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"Burma's
health
disaster..."



THE NEWSLETTER OF THE COMMITTEE FOR INTERNALLY DISPLACED KAREN PEOPLE (CIDKP)



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Cover picture:Kaw Kler

Time to get tough with Burma's military regim

Burma is to get \$100 million over five years to fight HIV/AIDS, malaria and TB. The funds will be managed by the United Nations. As in the past with the other huge amounts of aid money spent by international agencies, *Inside News*, is skeptical the money will deliver healthcare to Burma's ethnic people.

A report, 'Chronic Emergency' by the Backpack Health Worker Team clearly links forced displacement with increasing the risk of death and injury from landmines, malaria and malnutrition for Karen villagers.

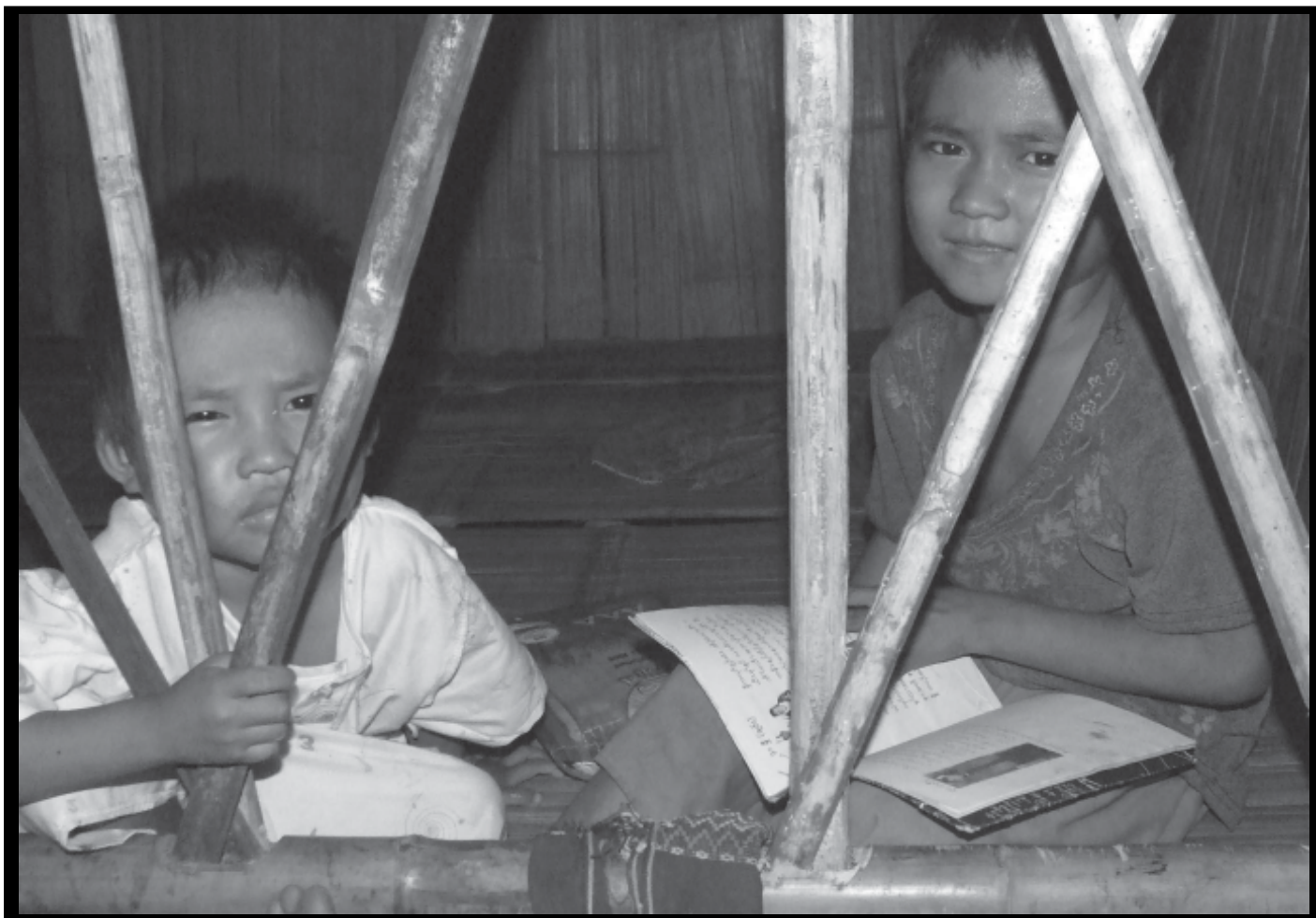
In 2006 the Burmese Army increased their attacks in Eastern Burma forcing 18,000 into jungles or to attempt the hazardous trek to exile in makeshift camps on the Thai Burma border.

Solving Burma's health crisis needs more than money and goodwill from donors. It demands strong measures such as intervention. The people need protection and security. Political prisoners have to be released, as does Aung San Suu Kyi.

The international community has had the stamina to berate the Burmese military regime for 17 years with little outcome. The generals have continually snubbed and insulted any attempts at 'meaningful dialogue'. A constant stream of high-ranking UN and other officials have achieved nothing. Large amounts of aid dollars have been siphoned off to prop up the corrupt practices of the regime. Intervention in Burma is long overdue. Only then will we see Burma's people given the justice, humanitarian respect and dignity they deserve.

MAKE A DIFFERENCE!

If you want to find out how you can help internally displaced Karen people: email kidpc@cscoms.com; hlahenry@hotmail.com or write to CIDKP, PO Box 22, Mae Sot, Tak 63110, Thailand.



School gives hope

Ei Tu Hta camp located on the Salween River on the northern edge of Karen state is devoid of the sound of modern life. There is no electricity for televisions, no cars, no motorcycles and no CD players. But as the sun goes down the night is split by the screams of sick babies and the animated chat of students as they study by oil lit lamps. "When the sun goes down, I start reading because I want to be a school teacher. I am studying at 2nd grade but I will try to finish 10th grade. Afterwards I will teach in my school," says 10-years-old Mular Hser a student at Ei Tu Hta middle school.

Mular Hser scratches her arms and waves her hands at mosquitoes and other insects attracted by the lamplight. "Mosquitoes bite me every night when I read."

Mular Hser has had malaria and skin problems. She's been on malaria medicine for a month. She says the wet season makes everything muddy and causes the camp to flood.

"We've got soap, but we still get skin problems."

Saw Han Nay Thaw, a health worker in Ei Tu Hta clinic says. "Skin problems usually occur with kids during the rains. Those who sometimes forget to drink boiled water are also likely to get it. There is about 30 to 40 people with skin problems in the camp."

Saw Han Nay Thaw says when people first arrived they have skin problems.

"We thought it was because the camp was new. But after four months the skin problems are still with us."

Ei Tu Hta students' study is constantly disrupted by sickness caused by the long trek to the camp and the poor nutrition they eat while hiding in the jungle.

Mular Hser always worries she will get sick and won't be able to study.

"I want to complete my school, but I am reading in clouds of mosquitoes. I'm afraid I won't be able to reach my goal of being a teacher."



Burma regime is a health risk!

A 100-million-dollar five-year plan known as "Three Disease Fund", to combat HIV/AIDS, tuberculosis and malaria in Burma starts at the end of this year. The fund financed by Britain, Australia, the Netherlands, Norway, Sweden, and the European Commission will be managed by the United Nations agency, UNOPs.

The new fund replaces the Global Fund that withdrew from Burma last year claiming the military regime made it impossible to carry out its work.

World health authorities regard Burma as a health disaster. Tuberculosis kills 12,000 people a year, HIV/Aids rates are unknown, but health workers say they could be as high as 600,000.

A 2006 report by the Johns Hopkins Center for Public Health stated that Burma had over 700,000 cases of malaria in 2004, almost 80 percent of those being the most dangerous type, plasmodium falciparum. The report claims "Burma consistently records the most malaria related deaths (almost 2,500) of any country in the region. Over half of all Asia's malaria deaths in 2005 occurred in Burma."

A Karen health worker says he is concerned the huge amount of international aid money will not benefit any of the ethnic people of Burma.

"Of course we want to see humanitarian help given to the people of Burma, but the regime can't be trusted. How do you explain the atrocities the Burmese Army is systematically doing in Karen State with plans to give health funding to the regime?"

His concerns are also reflected in 'Chronic Emergency', a report released by the Backpack Health Workers Team (BPHWT) that says that the military regime restricts and controls international aid agencies working in Burma. Thai Senator Jon Ungphakorn in his foreword to the report says. "The generals who rule Burma have gone to great pains to close off most of the country. Censorship is draconian... there is an absence of information about populations of the 'black zones' of Burma who have faced decades of civil conflict."

At the same time as the Three Disease Fund was being launched, 18,000 Karen people in Eastern Burma forced from their homes by the Burmese Army are battling disease in jungle hideouts. Soldiers destroyed their rice crops, animals, cooking implements, houses and other possessions. Karen villagers have been forced to work as unpaid porters and many tortured and beaten. The BPHWT report also found that forced relocation increased the risk of landmine injury by almost five times, doubles the chance of childhood death, increases malaria and malnutrition. Saw Hla Henry from the Committee of Internally Displaced People says it's time the UN looked closely at the real cause of the health problems in Burma.

"The military regime and its policies are the problem. The UN needs to consider intervention like it has in other countries then we might see our peoples' quality of life and chance of survival improve."

Clinic gives hope

Life is tough for the people of Nyaw Lin Bin District, especially if they get sick. There is not much they can do. Saw Thaw Thit is a medic at Htee Mu Hta Clinic that is located in a jungle valley. He says many people, even though the clinic is poor and can't offer much, are prepared to make the dangerous trip.

"Our roof is not even rain-proofed. The walls are falling down and the beds are broken. We don't have enough medics, medicines and food for all our patients."

Saw Thaw Thit tells how a patient, Naw Pwen Han, walked for two days to get to the clinic.

"She was so weak we had to put her on an IV injection drip for three days. Naw Pwen Han died with the drip still running in her arm. She was three months pregnant, malnourished, and had no energy. She also had malaria."

Naw Pwen Han says people forced to live in the jungle have poor health.

"The conditions are bad. We try to refill their strength and take care of them."

Saw Thaw Thit, 48, a senior medic, has worked in Nyaw Lin Bin district for 15 years.

"We see up to 15 malnourished people in a month. We have had about 100 births here. Most women give birth home and use the traditional birth attendant (TBA) and the clinic if they need help."

Saw Thaw Thit says pregnant women who use the clinic are usually between the ages of 25 and 35.

"The younger women hardly come to the clinic. Those women over 25 who come to the clinic have usually given birth several times already, are weak and more vulnerable to disease."

According to Saw Thaw Thit the clinic does not have enough medicine and relies on getting supplies from the Back Pack medical teams visiting the area.

"If we did have more resources and the clinic was not so far from a hospital many patients would not die. We have no delivery instruments, sometimes we save a mothers life and fail to save the baby. It is a big loss."

Saw Thaw Thit says people wanting to have treatment in Nyaw Lin Bin District have up to a two-day walk to the clinic.

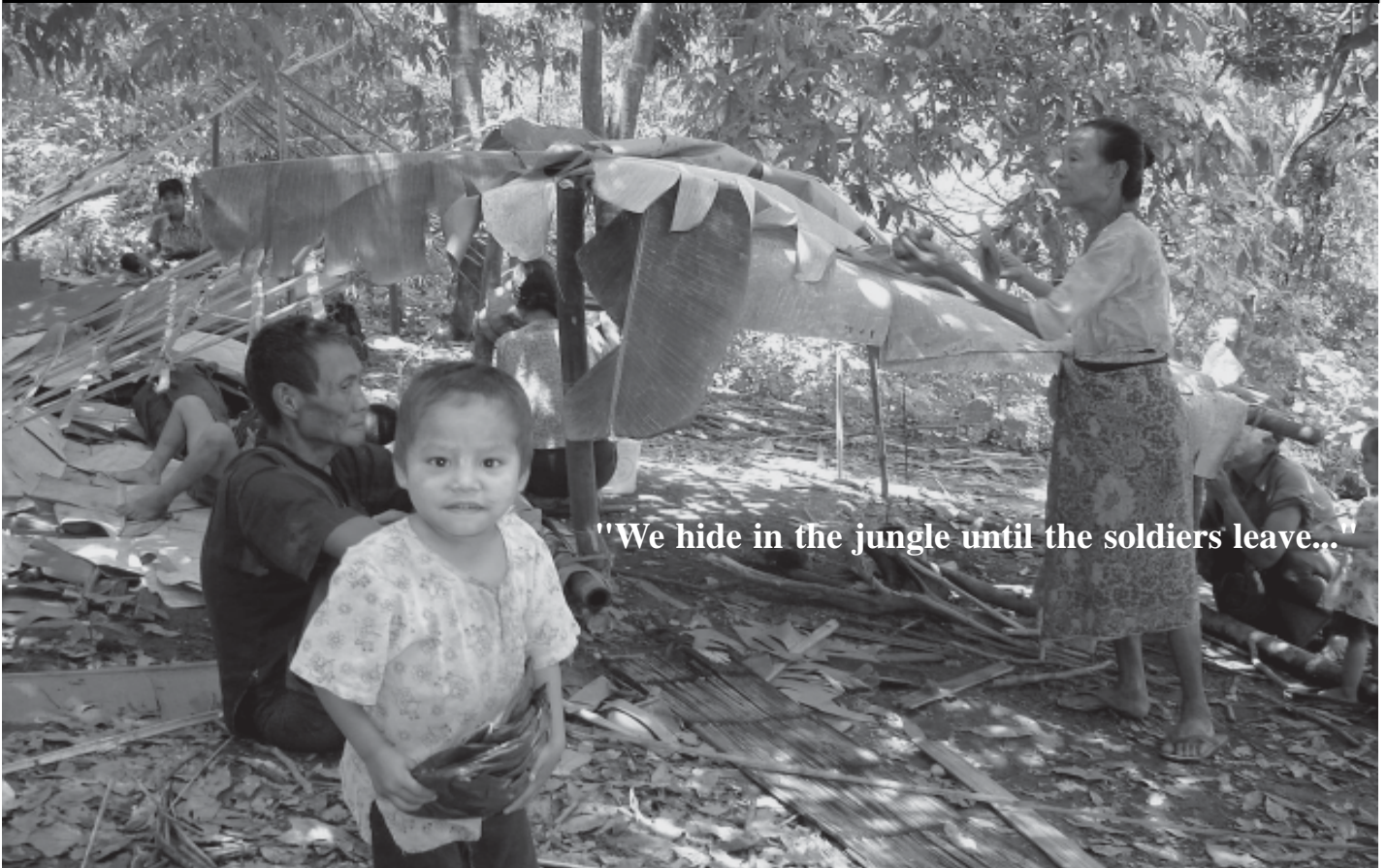
"We have about 400 patients come to the clinic each month. Last month we had three people die because they could not get to the clinic on time."

Saw Thaw Thit lists the clinic's cases ---- malaria, diarrhea, stomach problems, malnutrition, worm infestations, malnourished pregnant women and gunshot wounds. "Malaria is the most common accounting for about 60 percent of our patients. If we have an emergency or a serious case we can't treat, we do the best we can, but do try to get them to a clinic over the border or to Mae Sot Hospital. Saw Thaw Thit says Htee Mu Htas clinic has no borders and their only mission is to treat sick people.

"Whoever comes to the clinic we look after them. We are located deep inside close to where displaced people are hiding. More than 3,000 people from Mon, Hsaw Htee and Kyauk Kyi townships use our clinic."



Soldiers terrify villagers



"We hide in the jungle until the soldiers leave..."

Saw Mae Ber (51) and his wife; Naw Mu Plaw (48) have four children and they are from Poe Mu Der village in Taungoo District.

He says Poe Mu Der used to be a very green environment of plantations and rice paddys that supported many families, but now, the village has been abandoned by villagers fleeing to the jungle or the border for their safety.

"Everytime the Burmese soldiers came into the village, they shot their machine guns in the air and gathered all villagers under the hot sun for the whole day without reason. Children cried from hunger and thirst."

Saw Mae Ber described how the soldiers destroyed the village.

"Soldiers raided every house. When they found pots or plates or other containers, they stabbed the bottom with their knife making the plates or pots useless. They also burnt down paddy barns [rice stores] saying KNU weapons are hidden in the paddy."

"Every time the Burmese troops came, we were scared. The soldiers didn't allow us to leave the village. We can't go to our farms to cultivate or forage for food."

Saw Mae Ber explains how the villagers were forced to look after the soldiers occupying the village.

"We had to serve them pork, chicken and beef. In addition, when they left the village, they took fowls and clothes from the villagers."

...continued page 7

Saw Mae Ber says, "one of the worst things the soldiers did was landmines the village. They planted landmines around the village, in our farms, plantations, all the places we used."

Saw Mae Ber was arrested on the way back from his farm, accused of being a Karen soldier [KNLA] and tortured.

"The Burmese soldiers said I was with the KNLA. They asked me where the KNLA soldiers were and where I hid my gun. I told them, I am not a KNLA soldier and know nothing about it. After that, they beat me three times and then wrapped my face with plastic sheet. They forced my head underwater in the stream several times."

When he continued to deny the charges he was forced to be porter.

"I repeatedly said I knew nothing, even as I was almost suffocating. They gave me a heavy load and forced me to carry their supplies for a month from Pae Taw Day, Play Hsa Loh and Ta Pa Khee until they reached their camp."

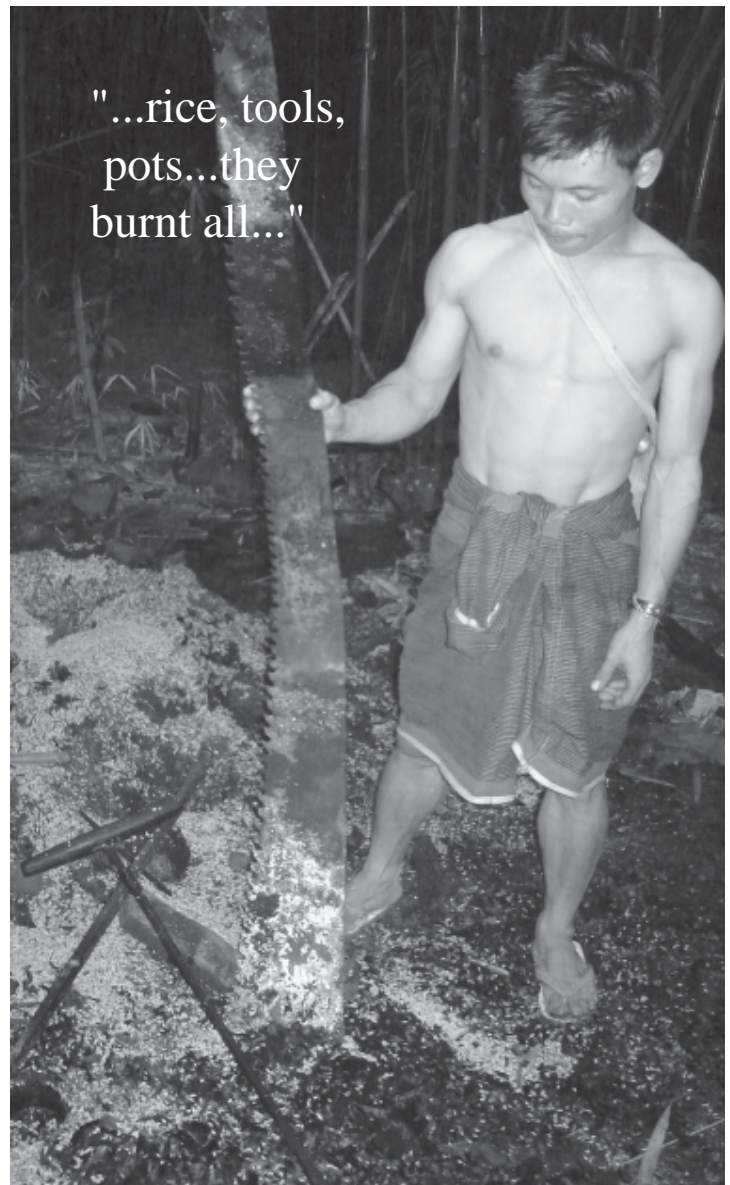
Saw Mae Ber says forced conscription and the ban on learning the Karen language is a part of plan to "Burmanise" ethnic villagers. "If a hundred people live in a village, 16 of them must become soldiers in the Burmese Army. In our schools we can't learn the Karen language."

Saw Mae Ber says that on May 28th Burmese soldiers came into his village and burnt down 17 houses.

"Between July 12th and the 29th, Burmese soliders entered Khae Der village firing their guns. Soldiers destroyed everything in the

church including; 18 Bibles, 25 hymn books and then burnt down the church. On their way back from Khae Der, they destroyed a traditional drum of Naw Doo."

Saw Mae Ber says on July 11th troops also killed a humanitarian worker named Saw Hsa Gay (20) while he was distributing medicine. "When they went up to Wah Mee Per Kho, the troops also burnt down 20 newly built houses. Before they left the village they planted mines on the road. A Wah Mee Per Kho villager, Saw Gay Doh Htoo, stepped on a landmine and lost both legs."





Pregnancy is not an illness

Eh Moo Lah, 30, has been working in Mae Tao Clinic for six years and says the number of babies born there have increased each year --- in 2005, the clinic delivered more than 3,000 babies.

“Pregnancy is not sickness. Women do not have to avoid any kind of food, your body needs food for energy, I urge mums to ‘eat as much as they can’.

Eh Moo Lah says many pregnant women in the Mae Sot area come to the clinic.

“If they feel pain, their friends or bosses send them to the clinic.”

Eh Moo Lah says women living in Burma who have trouble getting health care have more problems getting to the Clinic. “They can’t come at night because of difficulty in crossing the border.”

Eh Moo Lah explains that if the newly born baby does not have any problems, they are released after 24 hours.

“Those mothers who have malaria, problems with their abdomen, unstable blood pressure or any other problems, are not released. If the child has fever, skin problems, low weight, can’t suck milk and can’t shit then will be kept until they are well.”

Eh Moo Lah says the Clinic can’t keep people any longer than is necessary.

“We do not have enough places. If possible we try to keep them for three days, the same as Mae Sot Hospital. But many pregnant women want to leave right after giving birth.”

Eh Moo Lah says the Clinic provides women with education about the problems that can follow after the pregnancy.

“Bleeding, low blood pressure and high blood pressure. We educate them before they leave.”

Eh Moo Lah says family planning improves people’s quality of life.

“A mother’s body needs time to recover after she has given birth. If not, there are serious health risks for the mum.”

**"Sleep under nets
and use blankets
or mats on floors..."**



Malaria Kills

Saw Wah Htoo, a medic at Mae Tao Clinic on the Thai Burma border says malaria is a killer disease that affects thousands of Karen each year.

"When I was a medic at Pa Heh, in Bu Tho Township in Burma, if displaced people came to our clinic on time they could be treated, but if they did not, there was a real possibility they might die."

Saw Htee Ywa is one of the lucky ones who survived malaria.

"I got it when I lived in an IDP village. After I took my evening wash I had body aches. I went to bed. During the night I had fever, headache and eye pain. Next day I didn't want food and when I peed my urine had blood in it."

Saw Htee Ywa says he knew he had malaria.

"There wasn't any clinic close by so I just took 'Para' [paracetamol] to get better. I knew it wasn't good enough, but it was all I had. I knew people died from malaria unless they got medical help on time."

Saw Htee Ywa admits he felt desperate being so far from a clinic.

"I was scared. I was lucky I was able to get treatment when I got to Mae Tao Clinic."

Medics, Saw Wah Htoo and Saw Hsa K' Paw, say they see more malaria cases at Mae Tao Clinic during the May to September wet season when mosquitoes increase in numbers.

Saw Wah Htoo says educating people how they can prevent getting malaria is crucial.

"Villagers should keep their living areas mosquito free. They should sleep under a net, put a blanket or mat on the floor and if possible use a mosquito repellent."

Saw Wah Htoo finds that most of his patients come from Burma --- Myawaddy, Pa-an, Mawn L'Myie and Kaw Kareit.

"Most come from the Myawaddy region. Last year we treated 21,276 people with malaria."

Saw Wah Htoo says young children are at greater risk from malaria as many are not able to tell how they feel and this causes delay in getting treatment.

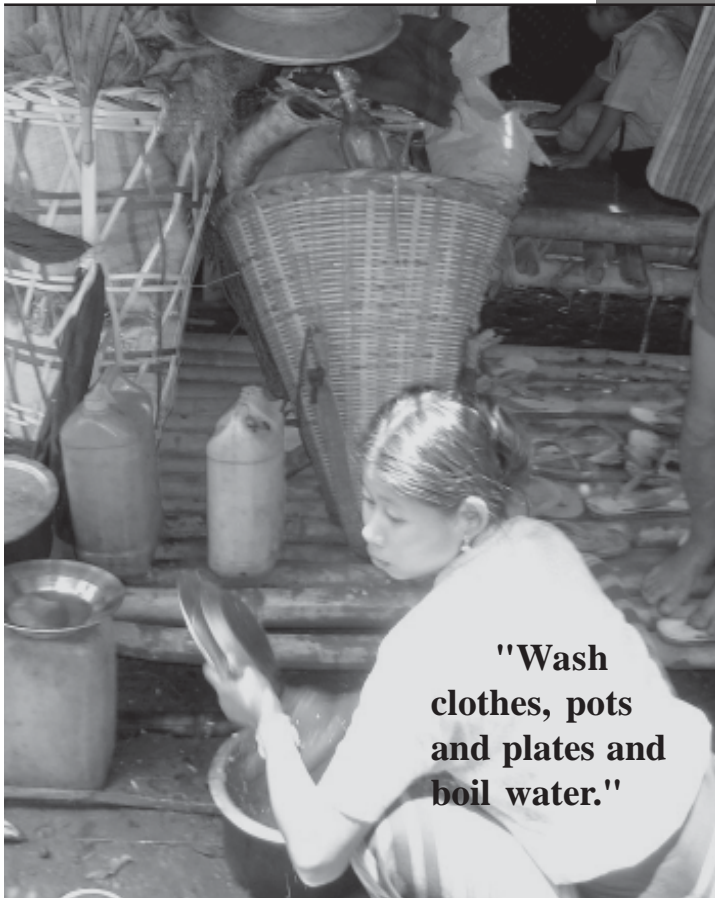
Saw Tha Kler, from the Karen Health Education Department, says many people die because they aren't able to get medical help in jungle hideouts.

"There is not enough medicine to give out or people don't take the correct dosage."

Saw Tha Kler says, the Burmese Army attacks this year in Eastern Burma that forced 18,000 Karen villagers from their homes and into hiding and the early wet season means many more people will now be at risk of getting malaria.

A Mae Tao Clinic report for 2006 found that from January to May, 1,800 children and 8,728 men had malaria.

In 36 villages assessed between January and June this year by the Back Pack Health Workers Team, 250 Karen people had contracted malaria.



**"Wash
clothes, pots
and plates and
boil water."**

Keep Clean it could save your life!

Keeping healthy is important. If people don't the quality of their life plummets. As one elderly Karen wisely told *Inside News*: "Wealth without health is nothing."

Wise words, but being forced from your home and village and having to live in jungle hideouts makes keeping healthy hard when just keeping alive is a tough task in modern day Burma.

An experienced medic at Mae Sot's Mae Tao Clinic told *Inside News* that diarrhea affects many displaced people and refugees.

"We see many seriously sick people often sick with different strains of diarrhea. Diarrhea from peritonitis mostly happens to children but we get many severe cases of 'normal diarrhea' that infects all — kids, adolescents and adults. The most serious diarrhea is caused by cholera, which is easy to get from people-to-people contact, but fortunately it is not common. Fluid replacement is crucial in any treatment, as much as 20 liters a day can be lost."

The medic says diarrhea is serious if it causes dehydration.

"Especially so in babies, young children and the elderly. Dehydration means the body doesn't have enough fluid to work properly. It is fatal and must be treated quickly to avoid serious health problems."

The medic says diarrhea—loose, watery stools, more than three times a day—is a common problem affecting thousands of displaced Karen people and if not treated is one of the biggest killers of young children.

"It can last a day or two and can go away on its own without any special treatment, but prolonged diarrhea can be a sign of other problems that need to be investigated."

There are many causes of diarrhea; unclean food, dirty water, worms and viruses.

According to Saw Kyet T'Kon, 54, a Mae La Refugee Camp resident who recently recovered from diarrhea.

"I got diarrhea from eating bad food. My belly was boiling after eating. until I was only shitting water. I felt tired and unenergetic. The next day I got up and I went to the clinic for help."

A medic on the border says treating diarrhea can be straight forward if the clinics have sufficient medicine.

"Sometimes we don't have enough medicine, and then we have problems. Diarrhea is also dangerous for those who do not get treatment."

The medic says displaced people and migrant workers are both at risk from diarrhea for different reasons.

"Many people from Burma fled to Thailand for work in factories. Their work hours are long and leave little time to prepare food properly and their pay is poor so they often have to eat food that is not clean or cooked properly."

A senior medic at Mae Tao Clinic says if the people are treated once the symptoms start, their risk is reduced. In 2004 more than 200 people with diarrhea were successfully treated by Mae Tao Clinic.

The medic advises.

"Clean your toilet, house and compound. Eat fresh vegetables, wash vegetables before eating, drink boiled water, keep food covered, kill flies and wash your hands. Washing your hands with soap after you've been to the toilet is essential. If you do get watery diarrhea get to a clinic on time."



Prevention is the best cure

May Soe is a medic at Mae Tao Clinic and has seen a lot of seriously ill people in the 13 years she has been there. She works in child health and has treated many children with different diseases. She says skin infection is one of the most common diseases.

“Most of the people who come for treatment for skin infections are from the ethnic minorities of Burma. The most common skin infections types we treat here are eczemas, scabies, impetigo and other minor types,” says May Soe.

“People treated for skin infections are also given medicines to take home and instructions on how to use them. We also tell them about boiling their clothes after recovery.”

Ta Lu, a mother of four children from Pha Pwa village, also works at Mae Tao Clinic, in the surgical section. Her youngest child, Tha Dah Lwee, had a skin infection when he was four months old.

“I’d left him on a concrete floor. Later, I saw there were small, liquid spots on his skin and he was itchy. I put a medical lotion in his bath water and applied an ointment to his [infected] skin. I kept him clean and made him

take his medicine regularly, but still the infection didn’t go away until he was about six months old.”

Naw Ta Lu says she doesn’t exactly know the cause of the infection but her sister and father also suffered from it.

“My sister started catching a skin infection after she took a bath and my father has been suffering from the infection for two months. We don’t know exactly what it is that caused it. Most people suffer from skin infections during the dry season as there is less water and more dust.”

Ei Tu Hta, is a recently built camp on the Salween River for internally displaced people made homeless by a Burmese army offensive in Northern Karen State. Saw La Moo, one of the health workers at the camp says, “Many of the new arrivals have skin infections. Some children and adults have come to the clinic with skin infections, people here are suffering. Many have poor nutrition from their time in the jungle. It’s also a new environment with different water and housing. We try to keep the villagers, our camp and ourselves clean.” Saw La Moo explains many skin infections are transmittable. Medic Naw Ta Lu advises people that to reduce or prevent skin infections they should always keep themselves clean by bathing regularly, washing their clothes regularly and keeping their house clean, especially the floors and bedding.



"...wash hands with soap and water..."

Worms plague children

Naw Mya Aye, a medic from Mae Tao Clinic, located in the Thai border town of Mae Sot, says most children they see with worm infections come from inside Burma. She describes how to recognize the symptoms of worm infection.

"Children infected with worms get stomach aches, cramps, are thinner and have big bellies."

"Most of the children we treat get worm infections because their parents have to work long hours and don't have the time to take care of them or clean them regularly. Some eat unclean food, flies have got to the food, or children eat discarded food. Some eat with dirty hands, have long dirty nails and walk barefoot on faeces."

Naw Mya Aye says in Burma there are few clinics or medics to educate villagers on hygiene. Most of the infected have to make their way to Thailand for treatment.

Among those who made it to Mae Tao Clinic for worm treatment is one-year-old Saw Khaing Htoo, the son of Saw K'Paw Mu and Naw Soe Yu Maung.

His mother describes how she recognized the problem.

"I noticed he was not his usual self. He just slept, sweated a lot, became thin and his belly got bigger and bigger. I knew he was infested with worms. When we got to the Clinic, he was given pills and I was instructed to keep giving him one every six months." Saw Win Mya, a medic from Ei Tu Hta, (a recently built camp on the Burmese side of the Salween River to help Karen villagers fleeing from the Burmese army) said that one of his patients had died of worm infection complications.

"He was an old man. The worms had infected his liver and damaged it. He died after a few days in the clinic."

Saw Win Mya explains there are several ways to prevent worm infections.

"Always clean hands with water and soap before eating, cut nails regularly, eat food that is well cooked and if possible always wear footwear."

Water gives life

Water is essential for life, therefore it is important the water we use is free from anything that causes diseases. Karen villagers forced from their homes rely on water from various sources such as wells, streams, lakes and rivers for drinking, cooking and washing. Being forced from your home means villagers have unreliable sources of water that are at times dangerous.

If stream water is stagnant it is hazardous to health. People throwing rubbish in the stream, fallen trees or mud slides block the flow of the current of the stream. Human waste and animals also pollute water causing diseases when people drink from them.

Saw Ta Pwaw, 37 a villager from Tan-Ta-Bin township, Karen State supports his six children from his plantations and slash and burn cultivation. His youngest children are twin girls.

"We left our village because the Burmese soldiers forced us to work for them until we had no time to work for ourselves. We were unable to survive and feed our families."

Saw Ta Pwaw, says he was forced to relocate and his movements were restricted. He was also forced to work for the Burmese Army soldiers everyday.

"Because of the restrictions, we ran out of food."

Saw Ta Pwaw says the army's persecution undermined their livelihoods and their security.

"We left our village on the second week of February 2006 and reached Ei Tu Hta [Thai Burma border] on May 1. On the way, we faced many diseases and my youngest daughter caught malaria."

Saw Ta Pwaw says in spite of his new home they still get diseases such as malaria, fevers and skin infections.

"I don't think it is because of the food. We were given cooking oil, salt, beans, fish-paste and rice which are main sources of food for us."

Saw Ta Pwaw thinks that the reason they still get sick maybe caused by water.

"We get all our water supply from the nearby stream and it is not always clean."

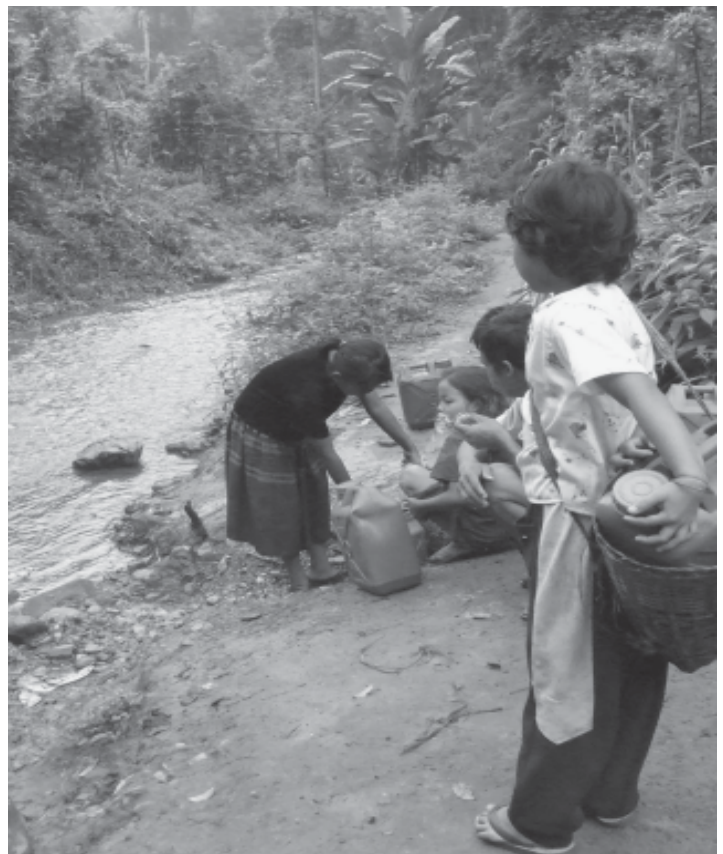
He says as the stream flows from the jungle, animal shit, fallen trees and leaves lie rotten in the water. Upstream, fighting soldiers also pollute the water.

"Some of us have dug small wells beside the stream for drinking. But still we know to boil the water before drinking it."

Saw Ta Pwaw, says people have used water supplied through water pipes since June. He says it is not different as it is also from the stream.

"The water from the pipes is from the stream. We made a small dam up stream for release through the pipes. Not every family has access to piped water and they still use water direct from the stream."

Saw Ta Pwaw says if the small stream is not taken care of there is the risk the people in Ei Tu Hta could get diarrhea, worm infections, skin infections and from mosquitoes- elephantiasis and malaria.



Walk of fear



Following attacks on Karen villages in Eastern Burma by the Burmese army as many as 18,000 people have been forced into jungle hideouts. Some families have made the hazardous journey to the Thai Burma border in the hope of finding some security for their families. To cope with the exodus a camp known as Ei Tu Hta has been set up by Karen community groups. The wet season added to the difficulty of building homes for the new arrivals. Finding leaf thatch for roofs was hard and people had to use plastic sheeting for roofing. Others, had no roofs and slept under the house floor. Children slept in hammocks slung under houses, prey for disease bearing mosquitoes. People tired from the long trip still managed to find the energy to dig out holes for house posts, chop bamboo for flooring and use banana leaves for roofs and walls. Maung Mya Sa, 43, a Burmese villager from Nyan Lay Ko, in Nyaung Li-Bin district says. "The Burmese soldiers came to our village and burnt our house, they killed people and planted landmines. We could not live there anymore and made the decision to come here."

Maung Mya says he once worked for the Karen National Union (KNU), but resigned in 1995.

"I'm now a villager. Coming here we faced many problems. We walked for 12 days and had to be careful crossing two Burmese military camps, one at Po Na Den military base and Ta Da Der.

Maung Aye says it was hard on their children.

"Kids got fed up with walking through mud and water. Their legs became swollen and cut. Their sores turned septic. Many kids, even 9 and 10 year-olds could not walk and had to be carried by adults."

The rain not only made the walking hard but also sleeping. "Many did not have ponchos or plastic sheets to protect them from the rain. Many caught malaria, colds and flues and diarrhea."

Maung Aye claims many people were close to death on the trip.

"One young kid needed more than 10 injections when he arrived. His group had 67 people, including two landmine victims, a blind man and many with dysentery."

turns to hope

Maung Mya says he fears for all the people living in Burma. "It is much better here. We live in a good place, eat together and have food. Traveling here was hard but worth it. We love living here. We are Karen, Burman, Kareeni but we have some democracy among us. Every person here knows that we can't return to our villages as the Burmese say we're rebels, even those whose nationality is Burman."

Maung Aye adds that if he has an opportunity for third country resettlement he would accept it.

"Living in another place would be hard but it has to be better than living under Burmese army administration."

"The responsibility for the plight of IDP and refugees is the responsibility of everyone. It is not only the duty for the armed resistant groups. Politicians and leaders should also negotiate to get worldwide participation toward democracy in Burma."

"We're treated like criminals in our own country..."

Saw Myint Oo, 38, came to Ei Tu Hta from Kyauk Kyi in Nyaung Li-Bin district, says the Burmese army targeted him and other villagers because they live in a conflict area. "We live in a revolutionary area so the army attacked us. We had to leave our village and hide. We managed only to slash and burn. We couldn't plant [crops] so we faced food shortages. We had no choice but to make the trip here. Our village leader organized it."

Saw Myint Oo, says he is a farmer and has not been involved in the armed resistance. He has relatives in Thailand who used to visit him. Because of this Burmese military did not trust him and accused him of joining with another country to harm Burma.

"I was threatened many times so this has been better move. When I arrived I was unenergetic and dizzy. Back in my village I had malaria for six months but after five days here and with treatment I recovered."

Saw Myint Oo says living in Ei Tu Hta camp is an improvement on his old life.

"The Burmese military stopped us working and constantly entered our village. We lived in fear. Here we do not have

that kind of fear. Our lives here are uncertain. But overall this place is good for us."

Ei Tu Hta camp has been established for six months and new arrivals are still coming. During August, 80 people from Nyaung Li-Bin district entered the camp and on 4th of September, 24 households from Taungoo district, Tan Tabin Township settled in the camp. There are now 1,669 people in the camp and more people expected.

A member of the Ei Tu Hta camp committee says more will come as the Burmese army increase their efforts to cut off villagers food access, transportation and arrest villagers they accuse of being linked to the KNU.



Dengue Fever

Dengue fever is a disease caused by a virus that transmits to human through the mosquito *Aedes aegypti*. The virus is divided into four slightly different types that are DEN-1, DEN-2, DEN-3 and DEN-4.

According to the US based Center for Disease Control and Prevention (CDC) report it is estimated there are over a 100 million cases of Dengue worldwide each year.

Myo Myint Aung 26, works at Mae Tao Clinic's busy Out Patient Department (OPD) where he is the in-charge medic. So far this year the Clinic has seen over 150 dengue cases from January to August 2006.

"As many as 50 percent of these patients are from inside Burma - from areas such as Myawaddi, Mae K' Nae, Htee Kyar Ra - and the other half are generally from border areas in Thailand.

Myo Myint Aung says they see mainly two kinds of dengue; dengue and dengue *hemorrhagic* fever the more severe strain.

"Dengue hemorrhagic fever kills more people than the simple dengue. It lasts for two to seven days. If the patient cannot be treated on time, he or she can die."

"If the fever is severe (*hemorrhagic*), we advise people to be admitted to hospital for treatment and we send some cases directly to our In-Patient Department (IPD). If not, we give them medicine, instruct them to rest and to drink a lot of fluid. Said."

Mosquito (*Aedes aegypti*), carrying the dengue virus, is renowned for being a daytime feeder. But Myo Myint Aung warns.

"We say mosquitoes carrying the dengue virus will feed whenever they are hungry. So, there is also a possibility of getting infected at night time."

A mosquito transmits the virus to people, but the disease cannot be spread directly from person to person.

Naw Mu Dah 21, from Mae La Refugee Camp suffered from the fever for two weeks.

"There were a couple of my neighbors who got the disease and a week later, I started to get sick."

Myo Myint Aung says dengue is commonly referred to as 'bone breaking fever' and a look at the main symptoms and signs of dengue fever he sees at the Clinic are confirmation why: high fever; severe headache; backache; joint pains; nausea and vomiting; bleeding from nose or mouth; eye pain and a rash."

Naw Mu Daw agrees with the checklist.

"I had a very high fever, my nose bled and my head ached severely. I also had a red small spots on my hands, arms

and some other parts of my body and sometimes I was itchy."

Myo Myint Aung says there is no specific medication for treatment of dengue as no specific vaccine has yet been found.

"As there is no specific medicine for dengue fever, we give the patients, who have not the *hemorrhagic* strain painkillers (paracetamol*) and instruct them to eat food that gives them vitamins. They should rest and drink a lot of fluid, especially electrolytes. For those who have the severe strain they have to be treated here in the clinic and if their condition gets worse, then we send to Mae Sot Hospital."

Although there is no specific medication treatment or vaccine for dengue fever, it can be prevented in the same way as preventing malaria - eliminate the places where mosquito lay eggs.

"To prevent dengue fever, people should sleep under mosquito nets with a mat on the floor either in the daytime or at night. They also have to clean or dry up containers that hold water such as flower vases, plastic bottles or empty bags, buckets, stagnant ponds, places where mosquito can lay eggs and if it is possible, apply mosquito repellent on exposed skin."

In 2005, Thailand had more than 10,000 dengue cases and Thai public health officials have launched a campaign against dengue fever. Health officials and volunteers encouraged the public to use mosquito nets and mosquito traps and destroy mosquito breeding grounds.

Naw Mu Dah says she is pleased to see the mosquito getting whacked.

"I saw people come with their machines and spray the chemical that kill mosquitoes around my house and all over the camp."

Naw Mu Dah says recovering from the fever takes time.

"After I recovered from the fever, I was very weak. It took me two weeks to get back my strength and I had to eat a lot and rest."

*Aspro, Aspirin or Neurofen should never be given to dengue patients, only use paracetamol based painkillers.





Villagers forced to build Burmese army camps

The Free Trade Union of Kawthoolei (FTUK) have proof that Karen villagers people in the Nyaunglebin and Muthey area being forced to build a Burmese army camps. Photographs taken of the villagers by a Free Burma Ranger relief team providing humanitarian assistance in this area clearly show the villagers at the forced work. Muthey Army camp is one of many camps in this area and is a launch point for attacks that are part of the ongoing offensive against the Karen villagers in north eastern Burma. In the Muthey area, the Burma Army is also forcing people to leave their villages and relocate to the Muthey army camp compound. This is in order to exert complete control over villagers, meanwhile, the army continues to attack the hiding places of displaced Karen people. To support their offensive against the Karen, the Burmese army is building a new town in the Muthey area and plans to log and to build a dam. Starting on 9 September, the Burmese

army under Light Infantry Brigade (LIB) 242 (one of 10 battalions in MOC 16), forced villagers at Muthey to build their camp, make a fence around the camp and village and carry logs and bamboo for the soldiers. The troops are now forcing villagers in the plains areas to make fences in their villages and do not allow them to travel. The Burma army has blocked trade and travel routes between the plains and mountains areas as they try to put a strangle hold on the Karen population in the mountains. Burma Army attacks have forcibly displaced over 20,000 Karen people since February 2006 in northern and western Karen State. During this offensive, the Burma Army displaced over 12,000 people in Nyaunglebin District alone. There are 1,775 displaced people in Keh Der Village tract, where Muthey village and Burma Army camp is located. Photograph is available for the FTUK office.



Eastern Burma now a health disaster

A report released, September 2006 in Bangkok at the Foreign Correspondents Club of Thailand warns that people displaced by conflict in Burma were facing a public health catastrophe.

Launching the report, "Chronic Emergency", Thai Senator Jon Ungphakorn, a member of the ASEAN Inter-Parliamentary Myanmar Caucus, blamed the health crisis in eastern Burma on the military dictatorship ruling the country.

"With abysmal statistics like these, it is no wonder the regime tries so hard to hide them from the world. The Burmese military... is the source of the problem, not only through its abuses and neglect for the welfare of the people, but also through increasing restrictions on humanitarian aid efforts, particularly to ethnic minorities living in rural Burma."

The report, a first to look at the health status of displaced people in conflict zones in eastern Burma, was the result of numerous surveys by the Back Pack Health Workers Team (BPHWT), a multi-ethnic group of mobile medical teams serving displaced people in Eastern Burma.

Their report confirms that the health of the 150,000 displaced people in eastern Burma is at a critical level and is now amongst the worst in the world. The report identified human rights abuses such as forced relocation, torture, forced labour, destruction of villages and crops as the main factors fueling the health crisis.

Dr Cynthia Maung, a founding member of the BPHWT, recipient of the Magsaysay Award and a Nobel Peace Prize nominee in 2005, went further and told *Inside News* that Eastern Burma is a humanitarian disaster zone.

"One out of twelve women may lose their life giving birth. Displaced people are 2.4 times more likely to have a child die than people not displaced. Their children, if they do survive, are likely to be malnourished. Many of these deaths and illnesses are preventable."

Dr Maung, who treats as many as 100,000 Burmese people a year at her Mae Sot based Mae Tao Clinic, says Burma's infant death rate is a disgrace - the highest in SE Asia.

"In eastern Burma it is even worse, it is twice as high. In displaced areas one-in-five children will die before their fifth birthday. Malaria is rife. Over 15 percent of children suffer malnutrition and 187 people will be maimed or killed by landmines in 2006."

Estimates by international aid workers say since February this year, the Burmese army systematically forced 18,000 Karen people from their homes.

Dr Cynthia says the health effects of these latest human rights abuses are yet to be measured, but adds that unless the international community intervenes Karen villagers and their families will pay with their lives.

Stop worm infections

By Doctor Vit

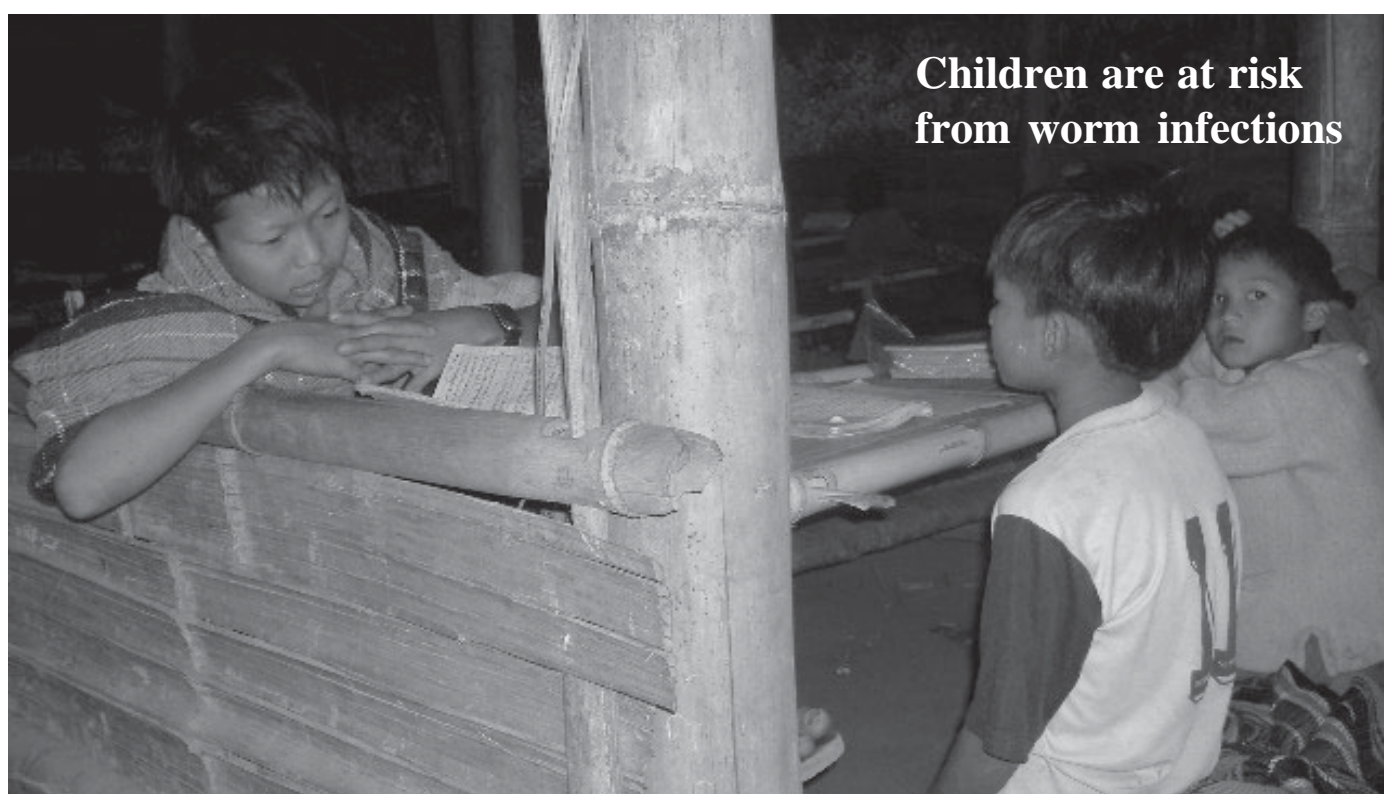
There are many different types of worms that can infect people. However, one of the most common is hookworm. This is the most common cause of anemia - a blood condition in which there are too few red blood cells - that can be a problem, especially for children and women.

A person becomes infected when young hookworms in the soil enter the skin, usually through the feet. The young worms go to the lungs and then to the throat, where they are swallowed and move to the intestine. There, they lay eggs, which leave the body with the faeces. If this is passed on the ground, the eggs hatch into young worms, continuing the cycle.

The adult worm is about 1 cm long; they attach to the intestine and do not come out. To find out if someone has a hookworm infection, the stool needs to be tested using a microscope to look for the eggs. Only some infected people have symptoms. Although the young worms can cause itching where they enter the skin, or coughing when they move in the lungs, the main symptom is from anemia from the worm

taking too much blood from the person. If severe, the person can have symptoms such as feeling tired, muscle aches, difficulty breathing, looking pale, or swelling in the arms or legs. If there is not enough iron in the diet (iron is needed for the body to make blood) or women who are pregnant or having thier monthly periods, symptoms are more common and worse. For pregnant women, the health of the baby can also be affected.

This infection can be treated using tablets. However, there must also be prevention or the person can be re-infected. To prevent re-infection it is important people do not walk on the ground barefoot. This is particularly important where stools are left on the ground. Faeces should be properly disposed of in latrines to prevent fouling soil. All those at risk of severe symptoms, such as children and pregnant women, should be treated, especially if hookworm is common in their community, and iron pills given.



Children are at risk from worm infections



Pregnant mum loses baby but vows to fight on

Karen villager, Hay Nay Tha, trek to reach the safety of Ei Tu Hta camp on the Burma Thai border cost her family almost everything.

“My husband died of fever hiding in the jungle after the [Burmese] soldiers forced us out of our village.”

Hay Nay Tha was seven months pregnant with a fourth child when she made the long lonely trip to the camp. She had to look after three children under four years old and forage for food. Just getting water to boil from the river was a hard ask. Burmese soldiers destroyed Hay Nay Tha’s pans, pots and kettle leaving her with nothing to cook with or boil water in.

Shortly after reaching Ei Tu Hta, Hay Nay Tha gave birth during the third week of July and just 30 minutes after giving birth, her baby died.

“I felt contractions and pain during the night, but I had nobody behind me to help with the delivery.”

Hay Nay Tha eventually got her friend’s husband to get a medic to help, but it was too late to save her baby.

Just before the birth, Hay Nay Tha thought her life was looking better. She had received a small donation of a 1,000 baht to rebuild her broken house and to help with her new baby.

“I planned to use the money to hire people to build my house and for my new baby’s food, but I spent the 1,000 baht on his funeral.” Naw Hay Nay Tha smiles through her loss and says she has no complaints and says.

“It was God’s will”.