

**Vision:** The safety and survival of all ethnic groups in a free and democratic Burma

**Mission:** We are dedicated to fostering the development of medical clinics and youth hostels to serve victims of ethnic cleansing and cultural destruction in Burma.

To accomplish this, our Canadian Foundation raises awareness and funds.



## FIRST YEAR OF PUB : AN ASTONISHING GROUP EFFORT AND GROWING STRONG

### A Year in Review

To our great delight, even astonishment we see a marked growth and achievement in our organization here at home and on the border. Looking back over the year since Project Umbrella Burma was first incorporated and recognized as a registered charitable organization, we have reason to hope.

Here, with increasing awareness, many people, representative of our community, have come to firmly believe in the value of this small but balanced international effort, both in what it is doing for the rescued children of Kaw Tha Blay Hostel and the patients treated in Dr. Cynthia Maung's Clinic, but also for what it does for our larger community.

### Back Track to where it all began

Cathy and David have said that they had no idea of a particular motivation when they first found themselves visiting on the Thai-Burmese border.

Their visit to Dr. Cynthia's clinic in Mae Sot made a lasting impression; changing their lives and making it imperative for them to return.

### David's Initial Experience

"Our initial visit of 5 days stayed with us both. The state of the patients in the Clinic was desperate. Young people were dying of Malaria - one young man his IV run dry, lying unconscious, flies crawling into his eyes; Dr Cynthia moving through unperturbed, all this a constant part of her world, while I, the foreigner and something of an encumbrance, stood there, as yet with no real understanding at all. We travelled to visit migrant farm workers to check out the well and see if we could do anything for the sick. I remember the children in the long shacks with a few mothers left to cope, their bellies protruding, standing on matchstick legs - Beri-Beri seen for the first time in my life. We passed Mae Lah camp in a rain storm and then crossed the Moei river into Karen state to a village, that has since been burnt down by the Burmese Army and rebuilt three times. As the rain started again on our way back, we could no longer stand up on the clay glissades, becoming mummified as the clay was absorbed into our clothes."

Dr. David Downham and Dr. Cynthia Maung at her clinic in Mae Sot



### EXECUTIVE BOARD MEMBERS

David Downham, Chair  
Cathy Downham, C.O.O  
Betty Lou Fancy, Secretary  
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### PROJECT UMBRELLA BURMA DONATIONS

c/o John H. Mayo  
A-190 Memorial Avenue  
Orillia, ON L3V 5X6  
705 326 0891  
Fax 705 326-2218  
Charitable # 87537 7905 RR0001





Cathy Downham with the children from Kaw Tha Blay Hostel in a refugee camp on the border between Thailand and Burma.

## CATHY AND KAW THA BLAY HOSTEL

Cathy works very closely with Kshakalu, the founder of the Hostel and rescuer of the now 120 Internally Displaced Children without parents, who are fed, clothed, housed and nurtured so they can be educated, thanks to this endeavour. She acts as an interface between East and West. She knows the children well. They have become important to her - part of her life.

"I think last year we did not really leave (Mae Sot) except physically, and 'the border' stayed a complete preoccupation while we were in Canada. But also, I do not think, that we have yet been absorbed by the Karen culture. We are still very much foreigners there, except to the English speaking Karens, whom we have come to know well. But once they see you are sincere, that you will stay for long periods and come back, they begin to open to you, share their lives and are become interested in learning about yours. Then they come more than halfway to meet you. The Karen have a very long history of friendship with English-speaking people. Many educated Karens speak English. I think we would find a much greater separation, in trying to integrate with many other cultures.

We both wish that we had somehow managed to do this years before. It is full, rich and satisfying life. It is dangerous for the developed world to continue to ignore the huge socio-economic gulf separating us from the rest of the world.

### Looking to the future

Cathy and David are going back again for their fifth time in November and plan to stay until May. Cathy will be going back to her children in the hostel, trying to ensure as far as we can that they are getting what they need.

She will also be teaching English to them and to the Medics in Dr. Cynthia's Clinic and to migrant worker's children. David will go back to his band of Medics in Trauma, teaching and learning, as he says. "A number of people from our area have expressed an interest in coming out and getting a taste of things there. Hopefully they will. The more people know what is happening, the more likely there will eventually be a change."

## LAST YEAR AT KAW THA BLAY

In the Hostel, we now have 120 students and at Cathy's insistence the number of girls has risen to 35. In the summer, Pah Nah, our caretaker went back across the border taking several of our girls, who were able to tell others that once they had made the dangerous journey to the hostel they would be safe, able to have proper food and shelter, and be allowed to go to school.

Over the last year, we had to give up the fishpond, when that broke its banks, but Kshakalu still has plans for rebuilding. The chickens and ducks all got sick and had to be eaten. Happily no ill effects, but we think it must have been Avian Flu. With that part of the hostel standing vacant, there was space to build a proper library and another dorm. Another big decision was the purchase of a diesel generator. This became necessary when the school generator that had previously supplied light between 7:00 and 9:00 at night could no longer do this. It turned out a blessing in disguise. Now we have our own light. We can rent the generator to our neighbours who help to pay for fuel. We can also recharge the batteries of neighbouring refugees.

There is no question that the health record is much better. There has been a significant drop in the incidence of malaria this rainy season. This we put down to better food (with iron supplement, vitamins, and de-worming medicine), and we spent more on better quality mosquito nets that were more rot resistant and treated. Holes make them useless. We have been stressing proper discipline in this direction too.

We have no need to stress with them the importance to concentrate and to work hard at school. They are very self motivated. We have two students who have been accepted for further education in Chaing Mai, and a number who are possibles for Medical Training at Dr. Cynthia's Clinic. For the more practical, Kshakalu has arranged apprenticeships in a Thai auto shop. We are hoping that some of these youngsters will eventually become leaders of their people.



Cathy Downham teaches the children

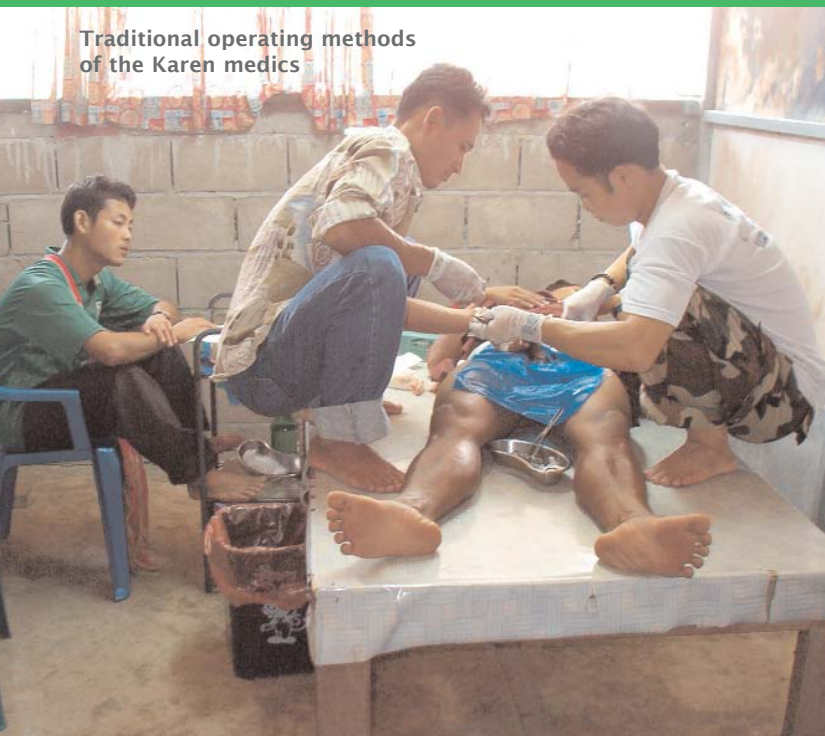


## LIFE IN TRAUMA

In the Trauma Unit of Dr Cynthia's Clinic, there are four permanent senior medics and between four and six trainees at any one time. The unit is run by a very remarkable young man named Law Kwa. The trainees learn dressing techniques, suturing, drainage of abscesses, care of burns and simple fracture management, and also spend as much time as possible with the seniors as they see the 50 -70 new and old patients that come to the unit every day. David and Law Kwa work closely together. There is a constant dialogue as they review the cases, plan their operations, and try to keep a handle on the inventory. In this unusual circumstance, David feels he should be able to teach Law Kwa to the point where he can comfortably leave him on his own. Together they have managed this for hernia repairs and hydrocoeles. In fact the clinic is getting a reputation as the Shouldice Clinic of South East Asia. Law Kwa now, on his own, gives spinals. He has carried out three amputations on landmine victims, without complication, since David left. As his own expertise improves, he himself then teaches the other medics.

This year they plan more skin grafts for the all too frequent burn victims. There remain a lot of problems. The ability to give general anaesthetics would enlarge the scope of possible treatment considerably. Some patients badly need expert treatment that can only be found in the major centres like Chaing Mai or Bangkok. Money for this is very badly needed and is in very short supply. Individual donors must first be found, and then there is the political problem of getting these 'illegal' persons safely where they need to go. It can be done sometimes. The staff try to make sure the children with 'good outlook' congenital heart problems receive the first priority. A lot of progress has been made. With patience we can expect far more as time goes on.

Traditional operating methods of the Karen medics



Dr. David Downham with the medics

## HOW FORTUNATE WE ARE

Here in Simcoe County, we are fortunate in our board, and in the generous and enthusiastic help given to Project Umbrella from so many private people, the Barber Foundation, Churches, Schools and Service Clubs.

St Paul's United Church in Orillia and the Heritage United Church in Washago deserve special mention. So too do the Golden K, the Kiwanis, and the Rotarians - the latter making possible the purchase of lights, and autoclave, oximeter and nerve stimulator for the Trauma Department of the Mae Tao Clinic. We in PUB feel it is a privilege to belong to this community. We believe something is beginning that will become a model for international action for other communities; not just an understanding of the responsibility of the 'haves' to the 'have-nots'- but an extension of ourselves to the other world -a way to make it a happy and safe place for us all to live in.

## FINANCIALS Sept 11/03 to May 31/04 (9 month period)

|  |               |
|--|---------------|
| <b>Revenue</b>                               |               |
| Foundation or special grants                 | 5,000         |
| Donations                                    | 18,807        |
|  | <b>23,807</b> |
| <b>Administration</b>                        |               |
| Website                                      | 749           |
| Bank charges                                 | 177           |
|  | <b>926</b>    |
| <b>Revenue Available for Direct Expenses</b> | <b>22,881</b> |
| <b>Direct Expenses - Thailand</b>            |               |
| Clothing                                     | 3,133         |
| Food   | 3,356         |
| General supplies                             | 2,847         |
| Stipends                                     | 315           |
| Transportation                               | 3,811         |
| Recreation                                   | 1,046         |
| Building and premises                        | 2,982         |
| Clinic                                       | 841           |
| Communications                               | 568           |
| Academic Supplies                            | 897           |
| Medical                                      | 426           |
| Miscellaneous                                | 1,009         |
| Capital Items                                | 982           |
|  | <b>22,213</b> |
| Net Revenue (deficit) for the Period         | <b>668</b>    |
| Bank balance - September 11, 2003            | —             |
| Bank balance - May 31, 2004                  | <b>668</b>    |