

Field of dreams:  
Dr Cynthia Maung  
at the new site of  
the Mae Tao Clinic  
in Mae Sot, near the  
Thai-Burma border.

# FRAGILE SANCTUARY

The woman they call “mother”, Cynthia Maung, has been a quiet source of strength for the long-suffering Karen people of Burma. **Sharon Bradley** meets the Sydney Peace Prize winner.

PHOTOGRAPHY BY BRENDAN ESPOSITO

**T**HEY COME, EVERY MORNING, WITH the sun. As it climbs in the sky, drying the pools of water left in the dirt by the monsoon rains of the night before, young mothers and fathers, their faces worn with weariness and worry, carry their sick children into the shade and, with infinite patience, wait to be seen by clinic staff.

Mathay, 29, is here with her 18-month-old daughter, Saung Thei Wai. They’ve been travelling for 24 hours, only this morning crossing the border into Thailand from their home in Burma. Despite her faded sarong and brown anorak that’s seen better days, Mathay has the poise and bearing of an empress, the planes of her face radiating a fierce beauty, as she drapes the heavy body of the listless toddler across her lap. Her baby’s been running a fever for several days now, Mathay tells us through an interpreter as her

husband tenderly smooths the girl’s damp forehead. They need to see a doctor.

Opposite her is 35-year-old Aye Aye Mar. Her face daubed with chalky swirls of thanaka paste that Burmese women believe softens the skin, Aye Aye Mar explains that 11-month-old Thin Therapy Hwee, now sleeping uneasily in her arms, is also burning with fever and won’t eat or drink. Nearby, a little boy of no more than four, supported by his mother and grandmother, vomits miserably, over and over again, into a storm drain.

These families are forced to travel, sometimes for days, over difficult mountainous, jungle-clad terrain, to reach this clinic in the town of Mae Sot on Thailand’s north-western border because it’s their only hope. They’re trapped in the crosshairs of what has become the most protracted civil war on the planet, one that a powerful military





## “THERE IS TALK ABOUT INVESTMENT, BUT NO POLITICAL DIALOGUE. PEACE ISN’T GOING TO JUST COME LIKE ... RICE.”

junta has been waging against a patchwork population of ethnic minority groups largely out of sight of an international community that has little idea of the scale of its brutality.

These young parents are Karen, an ethnic group that constitutes 6 per cent of Burma’s population of 60 million. Their home is Karen State, a long sliver of land in the Irrawaddy Delta, once celebrated by poets for its beauty, that shares 2000 kilometres of border with Thailand. Since 1984, their villages have been burned, their land confiscated, their livestock appropriated and their men – those who haven’t joined the Karen National Union to fight for their autonomy – conscripted into forced labour.

It’s thought that there are as many as 650,000 internally displaced people in Burma, nearly 107,000 of them in Karen State. Another 146,000 live in a cluster of refugee camps – bamboo cities they’ve been building themselves since the 1970s – on the Thai side of the border. A further 250,000 undocumented migrant workers are also estimated to be in the area. The narrative is grim, the absence of adequate healthcare for these displaced and dispossessed people on their own soil its brutal full stop. And yet a small green footnote flourishes. Its author is Dr Cynthia Maung, director of the Mae Tao Clinic, which she founded here in Mae Sot in 1989.

DESPITE BEING FAMOUS IN BURMA, MAUNG couldn’t possibly look more unassuming this morning as she walks slowly around the sanctuary she’s created. Dressed simply in a white cotton short-sleeved shirt and traditional sarong in emerald-green, her black, shoulder-length hair swept back in a ponytail, she chats companionably with a group of women outside

**Where hope lives:** (above) a Karen woman, Mathay, brings her febrile 18-month-old daughter to Dr Cynthia Maung’s clinic in Mae Sot on the Thai border.

### WATCH



Spend some time with Dr Cynthia Maung at her clinic - view the video at [Facebook.com/GoodWeekendMagazine](#).

the maternity unit where, last year alone, more than 3000 babies were safely delivered. One woman, the front of her shirt stained by an abundant flow of new milk, tells Maung that she travelled from Burma’s westernmost Arakan State to have her baby here. She nods at a week-old bundle of newborn perfection in the arms of its grandmother that she has named Thin Zer Moe. She’s waiting, she says, to register the birth before she begins the long journey home.

Inside, in a small room containing three incubators, lies a five-week-old baby. His mother, a local migrant worker, gave him the only gift she could, a safe delivery into a caring community, and has now gone home. Maung’s face softens visibly as she sterilises her hands, their only decoration a plain gold band that she wears on one middle finger, and carefully cups his little cranium in one palm before gently lifting him into her arms. It’s a scenario with which she’s only too familiar.

Beyond this room, the ward looks undeniably primitive to First World eyes: two lines of beds or, more accurately, roughly built wooden tables covered in lino that are sheltered from the elements by breeze block walls, tiled floors and a tin roof on which the rain thunders every afternoon. And yet the space is meticulously clean and well organised. A large whiteboard beside the staff station describes an assortment of conditions: severe pre-eclampsia, presumptive malaria, incomplete abortion.

Later, Maung and I adjourn to the clinic’s library. Surrounded by framed photographs of, variously, Aung San Suu Kyi, a young king of Thailand and herself – “Long live Mother!” reads one jubilant caption – she slowly begins to tell me her story. Slowly, because as I’ll come to realise over the course of our visit here, Maung doesn’t

much like talking about herself. She can be as silent as the Sphinx.

Like many of her patients, she, too, is Karen. Born in Rangoon in 1959, she grew up the third of seven children in Moulmein, the capital of Mon State, to Baptist parents. Her father, she says, was a public health officer and she’d often go with him when he travelled to outlying villages, where access to healthcare was poor, to administer vaccinations. He dreamed of at least one of his children becoming a doctor and Maung responds with a small nod when I ask if they were close.

MAUNG WAS ONLY THREE IN 1962 WHEN A military coup transformed the political landscape of her country and, in the years that followed, the former missionary school she attended in downtown Moulmein was taken over by the regime. “I remember that there were many Karen children who came from far to go there,” she says. “They could come to school by staying in the big boarding house there. After the take-over, there was no boarding house, so unless they could find a family to take them in, they couldn’t come. By grade 8, they’d mostly dropped out.”

When her grade 12 results placed her in the cream of graduating students, she returned to Rangoon to begin her six-year training at the Institute of Medicine. “Between 1980 and 1986, we were visiting a lot of hospitals,” she continues, “and we could see for the first time the standard of the healthcare service being provided by the government. We saw very good, highly qualified doctors and nurses being hampered in their work by a lack of good facilities. Some patients were having to travel long distances to receive treatment, sometimes selling their properties to pay for it, and there were long delays.” And then came 1988.

Outside, it has started to rain again. The insistent cries of a restless baby find their way into the room through the open door along with the soft putter of motorbike engines on the road outside. The blades of a ceiling fan chop ineffectually at the leaden air and fat brown geckos scuttle around the strip lights. Maung is remembering a watershed year, one that tore her life into two halves: what happened before and what came afterwards.

In 1987, Maung, now a newly qualified doctor, had begun working in a clinic in Eain Du Village in Karen State; all of its inhabitants were struggling to survive. “I saw more of the issues around the military exploitation there,” she says. “The forced taxation, forced labour and very poor access to healthcare, despite tuberculosis being so widespread. By 1988, the students’ pro-democracy movement was becoming more and more widespread and I joined, too.”

What would become known as the 8888 Uprising began in Rangoon on August 8, 1988, and quickly spread throughout the country. It ended on September 18 after a bloody military crackdown by the State Law and Order Restoration Council (SLORC), during which it’s thought as many as 10,000 people died. In the months that followed, 15,000 students fled to the Burma-Thailand border to escape being persecuted by the regime. Maung was among them: “Many of our friends who’d been involved in the uprising had now disappeared or were in jail. A lot of students had been killed. We all felt very, very insecure. Army intelligence was everywhere: we could be arrested or taken away at any point.” She pauses. “My mother had recently passed

away and my father and my brothers and sisters were in Moulmein. There was no way for me to communicate with them. We thought we’d be back in a few months.” Her voice lowers almost to a whisper. “My father died three months later.”

THE NEXT MORNING, MAUNG’S OLDEST friend in Mae Sot extends a rare invitation for me to join her in her garden and we talk for more than an hour among the flourishing acacias. In 1988, Naw Htoo was a 21-year-old zoology student at Moulmein University. A small diamond flashes on her ring finger as she packs a wad of betel nut leaves into her mouth and, with visible effort, casts her mind back to a time of still-potent memories.

“I was part of the demonstrations,” she says in English, feeling her way slowly back into a language that she uses rarely. “When the government closed my university, I came back to my village, Eain Du Village. I remember, there is a big meeting with all the community leaders, the teachers and the students – and Cynthia was there. It was decided that we were not safe. If the government arrests us, we will be beyond help. We had to move urgently.

“I trusted Cynthia. She was older than me, she knew my village and she had treated everyone there kindly even though they had no money. One day she came to me and said, ‘We have to leave tonight.’”

Suddenly, she begins to cry, wracking sobs that cause her to tear at her breast. “My mother, my father, they did not know! They were sleeping. We thought we were going for just three to six months. My friends gave me what money they

had – 300 kyat – and we left. We thought we’d be back soon!”

Maung and Naw Htoo travelled on foot for a week through the jungle, walking at night, sleeping by day and eating wild fruits and banana shoots and what little the villages they passed through could share with them. Maung carried a small bag that contained one medical text book, a stethoscope and some medicine in case they should develop malaria. “Before we leave Eain Du,” says Naw Htoo, “my teacher came to me and said, ‘Find Mary Ohn. Before you do *anything*, find Auntie Mary.’”

Mary Ohn was a colourful character by anyone’s reckoning. She stood just 1.5 metres tall, wore her hair short like a man and dressed like one, too. For more than 40 years, she’d been a general in the Karen National Liberation Army

**Next generation:** (below) lunchtime at the children’s boarding house next to the Mae Tao Clinic’s safe house for women.



(the armed wing of the KNU) and was both revered and feared. She could also sing like an angel, her clear, soprano rendition of *Abide With Me* able to reduce the most hardened guerilla to tears. After crossing the border one night, the two women found her at Hway Ka’loke camp.

Many of the students gathered in the camps were now suffering from malaria, diarrhoea, malnutrition and what would now be called post-traumatic stress disorder. With so few health workers in the region, Maung realised that she had a job to do. “Mary Ohn worked on the Student Affairs Committee and she introduced me to many people so that we could start co-ordinating medical programs,” Maung tells me. “One of her contacts offered us a place on this land here in Mae Sot and we moved in in February 1989. It was a barn in a muddy field, very old, wooden with a tin roof that leaked badly. We had to stay here quietly, of course; we had no papers.”

As Maung began to treat those students most in need of care, the local Catholic church donated dry food, cooking oil and medicine. Then word spread and other donations started to arrive from Burmese exiles living overseas.

Naw Htoo chuckles now, her teeth and gums stained red from betel leaves: “They gave me 5000 baht (\$178) to go shopping,” she says. “I have one big bottle of paracetamol tablets to go round five student camps! I share the tablets out into little packages. Then I do the same with a bottle of ampicillin!”

In 1992, a young man from Hpa-An in Karen State who’d been staying in Wangkha camp was among the first group of students to come to the clinic to begin training. His name was Kyaw



Hein. “And I recognise him,” says Naw Htoo. “He was the friend of my friend’s brother when we were at university in Moulmein.”

When I ask Maung what it was about Kyaw Hein that first caught her eye, she fixes me with her dark stare and a small eternity passes. Then, simply, “He was very kind to the children and the animals. And he wanted to help.”

The couple married the same year during a small, Christian ceremony at the clinic. Their guests included Mary Ohn – the collective memory doesn’t reveal whether she sang – one of Kyaw Hein’s teachers who’d also been at Wangkha, and an uncle of Maung’s who was in the KNU. The next year, she gave birth to a son, Peace, at the clinic and a daughter, Crystal, followed in 1994.

Maung Maung Tinn, an artist living in Mae Sot, remembers arriving at the clinic after a month spent in the jungle. “When I left Hpa-An, my friend told me to find Dr Cynthia,” he says. “I thought her name was like a foreigner’s name. Maybe she will be very fancy with high heels like in a Hollywood movie. But when I see her, I think she is the ... nanny. She was very simple and very patient, but I saw the strength in her eyes right away.”

LAST YEAR, THE MAE TAO CLINIC RECORDED almost 150,000 visits and 12,500 admissions. A stroll around the adult ward in the company of Dr Kate Bruck – an Australian advisor to Maung and one of her oldest and most trusted colleagues here – and senior supervisor Kyaw Kyaw Win is a sobering exercise.

A 42-year-old widower, who had a stroke two years ago, is suffering from pneumonia. He was driven here, over the course of a day, by his village headman, who’s now taken up a vigil by his friend’s bedside. The patient’s condition is serious. At intermittent stages, staff rush to his side as he succumbs to another awful, body-ravacking seizure.

Over the way, a hollow-eyed man, wearing a white Leeds United T-shirt and traditional *longyi*, sits cross-legged on his bed. He’s 48, but looks 20 years older, and has chest pain. An X-ray has shown that his heart is enlarged and a diuretic has been prescribed. “We can’t afford to perform a lot of tests, so we must use, wherever possible, our clinical acumen,” Bruck explains. She suspects he has ischaemic heart disease: “His treatment will be expensive,” she says. “He’s going to need an angiogram and bypass surgery.”

The man says that he came here by *songthaew* (share taxi truck) over two days, a journey that cost him 70,000 kyat (\$79). He’s the father of four children, the youngest 12-year-old twins. When he tells us that his wife died four years ago, he can’t stop the tears spilling down his cheeks. Exhausted, he lies down, pressing a wad of blanket to his eyes. “This is hard,” says Bruck quietly. “In Burma this year, the government has allocated just 3.9 per cent of its gross domestic product to healthcare. The military takes 21 per cent.”

It’s easy for the international community to believe that Burma’s political situation is improving. In November 2010, we watched the ever-fragrant Aung San Suu Kyi being released from her two-decades-long house arrest by the government; in April last year, she was elected to the lower house of the Burmese parliament, her National Democratic League party taking 43 of the 45 vacant seats; a few months later, she and President Barack Obama hugged awkwardly in front of the word’s news cameras outside her Rangoon home.

At the beginning of last year, the KNU signed a ceasefire with the regime, calling a halt to six decades of hostilities. And yet, say observers, the truce is a fragile and uneasy one. In the eastern states of Burma, the land is still confiscated, the presence of the military on it now overt, while the human rights abuses continue. And then there are the landmines. Bruck believes that the terrible injuries they see at the clinic caused by landmine explosions will still be an issue here 100 years from now.

“Our problems have only become more complex,” says Bruck. “In 2001, it didn’t look like there’d be peace in our time in Burma and it was the beginning of Dr Cynthia thinking, ‘We need to think of the future of the children. We’re going to need to make sure they’re educated and protected.’ It didn’t happen overnight, but she isn’t the person to just sit down and say, ‘I hope it’ll get better.’”

The Mae Tao Clinic has become a village. In 2008, with the blessing of the Thai government, Maung built a school, called the Children’s Development Centre, a short distance away. Almost 1000 children, the offspring of migrant Burmese workers, arrive every day in pristine blue and white uniforms to attend lessons from kindergarten level to grade 12. It is a beautiful building – long, white and two-storeyed, with a green gabled roof set among fields that, in July, are luxuriant with new growth – and its corridors and classrooms fairly buzz with the flock-like chatter of happy children. They flash smiles of welcome at us. Everywhere, it seems, there are pictures of Maung – here, sitting with Aung San Suu Kyi; there, shaking hand with Nelson Mandela’s wife, Graça Machel.

Aye Myat Thu, a pretty 25-year-old teacher, invites us into her English class where, demonstrating an impressive grasp of new language, Pet Phoo San, 17, tells us that she would like to become a fashion designer when she leaves school. Su Su Hlaing, who’s 18, will teach, she says, while 18-year-old Cha Lute, has dreams of joining the KNU. And yet their smiles mask difficult truths: most of these teens live in nearby boarding houses, also part of the clinic’s ever-expanding network, seeing their parents – if, indeed, they still have any – rarely.

**Essential care:** (below) Australian doctor Kate Bruck with colleague Kyaw Kyaw Win attend to patients at the Mae Tao Clinic; (opposite page, top) students learn English at the Children’s Development Centre.

Aye Myat Thu, who was born in Maung’s home town of Moulmein and raised in Rangoon, tells us that this is her first month of teaching at the school; until recently, she was living in Mae La camp, about 45 minutes away. When we ask her gently how she came to be there, her eyes suddenly fill with tears and, wiping her cheeks, she whispers, “Please don’t ask me to tell you.” In Mae Sot, as any visitor here soon learns, a wellspring of pain is never far below the surface.

Naw Annie, who works in the Child Protection Department at the clinic, distributing aid given to the Boarding House Working Group, has known Maung since 2006. In her excellent English she tells me, “I first heard about her on the radio in Burma. The way you pronounce ‘Mae Tao’ in Burmese sounds like a word we have to describe a formidable mother figure. Dr Cynthia is like an orchestra conductor. She’s really good at building teams that work on different parts of one big problem. She can always see the big picture even when we can’t. People here think she’s a hero.”

For Maung, training and the confidence to apply what they’ve learnt are the two most vital tools she can give to her 580-odd staff. “We must identify people who are capable of leading their communities when they go back home,” she says with urgency. “We want to have a good system in place because we are getting older and we need young people to be in the system. If not, they’ll be in trouble, too. The next generation must be able to continue the work.”

TOWARDS THE END OF OUR VISIT, WE SPEND some time with Maung in her home, a spacious, modestly furnished house a few minutes’ drive from the clinic. It’s after 8pm and



she’s long overdue to sit down for dinner with her family and yet, here in her study – a room of photographs, teetering piles of paper and cheerful clutter – she’s as focused and clear-eyed as she was sitting in a strategic planning meeting almost 11 hours earlier.

Outside, yellow hibiscus flowers nod in the breeze as I ask her about the small team of bodyguards that shadows her every movement here in Mae Sot. Does she still worry for her safety? Another long, penetrating stare; another geological age of silence.

“It’s true that there is now more movement backwards and forwards over the border than there has ever been,” she says carefully, “but what we have come to know is that Burma military

intelligence never closes its eyes: it never sleeps. Until there is full reconciliation between the Burmese army and the ethnic groups, it will continue to record information. My children have never been to Burma; they have no connection to their village there. They want to, but not now. Not yet.”

Maung’s family, like her clinic, has grown with the years. As a well-groomed cat winds around her ankles, she tells us that Peace and Crystal have been joined by Jasmine, now 11, and Aye Chan, who is seven, both of whom were abandoned babies. Fifteen years ago, Maung also took in a traumatised 15-year-old called Ah Moo who, as a young teenager newly arrived from Burma, had been abused by her Thai employer. “She is like the elder sister to my children and another mother for them,” she says with a smile. And, finally, there is Nga Nge, a widow she met in one of the refugee camps when Peace was just five months old. She offered her a permanent home, too. “She is also the mother to all of my children,” she says.

It would be easy for Maung to leave here, to do as her younger brother, who’s also a doctor, has done and “resettle” overseas. After the 2010 election, the Myanmar Peace Center came here to ask her to return to Burma to set up a facility, like the Mae Tao Clinic, there. “I explained to them that they need to fully develop what health services already exist inside Burma,” she says. “If they do that, then patients won’t need to travel for days to come to the border and our clinic here will see a reduction in its workload. Ultimately, the government must upgrade its existing services.” She adds, “I won’t become a propaganda message for the army. There is a lot of talk about economic

## TESTING TIMES

Last year, the Mae Tao Clinic received \$3,683,000 in overseas aid, but required more to cover the costs of its programs. Last month, the federal government’s AusAID, which has helped support the clinic for three years, announced it won’t continue its funding into 2014. At the time of going to print, heavy rain has flooded the clinic, causing patients to be transferred to the school. Valuable stock and equipment have been lost. For more information, see [maetaoclinic.org](http://maetaoclinic.org).

development and foreign investment in Burma, but there is no political dialogue. Peace isn’t going to just come like ... rice. The NDL now has a presence in Parliament, but to change policy or constitution, you need consultation with grass-roots activists. Aung San Suu Kyi is trying very hard, but our parliamentary members don’t participate, don’t engage because they are being watched by the army. In the fight for justice and freedom, you must engage.” And so Maung stays on the Thai-Burma border.

Refugees fold desperate truths into their lives every day. They know that after you’ve survived the worst that could happen to you – after you’ve lost your home, your livelihood, members of your family – you must carry on. Here on the border, the business of just carrying on is conducted with a rare kind of dignity and resilience. Inside Dr Cynthia Maung, the woman they call “Mother”, these attitudes pulse deeply – and defiantly.

When I ask her if she imagines a day when she’ll be able to go home, her eyes – those anatomical lightsabres of her internal resolve – blaze. Silence descends. Then, quietly, “Until we see a Human Rights Commission in Burma and until we see ethnic groups taking part in political dialogue, I think it will be very difficult to feel safe there. For now, we will stay here for our people. As long as they need us, we will be here.” **GW**

Dr Cynthia Maung will receive the 2013 Sydney Peace Prize during a ceremony at Sydney University’s MacLaurin Hall on November 7 and give the Sydney Peace Prize Lecture in Sydney Town Hall on November 6. For further information and ticket inquiries, go to [sydneypeacefoundation.org.au](http://sydneypeacefoundation.org.au). Sharon Bradley flew to Thailand with the Sydney Peace Foundation and Singapore Airlines.

## “DESPITE A CEASEFIRE, THE HUMAN RIGHTS ABUSES CONTINUE.”

