

## *Bridging the Gaps*

(Community Support II: Care for Villagers)



### **Thaleba**

Soon after sunrise on an chilly morning in January, the entire population of Thaleba (Sayadaw U Indaka's village) gathered to celebrate the placement of new umbrellas for the village Pagoda. It was a joyous event, and a very old ritual—happening at a time when much in Burma is in a state of flux. The kids in the long line stretching from the pagoda past the library and out into the main village street will see much that their parents and grandparents could never imagine. And yet for all the changes that have been happening in the country, everyone is still subject to the same constraints that plague most rural villages in Burma: poor infrastructure, and only the most basic health care and education—there are many gaps and all too often people fall through them.

For the first time since we started offering dāna at Thaleba we were unable to travel there to offer our dāna in person. However, both before and after Sayadaw's annual journey back to his village



Dawn on the Mu River as the villagers begin their day

in January, we had a number of meetings with him to discuss what help was needed now, and to arrange for future MIA offerings. And both health care and education were on our agenda: much has improved but there remains much to be done.

Over the last five years, the situation in Thaleba has vastly improved through the generous offerings of MIA. There is a fund that provides education for poor kids, as well as a health care fund for all the elders. The main streets in the

village, the school, the library, and the pagoda have solar electricity. There is water for the

school, and along with the help of many other donors, there is a free (or affordable) medical clinic for the entire village. Now the task ahead is to solidify and expand the benefits that have already been put in place, so that as many people as possible can benefit.

### *Expanding the Health Care Net*

The new medical clinic that was started last year is now open 5 days a week, with one doctor and one nurse, whose monthly wages are partly paid by Sayadaw. About 50 to 70 people come each day for treatment, and elderly and ‘poor’ (defined as those with neither cattle nor land) are treated free. The rest pay only 500 kyat (about 50 cents).

But not to stop there! Sayadaw is never short of good ideas to improve the lives of people in his village and in surrounding areas. He told us that he wanted to expand the health fund so that people from nearby villages can be treated at the new clinic, too (for the time being it only serves Thaleba proper). When we offered dāna for this, he



Dedicating the Thaleba Medical Clinic in 2012

was especially delighted that the clinic will now be able to benefit so many more people.



A venerable Thaleba elder

### *Impoverished Elders*

One of the unanticipated benefits of the new clinic is that the doctors now see people who would otherwise be invisible. Through the clinic, Sayadaw had learned about four elders in who needed immediate assistance beyond the medical care they were getting at the clinic. Because of poverty and either injury (one man had a broken leg) or disability (another is blind), they were unable to provide for themselves and their families. So Sayadaw told us that the clinic committee could arrange for each of them to get extra support for living expenses—to buy some oil and rice every month—if we would be able to offer the dāna for that. Of course we were glad



to do this! Although this was a one-time offering, we discussed the possibility with Sayadaw that perhaps in the future a fund could be set up to support people in similar situations.

### *Education*

The education fund in Thaleba that we started a few years ago is doing very well, allowing 162 poor kids to attend school thanks to the dāna it provides. The hopes and dreams of these young people can now be nourished, and they will have many more options as a result of having basic education.



Ko Aung Zay Yar Phy

### *10<sup>th</sup> Standard Exams*

Of the five students supported by the Thaleba education fund who took the 10<sup>th</sup> standard exam last year, one managed to pass (as in

Yangon, it seemed to be an especially difficult exam this year). The young man, Ko Aung Zay Yar Phy, wants to train as a police officer, and MIA has offered the funds (about 400USD) per year to support him. The academy is in Mandalay and he will stay at U Sujana's monastery (see MIA Update "On the Front Lines of Change") when he is training. While we might have other preferences for what we would like him to study, it was a joy nonetheless to hear of his excitement about being able to train in the field of his choice.



Now *all* of Thaleba's kids can go to school

Sayadaw told us that there are only two students supported by the education fund who will take the 10<sup>th</sup> standard exam this year. So once the results are announced, he will let us know how they have done, and whether they will need our help later.

### **Happy Haven Humanitarian Project**

In mid-March, Mimmi and I made the long trek to make our annual offering to HHHP, a wonderful orphanage for AIDS orphans. We were accompanied by Daw Janesi, an 'elder' nun (meaning she is over 50!) who is in charge of the kitchen at CMMC.

When we arrived at HHHP we were warmly greeted by Daw Rosie, who is in charge of the office and remembered us from past visits. I had noticed that there seemed to be many more kids than before and Daw Rosie said yes, now there were over a hundred children living there (up from about 30)! So their biggest day to day expense is for food, which now costs over 200



Daw Rosie (2<sup>nd</sup> from R) and some of the staff of HHHP



Part of the delightful pandemonium in the HHHP nursery

US dollars each day. The kids get three meals a day plus snacks, and in a single day HHHP goes through a 30 kilo bag of rice! Sometimes the kids even get ice cream in the afternoon. When making a personal offering for a day's food, it was great to see that the roster was mostly full.

Because of all the new kids, they have had to add a new second floor on top of one of the buildings, and to hire additional staff. Rosie took us to the nursery—a chaotic but loving scene, with many tiny new residents. Most of the new kids are between two and five years old, and have come from all over the country, usually by private arrangement of the families. But there were many adults to take care of all these children, and so much mettā!

Next door, the older kids we visited were happy to see visitors and I recognized one of the boys from previous visits—obviously he is the ‘class clown,’ always the first to make ridiculous faces for the camera!

This year we were able to offer a bit more than in previous years, adjusting to the increased census and ever-increasing expenses! This place is so aptly named—it is definitely a haven for these kids, and a happy place.

### Sizar Yeik

After we had made out offering to HHHP, Daw Rosie asked if we knew about the old-folks home nearby—started recently by one of the people who had founded HHHP. When we said no, she said “You *must* see this place!” So one of the HHHP helpers kindly showed us the way, just a short drive around the block. We were surprised to find a big compound with two and three story buildings, a shrine room for meditation, a clinic for inpatient care, and even an ambulance.

This home, called ‘Sizar Yeik’ was founded in 2010, and is the direct result of an economy that favors the rich and doesn’t work at all for the people at the bottom heap. Unlike in the West, Burmese elders normally stay in their homes for life, sharing the dwelling with several younger generations--and being doted upon by all their offspring. Parents in Burma are deeply loved and revered: the only time I have seen a Burmese person weep on account of their parents was when they were unable to support them in their old age! So it is exceptionally rare for elders to have to live in a place like this. But as the fabric of traditional society is begins



The modern and comfortable facilities at Sizar Yeik



to fray and with hard times, families can no longer provide their traditional safety nets. U Po Po (the manager of Sizar Yeik, who met us and gave us an extensive tour of the place) said that these days there are now more and more people who must choose between feeding their kids or feeding their parents and grandparents—and of course, the kids always take priority. It is a heartbreaking calculus, taken only as a last desperate resort.



U Po Po with the eldest resident

We sat in the office for over a half an hour as he told us one tragic story after another. Stories of elders abandoned at railway stations or in hospitals—or simply left to die by the side of the road. In other cases there had been a family catastrophe that ‘orphaned’ a grandparent with a health condition and no way to care for him- or herself. But all these stories have a very fortunate ending, because at Sizar Yeik, there is a larger family, and a great deal of loving support.

52 people live here, all of them over 70 years of age and all in various states of ill-health ranging from blindness/deafness to being completely bedridden; the oldest is 92 years old. Once they are accepted here, the elders are allowed to stay for the rest of their

lives at no cost. There is a full-time doctor and nurse, and a number of residents’ aides—all of whom are women (even in the men’s wing) because they are kind and gentle.

U Po Po further explained that they offer 5 small meals per day for everyone. Preparing the food is a particular challenge here, since the cooks have to take into account everybody’s different medical condition! One kind of food for the diabetics, another for the heart patients, a third for the ones with gastric problems or high blood pressure, and so on. But this is all done with graciousness and gladness—the staff here are devoted to making the last years of the residents’ lives easeful and comfortable ones.

After we made our MIA offering, U Po Po took us to meet the residents, beginning with the women who were living in a spacious room above the office. The first thing I noticed as I got upstairs was the big air conditioned common room next to the room where all the women were living together. There was a shrine dominating one wall, and we were impressed that one of the women was doing slow walking meditation. U Po Po told us that there are no live Dhamma talks, because many of the residents are too sick to sit up for long. But they play Dhamma DVDs on the TV—in fact, the women were watching one when we arrived.



The comfortable common room has recliners—and even space to do some walking meditation!



The living space is basic but airy and comfortable

The set-up of the living space was typical of what we had often seen in orphanages and other communal homes, where each person had her own bed, a cupboard with her few meager possessions, and sometimes a little personal shrine next to the bed. Beds were arranged in two long rows on either side of the room, giving no privacy—but obviously that was not an issue for anyone here!

In true western manner, *I* was feeling slightly embarrassed to be ‘invading their space,’ but it didn’t matter: in Burma personal space and privacy are not the norm, and the women were actually delighted to be receiving visitors. As U Po Po introduced us, many of the women beamed at us, their eyes shining with welcome and curiosity. We could have stayed longer to have a long chat with some of these venerable ladies!

After meeting the women, we went over to the men’s building. Some of the men were in quite bad health, so the scene there was much quieter than amongst the women. But in the main dorm there was a big group of elderly guys sitting around talking—just like in any tea shop in Yangon. The only thing missing were the tea and cigarettes! Clearly, there was a sense of community here, and we noticed the stronger men unobtrusively helping those who were blind or disabled.

The dignity and graciousness of these elderly men and women was deeply moving. Without knowing their stories it would have been impossible to guess how radically their lives had been turned upside-down. But very fortunately they had landed in this place of mettā, deep caring, and respect—and we felt in turn privileged to be able to meet them and to offer some support.



The big smile is a very warm welcome!

When we got back to CMMC that afternoon, Daw Janesi heartily thanked me for asking her to come—because she had been able to have a powerful Dhamma teaching about illness and death!

### ‘Our’ MIA Grandparents

Once again this year we were happy to be able to support the old couple near CMMC whom we have supported for the last 2 years, U Pi Nan and Daw Nan Aye Kyi. Though they are clearly getting weaker, they are fortunate enough to still be able to stay in their own home. I had occasionally met Daw Nan Aye Kyi at the market, and in September I had bought some plants for my shrine from her (coincidentally, it was on the day of Ven Ariya Ñani’s surgery!). But more recently she had been missing from her usual spot, and we learned that the health of both



these elders had taken a turn for the worse. ‘Grandfather’ (as older men are universally called in Burma) had recently been hospitalized for kidney trouble, and ‘Grandmother’ had both high blood pressure and a cough. She told us that since she has been taking care of her husband, she no longer has the time or energy to take her plants to the market.



The grandparents live humbly and with great dignity, but age is taking its toll

In spite of their troubles, they graciously received us when we visited, and said they had been looking forward to seeing us. We could see that their little place was as tidy and spotless as ever, but U Pi Nan was not his usual energetic self and was resting outside in the little garden in a bamboo chair. But in spite of his troubles and clear weakness, he was cheerful and in very good spirits.

Fortunately, the couple is still protected by the kindness of their neighbors. Across the road there is a fancy new house, and the owner had

kindly given U Nan Aye Kyi some support for the hospital fees and the many medicines U Pi Nan needs to take. But still there was rent to be paid and food to buy, and of course now this would be a particular difficulty because Daw Nan Aye Kyi cannot any longer bring in any income. Given all their difficulties, we were especially glad to be able to tell this lovely couple that their rent would be paid for the year and that they now at least didn’t need to be concerned about *that*. We had also brought with us a stash of staple food and everyday necessities to bring a little ease into their lives.



Daw Nan Aye Kyi heads to the market (2011)

When we met the rental agent later that afternoon to pay the rent, it was another lesson in modern Burmese economics—it had almost doubled! And since the landlady had other ideas for her property, all but one of the other tenants had been evicted on short notice would soon have to dismantle their little bamboo houses and find other places to go. The old couple had been allowed to stay because of their advanced age and ill-health.



Daw Wato in the CMMC kitchen

We wondered how average people are able to deal with this booming greed-driven real estate market, where rents and land prices continue to spiral upwards out of control, and speculation drives landowners to sell land out from under their renters.

### Daw Wato

Around the corner from the ‘grandparents’ is the home of Daw Wato, who tirelessly works as a volunteer at Chanmyay Myaing 12 hours a day, 7 days a week. She cheerfully cooks all the delicious food for the foreigners (with all our ‘special’ needs!) and

helps in many other ways besides. We would have great difficulty taking care of the foreigner yogis without her understanding of our needs, her dedication, and her hard work. We had recently learned that her little bamboo house needed some repairs and wanted to see how we could help her in return.

Daw Wato, her husband, their daughter-in-law, and grandson all live together here in a space that is not much bigger than the average Western bedroom—and that includes where the family cooks, eats, and sleeps. Her daughter-in-law works at one of the factories down the road, and Daw Wato must spend much of the day at CMMC—so her husband (who was disabled in a construction accident) takes on the childcare duties during the day.



The front of Daw Wato's house

When we arrived, she greeted us from the small open air front porch where much of the living takes place during the day—and where some of them sleep at night. Daw Wato's little grandson and his friend peered out at us from the inside of the house, and in the dusty road nearby a crowd of barefoot older kids played a game with the most makeshift of toys—several pairs of rubber slippers.



The living room and shrine

Inside the house Daw Wato's husband showed us the half of the floor (made of bamboo) that needed to be replaced, and the roof that leaks in the rainy season. These are conditions that are the 'norm' for many Burmese people—but for us Westerners the humble conditions were hard to imagine. The little house may have been flimsy, but it is *home*, and we were hosted with dignity and joy. Before we left, Daw Wato proudly posed in front of the family shrine, which dominated an entire wall of the main room. This is the energetic center of the home, and with a Buddha rūpa, some posters, photos of Daw Wato's parents, and beautiful flowers offered devoutly each morning.

As so often happens when we offer *dāna*, we were gifted in return by the gracious hospitality of this small family, and by the inspiration of seeing how it is possible to live contentedly with almost no material possessions.

### Medical Intervention, Burmese Style

Sometimes requests for offerings open windows for us into the challenges of normal Burmese life that we could never have imagined. In mid-February, a request like this came a few days before Carol was to leave Burma to go back to the States. That day, I received an urgent message from Sayadaw U Indaka to come to his residence. It turned out that one of the young dentists who often volunteers at the Metta Clinic had come to ask for financial help on behalf of a man



who needed extensive surgery. The man (named U Than Aung) was a watchman for a local school who had a puncture wound to his leg that (because of poverty and ignorance) had been left without treatment for several months. Now the wound had become dangerously infected. Sayadaw told me that he had just offered some dāna, from his personal requisites and the mettā clinic fund, and asked if we would also be able to contribute.



Dr Kyaw Zay Yar Min working at the Metta Clinic in 2010

treatment and rehabilitation—poignantly aware from Ven. Ariya Ñani's stories of the challenge of living with an amputation. In Burma, that would be even more challenging because prosthetic legs here are crude and burdensome, if one can get them at all!

After his surgery (the first of three), Dr Kyaw Zay Yar Min took Mimmi and I to visit U Than Aung in the run-down and dingy government hospital where he was being treated.

The conditions were sobering: we walked past huge overcrowded wards of men lying in beds inches apart, with none of the privacy, support, or comfort of a modern Western hospital. We finally found U than Aung in a bed in an outside corridor—the leg had smelled so terrible at first that he had to stay separately from the other patients; it was now much better. In Burmese hospitals, families move in and provide all the food and support of patients, but U Than Aung had no family in Yangon, so he was being fed and cared for in relays by a neighbor and Dr. Kyaw Zay Yar Min.



The standard of orthopedic technology here is not advanced—and we wanted to avoid this!



For U Than Aung, conditions like these are the best care possible. Photo © The New Age

No sooner had we arrived, than a senior nurse showed up, asking me kindly but very firmly to please come with her to 'sign in,' as I was a foreigner and not allowed on the wards without prior permission. Given the conditions, I could see why. So we felt it best to simply leave, 'ASAP'. I have since been haunted by the conditions I saw that day, so far below that of even the private hospitals in Yangon, let alone any basic western

hospital. Although change has come to some sectors of Burma, most people here still have to deal with awful conditions.

While recently visiting Ven. Ariya Ñani in Switzerland, I was blown away by the huge and very hi-tech orthopedic hospital where she was treated last year. The contrast between these two hospitals was heartbreaking; it was as though they were in completely different universes.

But in spite of adversity and difficult conditions, U Than Aung's story has a good ending. In late April, I received via email another set of photos from Dr Kyaw Zay Yar Min—of a leg that was transformed and healing very well, thanks in no small part to the help we were able to give. With the need for daily intensive treatment over, he was about to be moved to a newer hospital where he would be able to rehabilitate until he could go home. Without the treatment your dāna provided, U Than Aung would certainly have lost his leg, or perhaps even his life.

A single life saved, and perhaps many others that we are not aware of—these are no small gifts. Nor are the ease, comfort, better education and better health that your dāna has brought to so many. It has helped create bridges over the yawning gaps in health care, education, and social services for some of the most vulnerable people in Burma—the very old, the very young, and the many in between who live 'from hand to mouth.' We cannot fix the imperfect world that is modern Burma, or help everyone in need. But together we can continue to build small bridges—bridges that will likely be needed for a long time to come. And only together will we all be able to continue to lift each other up.

With Metta~May all beings be well and happy!  
Virañani

