Rendezvous En Lower Myanmar – **An Odyssey**

By Joseph Ong

It begins with the realisation that there is more to life than our own desires...

We had been travelling on the road since 6.30 a.m. I struggled to keep my balance as our jeep traversed the humps and bumps of the "highway". The early morning sun shone mercilessly on the wide expanse of land as palisades of trees parted to disclose sleepy villages. We were on the Yangon-Mawlamyine highway, the only road leading from Yangon to Mon State in Lower Myanmar. My travelling companion, Alex, was comfortably asleep. Our destination was Bilin, where the medical centre was being constructed.

Last year in July, I had initiated *Project Somanassa* together with a group of Year 2 medical students to assist in the setting up and operation of a rural medical centre in Bilin. We were now on a reconnaissance trip to survey the construction.

We arrived in Bilin after a 4-hour journey. Khemauk village was our first place of visit. We were accompanied by two personal bodyguards from the military who took us to the village hall and monastery where a group of children had gathered. Protein malnutrition is prevalent in the village as evident from the scrawny children with their bulging abdomens. Scabies and fungal infections are as ubiquitous, with prominent red patches found on their faces, hands and feet. Most children do not wear slippers and they run about the gravel-filled dirt tracks, fields and village bare-footed.

We'll be supplying the medical centre with drugs and equipment upon its completion.

In the sugar cane fields a couple of metres away, men were harvesting the crop, their bare backs glistening with sweat as they swung their machetes repeatedly at the stubborn stalks. Bullock-carts carrying the sugar canes trudged slowly along the linear tracks dissecting the field, to the sugar-cane mill nearby. Sugar cane and rice are the main agricultural produce of Bilin, most of which is handed over to the government. There is no market economy here and barter trade is the only form of commerce known to the villagers.

The medical centre is strategically located along the main road, 3 miles away from the Township Hospital and will serve a cluster of 5 villages around it: Khemauk, Daukyat, Daukyat-auk, Shweindon and Taunggale, with a total of 3,500 families.

It is now more than 60% complete: the building walls are up and only the roof, plastering and painting remain. Near the construction site, labourers were digging a well to supply water for the medical centre upon its completion. Electricity will be provided by a generator. The medical centre will be part of the local healthcare system under the Township Medical Officer who will send doctors and nurses to operate it either daily or weekly, depending on the manpower requirements at the Township Hospital in Bilin town itself. The workforce constructing the building consists of some children under 10 years of age, carrying buckets of cement, laying the bricks and oiling the engines of the driller. They should be studying in school, but at least they are paid for their work.

We spent the night at the village hall. The warm and hospitable villagers served us with whatever delicacies they could lay their hands on: duck eggs, pork, and chicken. Meat is considered a luxury and is only consumed during festive occasions. The ladies were smoking cigars wrapped in green betel-nut leaves and invited us to have a puff with them, but we graciously declined. There was nothing much to do at night except watch television and sing Burmese karaoke in a small hut beside "the communal hall where the entire village stayed glue to a screen no wider than 14 inches. A lady, upon hearing from the

Joseph (fourth from left) and company.

The children of Khemauk village.

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others that we were "medical people", came to consult us about her child who had been down with a high persistent fever for the past 40 hours. We thought it was malaria and implored her to send the child to the Township hospital immediately. She seemed reluctant to do so and simply shrugged and walked away. We later learnt that anti-malarials commonly used in Myanmar, such as mefloquine and artesunate, are too expensive to be affordable for the poor rural folks. I wondered how many children died each year as a result of undiagnosed and untreated malaria.

This was only my second visit to Myanmar and my understanding of it is still superficial. The problems besieging Myanmar are more real, complicated and multi-faceted than they seem at the outset. The country has been under international economic sanctions for the past decade and humanitarian assistance has gradually trickled to a halt.

For me, my involvement in *Project Somanassa* is the beginning of an inner odyssey. It begins with the realisation that there is more to life than our own desires, obsessions and possessions. I believe that if we would only try, everyone has the ability to do their part, no matter how little or how big, to alleviate much human suffering in the world. Let us plant the earth with seeds of goodness and embrace the world with universal love. ■

Editor's Note:

Project Somanassa is a long-term project to provide primary healthcare to the Township of Bilin in Myanmar with the construction of a rural medical centre. For more information about Project Somanassa and how you can contribute to it, you can contact Joseph at 97249232 or write to him at karvna@hotmail.com. The project website is http://www.geocities.com/marchrecce/

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