



Larry Cashman, the
Incorrigible Scammer

Chapter 11

Massage Parlors and Refugee Camps

Marty Papadopoulos viewed the world through culture-tinted lenses. Working in Asia for many years, where social and cultural signals were different from ours, had convinced him that drawing extreme or absolute conclusions was futile. For Dr. P, there was no good or bad, no right or wrong, no best or worst, and no black or white. He saw everything in multiple shades of grey. Cross-cultural settings were not only different from ours, but also frequently more nuanced. Best not to interpret something absolutely, when reality can be anywhere in between. He imbued this perspective in his students.

This was a difficult concept for a miscreant like me to grasp. When I grew up in New York City, everything was absolute – you ran or you were caught by the police, you played basketball or you sat out, you had to shit or get off the pot. There were no subtle nuances. There were no shades of grey. My obtuse behavior in this domain caused Dr. P no end of frustration as he prepared me for my six-month field assignment in Thailand.

“Cashman, you must subdue your need for absolute answers to every question. Without years of experience, the truth is impossible to discern,” was his favorite bit of advice.

“Cashman, when that neural connection between your brain and your mouth misfires, you must suppress your inclination to say something stupid,” was another favorite. I would hear both of these repeatedly as I prepared to leave for Thailand.

You can imagine his anger and dismay when, during one of our final one-on-one sessions in his office, the neural connection in my brain misfired and I just blurted out, “What is the most important thing to be successful in international health?”

Dr. P was furious. His face turned red. The veins in his neck pulsated wildly. “The most important!!! After all that we have discussed, after all that you have been exposed to, after spending a year trying to make you a more sensitive human being, you ask me a question like that two weeks before leaving for Thailand? Sabrina was right. You are truly an imbecile.” I didn’t know Sabrina had shared her deprecating opinion of my intellect with Dr. P. “You are unable to suppress your primal need for absolute answers. I should cancel your fieldwork in Thailand. You’ll only do something stupid.

I had gotten to know Marty Papadopoulos pretty well over the past year, and I knew that he needed time to blow off steam when I said stupid things. When he calmed down, sometimes we could talk. For the next 15 minutes, he berated my rigidity, insensitivity, and obstinacy, among my other negative traits. During his vivid diatribe, even I had to commiserate with Dr. P for having to endure my endless verbal shenanigans.

When he ran out of steam and was visibly less angry, I went in for the kill. “Have you finished? Have you gotten that off your chest? So what is the most important thing I need to know to be successful when working in other countries?”

He didn’t get angry this time. He seemed resigned to my stubbornness. Instead, Dr. P became pensive, actually considering my question. Finally, he said, “Learn to speak the language.” Then he gathered his things and left. It was the best advice he could give me.

When we departed for Bangkok in 1978, I was excited at the prospect of traveling for the first time in my life. Thailand was the quintessential Southeast Asian country. It had a rich royal history with a serene Buddhist culture. There were ancient cities in Ayutthaya and Sukhothai that rivaled Angkor Wat in Cambodia. Bangkok was one of the most exotic and cosmopolitan cities in the world. It had a Grand Palace and countless Buddhist shrines and temples. It also had a thriving sex industry that made it the destination of choice for US service members on their R&R during the Vietnam War. Thai food was renowned as one of the tastiest cuisines in the world, and the Thai people were famous for their affability and ready smiles. I was looking forward to settling into Bangkok and leisurely experiencing Thailand and its unique culture with Sabrina and Carmencita.



Grand Palace in Bangkok

We were dazed and disoriented when we arrived in Bangkok at midnight after a 24-hour flight from Honolulu. It was hot and steamy. There were people everywhere. When I heard the Thai language spoken for the first time, I thought the people were grunting, but in a melodious way. They made sounds I never heard before. Their voices would rise and fall as if they were singing. I couldn’t discern any words. I had no frame of reference for the Thai language. There was no way I could learn to speak Thai.

After a long flight in steerage class, the first order of business was to get our luggage and find Pete Lockery in the mass of humanity gathered around the airport exit. As I glanced out the terminal door, I noticed a rotund individual with a plaid farmer’s shirt twirling his handlebar mustache. That had to be Pete Lockery. He bundled us all into his 1950 Ambassador sedan and took us to his compact, two-bedroom

apartment. His car broke down twice on the way home. It was 3 AM when we arrived. This would be our home for the next two months.

Pete's wife, Christy, was busily weaving a tapestry at 3 AM as if it was midday, and had thread, yarn, and tools scattered all over the living room floor. Their daughter Sandy was sleeping in Pete and Christy's room because Sabrina, Carmencita, and I would be bunking in Sandy's bedroom. Rather than showing us to the bedroom, Pete Lockery pulled out a bottle of Mekong Whiskey, the Thai staple, poured two glasses, and said, "This will make you feel better." The last thing I wanted to do after a 24-hour flight was drink whiskey, but Pete insisted. "If you can't drink Mekong whiskey, you'll never survive in Thailand. The Thais drink it all the time. This is an essential part of your orientation to Thailand. Now drink up."

For the next five hours, while Sabrina and Carmencita slept off the jet lag, while Christie Lockery worked feverishly on her weaving, Pete and I drank Mekong whiskey. I was inebriated and exhausted when Pete said, "We'd better get dressed. We have a 9 AM appointment to meet Dr. Somsak, the Dean of the School of Public Health at Mahidol University, and his staff to discuss your fieldwork."

I was flabbergasted. "I can't meet them in this condition. I'm drunk and haven't slept in 36 hours." "That won't be a problem," Pete assured me. "They'll probably be in the same condition."

In short order we met Dr. Somsak in his office, accompanied by three of his staff – an associate dean and my two faculty counterparts. After introducing me, Pete Lockery said, "He arrived at midnight and has been drinking Mekong Whiskey with me since then." They all had a great laugh over that. And I learned my first lesson about the Thais. They were warm, friendly, and easygoing people who did not place a premium on decorum. They did not hold my inebriation against me. In fact, it was a badge of honor. Dr. Somsak's response summed it up. "If you can spend five hours drinking whiskey with Pete Lockery and still show up for this meeting, you will do fine in Thailand."



Mahidol University Faculty of Public Health

Dr. Somsak's office was huge, with teak wood walls and bookcases filled with medical, public health, and economics texts. His mahogany desk was stacked two feet high with documents. There was a fireplace in one corner, whose utility was impossible to discern in Bangkok's 95-degree heat. Displayed prominently over the mantelpiece were his diplomas from Penn and Harvard. To their left was a miniature replica of a spaceship. To their right was a ray gun, like the ones that aliens use on TV to fire a beam of destructive energy. Dr. Somsak was particularly proud of the ray gun.

"This gun was given to me by spacemen from Gorn," he explained. It looked to me like he purchased it at a toy store for two dollars. "I may be the only person on earth with a Gorn Ray Gun." No one batted an eye as the gun was passed around for inspection. Still reeling from our long flight, hung over from five hours of drinking, and watching four adults examine a toy space gun as if it were an alien weapon, I figured this meeting would soon descend into fantasyland. I was dead wrong about that.

Without skipping a beat, Dr. Somsak emerged from la-la-land and said, “I want to discuss your fieldwork now. Dr. Pensri and Dr. Preecha, your counterparts, have been developing a manual and training program on emergency dental procedures for health workers in remote areas of Thailand where there are no dentists.” He nodded to my two Thai counterparts. “The plan is for you to go to Soong Nern, a poor, isolated, and remote district in northeast Thailand, to catalogue the kinds of dental emergencies that health workers are likely to see. There is a district hospital there where you can examine patients. When you have enough data, you can work with Dr. Preecha and Dr. Pensri to incorporate your data into their training manual. It should take five to six months. ”

I was aghast when the ramifications of his statement sunk in. I would be going to this remote outpost alone where no one spoke English. Neither Dr. Preecha nor Dr. Pensri, both of whom spoke English, would accompany me, so I would have no interpreter. I would have to see patients so I could “catalogue” dental morbidity. Northeast Thailand was the poorest part of the country, and I would be living there for five to six months with no amenities. This was not what I expected. I liked it better when we were discussing ray guns from Gorn. I considered suggesting an inter-galactic space voyage to consult with aliens first, but decided that they may not appreciate the sarcasm.

“Couldn’t we just collect secondary data from sources in Bangkok?” I reasoned. I didn’t want to stray too far from the Bangkok and its amenities, and I certainly didn’t want to be seeing patients. Then Dr. Somsak took on the demeanor of the public health doctor that he was.

“We have no reliable data on dental morbidity in the rural areas of Thailand. Neither clinicians nor researchers have focused on the people who live there. When Dr. P told me about you, I saw an opportunity to collect primary data by a public health person who has worked with minimally trained health workers in rural settings. You were perfect for this assignment.” Then Dr. Somsak turned to Dr. Preecha, Dr. Pensri, and Pete Lockery. “Please orient Dr. Cashman to the public health situation in Thailand quickly. I want him to leave for Soong Nern next week. Arrange for him to stay at Mahidol University’s training center there. Do you have any questions, Dr. Cashman? ”

I was dumbfounded and left speechless by this turn of events. The only thing I could say was, “Just call me Cashman. Everyone does.”

I have an innate ability to snatch misery from the jaws of contentment. When I got the job in Crownpoint, I thought I would cruise for three years, only to learn they wanted me to treat head and neck trauma and I would be on call at all hours of the day and night. After my shoulder injury, when I was looking forward to ten weeks of laying in my recliner watching basketball, I was assigned to take over public health duties in Crownpoint and travel to God-forsaken places. Now, when I was excited about exploring Bangkok and Thailand at my own pace with Sabrina and Carmencita, I was being sent to a desolate outback where no one spoke English. I wasn’t sure if it was bad luck or bad karma. Maybe both.

I asked Pete Lockery about Soong Nern. “It’s pretty bleak out there, and Mahidol University’s training center is a dump. Soong Nern is a seven-hour trip from Bangkok on a claptrap bus. Electricity is intermittent and there is no hot water. It is scorching hot and unremittingly dry. You’ll be lucky to have a mattress on the floor to sleep. Shake out your shoes in the morning because the scorpions like to sleep in them. Anything else you want to know?”

What I wanted to know was how to strangle Pete Lockery for getting me into this predicament. However, his neck was so big; I could not get my hands around it. My first inclination was to cut and run like the coward that I am, but there was nowhere to go. If I could find a tall building, I would have jumped out a window, but I’m afraid of heights. Once again, I found myself in a dilemma with no way out. I was horrified at the prospect of spending the next six months in Soong Nern. And I still hadn’t recovered from the alcohol and jet lag.

Once I had resigned myself to my miserable fate, we agreed that Sabrina and Carmencita would not accompany me to Soong Nern. It was too inhospitable. I would be alone at the end of the earth for six months. I would have to commute between Soong Nern and Bangkok on a seven-hour bus ride to see them on weekends. I had one week to prepare myself for this.

Several days before my departure, Pete said, “It’s time for your Bangkok orientation field trip before you head to Soong Nern. We’re going to Patpong.” I had no idea what Patpong was, but I soon found out. It was one of the world’s most infamous red-light districts, famous for its girlie bars, massage parlors, strip clubs, and sex shows. Every manner of sex and exploitation was on display in Patpong. While Sabrina and Christy, Pete’s wife, stayed home with the kids, Pete Lockery took me to Patpong.

I could not believe the scene in Patpong. Neon lights flashed everywhere. Honky tonk bars and sex establishments lined the streets for two city blocks, each with cacophonous music blasting out to the street. A hawker stood in front of each establishment, enticing passersby to enter while listing the services on offer inside. The list left nothing to the imagination. Most of the establishments were girlie bars that showcased Go-Go Dancers in various stages of undress. There were also “Massage Parlors” where the masseuses offered an equally broad and imaginative array of services. The massage parlors were large buildings, three and four stories high, with multiple “massage rooms.” The entrance and foyer, shrouded in darkness to conceal the customers’ identity, led to a brightly lit, glass-enclosed “fish bowl” behind which sat nattily dressed women, the masseuses, each with a number to identify them. Customers observed the women, selected one by number, and then proceeded to a massage room where the service was



Honky Tonk Bars in Patpong

administered. There were body massages, “Sandwich” massages, and “B Course” massages. If you wanted a real massage, obviously this was not the place to get one.

The ultimate Patpong aberration was the sex shows. These were clandestine operations, located in nondescript sites, and usually found through street touts. The sex shows featured naked women who performed all manner of legerdemain with their vaginas. They could shoot ping-pong balls across the room, and even smoke cigarettes. In the raunchiest sex shows, a couple would fornicate with a huge python slithering between them.

I have been around the block, and I’m no prude. Times Square and 42nd Street in New York had its share of raunchy and salacious entertainment. But I had never seen anything like Patpong. Thailand’s sex scene was not restricted to Patpong. There were permutations in every province. Principal among these were Pattaya, Phuket, and Chiang mai, whose sex industries would eventually rival Bangkok’s. Tourists came from all over the world to partake of Thailand’s sex industry. This was not the last I would see of it.

The dilapidated bus that transported me on the seven-hour trip to Soong Nern was a long way from Patpong. It was unbearably hot, it was crowded, and two goats occupied the seat next to me. From the sound of their squealing, they were as unhappy as I was to be there. I was despondent and I was miserable. My despair deepened when I arrived at Mahidol University’s Training Center, which would be my home for the next six months. It seemed deserted. The dormitories were open air with no beds or mattresses, only mats on the floor surrounded by mosquito nets to ward off mosquitoes that spread malaria and other delightful diseases such as dengue hemorrhagic fever and Japanese B Encephalitis. There were no showers, only water-filled barrels with a leaky plastic scooper to throw water on your body to bathe. The latrines were holes in the floor. The nearest place to get food was in Soong Nern town about one mile away. I could die here and no one would find out for days.

Mr. Boonsong, the director of the Training Center, eventually showed up to greet me. He was clearly intoxicated, didn’t speak a word of English, and was not particularly happy to see me. After showing me to my quarters, which at least had a mattress on the floor, he pulled out a bottle of Mekong whiskey and two glasses, and we drank for the rest of the day. Pete Lockery was right. If you can’t drink Mekong whiskey, you can’t survive in Thailand.

Spending six months living in Soong Nern was a challenge and a revelation. Although the conditions were austere, I was there long enough so that even my candy-ass could adapt. No one spoke English so I had no choice except to learn to speak Thai. I bought a children’s book with the Thai alphabet, all 44 consonants and 28 vowels. The Thai script is Sanskrit based and indecipherable to a Westerner. I learned to recognize and pronounce the entire alphabet. It was the Thai version of “A is for Apple, B is for Boy, C is for Cat.” Thai is a tonal language with five tones. Each word has a different meaning when pronounced in a different tone. Co-workers at the training center and district hospital coached me in the language. Within three months, I was functional in Thai. By six months, I was comfortably conversant, and could read passably. I have few skills, but one of them is a facility for languages.



Soong Nern District Hospital 1978

Soong Nern District Hospital, which was nothing more than an outpatient clinic with some beds for the chronically ill, was my laboratory. My remit was to examine patients, document their dental morbidities, and recommend what a medical auxiliary with minimal training could do for them. When I arrived at the hospital the first day, there was a line of people out the door waiting to see me. Word had gotten out that a “farang”¹ dentist would be at the hospital, and the people came in droves. When I left the Navajo Reservation, I never wanted to see a patient again. Now there was a line extending like a long snake out the door, and the local denizens had

every kind of untreated dental morbidity. I was mortified. Once again, my impulse to cut and run was stymied by the fact that there was no place to go. My plan was to examine the people and send them on their way, but these people expected some treatment. The dental clinic at the hospital was rudimentary, so there was not much I could do except extractions and surgery. In the following six months, the Soong Nern District Hospital treated a record number of patients.

Given how much I hated treating patients, it was obvious that I could not survive like this. That’s when I learned another lesson —delegate responsibility — which is a euphemism for getting other people to do the work for you. A confirmed scammer like me is a natural at delegation. The staff at Soong Nern Hospital seemed more than willing to help, easy prey for a devious schemer seeking to unload his responsibilities onto unsuspecting suckers. The physician at the hospital was underutilized. She saw four or five patients per day, mostly respiratory infections, diarrhea, and skin infections, with the occasional case of malaria or dengue fever thrown into the mix. She was keen to do more. So I enlisted her as my assistant. Soon she was extracting teeth, incising abscesses, removing tumors, and loving every minute of it.

Next, we brought in medical auxiliaries from outlying health posts and taught them how to treat dental emergencies and provide basic dental care. Then, when the Soong Nern Hospital was humming with patients, Dr. Preecha, my counterpart from Mahidol, traveled to Soong Nern and, using the data I had collected, designed a mobile dental chair and a limited set of instruments and medications that could be used by a medical auxiliary in a remote health post. Within months of my arrival, I hardly did anything. I just sat around, running my big mouth in Thai like a big shot, giving orders, collecting data, and documenting the whole thing. In public health parlance, it’s called management and oversight. I liked the sound of those words.

¹ “Farang” is the pejorative term used by the Thais for foreigners of European ancestry. It derives from “feringhi” the Persian word for foreigner. In the world I lived in since leaving New York City, Caucasians of European ancestry were always labeled with pejoratives. On the Navajo reservation, we were “Anglos.” In Hawaii, we were “Haoles.” In Thailand, we were “Farang.” It is humbling to be a demeaned minority.

I also learned why the Soong Nern District Hospital staff supported me with such gusto. Patients who came to the hospital had to pay a basic fee for their care. It was nominal, about \$1.50 per patient, but the hospital used this money to buy supplies or as incentives for their staff. Before I arrived, they were seeing 3-5 patients a day. After we opened the dental clinic, they were seeing as many as 50 per day, sometimes more. For a rural Thai hospital in a remote area in 1979, they were making money hand over fist. If you want to learn the key to a successful venture, just follow the money.

This entire episode had a successful conclusion. I collected enough data not only to complete my Master's thesis, but also to contribute to the training manual and program that Dr. Preecha and Dr. Pensri were developing. They went on to train medical auxiliaries throughout Thailand to treat dental emergencies and provide simple dental care.² I learned that I could survive under the abstemious conditions required to live in Soong Nern. I may be a candy ass, but I could manage when the chips were down. I also learned what it was like to work in a district hospital in a remote area of a developing country. While the physician at Soong Nern hospital assisted me, I helped her to design and deliver public health outreach programs to people living in remote areas. I learned about the public health problems that poor people in Thailand faced in the process. After six months in Soong Nern, I could speak Thai pretty well, the primary reason for my success. I was ready for more.

While I labored away in Soong Nern, Sabrina was busy volunteering with a Thai non-government organization (NGO) called the Association for Population Innovation (API). This was not your run of the mill NGO. API took an unorthodox approach to introducing contraception and family planning to the traditional and socially conservative Thai people. They used that most simple yet sexually suggestive contraceptive device, the condom, to desensitize this previously taboo subject. API staff dispensed condoms to passersby on the street. They printed T-shirts with anthropomorphic penises donning a condom. They had "condom balloon blowing" contests in schools. They distributed condoms to traffic police and labeled the gambit "Cops and Rubbers." They trained shopkeepers and hairdressers throughout Thailand to sell condoms and oral contraceptives to friends and neighbors. They did anything possible to upend social norms about contraceptives.



API Condom Blowing Contest

² Interestingly, when the medical auxiliaries began providing basic dental care, their practices also boomed and their wallets were fattened. There was such a huge unmet need for dental care that people not only came to their health posts; they were willing to pay for the service. It was so lucrative that some medical auxiliaries quit their jobs with the government, where salaries were paltry, and opened dental practices in the rural areas. This unintended consequence eventually caused the premature termination of this experiment.

The architect of API's unconventional public relations campaign to desensitize contraception was Somchai Wongsawat, its founder and CEO. Somchai was an iconoclast who relished any opportunity to disrupt the status quo and challenge Thailand's vested interests. In 1979, Thailand's population was growing at an unsustainable rate and doubling every 20 years. Somchai, an economist trained in Australia, recognized that rapid population growth was the main obstacle to Thailand's economic development. He established API to provoke Thailand's staid and conservative medical and family planning establishment to accelerate progress toward controlling population growth. He appeared on TV, at rallies, as a game show host – anywhere he could broadcast his message about condoms and contraception. His antics with condoms became so ubiquitous that Thai people began calling a condom a "Somchai." In the process, he became world renowned for his unconventional methods to desensitize contraceptives using condoms. The press even labeled him "The Condom King."

During my trips to Bangkok to visit Sabrina and Carmencita, I got to know Somchai quite well, and accompanied him on some of his public relations campaigns. He appreciated Sabrina's volunteer work at API, and he was intrigued by my familiarity with the public health problems in rural areas of Thailand. What impressed him the most was my ability to speak Thai. He inquired about our plans once I had completed my MPH.

Neither Sabrina nor I had given this much thought. We enjoyed living and working in Thailand. Carmencita was enrolled in a Thai preschool and she had become fluent in Thai. Sabrina was doing interesting work with appropriate technologies for health at API. One thing was certain. I wanted to get out of Soong Nern and back to civilization. Somchai asked if I would consider joining him at API. He wanted to expand beyond family planning, and needed someone with a public health background who could serve as an intermediary between the international donor agencies that provided funding, and the Thai staff at API. In simple terms, he needed a "farang" with some knowledge about public health who could speak Thai. Dr. P's advice was paying off.

Coincidentally, Southeast Asian geopolitical ructions created a crisis that would require API to expand beyond its family planning portfolio rapidly. Vietnam invaded Cambodia in 1979 to unseat the genocidal Khmer Rouge regime that was decimating the country. The Vietnamese invasion liberated large swathes of the Cambodian population from Khmer Rouge control. As the Vietnamese army pursued the Khmer Rouge westward, the displaced Cambodian people retreated toward Cambodia's border with Thailand. Hundreds of thousands of Cambodian refugees streamed westward toward the Thai border in advance of the Khmer Rouge and Vietnamese armies.

By December 1979, just as I completed my MPH, the Cambodian refugees had reached the Thai border. The Thai government would soon have to provide 500,000 Cambodian refugees with food, shelter, water, sanitation, and health care. The United Nations High Commissioner for Refugees (UNHCR) coordinated all international assistance for refugee relief. The Thai government and UNHCR wanted Thai organizations to assist with the relief effort. API was, by far, the largest domestic NGO in Thailand at the time, so they asked Somchai and API to help with the refugee crisis. Somchai asked me to help API to interface with UNHCR and the international refugee relief organizations that would also provide them with

services. And just like that, because I was lucky enough to be in the right place at the right time, I had my first job in international public health.

The Thai government wanted to gather the refugees into camps to facilitate the provision of basic services. The largest refugee camp was Khao-I-Dang, located on a dusty, windswept plain in Aranyaprathet District just three miles inside Thailand from the Cambodian border. I took my first trip to the Khao-I-Dang in late December 1979. We passed many military checkpoints along the way, manned by fierce-looking Thai commandos wielding M-16 weapons, situated strategically to prevent infiltration by the Khmer Rouge. The Thai military had cleared the trees in the area designated to house the refugees, and piles of bamboo and thatch were scattered about for shelter. Beyond that, it was just an empty, dry, barren field.



**Khao-I-Dang Refugee camp housed 140,000
Cambodian people**

Then, with little notice, 20,000 Cambodian people descended on Khao-I-Dang. It is a sobering experience to see 20,000 people walking toward you. Some came in ox carts bearing their possessions, others carried their belongings on their backs, and some had absolutely nothing to bring to their new home in Thailand. And so it went for the next six days, until Khao-I-Dang swelled to accommodate 140,000 Cambodian refugees. These people had nothing —no food or water, no shelter or sanitation. API's task was to provide sanitation and health care for 140,000 people. No one on the API team, including

me, had ever done anything like this before. We were about to learn on the job real fast.