

5 March 2021

Preamble:

I am Neil Samis and my wife Brenda and I are the Project Managers for the Myanmar/India Project. The oppressive and brutal regime has already started with unlawful confinement, beatings, rape and murder. Already they are seeing the beginnings of an exodus of Chin people into India as the fear of the military is real. This could put severe pressure on our medical clinics in Zokhawthar which is a border town.

Elaine and Myron asked me to provide another update on the current situation in the India/Myanmar Project as it is changing rapidly. Below is an update I provided for the Board on February 20th. The situation in Myanmar continues to deteriorate with continuing protests/riots and increasing military led violence. Brenda and I have been getting updates from NoKap, our Country Manager, at least every second or third day with messages about the number of Chin people moving across the border into Zokhawthar and Champhai and videos of the violence inside Myanmar. To date most of the rioting and oppression has been in the major cities but there has been an increased military presence in the outlying areas and the Chin people are concerned and fearful of imminent violence towards their minority group. Chin people with a significant political presence or position of authority are most worried. NoKap is currently providing refuge to 7 Chin Policemen in Champhai as they are fearful for their lives and have fled Myanmar. The necessity for the Clinics is now more important than it has been in several years as we anticipate a potential surge in oppressed and displaced people into Mizoram. Please take a few moments to Google the brutal history of the Burmese/Myanmar military over the past 60 years and especially to update yourselves on the current political situation.

We are experiencing an increase in patient loads in both of our Clinics, in particular the border town of Zokhawthar. Many of the Chin patients have fled Myanmar and are searching for shelter. Consequently, we are forced to house many of our patients overnight as they seek treatment. Our clinic was designed to be a day clinic but we have turned into a make shift hospital over the years. The clinic is often housing well over 10 patients a night. This is certainly straining the facility and more importantly the staff. We have a medical team of 4 people in in Zokhawthar and they are taking turns sleeping in the hospital to ensure that the safety of the patients is maintained overnight. This is causing a very heavy burden on all staff. Our staff (1 doctor, 1 pharma/nurse, 1 nurse's aid, and 1 lab tech) are all Chin people and are very dedicated to helping the plight of their people. Brenda and I are maintaining close contact with NoKap to try to manage the workload and stress level of the staff as best as we can. Our budget has been frozen for several years now so the staff have had no or minimal wage increases and there is no room in our budget to hire additional staff if required as people continue to be displaced into India through the Zokhawthar border town.

Attached are a few photos to give you a sense of some of the work being done in our clinics. To give it some context these clinics are in a very remote poor part of India. Medical standards are very low in comparison to Canada. But these clinics provide an essential service; medical care is given, babies are born (33!), and lives are saved. We see close to 10,000 patients a year on a budget of \$40,000Cdn. Just think of that.... an average patient cost of \$4/patient including birthing of babies and hundreds of overnight stays. MMC's dollar goes a long ways here and creates extraordinary value that truly makes a difference to the Chin people of this region. Brenda and myself have seen a noticeable increase in the standard of living in this community since we became involved over 10 years ago and are convinced that MMC's Clinics are a key contributor to that.

Brenda and I appreciate MMC's support of the displaced Chin people in Mizoram. We are all truly making a difference. We will endeavor to keep the Board apprised of this developing situation once a quarter. Cheers, stay safe, Brenda and Neil



Labor and delivery department of Mizoram Medical Mercy Hospital (fully supported by Medical Mercy Canada)



Labor & delivery



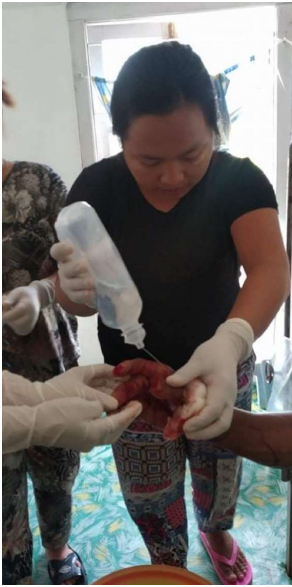
Vitamin deficiency



Child with severe rash on bottom



Scratches on face-fall from tree



Tooth extraction



Cleaning severe burn on hand Blood transfusion (direct from donor)

Dressing a head wound