

By Dr Tan Wu Meng, Editorial Board Member

Interview with Dr Chau Chwen Hwe: Helping the Poor to Help Themselves



Dr Chau with an elderly patient.



Attending to a young patient during a medical mission at a slum area.

“Dr Chau Chwen Hwe graduated from the National University of Singapore and subsequently worked in various Government hospitals and the Community Health Service, before becoming a General Practitioner in private practice. Since 1998 she has been involved in Medical Mission work, being attached to an NGO helping poor and disadvantaged communities in the Philippines. Her volunteer work was formally recognised at this year’s SMA Annual Dinner, where she received the SMA Merit Award.”

TWM: Good afternoon Dr Chau and thank you so much for joining us today. As you have received the Merit Award at the recent SMA Annual Dinner, we would like to ask how you became involved in medical mission work?

DR CHAU: We were seconded to a NGO (Non-Governmental Organisation) in the Philippines. The group works mainly with poor communities. So it is very natural to get involved in medical work. Health is always an issue for the poor. It

is not a luxury, it is basic. Whether you like it or not, there will always be people asking for help, for medicine, for consultation. And since you are trained medically, you just flow with it.

TWM: What is the name of the NGO?

DR CHAU: It is called Care Channels. Care Channels was incorporated in the Philippines. To bring similar work to countries outside of the Philippines, we have established Care Channels International. Here we are working under (the auspices of) Care Channels International.

TWM: Which other countries do you cover, besides the Philippines?

DR CHAU: The organisation was registered last year as Care Channels International. We just started with Pakistan, East Timor and Indonesia.

TWM: All of those countries are having difficult times at the moment. Now, when you first went to the Philippines, some of these differences would have been quite obvious, but what struck you the most about the difference in primary healthcare between there and Singapore?

DR CHAU: Singapore is only 40 by 60



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(kilometers) [laughs]; the Philippines is 7,000 islands. I was told Indonesia is about 13,000 islands. The infrastructure is tremendous. So travelling from one place to another, you find that sometimes you take longer to travel than to do the actual work. You use every possible mode of transport you can think of: jeepneys (a form of public transportation, originally made from US military jeeps but now an independent design of vehicle), buses, trains, planes. Once, we had to wade through a knee-high river just to get to a village. We arrived muddy and wet. So it is not so accessible. Water is another issue. We went to East Timor just to scout and survey the place, and the whole village had no accessible water. You cannot really talk about health when there is no water. No water, no agriculture, no health. Really, water is something we take for granted; it is very necessary.

TWM: Transport might also make it hard to get resources there, like vaccines, medication. Even follow-up may be difficult?

DR CHAU: Yes, so accessibility is really a big issue. Here (in Singapore) we just zip from one end of the island to the other.

TWM: Do you think efforts are being made to improve the infrastructure over there?

DR CHAU: It depends on which country you are talking about. I do not really know that. Within the city, it is easier, but once you go out of the city, everything is dependent on infrastructure.

TWM: What was one of your happiest moments during your time in the Philippines?

DR CHAU: I think I started using my right brain (as opposed to left brain) more there. (Laughs)

TWM: So it is EQ as well as IQ?

DR CHAU: Yes. Mainly because if you see this, (takes out samples of calendars with preserved dried flowers) this is the livelihood we did for the poor. This is a calendar for next year. I brought it to show you. This is actually a hobby that I did in my free time and now it is helping about 180 families. It is a real flower we dry.

TWM: You do it for fund-raising?

DR CHAU: No, it is not for fund-raising, it is for

their livelihood. People are always asking us for help, for food, for medicine. I say, “You are healthy, you have hands and feet. Can you do some work?” Communities from different areas will make different pages – so this page is done by one area, this page is another area – and they do not see the whole calendar till later. Some ladies, when they finally see the whole thing, say, “Oh, can we buy a set?” So we are the ones who train them, who teach them to do and then they are so proud of it. That for me, is very satisfying.

TWM: So you feel satisfied by training them with some skills, some handicrafts and empowering them at the same time.

DR CHAU: Yes and they feel that, “We don’t have to ask for help or handouts, we can do something ourselves and this is the product of our own labour.” It is a very nice feeling to be able to help people to achieve that.

TWM: It helps to get their pride back?

DR CHAU: Yes, it is a dignity in itself. So not all my time is taken up by medical work – this is what I do. This is where I use my right brain.

TWM: What was your most disappointing or saddest experience over there?

DR CHAU: There was this guy who was with us for a year, he never had to work office hours, so he did not report to work regularly. He works as a street barker. A barker is somebody who calls people to fill up a jeepney, and then the jeepney when it is full, the driver will throw a few coins to him. That is his due payment. He has no other skills or training. So we got this guy to come into the office to do some of this work. He was not consistent, so after a year we told him, “We have to let you go.” And his wife came back and said, “Can you give him back the job?” The answer was “No.” And we know the family with children probably starved that day. It was not very nice to do that. It was not for a lack of trying that we had been helping the family. We had tried and tried and finally we have to say we cannot help you anymore because you do not really want to help yourself.

TWM: So while people are producing these handicrafts, they get paid for it?

DR CHAU: Yes. Every piece of work that is accepted to be of good quality, we pay them upfront. We take on the responsibility of doing the marketing. It is almost by faith.

TWM: Which of your patients have you found the most memorable?

DR CHAU: I run a day clinic with another local doctor. So this man who was turned away, his wife and child come to us just about every week, and we have seen this little boy grow from a baby to a young boy.

TWM: While in an environment far from home, did you ever feel unsafe? Did you ever feel you were in danger?

DR CHAU: Not really. No. Usually we will go to areas where people know us already, because we partner with the local community, mainly the church, the school or the government's officials. So they will know about us before we go. We do not just arrive unannounced. So it is safe enough to be there.

TWM: I guess having that local contact and local knowledge also helps you deploy more efficiently.

DR CHAU: Yes, yes. The local people will actually help us do the medical mission work. We tap on their resources and manpower. They provide food, lunch, tea and water for the whole team. That is the least we ask from them.

TWM: How would you suggest to the wider community around the world how best to help the people that you have been working with? What kind of help do you think will make things different?

DR CHAU: I think it is not new. It is the idea of "helping them to help themselves". They are people of creativity, of knowledge and it is not doing something for them but doing something *with* them. So it is more of having health education and empowerment. You have to be there with the people, have to be there a bit longer. You cannot just 'hit-and-run' and expect something done. 'Hit-and-run' will do some good but in the long run, we need some follow-through.

TWM: While we are talking about healthcare education, in some countries there is distrust of Western medicine. Did you ever encounter that on your missions?

DR CHAU: The rural people have their herbal cures. We do not go against these cures, we go along. They have cures for coughs, they have

cures for wounds. Unless the treatment is very unhygienic, we do not speak against their long-held health beliefs. Distrust, not really. And they do put doctors in quite high regard there.

TWM: Just a few more questions. Is medical mission work recognised by the specialist training boards in Singapore?

DR CHAU: You should know better than me. [Laughs] Actually to receive the award from SMA is not expected. I think it is getting more recognised now, it was not before.

TWM: While we were looking at your biography, we saw that you have two children of school-going age. Is it challenging balancing overseas work with growing children at the same time?

DR CHAU: Well, I try not to pack up my day to the brim. At the moment, I work part-time. I need to pay attention to parenting teenagers. It is much more challenging, a whole different kettle of fish.

TWM: So you must exercise the right side of the brain a lot.

DR CHAU: Yes. My husband travels overseas for his work a lot so one parent has to be at home. Some of his travels involve going to see all these places, so those trips I will go with him where there is work to be done.



Dr Chau with her children, Ruth and Joseph, and husband Seng Eng.

TWM: What are your favourite books?

DR CHAU: I am a Christian so the Bible is one of my all-time favourites. Charles Spurgeon said the Bible is simple enough for a baby to swim in, yet deep enough for a theologian to sink in. There are many truths within. I quite enjoy this book by Philip Yancy and Paul Brand called *The Problem of Pain*. It is a book written based on India, about

work among people with leprosy. So sometimes we think pain is something we do not really want. Yet there may be a place for pain, especially for people with leprosy. They were talking about designing an artificial arm that can sense pain. We are talking about a lot of work, just to be able to do an artificial hand that can do the simple task of withdrawing from heat.

TWM: Just one last question. What is the most overrated thing about being a doctor?

DR CHAU: Is it overrated today? I thought we are brought down from the pedestal already. *[Laughs]* Not really, I do not think we are overrated. My patients treat me like another human being. I have this Malay woman who saw my nail injury three months ago. She saw me again three months later. She just flipped my hand over while I was taking blood pressure. “Oh, how’s your finger?” She remembered! *[Laughs]* That is very heartwarming. I am not just her doctor but also her friend.

TWM: Thank you very much, Dr Chau. All the best for your ongoing mission work.

DR CHAU: Thank you. ■

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* The fresh flowers calendar project is part of Care Channels’ ministry to the poor livelihood programme.

