



APPROACHES TO HEALTHCARE IN THAILAND & LAOS: SUCCESSSES AND CHALLENGES [JUNE 1-12, 2015]

COUNCIL ON INTERNATIONAL EDUCATIONAL EXCHANGE ☆ INTERNATIONAL FACULTY DEVELOPMENT SEMINAR

The opportunity to travel to and study the healthcare systems of Thailand and Laos was a random mystery box that dropped from the clouds—or more specifically, my cloud computer at Hawaii Pacific University. First, I’m not the type to get excited about surprises and unknowns. If anything, I was a bit suspicious that this sounded too good, and so I immediately started looking for the asterisks, fine prints, and strings attached. To my disappointment, I didn’t find any, but what I did realize was that there must be something awfully wrong with me and my faith in humanity to be so automatically guarded and cynical. I then started to question who I was becoming, but let’s save that for another story at another time. On a positive note, seeing that the invitation to apply came from Melissa Matsubara (Director of the Study Abroad & International Exchange Programs, someone I dearly trusted and respected), I realized that I had nothing to fear, and so I finally allowed myself to carefully consider the invitation and details.

At this point in time, February 2015, I was in the middle of developing a new undergraduate public health course—PH 2060 Comparative Healthcare Systems—which compares and contrasts the

provision, funding, and governance of health-care programs across a variety of healthcare systems (e.g., national health service, social insurance, and private insurance) from many countries all over the world. Although the course content would have covered 24 different countries from six continents, Thailand and Laos were not included in my course plan because neither the textbooks nor I had any information from these countries.



CHRISTIAN GLORIA, PHD, CHES
Asst Professor of Public Health
College of Health and Society
Email: cgloria@hpu.edu

“Ahh, the universe must be conspiring, presenting this door so coincidentally, teasing me with a chance to travel, to see the world beyond the books and web pages, to help me learn and grow... and—let’s be honest—to perhaps have a getaway vacation... but of course focusing on the fact that this will help to furthermore enhance the quality of my course content, my experiences, and my teaching.” This is actually how I talked myself through this chance, and so glad that I went for it!

Long story short, I submitted an application, CIEE and HPU covered nearly all expenses, I went through one of the most profound, existentially transformative, and humbling experiences of my life, after which I returned to Hawaii as a changed man standing on the same but very different ground. Having gone through this two-week exploration with the objective of learning more about healthcare systems, I accomplished exactly that. What I didn't expect, however, was that I would also return home heartbroken, uplifted, angry, inspired, exhausted, and energized to drive change.

Many moons ago when I was a master's student studying health education, I found a passion for public health. This experience in Thailand and Laos, on the other hand, dragged and twisted me through an emotional rollercoaster that made me fall in love once again with public health. Like watching a classic vindictive Tarantino film, there is nothing more empowering and public-health-career-affirming than firsthand witnessing the depths of the human struggle, the will to survive, the dream to become better, the synergy of families/friends/strangers to overcome problems, and the wonderful resilience of human strength. However, the ending is all too often not happy, and the realized triumph or tragedy is almost always determined by the availability and the quality of the healthcare systems, programs, and services.

This is why I've dedicated my life to public health, this is why I'm developing a course in comparative healthcare systems, and this is why I'm venturing through Thailand and Laos for two weeks. I'm on a mission to learn more about other countries' public health challenges, problems, and solutions, to see what they are doing well that we might be able to adopt in our own communities. With all of that said, here is my story...

DAY 1: ARRIVING IN BANGKOK, THAILAND

This is my first time in Thailand, or in the continent of Asia. I came with very little expectations except for some quick 101s from travel websites. Bangkok, where my plane landed, was quite a developed

metropolitan city. The airport was larger than Honolulu's and it was beautifully designed. The weather reminded me of my homeland—the Philippines. It was oppressively hot, but it was the dense humidity that truly shocks the system. It felt as though the weather God there just surprise forehands you heavily in the face as soon as you step out of the airport and into their land, as their way of a very warm welcome. It was amazingly hot and humid, everyone was sweating—even the locals—and this was the first of many humbling experiences in which I'd found myself throughout my time in Thailand and Laos.

Our first hotel was humble but provided enough amenities, much like any other two-star hotel in the US. There are signs and posters on the walls, promoting the conservation of electricity and water, so that appealed to the environmental health side of my public health persona.



Above photo: All of the seminar participants (five US Americans) and our two seminar hosts. L-R: Dr. Chris Craney (Professor of Chemistry at Occidental College, California); Dr. Girija Shinde (Associate Professor of Biology at Volunteer State Community College, Tennessee); Merry Kelly-Rehm (Clinical Associate Professor of Nursing at the University of Tulsa, Oklahoma); Anusara "Poi" Kartlun (CIEE Coordinator); myself; Dr. Supanee Promthet (CIEE Leader, Professor of Public Health at Khon Kaen University, Thailand); and Dr. Bonnie Fuller (Assistant Professor of Nursing at Towson University, Maryland). Poi and Dr. Promthet accompanied and guided the seminar participants throughout each day, and they were the kindest and most gracious hosts.



Each and every single day, our hosts so generously provided breakfast, lunch, and dinner feasts for us, and also thoughtfully accommodated guests with unique diets (like my shameless vegan self). The Thai and Lao cuisine often includes large portions of vegetables, and so the dining experience is usually trouble-free for vegetarians or vegans. Thai and Lao food tend to be spicy, however; even the “mild” version was very hot for myself and my US American colleagues. During lunch, we conducted a quick informal survey, and discovered that—on a scale of 1 (bland) through 10 (lava)—an entrée that the US American guests rated at 9 was unbelievably and hilariously only a 1 to our local hosts. Nevertheless, everything was delicious, but we quickly learned to take small test bites before we shove spoonfuls into our faces.

DAY 2: INTRODUCTIONS, THAI ETIQUETTE, AND THE NIGHT WALKING STREET MARKET

The second day was actually the first official day of the seminar. Day 1 was set up as our “arrival and get settled day” which we were all grateful to have, to let us rest and recuperate from our long travels.



Our CIEE leader, Dr. Promthet, brought us to her son’s café, where they graciously served us some of the most delicious pastries I have ever had. We had a chance to meet the CIEE team and several of Dr. Promthet’s graduate students, and learned about the very rich Thai history, the monarchy, culture, etiquette, as well as common greetings and social gestures.



Pictured above is the famous “Night Walking Street Market” in Khon Kaen, Thailand, where hundreds of vendors line the streets, selling local food, drinks, clothes, accessories, souvenirs, and more food. Despite our doctor’s orders to avoid street food, we all ate anyway and joined the feasting locals. The spices and flavors were simply out of this world delicious. It is common practice in the culture to eat with hands, which we did, and it was delightfully messy. Messy, but delightful. I’ve never so thoroughly enjoyed such a deliciously messy meal while being broiled by the hot and humid weather where everyone was profusely sweating. Nowhere to wash our hands, but that’s for what our immune systems are, right? Nobody cared, and it was a wonderful experience that will always bring a smile to my face. None of us ever experienced food poisoning, but we were all very guilty of gluttony. Good times.

DAY 3: EPIDEMIOLOGICAL TRANSITIONS IN THAILAND

During this session, we learned about the unique epidemiological trends in Thailand, regarding the patterns in chronic and communicable diseases. One of the surprising health problems in Thailand is liver cancer, believed to be caused by the consumption of uncooked parasite-infected fish from rivers and lakes. Dr. Banchob Sripa (Director of the Tropical Disease Research Laboratory in Khon Kaen University) and his public health team successfully conducted a nationwide campaign which educated the public to cook their fish in order to kill the parasite and prevent the infection that leads to the development of liver cancer. For more details on this public health campaign, visit this BBC article: <http://tinyurl.com/onwijkmz>



Above: Fourth person from the left: Dr. Banchob Sripa (Director of the Tropical Disease Research Laboratory in Khon Kaen University).

DAY 4: LOCAL HOSPITALS AND VILLAGE CLINICS IN THAILAND

Although the healthcare systems and programs in Thailand effectively serve populations within developed cities, there remains many challenges in serving those who live in very small and remote villages. In order to address the basic healthcare needs of these remote village residents, the public health system trains and employs village leaders and members to serve as first responders. They also routinely monitor and report the states of their community's health to the Ministry of Health. An interesting issue in these cases is the lack of individual and medical confidentiality, given how everyone knows everyone else's personal lives and medical histories, in these villages where there may only be 10-20 households. When I brought up this question, they responded to me with a bit of confusion, not sensing what I was asking, and it was because these villagers didn't have a sense of individuality. Rather, they were a tightly knit family, who did know each other's businesses and wanted to know everyone very well, because they cared for and looked after each other. It was beautiful.



Above: CIEE participants with a nurse, staff, and community leaders from a village health center.

DAY 5: REGIONAL HOSPITALS AND THAI TRADITIONAL MEDICINE

We visited one of the larger regional hospitals in Thailand and met with the doctors and nurses. Traffic accidents are a major cause of injuries and

hospitalizations in the region, due to a lack in seatbelt policy. Their law only requires drivers to wear seatbelts, and so many vehicles—including taxi cabs—don't have seatbelts at all for passengers.

The Universal Healthcare Coverage Scheme was implemented nationwide in 2002, which covers most medical and pharmaceutical services at little to no cost to patients, but is funded by the country's general tax. This universal healthcare system has been a tremendous benefit to the public, but there are still challenges in availability and access especially for those who live in rural areas far away from hospitals equipped to provide specialized care. The photo below includes the doctors, nurses, and EMTs of the regional hospital.



Above, a master instructor in Traditional Thai Medicine trained us on how to practice Thai yoga massage. She also shared her philosophies, perspectives, and experiences regarding eastern and holistic approaches toward mind-body medicine. All of us CIEE participants then received a two-hour traditional Thai massage, which should

not be mistaken as simply something done to relieve muscle aches after a long week of work, but rather is an essential ingredient in maintaining holistic health that should be practiced regularly to ensure that our body and mind are free from disorder and misalignment. This was my first time to receive a professional massage, and it was life changing. I now receive a Thai massage at least once a month. Unfortunately, it's far more expensive here in the US (about \$60-90 per hour), and is rarely covered by our health insurance.



DAY 6: HIV AND AIDS IN THAILAND

The photo below includes the doctors, nurses, and social workers in a hospital that specializes in HIV and AIDS. We were also given an opportunity to visit a home, where a patient with AIDS is cared for by her mother, and regularly visited by a social worker. The patient was a sex worker who had been suffering from AIDS for many years, was bedbound and unable to speak. This visit was the most heartbreaking experience of the seminar.





An unexpected gift from this seminar was when our CIEE leader (Dr. Promthet) connected me with one of her DrPH candidates, Jirapat Longkul (photo above on the left), who also happened to be the Director of the M-Reach Program at Khon Kaen Province. This non-profit public health organization is a new outreach program with a mission to identify the healthcare needs of gay and transgender populations, provide education to promote healthy behaviors, and link them with healthcare services.

As a result of this collaboration, Jirapat, Dr. Promphet, and I are now co-authoring a research manuscript—titled “Participation in Voluntary Confidential Counseling and Testing (VCCT) among Men Who Have Sex with Men”—from a study which examined the potential psychosocial determinants that influence people’s intention and behavior to seek HIV/AIDS screening and receive treatment.

The photo below includes Jirapat Longkul (third person from the left) and his outreach team members from the M-Reach Program in Khon Kaen Province, Thailand.



DAY 7: HEALTH EDUCATION & PROMOTION IN THAILAND

During this session, we learned about the variety of health education and health promotion efforts conducted by the Faculty of Public Health at Khon Kaen University, in Khon Kaen Province of Thailand.

Pictured below are the CIEE participants, with our seminar speaker Dr. Pannee Banchonhattakit, Head of Department of Health Education (first row, third person from the left), as well as two of their public health graduate students (front row, first and second person from the left).



The new focus of their efforts are related to reducing public consumption of fast foods (e.g., McDonald’s) and energy-dense “junk” foods that are becoming more widely available as more convenience stores (e.g., 7-Eleven) are beginning to adopt the growing trend of being open 24 hours per day, 7 days per week. They joked about how the current increasing overweight and obesity rates in Thailand are due to US American products, and we all laughed shamefully in agreement.

One of their proudest achievements is “The 100% Condom Programme” in the Ratchaburi Province, where it is reported that 100% of the commercial sex workers use condoms during intercourse as a result of a successful public health campaign. It is unfortunate that the commercial sex industry is a significant problem in Thailand. The 100% Condom Programme is simply one strategy to minimize the risks of infection and unwanted pregnancy, along with many other efforts to address and stop the industry.

DAY 8: PUBLIC HEALTH SYSTEMS IN SOUTHEAST ASIA, AND CROSSING THE BORDER TO LAOS

The first half of this day was spent visiting with the public health faculty and graduate students from Khon Kaen University, during which we learned about the broad range of their collective works ranging from service and scholarship in the areas of cancer, HIV/AIDS, obesity, diabetes, healthcare access, food safety, environmental health, and disparities between citizens and migrant workers.



The second part of our day involved driving from Khon Kaen, Thailand to Vientiane, Laos. The drive was long but I don't remember how many hours we spent on the road because we were too busy enjoying our time together, getting to know one another, and discussing our own works at home. The photo below is at the border checkpoint between Thailand and Laos.



DAY 9: HEALTHCARE SYSTEM OF LAOS AND SIGHTSEEING

During our first day in Vientiane, Laos, we met with a number of doctors, nurses, and officials from the Ministry of Health (see the two photos below). The people of Laos faced similar public health issues as Thailand. However, as a developing country, Laos also faced unique challenges related to economic stability. Upon arriving and driving through to the capital city, which is Vientiane, there was clearly a large socioeconomic disparity between low- and high-income groups. Large castle-like mansions and tiny dilapidated homes alternated down the streets, and there were towering golden Buddhist temples in almost every block.

There was also a prominent presence of international governmental bodies, represented by the enormous buildings from a variety of international embassies scattered all over the city. One of the most grandiose of them all happened to be the US American embassy. Our hotel lobby felt as though I found myself with the United Nations. It was an interesting sight to see so many people from so many different countries, and hearing more languages than you can count. It was inspiring to witness collaborations among nations to aid the development of another.



DAY 10: RURAL HOSPITALS AND LINGERING EFFECTS OF WAR (LAOS)

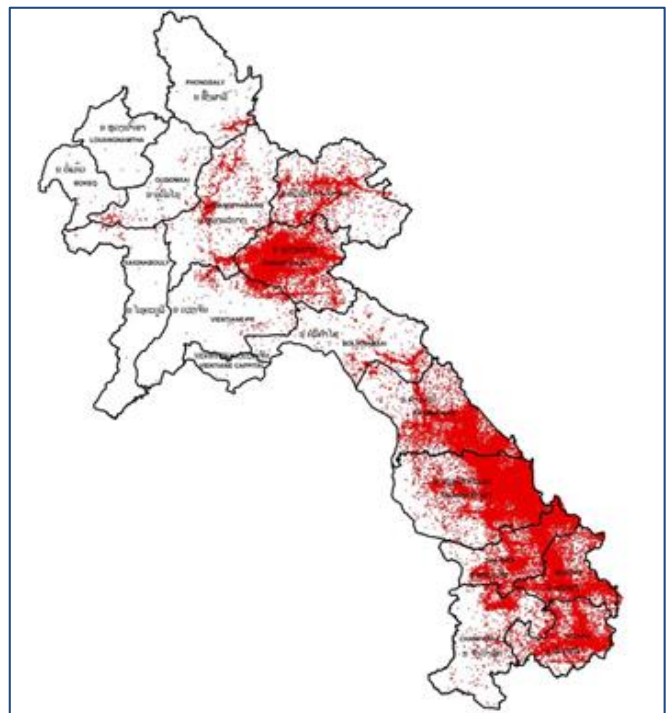
Similar to Thailand, a particular public health challenge in Laos is the provision of healthcare services in remote areas of the country. In some of the mountainous regions, there are no roads for vehicles, and some villages can only be reached by helicopter. It was common for villagers to walk nine to ten days through dangerous jungles to reach a neighboring village. In many cases, people who walk through the jungles to seek medical care, including pregnant women, are killed by tigers.



Pictured above and below are the nurses and medical staff from a semi-remote village in Laos, where we had to drive over unpaved dirt roads for a few hours. The clinic was small and could only provide limited basic healthcare services, therefore patients requiring specialized care need to travel on the road for a few days to reach the larger regional hospital.



Tigers and other predators are not the only dangers of the country, as there are also leftover unexploded ordnance (UXO) from cluster bombs and land mines peppered all over the land, left behind from the Vietnam War. It is believed that about a third of the country's land is contaminated with UXO (see map below, red areas are UXO contaminated). To this day, many citizens are injured or killed, either from accidentally making contact with the ordnance, or intentionally handling them to defuse and repurpose or sell its metals and pieces. Children are often victims, playing with the bombs thinking they are toys.



(Source: <http://www.nra.gov.la/uxomap.html>)

DAY 11: PEDAGOGY WORKSHOP AND PROGRAM EVALUATION, THEN RETURNING TO THAILAND

This was a bittersweet day, as the last seminar day of our ten-day adventure. Our morning was spent discussing the highlights and lowlights of our experiences among CIEE participants and hosts. During this session was when I finally realized how much I had learned, how much I had changed with respect to my perspective and worldview, and how many new lifelong friendships and bonds I had made with some of the most amazing people I have ever met. At the end of the session, each of

us was asked to—with only five words—express what we will take home from this experience.

My words were, “we are all the same.” This came from having realized that, regardless of from where we came or where we live, we are truly the same people, with the same struggles, all wanting the same things and to reach the same outcomes. We want to live, to be happy, and to see our people live healthy and happy lives.



The photo on the left was my last moment in Vientiane, Laos, before we drove to the airport to return to Bangkok, Thailand.

Vientiane is a beautiful city with such a rich history, and a melting pot of many cultures from the neighboring countries. During our brief three-day stay, we managed to eat our way through Lao, Thai, Vietnamese, and Indian cuisines. I came to Laos with absolutely no expectations, and I left having fallen in love with the country, its people, and its promising future. Laos is a great tourist destination, where we surprisingly bumped into many European, Asian, as well as US American tourists. Vientiane is an inexpensive and beautiful place to visit, with airfare being the only costly piece to an otherwise amazing and transformative experience.

DAY 12: FAREWELL AND UNTIL NEXT TIME!



Above is our last supper in Bangkok, and the conclusion to the most wonderful, eye-opening, and heart-warming experience of my life, that has truly changed me as a person and as a public health scholar. The valuable lessons learned from this seminar benefited me from the day it started, and will continue to do so for the rest of my life.



“SA-WAT-DEE” (THAI)



“SA-BAI-DEE” (LAO)



“ALOHA” (HAWAIIAN)