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Ma. Emma Palazo, M.D.

A Weekend With Dr. Krasae Chanawongse

Dr. Krasae Chanawongse

As young community medicine doctors, Dr. Hideki Yanai and I were privileged to spend a weekend with Dr. Krasae Chanawongse, a Ramon Magsaysay Awardee and a distinguished leader in international primary health care. What made it more interesting was we spend this time in his hometown at Muang Phon district, Khon Kaen province about 300 km northeast of Bangkok.

We left Bangkok late in the evening of Friday and reached Muang Phon at dawn. The train station which is made of wood clearly depicts the rustic life in this district. The people are friendly and the environment is peaceful and refreshing.

Practical Rural Management

We visited the Indra Bumrong High School where there are about 150 students and 15 teachers. There is one teacher from England who also supports Dr. Krasae's rural development programs.

Classes are conducted Tuesday to Saturday so that Dr. Krasae can personally supervise the staff on Saturdays.

Most of the students are sons and daughters of farmers not only from Muang Phon but also from other districts.

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AMDA NEWSLETTER

A MONTHLY PUBLICATION OF THE ASSOCIATION OF MEDICAL DOCTORS FOR ASIA

PURPOSES

1. To publish information about AMDA activities.
2. To provide a medium of communication among AMDA members.
3. To be a forum for AMDA members to express ideas and comments.
4. To publish articles about health care and community development

All materials for publication should be sent to Nipit Piravej, M.D., editor, AMDA Newsletter, 56/13 Soi Kua Witthaya, Charoen Nakhon Rd., Bangkok 10600, Thailand.

EDITORIAL

Dr. Nipit Piravej

The November issue ushers our Association's Newsletters into its 4th years of continuous publications. With the persistent effort of the present editorial staff and the strong back up from the executive committee, we hope that AMDA Newsletter will remain to serve its purpose as a medium of communication for AMDA members & supportors. However, we are fully appreciated that this goal can never be reached without the regular support from AMDA members ourselves. So, please continue to contribute your comments, articles and news matters, and make the Newsletter your means of communication for AMDA activities.

This month, Dr.Emma Palazo and Dr.Hideki Yanai have come to Thailand for their training under the famous Professor Krasae Chanawongse at Mahidol University.

So, in this issue, we gladly present you a personal report of Dr.Palazo who had a chance to join a trip with her Professor to a rural community in Thailand.

Another article is about Dr.Sanyavej Lekakul who is internationally known for his mobile ear clinic for Thai rural people. The report will reveal how his strong determination and devotion turn out tobe the happiness of the people.

The Editor

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The school has a wide field and at the other end we can see the auditorium under construction. This edifice is an example of appropriate technology-simple, economical and practical. It used to be an old public school but they are now converting it to an auditorium using the same materials.. There are no complicated equipments so that even the rural people can use it. The administration will be able to save hundred thousands of bahts with this method rather than constructing a new auditorium.

Dr. Kasae believes that in rural community development, four systems must be improved: **education, health, finance and local government or community participation.** As a young doctor he started with health but now he is developing model educational institutions in his hometown.

A few meters from the high school is the Phon Commercial and Technical College (PCTC) which was founded in 1980. They offer courses in business administration, commerce, marketing, accounting, secretarial training and vocational skills.

PCTC aims to give norteast residents "Green hearts" so that they will have confidence in themselves and develop skills to attain better quality of life for their society. PCTC's philisophy is **"Education is the fuel to the engine of development."**

PCTC also believes that education is not culture-bound. It has coordinated with other educational and financial institutions all over the world in terms of faculty/student exchange programs and career development activities. At present, they have coordination with Nagasaki Wesleyan Junior College and TSD C. Ltd. a computer company both in Japan; University of Baguio in the Philippines; and St. Joan of Arc School in Bangkok. International peace and understanding can be strengthened by learning from each other and living together.

Teachers in this college have to undertake 2 months in-service training before they start their work. This training will motivate them not only to be employees but to be mentors eager to impart their knowledge and skills to their students.

PCTC is not only an educational institution, it also serves as a community center to disseminate cultural and health information to the people. Every Sunday morning, the "Aging society of Muang Phon" conducts their exercise program and discussions in the campus. It is so nice to see the elderlies having breakfast together-sticky rice in the traditional container, chili, grilled chicken, beef, dried larvae, fish and leafy vegetables. This kind of activity is highly commendable because it does not only provide good health but also moral and social upliftment of the people in their golden years.

We also visited the office of the NorthEast Rural Development Programme (NERDEP) wherein Dr. Krasae is the chairman. This organization develops poor districts such as Waeng-noi and Nong-Song-Hong. They organize groups for farmers, housewives, children, traditional doctors and old people. In the farm, we saw the pond for fish fingerlings, they also raise rabbits, chickens and pigs. They have a nursery for plants to be distributed in the villages. Some skilles workers from Norway, Japan and USA visited NERDEP to share their knowledge in carpentry, agriculture and aquaculture.

Dr. Krasae also plan to have "silver volunteers" from other countries to visit Muang Phon and share their skills. He believes that the trends now for travellers should be 'survey with service'. We need to share to enjoy life!

We also had the opportunity to witness a Buddhist funeral ceremony. For me, its quite unique, colorful and interesting!

Typical Rural Man

Throughout this weekend, I can sense the joy Dr. Krasae has when he communicates with the rural people especially the elderlies. Everywhere we went he took some time with the gardener, vendor and the common folks. We enjoyed lunch in an open-air restaurant near the railway.

Dr. Krasae surely remembers his roots, a typical rural man who wants nothing but the best for his townmates. He hopes to develop schools as model educational institutions in the rural areas. Even at his golden years serving the public is still his primary concern.

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In the community, Dr. Krasae is a model public servant but in their home he is a king. He does not mind travelling from Bangkok to Muang Phon once or twice a week because Dr. Prankae, his wife is indeed an ideal Thai woman. They have a son who has just finished engineering and a daughter who is a freshman economics student.

On our way back to Bangkok, the full moon was very bright, people were very happy to celebrate Loy Kra Thong festival. When I floated the candle on the lake I hoped all the best for Muang Phon. Natural resources may be poor such as the soil may be dry, salty and infertile but this is a great challenge for a man to fully develop human resources to have better quality of life.

By I. Rajeswary

Thai Doctor Saves Lives with Mobile Ear Clinic

A group of patients after ear surgery.

In 1980, the Thai government awarded ear specialist Dr. Salyaveth Lekagul a US$2,500 "model citizen" award. The government was paying tribute to a man who had pioneered a mobile ear clinic, simplified surgical instruments for use in complex ear operations and treated thousands of patients

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with hearing disorders not only in his homeland, but in Kenya, India, Sri Lanka, and Laos.

Yet, there was a time when Dr. Lekagul was regarded as a medical outcast. Seventeen years ago, when he was traversing the Thai countryside in his car and performing as many as 12 surgeries a day, none of his medical friends believed that ear patients could be treated without hospitalization. When Dr. Lekagul took photographs of smiling patients who appeared to be well on their way to recovery, his friends were still skeptical. "They said I bribed the patients into being photographed," he recalls.

It was only after a few doctors agreed to accompany Dr. Lekagul on field trips did that skepticism turn to respect. "When my colleagues realized that without our help, these patients would they chose to become part of my mobile clinic," he said during an interview in New York before leaving to attend a dinner in Washington, hosted by the White House Correspondents' Association. "Many of these surgeons were big names and had flourishing practices in the city. But they came willingly. There were no salaries, and they had to pay for their own meals and lodging."

Dr. Lekagul's mobile unit soon grew to a team of 12 doctors. From one operating microscope, he now has six. Since 1972, the team has screened more than 160,000 patients and operated on more than 1,000.

In July 1987, Dr. Lekagul and four other Thai Ear, Nose and Throat (Ent) specialists performed 400 successful operations and treatments in Kenya. OPERATION EARLIFT was arranged by IMPACT, programme for the prevention of avoidable disablement supported by the United Nations Development Programme (UNDP), UNICEF and the World Health Organization. UNDP's Special Unit for Technical Co-operation among Developing Countries (TCDC) provided $12,000 for the transport of equipment, paid for 50 per cent of the Thai doctors' air fares, and helped cover part of their living expenses in rural Kenya.

At IMPACT's invitation, Dr. Lekagul demonstrated his techniques in India in October, 1983. He and his team were in Laos in February 1989 on a similar exercise. Over four days, they examined 1,850 Laotians, 90 of whom were operated on. The Special Unit is making arrangements for Dr. Lekagul, who is also Chairman of IMPACT Thailand, to go to Laos again in October. On such missions, Dr. Lekagul trains local doctors in his latest surgical techniques as well as post-operative care.

Dr. Lekagul with one of his patients.

Educated at the Washington Hospital Center in Washington, DC, Dr. Lekagul chose to specialize in Ear, Nose and Throat surgery because he loves to listen to music. He returned to Bangkok in 1972 and joined the teaching hsopital of Chulalongkorn University. He also took part in a volunteer mobile clinic to rural areas, treating common colds, coughs, headaches and stomach disorders. It was then that he discovered that perforated ear-drums, or *Cholesteatoma* ("dangerous ear" in Thai) led to brain abscesses, and was the major cause of death among Thailand's children and the rural poor.

The only way treat this disease was by *mastoidectomy,* which requires drilling and cutting out the infection from the spongy mastoid bone just below the brain. When Dr. Lekagul learned that he was one of only two ENT specialists in the whole country with its 72 provinces, he decided to put his seven years of training to good use, and launched a mobile unit solely for the treatment of hearing disorders.

Dr. Lekagul's early efforts were courageous and instructive but not without frustration. Thailand did not have any primary health care programme to support his work in the field. When doctors

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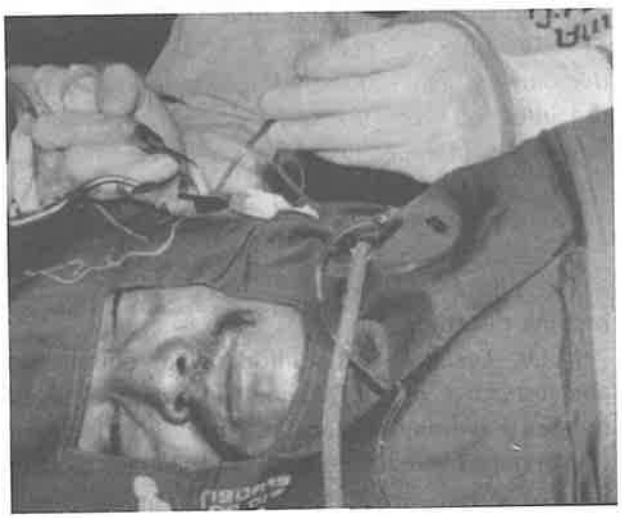
from Bangkok said they were reluctant to operate in rural areas because local general practitioners had no training in post-operative care, he trained them as he went along, and also undertook to teach ear patients how to care for their ears after surgery. And because heavy operating equipment was unsuitable for use on the field, he set about re-designing it to make it easier to operate and more easily transported. He also worked at mass-producing a simplified audio-meter, permitting Thai teachers to screen children for ear problems and thus reduce the death rate from brain abscesses.

Equally important, Dr. Lekagul developed assembly-line examination techniques that allowed his team to diagnose and prescribe treatment for a patient in less than 10 seconds. "We are always trying to do our work faster so that we can see as many patients as possibel", he said, adding: "We never push the surgeon because if he hurries, the patient will suffer. I only push the system."

Dr. Lekagul does not just impart his techniques, he also learns from doctors in other developing countries and applies it to his work in Thailand. In India, he found that eye surgeons paint the skin around the eye of the patient requiring surgery so that they will make no mistake and operate on the wrong eye. Dr. Lekagul adopted a variation of this technique. "After diagnosis, our surgeons write on a red card, which has a picture of a right ear, and hang it around the patient's neck to indicate that the right ear is to be operated on. If it is the left ear, the surgeons hang a blue card," Dr. Lekagul said. Before the operation, hair above the patient's right or left ear would be shaved off. "The tags clearly indicate which ear is to be operated on, so we make no mistakes," Dr. Lekagul said.



The patient's ear is exposed to facilitate ear surgery.

Dr. Lekagul demonstrating surgical techniques to Kenyan doctors.

To avoid over-burdening rural hospitals, Dr. Lekagul's team brings its own sterilized surgical drapes, gowns, and all equipment associated with surgery. "To bring cheer to these clinics, we stay away from traditional medical colours of white or green," he said. "All surgeons wear brown but the nurses wear gowns in red, yellow, blue, or pink. The gowns also carry messages such as *"Keep smiling for good work"* so that the nurse cannot sulk if she has had a long day." But there is an added purpose for using these colours. "When we take back the laundry to Bangkok for sterilizing, the coloured gowns will never get mixed up with other laund[illegible]"

Dr. Lekagul is constantly refining his surgical instruments. "The West has highly sophisticated, electronic machines," he said, "but they are too bulky for out mobile clinics." Three years ago, he developed an internationally calibrated audio-meter (labelled in Thai) to screen children to detect hearing loss and other ear problems at the earliest possible stage. With financial assistance from IMPACT, 60 such machines were manufactured in Thailand, and they have been used to examine 50,000 children. "The saying *prevention is better than cure* keeps ringing in my ear," Dr. Lekagul said. "My goal is to distribute this audio-meter to every sub-district in Thailand to catch ear problems when children are still young and thereby reduce the disease — and death."

News & Note

Kobayashi International Clinic is to be opened in January, 1990

Dr. Yoneyuki Kobayashi, AMDA Japan.

Dr.Yoneyuki Kobayashi of AMDA Japan is going to open an international clinic which is aimed to serve better medicine in a lesser confusing way to the foreign community in Yamato city of Japan.

Foreigners, especially foreign students in Japan always face some problems when they need medical care. Thanks to the effort of Dr.Kobayashi, who himself has a lot of experience with foreign patients in Japan, such confusion can now be avoided by consulting the Kobayashi International Clinic. The Clinic is organized to provide high standard medical and surgical serivces and above all, with fluently English speaking staff, Undoubtedly, the project will bring good-will to AMDA as part of its effort to promote international mutual understanding and assistance.

The clinic is to be opened in January 16, 1990. The address is : 3-5-6-110 Nishi-Tsuruma, Yamato City, Kanagawa prefecture, Japan.

Professor Maruchi assisted in organizing an international workshop in Bangkok

Professor Nobuhiro Maruchi (Second From Right), Advisor of AMDA International, and Some Participants of The Workshop.

Professor Nobuhiro Maruchi, advisor of AMDA International, came to Thailand again to assist the Faculty of Medicine, Chulalongkorn University to organize an international workshop on "Holistic Approach to Health and Diseases", during October 16-20. The workshop was joined by 25 participants, including Dr. Nipit Piravej.

Professor Maruchi emphasized that to tackle the health problems of people in any community in the future, we need a broader concept of health and diseases that should include all aspects, ranged from social, environmental, economic to biological, medical and psychological backgrounds of the people to ensure a real integrated approach to problem solution.

This workshop was another success in the series of similar workshop organized earlier to introduce this new health care philosophy. The participants were very much interested in the concept as well as Prof. Maruchi's "General Networking Model", the two in one model and the car model. It was also a good opportunity for members of AMDA Thailand to meet Professor Maruchi again. His present address is :

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Department of Public Health,
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3-1-1 Asahi, Matsumoto, 390 JAPAN.

PHC In Practice : Health Workers, Drug Funds and Health Cards

The three main pillars of primary health care of Thailand at the village level are the health workers, the various community revolving funds and health insurance schemes.

The 5.5 million-strong army of health workers are now found in 92 per cent of Thai villages. Having been chosen by socio-metric survery as being the focal point for the neighbouring 10-15 households, a village health communicator (VHC) is given five days training at the tanbon level in the eight main PHC elements, i.e. health problems, nutrition, MCH and family planning, water and sanitation, immunization, control of locally endemic diseases and essential drugs. The VHCs are expected to pass on this information to their neighbours, as well as collecting health statistics and generally helping with promotive and preventive health care at the village level. After seeing how they carry out these adivities for about six months, the Village Development Committee and other villagers choose one out of every ten or so VHCs to go for a further 15 days' training as a village health volunteer (VHV). Backed up by the supporting network of health centres and district hospitals, the VHVs weigh the under-fives quarterly, distribute supplementary foods for children in need, help organize immunization sessions, provide family planning services and supply first aid and basic drug treatment. The VHVs are trained to deal with an estimated 60 to 65 per cent of village health problems-the remainder are referred to the nearest health facility.

Also the VHVs' responsibility is the village drug co-operative. The problem-common to most of the developing world-of access to essential drugs at low cost, in being tackled in Thailand through the establishment of village drug funds, in which houscholds buy shares (worth 45 to 90 US cents). If at least 70 per cent of the families in a village join, the co-operative is given Baht 700 (about US$ 28) worth of drugs and medical products by the Government and another Baht 700-1,000 (ca. US$ 28-40) worth by an NGO. The drugs are sold at the official retail price and the proceeds go to re-newing supplies at discount from the Government Pharmaceutical Organization.

The relative success of the drug co-operatives, which by 1986 had spread to 25,559 of Thailand's 60,283 villages, has led to the establishment of other community revolving funds, in order to finance such PHC elements as water and sanitation and nutrition. In 1986 there were 12,000 sanitation funds being used for the construction of rainwater catchment jars and water-sealed latrines. The 22,000 (1986) nutrition funds provide loans to villagers to undertake small-scale agricultural projects which can be a source of food for their families at the same time as generating income.

Begun in 1983, the health card scheme, a system of pre-paid (Baht 300 or approx. US$ 12 per family) health insurance which reinforces the role of the health workers and the referral system, is gradually being implemented nation-wide. It is more successful than the first pilot scheme of completely free medical care for the very poor which has proved hard to implement fairly.

(Source : Ministry of Public Health, Thailand)