

Water from the HEART

PROJECT NAAMJAI

Text by Dr Hargaven Singh Gill in collaboration with Dr Evelyn Wong Yi Ting
Photos by Project Naamjai



Nestled in Mae Na Chon, in the outskirts of Chiang Mai, lies a group of underserved and outcast people – the Karen population. It was difficult for them to access medical aid, and dirt paths were often the only means of entering and leaving their villages.

In 2012, a group of local medical graduates and students foresaw the needs of this community, resulting in the inception of “Project Naamjai”, which in Thai means “Water from the Heart”. This was to remind those on the team of the importance of having a heart of service.

Over the Christmas of 2019 (21 to 28 December), a team of six doctors and one medical student braved the winter of the mountains in Chiang Mai to provide medical aid to the villages spread across the region.

The journey

Oscillating at the back of the pick-up van, along the dirt track, was not a foreign experience for many on this trip. Each had our reason for journeying to a foreign land and forgoing personal comforts, but a common goal had forged us all together – to serve the underserved Karen community.

After journeying three to four hours from the heart of Chiang Mai to Mae Na Chon, we arrived at our accommodation – the church of the village pastor, Pastor Pharot. The peripheries were lined by brick walls, built during previous trips by members who were also present on the current trip, and a low rumbling river that cut across its fields. We were introduced to five translators, who soon became our closest aides, and plans were

concretised surrounding the villages we would provide medical camps for that Christmas.

Medical camps

A total of four villages (Ban Mai Village, Mae Chon Luang, Chang Khoek and Khong Khaek) were eventually selected by Pastor Pharot and the team. Prior to running the camps, we dropped by our regular pharmacy to top up our medical supplies. Fortunately, knowing the aim and purpose of our regular visits to Chiang Mai, a local pharmacist donated a few hundred pills of nonsteroidal anti-inflammatory drugs to our cause, which subsequently proved to be a vital staple of our dispensary.

Most of the cases seen during our medical consults were musculoskeletal (eg, back pain), respiratory (eg, cough), gastrointestinal (eg, diarrhoea or constipation) or dermatological (eg, fungal rash) in nature. However, there were a few that stood out, including patients with cervical myelopathy, pernicious anaemia and atypical Parkinsonian features.

Home visits

The highlight of the medical camps for most of us were the home visits. Over the previous years, our predecessors



learnt through the village pastors and leaders that a few locals were too aged or unwell to walk from their houses to the town square, where our mobile clinics were situated. We thus assigned a home visit team each day, guided by a village pastor, to provide medical aid to these individuals.

During my home visit rotation, I met an elderly couple who had both been afflicted with hemiplegic stroke, rendering them wheelchair bound. They had only a single caretaker, and care seemed laborious for this elderly couple. However, it was heartening to know that





the village at large would support the aged couple with provisions of food, physical aid and finances when required.

We soon learnt that the villagers' favourite part of our home visits was having their blood pressure measurement taken with our cuffs, although no eventual medical care might be rendered for their conditions. It dawned upon me then that human touch was what these individuals valued most – the comfort of our care, above our ability to cure and treat.

Midwife teachings

A special addition to this year's medical camps was the focus on women's health – specifically, midwife training through education and awareness of the delivery process of a fetus, common complications faced during labour, and possible contraceptive methods. This was chaired by our enthusiastic final year medical student, Sudesna Chowdhury, and our family medicine resident, Dr Wong Simin.

Crowds of ladies would gather around our posters daily and be interviewed on their local practices. It was interesting to note that almost all village females in labour could access their local hospital in Mae Chaem easily and home deliveries were becoming less common. Affordable contraceptive procedures, such as Implanon insertion or tubal ligation, were also being offered by the hospital post-delivery.

Blessings hostel

To experience the true local culture, we celebrated Christmas by carolling

and dancing with the local hostel community at the Blessings Hostel. This hostel was offered as a place where children from villages further away could stay near the local school to study. Unfortunately, over the years, the hostel had run into debts procuring food for the children, as financial support from the government had been cut to an average of 10 to 20 baht per meal per child. That would amount to less than one Singapore dollar per meal per child. This, however, did not dampen the spirits of the children or their caretakers as we celebrated late into the night. We had also tabled discussions with Pastor Pharot during our time there on measures to circumvent the hostel's financial state.

As the trip ended and we were on our journey back to the airport, many of us "old timers" reminisced with fondness our past years of toil and effort in the local community and how they were slowly beginning to bear fruit. However, as our medical oncologist team leader, Dr Evelyn Wong, would nicely summarise: we toil for our patients not knowing the outcome – or at times knowing there may be no good outcome – and continue to be their bastion of hope because each and every person deserves our best efforts and a silver lining. ♦

Legend

1. A topographic layout of our medical camps and key landmarks
2. One of the many house visits done by Project Naamjai during our medical camps
3. One of our women's health booths
4. Team members of Project Naamjai 2019

Dr Hargaven is a medical officer currently undergoing his medical officer conversion course at the Singapore Armed Forces Medical Training Institute. He has been involved in medical missions since his medical school days, and would like to thank his mentors for their invaluable guidance over the past years.



Dr Wong is a senior resident in the Department of Medical Oncology, National Cancer Centre Singapore who is passionate about health inequalities and digital health interventions. She believes that it is important to travel and see other health systems, for once you see it, you cannot ignore it. She is thankful for all the support her residency has given for pursuing her interests.

