

# BAAN 60

Emergency Crisis Centre

1996-2013

MAP Foundation



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“We wanted to create a place  
where workers could come and  
rest, reflect and dream again, like a  
Sala in a rice field”

*Seng Tong*



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*Young blind patient singing at the house New Year Party*



*International World AIDS conference, Bangkok, 2004*



Since 1996, MAP's Emergency crisis centre moved four times around Chiang Mai. The reasons for moving were due to high rent cost, or the house owner wanting to sell the house.

Looking for a place which would be both suitable for patients and accepted by the neighbourhood proved difficult. When the rent was within the budget, there suddenly were a high number of patients. Lack of space meant that separating patients with communicable diseases and separating men and women was not possible.

Often neighbours complained of the cooking smells and the noise. They were scared to catch diseases, and fear sometimes came out in anger. Baan Bong Noi was the last little heaven which seemed suitable for all.

In this report "the house" will refer to MAP's Emergency Crisis centre regardless of the change of addresses...

Baan 60. . . Baan  
30. . . Baan  
Chottana. . . Baan  
Patan . . .

Baan Bong Noi . . .  
Baan Bong Noi . . .  
Patan . . .

Chottana. . . Baan  
30. . . Baan  
Baan 60. . . Baan

# Baan 60 HERSTORY

“It is part of the human condition and the journey we are on to find ourselves “half way”.

However when we find ourselves half-way in a foreign place with few or no resources, life becomes so much harder.

Kwan, P’Noi, Seng Tong and I created Baan 60 for people finding themselves “half-way” whether they were half-way home, half-way to work, half-way recovering, half-way dying, half-way sane and half way-insane...

We called it “Baan 60” - the house’s street number because we did not want a name that carried any baggage, stigma or limitations. Seng Tong sustained Baan 60, which later moved house and changed its name to Baan 30.

People who have never found themselves “half-way” be they donors, policy makers, NGO workers, or activists often do not imagine they would ever need a Baan 60 or Baan 30.

They fail to recognize the guests as equal human beings worthy of their respect and admiration, without pity or disdain.”

*Liz, empower Chiang Mai*

“Baan 60... At my age, 60, here are some of the snapshots I find in my memory: ... I remember Liz came & talked about the idea of a half-way house at MAP’s first office, a small room on Siriimanglajan road.

Mee Mee & her family were among the very first at Baan 60...[They are now living happily in the USA].

Thai classes were arranged at Baan 60...also I remember we had a meeting to decide one setting criteria for who Baan 60 would accept. .. I see a small chart /list of people who were at Baan 60; Noi getting sick... A small house where Seng Tong lived in the compound... Then Noi’s funeral at a temple nearby.

Whichever ways, people who stayed there learnt to mix up languages, cooking styles, ways of living and being with laughter, and to cooperate with each other for the most part.”

*Tay Tay, Women rights’ defender*





*Baan Chottana- Patients with heart conditions*

## **THE EMERGENCY CRISIS CENTRE**

### **Beginning & Achievements**

In 1996, Diakonia offered a small six month grant to employ a Thai nurse and an outreach worker, to survey the situation, provide basic primary health care and health education and MAP (Migrant Assistance Programme) was born. MAP became a Thai foundation in 2006.

Then and now still, health issues are a major concern for migrants from Burma. Due to the situation in Burma, people have had very little health education and even less health care. People from Burma make long journeys to cross the border just to receive health care. The major health issues at clinics on the Thai border are malaria, TB, malnourishment of children and the reproductive health of women. Among migrants who have lived in Thailand for some time, the health issues are occupational health problems, TB, social and emotional well-being, and HIV/AIDS.

This small program of 2 outreach workers in 1996 visiting construction sites in Chiang Mai has grown to a program of 90 community health volunteers from the migrant communities providing health education and referrals to migrants on site, at construction sites, in factories, agricultural and fishing communities in Chiang Mai, Mae Sot and other migrant areas.

The need for outreach workers and translators in hospitals is now recognised by the Ministry of Public Health and through PHAMIT (Prevention of HIV/AIDS among Migrants in Thailand) the MoPH and NGOs work together to create teams of migrant health workers and to advocate for their right to register to work legally in this capacity.



Through the original translation services at hospital, MAP received requests from the hospitals to temporarily take care of migrants between hospital visits and set up a small emergency house to provide care for migrants who were recuperating, waiting for operations or traumatized.

On average people have stayed at the house for up to two months to recover from various illnesses such as malaria, respiratory illnesses, skin diseases, HIV related illnesses, accidents, child birth, heart diseases, cancer, TB, Tumors (Proteus syndrome), torture, dog bites, liver diseases, kidney disease, domestic violence, mental health problems and other various health conditions.

Over the years, one of the most worrying trends has been the increase in serious road

accidents resulting in serious disability. The house has also seen an increase in children being born with birth defects, such as having no anus.

Although migrants can access state health services for treatment of opportunistic infections, only a few have been able to access HIV ARV treatment through some of the ongoing projects. Access to these projects is on a “first come first serve basis” and many people are left out. For other migrants, there is no universal access to ARV treatment as it is not included in the health insurance for migrants.

Over 14 years, At least 1,500 people have stayed at the centre for treatment, without counting the family members who came to care for them when possible.



Somchai during his stay at the house, before and after his operation.

Top Illnesses	2006		2007		2008		2009		2010		2011		2012		2013		Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Heart disease	14	13	18	17	28	30	25	31	10	6	11	13	9	24	16	43	308
Tumor	2	4	6	5	13	6	9	4	13	6	1	3	11	11	6	20	120
Cancer			1	2	9	3	5	3	3	1	2	6	4	5	16	17	77
Diabetes			3	1	4	1	7	2	3	1			4	1	12	5	44
No anus (birth defect)	4	2	9	3	13	1	5	1							4		42
Accident	1	1	4	1	2	2	1	2	1		3	1	6	1	12	2	40
Eye cancer			1		3	1	3	1	4	3	3	6	1	3	5	6	40
Burn									1	1		2		2	11	10	27
Disabled			1	1	3	2	1		3	3	2	1	1		1	3	22

# TRIBUTE TO BAN 60'S FIRST MOTHER

P'Noi could communicate in such a variety of languages that the mind dizzied. She had no written language but why would you, when you can chat away in so many ethnic languages!

Her life had not been easy but she was not bitter or resentful. Quite the opposite, she channelled all her energy into taking care of other people. She took on being housemother of an emergency home for migrants, when no-one was quite sure whether the local community would accept it or how it would be viewed by immigration. But she was not deterred; her only aim was to make the house a comfortable space for migrants recovering from illness or trauma. Her biggest challenge she used to say was cooking for the variety of ethnic nationalities that stayed at the house.

Pi Noi was HIV positive, she worked caring for others right through to the end of her life, allowing others to care for her for only the last few days of her life.

We hope she would be proud of what the emergency house achieved until December 2013.

# A MOTHER'S STORY



## *Seng Tong*

*Seng Tong was one of the founding members of MAP and Ban 30. Starting with her involvement with empower foundation, then becoming a volunteer outreach worker with MAP, she was able to take care of 3 nieces and nephews, and many, many of the Emergency crisis centre's patients.*

Seng Tong is ethnic Akha and was born in Shan State near the Laos-Burma border. She had 24 siblings.

When she was 7 years old, her village was destroyed. Unfortunately, the village laid in the middle of a battle area between the Burmese Communist Party and the Burmese army. Other survivors left to bordering countries but Seng Tong's father refused to leave and chose to move the family to a village higher up.

When she was 11 yrs old, this village was destroyed too, for the same reasons. This time, the family and other survivors left for Keng Tung, a major town in Shan State. In Kentung, there were schools and Sengtong would have loved to attend school. Her family however could not support all children to go to school. Three elder sons where sent to school while other siblings, like Seng Tong, worked in orchards. At 16, Seng Tong run away with nine

friends to find work in Tachilek on the Thai-Burma border.

When the girls arrived in Tachilek, they were given two choices: work in a factory for little money or go to Thailand and work as sex workers to earn more money. Seng Tong recalled that “the beautiful ones left but myself and two others stayed and worked at a weaving factory. I chose to work at the factory because I wasn’t pretty.”

All her beautiful friends left.

Seng Tong later met a man from the Thai side who helped her get a Thai highlander card and she moved with him. They lived together until she found out he had another wife. Then, Seng Tong left for Chiang Mai. There she worked in bars. She started studying at empower foundation, then became a volunteer at empower and at Images Asia, a human rights documentation centre.

Seng Tong was MAP’s first outreach worker in the project that was funded by Diakonia in 1996. She worked together with “Mor Udom”, a nurse from Maharat Hospital, the largest public hospital in Chiang Mai. Since then Seng Tong ran the house until it closed in December 2013. Like a matriarch, she remembers every person who was involved with the house.

In 1996, Payap university was being built, as well as the first Big C supermarket, bridges over Mae Ping river, resorts and gated communities in Doi Saket area. Seng Tong visited every possible construction sites where migrant workers to collect information. With the nurse, she was soon distributing basic medicines. However, some places could not be reached and there were many police raids. Seng Tong understood migrants’ fears. In their eyes, a security guard and a police man were the same.

At the time, sick workers had nowhere to go. Women would resort to self-abortion attempts. Workers’ workplaces were their living place too, as it still is now. For a worker, being sick and unable to work meant losing accommodation. When they did have a place to stay, too often it was a room shared by too many people making rest impossible. Recurrent police raids added

to the discomforts of ill persons. While having no documentation at all like most workers at the time, a sick worker also had no strength to flee from the raids.

Seng Tong felt that there was a huge need for support, so many people, and she liked this kind of work. The situation for migrants at the time was very different from now. Government officials did not understand at all that migrants had rights. There was a lack of common language to communicate, wide spread ignorance and prejudices. Migrant organisations did not exist. The rise off HIV in migrant communitites started around this time. There was a lot of fear, rejection, no medicines and no support network.

Of course migrants had no documents, but they also had no mobile phones! People did not know how to use street phones, they could not speak to ask how. Migrants were afraid of everything and hid the fact that they were migrants as much as possible for fear of arrest. Even the volunteers had no documentation other than highlander cards, and got arrested many times.

When asked why she carried on with the project, Seng Tong said she did it for migrant workers, “*MAP is assistance by migrant workers for migrant workers*”. She could see the benefit in this kind of work. She also learnt to empower herself and wanted to share this empowerment with others: believing that one can help oneself. Seng Tong likes the fact that after people receive help, they can help other too to be masters of their lives. Seng Tong is proud of seeing how people recovered after staying at the house, even those who wanted to end their life when they arrived.

# Challenges:

The hardest experiences were with patients left heavily disabled by an accident. When they have no family here, they have no carers and the long term treatments are too costly for MAP to support. Seng Tong and everyone in the crisis support team feels great sympathy for these patients. They have learnt over the years to support each other and overcome the fact that they cannot help them.

Seng Tong said *“we cannot be weak, patients are relying on us all the time. We must be physically and mentally strong.”* When faced a crisis, Seng Tong went and asked advice from doctors, from her collaborators and colleagues.

Seng Tong explained that sometimes the truth cannot be told directly to a patient. *“We need to find ways to help the patient accept reality little by little”*. Also, some people do not get better, so *“we have to know we did the best we could.”*

*“A lot of work still needs to be done. Even if some things have improved, there are more patients and the problems do not go away by themselves.”*

# Impact:

Personally, Seng Tong only sees how beneficial her work has been. There was one shadow. Seng Tong found herself deeply caught between her work and her responsibility as a mother when her toddler caught TB because of living at the house. The child recovered but her mother still feels guilty for putting her at risks.

Reflecting on the past, Seng Tong noted that of her group of friends, many went into sex work, some got rich, some went to live aboard, some died of AIDS, some were let down by men. As for herself, one thing is sure; she will not forgive the communists for destroying her villages. She used to blame Burmese people also but then she fell in love and married a Burman man! He was her English teacher. She did not learn much English though because very soon they both spent the lessons gazing at each other's eyes...

In 1990, Seng Tong went home to vote in the Burmese elections which resulted in Daw Suu's victory and arrest, as well as in the arrest of thousands of people who had taken part in the elections. When she saw this happen, Seng Tong was extremely disappointed and left for Thailand again, never to go back. She still feels she is not ready yet. Even when her parents passed away, she could not bring herself to go back, however painful this was not to go. She said that before she could not talk about her past but now she can. *“Maybe I will be ready to go back soon, but not before the 2015 elections!”*

# A FATHER'S STORY

## *Geow Chai*

Geow Chai, volunteer at the house, 2002 (with Seng) *"Before I could not talk about that time without crying, now I can laugh about it!"*

Geow Kur Sua is 34 yrs old and comes from Nam Jang in Shan State, Myanmar. He came to Baan 30 suffering from severe malnutrition, later became a volunteer, then full time staff, a team leader, a trainer and the main person responsible for MAP's Crisis Support team.

Geow Kur Sua came to Thailand in 1998 and moved to Bangkok in 1999 looking for work with a friend. Geow first worked in a weaving factory known for its bad working conditions but which was the starting point for many migrant workers from Burma, Laos and Cambodia. Not knowing Thai and having no experience, workers stayed in this factory where they received no wages, until they had a few words of Thai and some work experience and moved on.

Likewise, Geow went to work in another factory where the wages were good but there were few orders. As a result, workers did not get paid until orders came in. Then, they had to work around the clock, 24hrs, to finish orders in time.



Geow and a couple of other workers shared 10B of food per day. Geow's body started to swell up and his strength started to vanish. His employer told him several times to go home but Geow refused, until he was so sick that the employer put him on a bus to Chiang Mai, paid for the fare and gave him 1,000B. In addition to the money his friends had given him, he had 3,000B in his pocket when he arrived in Chiang Mai.

Geow had never been to Chiang Mai but while he was still at home in Shan State, he used to listen to a community program on the National Radio Broadcasting of Thailand, not knowing it was MAP radio. He had heard of Pa Pao temple being mentioned as a Shan Temple on that radio. Getting off the bus at Chiang Mai bus station, he asked a driver to take him there. At Wat Pa Pao, Geow met a Shan person who took him to Nakornping hospital. He was then sent on to Suan Dork Hospital. Unable to understand doctors and explain himself, his condition remained a mystery to the doctors.



Finally, an ethnic Shan doctor who had been a soldier was able to identify severe malnutrition as the cause of Geow's debilitating disease. By this time, Geow's money had been used up. At the hospital some staffs told him off for having no money, others understood. He owed the hospital 2000B when he was discharged.

Still having nowhere to go he went back to Wat Pa Pao. Geow lived on 10B a day which people passing at the temple would spare him. It was one of the temple's novices who heard of MAP's Emergency Crisis Centre and gave him the phone number.

Before Geow could make the phone call, there were only street phones at the time. He had to cross the road to the phone box which cost him great efforts. He was walking on crutches. A phone call cost 4 Baht, and it was 4Baht he did not have. Finally, people from MAP came to collect him, together with a couple of other sick men staying at the temple who also had nowhere to go.

Geow stayed 4 months at the house. The first month he ate four times a day because he was so keen to get his health back. Then he started to help out taking care of other patients.

However he still could not read and write. He left Baan 30 to go and work on a construction site but shortly after he had started, the police raided the site. He found himself at Wat Pa Pao again. Geow remembers looking for work walking around the city's moat from Wat Pa Pao then onwards, stopping at every shop asking for work until he finally reached Baan 30 again.

Luckily, MAP needed volunteers and for the next two years Geow helped take patients to hospital and translate for them. Later he became a full time staff working partly for the production of MAP's audio magazines and for the Emergency Crisis Centre. Geow became a team leader and was responsible for the team of volunteers assisting patients at hospitals. The year of the Tsunami, Geow became in charge of the whole Emergency Crisis team, replacing the previous coordinator who had gone to Pang Nga to run MAP's activities there.

## *Best memories:*

For Geow, taking patients to access treatment and helping patients who see no issue in the future, is very rewarding because disease affects not only patients but also their family.

*"Some people call me father", Geow said, a title he usually declines. "There is one family though; they contacted me about their child who had heart disease. They were much stressed, they had some money but it would have taken them at least ten years to repay the debt if they were to pay the full treatment cost. I studied their case, their situation and options available, then advised them on the step to take to access the healthcare system. The child is grown up now, but his parents have taught him to call me father. I tell them this is MAP's work."*

*" I understand their fear, I personally know the reality of their lives and this is why they trust me. When I meet people for the first time, I share my experience with them first, then they can open up and talk about their problems."*

Giving information is the most important part of his work. Informed people gain confidence and understand the process to access healthcare. *"It is simple but essential because without this information, people cannot get treated and might lose their lives, their families."*

In this kind of work, *"we have to understand the limitations that migrant workers face due to their status or lack of. I sometimes feel like a social worker, have to help people deal with health issues, family issues and how to live in Thai society."*

## Challenges:

"Heavily disabled patients who we cannot help because there is no treatment, and they require long term assistance that we are not in a position to give. We can only give encouragements. Even the government cannot help."

"People who die make me think about death. I wonder who will make merit for them if they die far from home. I used to get very affected by patients stories in the beginning but with experience I have learnt to try my best and let go. We are only human."

## Impact:

"I did not get an education. MAP is like my school, my university of life. Before I only thought about getting from one day to the next, I did not know about rights, politics, I couldn't read or write, I had never heard of adult education, IT, never attended a training. Now friends joke that if I went home I would surely become head of the village.

MAP is like a tree but the branches can be cut and replanted elsewhere, they will grow.

When I worked at the radio, I loved to think that the information we broadcasted travelled across the waves and found people who could use it to improve their lives or to help others in turn. Media is powerful and makes us worthy.

MAP is like water that spreads through rice fields. The team work, the knowledge and experiences don't stop with the person we help, it affects people around them and further. This is what is special about this work."



*Seng joining MAP activities for the first time: Onto the World AIDS Conference in Bangkok, with Seng Tong*

## *Seng*

Seng is a 38 years old Shan woman from Keng Tung, Shan State.

She was a patient at hospital. She did not have any documentation and no knowledge of the healthcare system in Thailand. Her employer did not take any responsibilities for her after she got sick. Friends took her to an NGO but they only cared for Thai citizens. Then, someone gave her MAP's number. This was in 2002.

Seng had TB (and HIV) and stayed two years at Baan 30. She got to know everyone there. The house moved to Ban Chottana. More and more patients came, and in 2004 Seng became the night in-charge for the next two years. Seng took patients to hospital. At that time, in 2005, there were many HIV patients and many deaths.

*"It felt good to help others like myself. I did not expect MAP would be like this, other places asked for ID cards. Being rejected for having no ID card makes migrants feel bad, discouraged and helpless. At MAP no one asks about IDs. We just give help and I'm proud of this."*

When the HIV cases started to reduce, Seng became the day translator and hospital liaison officer. Seng became part of MAP's Community Health and Empowerment (CHE) programme as the community mobiliser taking care of the HIV project, in particular the HI-exchange group.

The Hi-exchange group started out of patients from Baan Chottana and a couple from outside. Seng was one of them. These patients needed a private place to talk. At first, they went to the Rama IX Park across Baan

Chottana. They would hire a mat to sit on, eat Som-tam together and talk. As time went by, more and more mats were added to the first one. The Som-tam sellers nearby made a good business on these meeting days!

Now CHE has a drop in centre and Seng runs these activities. She is also the community resource person for HIV related issues. Her personal experience gives her the necessary insight to reach out to people and provide the information that is crucial to their wellbeing. The Hi-exchange group has at least 100 members who keep in touch with Seng regularly. Seng jokes that everyone changes their phone number but that she cannot, or old members would not be able to reach her.

## *Best memories:*

Having a group to belong to is Seng's best memory of her experience at the Emergency house. *"People tend to listen and understand information better if it comes from people they know and trust, rather than from doctors. I'm very proud to share information, be able to show there are options, and help people see there are solutions."*

*I'm very proud that some people who are older than 40 call me "mother" because their own mother does not accept them.*

*In the exchange, we learn how to live together with non-HIV positive people, and we can explain this to our families or close friends. So they have started to reject HIV people less and less. The Pharith program has also done a lot of outreach in migrant communities to explain about HIV and prevention. As a result people are less scared."*

*Photograph below: The first Hi-exchange group members, some of whom are not with us anymore.*





## Challenges:

"Last year, 10 people died because they came to us too late." What Seng finds the hardest to cope with are instances when people who are at a stage where the drugs are a question of life or death cannot access any program to get these medicines free.

"Sometimes I go from one hospital to another, applying and getting rejected, again and again. Sometimes we've tried every place there is and still cannot find a program in which the patient can be enrolled.

The reality is that accessing free medicines is a matter of luck."

## Impact:

"I used to be scared because I worked with patients who were ill and in my situation, it meant taking a great risk. But then I started thinking: there is no worse state than what I've been through, plus patients are in a worse situation than me because they are in a crisis situation.

I used to think I was in the worst situation. I was depressed but I learnt that I'm not alone and I've seen others who face more difficulties than me. I have a chance to learn, get experience so I feel I'm in a good place now.

I hope that if there must be new members to the HI-exchange groups, they will get support from government institutions and not have to face the difficulties and discrimination we've had to face previously."



Workshops on HIV AIDS

## Dao

*"At Map people gave me the opportunity to learn.  
It is like a second home. If there was no MAP, I wouldn't be here. It gave me a new life."*

Dao is a 37 year old Shan woman from Keng Tung, Shan State, Myanmar.

Dao came to Chiang Mai with her best friend who introduced her to Seng Tong at Baan 30. At the time, Dao's sister was paying for her ARV drugs which were very expensive. Dao needed to rest mentally. Baan 30 was looking for a new staff, a Burmese speaker, due to the large number of patients who were sent to Chiang Mai from Mae Tao clinic. After reflection, Dao, who speaks and writes Burmese, Shan and Thai accepted the position. Seng was a patient there too. It was Seng who took her to hospital to apply for the free AVR program.

As a child, Dao dreamt to be a nurse but had not been able to study because she was the eldest child and had to work to support younger siblings to go to school. Working at the Emergency house was like realising her

childhood dream. Dao liked taking patients to hospital, translate for them, and cook for them. Dao also taught Thai language to children staying at the emergency house and did other activities with them. She led the Hi-exchange group with Seng until 2009. In 2010, Dao became a full time staff in MAP's Pharnit program. At the house, Dao still ran workshops on HIV. *"Before attending my workshops, most people who are not HIV positive are scared of HIV patients. After the workshops, they understand how to live together and accept them."* Dao was in charge of buying fresh and nutritious food. She also ran workshops on women's health and took women to get pep tests, or STI tests on request.

This work involved taking some health risks. Dao was also acutely aware of people's prejudices against HIV positive people and

prized her privacy. She felt fulfilled by knowing that she could give happiness and encouragement to others to survive. "Before people in the Shan community did not get access to ARVs" but since Seng and Dao have been working in the program taking patients to hospital, more and more people are getting them. At one point the doctors complained that they brought in too many patients. Because Dao could get ARVs, she wanted others to have the same chance. Now people know better how to protect themselves and there is less infection. Patients are even making new families.

## *Impact:*

Within 5 years, Dao graduated from high school through the Thai adult education program at empower. In Mae Hia, Dao used to teach Thai to women in massage parlours as an empower foundation volunteer. Dao left MAP when the emergency house closed in December 2013.

## *Best memories:*

*"I love doing activities with children. When they play, they forget their illness. I also enjoyed teaching Thai. Patients can use this skill in real life and it really makes a difference. They can get better jobs. Some went on to learn English, or teach others."*



# A CRISIS SUPPORT VOLUNTEER'S STORY

## Jan Long Kham

Jan Long Kham is a 35 years old Shan man from Lashio in Shan state. He came to the house as a patient, then became a volunteer and is now Mae Tao clinic patient liaison staff.

Jan arrived in Thailand in 1996. He came to the house after a road accident in 2006. He had a broken leg and a 'split stomach'. He stayed in Suan Dork hospital for a month and 8 days. The total cost of treatment came up to 70,000B but Jan had no money. A Thai couple from the south of Thailand wanted to make merit and asked the hospital if there were any patient without relatives. They gave Jan 2,539B. The hospital only charged him 200B and told him to keep the rest.

After being discharged he stayed with relatives for a couple of nights and they contacted the house. This is how Jan met Geow Kur Sua. Jan stayed at the house for a year and 2 months after which he went on to work in construction.

Jan spent his free time helping out at the house and participating in MAP's trainings and activities. Jan then started to take care specifically of patients sent from Mae Tao Clinic, Maesot, to MAP's emergency house. He is now a full time staff member of Mae Tao clinic UCMF program, based in Chiang Mai.

*"Everything at the house was good. If it wasn't there, I don't know what I would have done"*  
Jan said.

When asked why he chose to spend his free time helping out at the house, Jan said that he wanted to learn, to get experience, because he understands ill people and does not look down on them. Jan knows that because they don't have place to go when they are sick, some people want to kill themselves.

Jan met his girlfriend at the house. She had come with her sick child. They kept in touch and now work together. Jan estimates he has helped about 1,000 people so far.

## Challenges:

When asked about challenges, Jan could only think about not having a mean a of transport, a motorbike, to take people back and forth from hospital. *"Being with patients and taking care of them is not hard for me because I chose to do this, I enjoy it."*

## Impact:

His work with the emergency house has enabled Jan to see the wider picture, to get experience, to feel good about life.

When asked if he ever got stressed, he said *"stress is a normal part of this work, of course I get stressed. But we talk to each other, and support each other. We learn to let go."*

*"We blame the Burmese government a lot! For making people having to find themselves in these situations. We don't blame the Thai government, we'd like them to understand migrants more but we don't blame them."*

Jan added that he wanted *"to thank founders and thank people who listen to migrant workers."*



# A PATIENT'S STORY

## *Aneh*



Sthrer Reh (Aneh) is a 28 years old man from Dimawhso in Kayah State. He came to the house in in 2010 as a patient.

Aneh first arrived in Mae Hong Son in 2007, then moved to Chiang Mai in 2008. He worked but because he did not have ID documents, he did not get paid. He was arrested for not having documents and put in prison.

Aneh then went on to work for an employer whose son viciously stabbed him in the belly and also stabbed his friend. Aneh's friend died but Aneh was able to run away and ask for help. MAP Women exchange program visited the hospital where Aneh was, found him and brought him to the house.

Aneh's injury was so severe he could not walk without crutches and had to use a catheter. Altogether it has taken him 4 years to recover. At the house Aneh could not take care of himself, other patients helped him wash his clothes. He was very depressed and worried about his family, how he would support them and how they would worry if they knew in what state he was.

Aneh stayed at the house for eight months. During his stay, he heard that an orphaned child with Hydrocephalus needed a carer while staying at hospital for treatment. Aneh became this carer. Together, they went on to Bangkok for the child to get treatment, then on to Maesot.

Aneh has a knack with children, kids love him and he enjoys taking care of them. This work helped him get out of depression. In Maesot,

Aneh spent the last couple of year working for a foreign organization caring for street kids. He can now play sports and climb up mountains again.

Aneh keeps in touch with the house regularly. When he meets someone in need, he calls up Sengtong for advice. He often deals with HIV positive people, and sometimes women who have been raped. His injuries and depression were so severe that sharing his experience makes people open up and believe that they too can get better.

## *Best memory:*

Aneh remembers the house staff asking other patients to help him wash his clothes and assist him, and they did. It made him feel cared for.

If no one had talked to him, explained things and showed him that there were options lying in front of him, he would have killed himself. *"People need help to understand their situation and to see that they can have a new life."* This is the reason why he talks to others, to show them they can get better.

*"There are so many migrants in Thailand, where would they go to get better if there is no Baan 30?"* asked Aneh.

Dao and Sengtong are like his family. Aneh will soon get married, though as he is still young, Seng Tong advised him to wait before starting a family!

Organic vegetable garden at Baan Patan



New Year at Baan Chottana



25 1339

Mae Sa waterfall, Songkran

# FUNDERS

MAP Foundation would like to thank all our sponsors without which the Emergency Crisis Centre could not have done such wonderful work.

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*Preparing Health Posters in Thai, Baan Patan*



*First adult Thai classes*



*Learning to make natural fertilizer*



*HI-exchange: At present, on average 100 people meet once a month and learn from each other at Hi-Exchange and Happy Exchange.*



