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**Lee Yung Wong, Malaysia**

**THE FACE OF EQUITABLE ACCESS:  
GOING BEYOND HEALTH TO LIFE  
FOR ALL**

He sat across from me in his simple white shirt and chequered longyi, a sarong-like garment typically worn by Burmese men. We had just met – I as a naïve, spoilt, cultured medical student; he as a simple, yet passionate young man working among people with HIV/AIDS. I shook his firm, tanned hands that had probably given care and comfort to more people than mine ever will.

I initially saw him as just a source of useful data and eye-catching phrases which would be useful in the qualitative thesis I was putting together. What did he know about research? After all, he had graduated from a Burmese university, from an allegedly farcical education system.

My preconceptions lingered as he began his story, talking about his motivation to be involved with people with HIV/AIDS, a challenging field in light of Myanmar's health performance: ranked second-to-last in the world. Yet, it was nothing but another statistic for the world to ponder momentarily before it moved on to bigger and better things.

From his simple answers he implied that to him, money did not matter, neither did personal fame. He had a certain purity of heart; in imperfect but adequate English he told me how he relied heavily on Christian principles to pursue good and to make a difference in people's lives.

And this he did by visiting people with HIV/AIDS – termed 'sufferers' by some Burmese – in their homes, encouraging them to live longer and more positively. Other days were spent in the office, calculating budgets and getting through the necessary red tape, liaising with health officials. His eyes sparkled as he told of a colleague who adopted some HIV orphans even though the family was poor and how that inspired him. And of how he visited a village where they had almost nothing and the nothing they had was being submerged by flood waters, as was the norm every rainy season.

He painted a picture of a country where electricity sometimes ran for only a few hours a day, of people who had no freedom to vote, much less access to proper health care. Of people with HIV who faced constant and numbing rejection from family and society. He recounted lessons learned working in the diverse collectivistic Burmese community and how he stuttered embarrassingly and insensitively while conversing with sex workers who were forced to sell their bodies for their children.

The fact that they were lacking resources was putting it mildly. I couldn't help but draw parallels with the Australian society I was familiar with that kicked up a ruckus at the least hint of inefficiency in the medical system. Oh, how I wished that patients

did not have to empty their pockets to pay for health care, where doctors did not have to resort to leaving the hospital early to work privately in the evenings for that little bit more, where people were accounted for, and did not have to confront rising unemployment in the workforce.

What sort of treasure trove could health research unearth for these people when a majority of them could not speak or understand the complex English scattered all over academic texts? English, after all, had been slowly eradicated from everyday life much like a dangerous disease, even though Myanmar had previously experienced many years of British rule.

And again, I wondered if simply giving assistance was enough. After all, many benevolent organizations had been giving aid for years, yet the people still had a 'needs-ask' mentality instead of taking ownership of the problem. I wondered if these organizations were too busy chasing targets or simply sitting too high up for the people to reach.

And so I listened, slowly sickened and horrified somewhat by my own disease, a disease of arrogance. Oh, I had noble intentions: I wanted to save the world like everyone else. Perhaps, as Nietzsche aptly put it, we fool ourselves into becoming a function of the herd, following the ideas and ideals of 'good research' as defined by society. Likewise here I was, seeing the developing-cum-needy world which 'created problems' through tinted glasses that came from my own world, the 'better' one which solved those problems with an air of superiority.

In the first place, the two worlds seemed completely different and not many were willing to traverse the ever-increasing distance. Whereas some, who did, were no better than men on the moon, deluding themselves into believing they have conquered it with the first few steps before retreating to normality and familiarity. Maybe that was simply the way things were, but I was not satisfied with status quo. In the first place, perhaps it was the very belief in these worlds – our own perception which depicted them as needy – that created the chasm and made equitable access so difficult.

I asked people with HIV what they thought about the support and help that they were getting. I was not the least bit surprised that they spoke approvingly of the physical and emotional care. They simply wanted to matter to society, to be worried about, to find solace in each other. As communities flourish around the globe, health care has evolved to revolve around a 'treat disease – cure disease' medical system, valid for thriving societies where governments work hand in hand with their people. But in such a deprived context as this, far more important to them was what they regarded as 'heaven': the place and space where they could freely meet and smile and laugh, to enjoy the little nuances that make life, away from 'suspicious eyes' and gossip.

This was what they perceived as important, more so in the face of neither being able to access nor afford HIV medical treatment. Perception is, ultimately, the most important thing in communicating a message, more so the very message that they matter. That their lives matter and thus their health matters; and if they really matter to us, then we should sit with them on the floors of their simple wooden huts and reach out with firm, caring hands – hands that do not always need to be filled with

material things or offering services, just with messages of care. Perhaps there is something in the attitudes of health-care workers like this man opposite me, from which we can glean the secrets of equity.

Thus, we see that the solution is simple, free and applicable to the individual, yet has far-reaching consequences. It is not to stick people in a line to get needles stuck into them and then ship them back to their homes. Neither is it to campaign or to wait for more resources or governments to rise up out of their slumber. We do things that puff up our pride and reduce our guilt, when we already know that health goes beyond curative care, even preventative care.

Paradoxically, in a setting so 'backward' compared to what I am familiar with, far from the fast pace and cutting edge of a society that I pride myself in, he is on the right path to making people matter. As he spends tireless hours working and giving himself while juggling time for his wife and newborn son, this is how the isolated peoples of Myanmar might be able to perceive health care in action; not covered up in the sheepskins of self-sufficing good intentions but in love, pure love.

Whether in the midst of the sparsest resources, where whole villages do not have access to health care or the reverse situation where hospital buildings sit devoid of people, the methods to reach the community may differ but the attitudes that we have should be the same. It is these very attitudes that will tip the scales to win over a people that find it hard to trust or even accept the meagre health care available; whether their situation was compounded by ignorance or apathy was irrelevant. Is not that what equitable access is, raising people up to an equal and deserved sense of self-worth so that they may make the right decisions to avoid risky behaviour and still find joy in the midst of affliction and stigma?

Equitable access to health care in terms of utilizing proper resources and setting up medical systems and programmes will always be a challenge. Hence, we should reconsider our fruitless discourse about the best method to convince the community, or our endless search for the best infrastructure to increase their accessibility. Instead, let each one of us be the access. First and foremost, let us be the solution. The crux of the matter is so simple it is almost utopian, yet it is often forgotten.

I see the glow in the eyes of the young man, beauty and optimism that conveys hope to the stigmatized and forgotten, and I sense that this is where the two worlds come together and even disappear. In his words, "there is no difference between them and us". This is the face of equitable access – going beyond health to life for all.

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Lee Yung Wong grew up in Kuching, Sarawak, Malaysia and is currently in his fourth year of pursuing an MBBS at the University of Melbourne, Australia. As part of a research project, he spent a few weeks undertaking a Photovoice project with World Vision Myanmar. Exposure to the perspectives of people with HIV sparked in him an interest in the healthcare needs of the developing world. He treasures holistic approaches to community health and is keen to challenge mindsets towards those most in need of empowerment. Besides medical skills, he aspires to share life and hope. Lee Yung enjoys reading, music, soccer and people.