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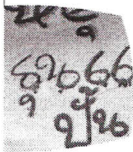

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A PUBLICATION OF EMORY HEALTH AGAINST HUMAN TRAFFICKING

Introduction

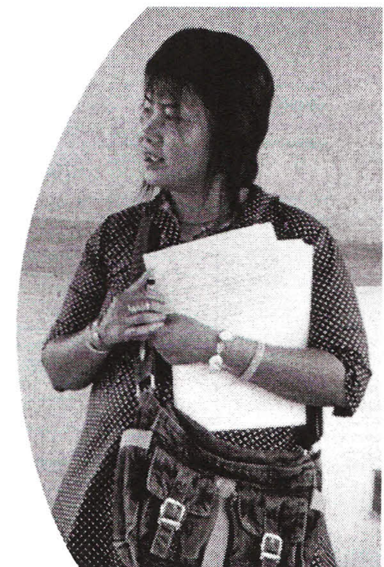
By THERESA DULSKI

Last October, a small group of first year Emory medical students attended a Friday night presentation on human trafficking at the Midtown Community Church. This multimedia presentation was lead by David Batstone, an anthropology professor from UCSF who started the anti-trafficking organization "Not for Sale" after learning that employees from his favorite local Indian restaurant had been living as slaves. Throughout the night, David told the stories of abolitionists around the world who are fighting human trafficking in their local communities.

One of these inspiring abolitionists is Kru Nam, a woman from Chiang Mai, Thailand. While working on an art-based outreach project with street children, she became concerned about the disturbing pictures that the children chose to draw on blank canvases. Kru Nam soon learned that many of these children had been trafficked in from nearby countries to work as sex slaves at local karoke clubs. She began to raid the clubs and physically pull the children out, but it wasn't long before she received death threats from the coyotes. As a result, Kru Nam moved north and established a makeshift shelter for herself and the children. This was just a first step in Kru Nam's much larger effort to fight human trafficking in Northern Thailand.

We stayed after the presentation to meet David and share our desire to become involved with his organization and its fight against human trafficking. David informed us that Kru Nam's site was looking for assistance with establishing and developing their medical and public health infrastructure. Through multiple discussions with Kru Nam and additional staff at Not for Sale, we devised a list of first steps that we could take to help improve the health and well-being of the children at the site:

- Teach interactive health education modules to the children, particularly in hygiene
- Address the short-term health care needs of the children, particularly problems with skin rashes.



- Meet with local healthcare workers to discuss potential ways to set up a more consistent, long-term source of health care with limited resources.
- Bring donations of medicines, vitamins, sports equipment, musical instruments, etc

Although we were excited about becoming involved in these projects and starting a relationship with Kru Nam and her site, we could have never fully anticipated the rewarding journey that lay ahead of us.

Snapshots in Public Health

June 23rd

After two days of traveling, we arrived in Chiang Saen: a small, historical town in northern Thailand near the Golden Triangle. We got settled into our hotel rooms and then finally got to meet the woman we had heard so much about – Kru Nam. She had come to meet us and to talk to us about what we would be doing for the next week.

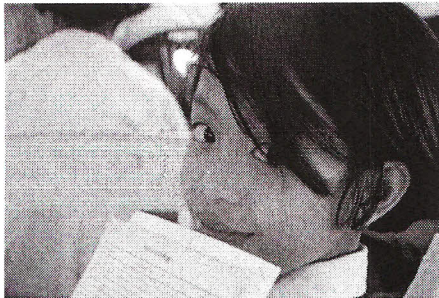
We thought we were there to perform physical exams on the 65 kids at her site and to give the new site a thorough inspection for possible areas of improvement from a public health perspective. That is what we had prepared to do. Several minutes into our conversation with Kru Nam, it became clear that our plans were totally changing.

Kru Nam had us scheduled to give physical exams to each child at two elementary schools in two days. It ended up being almost 200 children that our tireless doctor, Dafina Good, examined. After two days at schools near Chiang Saen, we were to go to Mae Sai, a border town, for three days to examine women and children who were at risk for being trafficked or sold into prostitution. Drug addiction is quite a problem in northern Thailand and is seen as a major reason why many parents resort to selling their children into even worse situations. Kru Nam is working with a local nurse to establish a methadone treatment program because there is no way a short-term trip like ours could even make a small dent in such a large problem.

Our first conversation with Kru Nam was eye opening and quite heavy for everyone. She told us about specific children at her site that she was worried about – one with possible malaria, another with TB, several who were possibly HIV+, and 30 boys with lice or scabies. Accessing health care is one of Kru Nam's biggest challenges for the children she has rescued. All children have the right to go to school in Thailand, but only Thai citizens have the right to healthcare. Because many of the children at Kru Nam's are from Myanmar, Kru Nam was really hoping we would be able to help them.

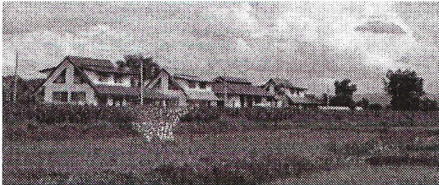
June 24 – School #1

Our first day examining kids was confusing and exhausting. When we finally figured out how we wanted our makeshift clinic arranged, we had 50 kids waiting to be seen. They sat politely in their school uniforms, but got bored after a while. We saw over 100 children that day, and about 30 were from Kru Nam's site. Kru Nam wanted us to go to schools and examine all of the children because she felt that the teachers had a prejudice against her kids. The teachers often tell her that certain kids cannot come to school. Kru Nam wanted to prove to these teachers that her kids are healthy and that there are other kids who are not.



Unfortunately that was not really the case. Except for one child with a congenital heart problem, the only sick children were from Kru Nam's site. It makes sense that if one girl gets sick, all of the girls living in her dorm will also get sick. Pretty much all of the boys at Kru Nam's site have tinea capitis from using the same hair clippers. Boys in Thailand wear their hair short, and someone at the site clips their hair. Public health intervention #1: get two pairs of clippers – use one on kids without hair problems and another on kids with tinea capitis until they get better. Easy!

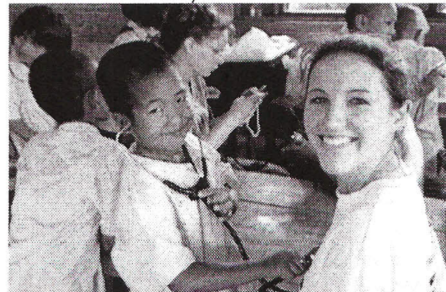
After leaving the school we went to Kru Nam's site. It is really pretty, with four colorful, brand-new two-story houses. Outside the boys' and girls' cabins, there are restrooms, showers, and covered areas to wash and hang up laundry. Each child is responsible for washing his/her clothes after school each day. It was pretty impressive to watch 5 year olds wash their school uniforms and neatly hang them up to dry. In addition to the cabins, there is a large room of tables where the children eat and play. Before going inside any building all of the kids slip their shoes off, leaving a colorful pile of little shoes right outside the door.



Standing outside at Kru Nam's, you see fields of corn and rice in every direction. It is so peaceful. I tried to imagine how comforting it must have been for each child to arrive at the site, coming from a presumably horrible situation, to such a peaceful and beautiful place. While we explored the site, kids were in the yard playing soccer (without goals), dancing and singing, and just running around having fun. At one point someone rang a bell to signal something – dinner, perhaps – and all of the kids lined up outside the dining area in height order, smallest to tallest.

June 25 – School #2

Indoors, with fans and shade, we were much more comfortable at the second school we visited. The kids at the second school seemed, overall, much healthier than the children at the first school. They were also much more playful and curious. They spent hours playing with our stethoscopes and BP cuffs, listening to each others' hearts, talking into the stethoscopes, and blowing up the BP cuffs. In anticipation of the long wait times, I brought a Frisbee and some crayons and paper with me on the second day. The kids loved throwing the Frisbee and were very determined colorers. I was really impressed by the kids' concentration and good manners. Whenever one was finished playing with the Frisbee, he would bring it back to me. After finishing a drawing, each kid would come show me what he or she had drawn. They never asked for more paper to color on, but when I got them more they were always very thankful, bowing to me. The Thai bow is called a "wai" and is a sign of respect. All of Kru Nam's children do it, and it often seems to mean "thank you."



June 26th – Medicine Day

Kru Nam wanted us to have one day to rest. We spent this day exploring Chiang Saen and traveling to multiple pharmacies to get all of the medicines we needed to deliver to the children we had seen over the past couple days. We spent the morning and early afternoon counting and packing medicine, and then went to Kru Nam's to deliver it. We also had several suitcases full of hygiene supplies that had been donated for the children, so we did several demonstrations of tooth brushing, washing with soap and drying off. Again, the kids probably thought we were crazy pretending to rub soap on our dry bodies, but they were too polite to laugh. We passed out all of the hygiene supplies – body towels, hand towels, toothbrushes, toothpaste, and soap. We then passed out stickers

so each child could individualize his/her own toothbrush. The kids were so excited about the gifts! They seemed ready to go shower and use their new towels immediately.

Surprisingly, they were also really excited about the medicine we gave them next. We treated all 65 children for stomach worms. Each child grabbed his/her cup and got in line. We filled their cups with water, handed them pretty big pills, checked their mouths to make sure they swallowed the pill, and then gave them a high five. These kids were champs at taking the pills – not a single child refused or couldn't do it! Finally, we showed how to use the shampoo and body wash for lice, scabies, tinea capitis and other fungal infections of the skin. I bet the kids are looking and feeling pretty good now. They are definitely less itchy!

We finished the day pretty empty handed, which meant that we had given most of what we had brought to the kids. We had a fun, restful day, and we got to play with the kids for several hours. We had a meeting that evening with Kru Nam to talk about our findings in the kids that she was worried about, and to discuss some mental health issues in the kids. It turns out that psychiatrists, psychologists, and mental health counselors in general are rare findings in Thailand. Kru Nam is in a position where many (if not all) of the kids at her site need some kind of counseling. She has had a very difficult time finding someone to work with them and really hopes we can help her provide this service in the future.

Lapse in Border Security: Three Days in Mae Sai, Thailand

By CAITLIN McCORD

Friday, June 27

First day at Mae Sai, a town on the border of Thailand and Myanmar. When the van drops us off, we get excited because we realize we're right on the border. We all take pictures of the Thai and Burmese customs houses. Soldiers from both countries are on patrol, walking back and forth with their machine guns, but children are hopping the border over a fence all day and the guards don't seem to notice (talk about a lapse in border security!). We find that our Thai friends have already set up a tent for us to use with a sign reading, "Doctors Without Borders: Welcome!" We explain that this is actually the name of another organization so we probably shouldn't use the exact same name, and we make some modifications to the sign. We all seem to like the idea of being doctors without borders, though. This handwritten sign is just feet from a golden arch with a more permanent sign: "Northernmost Point in Thailand." I can't believe we're here. It's basically as far from the ATL as we can get. We finish setting up our tent: an intake desk, chairs for waiting patients and for performing vital signs, a table for history taking, a pharmacy, an area for physicals, an area to see Dafina [the doctor].

I was able to walk around some during the morning. Mae Sai has a huge shopping district with lots of souvenir booths. I do some shopping for Mom and Dad and accidentally thank a man for bumping into me because "thank you" is one of only two words I know in Thai (I was actually going for the other one, "hello"). We go back early to observe people around our tent. It is a somewhat organized chaos of Thai and Burmese men, women, and children. It's our top priority to see the opium addicted mothers and all of the children, many of whom have come from Myanmar. The logic behind us being here is that if we can treat drug addiction, a large factor contributing to human trafficking of children in this part of the world, we can hopefully put a stop to the problem before kids end up at Kru Nam's.

Two things strike me about this organized chaos: the poverty, and the smiling. *Note: bring back dentists next year, in addition to psychiatrists.* I start taking vital signs under the tent. We see lots of people covered in dirt and sores, lots of stained teeth (opium is expressed in breastmilk), children with cigarette burns, and of course tinea capitis, lice, and upper respiratory infections. Working with the translators to ask history questions is tough, but all three parties (translatee, translator, and recipient) are pretty patient. I'm getting good at taking vitals in a hectic, loud environment. I do take one child to a bench just outside the tent, though, so we can have some more breathing room. As I'm listening to his heartbeat, some tourists from Chicago see me and say, "Thanks for doing this" (the woman's father had been a medical missionary, she says). It's strange to see people from America here.

Saturday, June 28

We get an early start this morning to cross the border into Myanmar. Everyone is excited (because most of our parents specifically told us not to go to Burma). The Myanmar border customs house confiscates our passports when we cross, making us all pretty nervous. There are also about 10 machine guns within a 50 ft radius. But the visa process turns out to be the only hard part: things start looking up when we hear the songs playing over the loudspeakers, welcoming us into Burma: Celine Dion singing "My Heart Will Go On" followed by "Take Me Home, Country Roads." What's the word for "anachronism" when you're talking about culture instead of time?

Our first stop is to visit Nam-Wan's [our translator's] parents' coffee shop which is literally 30 seconds into Myanmar. The iced latte at the coffee shop is the best drink I've ever had, an unexpected treat. We decide to go on a tour into the mountains to see the hillside tribes including the Karen, which is more touristy than we'd hoped. We have some great adventures in our tuk-tuks... my group has two different tuk-tuks break down on us over the course of an hour. It's very misty and mysterious in the mountains, and starting to rain... this feels even further away from Atlanta than Thailand does.

I buy a (dead) two-tailed lizard for my brother from a vendor next to a temple on a mountain. It's good luck in Burmese culture and is pretty much the coolest thing I've ever seen. When we leave we get our passports back (thank goodness), but sadly we don't get to keep the temporary IDs.

We're back to Mae Sai by lunchtime and still have 5 or 6 hours to work at our tent. Notably, Dafina treats a very sick

neonate on the Burmese side of the border through the gate. Maybe we should put the "Doctors Without Borders" sign back up...

Lots of other good things today: we give out beanie babies to the kids. They love them, and I'm impressed that there's no fighting over who gets which one. We all play catch with the kids and their beanie babies, which are already becoming filthy from hitting the ground so many times. Some of the littlest kids can't really throw or don't understand the concept so send the beanie babies flying directly over their heads. Hopefully the beanies don't become disease vectors.

Sunday, June 29

Last day in Mae Sai, but today instead of holding an open clinic in our tent on the border, we spend it with some of the opium addicted mothers and other women who are more intimately connected to Kru-Nam's site. We worked a Kru Nam's Drop-in Center, which is less than a mile from where our tent had been on a less busy city street. The Drop-in Center is a place for women and children in crisis situations to go. Additionally, Kru Nam has a combined jewelry making and counseling program at the drop-in center for local women. We're told that most of the mothers we meet have children that are staying with Kru-Nam because they sold them to her to pay for drugs, or they simply couldn't take care of them. None of us are really sure what to expect.

Laura and I talk to a teenage girl (with the help of a translator who is actually a nurse at a local hospital) who gets short of breath when she exerts herself. It sounds a lot like asthma, but we don't have any albuterol with us. I wish I'd brought my albuterol because then I could give it to her. The nurse says she'll work on getting some samples from the hospital, and then the girl asks if we can check her dad's blood pressure. Laura and I turn and see an older couple standing by the doorway. The woman is dressed very nicely in something that looks like a sari; the man is wearing business clothes, but looks a little more disheveled. They only speak Burmese, but the translator knows some of that, too. We take the man's blood pressure and then notice that he looks jaundiced and try to palpate his liver. We ask if he has any pain or abdominal symptoms, but he doesn't. We tell him to go in for a check-up at a hospital, if he can, for blood work. As they're getting ready to go we learn that the daughter was connected to Kru-Nam's site because her parents – this couple – had sold her into prostitution. I'm in disbelief because they seem so normal... How can something like this happen? I feel like I should be angry, but I'm mostly confused.

We're all tired after being at the drop-in center all day. We head back to the Golden Triangle (where Thailand-Myanmar-Laos meet around the Mekhong and Ruak Rivers) to have dinner. First we climb the steps on the side of the street opposite the Mekhong to a temple. It's getting dark and the steps are slippery and covered in moss. We meet Dave, Chris, and Ankoor who are coming back down from the top and they tell us women aren't allowed in the temple, but we think they're joking. When we get there, the inner sanctum of the temple has a sign on it that says "no women allowed." Now I get angry, and I think it's about much more than just this.

We eat at a touristy restaurant. It's cool being at the Golden Triangle at night because of the huge Buddha statue right over the water. Then we drive to Kru Nam's site at around 9pm because they've planned a party for us to say goodbye. When we get there the kids are all still awake and seem really excited. Kru Nam has us all gather in a circle in the open air-cafeteria to play games. There are about 70 of us all holding hands and we play circle games with loud music.

We celebrate the blending of our two worlds with ice cream, and the kids sing a song and give us flowers, t-shirts, and hand-colored cards to take with us. We are all invited to say something to the group that will be translated so everyone can understand, and it's amazing to actually hear what some of the children, whom we've gotten to

know so well, have to say.

The last "game" of the evening is where one part of the circle breaks off and starts folding back around the rest of the circle, and each person stops to bow to, and then hug, every other person they meet. The victims of human trafficking, the medical students from Atlanta, the Thai and Burmese leaders at the site, Dafina, Kru Nam... we're all integrated in the circle and we all hug every other person. We do it 2 or 3 times. Some of the kids start crying. Some of the leaders start crying. Then all of the kids are crying, then we're crying. They're sad to see us go, but I hope that our leaving is outweighed by our coming. At the very least, two parts of the world that might not have cared about each other before, do. And that's definitely something. Thank goodness for lapses in border security.

Postscript:

We learned from Kru Nam several days later that she had strategically planned for us to be on the border where the Myanmar customs officials could see that we were offering medical care. She suspected that they'd be more likely to let their citizens cross for help they desperately needed than to allow foreign aid (us) in, which they had specifically refused to do in the wake of the cyclone. Kru Nam hoped that our being there would allow the population to cross more easily for medical care in the future. Smart woman.

Needs Assessment

By MARYBETH SEXTON

One of our goals in traveling to Thailand was to conduct a healthcare needs assessment for the site so that we could both identify current problems and determine where future donor contributions might be best spent. We made observations during tours of the site, examined the children and compiled data from their medical records, and interviewed Kru Nam and her staff so that we could evaluate the state of the site in eleven key areas. We assessed how the site handled: sanitation and hygiene; food and water safety; nutrition; infection control; basic medical care; emergency care; sexual health and education; psychological care; transportation; recreation; and future planning and assistance for the children as they reach adulthood.

In doing so, we were impressed with the organization that Kru Nam has built in the past several years. The children have a home in a warm, supportive environment in which they have an opportunity to attend school, learn life skills and obtain vocational training, and pursue interests such as music and art. Kru Nam and her staff clearly care about the well-being of the children and are anxious to continue to improve the site to make sure that all of the children's needs are met.

There are, however, some areas of concern that need to be addressed in order to ensure the health and safety of both the children and the staff, and these will be the focus of our future fundraising and trips to the site. The most critical problems identified include:

1) High rates of infection with scabies, worms, lice, tinea capitis (ringworm of the scalp), pneumonia, and upper respiratory infections.
We conducted medical exams of the children at their schools, and so we were able to compare the health of the children living at the site to the health of their classmates living with their parents. The prevalence of infection is alarmingly higher in the children living at the site.

2) Significant risk of continued infection with many of these diseases because of conditions and daily routines at the site.
Numerous children share a room and sometimes swap beds, which facilitates the transmission of scabies, lice, and upper respiratory infections. Hairbrushes and hair clippers are shared between multiple children, which can spread both lice and tinea capitis. The children do not own sneakers and so they play barefoot, which puts them at risk for contracting hookworm from the soil. Finally, the screens on the windows of the houses where the children sleep are all broken, making it easier for them to contract mosquito-borne illnesses.

3) The presence of potentially-fatal diseases in children living at the site, without appropriate isolation measures to ensure that other children do not become infected.
There are children living at the site who have tuberculosis, malaria, and HIV, and all children who have any kind of serious illness are all living in the same house together. This puts the children who are HIV-positive at high risk for contracting an opportunistic infection, and it also makes it possible for a child who already has one serious illness like malaria to contract another (e.g. tuberculosis).

4) Lack of psychological assistance for traumatized children.
Many of the children living at the site have been sold by their parents, and some of them have been victims of forced labor or prostitution. Kru Nam reports high rates of depression, especially among the teenage girls, as well as problems with older children who have been abused threatening the younger children. There is only one psychologist in the town of Chiang Saen, and the site cannot afford to pay for visits.

5) Lack of consistent access to basic medical care, diagnostic services, and affordable treatment.
Because the majority of the children do not have national identification cards, they are not eligible for free healthcare in Thailand. Kru Nam therefore has trouble taking them to a doctor when they are sick, and she cannot afford medications in the event that a child is diagnosed with a chronic illness like HIV. Several of the children are at risk of being HIV-positive because they were born to infected mothers, and they have worrying signs on physical exam, but Kru Nam is afraid to take them for testing because there is nothing she can do if they test positive.

Based on these concerns, we have identified the following as priorities for fundraising and future trips:

- Raising money for the construction of a clinic on the site and for the salary of a visiting nurse or physician. A clinic would provide a place for the children to receive medical care and for the storage of medical supplies that are donated -- visiting medical practitioners would therefore have access to necessary supplies and space. Additionally, a clinic could contain several isolation rooms where children who are seriously ill could sleep in order to cut down on the spread of infection.
- Obtaining sneakers for the children to decrease the risk of hookworm.
- Repairing the window screens on the houses where the children sleep.
- Donating sterilizing solutions for combs and hair clippers so that they can be cleaned after each use to cut down on the spread of ringworm and lice.
- Preparing educational materials in Thai in order to give the staff information about infection control and hygiene so that they in turn can give the children necessary information.
- Investigating the possibility of coordinating with graduate students in psychology at the university in Chiang Rai who might be willing to volunteer their time to conduct therapy sessions with the children. Additionally, we hope to bring psychologists or psychiatrists along on future trips to train the staff at the site in facilitating discussions with traumatized children and identifying signs that a child is in trouble.
- Finally, Kru Nam is interested in efforts to stop of the problem of child trafficking at one of its sources – the desperation that leads parents to sell their children as a result of poverty and/or drugs. She has kept in contact with the parents of some of the children in her care, and she is attempting to help a particular group of drug-addicted women who beg along the Thai-Myanmar border with their young children. On future trips, we will be working with her to investigate the possibility of a methadone treatment program for women with young children.

Doctors Across Borders

By LAURA DONOVAN

I first saw the woman after lunch, on the other side of the fence that separates Thailand from Burma. She settled down in the hot sun to beg with a cup in front of her and something in her lap. I quickly realized that "something" was a baby, probably no more than three or four weeks old. The infant was lying there motionless; his head flopped to one side and his arm dangling off her lap, completely limp. As I watched them, I felt this sense of urgency – my first thought was that the baby was going to die: if not later that day, then soon.

It was one of the most upsetting things I have ever seen. I stood there, not sure of what to do. Why hadn't she crossed the border with the rest of the Burmese women we were seeing? I asked one of our translators if the woman knew we had set up a clinic and that she could see the doctor; he told me she was not interested in coming. However, regardless of what she wanted, her baby *needed* to see the doctor. Maybe, I thought, she hadn't understood why we were there. I passed a cup of water through the fence to a little boy who brought it to her, thinking that she might be more inclined to come if she knew we were trying to help. She raised her hands and bowed slightly to say thank you, but did not move.

The woman remained seated on the border for the remainder of the afternoon. Since she couldn't come to Thailand, there wasn't much we could do except let Dafina know about her.

At the end of the day, Dafina came over to talk to the woman. The woman was standing at the fence and through two translators we learned that the baby – a boy – was only ten days old. Dafina asked her to hold her son up: he hung there, limp. At this point, Dafina reached across the border and took the baby's temperature. It was a little over 102 degrees Fahrenheit. She called for Tylenol and amoxicillin and showed the mother how to give the medicine. The woman thanked her and left.

The next day, the woman came to the clinic. I saw them after they signed in and took their vital signs. The baby looked so much better – it was unbelievable. He lay there sleeping quietly, with his hands pulled into his chest. His color was good and he no longer looked deathly ill. When I took his temperature, it was normal: the fever was gone. We treated many sick kids while we were in Thailand; however, few recoveries were as obvious or as dramatic as this one.

What made the greatest impression on me were the circumstances surrounding the entire situation. There we were, standing in Thailand watching Dafina reach across the green border fence into Myanmar to try to save a life. The kids we saw during those two days on the border were desperate. Many showed signs of abuse. They walked around with their younger siblings strapped to their backs, begging for money to bring home to their drug-addicted parents. At times it was hard to tell how much our treatments helped, but for this little boy the difference was clearer: the next day, he was still alive

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At the end of our time in Mae Sai, Kru Nam explained that she had placed us on the border to run our clinic because the women and children we treated were not usually allowed into Thailand. The woman with the baby **did** want to see the doctor that first day: she was just unable to cross. Our presence also gave Kru Nam an opportunity to speak to the immigration police and explain how she was trying to help these women create better lives. While she did not make huge strides with the immigration police in those two days, it was a start: the woman was permitted across the following day. Nam Wan translated Kru Nam's assessment of the situation and what she had been able to accomplish because we were there: "It's all about relationships – before the door was shut, but now it is a little more open."

IF YOU WOULD LIKE MORE INFORMATION ABOUT EMORY HEALTH AGAINST HUMAN TRAFFICKING, OR TO MAKE A DONATION TO OUR PROJECT, PLEASE CONTACT EHAHT1@GMAIL.COM.