

## Welcome to the 43rd Issue of our Newsletter



### Kengkok: A Place Like Home

*This is the fifth in a series tracing the origins of our Operation Brotherhood (OB) field teams in Laos. Previous articles described Ban Houie Sai, Paksong, Sayaboury and Vang Vieng. This issue describes the founding of OB Kengkok. Its hospital in 1964 is shown above.*

*Over 18 years beginning in 1957, OB had established 19 medical and community development stations all over the Kingdom. When they pulled out in 1975, OB had six remaining stations, some of them serving in each location for more than a decade. This series focuses on these last six stations.*

A lot of ground work is normally involved in opening a field team. Consultations with decision-makers in Vientiane, with local leaders in the proposed sites; a detailed demographic, economic, security, etc. survey of the chosen location; the logistics of moving in personnel, supplies, housing. If we had primary sources to dig up these details, there

should be a story to tell. But our official records of the founding of Kengkok OB have fallen into a black hole. All we have are two lines in an issue of our Newsletter *Balitang Laos*, in the September 1964 issue, to wit:

“January 1964 OB establishes a team in Kengkok, Savannakhet province; with 14-bed hospital.”

That’s it. Then in subsequent months, the Newsletter announced a flurry of personnel assignments – physicians **Lina Tapiador** and **Teofilo Ocampo**, nurses **Marlene Jamero**, **Mary Degay** and **Mario Dulyunan**; nutritionist **Concepcion Caldoza**.

When we visited in October 1964, a new set of team members was in place and had settled into a rhythm of work that seemed to match the placid pace of the town.





*More than 40 volunteers served in Kengkok over 11 years. In the mid-1960s, the team was composed of, from left, Emeng Alcasid, dentist, nurse Mary Degay, physician Cesar Medina, nurse Marlene Jamero, nurse Bert de los Reyes, physician Rustico Gotico. The hospital is in the background.*

So uneventful indeed that the Chaomung district head came “to cut the ribbon in a simple ceremony” to open on December 31, 1964. the new living quarters of the team, a separate building constructed beside the hospital. “It can house 16 beds -- 10 in the male room, and six in the female room”, they reported. Previously their quarters were attached to one end of the hospital. In one of their reports, they nearly lost the building:

“A fire suspected to have originated from a faulty kerosene refrigerator burned yesterday (February 14, 1966) the team kitchen including a portion of the hospital adjacent to the kitchen. Losses included the kerosene refrigerator, water filters, kitchen utensils and furniture and groceries. There were no casualties. Combined efforts of team personnel, the International Voluntary Service team and local citizens placed the early morning fire under control in half an hour, preventing it from spreading to the hospital.”

Kengkok, a town of 3,000 residents, belongs to Muong Champhone, one of 14 districts of Savannakhet province in the south. The Muong has 38,579 residents according to a 1968 survey, making it the largest, and marking Kengkok as its capital if Savannakhet is divided into two provinces. At present, Savannakhet, some 33 miles west, is the country’s second largest city after Vientiane. Kengkok is sometimes described as straddling the crossroads of communication between Thailand’s city of Mukdahan in the west across the Mekong river from Savannakhet and Hue-Danang in Vietnam to the east.

To the Filipino whose roots come from the rural Philippine towns of, say, San Felipe in Zambales province or Piddig in Ilocos Norte province, Kengkok of the 1960s looks, moves, feels like, well, San

Felipe or Piddig in the 1960s. The roads are dirt cart trails. Bamboo fences are strung together with twine. Crowing roosters announce the morning dawn. Pigs and chickens roam freely in backyards. Homes on stilts are roofed in thatch grass. Lush trees shade the yard, where in one corner the water buffalo rests. A woman operates a loom under her house.

Much has been written about the laid-back, bucolic, unhurried pace of life of rural Laos where most Lao live. How true, “very quiet” remembers **Linda Cava**, a nurse who spent a year and a half in Kengkok, who now lives in Illinois, USA>. “So very provincial,” **Conse Sotio** (New Jersey, USA) another nurse, agreed. Trips to Savannakhet, about 45 minutes away on a dirt road to purchase foodstuffs were occasional breaks from routine team activities. Communal living, under one roof, placed a premium on amicable personal relationships, said Sotio, “I matured fast, learned how to live with others.”

In June 1969, Galen Beery an Area Community Development Advisor with the U.S. Agency For International Development, wrote a 39 -page survey of the town. We quote his section on Health conditions:

“Curative health facilities in Muong Champhone are better than usual for most rural areas but preventive programs are still inadequate.

“A Lao state dispensary was established in Kengkok several decades ago. It now consists of three old buildings near the center of town under the supervision of a Lao Infirmiere Chef and a single nurse. The small ward, under an arrangement with Operation Brotherhood hospital, contains tubercular patients, since there is no isolation or contagious ward to

the hospital. Drugs for these patients are supplied by OB. Several midwives are reported as being stationed at the villages of Keng Ko, Ban Talao, Ban Lao Nat, and Bang Dong Mone. Another state dispensary is located at Ban Sakbun Neua.

“In January 1964, an OB medical team was sent to Kengkok to establish a hospital under a contract with USAID and working closely with the Royal Lao Government (RLG) Ministry of Health. The first small building has grown to a compound of five concrete and wooden structures on the eastern outskirts of town. Facilities include a 25-bed ward, with well-equipped operating and delivery rooms, X-ray equipment, clinical laboratory, dental, outpatient and dietary services. In addition, public health services of the OB hospital involve regular weekly visits to two nearby villages.

The seven-staff OB Filipino team includes two physicians, two nurses, a dentist, medical technologist and a fiscal/supply man. A Lao doctor, paid by RLG, works in close conjunction with the head Filipino doctor. The Lao staff includes practical and auxiliary nurses and technicians trained by Operation Brotherhood.”

One end of their first living quarters rested on lush ground foliage, so thick, snakes would slither inside their rooms and the bathroom. **Florida “Pet” Santarina**, newly assigned in the mid-1960s, would spot them curled under beds and corners. At night, “you won’t dare walk the dark footpaths of the grounds,” she said, and so she appealed for a transfer after a month. Hey Pet, what is the difference between “venomous” and “poisonous” ?, the jokes began, forever branded as Paranoid Pet.

What historical records we have from our Newsletters highlight some ac-

accomplishments over the years. For example, following a school health program that all teams must conduct, Kengkok covered 17 schools with 561 students during the 1965-1966 school year. They were immunized against cholera, small pox and polio, given malaria prophylaxis and underwent delousing and deworming. They were also examined by the team dentist.

In June 1965, 39 mothers enrolled for a Mothers' Class, the first organized in town by public health nurse **Marlene Jamero** in cooperation with Champhone mayor **Bualaphan Maharaj**. The class met every Saturday for two-

hour lessons in child care, home nursing and nutrition. The next year, the public health team opened a prenatal clinic for the wives of a government army camp about five kms. west. Dr. **Pedro Palu-ay** and dentist **Anselmo Alcasid**, nurse Jamero and her Lao assistant visited weekly. Two medics at the camp were being trained in the hospital. Teachers undergoing summer training at the North School were taught first aid and how to construct water-sealed toilets. By early 1966, the team was expanding its services to outlying villages. Taking advantage of Sa Champhone's summer low river height, they drove across it to reach six villages,

one each day.

With Savannakhet's eastern edge skirting part of the Ho Chi Minh trail, the province is a hot spot in the southern war zone. For a while, Time magazine wrote that Kengkok seemed relatively safe. But there was a fluid frontline 10 or 12 miles away patrolled by North Vietnam's 29th Regiment. On the early morning of October 28, 1972 two of their companies together with their insurgent Pathet Lao allies, slipped into the town. They torched houses and forced thousands to flee. Two American missionaries were burned to death, two of their colleagues captured and imprisoned in Hanoi. An American

## A Day in the Life Of A Field Team

**Nang Khamchanh, Nang Tongsal and Thao Khamkheuang** are in their late teens and early twenties, freshly graduated from the OB School of Nursing in Vientiane. Some two months ago, they had left families and friends in Vientiane to join the Filipino team in Kengkok.

The morning starts with Dr. **Rusty Gotico**, nurses **Bert de los Reyes, Mary Degay** and **Nang Tongsal**, going from bedside to bedside of each patient, reading their charts, taking new orders. In the dispensary, arriving by foot and bicycles, the sick are beginning to crowd the benches and the corridors, waiting for the doctors to complete their rounds. In the dental clinic, Dr. **Emeng Alcasid's** drill is already humming.

Nang Khamchanh has strapped behind her bicycle her black nurse bag and a large brown envelope containing the records of newly-born infants whom she is going to visit for postpartum care.

OB-trained driver-mechanic **Thao Ouh** is checking the team's jeep's oil, gasoline tank, tires to prepare it for the grinding trip to Ban Bak and Ban Sithong, two villages scheduled for their weekly visits. Dressed in shorts and a checkered shirt, a stethoscope tucked inside a hip pocket, team director Dr. **Johnny Reyes**



From left, Dr. Bingbing Alagar, Dr. Ben Garcia, nurse Bert de los Reyes and Dr. Emeng Alcasid, in front of the team living quarters.

climbs into the jeep and disappears down the road out of the hospital compound.

To get to Ban Bak, five kilometers away, take the dirt road to Savannakhet. Somewhere along the right side of the road, there is a cave-like opening among the dense tall bamboo groves. Johnny plunges the jeep into it. The opening is the entrance to a winding dirt path canopied with thick bamboo and trees, leading to the village.

To get to the next stop, Ban Sithong, seven kilometers away, go back to the Savannakhet road, then swing into another opening in a bamboo grove. It opens into a bull cart path to the village. It's surprising to see that there are humans and homes tucked within these wilderness. There are people in each village already waiting for Johnny in the thatch house on stilts that serves as a clinic in each village.

Johnny returns after lunch time, along with a man, burning with fever, vomiting, horrible sounds coming from his throat. He is brought into the hospital. The man is accompanied by a relative carrying a thin mattress and clothing.

Lunch is true Filipino cooking by Mary. Her Lao cook helper has learned the various regional dishes of the Filipinos.

Early in the afternoon, an invitation to a "baci" for a newborn child is attended by Nang Khamchanh and Thao Khamkheuang in one of the village

homes that they have serviced and where Rusty had earlier delivered the infant. Happy parents murmur words of appreciation as they tie white cotton strings around the wrists of the Lao nurses.

In the hospital office, a dozen mothers sit through a demonstration in bottle feeding, one of weekly lessons in child care and home nursing conducted by Mary, assisted by "**George**" **Phimmasone**, an interpreter.

Emeng has returned from the capital town with a jeep-load of supplies flown in from Vientiane, as well as with that most precious item of all, mail from home. He is at once the most popular man in town.

In the lengthening shadows of a golden, warm afternoon, Johnny reads through memos and reports from the Vientiane headquarters. Bert and Emeng swipe badminton shuttlecocks on the grass beside the hospital, their bare shoulders glistening with sweat. The diesel generator has been switched on. As dusk falls, the hospital lights up, the brightest object in the entire town.

After dinner, there is a letter to answer, a pocketbook to resume reading. An old scratchy, vinyl record spins too fast and out of tune. Deep darkness falls fast in Kengkok. Sleep comes easily, lulled by the sounds of chirping crickets and croaking frogs.

helicopter from Savannakhet rescued another missionary and his wife. The OB team had already evacuated to Savannakhet. Government forces retook the town after three days.

While the situation remained insecure, the team shuttled between the town and the capital for four months. In March 1973 it resumed onsite normal activities. OB Kengkok did its work for 11 years before a new Communist government expelled all foreign aid agencies including OB in May 1975.

Among the Filipinos who served there over that time were **physicians** Teofilo Ocampo, Lina Tapiador, Ben Babasa, Juan Reyes, Felix Romero, Felix Diaz, Tong Lao, Delfin Medina, Pedro Palu-ay, Rustico Gotico, Cesar Medina, Orlando Alagar, Ben Garcia, Alfonso Lim, Teddy Parreno ; **nurses** Mary Degay, Marlene Jamero, Mario Dulyunan, Bert de los Reyes, Florence Omengan, Connie Lim, Henry Nano, Linda Cava, Edgar Pasaporte, Dickie Labao, Evelyn Subong, Wilhelmina Comia, Florida "Pet" Santarina, Conse

Sotio; **dentists** Anselmo Alcaacid, Ben Tagaro, Gene Aguilar, Simeon Azcarraga; **fiscal /supply officers** Antonio Agustin, Alex Hortel, Noel Extremadura, Isabelo Samonte; **medical technologists** Toti Espiritu, Jernegal La Torre, Jess Ramos; **nutritionists** Rossini Fuentes, Concepcion Caldoza, Adelaida Rabago, Tacing Buniao, Lollie Sevilla, Lorenza Ravelas; **maintenance engineer** Eduardo Pabustan.

Assessing the effectiveness of the program in Kengkok, USAID consultant Dr. **John Kennedy** wrote that "the OB Hospital enjoyed an excellent reputation and attracted patients from all parts of the province. In general, it was preferred over the French-assisted hospital at Seno or the Provincial Hospital at Savannakhet." By 1972, according to another USAID report, the Kengkok station had expanded its services to 234 villages with a population of 42,349.

In 1969, with reports of an impending attack on the town by Pathet Lao insurgents, team members hurried to the safety of Savannakhet. One jeep blew a

back tire and slammed into a tree, fatally injuring nurse **Wilhelmina Comia**. She turned out to be the last OB casualty, the 11th who died on Lao soil, beginning with the death in Phong Saly province of nurse **Abner Jornada** on April 15, 1958, felled by a building wall during a storm.



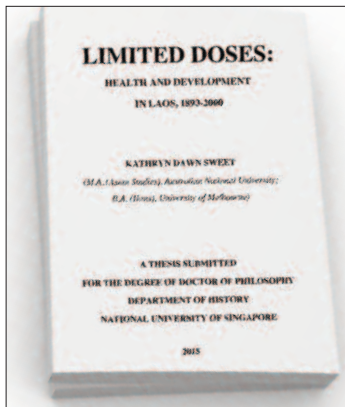
*Wilhelmina Comia (at right) with nurse Evelyn Subong in 1969 in Kengkok*



*We began this series in the May 2020 issue with the history of our OB Ban Houie Sai field team. It appeared with a very fuzzy photo. Here's a clear one taken in 1972. Top row, from left nurse Enrique Labao, dentist Ben Tagaro, Dr. Augusto Celis, Dr. Pete Joaquin, supply officer Conrad Calagian. Front row, from left, nurses Nithaya, Sofia Deza, Lollie Sevilla, medical technologist Araceli Isidro, nurses Guadalupe Goma, Minerva Erese. Behind them is the hospital building.*

# The Legacy of Operation Brotherhood in Laos

Kathryn Sweet is an Australian development aid scholar who completed her doctoral degree in history from the University of Singapore. Her 2016 dissertation “Limited Doses” is on the history of the health system in Laos over three periods — colonial Laos under France (1893 -1949); the Royal Lao Government (RLG 1954 – 1975); the Pathet Lao (PL) regime (beginning in 1975 to the 2000s). During the second period, she examines how the Lao health system operated under three programs administered by the RLG, the Philippine Operation Brotherhood (OB) and the United States Agency For International Development (USAID).



The span of her research, ground-breaking as it is already because no one else has packaged the subject in one go, is remarkable in another way. She notes that “the history of the health system in Laos has been marked by extreme diversity, given the nation’s experience of changing foreign influence and domination over the past century. Laos has experienced periods of (French) colonialism, post-colonialism, war, and post-war peaceful economic development. This has involved a number of key international donors who have introduced differing political, cultural and technical approaches to the delivery of health care.”

With three players playing major roles in the Lao health care system, the second period is particularly interesting as a case study in developmental aid. One of them — OB — “is unique in Lao (medical) history, and perhaps in Filipino history — one non-governmental organization working consistently over 18 years,” she writes. This period merges the influential imprint of American post-colonialism rule and a local insurgency-civil war backed by powerful foreign (North Vietnamese and Thai) influences. It is within this mix that makes OB’s role unique beyond its longevity. At a conference on the history of Southeast Asian Medicine in Manila, January 9-11, 2014, Sweet summarizes OB’s piece in this “jigsaw” puzzle.

“Basically, my argument evolved to say that OB’s activities in Laos were many things to many people: counterinsurgency, humanitarian and developmental. While OB seems to have been initially a political (counter-insurgency) effort on the part of the U.S., with a significant humanitarian aspect on the part of the OB staff, it has been the developmental aspect that has been most enduring in

Laos, with OB hospitals in use until the early 2000s in many provinces, and some OB-trained staff remaining in government service. In terms of (its) ‘Asians Helping Asians’ slogan, I argued that despite the close political alliance between the USA and the Philippines, and the fact that Thais and Vietnamese were also helping the Lao people at the time, the Filipinos of OB were able to be perceived as ‘neutral’ because unlike the Thais supporting the RLG and the Vietnamese supporting the PL, the Philippines did not border Laos, there was no history of expansionary ambitions and therefore the Lao people did not fear a Filipino invasion, whereas I think they were quite wary of the motivations of both the Thai and the Vietnamese. “

At the Manila conference, Sweet’s last point “seemed to hold a lot of interest for the Filipino academics who said this added a new angle to their appreciation of the Philippine role in the Southeast Asian region during the cold war years.” The Philippines had just disposed a home-grown, Communist-inspired insurgency during this period of the cold war. Now they are witness to another cold war arena with Filipinos in the thick of a shooting, hot war waged by multinational combatants.

OB during its early years was sustained by donations. In addition to the Philippine and Lao Jaycees, the donors included the Jaycee chapters of Australia, Thailand, France, the Asia Foundation and through fundraising events. Beginning in 1963, its funding came directly from a budget given to the Public Health Division of USAID. Prior to this, there is a record of USOM (the precursor to USAID) authorizing “continued support of Operation Brotherhood through Fiscal Year 1958, totaling \$275,000. Between 1964 and 1969, USAID funded the program at an average of \$1.32 million a year and stayed at more or less at that level till 1975, the year the program ended.

Dr. Charles Weldon, former chief of the Division from 1963 to 1974, wrote in his memoir “Tragedy in Paradise” that the total budget in 1963 amounted to \$1.5 million a year. This paid for the operation of four hospitals (Sayaboury, Paksong, Attopeu, Vientiane), a practical nursing school in Vientiane, drugs and supplies. “The cost per patient per hospital day was about five dollars and the average cost per patient visit was fifty cents. Both the Lao and the United States were getting a bargain for the small amount of money being spent,” he concluded..

By 1965, according to an AID report, the U.S. public health program either directly or through contract with OB, was operating a widely dispersed network of health sta-

tions with eight rural hospitals and about 180 dispensaries. They provided about two million outpatient visits and care for 25,000 inpatients a year. The report said that the RLG “had no adequate medical supply or logistics system to support an operation of this size and scope.” By Sweet’s count, over OB’s stay in Laos, their teams were based in at least 19 different locations throughout Laos.

The counterinsurgency aspect of OB’s role supported the U.S. decision to back the RLG against the insurgent PL and its North Vietnamese partners. It viewed its public health program, together with its much more richly funded military aid, as vital in winning the population to the RLG side. According to Sweet, the dimensions of OB’s contribution to the health system of Laos went beyond the reach of its presence. First, OB’s small hospitals were most often located in provincial towns, as opposed to the larger RLG hospitals in the major towns. Hence they delivered health care services to underserved Lao and ethnic populations essentially out of the RLG’s reach. Second, using the hospital as its base, OB health teams fanned out on regular “mobile” outdoor clinics and public health projects to villages surrounding their base stations. Thirdly, the training programs they conducted for Lao in their base stations pro-

duced a large cadre of skilled or semi-skilled health care personnel that were in short supply. This allowed delivery of health care while the RLG trained its own corps of doctors, nurses, laboratory assistants, medics and other auxiliary workers. Fourth, the construction and equipping of hospitals and dispensaries, and the practical demonstration of how such facilities could be effectively run is an established element of international development cooperation. “Health facilities do not disappear into exile when a political regime changes,” said Sweet. “In fact the new regime (PL) made use of the OB hospitals in Vientiane and numerous provincial and district locations for several decades until 2000.”

Sweet ended her Manila presentation on a melancholy note: “Sadly, at this stage of Laos’ socio-economic development, the main legacy of OB’s assistance are shared memories. While some of the older generation of Lao remember the days of Filipino hospitals staffed with Filipino doctors and nurses, and nursing classes conducted in English, (Laos’) progress in the health sector and the passage of time is gradually erasing the traces of OB’s presence 38 years after its departure from Laos.”



## When Giving Birth, Beware The *Phi*

Pursuing its curative and preventive programs, complemented by community livelihood projects, OB volunteers amassed considerable knowledge of Lao cultural practices. In addition to hospital and clinic-based nurses and physicians, there were public health nurses, social workers, health care educators, home technologists, nutritionists who, by staying for months and years, in village level communities, learned much about Lao living practices that impacted health outcomes.

Sometime in the early 1960s, their first-hand observations were compiled into an orientation manual. We credit the following – **Lolita Delaon, Teofista Razalan, Petra Duruin, Jesusa Yap, Marlene Jamer, Virginia Guzman, Josefina Pablo, Maria Aguilos, Angelita Abad, Asila Palma, Souk Bounsong.** The manual lists the do’s and don’t of practices that cover pregnancy, child care, diseases, food taboos, dreams, marriages, burial. A large part, eight pages out of 16, is devoted to what pediatricians today call pre and postpartum care. We chose this section

to highlight because the Lao realize that two lives – mother and infant – are at stake and hence adherence to traditional care is paramount. We edited the lists for brevity. To access the full manual, go to <http://digicoll.library.wisc.edu/cgi-bin/SEAIT/SEAITidx?type=simple&size=First+100&rgn=Entire+work&q1=brotherhood&work=&submit=Search>

The manual editors advised that “local practices being what they are, belief in one is not always uniform, that is, no two regions may believe in the same practice with the same sincerity, nor two Lao mothers believe in the same with the same intensity.” Indeed it concludes that there are those who do not put much stock in them. Today, YouTube tutorials can make your foot fungus disappear, not a potion from an eye of a newt and a horn of a bat. But long, long ago, follow these rules or die.

### **Belief in the Phi**

When a person is stricken sick, the Lao usually attributes the

sickness to more than a physical reason. There is a *phi* or spirit responsible. A *phi* comes in two kinds – the good and the bad. The latter is known as a *phi phetu*. The good *phi* will not strike a person sick unless it has been angered or slighted or improperly appeased. The *phi phetu* lurks in forests and dark places and is present during moments when a prospective victim is most helpless, like during childbirth or a serious illness

### The 32 phis of the Body

The human body has 32 *phis*, one for each of the major organs. If one manages to escape, for instance during an accident, it must be coaxed back into the body in order that the organ injured during the accident may heal properly.

### The Village and Spirit Healer

The former uses herbs and other substances. The latter or shaman is trained in the ways of the *phi*. Both are held in high esteem and unquestioning respect by villagers who despite the presence of university-trained doctors or hospital in the area will not fail to consult these local practitioners first. The herb healer carries roots, branches, bones and horns, and more often a whetstone. Other things he may need he sends for from the nearby woods or forests. The shaman who was trained or hand-picked by the previous shaman is received into the house of the sick with lit candles and a tray of flowers, rice, wine, eggs, chicken, a sword or a spear. These will exorcize the evil spirit which has possessed the sick person.

### Childbirth Practices

The mother who sits with her back against a fire causes placental retention;  
Do not color the mother's face or dress her garishly lest her child grow up vain;  
Do not step over a rope to prevent the umbilical cord to coil around the unborn child;  
Do not prepare anything for the baby's birth, not diapers, clothes, crib. Preparations kill the child during pregnancy, delivery or shortly after birth;  
Do not make a pillow or mattress because a difficult delivery will result;  
No sexual intercourse during the third month of pregnancy because this causes twins;  
Do not leave the house after nightfall because a *phi* might see her and make her sick;  
Do not plant bananas because they cause abnormal fingers for the baby;  
For easier delivery, the mother SHOULD:  
Braid her hair and make a bun;  
Turn her skirt upside down upon waking up in the morning so that the baby will emerge head first;  
Offer food daily to the monks so that the baby will become as good as the monks;

**During Pregnancy, Labor and After Birth.** A pregnant mother should NOT:

Sit or eat on the stairs or near the door or any rock or stone, near a pestle or mortar in order to avoid a difficult labor;  
Sleep excessively because this causes oversized babies;  
Eat papaya because the foetus will grow too big; eggs because they thicken the uterus causing severe pains during delivery; co-

conut and bitter tasting food because these induce abortions; hot food because it kills the foetus; sugar cane, pineapple, egg-plant because these thicken and harden the bag of water; large fish because it causes oversized babies; bananas with fused skins because they cause twins; meat of pregnant pigs, cows and water buffaloes, birds which did not fall to the ground when shot and insects because they cause sore mouths and infect the foetus;

Eat from a pot or kettle because the foetus will not emerge at the expected time of delivery;

Eat *tamson* (shredded green papaya with pepper and fish sauce);

### During Labor

When labor pains start, the mother's abdomen is rubbed with sand to hasten expulsion of the placenta'

Remove all hanging clothes, curtains, mosquito nets, etc. so that the mother suffers less pain and the baby emerges easily;

A pestle, if the house has one, should not be left inside its mortar, otherwise a difficult delivery will occur;

The mother is encouraged to walk around in order to guide the baby's head into the birth canal;

A tiny rolled amulet of copper, silver or gold, inscribed with sacred characters and fashioned by a monk, is attached to the mother's hair or hung from her neck to insure easy delivery;

### Delivery

One end of a rope or cloth is tied to a ceiling post or to a wall.

The other end is grasped tightly by the laboring mother. She assumes a sitting-kneeling-squatting position which supposedly facilitates the descent of the child and the placenta;

A child born by Caesarean operation is looked upon as a child of bad luck, who because it caused the mother suffering, shall cause future suffering to her and her entire family. Thus if there are any takers, the child is given away.

If the mother becomes restless or mentally deranged during delivery because of a *phi phetu*, a *khanh ha* is prepared composed of five flowers, five candles, five sticks and money in five kip denominations worth 500 kip. These are offered to the mother's deceased ancestors or to the spirits. Strings are tied around her wrists, ankles and neck.

### After Birth Practices

Upon expulsion of the placenta, the attendant blows holy water all over the mother's body, ties white cotton strings around her wrists, ankles and neck to protect her from *phis*.

If the placenta is retained after delivery, a leaf called *yak ha* is rubbed on the abdomen to cause its expulsion.

The umbilical cord is cut by a person of good reputation so that the child will inherit her good characters. If the cord is cut with a split bamboo, the child will grow foolish; if a knife is used, the child will grow clever and wise.

The stump of the cord is left exposed until it dries and peels off. Stillborn babies or those who die right after birth are buried immediately so that a *phi* will not possess them. It is also believed that a baby born in the daytime will grow to be a coward.

Among some mountain tribes in Attopeu province, two attendants are called to assist in the delivery – one cleans the baby, the other boils water, the mother cuts the cord.

The newborn is placed on a winnowing basket which serves as its

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bed for three or four days so that the *phi phetu* will not enter its body. Then it is placed in a basket of flowers and candles to make it stop crying.

After delivery, the mother sits on a chair or a specially made bench upon which salt and hot water were poured in order to preserve the perineum and prevent infection;

The mother then takes a hot bath, the water boiled with *bai nat* leaves. The heated water hastens blood circulation, gives strength, keeps her body light, clears her vision and prevents headaches.

The mother recuperates on a bed elevated at the head part about five to ten cms from the floor in order to drain the uterus of blood impurities.

Burning coals are placed a foot away from the bed. This promotes bleeding and thus washes away blood impurities faster.

The more the mother bleeds, the better for her. She is required to stay near the heat from eight days to a month.

If the mother must stay heated for 15 days, she changes position every five days – she lays her head where her feet were five days ago, and reverses position after five days.

If it is not possible to place hot coals beside the bed, another bed is built beside the kitchen stove or heated flat stones or iron pieces are placed upon the mother's abdomen.

She is made to drink hot water to heal wounded uterus.

In Kengkok southern Laos the water is boiled with local plants called *kok mai*, *deng mai*, *huat*, *kus mak tek*, and *hak hon hai*.

To stimulate milk production, drinking water is boiled with local herbs called *hak kam noy*, *hak kham thao* and *hak kam luang*.

They also promote good appetite and strength.

The drink also lengthens intervals between pregnancies. In Kengkok, refraining from eating frogs will prevent more pregnancies.

In Paksong, southern Laos, after 15 days in bed, the mother takes a bath with waters mixed with herbs called *bai nat* and *bai mak ham*, after which a thanksgiving ceremony or phanj khane is performed.

The mother may not eat soup or any boiled food because they cause loose bowel movement for the baby; not vegetables because they cause gas pains nor deer meat because it causes bleeding and prolapse of the uterus; not monkey meat which makes naughty babies; not milk because it poisons when drunk near the fire.

In Attopeu, the mother's diet must be very dry – dried fish, salted chicken, dry vegetables. She drinks hot water mixed with ginger, herbs and barks of certain trees.

In Attopeu, the following can cause edema, leukorrhea, vaginal bleeding, and death: beef, scaly fish, female pig, deer, shrimps, cucumbers, mushrooms, watermelon, star apples, frogs.

When the heat regimen is done, the attendant prepares candles, flowers, clothing materials. The cotton strings are removed. If the mother still feels weak, the spirit healer is consulted who may advise sacrificing certain animals to the spirits.

In Paksong after delivery, the mother drinks wine and an aromatic herb (*acorus calamus*) known locally as *wan dee kham* to soothe any pains, enhance appetite, give strength.

For 10 to 15 days, she is allowed to eat only rice with dried meat. The meat of a local bird named *nok koho* will result in severe abdominal pain, followed by convulsions and death.

Severe abdominal pain is believed caused by blood clotting in the uterus. To relieve pain, the bark of a cotton tree is boiled and drunk to induce bleeding and removal of the blood clots.

To combat blood poisoning, the mother's nape or back is scrapped with a teaspoon or piece of silver, to make the blood circulate and rid the poison.