

### UNICEF, First visit to Burma (1971)

Towards the conclusion of my field work (in Korea, Hk Phil, Pak and thai) for Exploring the nature of a Sw curriculum related to Development goals I was back at my base in Bangkok. At the UNICEF office I ran into their representative in Burma. On hearing what I had been working upon he asked "Why not come to Burma?" "Why not, I'd be delighted" I replied knowing that Burma was virtually closed and not much known to outsiders. It would of course have to be agreed and arranged through UNICEF's Regional Director.

To my surprise a week's visit was quickly set up. The representative in Burma it turned out was an Indian and had been a high-ranking officer in the British Army. Post-war he had been flying to New York and in discussion with the passenger seated next to him he related how while serving in Burma he had known members of the current government and their wives (some of whom had been volunteers in the Officers Club). His fellow passenger gave him his card and invited him to come and see him while in New York. It turned out that the passenger was the Director of UNICEF and subsequently appointed him as their representative in Rangoon.

The Burma Airways plane left the Bangkok terminal and unexpectedly stopped and opened its door just before reaching the runway. A bus drew alongside and climbing into the plane was a group bandaged and plastered walking wounded. Where and what had been the battle? Landing in Rangoon I was alarmed to see a wild crowd of people rushing towards the aircraft and banging drums. Just previously I had seen a film "The Ugly American" I think) in which an U.S.Ambassador had been attacked on disembarking in Pakistan. I need not have prepared myself to repel all boarders as the reception was for the injured who I learned later were returning from Jakarta where they had won the Merdeka Soccer Cup. I was met at the rear door by the UNICEF rep and escorted without formality to his awaiting vehicle.

I was deposited at the Inya Lake Hotel, which apparently had been built by the Russians in a sort of semi-luxurious adorned aircraft-hanger style, an impression added to by its echoing emptiness of guests and its flourishing population of resident rats. My Indian colleague had prepared at his residence a reception in the evening for me to meet a number of dignitaries which included some splendidly dress uniformed military. Conversation with my non-facility with the

languages was of no embarrassment as our host played extraordinarily loud music on his hi-fi. He was to tell me later that he conducted most of his UNICEF business very early in the mornings on the golf course. It seemed that it was there that the Junta was found exercising before the day's serious government activities got underway. The UNICEF representative had donated an annual match trophy and had invited some well-known international players to perform.

By contrast, my official meeting with the Minister of Social Affairs and his entourage, in which I had been asked to describe my assignment in the E Asia region, interest Burma to take part, and learn something of Burmese particular needs and priorities, turned out to be a puzzlingly silent affair. There was little response and no questions from my audience although subsequently the senior Burmese member of UNICEF who translated for me assured me things had gone well! I hardly knew what to make of this meeting and a number of formal visits that were arranged for me along with some intriguing viewing of the city.

Friday night at the Hotel a dance had been advertised and a small band with a woman singer was there to supply genteel western type music. The singer was the only female in the ballroom and the potential dancers consisted of myself another young man and an elderly one. The singer invited us in turn to dance demurely with her but soon abandoned the musicians and to our chagrin disappeared with the elderly gentleman. I learned later that for a while these Friday night presentations had been popular and well attended from outside. However, across the Lake was the residence of the President Ne Win. He had so the story goes been disturbed by the noise and infuriated to learn that his niece was dancing there and had arrived with soldiers to take her away, rough up the band, and kicked in the drum. Dances were now just for we foreigners.

Saturday Morning my host decided to send a car to take me, of all places to visit the British war-graves. Bearing in mind why I had come to Burma to investigate the possibilities of education and training for social welfare personnel, my first reaction was to think that this was a rather bizarre expedition. I invited my young would-be reveller hotel guest of the previous evening to join me and we set off in bemused high spirits. We were heading about 25kms, to the official limits set for foreigners, out of the city. We passed the clusters of palm-leaf roofed dwellings surrounded by the lush tropical growth along the highway. Catching glimpses of the lunghi clad men, the colourfully

robed women earning their agrarian and small scale industrial livelihood and pursuing their domestic tasks. Such scenes with their animals and the exotic birds and wild life lulled us into enjoying the pleasures of travellers in strange places. It came as a profound shock to be brought to a halt before an archway opening onto acres and acres of fiendishly green immaculately kept lawns punctuated by rank upon rank of thousands of white crosses. Each bore the name of those buried there, giving their age, hardly any over twenty-one years. Each carried a homely inscription, the kind familiar on the Forces Favourites radio programme when requesting a song to a loved one - such as "Always in our hearts. Mum, Dad, Sister Mary, Aunt Daisy and all at number 10". Many were from the Welsh regiment (Wales is where I had come to all home). It was sometime before one realised that the monument at the centre of this foreign field was decorated by the names of many more thousands killed from the Indian regiments. We returned quite sober from our outing.

I learned that my UNICEF representative in Burma had painstakingly photographed each of these many graves and sent them to the next-of-kin. He had copies in a huge book and had asked the British War Office if Lord Louis Mountbatten (honorifically of Burma) would provide a valediction.<sup>1</sup>

It seemed very unlikely from this peculiar introduction to Burma to imagine, at the time, that I would be returning to this troubled and beautiful country to perform any useful role. However, I was to fulfil assignments and spend a number of happy, satisfying and I hope creatively contributing years there.

#### WHO Assignment to Burma (1976)

Much had changed for me since my previous strange arrival to Burma. Since then I had completed my UNICEF/ECAFE "Explorations" of Sw curriculum related to Social Development goals. In that work I had spelled out in some detail how I had come to see what needed to be done in education and training. There had followed a regional seminar based on that work. But however the good intentions expressed at that seminar may have been, there was some doubt that a full scale

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<sup>1</sup> I understand that the War Office apparently had not responded and so he wrote to Mountbatten directly who gladly obliged.

plan of action was likely to be experimented with and implemented, country by country, educational institute by institute, that I had ambitiously envisioned.

Quite fortuitously, as things happened, the opportunity arose for me to play a major role in creating the Mobile Training Scheme (MTS) which was designed to operate as an integrated endeavour in Nepal, Laos, and Afghanistan. This was enormously exciting as it provided the opportunity to establish much of that which I had advocated in the “Explorations”. Particularly exciting was that in these deliberately selected diverse cultures there had been no previous development of professional social work. Consequently there would not have been already in place social work institutions and their staff committed to conservative western influences to threaten by the proposal for fundamental change, compared to the situation of many of those who had attended the Explorations seminar. MTS would be starting with all the advantages of a clean sheet which of course would have all the accompanying disadvantages. Much had been a success and much learned from the beginning phase of MTS in Nepal.<sup>2</sup> It was the success of MTS showing the way to an integrated “bottom-up” approach bringing a range of technical and agencies and working together for achieving their differing goals in the social development context that had resulted in my being invited to become a member of the WHO S.E.Asia Regional Organisation’s (SEARO) Country Health Planning team (CHP)<sup>3</sup>.

The briefing that I had received at WHO HQ. in Geneva on my appointment to the New Delhi office had given me the impression that the role of a permanent “social scientist” to the region was some kind of breakthrough into the medical and public health focussed organisation. Such a role was consistent with HQs recently declared policy of turning much of its “disease palaces” orientation towards the poor and prevention through village based community health workers,. It was where my MTS work had attracted attention specifically with my “Mantras and Medicine”<sup>4</sup> material from Nepal. At SEARO it was soon apparent that I had been appointed on the enthusiastic recommendation of the WHO representative in Nepal who had been thwarted by UN events. It had

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<sup>2</sup> See the earlier chapter on MTS

<sup>3</sup> Ironically, it was the failure of MTS to extend and integrate its success beyond Nepal due to the political myopia back in Bangkok, that precipitated my invitation from WHO and organisationally extended the potential range of my work from remote Himalayan villages and Katmandu to an area from Outer Mongolia to the Maldives Islands.

<sup>4</sup> “Mantras and Medicine for Development”

been his intention to include a considerable sum of the WHO budget to the envisioned adoption of the MTS approach in the Nepali National Planning Commission's upcoming Five-year Plan. In New Delhi his enthusiasm had been responded to by the Deputy Director responsible for Planning. Unhappily as it turned out, the Planning team was not too popular within SEARO's strongly authoritarian hierarchical ambiance especially when it had controversial opinions about the internal planning of SEARO itself. Clearly social aspects of planning would need to be sensitively introduced to the top-down culture of physicians and the economics basis of planning in elitist dominated governments. It was this background and the experience of the "Explorations" and MTS that I brought to WHO and eventually took to an assignment in contributing to the planning of Primary Health Care project formulation in Burma's National Health Plan. It was no accident, I suppose, that my earlier previously community participation supportive WHO representative in Nepal was now the representative in Burma. My initial three week assignment was extended by the government to six.

Eventually back from Rangoon in New Delhi on Monday morning I reported briefly on my activities in Burma.<sup>5</sup> These activities included

An initial grandly designated "community analysis"<sup>6</sup> which would contribute to the outline of Primary Health Care designed for Burma. This had consisted of

- visiting a number of villages
- interviewing those in a variety of fields who were said to be already engaged in 'community action programmes' in order to review their methods and approaches,
- devising a questionnaire and administering it to 119 'Peasant Councillors' assembled from all over the country, in order to obtain opinions and discuss the Primary Health Care approach under consideration.

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<sup>5</sup> It was the practice for professional staff to meet together weekly and those who had been away on mission to report briefly on their assignment for the Regional Director. These meetings were clandestinely dubbed Monday morning Prayers. The regional Director an impressingly large man with the stance of an Emperor would arrive and the mostly medical men distinguished in their own countries would rise to pay their respects. Organisational announcements would be made and then the assignment reports. Oddly, I began to think, that rarely was any bad news or lack of success (unless others were clearly to blame) were brought to the big man's attention. See David Kortan's .....

<sup>6</sup> The planning team included a leader from WHO HQ Geneva who had designed the CHP method and from my top-down team of Epidemiologist, Statistician, System Analyst, Management, and Economic specialists, and myself as the bottom-up man who perhaps was seen rather as 'Blacks' (in the then current jargon) were placed in American organisations to demonstrate lack of prejudice.

- a compilation of crucial aspects of Burmese community that would be relevant to our planning, and identifying areas of knowledge which were not available and would need further investigation.

Recommending –

the provision in the first phase of a special implementation cadre of community organisers directed by a PHC project manager at the national level

the setting up of formally recognised on-going village level (task) groups to be responsible for simple self-surveys; developing village level plans; selecting priorities: selecting for training and supporting Community Health Workers and Auxiliary Midwives; regular Monitoring and Reporting to the Village Councils etc.

the development of a training programme to be based on the production of a series of Burmese practical “How to .....Guides”

Noting the eventual availability of -

the information arising from the questionnaire and interviews,  
a number of technical discussion papers that had been produced

Additional inputs –

regarding the Health Dept’s School Meals and Nutrition programme  
reviewing, as requested the WHO Potable Water Proposal, suggesting the community aspects in planning and implementation of this investigation and demonstration project  
a PHC lecture to a group of 30 Town Medical Officers  
responded to a request from UNICEF, through the WHO Rep. to review some aspects of mutual concern

Commenting impressions and conclusions

The concept of PHC has been acknowledged and declared as Burma’s priority health policy;  
However the full implications for the current health services are only gradually becoming fully appreciated;

The familiar top-down planning process is based on very unreliable village statistics and even shakier grasp of significant local informal social systems and relationships which presents problems for planning. The PHC bottom-up approach engenders a troublesome double vision when perceived from our 'natural' top-down vantage point. Bottom-up in this sense introduces an unnatural element even where the significance of this new way of looking at things has been intellectually grasped. Action and attitude tends to go on being determined by habit i.e. what comes naturally. This was apparent during the CHP exercise and will no doubt become more marked as planning moves into implementation.

There is also a tendency to believe that community participation can be stimulated by exhortation, decrees, directives, and declarations. (For short term efforts perhaps this is possible but the evidence collected in Burma, as elsewhere, shows that for sustained and complex efforts such as PHC requires the establishment and building of strong, active social institutions with continuing support to the village level.

PHC poses an exciting challenge, its potentiality is both profound and far-reaching. However, the amount of preparation, detailed work, and manpower required for implementation and the resources available seem to be as yet extraordinarily underestimated.

Burma having formally committed itself to a policy and programme of PHC on a nation-wide basis will need all the help that WHO can provide if intentions are to become a reality. In this respect the need for considerable social science inputs have been expressed and is intended to emerge as a formal request from the Government to WHO<sup>7</sup>. This Monday morning verbal

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<sup>7</sup> A confidential and personal letter during this planning exercise gives some dimension to my inner thought and feeling at the time- "The hospital buildings are made of timber, the window frames and glass are in disrepair and the pointed roofs made of corrugated iron are rusting away. The buildings are raised on stilted piles, perhaps two and a half feet above the bare ground. The space provides a cool flow of air between the floor and the monsoon- sodden earth.

At noontime I noticed a small knot of people looking under the building at what at first sight looked like a bundle of soil-coloured rags. The bundle was human- long, emaciated, scarred legs all awful skin and clearly visible bone. The arms were no better and ended in stubs where once fingers had been - leprosy. The face leonine, thick and contorted, with the lips drawn back over wide teeth, grinning without humour and features contorting as the teeth ground. I went back and called attention to this horror; was assured that action would be undertaken (the group I was working with are mainly medical men and we are busy planning Primary Health Care country-wide.

summarising report was followed some two weeks later with a full account preceded by a formal "Letter of Submission" to the WHO Regional Director –

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In retrospect the bureaucratic word "submission" above can be reinterpreted and found resonating in the tone in which the letter has been couched. This was within the existing, received SEARO 'culture' of professional staff to the Regional Director, which I (self-consciously) imitated.

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I returned nearly two hours later. Passers-by occasionally peered at the man, children played some kind of skipping game nearby. Again I drew my colleagues' attention to the man's plight. In the course of the afternoon two saffron-robed monks stopped and stared for a while, shading their faces with fans lest they look upon a woman spectator holding a baby on her hip and another clinging at her coloured tamein. Apart from these occasional viewers, others passed without pause.

By three-thirty various speculation took place. "Perhaps he has been dumped by relatives when he was not given admission to the hospital...". At least the bucketing monsoon rains did not stream down upon him and even the piddogs seemed not to have the initiative to sniff at such unsavoury matter, though their cotton-reel string backbones could be seen almost puncturing their mangle on every awful garbage pile in the city. Talk turned to the problems of disposing of cadavers; "It's a police job, perhaps there has been foul play or he was knocked down". "He was alive at 12.30" I said. Someone offered to make a phone call. I continued to look out from my second-storey window at the still bundle with its cramped legs and outstretched arm, with that truncated palm turned up to whatever heaven existed under the floor of that rotting building...At 4.30 someone arrived to report that "He isn't dead yet", though I had seen no one approach to make any close inspection. At ten minutes to five our planning the health care for the people of the country came to an end for the day and our huge battered black 1958 Chevy swung out of the gate. Inside the hospital grounds the misery continued. The discarded one had perhaps not moved at all, but was more sunken - though how that was possible I marvelled - compared to five hours earlier. The teeth still visible did no longer grind; snot in green gangrenous festoons hung from the distorted nose, half obliterating the mouth from where it was joined by another gelatinous stream. The face was half turned to the earth and the non-hand still seemed to make a resigned supplication which continued unanswered.

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The gothic colonial cathedral spire, all grey crenellations above the red brick is opposite; the towering Shwe Dagon Pagoda pierces the rain-filled sky;...back to our planning...



Sch a traditional style of hierarchical relationships sits oddly with equalitarian, democratic, accepting differences and contrasting opinions, within a community sharing and participating set of values and behaviour. I was very aware that at WHO in New Delhi I was seen very much stereotyped as the new boy in town without a medical background and likely to be bringing alien ideas to Asia tainted with the colonial history of my nationality. This was less pronounced in my fieldwork relationships where I carried the prestige of the United Nations, but had to bridge other aspects of cultural and language misunderstandings. Some of these possibilities can be detected in 17 annexes including the discussion papers I produced. Some of this material is quoted here below

PHC in Burma

Community Analysis group

Purpose of Questionnaire Sec 1 only

Interpretation pgs 4 – 5

Summary of Com Anal Prod 1 and 2

Discussion Papers

Com Participation and Village PHComs

CHWs Health Committees and PHC

Job Descriptions

PHC the first phase

Suggested Outlines for Workshops and Practice

Cadres of PHC workers/trainers/Implementors

Workshop suggestions

“How to ...Guides Design and possible Topics

Programme Strategies

Tasks

PHC Concept Organisational chart

Review and commentary

Potable Water Supply Investigation and Demonstration project

School Meals Programme

Fields of Development in which UNICEF can assist

It was brought home to me at the time that much of the time, personnel and involved a range of

*activities arising* from steps, structures and systems arising from concepts of Management. The astonishing(at the time and more so in retrospect) number and detailed outlines and charts along with discussion papers that I produced in the relatively short assignment period, illustrates how I was attempting to keep up with my and professionally trained and western management oriented colleagues.

Since my earliest experience in non affluent developing countries I had become aware of the seemingly sophisticated planning meetings which bore little relationship to what appeared to arrive and be satisfactorily received and implemented at the village level. In Indonesia I had commented how external consultants asked for basic statistics and information which their national counterparts were embarrassed to acknowledge that they had no existing way of systematically collecting. I witnessed how such requests resulted in long night hours of creating professionally sounding intelligence and numbers. I can give a host of examples. It is why in the MTS there had been established a group to identify “Gaps and inconsistencies” between policy, plans, and the witnessed programmes and activities at the village level. It was this kind of information that I had provided to the WHO Planning Team when they had considered the Junior Technicians in agriculture (JTA’s) who the Minister had said “covered the country” as a possibility of spearheading the first public health inputs to the remote villages leading eventually to a cadre of community health workers. It will be remembered that in the fifty villages with which we were closely involved, the sighting of a JTA was nil. (Less than that reported of sightings of the Yeti – abominable snowman)

With WHO in Burma I thought perhaps that with the authoritarian type government with its declared “Burmese Way to Socialism” and the competence and confident conviction of the planning team the situation might be different. However, there remained a disturbing question in my mind between expectation at our deliberations and reality. This reservation was dramatically fed by an incident that I wrote privately and confidentially –

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The Country Health Planning Division and its Director increasingly lost the support of SEARO. One by one its members either left, or were transferred. I as one of the last to arrive was among the last to be dispensed with after my two-year initial appointment. (Despite the general assurance to begin with, that this was to be more or less a permanent position). UNICEF in Burma hearing of my discontinuing in New Delhi quickly offered the post as a project officer based in Rangoon. (The Representative who had originally invited me to Burma had been gone by the time I had returned to Burma with WHO. My Burmese 'guide' to the Ministry of Social Affairs back in 1971 had since joined UNICEF and by 1977 was acting as Representative until a new Representative arrived. She, my erstwhile guide, had been involved during my work with the Country Health Planning and it was she who came to see me in Delhi and arranged for the Government of Burma to request my appointment to UNICEF.

Such requests for foreigners apparently had to come from the government's (Junta) Cabinet.

In the event the proposed commencement date of January First took more than two more months to get through the Cabinet's agenda.<sup>8</sup>

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<sup>8</sup> This was extremely inconvenient for me and my family who had packed and moved in anticipation of the agreed commencement date. UNICEF New Delhi despite some bureaucratic problems (Burma was not in their region) in the meantime I speculated how the item on the Cabinet's table of David Drucker's appointment might be sandwiched between such matters of Non Proliferation of Nuclear Weapons in the Indian ocean and Burma's joining the SE Asia political Union???