

JUNGLE SCHOOL OF MEDICINE KAWTHOOLEI

ANNUAL REPORT

— 2021 - 2022 —

FROM THE DIRECTORS



John Shaw is the International Medical Director for JSMK. He is an American family physician with an additional master's degree in Tropical Infectious Disease. He teaches at JSMK four-five months per year and has worked with FBR since 2006.

FROM DR. JOHN

In 2021, JSMK faced its most significant challenges yet. The coup brought aerial bombardments, and Covid-19 tightened border controls. Supplies and visits were constrained, and patient referrals to higher care were blocked. The general need for health care increased, as did battle wounds, and Covid-19 eventually arrived at JSMK. We needed to do more with less to train FBR medics to respond to FBR's enlarging focus. Our staff and students stepped up: digging bunkers by every house, classroom, and clinic, creating Covid-19 care spaces in our hospital, preparing for less availability of rice, and learning advanced trauma skills along with Covid-19 prevention and management.

Agreeing on and implementing good practices within our training environment was not easy. Ideas about Covid are just as fractious within the jungle as they are throughout the world. I am so grateful for the staff and managers of JSMK and FBR who led us through these challenging times.

I am thankful as well for the international visitors who managed, by various means, to get through the gauntlet of Covid-19 restrictions and share their skills and knowledge at JSMK. I am grateful for many generous donors who understand and support our more significant purpose and intention to stay during hard times. I am thankful also to God, who loves us all, hidden in our remote corner, doing our work as best as we can, and looking to Him for some kind of help. I am very proud of the FBR and JSMK staff, their families, and our students. When our needs intensify, so does our determination to love each other and our patients, who must make do with so little.



Toh Win is the JSMK Director. He is responsible for all medical and administrative duties associated with the medical campus. He works as an advanced medic, teacher, and translator for foreign doctors that teach at JSMK. He ensures the campus runs smoothly, overseeing solar power, supplies, water, food, housing, satellite communication, the elementary school, and other logistical and infrastructural needs.

FROM SAW TOH

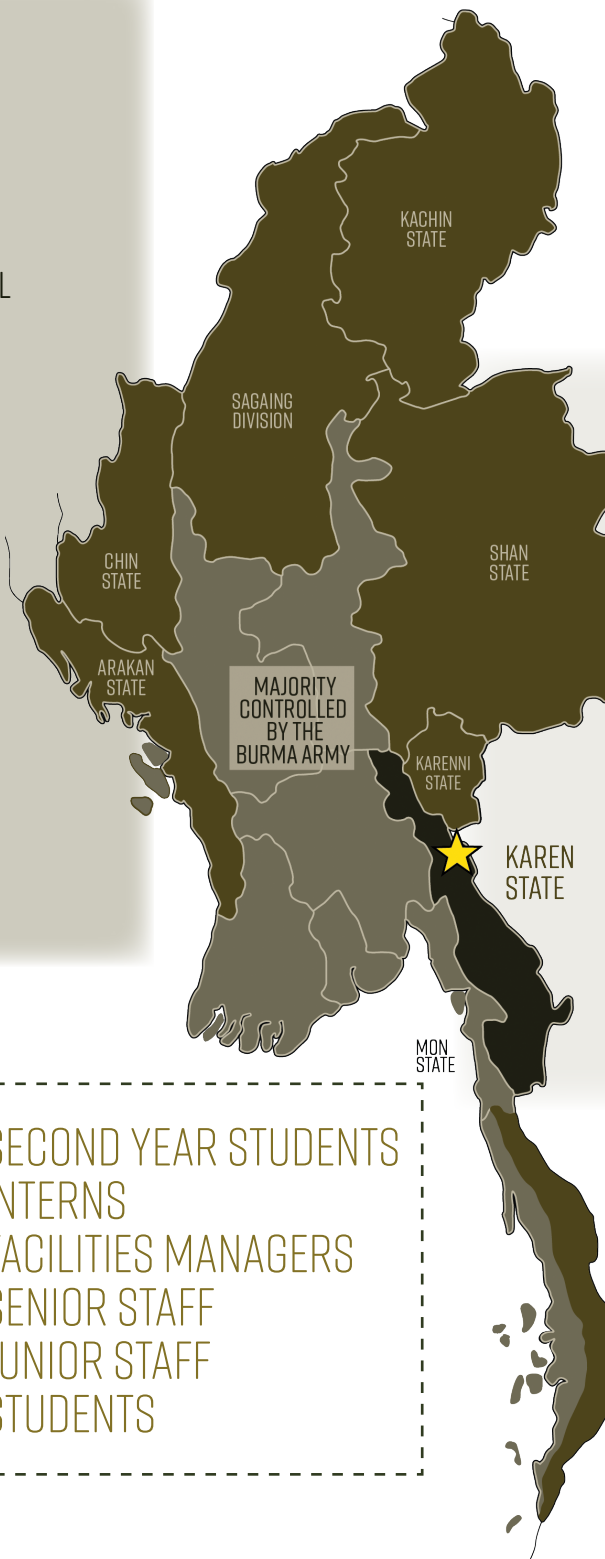
I have learned in John 16:33, **“I have said these things to you, that in me you may have peace. In the world, you will have tribulation. But take heart; I have overcome the world.”**

Our life is not always easy, and we cannot ask for an easy life. Instead, we pray to God to give us physical and spiritual strength for the future we do not know. 2021 was different from other years; we were able to survive in 2021. JSMK is filled with many blessings. In February 2021, an area close to JSMK was bombed by Burma Army fighter jets when we were starting a new medic training course. The fighter jets kept coming, and we thought about sending our new students back to their villages. By the grace of God, we started our medic training which is still going on. We are frequently told to stay alert for the fighter jets and drones stalking our village.

In September 2021, Covid-19 arrived in our region. Covid changed our daily life and, by the grace of God, we endured. Now we are free from it. The coup in Burma, the bombings, and Covid-19 brought many difficulties. It was hard to get food supplies, and the prices increased. The border between Thailand and Karen State became very tight, but God is bigger than the problems. We still can have doctors who come in and help us. We still can get food and medical supplies. Thank you to everyone who is praying for us and helping keep this work going. May God bless you all.

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OPERATION NUMBERS

11
YEARS IN OPERATION

186
MEDICS TRAINED

7	SECOND YEAR STUDENTS
0	INTERNS
3	FACILITIES MANAGERS
9	SENIOR STAFF
15	JUNIOR STAFF
19	STUDENTS

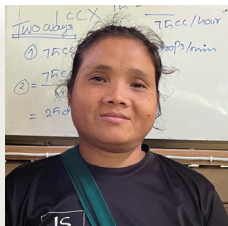
PEOPLE OF JSMK

SENIOR STAFF

There are a total of nine senior staff members at JSMK. They mostly serve as medical professionals and as instructors for the students, as well as managing logistics and facilities. These individuals live in the community surrounding the clinic.



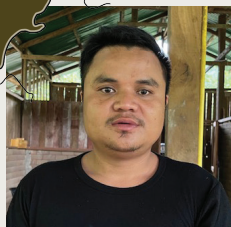
HSER EH HTOO



PER SAW PAW



EH BE



MAIN KYAW



POE EH



SILVER HORN



POE DI



SERAPOO



TOH WIN

TREATMENT NUMBERS

The presence of Covid-19 and the 2021 coup increased the number of patients seen at JSMK in 2021.

7
7

361
2909

DEATHS

BIRTHS

INPATIENT DEPARTMENT

OUTPATIENT DEPARTMENT

ABOUT JSMK

JSMK IS A SMALL HOSPITAL AND MEDIC TRAINING FACILITY ATTACHED TO FBR'S MAIN TRAINING CAMP IN REMOTE EASTERN BURMA. JSMK PROVIDES TRAINING FOR FBR MEDICS WHO WORK ON RELIEF TEAMS AND IN RURAL CLINICS. PATIENTS TREATED AT JSMK COME MAINLY FROM VILLAGES IN THE SURROUNDING MOUNTAINS.

MEDIC TRAINING

JSMK's 14-month course prepares health workers to treat the illnesses and injuries of the rural communities affected by Burma's civil war. Trainees are mostly ethnic Karen people, with a few coming from elsewhere in Burma. The curriculum is shaped by patient care experiences: students learn to manage the problems and diseases encountered in the remote areas where they will work. An eight-week course, Foundations, covers English, medical mathematics, science basics, and clinical methods (history taking and physical examination). If students pass the Foundations examination, they progress to Clinical Care where a full curriculum of management is taught. Lessons are based on presenting problems such as diarrhea, cough, edema, skin complaints, etc. Teams of students rotate weekly through in-patient and out-patient responsibilities and are supervised by JSMK staff. Second-year students are given additional patient care responsibilities and also have the choice to attend classes. Visiting doctors and nurses provide additional lectures and teaching sessions in the clinic. JSMK staff spend most of their time treating patients and supervising new students.





HOSPITAL AND CLINIC

Most patients walk four to eight hours to get to JSMK's clinic. Sicker patients arrive by 'bambulance': a hammock strung on a bamboo pole. Some of these patients have late-stage tumors, congenital heart disease, hydrocephalus, and gynecologic problems. JSMK manages surgical emergencies such as ectopic pregnancy. JSMK's in-patient department (IPD) can manage up to 14 patients. While we cannot provide a comprehensive referral service at this time, we do try to love and assist patients who come as best we can.

SURGICAL SERVICES

In 2021, Dr. John was able to perform numerous surgeries such as vasectomies, molar pregnancy D&C, and suturing of large machete lacerations. In 2022, a team of surgeons from Singapore served at JSMK for a month. The surgeons completed 17 operations that included hernias, hydroceles, lymph node biopsies, and a palliative gastro-jejunostomy for advanced stomach cancer with outlet obstruction. The team provided training with the ultrasound SonoSim program, and introduced a new inventory system called Airtable.

ANCILLARY SERVICES

Despite its remote, off-grid location, JSMK offers a variety of ancillary and diagnostic services, including:

ULTRASONOGRAPHY

X-RAYS

SIMPLE LABORATORY TESTING for hematocrit, urinalysis, pregnancy testing, blood typing and cross-matching, sedimentation rate, thyroid testing, and rapid diagnostic testing for malaria, HIV, and Hepatitis B.

MICROSCOPY: test malaria, tuberculosis, white cell count, hemoglobin (qualitative), manual counting of white blood cells and platelets, and gram stain.

EKG and blood transfusions are available.

GRADUATING STUDENTS

Most of our students have graduated the 10th standard and come from villages with marked shortages of healthcare. They are highly motivated by personal experiences and want to help their people with clinical competence and love. The students and staff come from every district in Karen State, and all three religious groups of the region: Christian, Buddhist, and Animist.

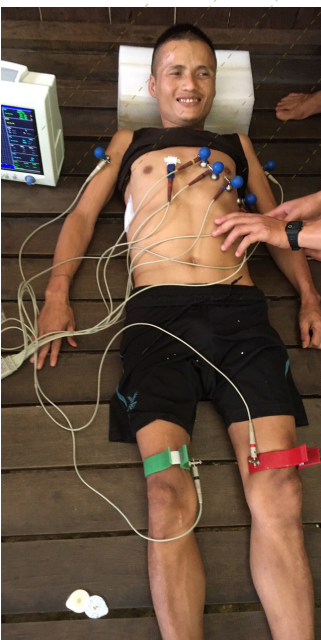


FOR THE FIRST TIME IN JSMK'S HISTORY

For the first time in the history of JSMK an ethnically Burman doctor joined JSMK. He and his family fled Yangon to avoid being arrested by the Burma Army. He is now working as an instructor and combat surgeon helping to save the lives of those injured on the front-lines. You can read more of his story later in this magazine.

MESSAGE TO THE GRADUATES:

"OUR LORD JESUS IS WITH YOU; THE LEADERS AND STAFF OF JSMK AND THE FREE BURMA RANGERS ARE WITH YOU; AND PEOPLE ALL OVER THE WORLD THAT YOU DON'T KNOW, PRAY FOR YOU AND LOVE YOU AND SUPPORT YOU. YOU LEAVE HERE WITH A MIGHTY ARMY AROUND YOU AS YOU GO FORWARD BOLDLY IN LOVE AND HUMILITY AND GRATITUDE." ~DAVE EUBANK





EARLY INTERVENTION AND REFERRAL OPPORTUNITIES BRING HOPE

BY DR. BRUCE WOODALL

In stable countries where modern health care is standard and widely accessible, patients suffering from chronic or congenital illnesses tend to have their conditions identified and treated early. In war-stressed or very rural communities, such as many parts of Burma, this is not always the case.

Many people living in Burma either do not have the orientation, or lack the opportunity, to prioritize early evaluation of physical signs and symptoms.

Working at JSMK, we become accustomed to patients presenting with conditions that have progressed much further than one might see in a place where modern healthcare and diagnostic services are readily available.

This puts both patients and medical practitioners at a disadvantage. Practitioners often have little to offer simply because intervention becomes available too late in the course of the patient's disease. Sometimes the condition is treatable but requires more invasive and complicated treatments.

However, the window of opportunity for intervention is sometimes greater for children. Heart defects, facial cleft deformities, and some other neurological and developmental issues, while usually evaluated later than is ideal, sometimes present an opportunity for mitigation or correction if there is an option for referral to facilities with advanced health care.

There are several organizations devoted to managing such referrals for children, including Child's Dream Foundation, Operation Smile and FBR's own patient referral team. These children still have most of their years ahead of them and with the right intervention, better health and longer lives become possible.

PATIENT REFERRAL PROGRAM

Some patients require more care than JSMK can provide. With help from friends, other organizations, and FBR's patient care referral team, we are able to refer patients to more advanced care. In 2021 there were three new referrals and, as travel restrictions eased towards the end of 2021, FBR is now able to facilitate a greater number of patient referrals in 2022.

NAW MOO EH PAW & NAW PAW THA LAH

MOTHER, 26 YEARS OLD AND CHILD, 8 MONTHS OLD, GUN SHOT WOUNDS

From Noh Lah Village, in Mutraw District, Karen State, a mother and child arrived at JSMK in February 2022, both with gunshot wounds. They were immediately sent out to a neighboring country with more advanced care available. Upon their arrival, both were rushed into surgery. Naw Paw Tha Lah, eight months old, had a fracture and her mother, Naw Moo Eh Paw, had both vascular and nerve damage. After they were discharged from the hospital, the patient care team cared for them for another couple of weeks for follow-up appointments. Both have completely recovered and returned home.



HSER NAY MOO

17 YEARS OLD, OSTEOGENESIS IMPERFECTA

From Mutraw District, Karen State, Hser Nay Moo is a previously been referred for osteogenesis imperfecta with a right tibial fracture. She recently returned with continued deformation of her right tibia. She has had multiple appointments with the orthopedic and endocrine teams. The patient care team has been working and coordinating with both the hospital interdisciplinary care team and the JSMK staff to help provide her care and create a long-term sustainable plan. Her next surgery is currently scheduled for August 2022.



MAH HTOO RAH

10 MONTHS OLD, CONGENITAL HEART DISEASE

From Day Buh Noh Village in Mutraw District, this young patient was presented to JSMK with a ventricular septal defect. She was referred for surgery and, upon arrival in March 2022, she was quickly rushed to the hospital with a fever, nausea, and vomiting. The team was able to stabilize the patient after a couple of weeks and she was eventually able to receive the corrective surgery. She was discharged and returned home. She has recently returned for a routine follow-up appointment. The patient care team is working with Child's Dream to support this patient and her father.



SAW EH WEE HTOO

18 MONTHS OLD, ANORECTAL MALFORMATION

Saw Eh Wee Htoo arrived with his mother to JSMK in April 2022. Born with an imperforate anus, he had received a colostomy soon after birth. He presented at JSMK with complications and was referred to the patient care team for further repair of the colostomy and possible reversal. The patient care team has been working with Child's Dream Foundation to provide care for this patient and his mother. The surgical repair of the colostomy has been completed and he is continuing to follow-up with the interdisciplinary team for further care in preparation for his return home to his village.



NAW DAH DAH

8 YEARS OLD, CONGENITAL HEART DISEASE

From Per Deh Der Village, Mutraw District, Naw Dah Dah arrived to JSMK in February 2022 with her father. She was diagnosed with congenital heart disease, requiring a surgical procedure that could only be performed at an advanced treatment facility. The patient care team partnered with Child's Dream Foundation. The surgical team evaluated her case and she was given a surgery date in May. Upon returning again in May, Naw Dah Dah was able to have her surgical procedure. She remained a few days in the hospital for follow-up tests. Her stitches healed quickly and she was soon able to return to her village.



NAW THOO

28 YEARS OLD, LUPUS

On 8 February 2022, Naw Thoo arrived with significant joint pain, swelling, high blood pressure, and acute chronic kidney disease. She was diagnosed with Systemic Lupus Erythematosus, an autoimmune disease. The disease was attacking many of her organs. She started monthly infusions of an immunosuppressant and chemotherapeutic drug, as well as bimonthly labs. Since her very first infusion, her body has responded well to the treatment. Her swelling and generalized pain has significantly decreased. Her initial discomfort and pained expression has now been replaced with a more peaceful, hopeful, and joyful outlook. Naw Thoo will complete her sixth infusion in July 2022 and then a long-term plan will be made to enable her to return to her village.

JOY IN THEIR JOURNEY: REFERRAL PATIENTS FOCUS

BY ALYSSA ROOKE, PATIENT CARE TEAM

The medical referral journey is far from easy for many patients. It entails long days of travel and long days at the hospital. These long days at the hospital are usually spent enduring multiple consultations and tests: some of these end with good news, while other times it's life-changing. Most of the patients do not speak the local language, so navigating and understanding the hospital system can be a challenge, and at times, quite frustrating.

Many of the patients find support in one another while they are on this journey. Typically the patients are housed near one another and will spend time together between their hospital visits. Despite different ages, diagnoses, or treatment trajectories, many patients are able to find a sense of solace, knowing they are all here for hope of a healthier life. These three referral patients in particular demonstrated how they were blessed by one another.

Often Naw Dah Dah and Naw Say Nay could be found playing together. Naw Thoo and her husband were often in conversation with the parents of Naw Dah Dah and Naw Say Nay. The joy that permeated the lives of each of these patients was infectious to all who had the privilege of witnessing their journey. We thank you for your past, present, and future involvement, and encourage you to continue living each day with joy.





NAW SAY NAY

A 6-YEAR-OLD GIRL.

Naw Say Nay arrived to JSMK with her father from Pay Kay Der Village in Mutraw District, Karen State, with a cleft lip and cleft palate in February 2022. She was referred to the patient care team who coordinated with Operation Smile for her treatment. From the moment she got into the car to the minute she departed, she did not stop smiling. Her sweet spirit and beautiful smile touched everyone who met her. The first month, she spent most of her time in doctor appointments. The way in which the interdisciplinary team treated Naw Say Nay was intentional and focused around trying to create a plan that would help suit her needs holistically. The plastic surgeon, ENT doctors, and the dentist worked together to provide the best possible outcome.



Naw Say Nay had the first major surgical repair of her cleft lip and palate at the end of March 2022, with subsequent appointments with the dentist and ENT doctors. She has been doing well post-surgery and the surgical site is beginning to heal. Her smile has always lit up any room that she is in and that has not changed throughout this whole process. Both she and her family have been grateful for the care and assistance they have received thus far.

Naw Say Nay's medical plan includes follow up visits with the plastic surgeon and dentist in one year. She will not need any further surgery until she is around 8-10 years old. At that time the doctors will perform another surgery to further correct her palatal bone structure. Naw Say Nay has now returned to her village and undoubtedly continues spreading joy to those around her through her beautiful smile.

SUPPLYING NEEDS NEAR AND FAR: A HEARTFELT TRIP TO JSMK

FBR HAS BEEN BLESSED
OVER THE YEARS WITH
COUNTLESS VOLUNTEERS
WHO GIVE THEIR TIME,
RESOURCES, AND THEIR
HEARTS.

Last year, Ross and Eirenee put their heart into supporting JSMK by serving on the medical supply team. They handled the logistics of getting medicine and other supplies and equipment, utilized both in the clinic and the classroom, to JSMK's remote location. Yet, the distance between the support site and JSMK presented a challenge.

According to these two: **"It is important it is to stay connected to our mission. The people we are serving can seem so far away. Sometimes I have wondered: 'How do these supplies really bring help, hope, and love to people?'"**

In February 2022, they visited JSMK to meet those they had been working for. They said, **"We knew going to JSMK would eliminate the physical distance and we hoped for opportunities to forge closer relationships with the staff; however, we could never have**



imagined how close our hearts would be drawn." They were welcomed with open arms and open hearts. **"The entire staff welcomed us as [if we were] returning friends."**

Ross and Eirenee teamed up with the JSMK students and staff, working along-



side them to experience firsthand the full spectrum of operations at the clinic. They joined the students in hiking supplies from the river, unpacked rice sacks, inventoried supplies, and stored medical items that arrived. They concluded their time by helping staff to overhaul medical supply organization. The most impactful experience was watching the supply loads they had packed meet the hands of those who needed it.

Reflecting on their time, they had this to say: **"Our experience silenced doubts. The smallest, seemingly most menial tasks, bring great help, hope, and love. We saw how the supplies were used to treat patients who visited the clinic, sometimes saving a limb or a life! We saw firsthand the smile on a staff member's face just to receive a new shirt."**



They left JSMK with full hearts, new friends, and a deeper understanding of how to best serve from afar. They were reminded that behind every task is a person. "Though we may spend a majority of the year physically separated from JSMK, our hearts are now close. I no longer see just a task I see a person: a person to love, a person who will be helped, and a person who helped me see the work we get to do with new eyes and a new heart."

Thank you to all of our volunteers, supporters, and friends. You are also supplying great needs to those in Burma both near and far.



PATIENT STORY

BY DR. JOHN & DR. REME

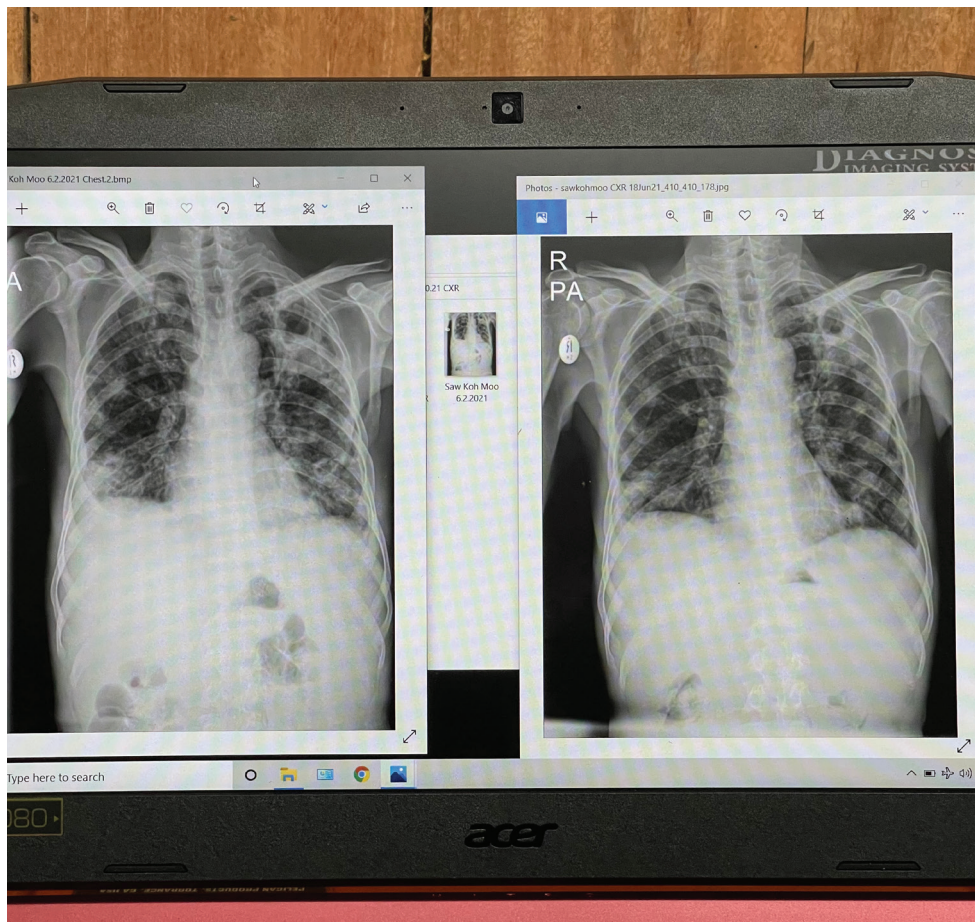
SKM IS A 54-YEAR-OLD MAN WHO ARRIVED AT JSMK AFTER TWO WEEKS OF FEVER, COUGH, SHORTNESS OF BREATH AND FLANK PAIN THAT HAD LEFT HIM EMACIATED AND SERIOUSLY ILL.

His x-ray showed multilobar pneumonia and he was started on our strongest antibiotics. His tests for TB were negative. He responded very slowly to this treatment, and was eventually found to have a large abscess deep in the muscles of his back. This was drained for relief of his pain. The pus we removed had gram negative bacilli which is not typical for abscesses that we usually see. We supplemented his diet with the most nutritious foods we could find, and continued his antibiotics for weeks. Eventually, after four weeks of treatment, his fevers resolved, his breathing eased, and his abscess resolved. We see abscesses and pneumonia frequently at JSMK but rarely do they require more than ten days of

antibiotics. We wondered what could be causing his slow response to the infection.

It was Dr. Reme who solved the puzzle: Melioidosis. This gram-negative bacillus occurring in southeast Asia causes pneumonia, and can cause abscesses anywhere in the body, most often in the skin, soft tissues, and urinary tract. Treatment for this consists of an intensive phase of IV antibiotics,

that we currently do not have at JSMK, and drainage of abscesses followed by an eradication phase of oral antibiotics lasting at least three months. We were able to provide these prolonged oral antibiotics so that SKM recovered well. This was the first case of Melioidosis that we have recognized at JSMK. We can now incorporate Melioidosis into our teaching and be ready the next time we see it.





A DREAM THAT WOULD NOT DIE

“I WANT TO BE
A NURSE,
THAT WAS MY
MOTHER’S DREAM
FOR ME.”

“I want to be a nurse, that was my mother’s dream for me,” said 16-year-old Naw Neela Oo. **“But now the dream is gone. Our mother was killed by the Burma Army on July 16, 2020, at our village of Po La Hta. Now my mother and her dream and my dream are all gone.”** The FBR team responding in her area listened, prayed with her family, and promised to help. Together with the family, FBR created a plan to help her father and brothers enable Naw Neela Oo to finish high school in a school near FBR’s camp, and after that, enroll in JSMK so she can study to be a medic, and in the future, a nurse. She smiled and said, “Yes I would like that very much. I am so happy. It is like a dream, thank you so much.”



YESTERDAY A DOCTOR, TODAY AN IDP: ONE MAN'S JOURNEY BEYOND RANGOON

THE 2021 COUP HAS UPENDED LIFE IN BURMA; INCREASED VIOLENCE AND INSTABILITY HAVE MADE LIFE MORE CHALLENGING ALL OVER. YET, THIS HAS HAD, SURPRISINGLY, AT LEAST ONE POSITIVE IMPACT FOR JSMK: JSMK HAS BEEN JOINED BY DOCTORS WHO HAVE LEFT THEIR PRACTICES AND DESIRE TO COME AND SERVE THE PEOPLE. BELOW IS THE STORY OF DR. SPRING (NAME CHANGED) AND HOW HE FOUND HIMSELF PRACTICING IN A SMALL JUNGLE HOSPITAL.

Myanmar's (Burma's) decades-long history of oppression with cycles of feigned reforms, followed by renewed and violent crackdowns, provides the context for the 1995 film, *Beyond*

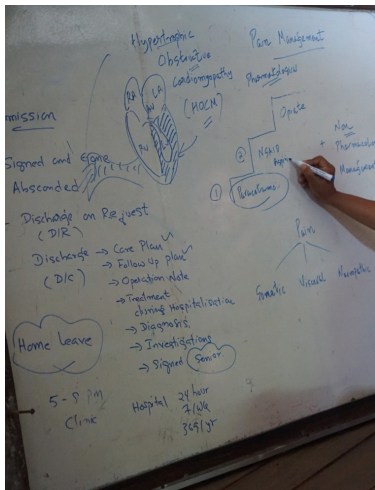
Rangoon. The film follows the journey of a foreign physician who accidentally gets swept up in political events, survives, and escapes along hill tribe routes to emerge as one of the few

eyewitnesses to the brutality. From a slightly different angle, *Beyond Rangoon* essentially dramatizes Dr. Spring's story, which is tragic, ongoing, and, sadly, one shared by thousands.

Dr. Spring and his wife are Myanmar nationals of ethnic hill tribe heritage. Unlike most of the country's hill tribe populations, Dr. Spring experienced the privilege of living in the more peaceful plains of central Burma for many years. He and his wife owned a home, a business, and were raising three children amongst friends and family. Dr. Spring is an internationally certified and experienced doctor, professor of medicine, and published writer who enjoyed his distinguished career while advocating for a freer Burma for over thirty years.

His advocacy began when he was a medical student during the 1988 uprising. He describes a turning point later on in his career when he fully rejected his government's medical system: "In 2007, I resigned from government service [as a doctor] as I no longer believed in the health policy of the Myanmar government. I had come to realize that my service would no longer benefit the people of my country, especially not those in rural areas or the ethnic minorities of the hill tribe regions." Dr. Spring continued working in a private practice while supporting free and fair elections and donating to Internally Displaced People (IDPs) throughout the country who were affected by Burmese military violence. Loyal to the cause of Burmese democracy, Dr. Spring never experienced the price of this cause firsthand – until this year.

Three days before February 1, 2021, rumors of an impending coup whispered along the streets of his town. "I didn't believe this was possible," Dr. Spring admits. When the military appeared on TV a few days later along with cut internet and communica-





tion channels, Dr. Spring knew they had indeed done the “impossible.” His memories from 1988 rushed back. He recalls his feelings in the early hours of February 1: “I had to sit down. I thought deeply about what would happen next. This is not like 1988. Over the last five years we had a taste of democracy. [We experienced] what free speech was and freedom for voting, freedom for our human rights. No one had been above the law.”



THE COUP EXTINGUISHED ANY GLIMMERS OF HOPE FOR DEMOCRACY THAT HAD BEEN DAWNING THROUGHOUT BURMA. DR. SPRING REALIZED THE TIME HAD COME: IT WAS TIME TO TAKE HIS YEARS OF PEACEFUL PROTEST TO THE NEXT LEVEL BY RISKING HIS LIFE IN CIVIL DISOBEDIENCE. BEGINNING TO GRASP THE SEVERITY THE NEXT MONTHS WOULD BRING, HE TOLD HIS FAMILY, “BE PREPARED, WE ARE GOING TO STRUGGLE A LOT FROM THIS MOVEMENT.”



Within twenty-four hours of the military’s take-over, Dr. Spring moved from contemplation to action, beginning the coordination of resistance strategies with other professionals in his city. Over the next several months, as the Civil Disobedience Movement (CDM) took shape, Dr. Spring organized secret medical clinics in opposition to the military’s orders. He and his teams treated thousands of patients, including peaceful protestors who had become victims of the military’s increasingly brutal violence. Out of his own home, using his own money, Dr. Spring gave all he could to support the clinics and those they served. Retribution for opposition to the coup was implemented early on in February, so Dr. Spring’s clinics



had to be mobile and they moved locations often to keep out of sight of the military.

After months of success, one evening Dr. Spring got word that one of his clinics had been discovered by the junta. After searching the clinic and arresting Dr. Spring's coworkers and friends, the junta were now en route for him. He remembers it was 6:00p.m. In one hour, the junta would be at his house to detain him and, most likely, his entire family. He had no time to plan; they had to decide what to do immediately. They did the only thing they could: they ran. Barely escaping arrest, and seeing their personal property confiscated, Dr. Spring and his family fled their home on a full-moon night

with little more than the clothes on their backs.

Five days later, Dr. Spring and his family secretly watched from a distance as the junta patrolled their home and surrounding areas in search of him. Hiding in their town was not safe enough. He needed to flee much further if he was to be out of danger. "During this time we could not eat or sleep [much] due to fear," Dr. Spring remembers.

It was then that they were able to make contact with the Free Burma Rangers (FBR). Escorted under the guidance and protection of an ethnic resistance group and coordinated by FBR, Dr. Spring and his family traveled beyond roads and armed checkpoints deep into the mountainous jungle.

Seven days later, they arrived at FBR's Jungle School of Medicine (JSMK).

Dr. Spring quickly applied himself at JSMK by treating patients and jumping into the teaching routine for FBR's medic students. While the war raged on, Dr. Spring also braved the frontlines with FBR where the fighting was most severe. He supported local medics and provided care to casualties there. The increasingly widespread attacks since the coup have drastically affected the needs of those who FBR and JSMK serve and Dr. Spring's skills and expertise has been of significant value.

Yet, perhaps what is most significant is simply what Dr. Spring's presence at FBR and JSMK represents: for years, those in central Burma, like Dr. Spring, were given a misconstrued reality of Burma through government censorship and propaganda. Many did not understand the degree of oppression their fellow ethnic citizens were suffering under Burmese military rule. A central Burmese doctor now serving alongside hill tribe village medics represents the unity taking place on a larger scale across Burma. In a rare moment, people from all parts of the country are uniting in the fight for freedom for all.

JSMK was originally just going to be one stop on the journey to safety for Dr. Spring and his family; however, as he has spent time working there, they

decided to stay to continue helping the revolution. He says, "The coup stands as an insult to the people of Myanmar and as an affront to international efforts at democracy building. As a citizen of the free world I am committed to stand in opposition to tyranny in Myanmar and elsewhere."

For the foreseeable future, Dr. Spring and his family cannot safely return to their home and continue to live in hiding as political refugees in their own country. They now share the status of IDP with more than one million of their fellow countrymen and women, and yet, there is hope. There is hope because, unlike the 1995 historical drama, Burma's story is still being written. It is being written by the courageous men and women of Burma who are laying down their lives each day, like Dr. Spring. Once a doctor donating thousands of dollars to IDPs from afar, he is now a doctor serving amongst thousands of IDPs as one himself; Dr. Spring continues the fight for democracy "beyond Rangoon," beyond home, and beyond life as he once knew it. "My dream is that one day it [democracy] will happen because it's not like 1988 ... now people are aware of who is the common enemy, Kachin already know about that, Karen already know about that, Shan, Rakhine and even Bamar know who is the common enemy, who makes us poor, who oppresses us. So this is a good time."

JSMK CAMPUS IMPROVEMENTS

JSMK WAS ABLE TO MAKE
NUMEROUS IMPROVEMENTS TO
INFRASTRUCTURE IN 2021.

- A new office was built at the bottom level of the foreign volunteer house.
- A new microscope was provided for our laboratory.
- The stairwell leading to the surgical suite was improved. It was previously a very slippery wooden stairwell and now has been changed to cement.
- The foreign volunteer house was rebuilt and a kitchen attachment was added.
- The solar system grid was expanded to increase the electrical capability.
- The wifi set-up was improved.
- Teachers' houses were rebuilt.
- A kitchen for teachers was built.
- Tables were built for the classroom and OPD.
- Two new water tanks were installed.
- Bunkers were dug out for patients, school children, JSMK medic students, teachers, and all of the staff and their families.





PLANS FOR NEXT YEAR

WITH COVID-19, THE MILITARY COUP, AND CIVIL WAR, JSMK ADAPTS TO ACHIEVE OUR MISSION TO TREAT PATIENTS AND TRAIN NEW MEDICS.



What does the future hold for JSMK? As human rights abuses and fighting worsen in Karen State, there is a greater need for JSMK to provide training that supports health care in war settings. This includes battlefield trauma as well as an increase in the spectrum of diseases and injuries in jungle villages. With a team of international surgeons, a plan is underway to create a dedicated group of senior medics trained to care for trauma victims during active war situations.



As visits from international surgeons become more consistent, we hope to increase the surgical skills of the senior Karen medics at JSMK. Surgical support training includes spinal blocks, anesthesia, and instrument sterilization. We are also diversifying the surgeries during surgeon visits. We hope to include transurethral resection of the prostate (TURP), improved fracture care, amputations, and cesarean sections. Currently these needs are referred elsewhere or simply go unmet.

We are planning an obstetrics wing at JSMK, including a birthing chair. At present, most JSMK births occur on the floor in traditional fashion; however, if a woman is having a difficult delivery or needs an episiotomy repair, having a dedicated delivery room will provide medics and visiting physicians with a better care environment to help the patients, and will enable obstetrically-spe-

cialized medics to further develop their skills.

We also aim to increase the capacity of our laboratory unit. We have just purchased thyroid and pregnancy blood test devices. As soon as these are up and running, JSMK administration would like to purchase other machines that are capable of testing liver enzymes, renal function, electrolytes, white blood cell concentrations, hemoglobin, hematocrit, and platelets. These analysis tools will improve the diagnostic capacity of the hospital, enabling medics to refine their diagnoses and focus their treatments more effectively.

Many of the structures at JSMK need ongoing upkeep and maintenance. The infrastructure of the classroom needs improvement. The walls and the roof need replacement. The outpatient department requires a full renovation. The inpatient department requires a new roof. We see many in-patients throughout the year and for their general care and comfort, the toilets require improvements.

We are fortunate to have a general practitioner now on staff. Dr Spring is a well-known and skilled general practitioner who has taught in Naypyitaw and Singapore. Like many health care professionals, he has had to seek safety in a liberated area, and JSMK has benefited from his presence. His skills are helping our staff improve care for children in Karen State.

Our Karen Village Project continues apace, with the ongoing early childhood disease





vaccination project in at least seven villages in the mountains within a three-hour hike of JSMK. We would like to expand our vaccination program by adding Pneumococcal vaccine for children and Tetanus vaccines specifically for pregnant villagers. Purchasing additional vaccines and the corresponding cold chain represent new costs to the project.

Through the improvement of our Karen medical staff training, increased international specialist visits, the presence of other doctors, and upgrades to our wards and equipment and vaccines, JSMK is growing to meet the many challenges of the past year. As we grow, we are greatly improving the provision of health services available to villagers and internally displaced persons living in our remote mountain region of Karen State.





2021 EXPENSES

MEDICINE & MEDICAL SUPPLIES	\$77,705
PATIENT CARE IN THAILAND	\$41,631
FACILITIES	\$30,395
STIPENDS	\$26,398
FOOD	\$14,219
SATELLITE CLINIC	\$8,016
PATIENTS AT JSMK	\$7,860
TRANSPORTATION	\$7,439
ADMINISTRATION	\$5,621
STAFF EXPENSES	\$4,800
STUDENT EXPENSES	\$1,663
MISCELLANEOUS	\$1,591
Total	\$227,337

FINANCE

JSMK FUNCTIONS AND THRIVES ON A BUDGET OF LESS THAN \$230,000 DOLLARS.

MEDICINE & MEDICAL SUPPLIES - 34.2%

PATIENT CARE IN THAILAND - 18.3%

FACILITIES - 13.4%

STIPENDS - 11.6%



FOOD - 6.2%

SATELLITE CLINIC - 3.5%

PATIENTS AT JSMK - 3.5%


TRANSPORTATION - 3.3%

ADMINISTRATION - 2.5%

STAFF EXPENSES - 2.1%

STUDENT EXPENSES - 0.7%

MISCELLANEOUS - 0.7%



“THANK YOU FOR SUPPORTING JSMK AND HELPING
IT TO BE A PLACE OF PHYSICAL, EMOTIONAL,
RELATIONAL AND SPIRITUAL HEALING IN JESUS’
NAME.” - DAVID EUBANK, DIRECTOR FBR.

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