



Burma Planning WHO : Leprosy. 1976

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.

With the World Health Organisation in Burma I thought perhaps that with the authoritarian type government with its declared “Burmese Way to Socialism” along with the competence and confident conviction of our 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 –

“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. The face leonine, thick and contorted, with the lips drawn back over wide teeth, grinning without humour and features contorting as the teeth ground. .- Leprosy. 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)

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 taminein. 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 pi-dogs 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.

I had repeatedly called attention to this gob of humanity - he had once been somebody's child - but I did nothing more but privately grieve.... It was gone this morning and I went back to my planning.

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

Burma Planning WHO : Leprosy. 1976

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.

With the World Health Organisation in Burma I thought perhaps that with the authoritarian type government with its declared “Burmese Way to Socialism” along with the competence and confident conviction of our 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 –

“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. The face leonine, thick and contorted, with the lips drawn back over wide teeth, grinning without humour and features contorting as the teeth ground. .- Leprosy. 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)

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 women spectator holding a baby on her hip and another clinging at her coloured tamine. 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 pi-dogs 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 Chevvy 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.

I had repeatedly called attention to this gob of humanity - he had once been somebody's child - but I did nothing more but privately grieve.... It was gone this morning and I went back to my planning.

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