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MANUEL MARTINEZ

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## Welcome to the Jungle

HEALTH WORKERS TRADE IN VACATION TIME AND REGULAR PAYCHECKS TO BRING MEDICAL SERVICES, SUPPLIES TO REFUGEES LIVING ALONG THE THAILAND-BURMA BORDER

by Janet Wells

**I**t's midday in the mountainous jungle of the war-torn Thailand-Burma border. The equatorial sun has seared away an early morning mist that shrouded the thatched huts of a refugee camp just across the border in Burma.

Under the welcome shade of the camp school's bamboo and woven-leaf roof, dozens of children and mothers gather around a group of health care volunteers from Southern California, who sneaked across the border's meandering jade-green river to provide critical medical care.

Anusha Dahanayake, MSN, NP, RN, peers intently into the eyes of a preschool-aged boy, his worn T-shirt stretched almost to his knees. The 35-year-old usually spends her workday in the ER at Daniel Freeman Memorial Hospital in Inglewood, Calif., or at a women's and children's clinic in the San Fernando Valley. But today, Dahanayake is training a refugee medic how to look for signs of vitamin A deficiency, a com-

mon ailment stemming from the instability of a civil war that has raged for more than a decade in Burma.

Dahanayake pinches the top off a red vitamin A gel tablet and squeezes a few drops into the boy's mouth. He swallows, wide-eyed, not knowing that two such doses a year will boost his immune system to fight the malaria, diarrhea and pneumonia rampant along the border. Such treatment has shown to reduce infant and child mortality by as much as 30 percent.

Dahanayake next has the camp medic examine a young mother, her infant held close in a sling tied around her shoulder. The woman, whose corneas show scarring consistent with severe vitamin A deficiency, is blind in one eye and vision impaired in the other. She is eager for her child to get drops from the red capsules.

"Ideally, they would get vitamin A from nutrition," Dahanayake says, after helping treat more than 125 children in two hours. Several vegetables high in such vitamins—including leafy gourds and beans—are native to the fertile jungle soil. But farming isn't an option.



Dahanayake trains a medic to look for signs of vitamin A deficiency in a toddler's eyes. An oral dosage of two vitamin A capsules a year will boost his immune system to fight malaria, diarrhea and pneumonia rampant along the border.

A young mother, blind in one eye from severe vitamin A deficiency, is eager for her child to get drops from the red capsules.



### Harsh reality

This camp\*—one of several dozen in Burma and Thailand—is home to almost 1,000 refugees, who have been uprooted from villages deeper inside the conflict zone. With huts crowded into a hilly slice of jungle between rugged mountains and the river, there is little space to grow food to supplement the diet. The camp is within mortar fire range of enemy troops and, with landmines peppering the surrounding jungle, foraging for food can exact a terrible price. For survival, the residents rely on irregular humanitarian aid deliveries of rice, salt and sometimes a bit of fish paste.

"It's a complex situation," Dihanayake says. "Even if the refugees had vitamin A-rich foods, that isn't enough. It needs to be cooked in oil to be absorbed. And if you have worms—which many do—you can't absorb the nutrients."

Dispensing vitamin A pills isn't a sustainable long-term solution, Dahanayake admits. But it's a first step—one part of a multifaceted project she and her colleagues from Global Health Access Program (GHAP) have implemented to

help ease a health crisis affecting an estimated 500,000 refugees in Thailand, as well as the 600,000 to 1 million people displaced internally in Burma. (While the ruling military junta recently renamed the country Myanmar, many people—including refugees and the country's Nobel Prize-winning advocate for democracy, Aung San Suu Kyi—still call it Burma.)

While some health care practitioners might find working in such harsh and unstable conditions uncomfortable, disturbing, even foolhardy, this is how Dahanayake chooses to spend her vacation time. And she is far from alone. There are thousands of other nurses like Dahanayake, who pays her own expenses and sacrifices thousands of dollars in lost wages to spend one or two months a year using her medical skills to help people with little or no access to modern health care.

These volunteers share a deep sense of social responsibility—as well as rewards for their efforts. Volunteers talk of "life-changing experiences," the boon of camaraderie and of international friendships, and of the sustaining satisfac-

\* Refugee camp locations and names have been omitted to protect residents from possible military reprisal.



Dahanayake pooled her time and resources with three others from Southern California—Tom Lee, MD, MHS, Loren Rauch, MD, MHS, MPH, and Heather Kuiper, MPH—and in 1999 co-formed the GHAP. Since then, the group has sponsored seven trips to the border, providing training for local medics, as well as support for a bustling refugee clinic in Mae Sot, Thailand, and for smaller satellite clinics in the camps along the border.

tion of making a significant difference in people's lives.

"It re-energizes me," Dahanayake says simply, as she looks around the refugee camp school, where the children, wearing donated soccer jersey uniforms and separated into seven open-air classrooms built by a Norwegian aid group, giggle and play during the unanticipated break from lessons.

Dahanayake is no stranger to humanitarian work. Born in Sri Lanka, she spent her teenage years in Zimbabwe and Hong Kong, where she worked with Vietnamese refugees.

"I always had an interest in working in public health in developing countries. It's also a kind of social responsibility I get from my parents," Dahanayake says of her engineer father and schoolteacher mother.

Dahanayake moved to Los Angeles to go to college and, after receiving her RN at UCLA, worked with a childhood immunization program for a year in Mozambique and Zimbabwe. After earning her NP, she turned her focus to the burgeoning health care crisis in Southeast Asia.

### In the beginning

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For more information on Global Health Access Program and the Thailand-Burma border, visit [www.ghap.org](http://www.ghap.org).



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Dahanayake arrived in mid-January for her fifth trip to the region. She spent her first two weeks in Thailand helping conduct and coordinate training seminars for the Backpack Health Worker Team program—medic teams equipped with backpacks of supplies to treat populations deep inside Burma displaced by the war. These teams are made up of refugees who volunteer to return to Burma—sometimes walking for as long as one month through the jungle to reach villages—and place themselves at significant risk from landmines and military fighting.

The training seminars range from topics such as water, sanitation, school health and nutrition, to more specific subjects, such as new malaria treatment protocols and field surgery.

Several years ago, after a desperate—and resourceful—medic used a Leatherman tool to perform a field amputation on a villager who had stepped on a landmine, GHAP organized a four-day workshop on landmine injury management.

January's workshop, conducted at the Backpack Health Worker Team compound in Mae Sot, proves highly popular with the medics, who have the rare opportunity to practice amputations, as well as anesthesia, suturing, colostomies, tracheostomies and laparotomies—on three large pigs GHAP purchased for \$125 at the local market. The building, bare bones with a cement floor and corrugated tin roof, looks nothing like a surgical theater. There is no electronic equipment. Mosquitoes hover in the heat. Blue and green plastic tarps cover the tables. IV bags are nailed to bamboo poles. But the medics are thrilled.

"It's a total surgical crash course," Dahanayake says, as she sticks her gloved fingers into a pig's abdomen to check on a suturing job. "It's skills they need."

Twenty-one medics complete the workshop, each receiving a certificate at a festive graduation ceremony, as well as a coveted kit of surgical field



GHAP is just one of several dozen humanitarian organizations working along the Thailand-Burma border, where there is a continuing need for support. Thousands of nurses pay their own expenses and sacrifice thousands of dollars in lost wages to spend one or two months a year using their medical skills to help people with little or no access to modern health care.

instruments far more efficient than a pocketknife.

Before returning home in mid-February, Dahanayake will have helped provide training for more than 80 medics, and will have traveled nearly the length of the Thai-Burma border, visiting three refugee camp clinics to implement GHAP's vitamin A project, as well as a GHAP-sponsored malaria prevention program.

While the group's main focus is training medics so that health care along the border is as self-sufficient and sustainable as possible, GHAP also provides a small amount of direct funding to the refugees, as well as sorely needed medicine and supplies. For this trip, in addition to their own clothing and gear, group members bring 20 large duffel bags—containing 100,000 vitamin A pills, 100,000 analgesic pills, 10,000 malaria rapid diagnostic kits, antibiotics, IV kits and other supplies—weighing 1,200 pounds.

To pay for supplies that aren't donated and fund biannual trips to the border, Dahanayake and her GHAP colleagues raise about \$25,000 a year—mostly from their own pockets. They would like to do more outreach and fund raising, but full-time jobs make it difficult, she admits.

GHAP is just one of several dozen humanitarian organizations working along the Thai-Burma border, where there is a continuing need for support, Dahanayake says. "While it isn't a place you can come for two weeks and volunteer, we do need people to adopt GHAP or other programs to help with supplies and donations," she adds.

While health care along the border is a far cry from the high-tech medicine of Los Angeles, Dahanayake—like many other nurses who volunteer their time—thrives on the blend of practicing medicine in the Third World and in the West.

"I love my work in L.A., with the one-on-one patient contact I don't get so much of on the border," Dahanayake says. "That work and that money make my experience with GHAP possible. I'm grateful to both." ■

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