

The Mon Forum

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Some Acronyms in This Issue

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| ARC- | American Refugee Committee |
| IDP- | Internally Displaced Persons |
| MSF- | Medicine Sans Frontiers |
| ICRC- | International Committee for the Red Cross |
| LIB- | Light Infantry Battalion |
| NMSP - | New Mon State Party |
| WHO- | World Health Organisation |
| MNLA- | Mon National Liberation Army |
| TBBC- | Thai Burma Border Consortium |
| SPDC- | State Peace and Development Council |

News

Forced cultivation of castor-oil plants in Mon State

Mudon Township, August 2006

Since May 2006 the Township authorities of Mudon Township and the local battalion LIB No. 61 forced the civilians to buy branches of castor-oil plants and demanded that they grow them around the villages, the houses and along the roads and the farms close to the roads.

It was reported that people from each household from villages along the Mudon-Moulmein motor road were required to buy at the rate of 350 kyat per branches, castor-oil plants from the local authorities. They were required to grow them especially along the motor road, in front of their houses including inside their gardens, fields and farms. The villages which were required to cultivate the castor-oil plants are: Mudon (200 households), Ba-Yan (300 households), Kwan-Tar (250 households), Kaw-Ka-Pone (350 households), Hmaine-Ka-Naine (200 households), Myaing-gone (180 households), Kway-Wan (350 households), Naing-Pa-Raing (320 households) and Tha-Yar-Gone (180 households).

According to an anonymous source from Ba-Yan village, those households who could not go to grow the castor-oil plants had to hire others to fulfill their responsibility and buy 70 plants at the rate of



Government's Physic nut (Castor-oil) plants in front of Mudon Township's authorities office, Mon State

Burma's 'Serious Intentions' Towards Political Reform

Burma is ready to cooperate with UN (United Nations), whilst at a meeting in Finland, Burmese foreign minister U Nyan Win reiterated his government's serious intention to progress toward democratization. But what does U Nyan Win mean by saying Burma is ready to cooperate with UN? Does it mean that in future elections, Burma will allow the UN to monitor the country or is he just paying lip service to the UN to make a good image for the Government?

The national image of U Nyan Win does not match his words to the International Community. Nyan Win is a good follower of General Than Shwe, the head of the state of Burma. He is always trying to cover up for the poor military system that rules the county whenever he attends meetings with the International Community. So it is easy to be skeptical about the words of this politician.

Burma is a poor country and on the list of 'least developed' country in the world. The Burmese military mismanage the national economy. Human rights abuses continue. The opposition pro-democracy NLD (National League for Democracy) leader Daw Aung San Su Kyi continues to be detained. Political prisoners are still detained in prisons and denied decent health care. Given all the things the military continues to do how we can believe their 'serious intentions' towards political reform?

350 kyat per each from the village SPDC. "It is too much for us, we already work for them. I need to work for my family on a daily basis to earn enough for us to survive. Now, I can't do my own job for my family income." a local source explained.

The reporter said that residents from southern part of Mudon Township such as Kyone-Phite, Kan-Ka-Lay, Wet-tae, Nyong-Gone, Naing-Hlone, Set-twae, Taw-Guu, Thagon-Taing and Kamar-Wet villages were also required to buy branches of castor-oil plants at the rate of 350 kyat per branches and forced to grow in front of their house and along the road.



Physic nut (castor-oil) plantations in Ye township, Mon State

Land Confiscation in Ye township, Mon State

Khaw-Za, Ye Township, Mon State, August 2006

Land confiscation has been occurring in southern part of Mon State. On June 18, 2006, it was reported that Khaw-Za sub-town based Infantry Battalion No. 31 (known as Missile based in Khaw-Za) confiscated many acres of farms and plantations belonging to the local people.

According to the local residents, the reason of seizing the lands was to enlarge the Magyi - Khawza motor road. Approximately eighty acres of lands were seized by IB No. 31.

"The Burmese officers said they will widen the road from thirty to fifty feet. So they needed more space to enlarge the road. From our village, the name of land and plantations owners who confiscated by IB 31 are Daw Khu (four acres of paddy field and betel nuts plantation), Nai Kun Ba - Mi Khin San (betel nuts plantaion), Mi Shin - Nai Moe Kyi (betel nuts plantation)." Reported Nai Aye Win (not real name), a betel nut owner from Ma-Gyi village.

"They seized my farm with no compensation. Since my husband has passed away, I have been depending on this farm. In my farm there are about one thousand betel nuts plants and other plants. It is about four acres. Now, I

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am facing difficulty to survive. I spent a lot to pay for this farm. I owed about three hundred thousands kyat from my relative with eight kyat in interest. I couldn't find the way how to repay" said Daw Khu who lost her land by IB No. 31 in Ma-Gyi village, Khaw-Za sub-town.

Since the beginning of the rainy season, under the instruction of the Infantry Battalion No. 31, the residents of Ma-Gyi village were told to provide and then send stones and wood to reconstruct the broken bridge and to fix the holes along the Magyi-Khawza road.

On August 13, 2006, SPDC local Burmese Light Infantry Battalion No. 591 and No. 583 confiscated many farm lands from the civilians who live near Ye town, Mon State. The purpose of the land confiscation was to build new Army barracks and a playground, according to a source.

It was reported that a troop led by Commander *Ba Lay* from Light Infantry Battalion No. 591 confiscated 10 acres of rubber plantations owned by Daw Khin, 10 acres of betel-nuts plantations owned by U Thein Phay and 3 acres of betel-nuts plantations owned by U Aung Mae.

"For five years, they (troops from Light Infantry Battalion No. 591) have planned to seize my lands. At that time my wife warned me not to grow more betel-nuts because we would lose everything if the Burmese army seized the lands. But I did not think the Army would seize my land. Now, they suddenly seized my lands which were full of betel-nut plants. My family has relied on this plantation. We would face a lot of difficulties without these lands. Commander Ba Lay said they will pay compensation for my lands. But I don't think they will pay the full value of my lands if they pay." Explained by U Thein Phae who lost 10 acres of betel-nuts plantation near Kyoung-Ywa village, Ye township, Mon State.

According to Daw Khin who was a victim of land confiscation, she said that the LIB No.591 asked her to sign the contract which says that the Army will pay compensation within two years. She wanted the payment in cash and so she refused to sign the contract. She still has not received any compensation from the battalion. According to Daw Khin at the current rate, she should receive about 250,000 kyat from the LIB No. 591.

The reporter said that good land from the residents who live near Ye town was also seized by Light infantry battalion No. 583 which based around Ye town. According to Nai Tin Htay, 41 years old, who lives in Yan-Myo-Aung quarter, Ye town, the Commander from LIB No. 583 seized 10 acres of

his farm lands to construct new army barracks including a playground for the battalion. After Nai Tin Htay's land was confiscated, the Commander asked him to sign the payment invoice. But he claimed that he has not received any compensation and has no idea how much he will receive from the battalion.

Local inhabitants including women and children were forced to guard Gas Pipeline

Mudon Township, August 1st 2006

The Burmese battalions based near Kwan Hlar village continues to force local inhabitants including women and young children to patrol the Kanbauk-Myaingkalay gas pipeline in Mudon Township, Mon State, according to a local source.

"They (the SPDC soldiers) did not specify men, women or children. They said they want everybody to take responsibility in guarding the Gas pipeline," said Nai Zaw Tun (not real name) from Hnee-Pa-daw village, Mudon Township, Mon State. The villagers in Kwan-Hlar village, Hnee-pa-daw village, Kalort-tort village, Yaung-daung village and the villages along the gas pipeline in Mudon Township are being forced to send five villagers from each quarters of the villages for a day or night patrol on a rotating basis, the source added.

"I have to patrol the Gas Pipeline and the railway route the whole night (from 6 p.m. to 6 a.m), because my parents are too busy with their paddy farms," said Maung Min Aung (not real name), a 13 year old boy from Yaung-Daung village, Mudon Township, Mon State. Similarly, many children patrol the gas pipeline because their parents are too busy with paddy farms and some parents have migrated to neighboring countries, he explained.

"If I failed to do patrol duty, I have to pay 2000 Kyat," he added. After the last gas pipeline explosion in February near Kwan-hlar village, Mudon Township, the authorities collected Kyat 4,000 from each household and said that they would not ask villagers to patrol the gas pipeline anymore. But three months later the battalion has began forcing the villagers to patrol the pipeline again, said Nai Zaw Tun.

Since the gas pipeline was laid in 2000, villagers along its route have been suffering various kinds of human right abuse such as restrictions on movement and forced labor: they are also forced to pay taxes for security expenditure.

Report

Health Crisis for 'Internally Displaced Persons' and Civilians in Mon Territory

Introduction

This report details the current health situation as of 2006 inside the Mon state in Southern Burma. This report gives a general idea of the unacceptably poor levels of health care available to people in Mon State and more specifically for Internally Displaced Persons (IDP) living in the cease fire zones of the Thai Burma border. Up until March 2006 Medicine Sans Frontiers (MSF) a medical relief organisation had been working with this population, providing primary health care and more specific malaria and tuberculosis (TB) programs. However MSF left in March 2006 leaving behind an impoverished population unable to provide decent health care for themselves.

Because of the lack of health care and education provided in the ceasefire areas, more people continue to suffer from malaria, TB and other preventable diseases. Some people have died because of malaria and TB. Those who died did so because they were either too late getting treatment and/or then couldn't afford to pay the money to access adequate treatment.

Traveling is difficult. Areas inside the ceasefire area are surrounded by mountains; it is a long way from one village to another village. During the rainy season the roads often get washed out and cars cannot travel. People have to walk if they need to go to the clinics.

People are poor. They have big families and live in small overcrowded bamboo houses. There are many children in the families and the families cannot get enough food to feed the children. Many children are malnourished. Work is scarce and people earn little money for their families. The medicine from the clinics has almost run out and some long term disease medicines ran out one and half months ago. People stay at home and take Burmese traditional medicine because they don't have enough money to buy real medicines.

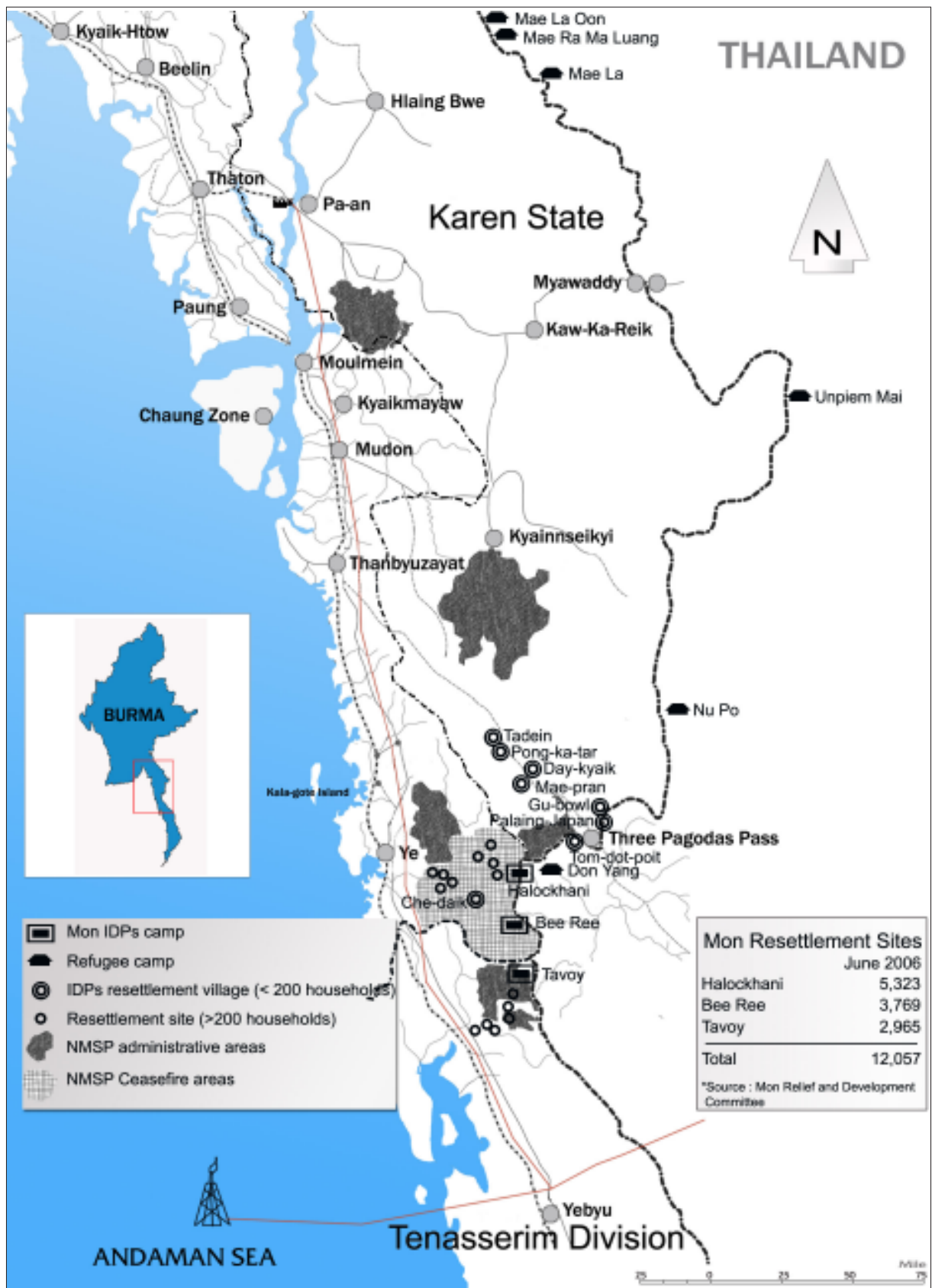
Background

Mon State is located in Southern Burma alongside Karen State. Like other ethnic minorities in Burma the people in this area have suffered greatly under Burma's military rule. For years civilians have suffered from the continuing impact of violent conflict as well as numerous human rights abuses perpetrated mainly by the army. In addition, economic mismanagement of the country by the military government has wrought devastation on what used to be called the 'rice basket of Asia'. This coupled with disinvestment in both health and education has earned Burma the title of one of the 'least developed nations' in the world.

Health Care and the SPDC

Ongoing Human rights violations exacerbate the health crisis and the suffering of the people in Burma. The army regularly subjects the civilian population to forced labour, forced relocation, movement restrictions and food destruction. Conflicts in Mon and Karen states result in increased human rights violations and the creation of a huge population of internally displaced persons. The *Tatmadaw* restricts International Humanitarian Organisations in these areas so much so, that many have recently judged it impossible to operate effectively. This has resulted in the withdrawal of funding from the Global Fund for Aids, TB and Malaria, the International Committee for the Red Cross (ICRC) has left Burma and French section of MSF has withdrawn from the Mon and Karen states.

Even without the violations caused by the military, the health system in Burma has all but collapsed. Whilst the government spends an estimated 40% of its GDP on the military, medical care is unjustifiably



Map of locations of where New Mon State Party launch health assisting programs for IDPs and civilians in Mon territory and southern part of Burma

under funded. The government spends an estimated 1 US dollar per person per year on medical care and education combined, around 3% of GDP on health and 10% on education (OSI 2001).

Disinvestment in education and health has meant that medical staffs are poorly trained and often lack the facilities to effectively carry out decent health care. Corruption is rife and patients often have to bribe doctors to get treatment. One story illustrates this situation.

A group of Mon medics took a landmine victim to a hospital in Ye township asking for a blood transfusion. The doctor saw the patient but refused treatment saying it was too late, that he would not waste blood because the man would die soon. The medics were furious to say the least. Amongst themselves they found a donor with the correct blood type who gave two bottles of blood. The next day they transferred the patient to Moulmein Public Hospital. He has since recovered. The medics found out later that they should have offered the doctor a bribe, and then he would have treated the patient. This type of situation apparently is common.

Medical supplies are often in short supply inside hospitals. Medicine is often inadequate, there is a ready supply of fake medicine imported from China and India and sold in Burma for a lot cheaper than real medicine. Poverty and lack of education means that people will turn to cheap medicine first.

The Current Health Situation in the Ceasefire areas

MSF came to Mon and Karen states in 1990 in response to the humanitarian crisis that was unfolding. They sought to work in areas where the local population had little or no access to medical care. Unfortunately over the years the Burmese government made access to these populations increasingly difficult until MSF decided they could no longer work effectively and choose to leave.



Internal displace children are waiting for health assessment

The French section of MSF left Burma in March 2006. They claimed that the Burmese Government had restricted their movement inside Mon and Karen states so much that they could no longer work effectively. So they left. They left medicine for nine months. That is all. They left nothing more for the people to continue to provide health care with. MSF is a relief organization; it is not part of their objectives to provide development and sustainable health care. However since 1990 the population has become dependant on health care provided by MSF. To leave without providing any assistance for the future for an abused, impoverished and desperate population is abysmal. Now the clinics are on the verge of collapse.

In the years that MSF was in Mon State they provided primary health care, Malaria and TB treatment programs as well as some HIV support. They provided management and funding for all aspects including medicine, wages and transportation. In Mon State they had offices in Moulmein, Mudon and Ye townships, from here and across the border in Sangkhliburi they pursued their programs in the NMSP IDP areas. Often when they had trouble accessing the population they would send local medics to implement programs and provide treatment.

Currently the clinics are operated by the NMSP; they are staffed by medics and nurses who were initially trained by Aids Medical International. Those medics then trained the next generation of medics and so on. These medics provide the only healthcare available inside the IDP areas. There are no doctors.

Before MSF left there was facilities to treat Malaria and TB, there were doctors who could treat patients and there were funds for medicine and for the transportation of patients with serious conditions to Thailand. Now the clinics have the capacity to treat malaria, and other basic problems, given of course that they can buy medicines. Transportation has had to be paid for by the patients as it is so



Elephantitis; a common occurrence inside IDP areas

expensive. Medics are medics, whilst they do their best under the circumstances, they are certainly not doctors.

People in the border know that MSF has gone; they know health care is no longer free in the clinics. Patient numbers have dropped inside the border and also for the Kwai River Christian Hospital inside Thailand. Dr Sadka of the Kwai River Hospital believes people are not seeking medical care as much now as they know they will have to pay.

As always Malaria is the biggest challenge in the border areas. Malaria continues to be the most common cause of death with at least 12 % of the population having the most dangerous form of malaria, *Plasmodium falciparum* at any one time. Other conditions include TB, diarrhea, malnutrition, and hypertension. Fifteen percent of children have at least mild malnutrition.

A recent report by the Backpackers Health Worker Team revealed shocking statistics regarding health for IDP populations in Eastern Burma. Basic health indicators like infant and mortality rates showed these areas to be at a similar



Patients in Palaing-Japan NMSP's hospital

level with countries at the bottom of the World Health Organisation (WHO) development index like Sierra Leone, Angola and Niger. This report showed these areas to be worse than official statistics for Burma. National figures show from 0-1 years old out of 1 000 live births, 76 deaths; for under 5 these are at 106 out of 1 000. However BPHWT research showed that IDP suffer for 0-1 year olds, 91 deaths and under five the figure is 221 out of every 1 000.



A malnutrition boy in Ta-Dein IDPs village

Civil War and NMSP Peace Agreements

The Mon of Southern Burma has been engaged in a civil war with the Burmese military since 1958. In 1993 the Burmese troops targeted the civil war in Mon state and began a series of offensives. There were thousands of people from different parts of Mon State who ran from the war. Those people became homeless and lived in different places as war refugees. In 1990 there were two main villages called Pop Jue and Hla Brat. Thousands of war refugee's people moved in and lived in these two villages. One of the current IDP camps, Halockhani camp experienced a large influx of refugees during the war between the Mon army and the Burmese troops. Thousand of refugees also flowed through across the Thai border near to Halockhani camp. The Thai authorities encouraged the NMSP to negotiate and to make a cease-fire with the Burmese military as they didn't want Burmese refugees living in Thailand.

The NMSP agreed to the cease-fire with the Burmese military in 1995 in order to solve the political conflict in the Mon areas. There are twelve divisions that were agreed to by the Burmese military and the NMSP that are now under the protection of the Mon National Liberation Army (MNLA). The NMSP has the power to control these areas according to the peace agreement. The cease-fire has been going for more than ten years. However political issues like the formation of a federal state and ongoing human rights abuses are still not being discussed even after all these years.

As part of the cease fire agreement the SPDC also agreed to help resettle IDP back inside Mon State. Since the political situation in Mon State remains unstable, refugees and IDP continue to live inside the ceasefire areas whilst more continue to arrive from areas in Mon State. Many IDP will not return to their homes inside Mon state because many have had their land confiscated without compensation, or they will have to return to SPDC relocation sites. Many are from areas with ongoing conflicts, which would mean insecurity and further human rights abuses.

Human Rights Violations and IDPs in Mon Ceasefire Areas

Every year people arrive in the NMSP ceasefire areas fleeing conflict and human rights violations, it is estimated that 15 000 people have arrived in the past year. Conflict between the SPDC and a Mon splinter group in Southern Ye Township has caused internal displacement. The SPDC has re instigated its counter-insurgency program of forced relocation and has placed movement restrictions on villages which prevent them from tending their gardens.



New IDP arrivals in Ta-Dein village

The Mon splinter group is also responsible for human rights violations against civilians. Greater displacement has been created by the SPDC's land confiscation program. HURFOM reported that between 1998 and 2002, 8 000 acres of land was confiscated by Government troops. Other reasons for displacement included fleeing economic hardship caused by forced labour along the gas pipeline and Ye Tavoy road and high taxation.

How People Get Health Care without MSF

MSF left enough medicine in the clinics inside the ceasefire zone for the nine months after they left. However medicine only remains for another two months, September and October. There are no arrangements for another NGO to come and give health care in the IDP areas yet.

It is very difficult for people to travel to get health care in the rainy season. The cars can't travel very well on the roads, as there is mud and huge holes. Also the distance to travel on foot is far, anywhere from three miles to twenty-four miles from one village to another. When the patients are very sick they have to travel from their village to the clinic, people have to carry them in hammocks. There are rivers along the road and high mountains, which the people have to across. Sometimes the people who carry the patient can become ill as well.

There are many people who don't have relatives with them because they have run away from the war. Without relatives to take care of them some patients have great difficulty to travel when they need to get to a clinic. Sometimes patients didn't make it to the clinics in one day and slept on the road whilst they were waiting for help from people along the way. Sometimes when they saw the trucks traveling on the road in the summer, the patients could get rides to the clinics. Sometimes people caught malaria whilst they were traveling.

There are nine clinics in the ceasefire area, the size of the clinic depends on whether the villages are big or small. When MSF was there if a patient had a serious illness they would arrange to send them to Ye or across the border to Thailand. When a person with a serious wound or illness came to the small clinics, the clinics couldn't take care of them so they sent the patients to the big clinics. Halockhani camp has a big clinic and MSF often came and checked the patients there.

Now the people from surrounding areas have to walk anywhere up to eight hours to reach Halockhani. Before, if MSF didn't have the facilities to help the patient, they would send them to the Christian Hospital inside Thailand. Now if there are serious patients in Halockhani, they will cross the border to Ban Dong Yang, a refugee camp inside Thailand whose health care is provided by the American Refugee Committee (ARC). Unless the person has a life threatening condition, staff at Ban Don Yang does not treat IDP from Burma. Still this puts enormous pressure on the stretched health services inside Ban Dong Yang. ARC reported a large influx of patients coming from Halockhani shortly after MSF left.

So now the impoverished population must find and pay for treatment, and the prices for them are rising. The result is that it appears less people are seeking medical attention, or they are waiting to the last minute to do so. Recently Dr Sakda of the Kwai River Christian Hospital in Thailand treated a boy from Burma who had an infected leg. It started out as a minor infection, but after two weeks without treatment the bone became infected. Now Dr Sakda is unsure whether he can save the leg or not.

A woman, Mi Nyut, is 35 year old with diabetes from Palaing-Japan village. Mi Nyut hasn't got medicine from the clinic at Palaing-Japan village for one and half months because it has run out. She is not able to buy medicine and she can't afford to go to the Christian hospital. She takes Burmese traditional medicine which costs less than the clinic medicine.

Recently Palaing-Japan Village clinic has been able to start sending serious patients to the Christian hospital with help from some Thai NGO's. After MSF left they could not afford to send people to Thailand. Three people died in Palaing-Japan in the past six months because they could not afford to travel to the Christian hospital.

Those who died were from villages far away. The people only came to the clinic when they thought that they had a serious illness. One person from Thaton district who sold food to the villages along the Chaung Zone River became infected with malaria. He arrived at Palaing-Japan village the medic couldn't cure the disease and he died at the hospital.

Livelihood In The Ceasefire Areas

There are three main IDP camps in the ceasefire areas; these are Bee Ree, Tavoy and Halockhani camps. Bee Ree and Tavoy camps are near Ye township, Halockhani camp is on the Thai-Burma border. There are about 12 057 IDP in the three main camps (MRDC report 2006). There are also many other resettlement sites. Currently the IDP population inside the NMSP ceasefire zone is at 40 000. The total population which includes returned refugees stands at 70 000 (TBBC).

Life is difficult in the ceasefire areas as the people who come are often poor. There are lots of people living there and not very much work. Those people who are lucky enough to find ways of making a living do so in various ways. IDP can earn income from finding vegetables and bamboo shoots in the forest, but this is not an easy life. Or they can cut bush and grass for other peoples' farms, which on the border can earn them 100 baht a day. IDP further inside can get 2,500 kyat (72 baht) for a days work. However women get less than men, on the border a woman can earn 80 baht for the same work as a man who gets 100 baht. Some people hunt animals; some collect and sell bamboo for making houses. Some people grow vegetables and earn money from their garden. Some IDP grow crops on the side of the mountains and if the weather is good, they get rice. However sometimes wild animals came and destroyed the crops. Sometimes there is a drought in the areas and they don't get the rice.

Thai Burma Border Consortium (TBBC) gives rice to people inside the IDP camps only. They pay one basket of rice for each adult and for children, half a basket per month. IDP don't have enough water during the summer months because there is less water flowing down the stream or coming from the mountain.

People live in the valleys where the weather is always cool. The areas are small and the people live in small bamboo houses without enough fencing to keep out the cold. The IDP camps are crowded and living conditions are not very good. There is not enough food for the children and there is a lot of child malnutrition.



Livelihood of unable person with two children in Cheik-Doik IDP site

Background to Health Care in the Different Areas of Mon State.

Health care is not under the same government health system in all the areas of Mon State. However all areas have serious problems. It is possible to divide Mon State and talk about four different health care strategies in three different areas. There is the Ceasefire Areas, which are completely controlled by the NMSP. There is no administrative or military SPDC presence in this area whatsoever. These areas are East of Ye Township in Tavoy area and close to Three Pagodas Pass on the Thai Burma Border. It contains mainly refugees and IDP; there are several IDP camps and resettlement camps in this area and along the border. MSF was responsible for the health care in this area.

The second area is under the administrative control of the NMSP. This area is east of Moulmein Township and includes Moulmein district and Thaton district. Health care consists of NMSP medics who have trained and worked as backpack medics and who have now set up private clinics in their own villages. There are no Government Health Care facilities here.

The third area is SPDC controlled areas. These encompass most of the rest of Mon State. These areas have Government health systems and private clinics. There are small pockets of land called 'Black areas', these areas are very isolated by ongoing fighting between Government forces and rebel troops. There are no Government Hospitals or clinics or NMSP clinics.

Cross cutting these and other areas are the Backpack Medics. There are 12 teams of Mon medics who cover Mon state. They travel all over, especially to isolated and out of the way areas providing basic health care and free medicine.

Health Care and Education

A serious impediment to education on health care in SPDC controlled areas is government policy regarding the distribution of information. It is illegal to distribute information without consent from the authorities. Not to mention the lack of information in general that is available inside Burma regarding health care. In Moulmein and Thaton districts NMSP has primary health care clinics which give basic health education. As for the NMSP Ceasefire areas, there is a lack of medics available to give education. However ongoing health education is sorely needed. In the ceasefire areas the population is more fluid with people arriving regularly and moving around within the ceasefire area and also arriving from and leaving for Thailand. Some examples illustrate the need for more education.

One Backpack medic explained a regular occurrence. Many people in the villages he visited would come to him seeking injections if they were sick. Even if the illness did not require an injection they would still request it, believing that it would cure them. If the medic refused they would become angry with him and never ask him for treatment again.

Previously MSF clinics have offered free treatment. However this was not without conditions, if a person got malaria they might go to the clinic for free treatment. However because there are so many cases of

people discontinuing their medication the clinics will not give out the full course of medicine (people say they feel better after a few days so they would stop taking the medicine). Instead they required patients to stay, or come everyday until the course is completed. This can take any where between three and seven days. It is easy to see how it might be difficult for people who may travel from far away to be able to take this amount of time away from work.



IDPs are going to the NMSP's clinic in Cheik-Doik village

Since malaria treatment is available across the counter in many shops many people choose self-diagnosis and self-medication. Unfortunately much of this medicine is poor

Information on HURFOM and Invitation for Feedbacks from Readers

Dear Readers,

Human Rights Foundation of Monland (HURFOM) was founded in 1995, by a group of young Mon people. The main objectives of HURFOM are:

- To monitor human rights situations in Mon territory and other areas southern part of Burma,
- To protect and promote internationally recognized human rights in Burma,

In order to implement these objectives, HURFOM has produced "The Mon Forum" newsletters monthly and sometimes it has been delayed because we wait to confirm some information. We apologize for the delay.

However, we also invite your feedbacks on the information we described in each newsletter and if you know anyone who would like to receive the newsletter, please send name and address to our address or e-mail as below:

HURFOM, P. O. Box 2237, General Post Office
Bangkok 10501, THAILAND
E-mail: hurfomcontact@yahoo.com
Website: <http://www.rehmonnya.org>

With regards,

Director
Human Rights Foundation of Monland

quality, weak or just plain incorrect. Especially given that there are several strains of malaria requiring different or combination drugs. Again, people may not take the full course of medicine. All this of course contributes to the creation of drug resistant strains of malaria.

Often people would prefer to go to Burmese doctors, the reason being that the doctors would readily give injections for any ailment. Injections cost 2 000 kyat and mean people do not have to take precious time of work for possible longer treatment.

Conclusion

Health care in the Mon State is at an all time low. It is unacceptably low. Years of war, human rights abuses, poor economic management, disinvestment in health and education have devastated Burma. The withdrawal of MSF and the fact that no one was stepped forward to provide relief has left many Mon communities, especially those in the ceasefire areas in a precarious position. They are already vulnerable. But with no one to monitor or provide the most basic and much needed primary health care, education and medicine, they are left open to any number of illnesses and possible epidemics that should not be seen in the modern world.

News

Villagers forced to remove bushes along motor road

Mon 31 Jul 2006

Local authorities in Mon State continue to use forced labour to clean up local roads. Villagers of Kalort-tort, southern Mudon Township, and Mon State were forced to remove clumps of bushes along the road near their village yesterday.

The villagers had no choice in the matter because if they refused to clean up the bushes on both sides of the road, they would have to pay a fine of Kyat 500

to the Village Peace and Development Council (VPDC). The order came from the VPDC.

"Our village has about 700 households and we usually remove the mass of bushes along the road every year", said a resident. But the authorities described the exercise that the villagers were forced into as 'local people enjoying the fruits of development whilst at the same time earning a livelihood peacefully.'

The New light of Myanmar, a government run newspaper said that the government is trying to develop the rural areas. Residents however said that the villagers are forced to clean up the roadsides at least twice a year. They are going to be forced again, not only Kalort-tort village but also other villages along the road.

News

Burmese battalion using civilians' farm lands for army's business

Taung Pyin village, La-mine sub-town, August, 2006

The military has confiscated farm land to use for army's brick production near Toung-Pyin village, La-mine sub-town, Mon State.

The Light Infantry Battalion military LIB No. 587 led by Colonel Hla Myint made a brick production site for the military business near Toung-Pyin village water reserve since June 6, 2006. The battalions brought laborers for the military's brick factory from the middle parts of Burma and allowed them to live and build small huts on the villagers land without asking permission from farm owner. According to a local source there are five Burmese Brick Makers' huts, which are close to the Toung-Pyin village water reserve in La Mine Sub-Township.



New huts built by the brick makers near Toung-Pyin village, La-mine Sub-Town

“The military officer took four acres of paddy fields to use to produce bricks, so we can't grow rice in those fields,” said Nai Won Kyit, the owner of the land from Taung-Pyin village.

There are bricks still there from last year, which they couldn't sell. The brick factory is managed by military Officer Hla Myint from LIB No. 587 who started manufacturing the bricks for the military on the land last year. “The military officer and the village headmen told us the land

they took are just for temporary use, for brick production. But the battalions have allowed the brick makers to stay, they continue to produce and sell the brick for the whole year,” a source added.

According to the land owner, the brick makers usually return to their home during the rainy season every year. But this year they have not left. The land owner is afraid of the military officer so he does not dare to ask the brick makers to leave from the land.

The land owner told the military officer to tell the brick makers to leave when the rainy season comes. The officer said that they will stay here for the whole year to keep selling the bricks. “It is OK that they live here and sell the brick for the whole year and then they leave. But we are worried that they will take our property,” said the land owner. The land owner can't grow the rice on the land. However, the military officer said to the land owner that he will pay the amount the land owner would earn from the rice.

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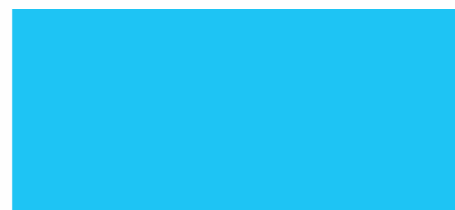
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