



To Cure Sometimes, to Treat Often, *but to Comfort, Always...*

Text and photos by Jonathan Loke

Jonathan is a third-year medical student currently studying in Trinity College Dublin. He enjoys hiking, exploring the outdoors and spending time with his friends and family. He has a passion for medical outreach and although he still has a long way to go, he hopes that these opportunities and interactions will help hone his interpersonal skills and help him become a more empathetic doctor.



As we sat in the van travelling on the undulating dirt track bound for the village (a three-hour ride into the mountainous regions of Phetchabun, Thailand), we were filled with trepidation and anticipation for what was to come. It was the last week of July and we – a team of 16 Singaporean students from medical schools based in Ireland and the UK, three doctors and a physiotherapist – set out to the small Thai village of Khek Noi with excitement and enthusiasm, not knowing what to expect.

The expedition was organised in conjunction with RADION International, a Singapore-based non-governmental organisation, to provide assistance to the Hmong community in Thailand. When we arrived at the massive compound spanning five football fields, we were met with a warm welcome by Eugene Wee, the founder of the organisation. The main goal of the trip was to understand the needs of this vulnerable and marginalised group, assist in the distribution of food rations

and clothing, and improve the quality of health in the community through health screening and mobile clinics. In the two weeks that we were there, we stayed on-site at RADION's headquarters located within the village, which oversees the vast ginger plantations and rice terraces that were carved into the mountain sides. This gave us the unique opportunity to watch the sun rise over the valley every morning, its golden rays shining through the morning dew and low-lying clouds, and enjoy the cool morning breeze.

Language and cultural lessons

We spent our first few days attending language and cultural lessons as the staff at RADION taught us basic Thai words and phrases that would come in useful. We learnt how to ask “where the pain was” and explain procedures such as “checking your blood pressure” and “taking your temperature”, which came in especially helpful during the mobile clinics. As foreign guests, it was imperative that we



acted in a culturally sensitive manner, thus there was also an emphasis on assimilating ourselves into the community. The staff showed us how to “wai” – a traditional greeting in Thailand where someone more junior would bow their head with their palms pressed together as a sign of respect to someone more senior. They also explained that as the head is considered a sacred body part in Thai culture, we should avoid touching the head of someone more senior as it is considered very disrespectful and impolite.

RADION and the Hmong people

Besides learning basic social etiquette, Eugene also educated us on the plight of the Hmong people to give some context to our service. Due to the Hmong people's involvement in the Vietnam War against the Communist Guerrilla forces in Laos, and the US' subsequent defeat, they have since been persecuted and labelled as traitors by Laos. The multiple reports of indiscriminate violence, brutal raping and mutilation have forced them to escape certain death by living on the run as refugees.

We also learnt that “bridenapping”, an act where a group of males abduct a young girl and force her to marry one of the males, often against her will, is unfortunately widely practised among the Hmong people. There was a young lady who came to the mobile clinics presenting with swelling and unilateral facial paralysis. She explained that when she was 18 years old, she was bridenapped by some boys. When she rejected their “proposal”, they followed her home and shot her in the face with a homemade shotgun. Although the incident occurred five years ago and she had undergone facial reconstructive surgery, we could still feel the shrapnel of the shotgun shell embedded in her

mandible during examination. It was shocking to think that such practices were still ongoing and that females in the community still face such persecution and harassment in this day and age. This incident also affected the team very personally since she was around the same age as us and it was upsetting to see how different our lives were, based solely on where we were born and the social circumstances that we were brought up in.

Home visits

The team visited the higher priority villagers who lived in basic houses with mud floors and attap roofs, most of whom suffered from more debilitating illnesses and were living alone without any formal social support. During the visits, we interacted with the villagers as we listened to their stories of everyday life, asked them how they were coping and what help they needed.

There we met a cheerful 80-year-old Hmong-Laotian lady who lived alone after she escaped to Thailand from the war. The explosions during the war had left her with irreparable hearing loss, so she could not understand a large part of the conversation. However, we tried our very best to explain through the translators where we were from and encouraged her not to lose hope. When she finally

understood, she broke down in tears as she said that she genuinely felt loved by us and that it was something she would never forget. To see such an elderly lady who had gone through war, trauma and hardship so touched by the kindness of strangers and profusely sobbing was truly heart-wrenching.

I will never forget that scene where we were all crammed into the small and dimly lit room, silently sniffing as we struggled to hold back our tears, and just enjoyed each other's quiet presence. It was painful when the time came to say goodbye and we were all touched when she held our hands to thank and bless us individually for coming to visit her and said that she truly appreciated this encounter regardless of how short it was.

Prior to the trip, we had prepared medicine and rations, thinking that these were what the locals needed the most, but we realised at the end of the day that what they wanted was a listening ear, someone to hear their story of struggle and courage, and their tenacity to persevere despite the very worst that life had thrown at them. Through all these inspiring stories, we learnt and gained more from them than they did from us...



Mobile clinics

With the help of the three doctors, physiotherapist and the medication obtained from RADION, we were able to set up a mobile clinic and a small pharmacy in a neighbouring village, where the closest government hospital was at least an hour away. Over the span of two days, we saw about 300 patients; we checked their basic vital signs and dispensed medication, vitamins and supplements under the guidance of the doctors. We were also privileged to have Hui Qi, a physiotherapist, on the trip with us as she taught the villagers several exercises that they could do on their own, since a large majority of them came with musculoskeletal problems due to working on the farm for years.

During examination, an elderly gentleman was flagged up after presenting with an oxygen saturation of 92% and distinctly swollen ankles – clear signs of congestive heart failure. Despite his symptoms, he sat silently and did not show any signs of distress; we promptly sent him to the nearest hospital nonetheless. Unfortunately, we found out with a heavy heart that he had passed away several days later in the hospital. The only comfort we had was that he spent the remainder of his days surrounded by his friends and family and that his loved ones could bid their final farewell.

Health screening and education for children

The team also conducted health screening at the local school, which focused on measuring the children's height and weight, checking their hearing and eyesight, and screening for colour blindness. This was done to flag up any early signs of malnutrition, which was relatively common as many of the

students were found to be underweight. Happening concurrently was a segment that we prepared to educate the students on pertinent social issues, such as signs of domestic and sexual abuse, and the prevalence and mitigation of dengue. There was also a segment on the dangers of drug abuse, as many children would be exposed to drugs at a young age due to the region's proximity to the Golden Triangle. The children were all very excited to meet us and listened attentively to the lessons taught. They were also eager to learn and naturally inquisitive – many of them particularly fascinated by the tuning forks and were obsessed with listening to their own heartbeats with the stethoscope.

Ration packing and distribution

Over the span of three days, our team packed 800 bags of rations that consisted of donated clothing, instant noodles, toothbrushes, toothpastes and soap bars. These items were either collected from donation drives or directly sponsored by organisations in Singapore. We also distributed winter clothing and jackets as the temperatures can fall drastically in the winter with the occasional cold snaps of temperatures falling below zero. Most of the villagers wore slippers and traditional Hmong outfits that consisted of either thin loose-fitting trousers or long hemp skirts adorned with colourful embroidery which did not provide much insulation for the winter, leaving many of them susceptible to the harsh climate and extreme weather, with serious risks of hypothermia and frostbite.

The 14 days that we spent in Phetchabun was an eye opener and it is hard to encapsulate all that we had seen, learnt and experienced. I am certain that the memories of sitting in the back of the lorry riding through winding dirt tracks to

witness some of the most heart-breaking scenes will stay with many of us for a long time to come. But besides this, we will always remember the honour and gravity of being able to partake in the lives (and the sufferings) of these villagers. It served as a striking reminder that we should never be too caught up in the hustle and bustle of our lives, or the affluence and privilege of our society, to remember those in our community who need a helping hand.

As a team, we are grateful to everyone who helped out and served alongside us with such willingness, kindness and open hearts. We thank Hui Qi, Dr Treye, Dr Lydia and Dr Yang Lin for their constant guidance, teaching and assistance in the mobile clinics and health screening, and the staff from RADION, who chose to abandon their lives of comfort to help these people. Through their humility and simple lives, in spite of the severe circumstances where injustice and helplessness were so palpable, we have been deeply moved by the Hmong people and inspired to serve as they do. The opportunity to help the locals and listen to their personal stories also served as a timely reminder to us as students in the field of medicine. It truly was a stark reminder that we should always have the best interests of the patient at heart. It is hoped that through these humble acts of service, empathy and compassion that we might "cure sometimes, treat often, but comfort, always..." ♦

Legend

1. The children bringing us through the plantations
2. The local children were intrigued by the sound of their heartbeat and how the stethoscope works
3. Distributing winter wear to the locals
4. Teaching the children some games that we used to play as kids
5. The full team with the RADION staff

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