

# The Mon Forum

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## Some Acronyms in This Issue

- SPDC- State Peace and Development Council,  
IDPs- Internally displaced persons,  
IB - Infantry Battalion (*of the Burmese Army*),  
USAID- United States Agency for International Development,

## News

### Ongoing forced labor usage on SPDC's development projects in Southern Mon State

#### Khaw-Zar Sub Township, Southern Ye Township

Since the end of January, 2007, the local residents from Khaw-Zar Sub Township, Mon State have been forced to work as unpaid laborers on bridge constructions along the Ye-Tavoy motor road by SPDC's Infantry Battalion No. 31 based near Khaw-Zar Sub Town. With the cooperation of the local Township's administration groups, the commander of the local Infantry Battalion coordinated two groups of unpaid laborers and demanded each group be made up of 15 people that must include some local carpenters from the villages under the Khaw-Zar Sub Township.

Nai Dot (not real name), a 45 year old Yin-ye villager who has already been forced into the bridge construction work three times previously, reported that in the third week of January, 2007, Lieutenant Colonel Kyaw Myint and his troops from the Southeast Command based in Moulmein, the capital of Mon State called a meeting with villagers from Yin-Yae and Toe Tat

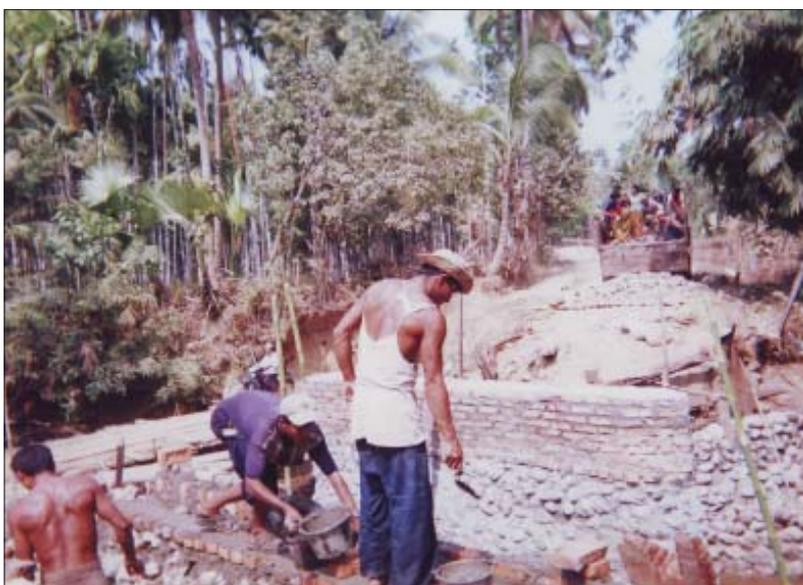


Photo of unpaid labourers on a bridge construction near Yin-Yae Village, Khaw -Zar Sub Town, Ye Township, Mon State

## Role of ICRC in Protection of Civilian Population in Burma

HURFOM is deeply regretful of the fact that there has been no progress in the discussion between International Committee of Red Cross (ICRC) and the Burmese military regime SPDC on the protection of civilian populations in the conflict zones. ICRC announces it will close down two of its offices: (1) Moulmein, the capital of Mon State; (2) Kengtung in Shan State.

These two offices are important base for the ICRC to get access to the conflict zones in Mon State, Karen State, Tenasserim Division, Shan State and Karenni (Kayah) State. HURFOM maintains that the ICRC has been very effective in implementing its mandate for humanitarian and protection programs toward war affected victims and it's staff are welcomed by the communities in rural ethnic areas. ICRC also has good communication with many armed political organizations and human rights organizations from Burma in terms of garnering information and gaining access to those populations in the greatest suffering.

Although ICRC was unable to provide total protection, it has been vitally important and reliable for the political prisoners in various part of Burma. SPDC's refusal to engage with ICRC means it plans to isolate the international community and will seek to reinforce its grip on power. This merely reflects a continuation of the policy of acting against the will of the people and an ignorance of the voices of dissent. It also means that other NGOs will face similar restrictions if they are actively involved in protection and humanitarian programs.

Ywa Thit at Yin-Yae village hall to participate in the government development projects. Later on, the local army officer from IB 31 and Khaw Zar Sub Township's peace and development committee's chairman U Kyaw Moe demanded the villagers work on building bridges and roads and that they support themselves while they did so.

"It is very difficult situation for me to survive as a carpenter in this village. They (the local authorities) need me to work in their bridge construction project. But I have my private work to do for my family to survive. How can I refuse their orders? I decided to hire another man to go and work instead of me at a cost of kyat 5,000 per day. I have to pay for 15 days to complete my obligation. If people don't participate in the bridge construction work, they have to contribute cement for the bridge. So people are afraid of such punishment," claimed an unnamed carpenter from Yin-Yae village, Southern Ye Township, Mon State.

Hla Maung, a 35 year old Yin-Yae villager said "They (local military unit) gave us only 20 cement bags per bridge. They ordered us

to repair two bridges in southern and northern Toe Tat Ywa Thit village. The length of each bridge is about 20 yards. Both wooden bridges are very old and about to collapse". He said the local administration collected money to the tune of about Kyat 15,000 from each house in Toe Thet Ywar Thit, and also collected between Kyat 2,000- 8,000 per house in Yin-Yae village. Toe Tat Ywa Thit has over 200 households and Yin-ye about 400.

According to the Yin-Yae villager, about 140 villagers including 80 from Yin-Yae and 60 from Toe Tat Ywa Thit village, have being forced to build a bridge in northern and southern Toe Tat Ywa Thit village since the first week of February, 2007. The local authorities also collected sand, stones, rock, and concrete for the bridge construction along Ye-Tavoy motor road.

"My village has four quarters. Three quarters had to procure three huge poles for the bridge and the fourth quarter had to collect construction material such as sand, stones, cements and wood for the bridge constructions," reported one forced labor victim, Hla Maung from Yin-Yae village.

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According to a source close to the Township's administration group, the bridge construction projects were ordered by the State's Military Operational Management Command, based in Moulmein in order to upgrade the Ye-

Tavoy military transportation routes. The bridges and roads are SPDC projects that are alleged to bring about equitable development nationwide and ensure national unity.

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## Women forced to patrol the village in Southern Ye

### Township

Southern Ye Township, Mon State

Recently, Major Kyaw Zay Ya, the commander of the Burmese Infantry battalion No. 31, based near Khaw Zar Sub Town, ordered all villagers including women to patrol the villages in Yin-Yae, Singu and Toe-

Army receives news about the rebel armed group entering villages, the Army troops ordered the local residents to post patrols outside their village.

“Women are not suitable for patrolling the village. If something happens, they cannot respond as men would do.

Also the women face physical danger when on patrol. There have been many cases in rape was committed by Burmese soldiers when women have been guarding the village at night time. We really don't want to hear that kind of cruel news again” a fifty year old local farmer who does not want to mention his name from Yin-Yae village told a HURFOM Reporter.

“They (the SPDC soldiers) did not point out men, women or children. They said they want everybody to take responsibility in guarding the village,” said Nai Tin Tun Aung (not real name) from Singu village, Khaw Zar Sub Township, Mon State. The villagers in Toe-Tat-Ywa-Thit village, Yin-Yae village and Kabya villages in southern Ye Township are being forced to send three to five villagers from each quarter of the village for day or night patrol on rotation, the source added.

“I have to patrol the village and look for rebel activities all night (from 6 p.m. to 6 a.m). Because my husband and my son are too busy with their betel nut plantation,” said Mi Aye Nyein, 48 year old woman from Toe-Tat-Ywa Thit village, Khaw Zar Sub Township, Southern Ye Township, Mon State. Similarly, many



Women were forced to patrol their village in Toe-Tat-Ywa-Thit Village

Tat-Ywa-Thit villages, Khaw Zar Sub Township, Southern Ye township, Mon State.

According to Nai Aung Tun, a 33 year old paddy farmer from Singu village, “The order reached this village two week ago. Our village administration group said this sentry duty was ordered by Bo Ba Lay (known as IB No. 31 commander Major Kyaw Zay Ya). Each family need to patrol the village at least one night per week. If there are no men in the household, women have to complete the duty.”

It was reported that this is not the first time civilians have been made to perform patrol duty in these areas. Whenever the Burmese

women patrol the village because their husbands are busy with betel nut plantations outside the village.

In Yin Dein village, it was reported that every day, one person from each household had to

guard their own village, providing security to protect the army from the approach of the rebel armed groups. Depending on the number of households in villages and how many entrances there are to the village, 10-20 villagers are forced to perform guard duty.

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## Local residents forced to provide timber to army brick factory

Since the first week of January 2007, Local inhabitants from Khaw-za Sub Township, Mon state, southern Burma have been forced

would be punished by the battalion” reported by Nai Yaung, a 38 year old farmer, who was made to collect wood from Khaw-Zar Sub town, Southern Part of Ye township.



Timber collected for use as fuel in army brick factories

According to Mi San Yin from Yin-Yae village, the former village headmen U Sein Yin was involved in business dealings with the Army and he ordered the villagers of Yin Yae that between four households must provide four square feet of timber. The timber or wood had to be placed beside the main road for easy transportation, said a source.

”Army officers are now carrying the wood to the factory in Khaw Zar town. The factory has already produced 10,000 bricks,” said an anonymous member of the staff

by the Burmese Army to provide timber for a local military’s brick factory.

The commander, Major Kyaw Zay Ya who was locally known as Bo Ba Lay of Infantry Battalion No. 31 directed township people to arrange for timber for the brick factory at the end of last year.

Now local people are collecting wood for the factory which makes bricks as part of the many business ventures that the army runs.

“We know that this brick factory is owned by Bo Ba Lay, the commander of IB 31. He and his troops ordered all villagers to collect wood to use as fuel in his brick factory. We have no chance to do our own jobs. All villagers have to go to the forest nearby and cut down small trees to complete their duty. He warned that if someone failed to do their duty, he or she

village administration .

The deputy commander, Major Kyaw Zay Ya has ordered four villages in the area to collect the same amount of wood for his personal brick factory in Yin-Yae village. The villages are, Yin-Yae, Singu, Toe Thet Ywa Thit and Tae Khun (Sai Khun). The villages have a total of 1,000 households.

Major Kyaw Zay Ya seized a 1.5 acre farm from Nai Tun Gyi and Mi Mae to operate his factory and is forcing 15 villagers to work in his factory every day, said a Yin-Yae villager.

There are more battalions in Ye township Mon State who operate brick factories as part of the army’s business. The current price of a brick is Kyat 50 Kyat.

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## Government's commandeering of private motor vehicles in Ye Township

### Ye Township, Mon State

It is reported that since the beginning of February 2007, military and township authorities have been commandeering privately owned vehicles. The perpetrators have been the troops of SPDC' local Battalion and the chairman of Khaw-Zar Township Peace and development Council in Ye Township, Mon State. There has been no compensation to the owners of the vehicles.

"This has been happening since the first week of February of this year in our village. The order was given by commander Bo Ba Lay (Major Kyaw Zay Ya) from Infantry Battalion No. 31 based in Khaw Zar Sub Town. He demanded all private trucks owners in each village in Khaw-Zar Township to supply two trucks per day for his battalions use and one for Township PDC office use," according to an anonymous truck owner who lives in Yin-Dein village, Khaw Zar Sub Township, Mon State.

According to Nai Win Aung (not real name), a 45 year old truck owner from Khaw-Zar Sub Town, his truck has been used without compensation several times. He heard that the order to

commandeer vehicles was conceived by U Kyaw Moe, Township PDC Chairman of Khaw-Zar Sub Town and Bo Ba Lay from IB No. 31. The local authorities also passed this order on to each village public transportation association in Khaw-Zar Sub Township and demanded that they required sixty trucks per month from them to use in the battalion and township administration groups.

"We have to arrive at the battalion and township PDC's office compound at 9:00 AM. They normally use the trucks for taking villagers to their work site, carrying wood or fuel for the battalion owned brick mills, carrying bricks back to the battalion and transporting military troops to Ye Town or wherever they would like to go. If the truck owners failed to carry out their duty, they must pay Kyat 20,000 as a fine to the battalion" said a truck owner from Khaw-Zar Sub Town.

Besides commandeering privately owned vehicles for military purposes, the local residents were also supposed to buy the gasoline for the commandeered trucks,

according to an unnamed source from Khaw-Zar Sub Town. The money was collected by U Soe Win, the chairman of the Township Transportation Association, Khaw Zar Township and each household had to pay Kyat 2,000 to the association to buy gasoline for the trucks. According to a HURFOM field reporter, each family had to pay a set amount of money, except the families of the government employees, members of the village administration



**A commandeered truck used by a local SPDC battalion to take forced labourers from the construction site to their village**

## News

group and members of the Union Solidarity and Development Association. The sources said only in Yin-Yae village area did the village authorities collect more than Kyat 600,000 from the villagers for gasoline.

“They use our trucks as their private trucks. My truck had been used for transporting the spouse of the Township PDC Chairman for her shopping trips to Ye township. Very often I had to pick up their children from school with no compensation. Also along the trip, I

have to buy my own food and water but I don't dare to refuse the command,” claimed by a truck owner from Yin-Yae village, Khaw-Zar Township.

In Mon State, the State authorities' commandeering of private motor vehicles for VIP transport or for military uses, without compensating the owners, is a very common form of rights violation. The practice is particularly widespread in the whole State and Southern Burma.

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### **The Burmese Army forced villagers including women to work in battalion's summer paddy farms**

On February 27, 2007, the SPDC's Battalion IB No. 31 which is based in Khaw-Zar Sub Town started forcing the villagers, including the female population, to cultivate their summer paddy plantations which are situated behind the Township's Police Station with no remuneration, in Khaw-Zar Sub Town.

It is reported that this took place between the aforementioned date and March 3, 2007. Ten villagers per day from the surrounding villages were working as forced laborers for this battalion who owned fifteen acres of summer paddy plantation. Furthermore, these villagers had to carry their own tools, equipment and ration supplies during their stint in the plantation.

“We have to work in their summer paddy fields with our own food supplies. No laborer fees are given to any villagers. Our village headmen planned to come and work here. He said this is the order of the IB No. 31 battalion and there is no chance to reject the battalion's stipulation. We all are from Kyone-Kanya village and today is our rotation responsibility,” said a 37 year old lady from

Kyone-Kanya village, Khaw-Zar Sub Township.

Apart from female unpaid labor, some villagers from Dot-Pound, Kyone-Kanya, Kyone-Htaung and Win-Ta-Mok villagers were also forced to work digging water canals, preparing the embankments of paddy fields and carrying various kinds of fertilizers for the paddy plantations.

According to a reporter, the soldiers from Infantry Battalion No. 31 watched over the laborers and threatened that all villages would be punished if anyone from any village ran away from the work site. The laborers were forced to work from dawn to dusk to finish their rotation obligation.

“No one dares to complain about their unlawful activities and we had to stay quiet. I am sure that if anyone were to complain, they would be punched and beaten by them (the Burmese soldiers),” Said a 25 year old unnamed woman who was forced to work as an unpaid laborer from Win-Ta-Mork village, Khaw-Zar Sub Township.

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## Report

# Health Care Crisis Facing Displaced Mon

## Introduction

This report examines the current health care situation that is facing the internally displaced populations of Southern Burma, in particular the residents and former residents of Mon state. The past few years have seen a continuation of the exodus from Mon state, triggered by the increased SPDC military offensives which began approximately five years ago. The human rights abuses that have occurred in conjunction with these offensives, combined with forced relocations as a result of increasing implementations of SPDC infrastructure projects in the past two years, have forced ever greater numbers of IDPs (internally displaced persons) to the border camps and beyond.

Whilst the international community focuses, and quite rightly, on the political turmoil and human rights abuses in Burma, another less visible crisis is unfolding in the border regions; the crisis of health care. IDPs have been forced into areas that are rife with malaria, tuberculosis and other tropical diseases. Although most of these are treatable and indeed some are preventable, the economic situation of most IDP is dire. Lacking in income and with small chances for employment and therefore unable to pay for treatment, many IDPs are suffering unnecessarily. Unfortunately, the SPDC demonstrate scant interest in addressing the problems of health care in the border areas and their existing policies restrict medical NGO's from operating effectively.

## SPDC and Health Care in Burma

Most international bodies for health and development such as World Health Organisation and the United Nations Development Program regard the health care situation facing Burma's population as desperate. According to USAID which runs health care programs along the Thai-Burma, Burma has extremely poor health indicators. For example, 77 babies die for every 1000 live births. Contrast this figure with neighboring Thailand, which suffers just 24 deaths per 1000 live births.

According to the European Union's Humanitarian Aid Department, Burma has the lowest level of government spending on health care in the world, with 34% of the rural population having no access to clean water and 43% having no adequate sanitation facilities. This opens the population up to the possibilities of water borne and respiratory diseases. The Irrawaddy reports on 26<sup>th</sup> January that, according to Voravit Suwanvanichkij, a researcher at Johns Hopkins University, about 10% of ethnic populations living between Karen state and Tak Province in Thailand are suffering from Malaria.

The military regime's treatment of the civilian population of Burma has contributed both directly and indirectly to the health care problems facing the citizens of Burma. In particular the rural communities are affected in several ways.

Continuing human rights abuses by the military cause many casualties among villagers, whether they are beaten and tortured or suffer from injuries sustained from landmines whilst working as forced labourers in the act of portering. These are but a few of the fates that befall civilians.

Indirectly, the SPDC maintains a policy of spending enormous amounts of money on military expansion whilst simultaneously disregarding the health system and retaining a stranglehold over the control of information in Burmese society. In the first case, the simple fact that the SPDC spends so much money on military hardware, means that there is little left over for the nation's health care system (or education system, for that matter). Secondly the lack of accountability in the system, lack of free press and freedom of expression leaves no room for public discussion of the SPDC's expenditure, let alone outright criticism of the regime. Furthermore, civilians are simply unable to access information that would allow them to be informed or educated on matters related to health (Asia Observer).

The policy decisions of the SPDC have implications not only for the people of Burma, but also on Burma's international relations. For example, the US position of not engaging with Burma to contribute aid is a direct effect of the SPDC's policy toward health care. In its 2003 report, the Council on Foreign Relations explains how the health crisis in Burma could be helped by aid from the US government if the SPDC were to adopt a more lenient policy toward NGO's wishing to work in Burma. The regime has demonstrated that it is not willing to provide these concessions and NGO's have regularly withdrawn from working Burma, including MSF (Medicins Sans Frontieres) as recently as 2006.

The obstinacy of the SPDC in not allowing groups such as MSF to operate freely, has a devastating effect on the health of the rural population. In Mon state for example, it is far too expensive for civilians to receive medical care at government facilities. Patients seeking treatment must pay bribes to doctors who operate private facilities. Those that cannot pay are forced to seek health care services elsewhere. For IDP this has typically meant seeking out the various clinics located in border regions for free treatment. These clinics are typically staffed by civilians previously trained by MSF.

The SPDC has chosen to continuously restrict the activities of NGO's throughout Burma and the result has been extremely negative for those individuals in serious need of health care in the border regions. MSF chose to pull out of Burma in 2006 declaring that restrictions placed upon their work by the SPDC has simply made it too difficult to continue their mission. Although leaving enough medicine behind for treatment of patients for about six months, the supplies have now run dry. Some clinics, such as the former MSF compound near Three Pagoda Pass on the Thai-Burma border, are now in possession of only three types of medicine for the treatment of dysentery, pneumonia, and malaria. Patients have all but stopped arriving there.

The outcome of the SPDC policy has forced doctors within Burma to turn to corruption to supplement meager incomes. This in turn forces poor patients who cannot afford to pay bribes away from hospital doors. The restrictive policies toward NGO operation within Burma have also forced the evacuation of the only alternative sources of treatment for poor rural populations.

As of 2000, the World Health Organisation (WHO) recognised three possible factors that are keeping people away from hospitals in Burma. The WHO suggests that the increase of the private sector, introduction of user fees and inadequate response of health systems (WHO Country Cooperation Strategy) led to a drop in the attendance at hospitals of 20% in 1996/97 as opposed to ten years previously. Ten years later, things remain disturbingly unchanged as the example of Saw Raymond, a patient at the Mae Tao clinic in Thailand illustrates. He related to BBC reporters how he had to sell his land to be able to afford treatment inside Burma.

Experiences related by patients at the Mae Tao clinic in Mae Sot are very similar to those of people in other regions, such as further south around Three Pagoda Pass. Patients at Mae Tao tell how they are forced to go to the clinic due to lack of other options. Treatment at Thai

hospitals is expensive and dangerous in security terms for illegal immigrants. However treatment inside Burma is out of the question because for many, the cost there is also prohibitive.

## Lack of Medicines in Border Clinics and Disease Control

Previously, there were nine clinics in Mon liberated areas which were supported by MSF (Medicins Sans Frontier). There are **11 966** IDPs (*MRDC Report of February-2007*) in three the Mon resettlement sites of Halockhani, Bee Ree, and Tavoy districts. The resettlement sites are located one day's journey from Ye township.

The areas, known as Mon liberated areas, are controlled by NMSP (New Mon State Party). Most people living in these places are IDPs who have fled from the civil war in Burma. Every year more IDPs come to these areas from Burma.

IDPs relied on MSF treatment assistance for many years. The areas are home to potentially fatal diseases such as Malaria, Tuberculosis, Dysentery and Chicken Pox. MSF helped IDPs by giving them treatment and health care education provided through training. Health care education and training was based on what causes disease in the region. There are more than **1000** Mon medics who have been trained by MSF.

Although there were less instances of Malaria whilst the MSF had a presence in the camps and health care has improved in these areas, their departure and consequent lack of vaccines means that other diseases (such as chicken pox) could spread at any time. There were more than one hundred new born babies who weren't able to be vaccinated after MSF left. These babies are at risk of infection from serious diseases at any time, said a medic from NMSP health committee.



Photo of a child with chicken pox in an IDP village on Thai-Burma border

The areas around these camps are dense bushland and are surrounded by mountains. Villages are located both on the mountains and in the valleys. Those people living in the valleys struggle with the cool climate. Their houses don't have enough protection from wind. Consequently they often suffer illnesses such as lung disease.

People living near river systems face problems arising from contaminated water sources. The water from some parts of the river system is not clean. Some people who don't have enough health care education drink water from the river without boiling it first, which can cause malaria. Some infants have dysentery from drinking contaminated water. Many babies with dysentery come to the clinic in the summer, said a female medic.

People can travel by car in the summer to the clinics, but in the wet season the roads are impassable by car and people have to walk when they travel. If someone is ill, others have to carry the sick person by hammock.

The areas are dominated by bushland where mosquitoes can breed. Some people have nets to protect themselves from mosquito bites. But some families who have many children are not able to provide nets for all their children, thus exposing them to the risk of contracting malaria.

A former MSF clinic in Palaing Japan, near the Thai-Burma border is typical of border clinics and highlights the difficulties faced by refugees, IDPs and medical aid workers alike. The village is roughly one kilometer from the Thai-Burma border and comprises four hundred households.

This clinic was visited recently by a Mon human rights worker and a foreign volunteer human rights worker, in order to document the health care conditions in the area. They found the state of the clinic vastly deteriorated after health care assistance was cut off following the withdrawal of MSF one year ago.

“We are hoping to receive medicine any day, however so far no medicine has arrived”, the female medic in charge of Palaing Japan village clinic told them. There used to be more than one hundred patients per day before, however the field workers reported seeing only four patients in the clinic on the day they visited. One was suffering from Tuberculosis (TB), one was a child under two years old with dysentery, a pregnant woman and one other with an undisclosed diagnosis. There were seventeen more beds (wooden benches) in the clinic without patients in them. A female medic was questioned as to why there were no patients on the tables, to which she replied that there were simply no more patients arriving.

The reporters questioned her about some patients who were at the clinic and she explained that, “Those people are poor. They don’t have money. They come and die here. We don’t have medicines. We can’t take care of them. However, we are doing the best that we can with the little medicine that we have.”

There are TB patients who the medic can only treat with amoxicillin. Asked whether the amoxicillin can kill the TB virus, the medic’s reply was that the amoxicillin can only help to keep the virus stable in the human body, but does not destroy it. If the patient drinks and eats food that are not good for their health, the virus will become active again, in a stronger form which may put the patient’s family at a higher risk of contracting the disease.

There are about twenty-five patients who come monthly to the clinic. The medic added that among the monthly arrivals, about ten people of the twenty five are found to have TB. Among those ten patients, usually only two people can afford to pay for medicine and treatment at the Christian hospital on the Thai side of the border.

“We encourage them to take a course of TB medicine in the Christian hospital,” said a female medic. It is approximately a half hour by vehicle from Three Pagoda Pass to the Christian hospital. People who are poor can’t afford to pay the travel and medicine costs. To make the trip they would also have to pay for a travel document to cross the border.

In response to questions regarding the origin of those that arrive at the clinic with TB, the medic explained the link between workers from Three Pagoda Pass and tuberculosis. Making furniture is the main business activity in the Three Pagoda Pass area. Working conditions in furniture factories are poor. The factories produce the furniture from raw materials starting with the large logs and cutting the required timber from them. The timber, once cut, lathed and assembled, is lacquered to produce the finished product. The workers who are involved in every step of the process, are obliged to breathe the dust created by the various types of timber cutting machines and lathes. “We ask every TB patient who comes here where they are from, and they all say Three Pagoda Pass,” added the female medic.

According to the female medic, there are many children with dysentery coming to clinic. There is not enough water in summer in Three Pagoda Pass and Palaing Japan village. The areas are on

hillsides that have no suitable places for sinking wells. People in Three Pagoda Pass have had to buy water every December.

The Palaing Japan clinic doesn't have enough medicine. They have saline to treat dehydration, but no actual medicine. The child seen by the field reporters had already been suffering for four days with dysentery. The child had very little energy upon arrival at the clinic. The saline helps the child to feel better but the medic states that this is all she can do for the patient in this case.

"There is a pregnant woman coming every day. We don't have enough equipment and what we do have is very old. We have to boil all the equipment every week in order to sanitize it. We feel very sorry when we have to operate on a pregnant woman, they cry a lot. However, we only have shop scissors to use."

The medic also raised the issue of blood testing in the clinic. The clinic no longer has capacity for performing blood tests. These tests can be crucial in treating accident victims. Without a blood test, the medics are unable to give transfusions, even if a donor were available. This is of particular concern, as the clinic receives many victims of motorbike accidents.

There are clinics in other districts which don't have medicines to treat patients either. Some clinics have been left with medicine for just one month. The clinic in Palaing Japan village only has three types of medicine for treatment of patients suffering from malaria, dysentery, and pneumonia. The female medic mentioned that the clinics don't have any antibiotics. She estimates that soon, with the current rate of patients arriving, the clinic will be out of medicine altogether.

The clinic consists of one big laboratory, OPD (Out Patient Department) and IDP (In Patient Department) rooms for taking care of patients. All the rooms are empty. Some people who are less ill don't bother coming to the clinics, they just buy medicines elsewhere and take it at home. Only those people who have long term diseases come to the clinic.

Most who are suffering from dysentery are children under two years old, according to the medic. She said that old people have good anti-bodies so they don't suffer as many instances of serious illness.

## **Civil War and Ramifications for Health Care**

The Mon of southern Burma have been engaged in civil war with the Burmese authorities since 1958. Despite the fact that the New Mon State Party and its armed faction, the Mon National Liberation Army (MNLA), signed a ceasefire agreement with Burma's ruling military regime in 1995, thus effectively ending major hostilities, there continues to be sporadic fighting in Southern Burma.

Although the majority of the MNLA receded behind agreed boundaries in accordance with the ceasefire agreed to with the State Peace and Development Council, fighters disgruntled with the outcome of the peace deal have formed a splinter group. This rebel group has continued to operate in Southern Ye, sabotaging SPDC infrastructure projects and attacking military targets and troops.

In response to this break away faction, the SPDC has over the past five years increased military offensives in the region in an attempt to bring the rebels under control. The outcome for civilians in Southern Ye has been extremely negative. A greater troop presence has led to well documented human rights abuses perpetrated with impunity on the civilian population. These abuses are many and varied in form. Evidence suggests that villagers have been subject to arbitrary detentions, extrajudicial killings, torture, forced labour, land confiscation and illegal taxation.

The SPDC has made virtually no efforts to curb the excesses of its military forces in this regard. This is despite international condemnation and its agreement to a forced labour convention with the International Labour Organisation.

The response of Mon civilians has been to flee constant persecution. The regions that have seen the biggest influx of Mon IDPs have been the areas on both sides of the Thai-Burma border. As of August 2006, the Thai Burma Border Consortium estimates that there are 70 000 IDPs living in the area controlled by the NMSP and in the border camps. This figure is inclusive of returned refugees. Upon arrival in these regions, IDPs face a major health crisis. Most of the areas close to the border are notorious for the prevalence of Malaria and other infectious diseases, many of which are preventable.

Health care options along the border are scarce. The choices open to internally displaced people for treatment are limited and sometimes unattainable for low income earners. People have the choice of going for treatment inside Burma, treatment at border clinics, or over the border at Thai hospitals. Inside Burma, most cannot afford to bribe underpaid hospital doctors for treatment. To go across the border would mean seeking treatment at Thai hospitals, which again, is too expensive for most IDPs. There is also the consideration of the security risk of traveling in Thailand without documentation (at the risk of deportation or having to pay bribes). Previously, the third option was to receive care at border clinics run by NGO's. Currently however, this option has been eliminated due to the SPDC's policies toward NGO's operating freely in Burma. MSF have withdrawn all medical help that they previously provided to camps along the border, claiming that it is just too difficult to operate under the conditions imposed by the SPDC.

The outlook for the near future in terms of health care for the people of Mon state is dire. The SPDC, over the past two years in particular, has intensified its military offensives in the south to try and rout rebel forces. These offensives, combined with accelerated implementation of infrastructure projects have hastened the exodus of civilians to the border areas. The health care options available close to the border are inadequate and with greater numbers of IDPs arriving every year, are certain to deteriorate further.

## **Where People Find Health Care**

There are two main types of IDPs; those who own plantations and those who don't. People who own plantations are able to get good treatment at private clinics because they are able to afford medical costs. These are the plantation owners who usually produce betel nuts, rubber and fruits, such that they can earn a daily income.

People who don't own plantations have to work in other people's plantations to earn a little bit of money for food. People find vegetables and fruits or hunt animals in the forest when they can't find employment in plantations. When people living in this hand to mouth fashion become ill, they must go to the public clinics.

There are Mon private medical clinics run by retired volunteer health workers from NMSP who set up private clinics for their own business in the villages. The medics buy medicines from Ye township and sell them at a small profit in the villages. Many patients prefer to go to a private clinic that has been set up by doctors in the knowledge that they will receive a better quality of care.

There are some free alternative options to attending these private clinics close to the township like Three Pagoda Pass, otherwise people can go to an SPDC public hospital where they will have

to pay money for the service. However, many people don't like going to public hospitals because they don't receive a high quality of treatment.

One NGO, the ARC (American Relief Committee) is working in Ban Dong Yan refugee camp. The ARC focuses solely on helping refugees at the camp. However, they have at times accepted seriously ill patients who come from the IDPs areas that Mon medics can't handle for lack of medicine and equipment.

If camps or clinics are not able to process patients for a variety of reasons, there is some recourse for action. For instance, Halockani public clinic is able to give referrals to seriously ill patients. These referrals can be given to the ARC which then assists these patients in traveling the great distance to the River Kwai Christian hospital. The process of getting the referrals to the ARC and the time taken in the crossing of the border, which involves passing multiple checkpoints, means that some patients run out of time and die in transit.

It takes two or three hours by car to travel between each village in the IDPs areas. For example, from Bee Ree and Tavoy districts to Halockani camp, takes one and a half days travel time. The road is muddy and impassable in the rainy season. To get to Halockani camp during this time, it takes two or three days carrying the patients in hammocks.

Examples of patients suffering more than they should merely through the time it takes to receive treatment are numerous. 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.

Minn Nyut Shwe, a 35 year old woman with diabetes from Palaing-Japan village hasn't been able to get medicine from the clinic since MSF left. 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. She cannot get enough sleep at night time and she takes sleeping pills because she has to go five or six times to the toilet. She told us that she takes Burmese traditional medicine to treat her illness; however, she believes that her diabetes can only be treated by western medicines. However, she can not afford to buy western medicines.

## **Livelihoods in the Border Camps: Affects on Healthcare**

For the majority of internally displaced persons living along the Thai-Burma border, living conditions are extremely arduous. Many have been forcibly removed from their homes or else have fled from the former villagers at short notice. Most have few possessions and certainly have not had the opportunity to bring with them the tools with which they once obtained their means of survival.

The majority of Mon IDPs come from a rural background and used to grow various types of crops in Mon state. The most common agricultural products of Mon farmers are paddy, fruit orchards, Betel nuts and beans. However, avenues for these sorts of endeavours are few and far between once families are displaced to the border regions. Means of obtaining income are difficult to come across and are not lucrative when they are found.

Many people eke out a subsistence living by collecting bamboo shoots, fruits and other jungle products to sell. Others collect bamboo which can be used for building huts. Some people are forced to grow crops or vegetables but only when the weather permits, whilst still others hunt animals for sale. Possibly the best outcome for people in the border regions is to work on other peoples farms where they can earn up to Bt 100 per day in Thailand or around Kyat 3, 000 in Burma.

These difficult living conditions impact directly upon the health of the IDPs on both sides of the border. The miniscule incomes that can be earned from laborious work make it very difficult for families to feed themselves well. Levels of malnutrition in these communities are high, with 1 in 5 children born inside Burma being underweight. Because of the military offensives, particularly in southern Burma, the civilian populations have been forced flee to jungle areas. These are notorious regions for contracting Malaria and Tuberculosis. Furthermore, the living conditions are not conducive to access to clean drinking water, which allows for the possibility of contracting water borne disease.

Extremely low income levels mean that when people become ill with various diseases, they cannot afford health care inside Burma. Previously, through the existence of clinics such as those run by MSF at Bee Ree, Tavoy and Halockhani, patients who were too poor to receive treatment inside Burma were able to receive free medical attention just inside the Thai-Burma border, or just over it at Three Pagoda Pass. This option is now no longer available.

The SPDC's military offensives have eliminated many of the previous livelihoods of Mon farmers, who now languish in border areas without gainful employment, and with no chance of medical care. Those who choose to cross the border and work in Thailand are reluctant to be treated there either as the costs are so high.

## Health Care and Education

Free information regarding health care is available on the military government controlled state TV channel. The information explains what to eat and how to lead a healthy lifestyle. There is also a news letter published about health care in some states. This news however only reaches the towns and some local areas close to the township.

There is one main public health care hospital in Moulmein. Many people don't like going there because of concerns that the doctors and nurses don't give good treatment. Many doctors in Mon State set up their own clinics for private business. The doctors have done this in the knowledge that if people can't get good treatment in public hospitals, then they will have to go to private clinics. The private clinics have good treatment and good service.

Health care in Burma is also faced with the problem of corruption. Many poor people can't afford to go to the private clinic because they are prohibitively expensive. If people are not satisfied with the quality of care in the public hospitals, they are sometimes able to bribe the doctor who is in charge of the public hospital to check on them or their relatives regularly in the hospital.

A Mon human rights investigator reports having been to Moulmein public hospital to see a friend of his, suffering from illness. The hospital was clean, every thing was new. He questioned a nurse about how new and clean the hospital appeared. She answered that it was only because the health minister was coming the following day. This is representative of the health care system in Burma.

There are many doctors and nurses who receive training each year, but the regime does not disseminate or give training in health care or make health care knowledge available to the public. NGO's can partially fill the gap left in health education by the regime. There are some international NGOs who help people with long term diseases, such as malaria for example.

In terms of education, IDPs do not have TV and health care newsletters cannot reach them either. These conditions result in a paucity of health care information. "Medics told us in the

### 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: [hurformcontact@yahoo.com](mailto:hurfomcontact@yahoo.com)  
Website: <http://www.rehmonnya.org>

With regards,

Director  
Human Rights Foundation of Monland

clinic how to eat, live and drink when we are sick," said Mi Yin, from Halockani camp. This is how IDPs medics giving education to patients, by word of mouth.

"We told them how to live and eat. But we still can see when they come and stay in the clinic, that they don't cover their food. Many flies are on their food," said a member of health committee.

MSF gave training about health care to medics, but they don't have programs to teach people in every village about health care. However, they do give talks about malaria in some areas where there are serious malarial risks.

Currently the clinics run on small supplies of medicine and they do not give patients an entire course of medicine. The medics give medicine to patients for one day and the patients have to return the next day. When questioned as to why this approach is taken the medics explained that, "If we give them the whole course of medicine, they don't take it all when they get back home. Then they become sick again. This means we have to give them more medicine".

A Mon soldier died last week after becoming infected with malaria. Before he died, he didn't take his medicine but instead kept it under his bed. The malaria infection worsened and he died in the Christian hospital.

There are many IDPs who are simply not aware of the seriousness of health care issues. Medics have to work against the fact that many people who contract Malaria refuse to take entire

#### News from page 6

This summer paddy cultivation is one of the battalion's self-help projects in order to supply food for their families. The paddy plantations were originally owned by the local villagers but in the last three years, the IB No.31 and the township police force forcibly seized these lands from the local farmers and erected a sign proclaiming "Battalion's farm" on these fifteen acres of paddy field. The farmers have received no compensation so far. These farmers are out of work and face serious economic hardships, as their farms were seized without compensation. Some of them have decided to flee their village and have entered Thailand as migrant workers.

courses of medicines that are required to defeat the virus. This results in wasted medicines and sometimes, fatalities.

## Conclusion

It is increasingly evident that the health care crisis on the Thai-Burma border is gradually worsening and that much could be done to prevent it. SPDC policy to continue spending nearly half the GDP of Burma on the military, at the expense of the health care system shows a distinct lack of political will to help the people of Burma, particularly those



**IDP children waiting for vaccination injection in Pon-Ka-Thar village, Three Pagoda Pass Township**

in ethnic regions. Most experts agree that many of the health difficulties of these regions are preventable. The problems of the border region could be partially solved simply through the provision of basic medicines that are readily available to any government.

SPDC has also cut off an avenue toward alleviating the problem, which would have come at no cost to the regime, through its restrictive policies toward NGOs operating in remote ethnic areas of Burma. The regime's fear of negative publicity disseminating through NGOs reports on the country have come at a great cost to the health of IDPs all along the border. Certainly, organisations such as MSF will never be able to assume the responsibilities of the government, however, in the face of SPDC apathy in responding to the crisis, the help of medical NGOs is better than no help at all.

The outlook for the future of health care along the border is grim. As this report goes to publication, the International Committee of the Red Cross has announced the imminent closure of two of its major offices located in Moulmein, Mon State, and Kentung, Shan State. The ICRC states that SPDC have hampered their work to such an extent that it is impossible to keep these offices open. The closure of three further offices throughout Burma is under consideration. This yet another indicator that the regime has no desire to address the problems facing the health care system in Burma either by themselves or with the help of outside organisations.

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