

Earth Mission News



bringing help to the earth's poor and oppressed

July 2011

Somewhere in Burma

The Jungle School of Medicine is entering its fourth month of existence. We have asked the doctors on site to send out daily reports on what they are teaching as well as a little about the patients they are caring for and anything they need.

From Doc B



Medical aid in Burma

“Excitement in the camp Friday night, screams from the girls' dorm that brought out the blokes, armed and ready. Neighborhood elephant had wandered into camp after lights out and was trying to find the food caches. Made a big mess of some

sacks full of rice hulls and rearranged some lumber for us, but was caught before any real harm done. Good for laughs the next day.

Can't find the glucometer, any clues where it is?

Do you suspect the four month old child with bloating and infrequent bm's has Hirsprung's Dz? Not a clue how to diagnosis it without a colon biopsy, and no clue how to treat without surgery. Comments?

Most impressed with the staff and teachers, so grateful to be here. Thank you all for blessing me with this opportunity.

We prayed over each child individually, and the Moms have become smiley and chatty; one gave me a beetle chewing tutorial this morning (touching generosity, but not to my taste.)

Current needs, as discussed in nightly staff meeting:

- Metronidazole, ibuprofen, propranolol, Ca++ supplement, and something for constipation.
- Some type of privy, chamber pot, or tent-camping style potty for the elderly and infirmed in IPD, those for whom a night time or rainy-weather journey to the john is a hardship/hazard. I have a plastic toilet seat/lid back home that snaps onto a standard 5 gallon bucket.

•Any such item available for you to buy and send in? A big screen TV would certainly be a big help in the lecture hall.

•Toh feels we need some foley catheters and urine bags on hand.

•Glucometer.”

From Doc J

“Well Mitch, we have had our first death at the school. She came into the camp in the evening, and was found dead by morning. Some say she died of a prolapsed rectum, but I say it was a busted heart. We buried her near the barracks, and they cut off her horns before putting her six feet (two meters) under. She'll be pushing up coconuts by next week, but the old gnatty buffalo will live on in our memories. (This was an old water buffalo who had taken to staying in the camp.)

I can draw his blood here, (a patient) and spin it, but I can't freeze it. I wasn't aware that it had to be frozen, or refrigerated. We can keep it cool in a jar with water, but not cold. I think it is probably unlikely that we can get him down to the other camp lab, but will talk with him. Could you check whether 'cool' on a spun serum is good enough. I think

these lab questions will be a continuous need. So we need to be thinking about a sustainable way of obtaining, transporting and processing labs.



A bamboo stretcher used in the jungle

Hi all! We just got notice that Toh's (Staff Director of Medicine) baby is

ill, and Gulweh (his wife) is requesting him to return. No further information. We've prayed together, and he'll make the trip now. Asking for your prayers for all, and will send more info as it arrives.

One string on the guitar broke. Could you send three sets in, and we'll replace as needed.”

*"The main causes of morbidity and mortality in Burma are overwhelmingly preventable, from disease entities such as malaria, malnutrition, diarrhea, acute respiratory illnesses, tuberculosis, and HIV/AIDS. Burma continues to register the greatest number of malaria deaths and the highest malaria case fatality rate of any country in Southeast Asia.
Diagnosis: Critical - Health and Human Rights in Eastern Burma 2010*

"Dramatic testimony from escaped prisoners has revealed how the Burmese army is forcing convicts to serve as porters on the frontlines in fighting against ethnic tribes.

Prisoners have been tortured, used as human triggers for landmines and - in some cases - summarily executed, say human-rights groups.

Plucked from Burma's crowded jails across the country, the prisoners are driven to operations in the east where troops are battling ethnic Karen rebels, who have opposed the state since its independence in 1948."

From The New Zealand Herald July 16, 2011



From the Gilgit Education and Rehabilitation Center

"It's been a while since I walked through an American grocery store, but I'll be the first to admit I rarely paid much attention to the baby food. I've purchased baby food before, but never really thought all that much



Trainer doing exercises with a student

about it until recently. In a remote village, there is a seven year old little girl, Sana. Sana has cerebral palsy, is usually ill, very thin and her daily nutrition comes only from glasses of milk. Glasses of milk have been her main source of nutrition for most of her life. I'm sure from time to time she has received other things, but her family didn't think Sana liked food, and therefore did not see the importance of finding things she would or—as the case was—could eat.

It is not uncommon for children with cerebral palsy to have difficulty chewing and/or swallowing food. It depends on the severity of the cerebral palsy. In this same village, there are also two young boys whose families acknowledged feeding them only chai (milk tea) and soft cookies.

After spending the morning in these three homes and realizing the lack of nutrition available for these children, the CICD trainers were taught how to make "baby food". On the way back from these three homes, we stopped at the vegetable stand and purchased some carrots. After cleaning, cutting, and boiling the carrots, the Trainers were shown how to mash them up and get the desired consistency.



CICD trainer working with a mother

The following day, the Trainers took a small container to each home with the carrots. Sana's mother said Sana wouldn't eat it because she didn't like food. The Trainers got a spoon and began feeding Sana. By the time Sana had her fill, the container was empty. The two boys had similar responses. All three mothers said they just didn't know how to prepare the food for their children, but that this was simple and they would do this for their children. We will be checking on Sana and the two boys in months to come, hoping they are gaining weight and becoming healthy children.

It's easy to think, "How could these mothers not know how to mash the food up?" The answer is just as simple: They had never seen it before; had never thought about it, and no one had ever shown them! Because of your support for GERC, we were able to show them! Thank you for your generous giving. It does make a difference." A GERC leader