Impression of Myanmar

It took about 2 hours drive from Mandalay airport to the city. The countryside extended for miles and miles. Through the window you could see yellowish green fields with various vegetables, grains and sunflowers growing. Big trees spread branches that made deep shadows on the land. The air was so clean that you could see everything in the distance clearly. A lot of people were working in the field when you strained your eyes to see in the farms. They didn't have agricultural machines. They worked in the field with hoes and plows. Women carried baskets of the clay, bricks on their heads in the construction sites. They filled me with wonder and nostalgia. I felt I was transported to ancient Japan rather than having come to a faraway country.

It is reported by mass media that the political situation in Myanmar is uneasy, although people have high morality and warm disposition. Their behavior is somehow noble, for example, when they hand over something to you; they hold their right hand palm up, with the wrist in the left hand.

Medical situation in Myanmar

Medical care in Myanmar is not available to all people. There are not many hospitals in rural places. It is almost impossible to see a doctor immediately when they are injured or sick. There are private clinics in cities like Yangon or Mandalay. You might see people taking their sick parents to private clinics in the city by car. However, only the rich can afford to do that.

Each township has one Township Hospital in Myanmar. Amarepula Township Hospital, which we visited, has around 20 patients with a wide variety of conditions. A child who had pneumonia, a woman who got scalded at her workplace - a construction site, a man thought to have AIDS, a woman who gave birth to a child, a woman who had had a failed illegal abortion somewhere, a man who got hurt on the head in a family quarrel and so on.

It seems to be difficult for village people to come to township hospitals in the cities. Villages are inaccessible and almost all of them don't have much money. There are Rural Health Centers in villages where mid-
wives consult with villagers about their physical problem or illness. One of the midwives’s important duties is to discover leprosy patients in a village, and then to deliver medicine to those diagnosed with leprosy. They have a role to teach those patients to take medicine according to a strict schedule.

Visited Rural Health Center

Talingyi Rural Health Center is reached by motorboat in 40 minutes. We went to the village by oxcart from the shore because there was no road for car. The oxcart can carry only a driver and two passengers and has no suspension. You might shake off if you don't cling to the cart firmly. These oxen have a lump on their back. They were panting heavily- they were so brave and strong. Oxcarts raised soil and dust like a tornado while moving on dry road; you could not open your eyes for fear of being completely surrounded by yellow whitish dust. We had to cover our mouths and noses with towels and breath in quickly when the dust was dispersed by the wind. The oxen stopped at every corner; spat bubbles of spit with panting at us when the oxen following behind approached to almost within 1 meter of those of us sitting at the back of the cart. The oxcart went up the slope, ran through the field, urinating and spreading excrements while running and passengers were splashed with it by the oxen's tail.

Dr. Mg Mg Gyi is the former Yanantha Leprosy Hospital director who guided us since Amarapura Township Hospital. He worked for the leprosy elimination program. His willpower and physical strength is not declining after his retirement. He earns the respect of people up until now. The Rural Health Center that we are going to visit does not have a resident doctor. Midwives work for the health of the village people.

The Rural Health Center was a solid building made of big logs. It was dark and felt cool when we went inside. They didn't have medical instruments. You could only see eradication campaign posters of leprosy and tuberculosis on the wall. We were led into a room, where we could at last take breath. Midwives wearing red longyi handed us wet towels, a glass of water and fanned us constantly. Tea, sweets and fruit were served. The table was full of delicious food. We felt like in paradise after enduring strong sunshine on a boat and soil dust on the oxcart. The mayor was in the middle of a table; we were sitting on the sofa on the opposite side to the mayor who started a speech on the real situation of Talingyi. Dr. Mg Mg Gyi translated into English from Burmese. Translation into Japanese from Burmese was a young student's part. Medical terms were difficult, and interpretation was stopped by his gestures of raising both hands and laughing. While we were enjoying the gap between two languages the explanation went on based on the pamphlet, which were handed out. (See Table)

I was only looking at the statistics in the pamphlet, not understanding them. The numbers in the pamphlet had not hit me. After his explanations, he told us that the patients thought to have leprosy were waiting for us. A little boy came into the room and sat down on a chair at the moment we moved to another room. He looked healthy and bright. We started medical examinations in a confusing process. Dr. Hatano checked the boy and Nurse Hashimoto wrote down the diagnosis and took notes. Other members gathered around the boy. We examined him to see if there was a patch of the skin, enlarged nerve and sensory impairment. We didn't expect to find new patients. We were in the process of examining him, when suddenly a fairly well-defined coppery patch on his thigh could be seen as he tucked up his longyi. We had never seen the real patch on children outside of pictures in books. We started at him intensely. Another schoolboy had numerous 'punched out' lesions on his back. All those who came to the room and sat on the examination chair one after another had leprosy symptoms on their bodies. They were lovely children about 10 years old. Some of them had dry skin on part of the body. Their sweating and sebaceous secretions were loss because of alteration in their automatic nerve. One schoolgirl had a 'claw hand' due to the ulnar nerve paralysis. Dr. Hatano told her "you should bend your palm forward every day as rehabilitation, so that the deformity doesn't set." She didn't seem to understand what he told her. I felt really sorry for her. She started...
almost sobbing because she was being examined and surrounded by us. Suddenly, I was seized by a feeling that was hard to stand. Their lives are lost if someone doesn't do something as early as possible.

This opportunity was set up by our counterparts to help our understanding of the leprosy situation in Myanmar. They prepared patients diagnosed with leprosy in advance. We don't have a chance to see children with leprosy even though we are working in a leprosy hospital. We think that leprosy is an old people's disease and will disappear soon. There are many children with leprosy in the world even now. There are many people waiting for medical aid in areas even more inaccessible than this village. They gave us a send off and waved to us from the shore. (photo) That made my head spin. What should I do for them? All their faces show their expectation for Japanese International Medical Aid.

Photo. Many villagers of Talingyi came to see us off at the shore.
LEPROSY ELIMINATION PROGRAM, MYANMAR
Amarapura Towanship, Mandalay Division
General Information of Talingyi (2000)

1. Area 8.79 Sq. miles
2. Location South East of Amarapura
3. Population 18336
4. Population Density 2086
5. No. of Wards and Villages 7
6. Health Facility
   Township Hospital 1
   Rural Health Center 1
   Sub Rural Health Center 4
7. Health Manpower
   Health Assistant 1
   Lady Health Visitor 1
   Midwife 5

Six Essential Indicators for Leprosy Control Project (2000)
1. Prevalence Rate (1/10,000) 10.9
2. New Case Detection Rate (1/100,000) 98.2
3. Multibacillary % among New Case 22.2
4. G II among new case % 5.6
5. Release from Treatment (Yearly) 20
   (Cumuli) 123
6. < 15 years old % among New Case 33.3

Table Showing New Case Finding Activities (2000)

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<td>5</td>
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<td>7230</td>
<td>9</td>
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<tr>
<td>Passive</td>
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ミャンマー国ハンセン病対策・基礎保健サービス改善プロジェクト、短期専門家体験記、JICA
(2001年2月5日～2001年3月4日)

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〔受付：2001年11月22日〕

キーワード：ミャンマー、ルーラルヘルスセンター、ハンセン病の子供達

ミャンマー人は礼儀正しく温厚な国民である。
ミャンマーの風景は、昔の日本に帰ったような気持にさせる。
各タウンシップにタウンシップ病院があり、村にはルーラルヘルスセンターがある。
ルーラルヘルスセンターでは、ミッドワيفと呼ばれる人達が働いている。
都会と村を繋ぐ交通の便は非常に悪く、タリンジー・ルーラルヘルスセンターには川をボートで通り、川
岸からは牛車の荷台に乗って行った。
タリンジー村には、多くのハンセン病に感染した子供達がいた。

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