



November 2, 2020

Dear EMA Family,

Greetings! We trust that you are safe, healthy, and filled with hope. The purpose of this letter is threefold:

- To provide you an update on Covid-19's unfortunate presence in Myanmar.
- To inform you of Earth Mission Asia's financial status as we close the drapes on this crazy and unprecedented year, and
- To share another fascinating story by Dr. Mitch.

Stay tuned and read on, my friend.

Covid in Myanmar - Population: 54.4 Million

Statistics (as of 10/8/2020):

Confirmed Cases	21,433
Active Cases	14,839
Recovered Cases	6,084
Deaths	510

Yangon, Myanmar is a large city of 4.34 million people and a four-hour drive from EMA's T-RAD clinic. Yangon is shutting down -- including its hospitals. All the medical facilities are full. EMA's Dr. Sha notes that people are waiting to be tested by the thousands. As happened in India and other places, when the big city shuts down, impoverished individuals have to go back to their home areas to eat. So in this case, Karen state is trying to operate quarantine centers along the borders. Currently, there is no Covid inside Karen State, but there soon will be unless they can keep those quarantine facilities open and running. To do that, they need food to keep people for two weeks. Roughly, we are talking 3533 Burmese Kyats per day to keep a person in quarantine (about \$37 US dollars per person for 2 weeks).

After that... the next step... probably antibiotics and oxygen. The antibiotics, not for the Covid infections, but for bacterial pneumonia. It's very common and there is no good way to tell the difference between pneumonia and Covid with the resources they have. So, treating everyone with lung findings as pneumonia will at least cover the real pneumonias, which presumably will still be going on.

Currently, Drs. Sha and Mitch convene consistent Zoom gatherings with approximately forty professors and doctors who have real experience treating patients with Covid. These practitioners come from Singapore, Myanmar (including the Karen areas), America, and the Philippines. Dr. Mitch states, "[These meetings] help our Karen healthcare professionals (and our students) who were attending feel a part of a world-class professional body. And although we have few resources compared to other countries, we are nevertheless a respected and valued member. That alone will inspire many to strive for excellence in their profession. This was a huge win in my book."



EMA's Finances

During this global pandemic, and like many non-profit organizations around the world, EMA is experiencing a decline in donations. Specifically, we are \$96,940 less in total receipts compared to last year at this time. With that said, we are grateful that 8,214 patients have been served through September in EMA's two clinics in Myanmar (Burma).

YOUR contributions are changing lives. YOU are providing *health for the hidden*.

To the point, if this is an appropriate time to help financially, then super. Again, thank YOU. If times are tough and this is not a good time to donate, then that is understandable. We trust our intentions are clear-- to make you aware of the current financial challenges.

"Call the Midwife"
by Dr. Mitch Ryan

This is Naw Aye Soe Paw, a 24-year-old woman with her third baby.

She lives in a remote area of Burma. Last week she was home doing what every 9-month pregnant woman with 2 small kids does. Work ... wait .. and in these areas, quietly worry a lot. The traditional birth attendant (TBA) in their village had told her she was past due and the baby's head wasn't down. Naw Aye Soe Paw heard that several other pregnant ladies from her village had made arrangements to go to our T-RAD clinic. So, she decided to tag along.

I'm not sure how they got to our clinic. Often villages from this area will borrow one of the beat-up local mining trucks. Anyone with a need to go to town piles in the back for a trip. Imagine ... hours in the open bed of a steel-sprung pickup with several other pregnant ladies. These relatively new unpaved roads through the mountainous jungles are some of the roughest roads I've ever seen. Hours later, several dust-covered and road-wearied pregnant women arrived at our clinic.





Our midwives were already facing a long day with regular antenatal checks even before the truck load of pregnant ladies arrived from Naw Aye So Paw's village. By the time they got to Naw Aye So Paw, they had been pushing hard all day long and were tired. It was 4pm and our Australian midwife's 11-month twins would be back home howling. Perhaps they should just house the rest of the ladies overnight and see them the next day? Our midwives decided to finish seeing all the ladies who had come. They asked Naw Aye Soe Paw questions about her dates and calculated that she really was 2 weeks past her due date. They quickly did an ultrasound scan on her. As sound waves gently probed the warm cradle of new life, 2D black and white images formed on the computer screen. Then, suddenly, the business of the day, the weariness of repetitive routines done with a smile, the fatigue of a long day, maybe even howling twins, were all forgotten. They said they all saw it at the same time. A complete placenta previa. The placenta circulating the woman and baby's life's blood supply completely covered the baby's exit. Should Naw Aye So Paw, two weeks overdue, go into labor she could bleed to death before their eyes. A vaginal delivery was out of the question. The baby in a transverse lie seemed to agree; the usual exit from this place wasn't a good idea. The midwives quickly arranged to transfer her to a nearby hospital for an immediate C-section. Make no mistake, with no fanfare, on a routine busy day in a backwater town, our midwives saved two beautiful lives that day.

Oh ... except they didn't. They saved more. Another patient they saw was a young woman with preeclampsia. They admitted her to our little in-patient facility with a labile blood pressure. Over the next few days, her BP continued to fluctuate despite our treatment. Her liver and kidney function tests crept up. But it was just one of those subjective assessments of an experienced practitioner ... a I'm-not-sure-but-I-don't-feel-good-about-this assessment. The kind of assessment that over the years, I have learned to listen to, because although you can't prove anything, it often ends up being right. She would be sent out a few days later to be induced before she became unstable. Another woman who came that day from Naw Aye So Paw's village had been told by the TBA that her baby didn't have a head. Our midwives found it ... up under the ribs ... normal but in a breech position. Later that same night, a 17-year-old came in from the jungle with full blown eclampsia. Magnesium sulphate was given to control her seizures and she was diverted to another hospital for immediate delivery as well.

Actually, because we don't have our own delivery unit, we had to send all these patients out. Some of them were mismanaged by the referral hospital because their usual OB doctor wasn't present or they had longer than needed delays because of the referral process. Again, this was a single day, but I think it shows the kind of need we are facing. And don't think it was all that unusual of a day. All night last night, our Australian midwife provided support for two of our intrepid students at our jungle clinic. On a motorcycle into the night, they braved mountain and wild storms to care for a woman in a village with a



EARTH MISSION

supposedly retained placenta. Postpartum hemorrhages are responsible for most of the maternal mortality here. They succeeded but that's another story.

I have no idea how God will provide all the resources we need. But, as you pray about this, I hope you can catch the vision, too ... God's vision for it.

We expect great things for the wonderful people we are privileged to serve.

There you have it, friends. CoVid's presence in Myanmar, a brief update on EMA's finances, "Call the Midwife" and EMA's health care team, and a sincere thanks for YOUR part in changing the course of history for the Karen.

Blessings,

Dr. Rob Campbell