Political Prisoners Cannot be Forgotten

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News Briefs
Mahatma Ghandi, Nelson Mandela, Vaclav Havel - all righteous people who were brutally deprived of their freedom for daring to speak out against despotic governments. The world is long used to celebrating the achievements of such great figures and their triumphs over fierce adversity. While their actions are universally acclaimed to have achieved great progress for their countries and human rights causes throughout the world, there is still a large deficit to be made up for achieving justice and rights for all. Unlike most world pariahs Burma does not attain the level of headlines around the world that countries such as Iran and North Korea achieve. Since the military regime’s theft of the 1990 elections from the National Democratic League (NDL), the Burmese struggle to overcome unjust and wicked rule from one of the world’s most brutal regimes has come to be symbolized by the determination and courage of the NDL’s leader Aung San Su Kyi whose house arrest has done little to quell the desire for political integrity amongst ordinary Burmese. Other high profile prisoners include Zaranga, the famous Burmese comedian who dared to joke at the excess of corruption in the Junta, Su Su Nway, the labour activist who challenged the state policy of forced labour, and Min Ko Naing, the 88 Generation Students leader who was sentenced to 65 years in prison for his part in the August 2007 demonstrations. While the world is enraptured by these courageous and adamant defenders of justice and democracy, little attention is paid to the plight of thousands of other political prisoners who remain shackled and beaten in Burma’s notorious prisons and labour camps, where over 2100 innocent men and women are held in excruciating conditions for their unwavering belief in the most basic of human rights: freedom of opinion and assembly.

Burma’s junta holds the tightest of grips on power and wields its control over everyday life in Burma with an iron fist. Anyone who dares to speak out against the actions of the junta or attempts to reason with the unreasonable faces severe punishment and often death in Burmese prisons. Institutions that could make World War 2 Japanese Prisoner of War camps look like recreational facilities. Of all the prisons in Burma holding political prisoners one holds the dubious reputation as the most notorious bastion of cruelty and malignance that best sums up the regime’s attitude to anyone who dares to speak out against their oppression and hatred of their fellow Burmese. Insein prison, also known as the ‘darkest hell hole in Burma’ located near northern Rangoon holds the majority of political prisoners. In Insein prison torture is the name of the game. Savage beatings to extract confessions are used as warm-ups by the guards to some of the other horrors that take place inside this most disreputable penitentiary. With only 3 doctors for over 10,000 prisoners health care is practically nonexistent. Disease and infection add to the misery of those detained for daring to stand up to the authorities and expressing their opinions. Death from easily treated maladies is not uncommon. The guards wield the power of life and death over their charges and can easily murder with impunity. A combination of extreme deprivation, over-crowding and medieval abuse makes Insein prison one of the darkest places in the world. With political prisoners frequently sentenced to extreme prison terms, the authorities in effect sign death warrants every time they shut someone up in such an institution.

The conditions endured by all prisoners in
Burma are some of the worst in the world. Systematic human rights violations are routine with political prisoners suffering the greatest amount of cruelty. They are treated as ‘special prisoners’ and often separated from the rest of the prison population. In addition to this isolation ‘special prisoners’ are deprived of anything that could help them pass the long years. ‘Special Prisoners’ are not allowed any reading materials and are severely punished for discussing what is going on with any visitors they may have. Testimony from former political prisoners tells of daily beatings, chronic malnutrition, inadequate health care and incessant psychological and physical torture. Due to the inadequate and often non-existent health care in Burmese prisons prisoners have to provide their own medical care. Many prisoners suffer from malnutrition due to the poor quality of the food, thus causing heart disease, hypertension and weakened immune systems. Diseases such as Malaria, HIV AIDS, and Tuberculosis are rife in the prison system. As the treatment is practically non-existent within the prison system and treatment in hospitals outside the prison is forbidden many prisoners are simply left to die. Prisoners or their loved ones have to buy their own medication if they want to be treated for their ailments. The medical staff does not care and is absolutely incompetent. In addition political prisoners are routinely transferred to remote prisons with the express intention of isolating them from their loved ones. This further adds to their misery as family and friends do not have the means to visit them or provide them with the necessary provisions that they need to survive.

Former Political prisoner Aung Kyaw Oo spent almost 14 years in prison in Burma for his part in the pro-democracy movement. Initially he was sentenced to 12 years for his part as a student leader in the pro-democracy movements of the late 1980s and early 1990s. During his time at Insein Aung Kyaw Oo and his fellow prisoners collected evidence of human rights violations in the prison. This evidence documented some of the brutality experienced by prisoners in the ‘Yuwady ward’ (Women’s ward). “In the Yuwady ward, the authorities punished prisoners brutally, and treated them like slaves. The prisoners in Yuwady Ward were given women’s names, and had to speak to the authorities like women. They were all in shackles and often beaten up. We - around 100 political prisoners – prepared a document about this and sent it to the UNHRC (United Nation Human Rights Council), by smuggling the paper out in 1996. Later, military intelligence officers came to Insein prison, and investigated the matter. As a result, I, along with 23 other political prisoners, was sentenced to 7 more years in Insein prison. My sentence was to be served with hard labour as an additional punishment, after being charged under the section 17 (E) of Emergency Provision Act on 28 March 1996”.

Aung Kyaw Oo, who now works for the Assistance Association for Political Prisoners Burma (AAPP), based in Mae Sot Thailand, tells of the humiliation prisoners are faced with on a routinely basis: ‘Prisoners are forced to sit and bow (Ponsean) in front of the prison guards in a further attempt to break their spirit’. On one occasion in June 1996 when Aung Kyaw Oo was alone in his cell in Insein attempting to eat his evening ration a watchman came to inspect the prisoners. He told Aung Kyaw Oo not to eat while he was checking on him. Aung Kyaw Oo told him that he had to eat as he was suffering from severe stomach pains. Angered by this the watchman reported him to the jailer who came and ordered him to sit ‘Ponsean’. When Aung Kyaw Oo and a fellow prisoner refused to submit to this humiliation and sat normally the jailer unleashed a vicious attack on them. “The jailer kicked and punched me, until my ear was bleeding. I was put in shackles and hooded for 2 days, after which I was sent to Death Row. I spent 6 months there with only dangerous criminals for company I was placed in a cell with a psychologically disturbed prisoner who would shout at me and insult me constantly while we were together”.

On other occasions Aung Kyaw Oo was subjected to the cruelest of beatings, kickings, shackling and isolation in solitary confinement. He even experienced first
hand the ineptitude and cruelty of the prison health care system. In 1991 when suffering from malnutrition the authorities decided to treat him with vitamin injections. They used the same needle to treat 10 prisoners.

Aung Kyaw Oo was released in 2005 and began his life in exile dedicating himself to campaigning for justice, democracy and the release of all political prisoners in Burma shortly afterwards. The AAPP where he works is one of the most vocal organisations on the injustices faced by political prisoners in Burma. It works tirelessly to bring attention to the deprivation and misery faced by political prisoners detained in Burma.

With elections in Burma likely to be held next year the AAPP anticipate a further crack down on basic human rights and more detentions as the Junta tries to paint a veneer of legitimacy over their government. With a zero tolerance policy for any dissenting voices this regime cares little about human rights and extends most of its energy to preserving their clench on power. They will stop at little to keep power. As the United Nations and other leading international actors signal a change in approach to increased dialogue with the junta there is a greater need for the junta to silence its critics in the time leading up to the elections. It is a safe bet that there will be further attempts to crush dissident voices inside Burma in order to create a semblance of authenticity when ballots are rigged and opposition is silenced.

Despite the enormity of challenging such a vociferous and sadistic regime, activists such as Aung Kyaw Oo and his colleagues at AAPP remain defiant and determined to expose the regime’s treatment of political prisoners to the world. By tracking and naming political prisoners and working with world renowned organisations such as Amnesty International and Human Rights Watch AAPP helps to ensure that these people are not forgotten and that the international community knows they exist and continue their struggle when most people would have cowered and conceded defeat. Political prisoners in Insein and other hellholes cannot be forgotten. Their struggles and achievements cannot be underestimated and must be celebrated and acclaimed just as the leaders of such great movements like the anti-apartheid movement in South Africa and India’s struggle for freedom from a colonial superpower have been.

Inadequate Access to Healthcare in Burma Forces Civilians to Seek Medical Attention in Neighboring Thailand

By: Casey Williams

Burma has one of the poorest health care systems in the world, with tens of thousands of people dying yearly from various chronic diseases. While other countries in South-East Asia have controlled for malaria, this chronic disease kills more than 3,000 people a year in Burma. Furthermore, tuberculosis, with nearly 100,000 new cases reported annually, and the spread of HIV/AIDS, which has infected more than 1 percent of the general population, also serve as serious threats for Burma.

Most of Burma’s health care is funded by international donors, with the government spending roughly 3 percent annually on health. This percentage is in sharp contrast to the government’s roughly 40 percent expenditure on the military. Although Burma is heavily supported by international funders, mismanagement of aid by government authorities has served to further exasperate Burma’s weak health care system. Aid for healthcare channeled through the government is essentially privatized, with access provided to those individuals who can afford the costly medical expenses and blocking all other civilians, who can not afford the costs, from receiving desperately needed medical resources.

Although the majority of Burma’s health system is financed by international aid, the tight control by SPDC (State Peace and Development Council) has forced many agencies to withdraw funding. For example, in November 2005 the Global Fund pulled out of a 5 year $98 million health program to combat infectious diseases such as: AIDS, tuberculosis and malaria, because foreign aid workers could no longer
endure the governments’ constant oversight and restrictions.

The unfortunate withdrawal international aid agencies like Global Fund are always a devastating blow for the populace in Burma, particularly those affected by chronic diseases and in need of treatment. The restrictive and distrusting nature of SPDC in foreign aid workers collaborating with civil society agencies has made Burma one of the lowest recipients of international aid per capita in the world.

Although Burma’s national healthcare system is in crisis the severity of the problem is further highlighted when looking at the access to health services regionally in Burma. Nowhere is poor access and inadequate medical facilities experienced by civilians felt as in the Eastern region of Burma, particularly within the Karen, Shan, Karenni and Mon states. Decades of low-scale fighting coupled with gross human rights violations and oppressive policies executed by SPDC have made access to quality medical services virtually impossible for many of the populace in this region. The medical situation in eastern Burma is so dilapidated that scores of people are seeking treatment in the neighboring country of Thailand.

The most common form of entry into Thailand is by obtaining a one-day pass at the Thai-Burma border and overstay for medical treatment. However, because many patients illegally extended their stay in Thailand, once treatment is complete, people oftentimes have to bribe immigration official’s entry back into Burma. Located in the border town of Mae Sot (Thailand), Mae Tao clinic is a haven for people inside and along the border of Burma seeking medical treatment. Founded in 1989 by Dr. Cynthia Muang, the medical facility offers free health care for the sick, ranging from surgical procedures to counseling and rehabilitation services. Similar to the health issues plaguing Burma, the majority of patients admitted at Mae Tao clinic suffer from chronic diseases such as: malaria, heart disease, diabetes, HIV/AIDS and tuberculosis. During the course of 2008, the clinic received 140,000 visits from 68,000 patients. Although there are officially 60 beds located at Mae Tao, each day the clinic services 300 to 400 patients, neither turning away a patient nor putting a limit on their length of stay.

Roughly 50% of the patients at Mae Tao live in Burma and come to the clinic for medical care, while the other half consists of migrant workers from Burma living along the Thai-Burma border. According to the clinic’s liaison, it is important to note that the data is not exact and there is a debate to the figures, however taking into consideration the often inauspicious circumstances many patients undergo to come to the clinic it becomes difficult to authenticate information. For many patients the journey to Mae Tao is often a strenuous two to three days journey from inside Burma. According to the liaison at Mae Tao, patients at Mae Tao clinic do not access Burma’s medical services prior to coming to Thailand because they already know the poor facilities available there. Furthermore, the liaison states: “People cross the border because the cost for health service is free for patients. The problem is if they go to Burmese hospital they will have to pay for everything.”

Although Mae Tao clinic provides health services to illegal persons, the facility continues to operate unabated. According to the liaison for Mae Tao clinic, this is greatly due to the social protection Dr. Cynthia Muang has garnered from the international community. The clinic is primarily supported by International Non-Governmental Organizations (INGOs), such as the International Rescue Committee, with some support from private donors. Other reasons why the clinic continues to operate with impunity from Thai authorities, is the presence of the clinic serves as another medical outlet.
in the border town of Mae Sot and decreases the traffic to surrounding hospitals, and furthermore medics at Mae Tao clinic can only treat patients from Burma and not Thai citizens or foreigners.

Access to healthcare in Burma should be a fundamental right for all civilians. However, inadequate spending on health, privatized costly health services to the restrictionist policies by SPDC over foreign aid workers has turned this basic right into a precious luxury and forced many civilians to seek medical attention from outside the country. Although not a fix to the mounding health care problems in Burma, medical facilities such as Mae Tao clinic tend to the sick that do not have access to medical facilities in Burma and help in tackling some of the major health problems, such as chronic disease, plaguing the country.

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Who holds the anchor?

The Burmese military regime pressure the Ethnic armed groups transform into Border Guard Force (BGF)

By: Tar Sor Htee

Since the general election in 1990, the military regime has refused to transfer power to the elected winner and instead has strengthened its offensive against dissidents in ethnic regions to gain more territory in opposition areas. Aside from military force the military regime has also approached opposition groups for a cease fire agreement, using different mechanisms for mediation between the opposition groups and the regime. Highly respected religious leaders serve as a prime resource for the Burmese regime to use during a mediation process. However, when this tactic is not highly effective the Burmese regime approach opposition parties in person to implement their strategy. It is clear that the regime has a strategy to transform the ethnic political power groups into economically centered groups. The Burmese regimes strategy is two-fold. On one side is the use of a strong offensive against ethnic factions and on the other side is to approach opposition groups with a cease fire agreement. During the 1990s, many of the ethnic groups were divided in terms of agreeing to a ceasefire and some factions
split up from their mother organization and allied with the Burmese regime. Many faction groups that allied with the Burmese regime gained economically from the ceasefire agreement, gaining territory and business opportunities along the Thai-Burma border.

Although ethnic ceasefire groups were determined to plan for their future and capitalize on their newly acquired business opportunities along the Thai-Burma border, more recently the Burmese regime has increased efforts to bring ethnic ceasefire groups into the State Peace and Development Council (SPDC) fold.

Since the inception of 2009 the Burmese regime has increased their efforts to persuade more ethnic groups into the “legal fold” (just surrender) of disarmament. Though utilizing the two-fold strategy of the early 1990s, the tactics of the Burmese regime are proving unsuccessful due to disproportional benefits awarded to the top of command to the neglect of majority group members.

In response, the Burmese government has developed a plan to use the 2010 general election to bring more groups under the SPDC fold and incorporate the ethnic ceasefire groups into the Burmese army as Border Guard Forces.

Already some ethnic ceasefire groups serve as border guards, due to little opportunity to manage their administration resulting from the Burmese regime oppressive policies. The recruitment of ceasefire groups as border guards is a clear strategy of the Burmese regime to build upon their plan of a “one nation one army”.

Here are some facts to study the current and future situation of the ceasefire groups. No matter what will happen to the ceasefire groups, those who will always bear the burden are the ordinary people from the rural areas, particularly those within communities where ceasefire groups reside.

Since the beginning of this years’ rainy season, the combined forces of the Democratic Karen Buddhist Army (DKBA), a ceasefire militia group, and the Burmese Army have been launching a military offensive on the headquarters of the Karen National Union (KNU) in Brigade 7. Roughly 4,000 Karen civilians have been displaced or fled to neighboring Thailand for safety as a result of the armed conflict. The offensive has led to a larger number of civilian deaths, and the displacement has increased the already high risk of landmine injuries, malaria, and maternal and infant death.

The SPDC has instructed the Democratic Karen Buddhist Army (DKBA) and other ceasefire groups to secure the border by launching attacks against non ceasefire groups, such as KNU. The purpose of this offensive against KNU is to ensure control of the border, so that the Burmese regime can successfully carry out their national ‘unity’ plan without opposition.

“Border Guard Forces” (BGF) will receive military training, financial support and provided weapons from the SPDC. The Burmese regime intends to transform ethnic ceasefire groups into BGF’s and integrate the group into government army, with the main objective of purging these groups of their ethnic nationality. It is clear that under the new format, the border guards would be commanded by officers of the SPDC as a way to disarm the ethnic ceasefire groups and pacify them as national security forces.

The tactics of the Burmese regime have become so ruthless that not only do they go after opposition groups they also forcibly enlist villagers to join the BGF. Some villagers have had to flee to Thailand to escape forced recruitment. If villagers were refused to serve as a soldier they would have to pay 50,000 Baht (US$1,500) to the DKBA to cover the cost of hiring a new soldier.

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In early October, the Thai military government increased the amount of equipment available to border officials to check for drug smuggling. The equipment for task forces working along the border entailed motorcycles, safety helmets and solar cell electricity generating sets for communication with military bases. According to the Chief of Staff of the Thai Royal Army, General Ratchakrit Kanchanawat, the new equipment is intended to assist patrollers in reaching areas faster and with ease. Furthermore, the increased equipment will allow for more patrols and extend coverage to difficult drug areas.

According to General Ratchakrit Kanchanawat, 80 percent of the drug trafficking in Thailand still transpires along the northern border and some parts of the northeastern border, and in order to curb the illicit drug trade, officials need to work together more efficiently with neighboring countries such as Burma, Lao and Cambodia.

The increase in equipment comes amidst a military raid where a large supply of drugs was seized in the Chiang Rai province of Thailand. Thai border officials seized 600,000 methamphetamines and arrested two traffickers reportedly linked to drug lord Khunsa of Burma, roughly one kilometer from the Burma border. The confiscated drugs are worth an estimated 180 million Baht (5,400,000$US).

On the other side of the border, Burmese authorities have also claimed to be making strides to combat the illicit drug trade.

During this year's growing season, Burmese authorities have reported destroying 7,893 acres of opium poppy fields in Shan and Kachin states and furthermore have made more efforts to curb drug trafficking in the northern region, particularly in the Laukkai and Tachilek townships. Since the start of this year, Burmese authorities have reported several drug raids and capture of large drug caches in these two townships with the largest seizure taking place in July where roughly 1,000 kilograms of heroin and 340,000 amphetamine pills were seized in the Chiang Rai province of Thailand. Thai border officials seized 600,000 methamphetamines and arrested two traffickers reportedly linked to drug lord Khunsa of Burma, roughly one kilometer from the Burma border. The confiscated drugs are worth an estimated 180 million Baht (5,400,000$US).

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confiscated in the Tachilek Township.

Although the Burmese government has made some strides in combating drug-trafficking, some critics have described this as a disguised ploy to undermine ethnic opposition groups. According to observers working along the border, the Burmese government heavy focus on the northern region to crack down on drug trafficking is part of the grander strategy to first discredit ethnic Wa, Kokang and Shan opposition groups as drug traffickers and second to create factions within cease-fire groups.

In attempts to portray opposing ethnic groups as drug traffickers, the Burmese government hopes to de-legitimize these group’s political efforts and sway international actors, such as the Unites States, who contest the regime harsh tactics against these opposition groups in their favor.

Critics state if the Burmese regime was serious about combating drugs Burmese officials should also pursue allies that are also involved in drug trafficking. Joint Secretary of the Karen National Union (KNU), Hla Ngwe, claims the Burmese government target oppositional ethnic groups while allied groups such as the Democratic Karen Buddhist Army (DKBA), notoriously known for trafficking amphetamine stimulants along the Thai-Burma border, escape persecution.

If the Burmese government wanted to truly address drug trafficking, the regime should also concentrate on their allies the Democratic Karen Buddhist Army (DKBA). In December 2008 report by the Human Rights Foundation of Monland (HURFOM), researchers describe the DKBA as: “the primary actors involved in drug trafficking through the [Three Pagodas] pass, (I think need to explain the location for more understanding) which HURFOM estimates to be well over 50,000 amphetamine pills a week.”

The poor attempts by Burmese authorities to curtail drug trafficking is reflective in the narcotic statistics for Burma. According to United Nations experts, Burma remains the world’s second largest producer of heroin after Afghanistan.

In a report issued by the US State Department in March, Burma still remains a significant player in the manufacturing and regional trafficking of amphetamine based stimulants. Earlier this year the US State Department, as part of the 2009 International Narcotics Control Strategy Report, identified 20 major coun-

For more information please refer to:
HURFOM: http://rehmonnya.org/
A new nationality verification paper is stirring controversy in Thailand. The Thai government has recently established a new ‘passport’ registration process, or a national identification paper, that will allow migrant workers from Burma the opportunity to work in Thailand and have equal access to social welfare benefits, such as medical services, as Thai workers.

Although the aim of this initiative is to curtail the number of illegal Burmese migrants working in Thailand, this new scheme has seen very little success. According to the Thai Labor Minister Phitoon Kaewthong, 2,000 out of an estimated 2 million Burmese migrants in Thailand have registered at a Nationality Verification Centre and acquired a short-term one year passport.

The poor ratio of accepted applicants to overall Burmese migrant workers in Thailand is a result of several factors. Many Labor activists fault the low turnout on lack of awareness raising campaigns for the new initiative. They argue many workers are unaware of the nationality verification initiative or individuals who have heard of the process are often misinformed due to unverifiable rumors. There is also confusion in how to obtain a nationality identification paper, what are the benefits attached to the new ‘passport’ and what are the costs in fees.

The lack of reliable information available to migrant workers from Burma is exploited by opportunistic brokers, who provide charge exorbitant fees to obtain the new ‘passport’. Although, the cost to obtain the new national identification paper should be no more than 5,000 baht (150 US$), some broker agencies are charging as much as 10,000 baht to obtain the new ‘passport’.

In addition to the exploitation of workers from broker agencies, many factory owners also benefit from the confusion of the new ‘passport’ process. According to the Yang Chi Oo Workers Association in the factory town of Mae Sot, many businesses have not mentioned the verification process to their workers in fear of the new opportunities they will attain if they have the travel ‘passport’. In hopes to deter workers from leaving their factory salary of 50 baht (US $1.50) per day to better paid work in places like Bangkok where they can earn up to 300 baht (US $9) per day, many factory owners opt to not disclose this new initiative to their employees.

Another problem deterring many migrant workers from participating in the new program is the cost to obtain a national identification paper. Even at the official designated price of 5,000 baht the price is still too high for many low-paid migrant workers.

Furthermore, the potential threats from Burmese officials deter many migrant workers from Burma from applying for the new ‘passport’. According to the Migrant Assistance Program (MAP), many migrant workers choose not to participate in this ‘passport’ program because of fear that Burmese authorities will arrest them or demand money from family members inside Burma once the process is complete.

With the February 2010 deadline to apply for the national identification paper fast approaching, the problems associated with obtaining the new ‘passport’ should be rectified in order to increase the number of migrant workers from Burma in the program. In order to address these problems, the Thai government should take steps in providing transparent and widely available information to migrant communities and account for the growing corruption involved in the national verification process; and the Burmese government should take greater steps to quell the potential threats involved in obtaining the new ‘passport’.
A
s the Burma’s atrocious human rights record remains primarily out of international media spotlight, the Burmese government military offensive, particularly against marginalized ethnic minority groups continues unabated.

According to the Executive Director of the Thai Burma Border Consortium (TBBC), “A recent influx of refugees into Thailand and monitoring reports from internally displaced communities indicate that violence and abuse in eastern Burma are increasing.”

The TBBC, an umbrella network of twelve humanitarian agencies from ten countries, has recently released findings that draw attention to the growing instability in the eastern region of Burma. In attempts to document the ongoing problems many ethnic groups in eastern Burma endure, the TBBC conducted field surveys from more than 3,100 households, framed around conflict and, over the course of five years in various rural locations in eastern Burma.

The findings uncovered human security in eastern Burma was very much determined by the level of militarization. Specifically, military patrols and landmines serve as the most potent and fastest growing threats to civilian security and safety.

In terms of livelihoods, forced labor and restriction on movement are the most significant factors that threaten civilians living in eastern Burma.

According to the field report by the TBBC, the massive displacement of entire communities is a prime indicator of crimes against humanity taking place in eastern Burma. In the past year alone, more than 75,000 have been forced to leave their homes, bringing the total of internally displaced persons to more than half a million.

The severity of the situation in eastern Burma is felt hardest by civilians living in the northern Karen and southern Shan state. According to the TBBC findings, roughly 60,000 Karen villagers are in hiding in the mountains of Kyaukgyi, Thandaung and Papun townships. Furthermore, as many as one third of the displaced persons fled as a direct result of artillery attacks or the threat of Burmese army patrols during the past year.

In similar circumstances, an estimated 20,000 people from 30 Shan villages were also forcibly relocated by the Burmese military in response to the Shan State Army-South (SSA-S) operations against the Burmese regime.

As the report cites, the increased instability in the eastern region of Burma will more than likely persist, as the Burmese government continues their military offensive against ethnic factions as well as forcibly demand ethnic ceasefire groups transform their structure into compliance of the Border Guard Force under the Burmese Army control.
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Due to a lack of adequate knowledge about the dangers of sharing needles, thousands of injecting drug user are being infected with HIV in Burma. According to UNAIDS, one in three injecting drug users is infected with HIV/AIDS in Burma, where an estimated 240,000 people are thought to be living with the deadly disease.

Government figures also show that HIV prevalence is at about 35 percent among injecting drug users; in some areas, the rate is as high as 80 percent. Intravenous drug use accounts for 30 percent of all new HIV infections in this country, which is the world’s second-largest producer of illicit opium and one of the largest producers of amphetamine type stimulants (ATS). Experts say that the number of drug users has also increased at a surprising rate in recent years, and that many users are moving away from smoking opium to injecting heroin and taking ATS tablets.

The UN Office on Drugs and Crime (UNODC) estimates that there are around 300,000 drug users in Burma, while some NGOs believe there could be as many as 500,000.

An estimated 50 percent of all drug users are reportedly injecting drug users, according to experts. In an effort to reduce HIV infection caused by needle-sharing, international and local agencies have been trying to raise HIV awareness among injecting drug users.

Through awareness-raising campaigns, some injecting drug users know that they should not share a needle with other users in order to avoid becoming infected with HIV. Some drug users say that one reason they tend to reuse needles is that they fear being arrested by the police when they buy new needles from drug stores.

The 1993 Narcotics Drugs and Psychotropic Substances Law require drug users to register with government medical facilities to have treatment and rehabilitation. If they fail to register, they could be imprisoned for three to five years.

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