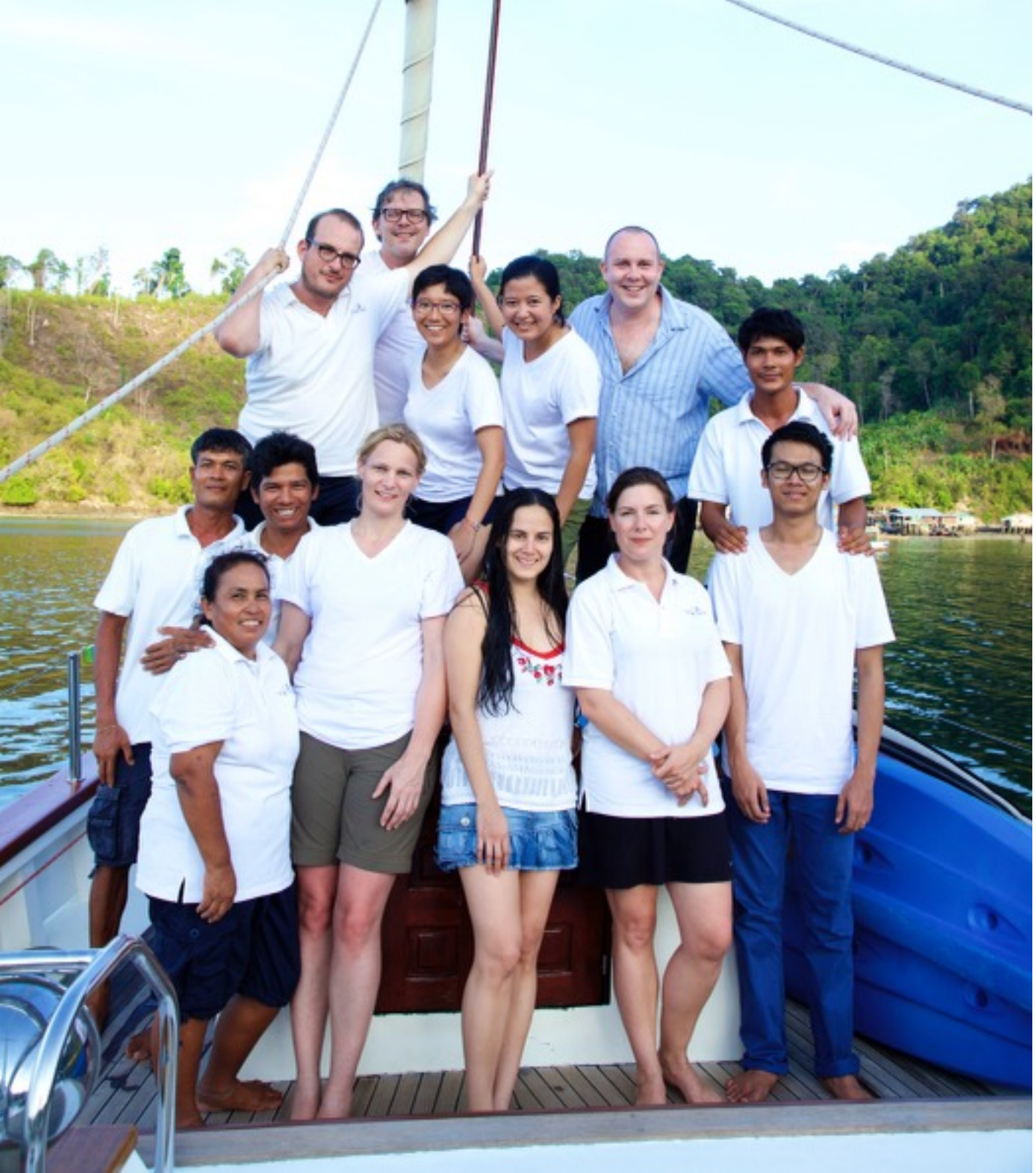






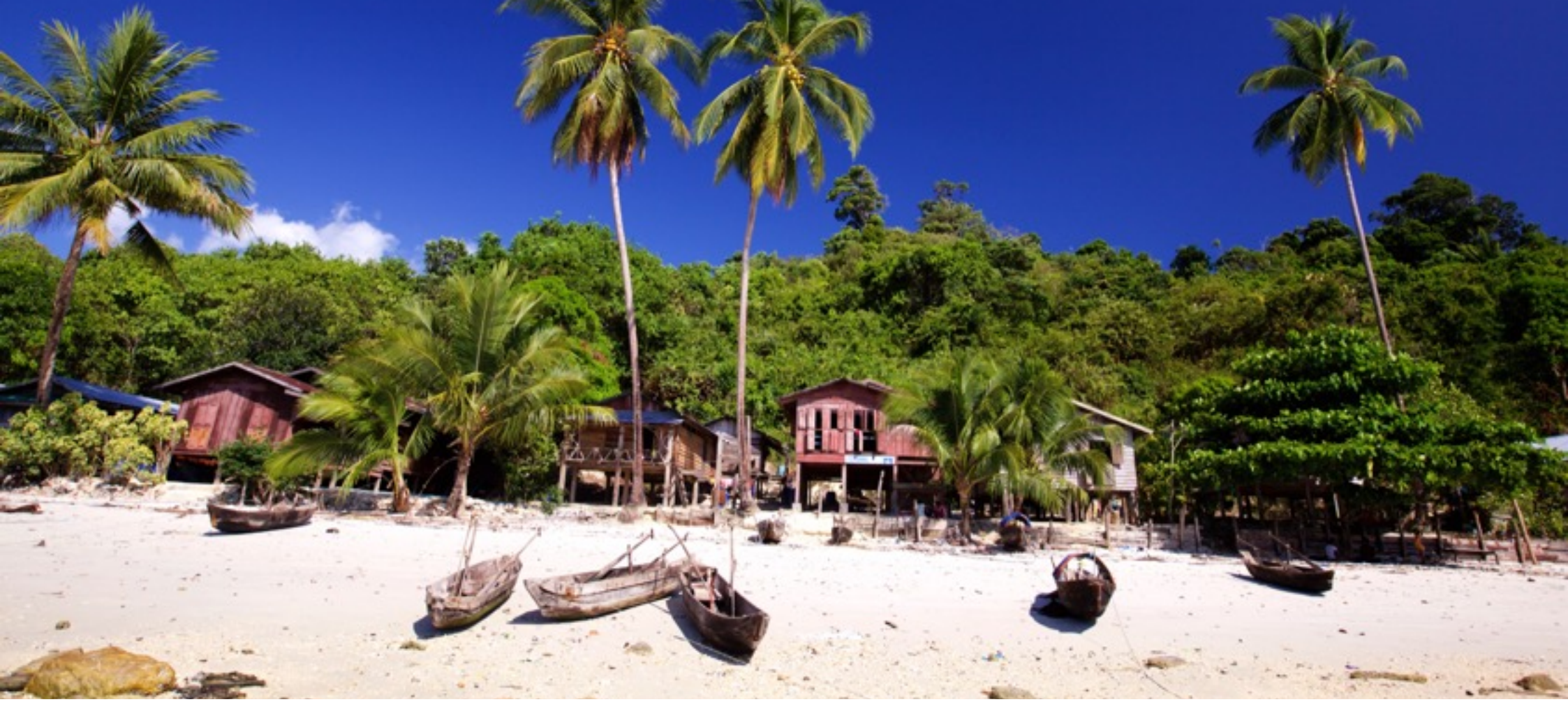
Mission Goals

- Assessment of overall situation of the villages, collecting data on location types of housing, socioeconomic status, common health problems and medical needs of the region's population
- Relationship and trust building with villagers and medical workers on the islands
- Providing primary health care and specialist care (eye clinic)
- Training and teaching to the midwives covering basic techniques and essential medical facts
- Donating essential drugs and supplies to health care personnel in the villages
- Health education about hypertension, diabetes, nutrition, personal hygiene, ante- and postnatal care and contraception



Team Members

Janis Vougioukas co-founder of Burma Boating Grischa Rüschendorf photographer Phyo Thiri Aye optometrist Dr Yin Mon Aung ophthalmologist Dr Jay Halbert paediatrician Ekachai Pongpaew captain Ong Lai Suchet first mate Banchuen Prabsamut chef Aung Kyaw Kyaw chief guide Dr Eleanor Vogel general practitioner Dr Tatiana Vasquez Rivera gynaecologist Eva Lupprian project coordinator Dr Pyae Phyo Thu general practitioner



The Mergui Archipelago

Just across from the Thai border, the Mergui Archipelago opened to foreigners as recently as the late 1990s. With only a few of the 800 islands sparsely populated and a couple dozen visitors to the entire area each month, the Mergui Archipelago remains one of the planet's most unspoilt regions. The traditional inhabitants of the Mergui Archipelago are the Moken, a people who live off, and on, the sea. Sometimes called "sea gypsies", this ethnic minority group leads a traditional, semi-nomadic lifestyle, dominated by diving for sea cucumbers, fishing and bartering. Recently, things have started to improve and the Moken are somewhat less elusive. Until today, however, medical infrastructure in the region is very weak.

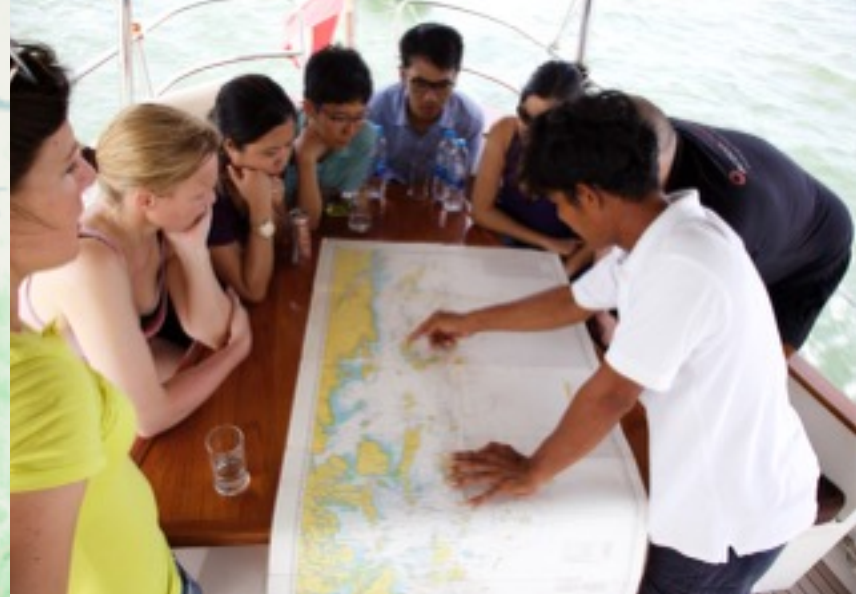
Bo Cho Island

Great Swinton

Buda Island

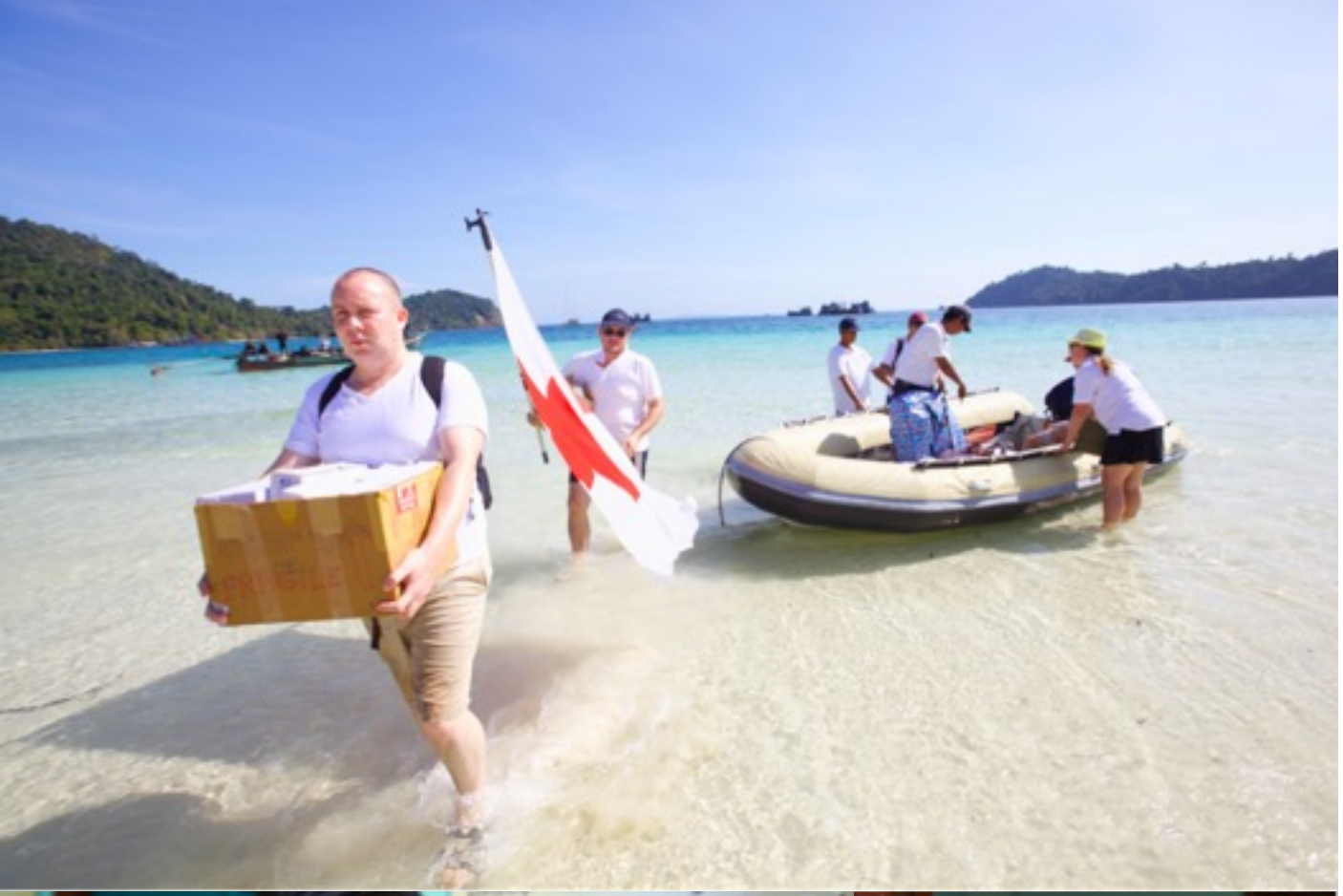
Lord
Loughborough

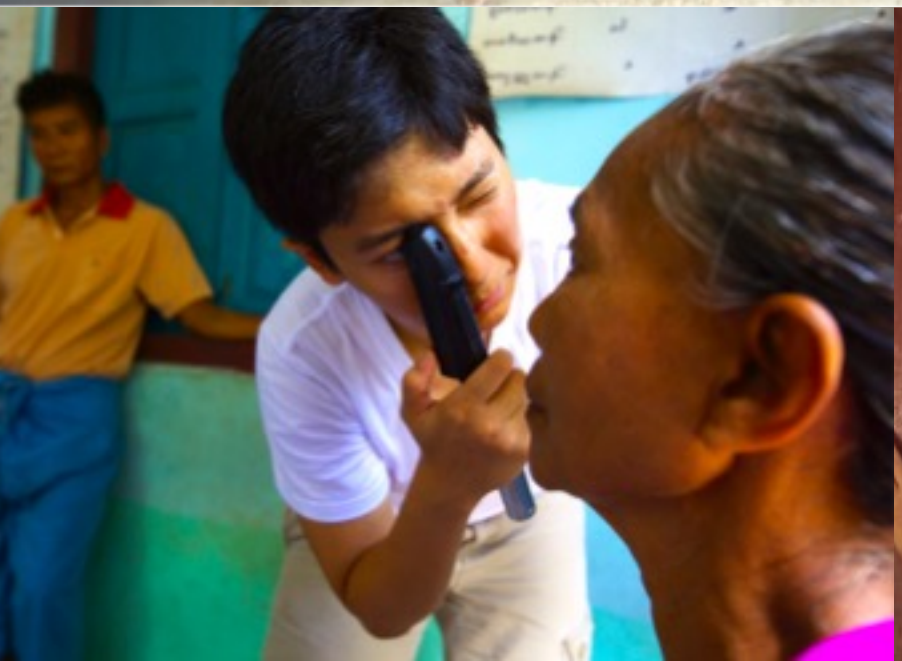
Kawthoung

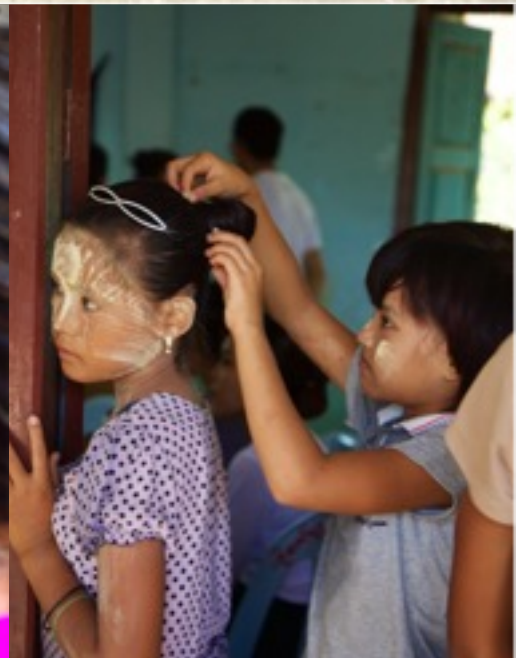


Itinerary

After boarding Meta IV in Kawthaung, we head to Buda Island, also referred to as Nyaung Wee Island. The next island we visit is Bo Cho Island with the Moken village Ma Kyone Galet. From here, we sail west to Great Swinton Island, also called Kyun Pila or Kyun Phi Lat with the relatively small village Pu Nala. Our last stop is the island Lord Loughborough with the Moken village Jar Lann.







Mission Logbook, 20 April 2015

Buda Island

In the morning of our second day we arrive at Nyang Wee Village, an idyllic, comparably well-developed village at the southern bay of Buda island. Villagers welcome us at the beach and eagerly help unloading boxes with medicine and supplies. We are quickly surrounded by bustling activity and groups of lively children. Many of the kids' faces are painted with thanaka, a yellowish-white paste applied in attractive patterns. This 2,000-year old tradition provides protection against sunburn and has other positive skin effects.

The village is marked by a straight central pathway with a few tiny shops. We are guided over a wooden bridge crossing expanses of water leading to the village's school building. Inside over 40 children in school uniforms are awaiting us, sitting patiently in their rows, observing the arrival of our team.

Myanmar is celebrating the water festival, schools are closed, and we are touched that the kids still all come to greet us. The school building offers good conditions for setting up our mobile eye clinic.
First, we are introduced to the village elders and the school teacher. Nyang Wee Village has a population of over 400 people, many of them little children. On the island only private health care is available, we learn that a post for a government midwife has been vacant for a while, without much prospect of being filled. We meet the senior and junior midwives and local pharmacist. In an open discussion they report on different health problems such as acute respiratory infections, diarrhea and malaria among fishermen.

The private midwives are the only healthcare providers of the village and it turns out that their training level is rather low. Given the fact that the next hospital or even doctor is hours away, we realize just how inaccessible appropriate medical care is and how dangerous any emergency situations must be.
Our instruments brought are gratefully received. The only blood pressure meter on the island recently broke and an additional stethoscope is appreciated. We hand over some basic medicine which is otherwise unavailable and thus much needed. Knowledge about antenatal care as well as diagnostic medical equipment are very limited. Only the most basic prenatal care can be provided, such as control of blood pressure, weight and uterine palpation. Our doctors teach the midwives how to conduct Leopold's Maneuvers and the correct assessment of fetal heartbeat. The midwives are informed about the correct use of contraceptive depot injections (every three months instead of wrongly applied injections every month). The midwives are very receptive to the trainings and are keen on receiving further advice.

Mission Logbook, 21 April 2015

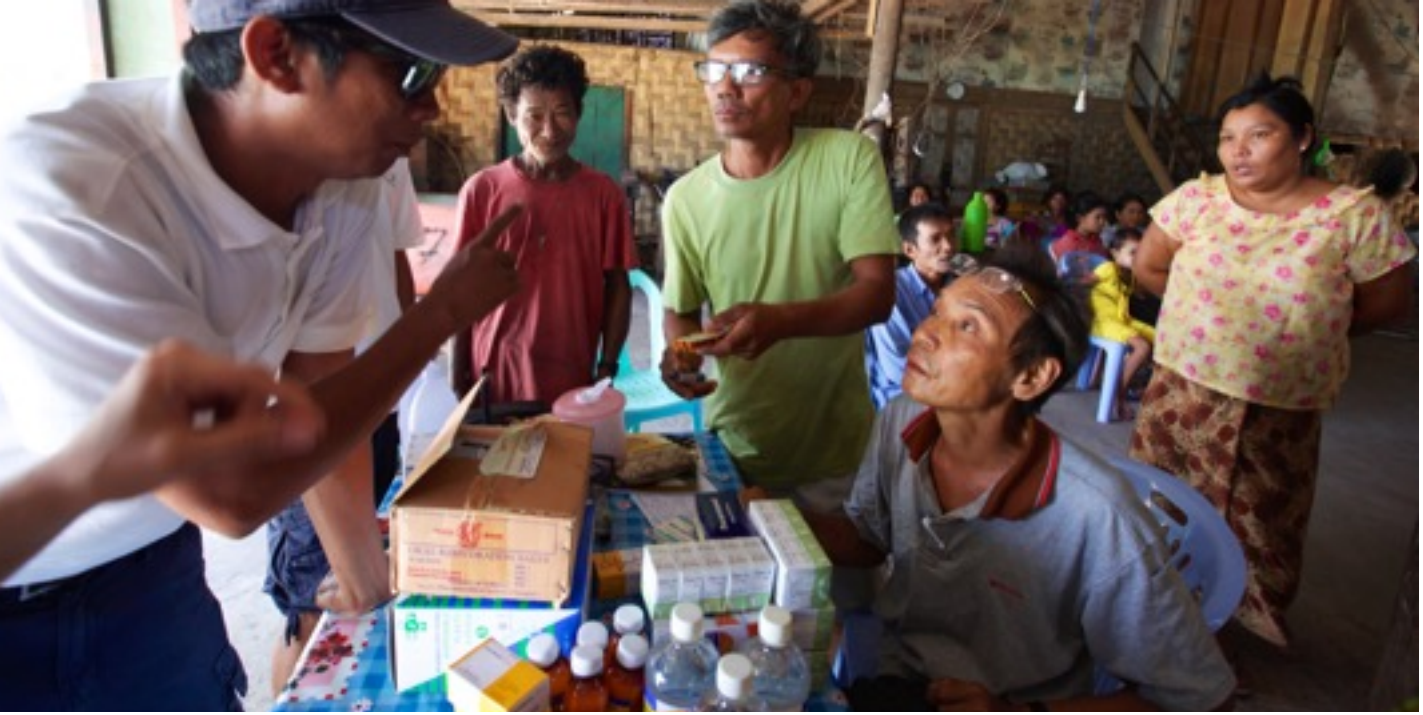
Bo Cho Island

Our destination for today is the village Ma Kyone Galet, which is bigger than Nyang Wee, also located in an idyllic bay with turquoise water, white beaches, palm trees and wooden houses built on stilts along the coastline.
Again, we set up our mobile clinic in the village school on top of a little hill with stunning views over the bay. It is not even 10 o'clock and already boiling hot, and we are happy to reach the shade. We are welcomed by a very committed community worker, Ms Akary Myo, who supports the environmental NGO Oikos, currently one of the very few foreign NGOs working in the area. Ma Gyone Galet is home to an estimated 850 people, with about one third being Moken.

Again, the midwives play the crucial role for primary health care. Because of the holiday season, the midwife and the village elders are away. We learn about the structure of governmental health care comprising one midwife of the village who travels monthly to Kawthaung in order to pick up medicine and supplies and to discuss topics such as malaria and tuberculosis with her colleagues.

Further health problems mentioned are diarrhea, diving related breathing problems, snake bites and burns - often caused by burning plastic bottles. We also meet the traditional birth attendant of the village, a young lady who learnt from her grandmother how to assist at a birth. Through an open discussion with the people in charge and the many villagers who have found their way up the hill this morning - among them many young and older women with babies and young children, we receive interesting insights into the circumstances of giving birth in this remote part of the country. The next hospital is over six hours away and transportation is not easy to organize and often not affordable.

Mothers sit in a circle with us, breastfeeding their babies or with their children on the lap. Our team's paediatrician and obstetrician invite them to talk about their circumstances, their problems and medical conditions. Once all men have been sent out of the building, we learn many significant details of women's lives on the island. Awareness on aspects of family planning exists and women have a good understanding of contraceptive methods - hormonal depot injection being the preferred mean.
Traditional health beliefs still exist, such as the idea that death and illnesses are caused by bad spirits. Villagers often consult a traditional healer for help.



Mission Logbook, 22 April 2015

Great Swinton Island

In the next village, Pu Nala on Great Swinton Island, we are received at the house of the village elder. The short walk there gives us a good impression of the life on the island. Great Swinton seems to be a hub for local fishing boats which often anchor in the bay or come here to restock their supplies. Along the coastline there are huts functioning as shops and restaurants, not offering much but revealing that trading with fishing boats has become the backbone of the island's economy.

The village head's house serves as a large "community space", the ground floor even has space for two pool tables. We have been expected by the villagers and are being welcomed by the elder, who introduces us to the village pharmacist and the traditional birth assistant. We learn that Pu Nala is a particularly small village with a population of about 100 people, about 20 percent being Moken. It is obvious that these villagers are more connected to and influenced by the outside world than those on other islands we have visited. The village elder lists malaria, diarrhea and accidents as some of the main health issues. We notice that quite a few people are overweight, which is not perceived as a problem but simply as a sign of their (comparative) wealth.

There are no midwives and no medical workers in the village, while the closest hospital in the port town of Kawthaung is about six hours away. According to our interviewees, every household has its own boat. Some mothers even take the boat to Kawthaung to give birth. The discussion with the villagers gives us further insights into the health situation. Since there is no medical worker, chronic diseases and pregnancies are challenging. There seems to be no antenatal control, for instance. Diabetes and hypertension are very prevalent. Sexually transmitted diseases such as HIV are starting to become problems, most likely caused by prostitution in Kawthaung.

The village pharmacist provides basic medicine, such as antibiotics, pain killers and contraceptive depot injections. The village used to have a small pharmacy. It is currently being rebuilt, which is why all medicine is stocked in the house of the village elder. Many villagers express their hope to find a midwife for the island and are even willing to offer her free accommodation.

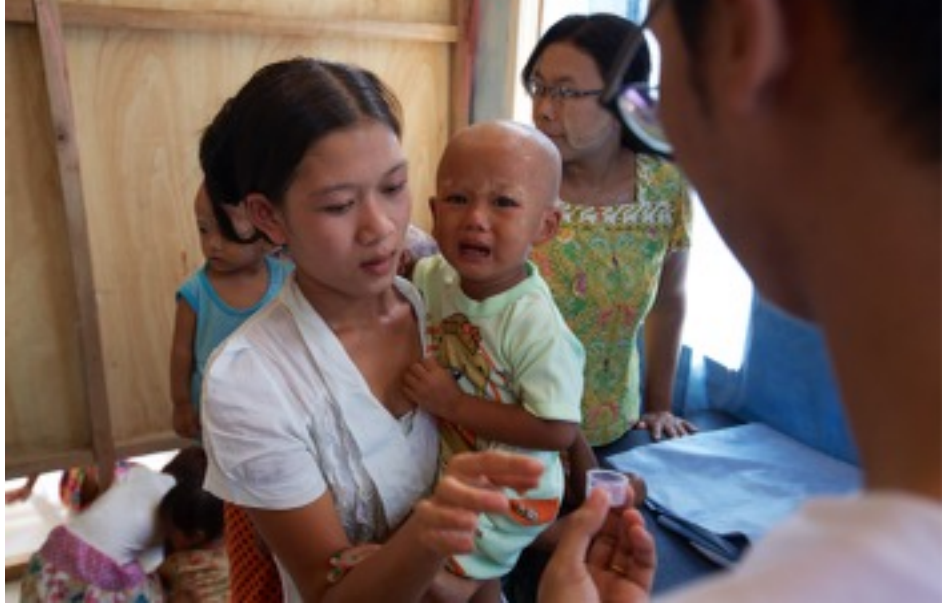
Our route allows us to arrive at our next anchorage in the late afternoon. From here, we can reach the village of Jar Lann by dinghy. From the deck of our yacht we notice the special setting of the village: high-stilted wooden houses, surrounded by dugout canoes, bigger wooden boats and the traditional Moken kabang boats. The turquoise water in the bay is framed by lush steep hills covered with palm trees. Next to the village there is a large monastery.

Mission Logbook, 23 April 2015

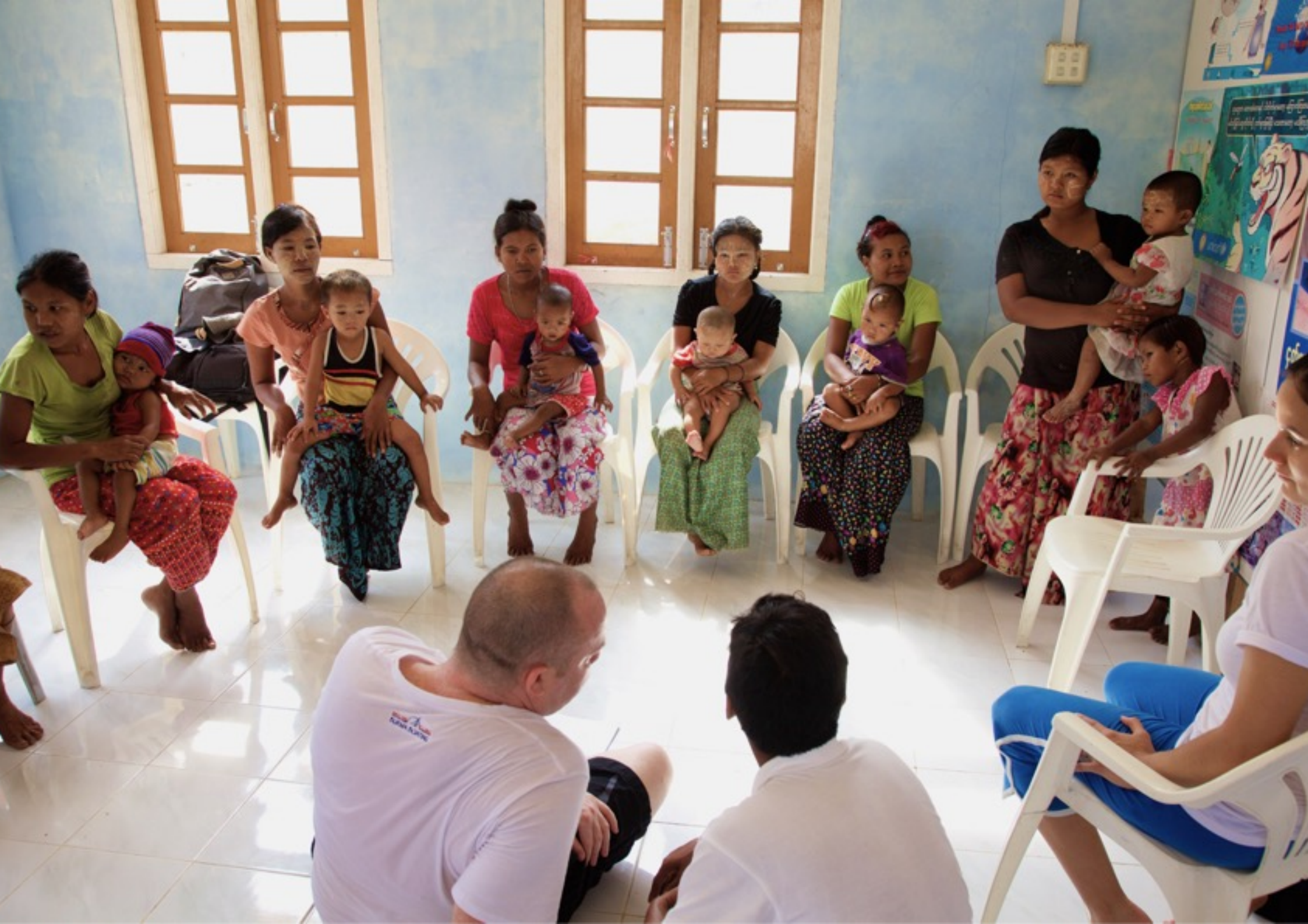
Lord Loughborough Island

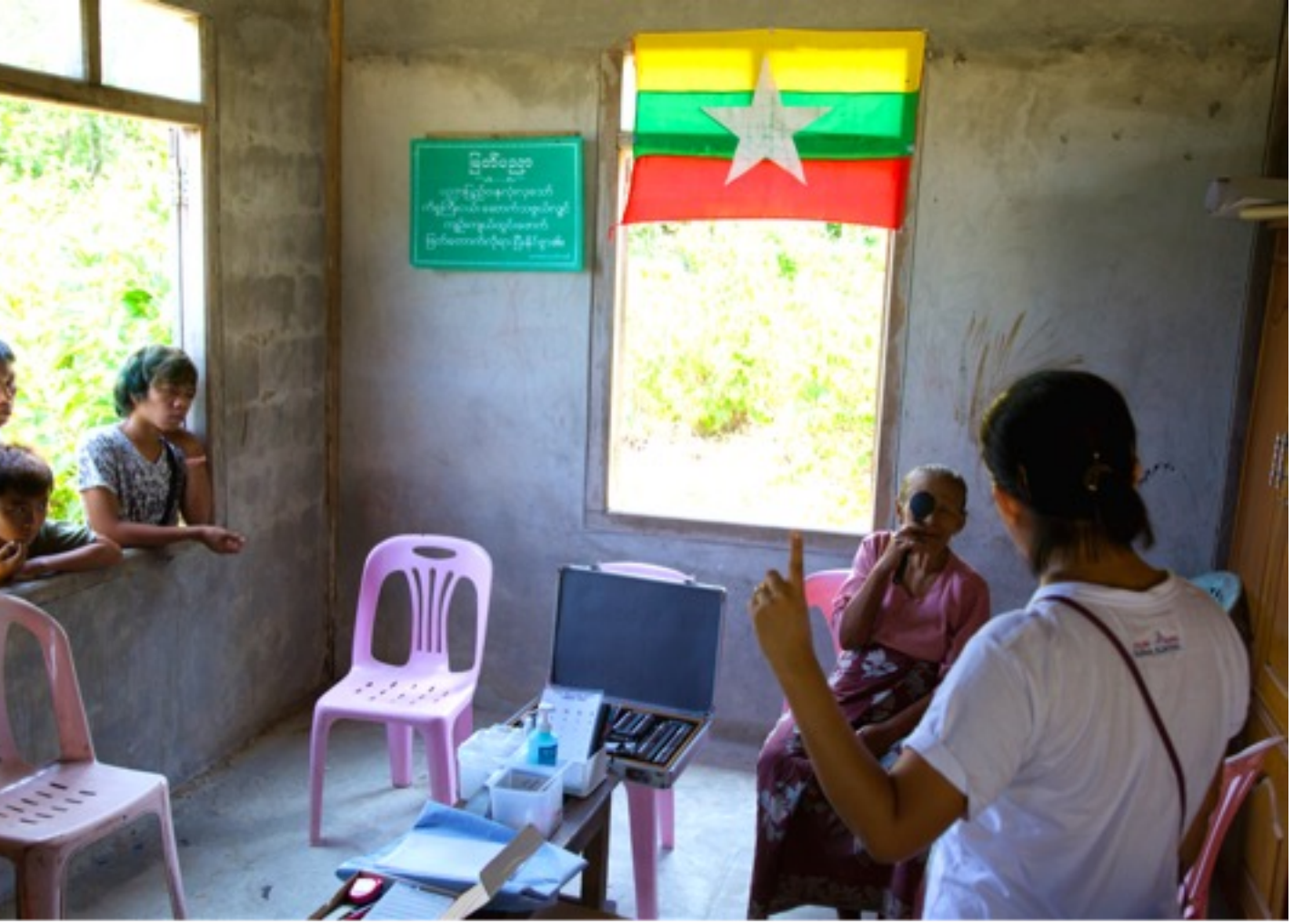
We use the remaining daylight for a first visit to the village and to introduce ourselves to the village head. Jar Lann is inhabited by about 300 people of which half are Moken. As soon as we arrive on the jetty, we are surrounded by many children, smiling, giggling and waving at us. We follow the central pathway parallel to the sea and are taken to a new and surprisingly modern building slightly uphill, where the village chief is waiting for us.

The village has one official midwife who is absent at the moment. The army is also offering medical support to the villagers by a male paramedic nurse as well as army doctors visiting the island's base once or twice per year. Among the main health problems are diving-related lung problems, high blood pressure as well as diarrhea. Burmese and Moken are described to be equally open to modern medicine and there is no traditional healer in the village. In emergencies, patients are brought to Kawthaung hospital by boat. There is currently no NGO active in the village, but some foreign visitors do come here. As expected, people in Jar Lann make their living by squid fishing and farming. We learn that the clinic building was built by the monks with donations from abroad and the village, but is not in use, because the midwife prefers practicing in the library, which is more centrally located. This building has a separate little room we can use for consultations, so it is perfect for setting up the Sailing Clinic.



Early next morning of the next day we come back, this time with the equipment for the mobile eye clinic and the donated medical supplies. We meet the army nurse who will soon leave soon as his five-month posting is about to end. He confirms the health problems we have so far been told about and adds that he considers traumata and cuts by broken pieces of glass to be the biggest problems.
The presence of the Sailing Clinic team draws the attention of many villagers. A group discussion with young mothers offers interesting insight into the health situation and local knowledge of medical issues. The often shy Moken women reveal traditional health beliefs when they explain that bad spirits are the reason for their children's diseases. Our doctors provide information about recognising child diseases (i.e. fever, drowsiness, cough, coryza, vomiting, not feeding). We discuss the causes and preventive measures such as the importance of washing hands and brushing teeth. Generally the level of medical education is low.
To our surprise, it turns out that Moken women hardly breastfeed. Some appear with their babies drinking formula milk from bottles. They explain that they are too busy with work and that they prefer to use bottles. The women say that work on the boats requires them to leave their babies behind, which makes breastfeeding impossible. We are taken aback - imagining the danger and threats of bottle feeding under these critical hygiene circumstances.



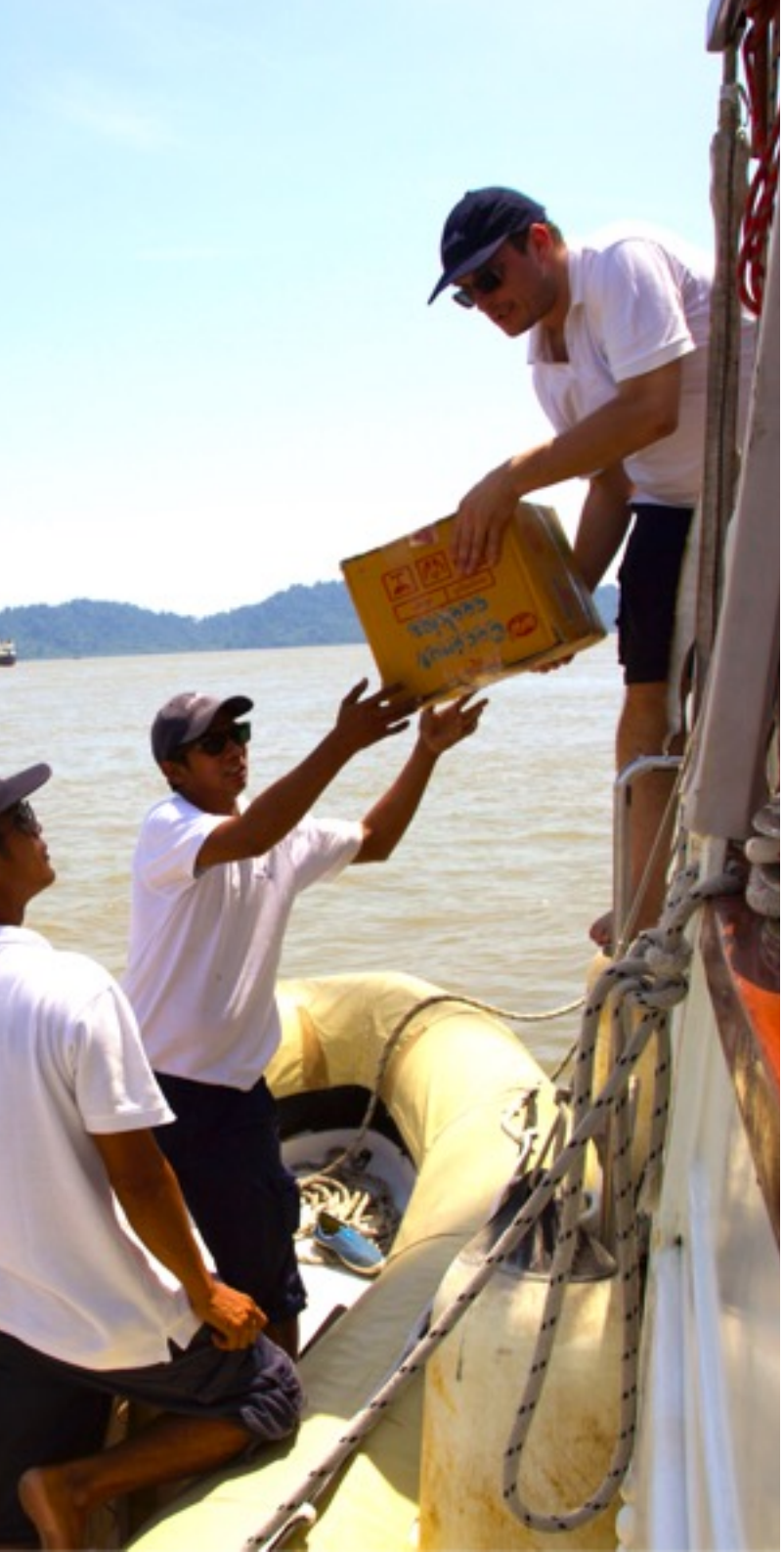


The Mobile Eye Clinic

The first mission of the Sailing Clinic comprised on-the-spot checks and treatments by a Myanmar ophthalmologist supported by an optometrist. In four villages over 120 patients in four villages were treated. Every patient first took visual acuity tests for long- and short-sightedness. Where necessary, glasses checks were undertaken for both distances. We distributed ready-made glasses mostly for reading and near work. Distant wears were given to those with refractive errors that could be managed with non-customized glasses. Since most of the patients we saw were in the 40-55-year age range, ready readers were of great use to their near work. Every patient was educated not to use ready readers for distant vision as it will cause dizziness and blurring of vision. The anterior segment of the eyes, optic nerve and retina of all patients were checked with direct ophthalmoscope. Suspicious cases of glaucoma were measured by Perkins Tonometry to check the eye pressure. We did not find any cases of glaucoma among the patients we saw.

About one third of patients across the villages who sought consultation were school children (mainly girls) most of whom were complaining about eye ache and head ache (which they referred to as brain ache). We detected no ocular abnormalities and could relate the pains to dry eyes due to wind and dry heat. We distributed artificial tears and could reassure all children that nothing was wrong with their eyes. We did not see many elderly eye patients. There were a total of three elderly women who had significant cataracts and who may benefit from cataract surgery. We saw many cases of visually insignificant Pterygium and two cases of significant and advanced Pterygium.

In all villages, we were helped by the locals either with translating or even with taking visual acuities. They were very welcoming and excited to see the eye clinic team.



Conclusions and Perspectives

The first mission of the Sailing Clinic provided us with a wealth of insights into the life and health conditions of the people living on the islands of the Mergui Archipelago. The villagers live a life based on strong family ties, mostly traditional beliefs, and subsistence fishing, foraging, hunting and some farming. The islands' remoteness means that primary health care infrastructure is minimal at best. The majority of villagers never see a doctor. Long-distance travel is a major barrier for anyone in need of specialist healthcare, which is at least partly available in the mainland's port town of Kawthaung. The population of the archipelago is generally very poor and education levels are low, particularly among the Moken. Poverty-related illnesses such as diarrhea, dysentery and upper respiratory diseases are common. Other major health problems are malaria, hypertension, diabetes mellitus, physical strain from hard labour and injuries often caused by scrap and waste littering the ground, such as shards of broken glass. Dental hygiene is almost non-existent, made worse by the fact that soft drinks with high sugar content are becoming increasingly popular. Alcohol abuse and HIV seem to be on the rise.

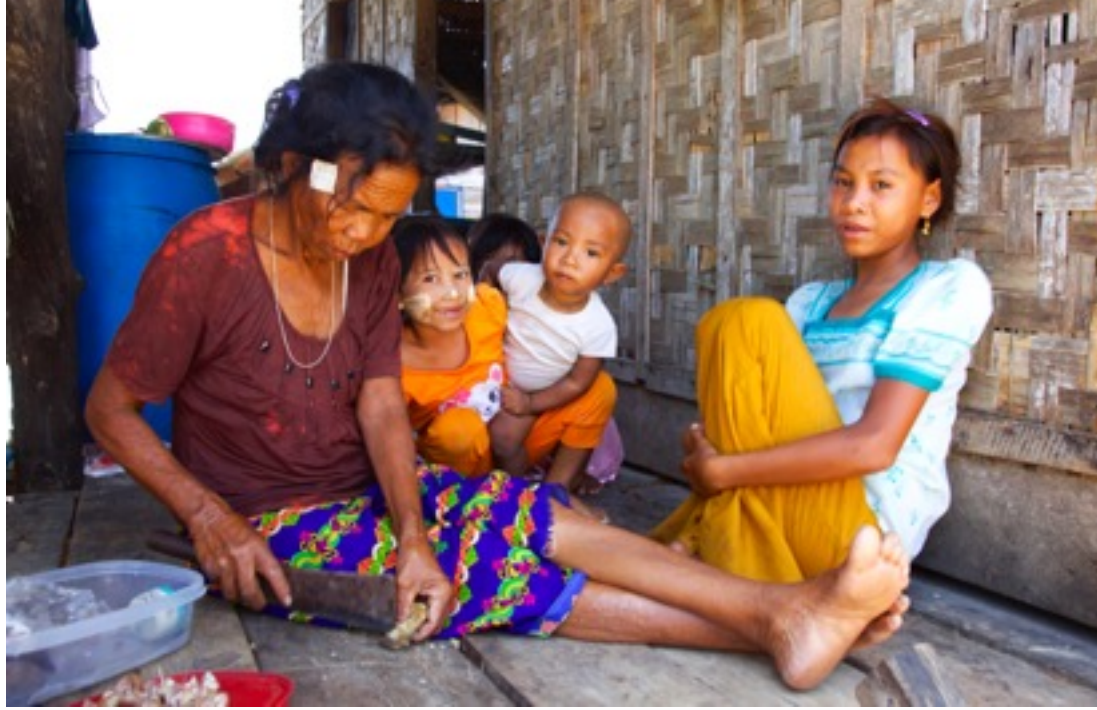
Primary healthcare is mainly provided by private and a few official midwives, none of whom received much training. Particularly hypertension, diabetes and tuberculosis remain undiagnosed and receive no treatment. Antenatal care appears to be very basic and insufficient. Simple and systematic diagnostic methods (such as Leopold's Maneuvers to determine the position of a fetus) are not known or not mastered. There seems to be only little knowledge regarding malaria, tuberculosis, HIV/AIDS, hypertension, diabetes which are major threats to the population's health. Often local medicine men and traditional healers have more influence than midwives. The widespread animistic belief that diseases are caused by nats (local spirits), particularly among Moken people, often leads to the rejection of modern medical care.

We want to emphasize that the Sailing Clinic's team of doctors and specialists were being welcomed on all islands in an extraordinarily friendly way. The village elders, the local health-care workers as well as the rest of the communities we visited were very open and receptive to the support we offered. The donated aid supplies were much appreciated and there was keen and attentive interest in the on-the-spot trainings we provided for the handling of medication and instruments (such as the glucometers). The problem of missing doctors and nurses in the region as well as the wish for further training and competences was expressed several times.

The mobile eye clinic was made available to all four villages, offering eye checks to over 120 patients – a big success since we could make a real difference to the lives of many villagers.

We learnt much more about the community life and circumstances in the villages of the archipelago. Looking at the wider picture, significant problems are the lack of fly-proof latrines, unclean water supply and poor personal hygiene – altogether predisposing the transmission of infectious diseases. Furthermore, the environmental pollution is evident in all villages. Uncontrolled disposal of waste such as plastics, glass, and metal tins leads to the pollution of village shores and community areas. Despite the high amount of injuries caused by rubbish, pollution is not – or only to a very limited degree – perceived as a problem. Seeing Moken toddlers learn how to walk on grounds covered with broken glass and sharp metal pieces left us worrying.

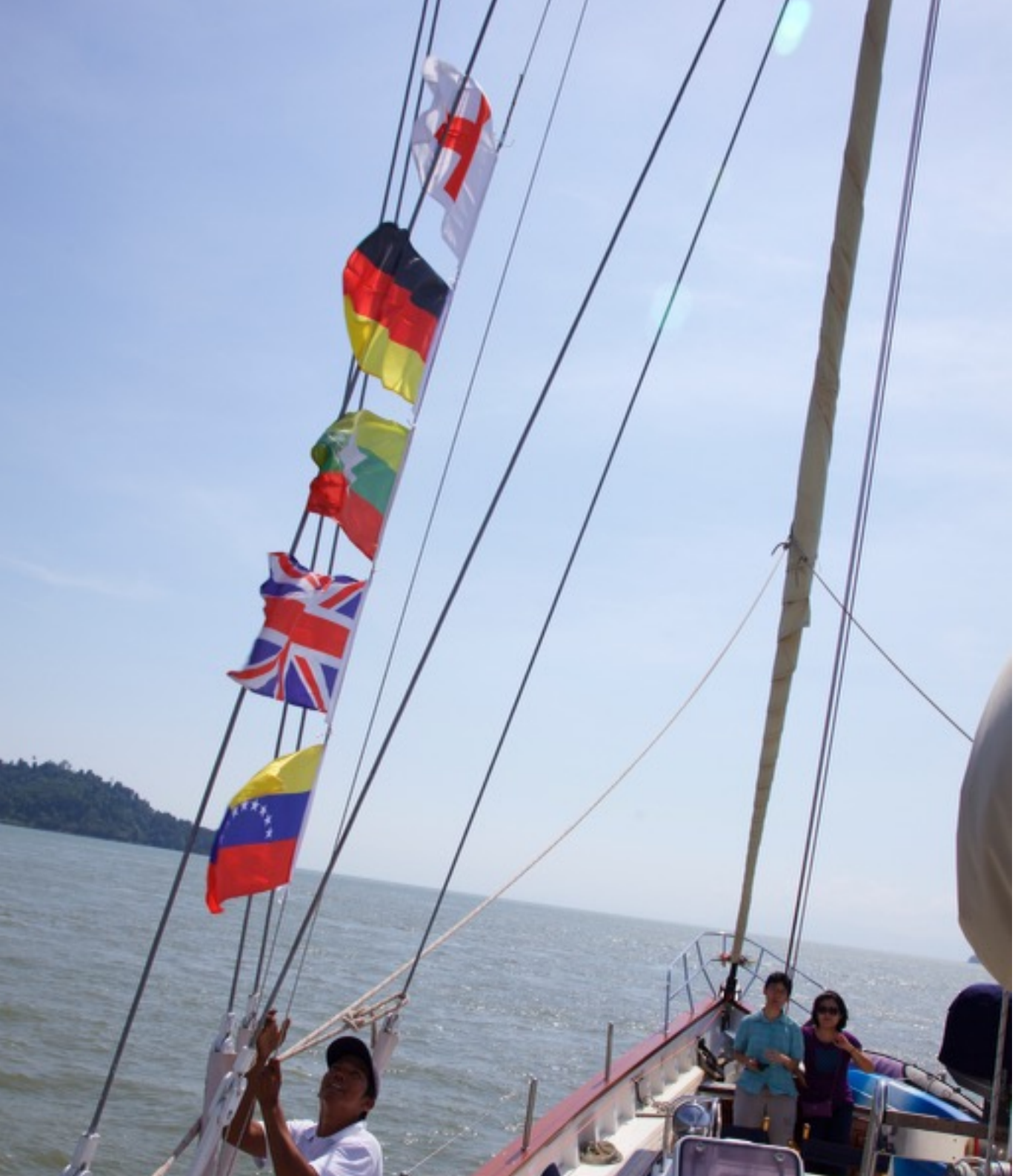
The first trip of the Sailing Clinic left strong impressions and gave important insights necessary to shape the future of the project. The interdisciplinary team of the first mission gathered important information on different aspects of the health situation in the archipelago and we could not stop discussing them aboard at night. Many aspects could be addressed by future missions in order to improve the situation for the people on the islands. Building on existing structures as well as on potentials will be crucial. We came to the conclusion that further training and increased capacities for the local healthcare providers as well as health education for the villagers are essential and promising.



We also discussed a lot about possible objections which can be found for almost any intervention you plan. Already on our first trip, we realized that there is always an element of risk remaining. For example, we handed out badly needed glucometers for the diagnosis of different types of diabetes. We explained to local medical workers how to use them and we discussed diagnostic procedures. We left plenty of test stripes and one-way needles, describing how and where to get more. But how can we make sure that the needles will really only be used once? In other instances, we kept back some of our medicine just because the local healthcare providers did not seem to be able to guarantee their proper use.

However, we believe "who dares nothing, need hope for nothing" and that thoughtful and responsible actions will pay off. Based on critical reflection and consideration of lessons-learnt from our first mission and other related projects, we have started developing a concept for future missions of the Sailing Clinic. Ensuring continuity is vital and we know that sustainable changes and real improvements will only be possible if resources are concentrated in an effective and efficient manner. This could mean focusing on one village, following a truly integrated approach, instead of trying to work with several villages at once, for example.

Supporting the system of local healthcare workers and the villagers, and additionally offering missions of specialist care (such as the eye clinic or a dental clinic) looks like a good way to go. We are discussing with potential cooperation partners like NGOs and foundations as well as with the authorities. Last but not least, developing the long-term organizational and financial structure of the project remains a challenge.



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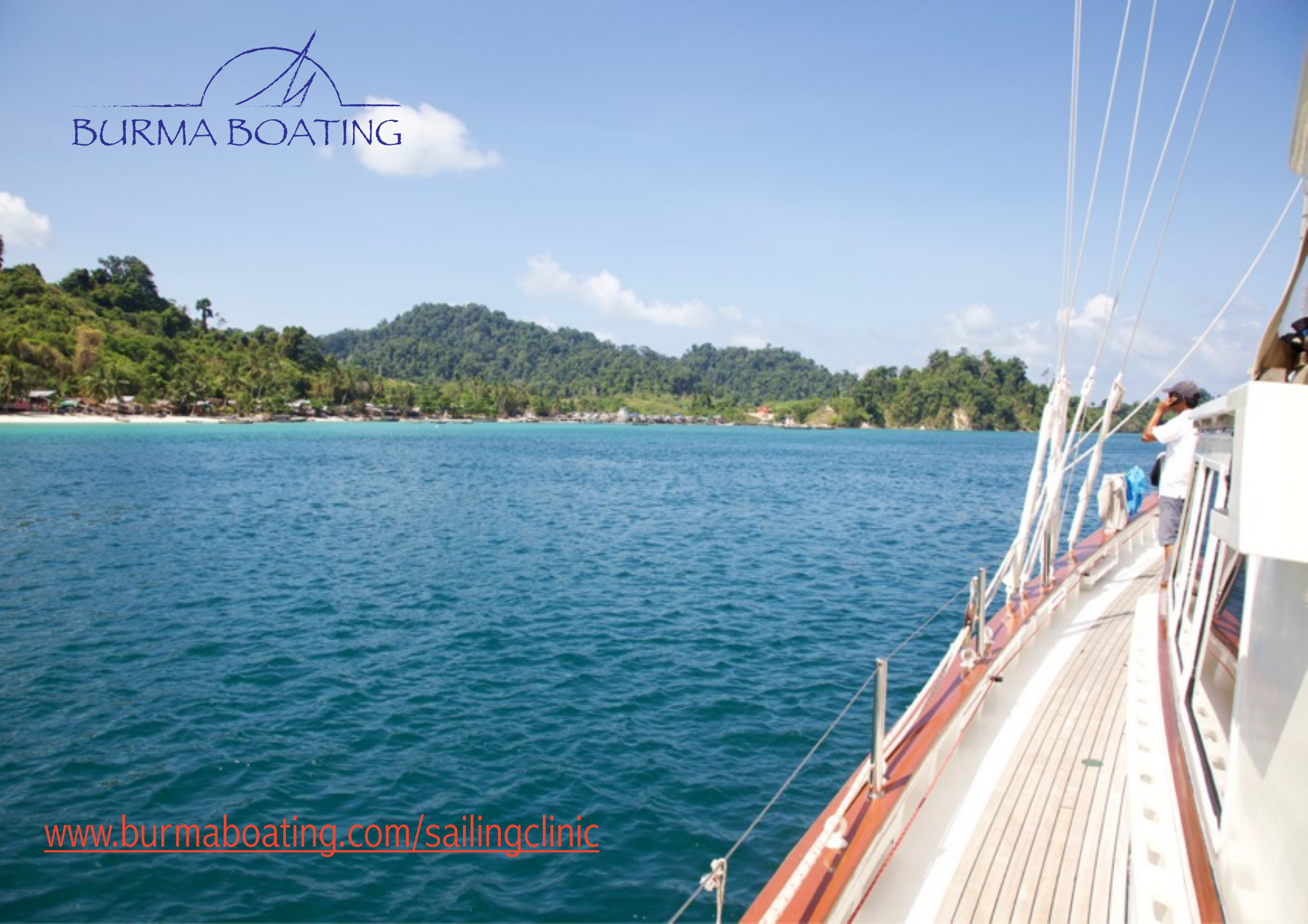
We would like to thank all our donors and supporters for making our first mission possible. A special thanks also goes to all volunteers who joined the Sailing Clinic and to all doctors, experts, colleagues and friends who have helped with their advice and encouragement.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