

South East Asia

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As the world nears the 2015 deadline to achieve the Millennium Development Goals, events in South East Asia during 2012 underscored the unequal progress that has been made in many countries. In many parts of the region, there are troubling and consistent gaps in health outcomes between the majority and the often marginalized minorities. In eastern Burma, maternal health remains dire for minority women in conflict zones, despite hopeful but tenuous ceasefires. Incidence rates of HIV soar unacceptably high above the national average in Indonesia's Papuan provinces. In the Philippines, a pair of calamitous natural disasters exposed an uneven response to survivors, while maternal and child health indicators in parts of conflict-torn Mindanao have actually worsened. Meanwhile, in Vietnam, researchers say the gap in access to maternal health is widening – and it is largely drawn down ethnic lines. The year's events show that basic rights for minorities are not an inconsequential ideal – they have a direct impact on health and lives.

Burma

During 2012, Burma continued to re-engage with the international community following years of isolation. The government continued its gradual release of political prisoners, touted tenuous ceasefire agreements with armed ethnic militias and lifted aspects of its once crippling media censorship.

In April, the country held by-elections to fill vacant parliamentary seats. Opposition figure Aung San Suu Kyi ran and won her seat, less than 18 months removed from long-term house arrest. Critics charged that the government was using a by-election – in which its control of power was never in doubt – as a modest show to encourage the lifting of international sanctions. Indeed, the United States and European Union

began to ease sanctions following the vote. Observers such as the Alternative Asean Network on Burma noted 'widespread irregularities, threats, harassment, vote-buying and censorship'.

In three constituencies of conflict-ravaged Kachin state, authorities postponed the vote altogether. Nevertheless, the international community responded positively to the by-election. Still, the well-being of Burma's diverse and numerous ethnic minority groups is necessarily a measure of the extent of the country's reforms.

Throughout the year there were worrying developments, including anti-Muslim demonstrations and violence, the continued persecution of ethnic minorities in conflict zones, and the marginalization of minority communities in tenuous ceasefire areas. In each case, the instability had detrimental effects on the health of already marginalized populations. In eastern Burma, for example, the maternal mortality rate is triple that of the country as a whole, making this statistically among the most dangerous places in the world to be a pregnant woman. At the same time, drug-resistant malaria is spreading along this eastern border heavily populated by minority groups. It now means that Burma accounts for more than half of all malaria-related deaths in South East Asia, according to *The Lancet* medical journal.⁶

The dire health situation in such areas is exacerbated by long-standing conflicts, which displace and destabilize civilian populations. Fighting continued between the Burma Army and the Kachin Independence Army through the year, following the crumbling of a 17-year ceasefire in 2011. Numerous attempts at peace talks failed to produce an end to the violence. In the meantime, civilians caught in the crossfire continued to suffer. A March report from HRW accused government soldiers of blocking needed humanitarian aid, torching villages and firing on innocent civilians. Rights groups say the conflict has displaced as many as 75,000 civilians. A further 10,000 who attempted to flee to China were denied basic care, including safe water supplies, food, sanitation and health care, HRW reported in June.

Also in June, the Kachin Women's Association Thailand (KWAT) said it had documented



Above: Rohingya families living in basic home-made shelters in Rakhine state, Burma. *Mathias Eick EU/ECHO.*

cases in which 43 women or girls were raped or sexually assaulted in the 12 months leading up to June 2012. Burmese soldiers, the report stated, 'have used rape systematically as a weapon of war'. A later report documented the killings or injuries of 26 civilians between September 2012 and February 2013.

In Karen state in eastern Burma, the government touted its ceasefire with the Karen National Union (KNU) and its military wing, the Karen National Liberation Army (KNLA). But a May report by the Karen Human Rights Group (KHRG) detailed abuses post-ceasefire, either at the hands of the Burma Army or the Democratic Karen Buddhist Army (DKBA), a splinter faction of former KNLA fighters. These

included allegations of arbitrary arrest, physical violence and forced labour.

In Shan state, a short-lived ceasefire with the Shan State Army North (SSA-N) broke down in June as the rebel group clashed with the Burma Army. In December, the Shan Women's Action Network (SWAN) said civilians were frustrated by the continuing violence despite a more than year-long peace process.

One of 2012's most worrying developments was the surge in violence between Buddhists and minority Muslims. This was centred in troubled Rakhine state, where tensions between ethnic Rakhine Buddhists and Rohingya Muslims spilled over into bloodshed. Though violence often grew from back-and-forth retaliations, it quickly developed into a humanitarian crisis with tens of thousands of mostly Rohingya Muslims driven from their homes. In May, a Rakhine woman was raped and murdered; the assailants

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Despite the ceasefire, health care woes continue in south-eastern Burma

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In a bustling waiting room, Naw sits on a fold-up chair, her hair caught in the breeze of a whirling fan.

Her arms rest over the bump just beginning to show beneath her clothes. This will be the eleventh time she has been pregnant. However, it is the first time she will actually consult with a health professional during the sensitive prenatal months.

For many like her, the Mae Tao Clinic in the western Thai town of Mae Sot along the Burmese border is the only opportunity to access reliable health care.

‘When I was in the countryside in Burma, there would be only one midwife for the entire village,’ says Naw, who asked that her name not be published. ‘If I wanted to get proper health care, I had to go to a big city and spend money.’

It is a vital issue in south-eastern Burma, which has suffered from years of clashes between Burmese troops and armed ethnic militias fighting for autonomy. That includes decades of fighting over the border in Karen state, where many of the patients who cross the border to reach the clinic live.

The instability means the maternal mortality rate in south-eastern Burma – describing the rate of women who die during pregnancy – is more than three times the national rate, at 740 deaths per 100,000 live births.

Mortality rates for infants and children under the age of five are also

disproportionately high. Naw, who lost four of her children before they were five years old, says she feels safer having a baby here in this clinic. That’s why she pays for transport across the Moei River, which acts as a natural border here between Thailand and Burma, so she can reach the clinic on the Thai side.

Naw says, ‘I’m not young any more. I know I’m old to be having a baby. I should be delivering in a proper health centre.’

The year 2012 began with hopeful news in Naw’s native Karen state: the announcement of a ceasefire between the Burmese government and the Karen National Union (KNU), who have been engaged in one of the longest-running civil wars in the world.

An October survey from The Border Consortium (TBC), an umbrella organization of international groups delivering aid to Burmese refugees in Thailand, estimated that 10,000 people were displaced in south-eastern Burma during 2012. It is still a worrying figure, but far less than the estimated 75,000 a year that had been recorded prior to this.

Even as hostilities cooled during the year, however, the health situation remains perilous. The TBC survey suggested almost three-quarters of people in the south-east’s rural areas do not have access to safe drinking water, while almost half cannot access proper latrines.

While Burma has boosted funding for its health services recently, the national health budget still comprises only 3 per cent of total government expenditure, according to medical journal *The Lancet*.⁷ People like Naw have turned to the international community, through the Mae Tao Clinic, which has a target population of about 150,000 people on both sides of the border.

For others, who cannot reach the clinic, the situation is often dire. Groups like the Backpack Health Workers Team, based in Mae Sot, are trying to take health care to those who need it.

For years, the group has sent mobile teams into remote areas to deliver health care. In just the first six months of 2012, health teams dealt with more than 45,000 individual cases.

Mahn Mahn is the group’s director. He says last year’s KNU ceasefire has made travelling in

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the region easier for health workers. But even with a ceasefire, health problems are just as worrying. Preventable illnesses like malaria, diarrhoea and acute respiratory infections are still prevalent in the target area. At the same time, aid workers say the relative calm has sparked a renewed interest in large-scale development projects, particularly in the mining sector. There have been more reports of land confiscation as proponents of these development projects are

Below: Karen amputee at the Mae Tao Clinic in Thailand, found along the Burmese border.
Brendan Brady.

eager to take advantage of the relative calm.⁸

Mahn Mahn says, 'There are direct health impacts, but also indirect ones from land confiscation, conflicts between locals and workers.'

Mahn Mahn says he hopes a permanent end to the fighting will see the health situation improve. However, the path ahead remains difficult.

'We see only the ceasefire, but we don't see the peace process clearly. We need to see what the peace process will be in order for the political situation to stabilize. Without solving the political situation, the ceasefire is not sustainable.' ■



were reported to have been three Muslim men. A week later, an incensed Rakhine mob attacked a bus and beat to death 10 men perceived to be Muslim. The violence sparked a series of retaliatory attacks. According to official estimates, the attacks left 80 people dead and displaced a further 90,000, mostly Rohingya, by the end of the month.

Aid workers warned of a burgeoning 'humanitarian crisis' for Rohingya Muslims fleeing the violence. Conditions in temporary camps were described as 'alarming', with health experts expressing particular concern over malnutrition rates among displaced Rohingya. The violence saw many Rohingya attempt to flee Burma in boats, only to be turned back by neighbouring Bangladesh, where tens of thousands of displaced Rohingya already live in official and unofficial refugee camps. In a June report based on interviews with fleeing Rohingya, the UK-based Equal Rights Trust charged that the military had not only turned a blind eye to the violence against Rohingya, but that it had actively participated in 'state-sponsored violence' against them:

'The military became more actively involved in committing acts of violence and other human rights abuses against the Rohingya including killings and mass-scale arrests of Rohingya men and boys in North Rakhine State. This has caused an increased proportion of men and boys to flee the country, resulting in increased incidences of rape of the women left behind, committed by Myanmar security personnel.'

Violence again erupted in October, leaving more than 100 people dead, according to official estimates. HRW suggested that the death toll could be far higher. While there has been violence on both sides, human rights groups warn that many of the consequent attacks have been focused on Rohingya communities, often with the complicity of a government unwilling or unable to protect them. For example, HRW released satellite images following the October attacks showing whole villages belonging to Muslim families burned to the ground.

The stateless Rohingya are often called 'the

most persecuted people on earth' – refused citizenship by Burma, and unwanted by neighbouring Bangladesh. While the antipathy in Burma has been cultivated by outspoken extremist Buddhist monks, ordinary citizens have also participated in large anti-Rohingya and anti-Muslim gatherings. This was highlighted by an October demonstration in the capital, Yangon, when thousands of monks marched in the streets to protest the Organization of Islamic Cooperation's stated plans to help the Rohingya. Violence between majority Buddhists and minority Muslims flared elsewhere in Meikhtila in central Burma in March 2013. Media and rights groups reported on a massacre of at least 25 Muslims in late March.

The future prospects for long-term peace in Burma's disparate ethnic regions are inextricably tied to the government's renewed push for the development of the country's natural resources. But critics say the push for development in these still sensitive areas has brought with it increased militarization. A November report by the Ta'ang Students and Youth Organization (TSYO) highlighted problems associated with the controversial Shwe Gas Pipeline, which will allow the shipment of oil and gas between China and the Bay of Bengal. Burma has deployed additional military units to guard the pipeline route, amid pressure from armed ethnic militias. The pipeline's construction has led to land confiscation, forced labour and other rights abuses, the report states.

A February 2013 report by the Transnational Institute warns that the sudden development rush sparked by Burma's political changes has actually fuelled ethnic conflict. The authors estimated that 65 per cent of approved foreign direct investment had been injected into three conflict-ridden states alone: Rakhine, Shan and Kachin. The report states:

'Instability and the lack of effective regulatory mechanisms has provided opportunities for rapacious, large-scale resource extraction, such as mining, hydropower dams and logging, as well as illegal cross-border trading. The impact on local communities has been severe, and the benefits few and far between.'

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Continued fighting causes human rights abuses and health concerns in Burma's non-ceasefire areas

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Lway Poe Ngeal is a Palaung woman who left Burma for better education opportunities in neighbouring Thailand. Now, she works with the Palaung Women's Organization, which advocates for the rights of an ethnic minority community concentrated in northern Shan state.

Palaung civilians have become caught up in the violence between the Burma Army and armed ethnic militias, including the Kachin Independence Army (KIA), the Ta-ang National Liberation Army (TNLA) and the Shan State Army-North (SSA-N). Upon returning from her most recent aid mission in early 2013, Poe Ngeal says there are at least 2,000 internally displaced people (IDPs) from Palaung communities living in five basic camps in northern Shan state near Kachin state. Aid has barely trickled in to these camps. Food and water shortages are common and medicine is difficult to obtain.

'The new IDPs cannot access humanitarian aid. They don't have shelter. They don't have a safe place to stay. They don't have food, water, or medicine too. They don't have anything because they had to run away from their homes suddenly. It is a new life for them. They have to start their lives again.'

Many men have fled or migrated elsewhere in search of work. That means women are taking on increasing responsibilities and bearing the burden of displacement. For many women in the camps, one of the biggest fears is becoming pregnant again.

'Some women tell me that they don't want to get

pregnant, because they don't know when they will have to go on the run again. They don't want to have to flee while pregnant. So they ask us to give them birth control. We try to give things like birth control pills and condoms, but we don't have enough. They don't know that you have to keep taking the pills and they don't know where to get other medicine. So if we give them enough for one month, they just use it for one month, and that's it. So they will get pregnant again.'

'One of the women in the camp was heavily pregnant when she had to run away. She suffered a miscarriage on the journey. Pregnant women have to stay in a safe place and not have anything to worry about except to take care of their own health. But she couldn't do that. Then even after she miscarried, she still had to run.'

Increasingly, some Palaung farmers have had to turn to opium cultivation to survive. The increasing availability of narcotics has sparked an addiction problem. Poe Ngeal has seen the effects in the camps.

'One of the fathers is a drug user. His wife has to starve because of it. Her husband doesn't care about anything; he just cares about drugs. So when they fled from the fighting, she was pregnant. She gave birth to her baby after arriving in the camp. After, the family didn't have anything to eat. Eventually, her husband took the baby and sold it. He trafficked the baby. It's such a horrible story. We don't know how we can help them. We can only support them with small humanitarian aid, but we can't help everyone.'

Burma's president, Thein Sein, has received international attention because of the country's recent political reforms. But Poe Ngeal worries that these cautious changes have overshadowed the continuing humanitarian crisis in conflict zones.

'There are still serious human rights violations in Palaung areas. You see the IDPs running away from their homeland. So how can they survive and live their lives? If the political situation is not stable, they cannot go back to their homeland. They cannot survive. That is very worrying for me.' ■