



FEAR AND HOPE:
Displaced Burmese Women
in Burma and Thailand
March 2000



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MISSION STATEMENT

The Women's Commission for Refugee Women and Children seeks to improve the lives of refugee women, children and adolescents through a vigorous program of public education and advocacy and by acting as a technical resource. Founded in 1989 under the auspices of the International Rescue Committee, the Women's Commission is the first organization in the United States dedicated solely to speaking out on behalf of women and children uprooted by armed conflict or persecution.

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The delegation comprised Kathleen Newland, Chair of the Women's Commission Board and a Senior Associate at the Carnegie Endowment for International Peace; Mary Anne Schwalbe, member of the Women's Commission's Board and a volunteer at the International Rescue Committee; Ellen Jorgensen, Development Director at the Women's Commission; Erin Kenny, a Master's Degree student at the Columbia School of Public Health; and Louisa Conrad, a student at the Nightingale-Bamford School in New York.

The delegation thanks all the people it interviewed: Burmese refugees, UN agency officials, NGO staff and advocates working with Burmese refugees in Bangkok, Chiang Mai, Mae Hong San and Mae Sot.

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I. Executive Summary

The impact of decades of military repression on the population of Burma has been devastating. Hundreds of thousands of Burmese have been displaced by the government's suppression of ethnic insurgencies and of the pro-democracy movement. As government spending has concentrated on military expenditures to maintain its control, the once-vibrant Burmese economy has been virtually destroyed. Funding for health and education is negligible, leaving the population at the mercy of the growing AIDS epidemic, which is itself fueled by the production, trade and intravenous use of heroin, as well as the trafficking of women.

The Burmese people, whether displaced by government design or by economic necessity, whether opposed to the military regime or merely trying to survive in a climate of fear, face enormous challenges. Human rights abuses are legion. The government's strategies of forced labor and relocation destroy communities. Displacement, disruption of social networks and the collapse of the public health systems provide momentum for the spreading AIDS epidemic—which the government has barely begun to acknowledge or address. The broader crisis in health care in general and reproductive health in particular affects women at all levels; maternal mortality is extremely high, family planning is discouraged. The decay—and willful destruction—of the educational system has created an increasingly illiterate population—without the tools necessary to participate in a modern society. The country-wide economic crisis drives the growth of the commercial sex industry, both in Burma and in Thailand.

Yet, international pressure for political change is increasing and nongovernmental organizations and some UN agencies manage to work within Burma, quietly challenging the status quo. The delegation met with Aung San Suu Kyi, General Secretary of the National League for Democracy, who is considered by much of the international community as the true representative of the Burmese people. Despite her concerns that humanitarian aid can prop up the SPDC, she was cautiously supportive of direct, transparent assistance in conjunction with unrelenting international condemnation of the military government's human rights abuses and anti-democratic rule.

The delegation concluded that carefully designed humanitarian assistance in Burma can help people without strengthening the military government. And, until democracy is restored in Burma, refugees in Thailand must receive protection from forced repatriation, and be offered opportunities for skills development and education to carry home. On both sides of the border, women's groups work to respond to the issues facing their communities; they are a critical resource in addressing the critical needs for education, reproductive health and income generation.

SUMMARY OF RECOMMENDATIONS

1. Advocate for continued and expanded humanitarian assistance within Burma, designed and implemented to meet urgent needs and build local capacity without reinforcing the political status quo. Ensure gender equality is a component in all programming.
2. Support provision of medical and other humanitarian assistance to Burmese displaced people, both within the country and across the Thai border.
3. Consider HIV/AIDS programming as entry point for multi-sectoral humanitarian assistance programs within Burma.
4. The international community, particularly the U.S. government and the United Nations, should pressure the Royal Thai Government to recognize and protect refugees in Thailand.
5. Promote income generation projects and training for refugees in Thailand, with a special emphasis on women and adolescents.
6. Support humanitarian assistance, particularly reproductive health and health care for non-registered people in Thailand living in refugee-like circumstances.
7. Support refugee women's groups and local nongovernmental organizations through funding, capacity building and building networks with international community.
8. Support education beyond the primary level, especially for women and adolescents.

II. Introduction

A delegation of the Women's Commission for Refugee Women and Children visited Burma and Thailand to investigate the causes of displacement within Burma and from Burma into Thailand,¹ as well as to learn about the kinds of help available to the displaced and unmet needs. The primary focus was on factors especially affecting women, children and adolescents, with a particular emphasis on access to education and reproductive health care. One important objective was to review the local capacity of women's organizations to assist both refugee and internally displaced populations.

Access to internally displaced people (IDPs) within Burma is restricted as a matter of policy by the ruling "State Peace and Development Committee" (SPDC), formerly known as the State Law and Order Restoration Council (SLORC). As a result, the delegation was limited in its direct observations, but conversations with representatives of UN agencies, international and local nongovernmental organizations (NGOs), members of the diplomatic corps and Burmese citizens allowed the delegation to form at least a limited picture of the internal situation. In Thailand, the delegation met with Burmese refugees, as well as staff of agencies that assist and attempt to protect them.

The delegation benefited enormously from the assistance of many individuals in Burma, as well as from the superb support from the American Embassy in Rangoon. It is a reflection of the difficult state of humanitarian work in Burma that many of the delegation's contacts asked not to be identified by name or description in this report. Their wishes have, of course, been honored, at the cost of some specificity in the report. The delegation did have the privilege of meeting with the leader of the National League for Democracy,² Daw Aung San Suu Kyi, and engaging with her in a spirited and wide-ranging discussion of humanitarian assistance and the causes of displacement in Burma. The delegation also met and interviewed Burmese refugees, UN agency officials, NGO staff and advocates working with Burmese refugees in Bangkok, Chiang Mai, Mae Hong San and Mae Sot.

Even though Burma has been outside the main spotlight of international humanitarian attention for many years, a great deal has nonetheless been written about it, much of it by people who are passionate advocates for democracy and human

rights for Burma.³ This report reflects the delegation's imperfect familiarity with that literature but relies most heavily on direct observations and interviews conducted, primarily with women and adolescents, in Burma and Thailand.

The Women's Commission has sent several prior delegations to investigate the situation of Burmese refugees and internally displaced people; this delegation was the first to travel within Burma. In addition, Women's Commission Reproductive Health for Refugees staff have regularly visited the Mae Tao Clinic in Mae Sot, Thailand.

III. Historic Background

British colonization in the early 1800's created Burma's national borders and brought diverse peoples far from Rangoon under British administration. After World War II, General Aung San, Burma's national hero and the father of Daw Aung San Suu Kyi, gained the trust of numerous ethnic groups and led the way to the establishment of the Union of Burma. In July 1947, General Aung San and key ministers were assassinated, leaving the newly independent country with a leadership vacuum. A military coup in 1962 ended a decade of unsteady democracy, installing General Ne Win as dictator. During his rule, which lasted until 1988, Ne Win outlawed all parties except his own Burma Socialist Program Party, rewrote the constitution and reinstated a single-party parliament, nationalized the economy and introduced the "Burmese Way to Socialism." His program diverted resources to the building of a huge military machine in order to preserve the Union.

In 1988, mass pro-democracy demonstrations called for an end to one-party rule. In the face of growing demand for freedom of expression and transition to democracy, the military clamped down. Thousands of civilians were killed and imprisoned and more than 10,000 students and activists fled to and across Burma's borders with Thailand. Although the SLORC allowed multi-party elections to take place in 1990, it rejected the results when Aung San Suu Kyi's National League for Democracy won by a landslide. Burma's military junta, the State Peace and Development Council (SPDC) (to which the SLORC changed its name in November 1997), continues to violate the human rights of the

population. Pro-democracy activists are harassed, jailed and even killed. The government destroys villages and relocates minorities. Rape and forced labor are common. Spending on health and education is negligible, leaving the population at the mercy of the growing AIDS epidemic, which is itself fueled by sexual violence, prostitution, and the production, trade and intravenous use of heroin.

Since 1989 about 15 insurgent groups have brokered cease-fire agreements with the SLORC and the SPDC. Under these agreements, groups have been allowed to retain their own armed forces and perform some governmental functions within territories inhabited principally by members of their ethnic groups. The Karen National Union, however, has continued to conduct insurgent operations in areas with significant Karen populations and the Karenni National Progressive Party has resumed fighting against the government since the breakdown of a 1995 cease-fire. In central and southern Shan State, military forces continue to engage the Shan State Army. Numerous other insurgent groups, including the Chin National Front, the Naga National Council, the Rohingya Solidarity Organization and the Arakan National Organization, continue to oppose the central government through varying levels of insurgent activity. As civil conflicts continue, the military government continues to utilize repression and force to maintain its control over the nation's land and resources.

By the end of 1999, more than 116,000 ethnic minority Burmese—mostly Karen—lived in camps near the Thai border. With another 7,000 living unofficially outside the camps and perhaps 20,000 ethnic Shan in the north, the total exceeds 140,000 refugees in Thailand. In addition, it is estimated that 350,000 Burmese live in Thailand in refugee-like circumstances.⁴ In Burma itself, where exact numbers are virtually impossible to obtain, many sources estimate an internally displaced population nearing 1 million.

IV. Displacement and Humanitarian Assistance Within Burma

There are two major and overlapping pathologies of displacement within Burma. One is connected with the long-running ethnic insurgencies that ring the Burman heartland and the strategies of suppression pursued by Burma's military rulers. The other is driven by economic and social rather than security policy. Both are implemented by brute force.

SECURITY POLICY

In security policy, the SPDC follows what is in many ways a classic counter-insurgency program of denying support to guerrilla armies by radically disrupting the civilian communities from which the fighters draw—or extract—their support.⁵ As one Karenni refugee woman in Mae Hong San, Thailand told the delegation:

“The military came and burnt down our houses, not only once but twice. We were just trying to protect our land. We had to hide in the jungle. Our houses were first burned when I was seven years old. Now I am fifty years old and they still burn our houses. If we stay in our villages we starve or are killed. Our children are made to be porters—they carry water and look for timber. My husband was out looking for timber for our family. He was with two others. They were cold and had lit a fire. SLORC saw the fire and killed them all. Someone saw their bodies and told us. This was in 1995. We hid in the jungle again but there were landmines and people were injured. Now we are here.” Since many of the ethnic insurgencies stretch back fifty years and more, her story was not untypical.

Since 1989, however, the SPDC has negotiated cease-fire agreements with most of the ethnic armies and some displaced people have been able to return home. An important task for humanitarian agencies is to determine whether conditions exist in these “cease-fire areas” for increased assistance to the displaced and returnees, as well as the general population. Currently, only a small handful of international relief organizations, including World Concern, Médecins sans Frontières and the International Committee of the Red Cross, operate in the cease-fire zones. There is very little SPDC presence in some of these areas and considerable

local autonomy. More information is needed about the stance of the cease-fire authorities toward humanitarian and human rights issues.

The delegation met with the staff of a Kachin NGO in Rangoon called the Metta Foundation, which is working with the cease-fire groups in the far northern Kachin State (controlled by the former Kachin Independence Army). It does general community development work and assists with the rehabilitation needs of returning refugees and internally displaced people. The SPDC provides no services in these areas and has virtually no presence in them.

The Metta Foundation was established in 1997 and, because of the cease-fire, has been able to operate openly since 1998. The areas in which it works are extremely remote, bordering on India and China; it also does some work in Shan State, near the Thai border. The young workers (all women) the delegation met spoke of traveling for days by bus, mule and foot to reach very isolated villages. Their method of “participatory action research” is designed to help communities determine their own development priorities. Metta then provides training and some modest resources for projects in agricultural development (potato raising and integrated farming), animal husbandry (pigs, cattle and buffalo) and vocational training (handcrafts, weaving, sewing, crochet and wood-working). The Myanmar Council of Churches trained their trainers and funding has been provided by some foreign embassies and NGOs, including the British and German embassies, Misereor and Swissaid. Metta has also received support from UNDP.

The Foundation is trying to raise funds to expand the range of their vocational training (for example, to bicycle repair, mechanics and hairdressing). They expressed the need for higher quality training. They also would like to establish a program to send high-school graduates from their project areas to a nurses’ aid course in Rangoon, for training as primary health care workers.

The problems people in the remote areas face are very basic: lack of clean drinking water, virtually no health care, poor nutrition, malaria, drug addiction, HIV/AIDS (even in the most remote places) and deep poverty. Women are not discriminated against in this cultural milieu, they said, but nonetheless Metta conducts women-only training

courses to ensure their participation. The delegation was impressed with the Foundation’s dedication to capacity building, both in its project areas and among its own staff. They are, however, working on a tiny scale relative to needs—a widespread factor among NGOs conducting humanitarian work in Burma.

FORCED RELOCATION

The second major category of displaced people in and from Burma consists of those who have been forcibly relocated by the SPDC or have fled after being subject to insupportable demands on their labor and resources. Forced relocation, brutally enforced, has been used for a variety of reasons: to break up centers of political opposition in urban areas, to clear the way for large-scale development projects (including infrastructure projects and even tourism development), to open new agricultural lands, to redistribute populations (often to change the ethnic composition of an area) and to establish a pool of labor for military bases and development projects. Routinely in cases of forced relocation, people are compelled to fend for themselves in the areas to which they are relocated. Separated from their customary means of livelihood and from any provision of basic services, the most difficult time is shortly after relocation, when people exhaust what they have been able to carry with them but have not yet been able to find alternative means of survival.

Hlaing Thayar

The delegation visited two areas of forced relocation: Hlaing Thayar township outside Rangoon and Pagan, a prime tourist destination. Hlaing Thayar is home to about 150,000 people who were moved out of Rangoon after the 1990 elections. It is an extremely impoverished and unhealthy environment, remote from opportunities for productive employment. The delegation’s visit was in the dry season and even then stagnant water was everywhere; in the rainy season the stilt houses and plank walkways barely keep people above water. The town abuts an industrial area that displays little economic activity apart from the building of brick fences around mostly empty lots; even more primitive dwellings than in the town fringe the half-built factories and warehouses. Many of the residents in Hlaing Thayar lack residency permits and are, therefore, subject to removal from the area at any time.

Two international NGOs provide humanitarian assistance in Hlaing Thayar, including primary health care, feeding centers, HIV/AIDS prevention/education, water treatment, malaria and cholera treatment and prevention, family planning, micro-enterprise development, community-based rehabilitation and support for street and working children. The demand for these services is overwhelming. Infrastructure is very poor; for example, the more than 100 tube wells installed by UNICEF are no longer functioning and government clinics in the area lack medicines, equipment and adequate staff.

Conditions in Hlaing Thayar are typical of what UNICEF has characterized as a “quiet emergency,” with high rates of malnutrition (2.8 percent acute and 12.8 percent “moderate”), maternal and child mortality, disease and poverty. NGO project staff note that mundane indicators of economic desperation are common: women cut off their hair to sell to wig-makers, pawn their clothing (which results in irregular attendance at clinics and other programs), pawn their pots and pans so that they are forced to rely on relatively expensive street food because they can no longer cook at home. But because this is not a “loud” emergency, international NGO headquarters may be skeptical about the “fit” of this kind of program with their crisis-oriented mandates. There should be no doubt that the situation of internally displaced people in Burma is a chronic crisis.

Pagan

In a brief and much more superficial visit to Pagan, the delegation saw what had once been a densely populated area of hamlets scattered among the monuments of Pagan reduced to a ghost town by an SPDC relocation program. The program moved the people out of the tourist zone into an artificial new town where the ability to make a living is circumscribed, reportedly in order to inhibit contact between Burmese and foreigners and to “beautify” the tourist zone. Most forced relocation is more draconian and less visible to outside observers. The delegation was told of large-scale forced relocation from northern parts of Shan State to southern zones, but no external observers had been permitted into the area.

Displacement in Shan State

One of the few external agencies working in the Wa

areas of Shan state is the UN Drug Control Program (UNDCP). One of their staff told the delegation of their impression that most relocation from the northern Wa areas in the state is organized by the Wa authorities themselves and is related to efforts to move poor farmers off of marginal lands to areas with richer agricultural potential so that they would not have to grow opium to sustain themselves. The delegation was unable to determine to what extent Wa authorities consult with or act in the best interest of the people forced to relocate. UNDCP staff were not certain whether the lands now being settled by relocated Wa had been previously occupied, but suggested that it was possible the land had been farmed by Shan people, who are now refugees in Thailand or internally displaced by conflict.

UNDCP has a \$15 million, five-year community development project in the Mong Pawk District, along the Chinese border. The project is aimed at crop substitution and raising incomes. Operative since January 1999, it works with the SPDC and the government of China as well as with two international NGO partners. The UNDCP official reported that “women are completely equal” in traditional Wa society, so there is not much point in having projects especially for women. The Women’s Commission has learned to be skeptical of such claims in general, but in this case the delegation was unable to investigate further.

Although the district in which UNDCP is working lies in Wa Special Region 2 in the northeast of Eastern Shan State and is under the control of the Wa Authorities, its population is composed primarily of other ethnic groups. The town of Mong Phen within the district is the headquarters of the security brigade of the United Wa State Army and is being developed by the Wa Authorities, who have a cease-fire agreement with the SPDC. Their intention is to settle about 20,000 people from the northern Wa region there within two years; UNDCP’s presence should provide a window into how relocation is practiced by the Wa Authorities.

Some areas of Shan state along the Chinese border are enjoying a peculiar sort of boom, at least in part reflecting the success of officials in neighboring Yunnan province, China, in cleaning up drug and vice industries. As a result, Mong La town gets some 2,000 tourists a day from China, many of

whom come for the ready availability of drugs, gambling and prostitution. Upwards of 10 percent of the population is reportedly opium-addicted; HIV/AIDS is spreading rapidly and the area is reportedly a major destination for women trafficked into prostitution, not only from the region but from as far away as Ukraine. The issue of trafficking in women, both for prostitution and for labor, is an issue that the delegation encountered repeatedly in conversations in Burma and Thailand.

There is considerable Chinese immigration into the area, owing to the easy availability of land, access to citizenship and freedom from the Chinese one-child family policy. Local authorities are said to be encouraging and benefiting from this movement, but many local people are concerned about land expropriation and foreign dominance of the economy. Ethnic tensions were said to be on the rise here and in Mandalay division.

LIFE IN AREAS NOT UNDER CONFLICT

The causes and circumstances of displacement are closely connected to the economic policies of the SPDC. Areas of ethnic insurgency or with a history of political opposition to the junta are particularly hard pressed, but most Burmese suffer from the prevailing disinvestment in health care and education, very high military spending, confiscatory taxation and demand for forced labor. For this reason, it was particularly useful for the delegation to have the opportunity to visit Kyaukpadaung, a typical township in Mandalay Division which is not a conflict area and where the level of repression is "normal" for Burma. The area is unusual only in that it is a region of persistent drought and poor soils in a country that in general is remarkable for its well-watered fertility.

The township is one of 23 (out of 328 townships in Burma) in which the UN Development Program implements community development programs under its Human Development Initiative (HDI). The delegation spent a day in the field with HDI staff, including technical specialists and community development workers. All of the latter were young women (average age 19), who represent their own villages and work with as many as 35 villages in total. As the terrain is rugged and the villages remote, they may be away for three weeks at a time as they visit all their sites.

The HDI program in Burma is unique among

UNDP programs around the world. UNDP normally works through host government ministries. However, a mandate from the UNDP Governing Council stipulates that "all assistance from UNDP and associated funds should be focused on activities with grass-roots level impact in the areas of health, education, food security, HIV/AIDS and the environment." Therefore, HDI activities are focused strictly at the local community level and on the poorest villages. In the delegation's observation of projects, discussions with local HDI staff and in a "town meeting" with about 200 people in one village, it was clear that the cultivation of genuine local participation and the building of local capacities (including decision-making) had resulted in sustainable improvements in economic life and a quiet sense of empowerment. Women were equal and in some instances dominant, participants in the delegation's discussions; their willingness to take the floor in a public meeting with foreigners was heartening. The group of community workers told the delegation they had never before had a visit from a group made up only of women.

One of the striking things in traveling across the heavily populated district between Pagan and Kyaukpadaung was the virtual absence of visible human habitation. Villages were located away from the convenience of the road, the delegation was told, because the inhabitants try to avoid all contact with the military authorities. The reason for concern has grown in recent months as the SPDC has reportedly cut the budget for maintenance and instructed military units to "live off the land" to an even greater extent. Forced labor, which was common in the area a few years ago, has reportedly decreased as the funding available for non-labor costs of infrastructure projects has dried up. The delegation saw some road building in the area, but was told that the workers were being paid. The general poverty of the area, exacerbated by the heavy burden of taxation, results in many people migrating out of the area, especially during the dry season. They go to areas where work is available, in mining, forestry, factories or services. For young women, that includes domestic service and sometimes prostitution. Returning workers often come home with malaria (not common in the Dry Zone), lead poisoning and/or HIV/AIDS.

MEETING WITH DAW AUNG SAN SUU KYI

As General Secretary of the National League for Democracy (NLD), Daw Aung San Suu Kyi would have become Prime Minister of Burma had the results of the 1990 elections been honored. Instead, she was held under house arrest from July 1989 to mid-1995 as members of her party and sympathizers were harassed, imprisoned and, in some cases, killed. Though no longer under arrest, Aung San Suu Kyi is still severely restricted in her movements and contacts. The delegation's meeting with her provided invaluable insights into the NLD's position on one of our major concerns, humanitarian assistance in Burma.



Delegation members meet with Daw Aung San Suu Kyi (2nd from left).

The NLD has taken a consistently hard line on humanitarian assistance. The month before this meeting, journalist Bernie Krisher asked Aung San Suu Kyi, "How can people who wish to give humanitarian aid really help the needy Burmese people without going through the military regime?"

She replied: "In general, whatever humanitarian aid that NGOs may be able to give is a drop in the ocean compared to what is really needed in Burma. What we really need is substantive change; the kind of change that will enable people to help themselves. ... If you are forced to collaborate with the military regime in order to be able to carry out any kind of program in Burma, how much are you really contributing to the emergence of a strong civil society? So these are the questions we ask when people talk about humanitarian aid."

The Women's Commission delegation expressed its view that humanitarian and developmental

assistance could in fact be a powerful contributor for empowerment of civil society if it focuses on building capacity at grass-roots level. Her skepticism was clear, but she acknowledged some of the positive accomplishments of humanitarian organizations inside Burma, such as the ICRC's program to pay for family visits to political prisoners.⁶ Such visits often play a crucial role in providing food, medicines and other necessities to prisoners.

Daw Aung San Suu Kyi remains concerned, however, that humanitarian organizations may refrain from criticizing the SPDC in order to safeguard their ability to operate in Burma. Further, humanitarian assistance is fungible and even when it reaches its intended beneficiaries, the government may get some of the credit for the improvement in people's conditions—or assistance may disguise the dire consequences of SPDC policies. She is adamantly opposed to any softening of the condemnation of the SPDC's human rights abuses and anti-democratic rule—and indeed spoke strongly of the importance of NGOs speaking out even at the cost of being unable to continue their work inside Burma. The delegation discussed one recent example of an NGO confronting this dilemma and she was unequivocal in her view that they should leave and use the opportunity to publicize the situation in Burma. She was aware of and cited, the decision by a number of NGOs to pull out of southern Sudan rather than sign a compromising agreement with the Sudan People's Liberation Army (SPLA).

In sum, although she is wary of the possibility that international humanitarian organizations could unwittingly serve the interests of the SPDC, Aung San Suu Kyi does not take the view that all humanitarian NGOs should leave Burma immediately. This became very clear when the conversation turned to the subject of HIV/AIDS in Burma, about which she was very well informed. She recognized the urgency of dealing with the crisis and said she would welcome international NGO programs on HIV/AIDS even if they had to work with governmental health structures. HIV/AIDS prevention education should have top priority. (The delegation was told repeatedly that public morality in Burma is rather prudish and that this is a major obstacle to acknowledging and confronting the HIV/AIDS epidemic.) Aware of what had been accomplished in Thailand through the widespread

use of condoms as a preventive, Aung San Suu Kyi proposed that social and political forces in Burma should join in promoting a “National Condom Day” in which the country’s leaders (including the SPDC) and other people of prominence and their spouses would very publicly go out and buy condoms.

The delegation concluded that humanitarian assistance carefully designed and delivered can help people in Burma survive this period of repression without strengthening the SPDC’s position. The delegation is optimistic that, by encouraging cooperation and independent decision-making at the community level, it may even help pave the way for the restoration of democracy.

V. Burmese Refugees in Thailand

The Women’s Commission delegation visited Bangkok, Chiang Mai and the Burma-border towns of Mae Sot and Mae Hong Son, all of which have substantial Burmese populations, as well as two camps in Mae Hong Son. Delegation members spoke to Burmese camp residents in Thailand, to Burmese with no official status and to representatives of organizations that work with both groups. These included international and local NGOs, UN agencies and refugee women’s groups.

The problems of status for Burmese in Thailand are severe. The Royal Thai Government (RTG) has not

Life on the Thai/Burma border

Ethnic Burmese in the Thai/Burma border area are struggling, wedged between the SPDC’s persistent human rights abuses and Thailand’s political and economic interest resulting in inconsistent or absent policies to protect them. While tens of thousands languish in camps, trapped by their needs for protection and humanitarian assistance, hundreds of thousands fleeing persecution are unable or unwilling to avail themselves of this protection. They endure gross human rights abuses while striving to meet their survival needs in Burma or Thailand.

From: “Nowhere to Run: Ethnic Burmese Living in Refugee-like Circumstances in Thailand.” Women’s Commission for Refugee Women and Children, February 2000

signed the 1951 Convention relating to the Status of Refugees and therefore it does not officially recognize any Burmese as refugees under international law. The RTG does, however, recognize certain Burmese as victims of conflict and permits them to receive assistance through international NGOs in camps along the border. Although refugees have been on the Thai border for 15 years, it was only in 1998 that the RTG requested the United Nations High Commissioner for Refugees’ (UNHCR) enhanced involvement. Since mid-1998, UNHCR has been requested to play a protection role at the border. It also performs this role for urban refugees designated as “persons of concern to UNHCR.”

Estimates of the number of Burmese living in Thailand range from 350,000 to over 1 million. At the time of the delegation’s visit, some 118,000 people, largely ethnic Karen and Karenni, were living in refugee camps along the Thai/Burma border. The vast majority of Burmese in Thailand, however, have no legal status. They are regarded by the Thai authorities as illegal immigrants and as such are vulnerable to exploitation and mistreatment by employers, officials and others. In a country like Burma, where political repression and disastrous economic policies are matters of official policy, the line separating refugees and migrants is particularly hard to demarcate. The RTG only permits assistance to Burmese who are affected by ongoing conflict. Thus, people who flee from cease-fire areas are not legally permitted to remain or to receive assistance in Thailand. Since 1999, a crackdown on Burmese “illegal immigrants” in Thailand has put many people who fear persecution in Burma at risk of forcible return—and indeed many have been returned, including at least a few who were designated “persons of concern to UNHCR.” Thai officials periodically declare their intention to see all Burmese return within a designated time period, giving rise to a pervasive sense of insecurity even among those refugees in officially approved camps.

UNHCR’s immediate objectives are to ensure the humanitarian and civilian character of the refugee camps, to observe the RTG procedure and assessment of asylum claims of groups of new arrivals and to provide protection and assistance to individual cases and to the urban caseload. In connection with its objective to ensure the humanitarian and civilian character of the refugee camps, one of UNHCR’s top protection priorities in the past year was the relocation of camps considered

too close to the border for the refugees' safety. This has made life more difficult for the refugees as the consolidated camps are inconvenient, inhibiting income generation and communication with each other, as well as access to towns. UNHCR has been working to make sure refugees are admitted while the government has been hoping that UNHCR will facilitate repatriation. The situation here is very different from that on Burma's western border with Bangladesh, where the quality of protection in Bangladesh was unsatisfactory and insecure. Before participating in any repatriation from Thailand, UNHCR would have to have access to the Burmese areas adjacent to the border (which they do not have at the present time) in order to give refugees information about the conditions of return. One UNHCR official interviewed by the delegation believes it unlikely that conditions in Burma will be conducive to repatriation in the near future.

Nonetheless, the fears of refugees without legal status are valid and the reality of the dangers they face has become one of the major protection problems in Thailand at present, acknowledged by UNHCR and NGOs. Recently established Thai

admissions groups have made decisions on the acceptance of refugees and new arrivals that appear inconsistent and arbitrary. The legal limbo of unrecognized refugees and their fear of forced repatriation contribute to their vulnerability, with especially negative impacts on girls and women who suffer abuse yet are afraid to appeal for help from Thai authorities.

Refugees in Bangkok such as "May Paw" and "Wah Wah" live in a desperate uncertainty. Since the Burmese embassy and Ratchaburi hospital sieges, the Thai government has made it clear that they do not want Burmese refugees in Bangkok; they want them to be in border camps where they can be more easily controlled. Refugees in Bangkok cannot enter the Maneeloy camp and are thus not eligible for resettlement. They get no certification of their refugee status, no financial assistance and little effective protection. However, there is still no mechanism to enable these refugees to travel safely to the border, to be admitted into a camp or to be registered in a camp as legal residents. Even if such a mechanism were put in place, there are still quite a number of these refugees who cannot go to a

Wah Wah

Wah Wah and her family fled to Thailand in 1998 when the village she was living in was taken over by the SPDC. They moved into a one-room apartment in one of Bangkok's "refugee slum areas" and immediately applied for "person of concern" status through UNHCR. Their application and four subsequent appeals were denied. Wah Wah and her family were considered to be border cases. * Wah Wah's husband, who'd been working with the Karen National Union (KNU) in Burma before deserting his ranks to come to Thailand, understood that going to the border would mean his imprisonment and would result in harassment of his family, including three young sons.

In February 2000, Thai police raided Wah Wah's apartment complex. She and her family locked themselves in their one-room apartment, covering the windows with blankets, living in darkness and silence and not even daring to turn on a fan, for one week. Wah Wah is nervous that her Thai neighbors will turn her in to the police. "When women get arrested they get raped. So I fear for my family and myself. Even in my apartment I must speak quietly all the time. My boys as well."

Several months ago Wah Wah's eldest son was arrested. Before his arrest he had earned a small income as a gardener and Wah Wah's family was able to eat and support themselves. Now they must rely on friends, most of whom have very little to spare. They do not know if they should stay or go but dare not return to the border. For now, they remain in hiding in Bangkok.

Wah Wah worries about her family's immediate needs more than their long-term survival. "I cannot think for my future. Sometimes I just want to escape on a boat. But I have nowhere to go."

** As Thailand is not a signatory to the 1954 Refugee Convention, refugees in Thailand are referred to as "persons of concern." Refugees who cannot live in border camps because of fear of persecution, physical harm, etc., are called "non-border case POCs" by UNHCR. This group includes ethnic Burmans (many of whom are political dissidents), plus ethnic minorities such as the Karen who are threatened, not from the Burmese government, but from camp political factions such as the Karen National Union.*



Young refugee women from Burma living in Bangkok

border camp because of their fear of persecution by the Karen National Union (KNU).

The crackdown on Burmese refugees and the organizations that assist them has been manifested in widespread imprisonment and abuse of the thousands of Burmese living illegally in Bangkok and its environs. In response, refugees have scattered, moving deeper and deeper into Bangkok's slum areas to escape attention. The breakdown of

refugee communities and fear of authority that has developed among refugees have made it much more difficult for organizations to reach these populations. In June 1999, well before the recent developments, the International Rescue Committee (IRC) conducted a needs assessment of Burmese refugees in Bangkok. The report documented crowded and unsanitary living conditions and little or no access to primary health care. According to an earlier Women's Commission report, many ethnic Burmese living in refugee-like circumstances are reluctant to seek health care or legal assistance due to their illegal status and subsequent fear of arrest, fines and deportation.⁷ The dissolution of community structures and the difficulty in accessing the refugee populations can only have resulted in a deterioration of these conditions.

The seemingly unchecked power of the Thai police has enhanced refugee women's feelings of insecurity. As illegal immigrants they fear arrest and deportation. As women they worry about being sexually abused or raped. "Mai," a 19-year-old girl from Pegu whom the delegation interviewed in Bangkok,

Nwe Nwe

When Nwe Nwe was about 19, she met her husband, a private soldier in the KNU. They had three daughters, now aged 7, 8 and 10. Before Wangka fell, her husband went to the front line and never came back. Eventually, Nwe Nwe found out that he was dead.

Nwe Nwe moved with her children to the Huaykalok refugee camp in Thailand. Life was very difficult with three children and no income, however, so Nwe Nwe left to find work. She went to borrow money from a friend in a nearby Thai village and was arrested by the Thai police. They took her into custody and confiscated all her money. She was detained for three days and was then sent back to the Myawaddy riverbank.

While there Nwe Nwe met a Karen woman who said that she could find her a job in Bangkok. After arriving in Bangkok, another woman took her to the home of a Thai family. They locked the door after she entered the house and did not let her leave again. The house was in a compound with a wall around it. "I only know it is in Bangkok. I do not know which part of Bangkok."

Nwe Nwe stayed there for about six years. One day her boss had a visitor and the gate was open. Nwe Nwe fled. She met another Karen woman who took pity on her. Nwe Nwe stayed with her and worked for four months, earning 2,000 baht a month.

As soon as she could, Nwe Nwe returned to Huaykalok to find her children. When she arrived the people told her that her father-in-law had been accused of consorting with the DKBA and that he had fled to Bangkok with her children. She stayed in the camp for one day and then went back to Bangkok.

"I tried to contact people to find out where my children were. Eventually I heard that they are in Maneeloy camp. I called the camp but was told that I could not speak to them."

Now, Nwe Nwe is staying in Rangsit with another Karen woman. She has no job but helps at the market trimming chillies. "I get 25 baht for one package. Some days I have no work to do, other days I can make 75 baht," she says. "I only want to be with my children."

said that she lives in constant fear of the Thai authorities. In the five years that she has been living in Bangkok, she feels the situation for women has only deteriorated. According to a representative of a Thailand-based NGO working with commercial sex workers and Burmese migrants: “Women working in the sex-industry are the most fearful about being deported. Their past experience has been that they are abused by the Thai police after arrest, then abused by the Burmese soldiers on return and then, when they reach their villages, they are stigmatized and not accepted.”

The relative ease with which young women find work in Thailand and the disastrous political and economic conditions in Burma have pushed more and more young women to seek work in Thailand as commercial sex workers, factory workers and domestic servants. As a result, many of the most vulnerable refugees are adolescent girls. According to a representative of an NGO active in Thailand, a few years ago women were truly ignorant of what they were getting into when they were brought from Burma to work in the Thai sex industry. Today, according to Dr. Cynthia Muang of the Mae Tao Clinic in Mae Sot, many women are seeking sex work to meet their own and their families’ needs or are deceitfully trafficked into sex work, usually unbeknownst to their families in Burma. Others have been abducted and raped by the SPDC or the Thai military. Men in the armed forces, businessmen and local authorities exploit these young women. The reproductive health consequences are severe, including HIV/AIDS, hepatitis B and other sexually transmitted diseases, and unwanted pregnancies resulting in unsafe abortions with subsequent life-threatening emergency obstetric complications.⁸ In addition, factory owners target girls under the age of 24—presumably because they are the easiest to exploit. Female factory employees often work long hours for little pay, living in the factory and not daring to go out for fear of arrest.

Those who find work as domestic servants are potentially the most vulnerable of female migrant worker populations because they are the most hidden. Often as young as 12 years old, these girls work long hours, for very little pay and in constant fear of “displeasing” their employers who could then turn them into the police. Exploited financially and sexually, they fear arrest and persecution if they attempt to leave. Members

of the Overseas Karen Refugees’ Social Organization (OKRSO), a support organization made up of Karen refugees, report that the organization often has to “rescue” women who’ve been “trapped” as domestic servants—working without pay or the opportunity to leave.

Status problems complicate an already dangerous situation for rescued trafficked children. The UNICEF Protection Program tries to ensure that Thailand has a viable protection system, covering trafficking, sexual exploitation, child labor and child justice. The program supports the protective services in Thailand, providing technical assistance and funds to the Department of Child Welfare for rehabilitation programs, such as recovery for rescued trafficked children, improvement of services by including psychosocial elements as well as vocational and changes from institutional to community-based care. They also work to change the mindset of Department workers to sensitize them and train them regarding children’s rights.

However, most trafficked children are from Burma, China, Laos and Vietnam and foreign children must be returned to their home country. UNICEF-Thailand informed the delegation of their efforts to help children’s home countries learn about their programs and their work to develop bilateral protocols (Burma-Thailand) on how children will be treated upon repatriation. Yet they acknowledged that at this time there is no viable follow-up on trafficked children—many of whom were rescued from brothels—when they are returned to Burma.

REFUGEES ON THE THAI/BURMA BORDER

Mae Sot is a border town near several large refugee camps (Mae La, Umpiem Mai and Nu Po) which serve approximately 60,000 Karen refugees.⁹ In addition, thousands of refugees or “illegal migrants” live in the area. Some delegation members met with local women’s groups, staff at the Mae Tao Clinic and NGO representatives who were meeting in Mae Sot for a UNHCR Protection Workshop. Upon return to Bangkok, they were able to meet with Dr. Cynthia, the director of the Mae Tao Clinic.

Local women’s groups here, as in Burma, address the key needs prioritized by refugee women: reproductive health services, education (for

children and women) and income generation. The Karen Refugee Camp Women's Development Group (KRCWDG), a branch of the Karen Women's Organization, was established in 1997 as an "action-oriented nongovernmental social organization." The problems it seeks to address include depression, sexual and gender-based violence, lack of knowledge about health care and economic dependency. Its goals are to promote women's and children's rights, provide basic health facilities and form women's cooperatives for income generating activities in Mae La, Umpiem Mai and Nu Po refugee camps.

The group is seeking funding for administration, for trainings of women from all the camps and for a newsletter to reach all the camps. They would like to offer more educational options, both formal and non-formal. In addition, refugee women need more reproductive health services, maternal-child health (MCH) services and HIV/AIDS training. They would like to see more programs directed to adolescents. There are clinics in the camps, but not enough and Médecins Sans Frontières (MSF), which operates the clinics, does not prioritize reproductive health care. KRCWDG mentioned the following donors: Taipei Overseas Peace Service (TOPS), Canadian Friends of Burma, Catholic Office for Emergency Relief and Refugees (COERR), Australian People for Health Education and Development Abroad (APHEDA) and OSI (Further Studies Program).

The 13 Karen women who live and work in a very modest KRCWDG building in Mae Sot are the elected representatives of women's groups in the camps. Selection criteria include single status, education past 10th standard and being over 20 years old. Because transportation between the scattered camps in the Mae Sot area is so difficult, they are based in Mae Sot. Their purpose is to facilitate networking between the women's groups in different camps and to make connections with NGOs, to build capacity in office management and computer skills and to reach funders.

They organize trainings in the camps (human rights, women's rights, management, leadership, accounting, community development, mental health) and support projects related to income generation, nursery schools, health care and others. According to the Karen women, new arrivals in the Mae Sot area are the result of

people fleeing forced labor by the SPDC and Democratic Kayin Buddhist Army (DKBA), lack of access to schooling and medical care, relocation to front lines, landmine danger and lack of food. There are two safe houses in the camps for abused and trafficked women and women suffering from mental and other trauma. These are mostly teenagers. The houses also serve as transitional shelter for new refugee families with particular difficulties. They gave the example of a family where the mother was an amputee (having been used as a minesweeper by the military) and the father was blind as a result of falling on a split bamboo trap.

A staff member of the TOPS, which provides some financing, felt that the KRCWDG women related well to the women in the camps and were more effective in reaching out and networking from their base in Mae Sot. The Mae Sot location enables them to access phones and e-mail (unavailable or problematic in the camps) and to meet groups such as the Women's Commission delegation. In addition, they have a close relationship with Dr. Cynthia and the Mae Tao Clinic and can participate in trainings and other opportunities at the Clinic.

Due to the Thai government's reluctance to allow refugees to become "too comfortable," income generation projects are not officially allowed. This policy, perversely, also prevents refugees from building skills and capacity for repatriation. The desire for income generation projects was mentioned by all women's groups. Weaving appears to be the most common such activity. The KRCWDG receives orders from a local hospital for sarongs, but an inventory of weavings in the office did not hold great appeal for "western" customers.

Women's Education for Advancement and Empowerment (WEAVE), based in Chiang Mai, works with refugees—both camp residents and "illegal migrants"—in Mae Sot and Mae Hong Son. In addition to income generation through traditional skills development (such as weaving), WEAVE's projects include training health care workers in MCH and HIV awareness and providing nursery schools. At the Mae Tao Clinic, the delegation met two WEAVE staff members. Other delegation members met with WEAVE staff in Chiang Mai and Mae Hong Son.

According to WEAVE staff in Mae Sot, WEAVE employs 300 women in its weaving project in

THE MAE TAO CLINIC

The Mae Tao Clinic has grown from a small facility with a few volunteer staff assisting approximately 1,700 patients in 1989 to a large multi-purpose health center providing health and social services. Today, approximately 100 volunteers provide a comprehensive array of health and social services, including in-patient care. The clinic assisted 28,865 patients in 1999.

The volunteer staff provide assistance to Burmese living in refugee-like circumstances in Thailand, including the so-called illegal migrants and the internally displaced hiding in the hills and forests in Burma along the Thai border area. The total beneficiary population ... is estimated to be 200,000, with approximately 100,000 illegal immigrants in Thailand and 100,000 internally displaced in Burma. Approximately 8 percent of patients come directly from Burma and some migrant workers in Thailand also access services directly from the Mae Sot hospital.

The specific programs provided by the Mae Tao Clinic can be divided into six major areas, including:

1. comprehensive outpatient and inpatient services for an approximate beneficiary population of 100,000 inside Thailand;
2. education and social services, including a primary school and a boarding school for orphaned children;
3. training programs, including an annual 10-month medic-training program for approximately 50 students per year followed by a two-year internship at the Clinic, traditional birth attendant training, including a trainer of trainers program;
4. backpack health worker team (BPHWT) program that provides 50 teams of three trained medics, including one female, to assist an additional population of approximately 100,000 internally displaced in Burma;
5. a more recent and less formal public health outreach program in collaboration with World Vision to the factories, brothels and agricultural sites of migrant workers to provide public health education, particularly reproductive health education;
6. health and social support programs to Umpien Mai and Mae La Poh Hta refugee camps.

In addition to service delivery, Mae Tao Clinic staff are also committed to advocacy on behalf of the ethnic Burmese, especially women's and children's issues. Staff at the Clinic participate in multi-ethnic Burmese women's organizational events and projects in Thailand and advocate for all ethnic Burmese women's issues while providing direct support to the Karen Women's Organization's local branch in the Mae Sot area.

Two areas the clinic is monitoring are birthweight and the rate of Caesarean sections performed at the local hospital, where more than 60 percent of the deliveries are by Burmese women. While low birthweights are down significantly since 1997, more than 10 percent of ethnic Burmese infants suffer low birthweight, due primarily to maternal malnourishment and anemia. Thirty percent of deliveries at Mae Sot hospital result in Caesareans in order to accommodate the physicians' busy schedules.

(From "NOWHERE TO RUN: Ethnic Burmese Living in Refugee-like Circumstances in Thailand," Women's Commission for Refugee Women and Children, February 2000.)

This delegation observed a medic training class. It was heavily oversubscribed, serving around 70 students versus the planned-for 50. Clinic staff expressed concern that the large class size would adversely affect the quality of training. The graduates will serve displaced villagers within Burma.

The presence of international volunteers of varying degrees of skill and commitment is indicative of the needs for adequate funding to pay for staff and for skills training to build the capacity of local NGOs. For example, Dr. Cynthia graciously responds to the requests and assistance of numerous volunteer professionals, students, interns and visitors from around the world. She feels the time spent in training and accommodating these volunteers is repaid by their subsequent advocacy on behalf of Burmese refugees. Some volunteers plan their visits; others are well-meaning travelers who are passing through and become involved for weeks or months. The delegation met some of these volunteers, who presented both the positive and negative effects of this policy. On the plus side, the Clinic receives assistance, publicity and advocacy; on the negative side, short-term personnel complicate long-term planning and delegation of responsibilities and local capacity remain undeveloped.

Mae Hong Son, but this project must keep a low profile. Delegation members saw several weaving projects in the camps at Mae Hong Son. The project in Camp 3 does not have a real market for selling the goods and the skills are not as great there as in Camp 2 where there appears to be a market. The lack of materials costing as little as \$300 can prevent a group from initiating a new round of weaving. An active network between weaving programs would undoubtedly help in design and perhaps marketing, but the RTG's disapproval of income generation projects appears to hinder open collaboration.

In Mae Sot, WEAVE facilitates the Mae Tao Clinic's reporting and financial management. WEAVE also receives IRC funding to implement a medic training provided by the clinic. They develop and distribute health education materials. WEAVE looks for gaps in the materials available and tries to fill those gaps. They produce materials in Burmese and Karen languages, and would like to translate materials into Shan as well. For example, they produced a pamphlet on emergency contraception for migrant workers and sex workers. They would like to produce a "Safe Abortion Poster" but are concerned about finding funding for this, given the highly politicized debate about abortion funding in the West. Given the following information from a Women's Commission report of February 2000, there is a serious need for such information:

"Among the priority reproductive health problems seen at the [Mae Tao] Clinic are women presenting with bleeding and infection complications from abortion. It is not possible to get an accurate number of spontaneous versus induced abortions because, according to Dr. Cynthia, women are not forthcoming about induced abortions. However, many are thought to be the result of unsafe abortion. In 1999 there were 277 women presenting to the clinic with complications of abortion. An alarming 23 percent were young women less than 20 years old."

In Mae Hong Son, two delegation members visited two of the three camps for Karenni refugees. Statistics from IRC Mae Hong Son illustrate clearly that the needs for health and education and income generation projects remain a priority. The statistics also show the remarkable progress in health care since the camps were first set up. A few quotes from former reports and a few

statistics from the IRC office in Bangkok for the year 1999 will illustrate the extent to which health care programs, including reproductive health, now play a large part in the lives of the camps:

- o When Women's Commission Advisor Deirdre Wulf went to the camps in Mae Hong Son for the Women's Commission in 1994, she observed: "Birth rates are high and standards of maternal health are extremely low. Family planning is unknown and unpracticed."¹⁰
- o A follow-up delegation in 1997 reported that the "reproductive health services for refugees in the Thai-Burma border camps have vastly improved since 1994 when they were virtually nonexistent. Clinics within the camps provide family planning, safe motherhood and STD/HIV prevention and education. ... Spacing of pregnancies is improving among both younger and older women. ... Contraceptive supplies appeared to be sufficient in quantity and quality in the camps we visited."¹¹

There are thousands of babies and IRC leadership there feels there still is a long way to go in terms of persuading the population of the value of birth spacing. The high birth levels reflect the refugees' losses—too many deaths in Burma and along the border—and their hopes for a strong population base for the Karenni State once they can go home.

In 1994, Dr. Win, a Burmese woman doctor and IRC's medical administrator in Mae Hong Son, was insisting that Karenni women must be taught about the health benefits of birth spacing and must be offered the means to achieve this. After receiving asylum in Canada and spending years there, Dr. Win is back with IRC and doing an eleven-month program for Burmese Health Workers. She is training 23 young people in all—12 women and 11 men. When she compared the present situation in the camps to 1994, she listed the following positive improvements: malaria is being treated, the clinics are organized, there are trained health educators in all of the camp compounds and the camps are not totally closed. Dr. Win trains her workers without using a translator and can cover far more ground than would otherwise be possible. She exemplifies the importance of developing and using the capacities within the refugee community.

At a training session for nursery school teachers

“May Paw”

“May Paw” fled from Rangoon in August of 1988. Her husband, the headmaster of a high school, had been shot after trying to negotiate between the SPDC forces and students involved in a peaceful protest. “May Paw” was a teacher at the same high school and was warned that her life would be threatened if she stayed. “May Paw” left Rangoon with her children, including her eldest son, a 9-year-old Wa boy named Samuel whom she and her husband had adopted five years earlier when no one else would take him.

“May Paw” and her children went to her aunt’s house in a village near Tavoy, a border town with Thailand. “May Paw” had not been in the village more than four months before she and Samuel were taken as porters by the Burmese military. Due to his age, Samuel served as the personal porter to one of the commanding officers, required to carry his personal belongings. “May Paw” was forced to carry heavy loads such as rice and other foodstuffs. She became weak from hunger and suffered from the hard work. One day, when the weight became too much “May Paw” fell down, her pack landing on top of her. The men kicked her and swore at her to get up. “May Paw” knew she had to get out.

One night, after having worked with the military for over a month, “May Paw” waited until the soldiers were sleeping and escaped. Because of his proximity to the military officer, she had not been able to take Samuel with her. She has not seen him since. Following the sounds of the river, “May Paw” ran all night until she came to a small village hut. The inhabitants, an elderly couple, took pity on her and allowed her to stay with them for a couple of days. It was not safe for her there, however, because the military often passed by, so they took her to their friend’s house, closer to the border.

At this time “May Paw” did not know where her other children were. She stayed in the jungle and asked anyone who had been to Tavoy about her other children. Eventually her children learned of her whereabouts and joined her. It was hard for them in the jungle and “May Paw” had to teach them how to live on very little. Usually they had rice and salt and occasionally fish paste but, in general, their conditions were very sparse, very different from their life in Rangoon.

Some time later “May Paw” was offered a job as a health administrator with the Karen National Union (KNU). She was responsible for coordinating the distribution and acquisition of medical supplies. In this position “May Paw” often had to go into Thailand to secure medications. She worked closely with both KNU military personnel, who rarely paid her for their medications and with Burmese students, who always found ways to pay, even if it took a while. One student whom “May Paw” got to know, a Burman woman from Rangoon, was raped by a KNU soldier and fled. “May Paw,” who knew of the rape but not of the woman’s whereabouts, was interrogated extensively by the KNU officers. She told them everything she knew but the officers still believed that she was a spy and imprisoned her.

Several months later Burmese military attacked the KNU stronghold and the prison’s security system collapsed. “May Paw” escaped to the jungle and searched for her children among the IDP groups. She found her children but understood that it was not safe for them in Burma as she was considered an escaped convict. One day she heard the military was coming and fled with her children.

Remembering the route to Katchanaburi from when she worked as a health administrator, “May Paw” and her children went to the house of a Thai woman whom she had met while working for the KNU. This was in March of 1999. “May Paw” immediately applied for “person of concern” status from UNHCR but was rejected. Her appeal was submitted in March 2000.

“May Paw” lives in constant fear of the Thai authorities and of what she would face if she was forced to return to Burma. She worries for her children as well. Her children learn Thai during the day but “May Paw” has discouraged them from working, as the situation for illegal workers in Bangkok is so insecure. Her children do not go out for fear of being arrested. They have no social outlet or opportunity to make friends. Her children are now 13, 14, 17 and 19 years old.

“May Paw” cannot think about the future except to hope that her children will get an education. “May Paw” always thought that her children would do better in life than she did and struggles daily with the reality that this will not be possible. She feels alone without a husband to help her and does not have time to meet people because she is always working. Because of the precarious situation for refugees in Bangkok now, refugee communities that used to exist have been unable to sustain themselves; even the tenuous social structures “May Paw” had created in Bangkok have broken down.

organized by WEAVE the delegation had the opportunity to discuss with the participants their own reasons for leaving Burma and their aspirations. The first woman to speak told the delegation that she had had eight children. Seven of them had died in the jungle when they were still living in Burma and trying to get to the camps. She said how hard life had been for them; they were not complaining—but they wanted to go home. Their villages had been burned, their husbands had been killed and they felt little hope in the camps—but they were grateful for the delegation's visit.

The delegation visited the health centers in both camps. The facilities were clean and in excellent working order. Leaving the maternal child health center at Camp 2, delegation members shared the vehicle with refugees suffering from some of the typical health problems of the population—a pregnant woman anticipating complications of labor, a male landmine victim in need of further treatment and a couple of children with respiratory problems.

Witness to the continuing exodus from Burma, the delegation observed 757 new arrivals who had crossed the border on March 9 and were detained at a holding center. UNHCR was processing their papers—they had not been officially registered yet so they could not build houses and had to remain in the center where they lived in three large buildings in very crowded conditions. Food was being cooked communally outside the three large buildings; pots had to be provided as well as food because they had come with nothing and clothing was desperately needed. The delegation later heard that although this group had initially been denied refugee status by the Thai authorities, that decision was overturned and the group is now legally registered in the camp.

Dire poverty and fear of both the Burmese military and of the various ethnic insurgent groups that control the border areas are motivating factors in women's decisions to flee their homes. Women also flee rape and arbitrary use of forced labor, both by the SPDC and by insurgent military groups. A recent arrival from the Shan/China border had come a few days earlier with her small child. Her husband was on the front line and she felt compelled to leave for fear that she and her child would have had to submit to forced labor or prostitution. She had walked for months with her little girl to reach safety.

In Mae Hong Son, delegation members met with the Burmese Women's Union, which was begun by a woman who was a student at the time of the 1988 conflict and a member of the All Burmese Student Democracy Front. The Union has over 500 members—Karen, Kachin, Kayah and Shan. Some of these groups are on the Thai border, some on the border with China and with India; there are also overseas branches in the United States, Australia, Japan and Canada. The National Endowment for Democracy in Washington is their chief funder and their message is to teach women empowerment skills. They conduct women's leadership training and put out a number of publications. Representatives from the newly formed Pa-O Women's Union joined the delegation. Pa-O refugee women from camps and villages in the border area have formed this group to promote human rights, democracy and unity among the Pa-O people uprooted from Burma.

The women were interested in the delegation's visit inside Burma and full of questions about what the delegation had seen. They want outside agencies to pressure the Thai government *not* to send them home but to give them true refugee status. They are afraid that UNHCR will forcibly repatriate them, as happened on the Burma/Bangladesh border. They are convinced that it will happen to them as well, even though their circumstances are quite different. The delegation asked for the women's feelings about humanitarian aid in Burma. They know that there is lack of health care and education and they are concerned about HIV/AIDS. They feel that aid is necessary but not if the organizations supplying it are at the beck and call of the military government. If international NGOs can act as monitors, if the ICRC can continue to visit prisons, if the government helps with health education and if agencies can work with communities to empower them, this would meet with their approval. But experience has taught them that agencies tend to work only through the government and do not help the people to help themselves.

VI. Summary of Issues

A number of issues emerged with great clarity through the delegation's discussions and observations in Burma and in Thailand. Many are conditions that affect nearly all Burmese outside of the military establishment and its political allies. While not specific to refugees and internally displaced people, they are among the commonly cited factors by which people explain their decisions to flee. These issues include:

- o **Political repression.** Part of the case load of Burmese refugees in Thailand consists of political dissidents, many of whom were students at the time of the uprising in 1988. Other victims of political repression have joined them in later years. (See "May Paw's" story, page 15.) Yet only victims of armed conflict are accorded refugee protection by the Royal Thai Government. With the severe crackdown on the National League for Democracy in late summer 2000, this is a matter of particular concern.
- o **Forced relocation and forced labor.** As noted above, these policies have been applied throughout Burma as elements of "development" strategy. They have, however, been used as a form of political punishment and retribution in parts of the country in which ethnic insurgencies are still active. Most of the refugees arriving in Thailand are fleeing from the brutal exaction of labor and resources from communities already on the edge of subsistence and/or from the destruction of their villages and crops designed to force them into government-designated relocation areas.
- o **The crisis proportions of the AIDS epidemic that is sweeping Burma.** Displacement, disruption of community life, immiseration and the collapse of public health systems create an ideal environment for the spread of HIV/AIDS in Burma. Seasonal migration for hard labor in mines and other sectors fosters the use of drugs and prostitution to combat the pain, exhaustion and isolation of the laborers. Commercial sex workers, many though not all of whom are controlled by traffickers, are often powerless to take measures to protect themselves or inhibit the spread of illness. The combination of political repression and disastrous economic policies give this system extraordinary dynamism. Displaced people, seasonal laborers and commercial sex workers come from and

return to villages and townships throughout the country, bringing the virus home with them. Prevention education is rare and treatment non-existent except for the most privileged who can afford to import expensive drug regimes or travel abroad for treatment. Among the fastest growing infected populations are married women who risk contracting HIV through sex with their husbands.

The SPDC's response so far has been one of stunning neglect. The delegation was told that civil service statisticians are competent but are afraid to report their true findings to their political masters for fear that the bearer of bad tidings will be punished. Thus, a combination of self-imposed ignorance and denial has inhibited a vigorous response to the HIV/AIDS epidemic. One estimate the delegation heard is that 50 million condoms per year are needed, whereas only a fraction—perhaps one tenth of that number—are available currently. The delegation heard that SPDC ministers have very recently begun to acknowledge that there is a problem. NGOs have focused on education for prevention and in trying to overcome some of the irrational fears and taboos associated with the disease. They try to educate families in how to care for members who are ill with AIDS. Their efforts to combat social isolation of AIDS sufferers are complicated by the increasing number of them who have tuberculosis, which mitigates against the normally prescribed close incorporation of AIDS patients into family life and care.

- o **The broader crisis in health care in general and reproductive health in particular.** The delegation was told repeatedly of hospitals and clinics that lack the most basic drugs and equipment and whose staff are so poorly paid that they must moonlight elsewhere to make ends meet. Thus, in Burma, trained staff are barely available to ordinary patients who rely on the public health system and have little to offer when available. The future of the health care system is particularly bleak, owing to the profound disruption of medical education. University faculties have been closed for nine years; recent limited resumption of medical and nursing courses is irregular and inadequate.

Maternal mortality in Burma is estimated to be in the 550-580 per 100,000 births range, com-

pared, for example, to about 80 per 100,000 in Vietnam. SPDC policy is pro-natalist, on the theory that Burma is a rich country that can support a population larger than its current 8 million. Family planning is therefore officially discouraged. Abortion is illegal.

- o **The decay of the educational system.** The strength of the educational system was a point of pride for post-colonial Burma and education is highly valued in Burmese society. Today, the SPDC spends only four percent of the national budget on education. People must pay fees to attend public schools—for books, supplies, uniforms and even for teachers’ salaries. The SPDC’s showcase “multimedia schools” were uniformly described as a sham. Most schools don’t even have electricity and the computers in showcase schools rarely function unless there is a visiting dignitary. Because university students were a major source of opposition to the SPDC and a voice for democratic change, the universities have been closed for nine years. A few select faculties have reopened for a few months at a time, having been relocated away from the center of town. Military academies remain open and the children of the ruling elite are able to study abroad.
- o **The country-wide economic crisis that drives women and girls throughout Burma into migrant labor and the commercial sex industry.** It is estimated that 80 percent of the commercial sex workers in northern Thailand are Burmese. Within Burma, the gem and jade mines of the north and the Chinese-border “boom” towns are growth centers for the commercial sex industry, along with the largest cities. Some NGOs are working to provide condoms, treatment for sexually transmitted diseases and HIV prevention counseling to sex workers. Women who have been trafficked are often not allowed to leave the brothel, so there is at least one NGO program that brings services to them there, enlisting the cooperation of the brothel owners.
- o **Refugee protection.** The greatest concern of refugees and those who work with them in Thailand was the uncertain availability and quality of protection. Many—probably the majority—of Burmese in Thailand are not recognized as refugees and therefore are vulnerable to forced repatriation (*refoulement*);

exploitation by employers, landlords and officials; and have little or no access to humanitarian assistance. Those who are recognized by the Thai government still live in fear of being pushed back.

VII. Recommendations

International opinion is unanimous: political change in Burma is essential. Governments, the United Nations, international humanitarian aid providers and nongovernmental organizations must be united in pressuring the Burmese military. Meanwhile, the immediate challenge of assisting Burma’s uprooted population remains and the Women’s Commission offers the following recommendations.

- o **Humanitarian assistance within Burma can and should be continued and expanded,** but it needs to be designed and implemented with extraordinary care so that it meets urgent needs and builds local capacity without reinforcing the political status quo. It must promote gender equality. For international NGOs, such programs will require a sustained investment, which may be small in financial terms but will surely be large in its requirements for patience, sophistication, local knowledge, perseverance and discretion. It was the delegation’s impression that the most successful humanitarian programs in Burma are run by organizations that are there for the long term, started with or have developed a local base and keep a low profile. The challenge of “doing no harm” is a particularly tough one in the Burmese context, as local partners will be at much greater risk of repercussions if expatriates make mistakes.

The delegation was persuaded of the importance of supporting organizations that provide medical and other humanitarian assistance to internally displaced people in Burma, whether from within the country or from across the Thai border. A number of groups are trying to work with IDPs, but face funding constraints because donors cannot be sure of numbers or “see” the results.

- o **The HIV/AIDS crisis may now be an entry point for humanitarian organizations,** as the government seems to be realizing the gravity of the situation (see UNAIDS charts, opposite). Because the AIDS crisis is so closely linked to many other social and economic problems in

the country, especially those affecting women and girls (such as lack of maternal and child health care, trafficking, the growth of the commercial sex industry, migrant labor as a survival strategy, etc.), it is a broad category requiring a multi-sectoral approach to prevention.

- o **For refugees in Thailand, continued advocacy for refugee protection is needed, both to forestall premature return and to improve the quality of life for refugees who are on the border.** Like many other refugee-hosting governments, the RTG seems to be uncomfortable with the idea of refugees becoming too established in the country of asylum for fear that they will not repatriate. The manifestation of this policy in refugee camps on the Thai border is restriction on income-generating activities and other approximations of normal life. **Advocacy should therefore include promotion of income generation projects and training to counteract dependence on humanitarian aid and to provide refugees with skills for eventual repatriation.** The delegation heard repeated frustration expressed by refugee women that they are unable to undertake the kind of work and community activities that would make use of their energies, talents and eagerness to improve life for their families and communities.
- o **Support must be provided for humanitarian assistance, particularly reproductive health and health care for undocumented migrants in Thailand living in refugee-like circumstances.**
- o **Refugee women's groups and local NGOs require and deserve dedicated support.** These groups, which reach camp refugees, illegal migrants and Burmese IDP populations, undertake health, education and income generation projects. The Women's Commission's experience has shown that the inclusion of women's groups as equal partners in the design and implementation of strategies, plans and programs enhances the effectiveness of interventions. **The delegation encourages international NGOs to forge relationships with refugee and local women's groups, support them with capacity building and funding and help build networks between them and the international community.**
- o **Support of education, especially for women and adolescents, is critical.** The legacy of military

rule and interrupted education has crippled generations—inside Burma and in the refugee camps. Refugee women need literacy and access to information that enables them to make choices—to understand options related to reproductive health and to prevent HIV/AIDS, for example. Adolescents in camps, having completed the limited education available there, endure enforced idleness and frustration. In Bangkok, refugee adolescents live in hiding, without friends their age; they refer to education as “freedom,” but they are unable to attain it. They all need educational opportunities to prepare themselves for productive lives.

VIII. Delegation Meetings

The delegation would like to thank the following organizations for meeting with us and for their participation:

Action Against Hunger
 Association François-Xavier Bagnoud
 Burma Border Consortium
 Burma Ethnic Research Group
 Burmese Women's Union
 CARE Myanmar
 Images Asia
 International Committee of the Red Cross-Myanmar
 International Rescue Committee-Thailand
 Karen Women's Organization
 Karenni National Women's Union
 Mae Tao Clinic
 Médecins Sans Frontières Holland
 Metta Development Foundation-Myanmar
 Myanmar Consultancy International
 Save the Children
 Shan Women's Action Network
 UNDP Myanmar
 UNHCR Myanmar
 UNHCR Thailand
 UNICEF Myanmar
 UNICEF Thailand
 WEAVE - Women's Education for Advancement and Empowerment
 Women's League of Burma

Acronyms

APHEDA	Australian People for Health Education and Development Abroad
BPHWT	Backpack health worker team
COERR	Catholic Office for Emergency Relief and Refugees
DKBA	Democratic Kayin Buddhist Army
HDI	Human Development Initiative
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
ICRC	International Committee of the Red Cross
KNU	Karen National Union
KRCWDG	Karen Refugee Camp Women's Development Group
MCH	Maternal child health
MSF	Medécins Sans Frontières
NLD	National League for Democracy
OKRSO	Overseas Karen Refugees' Social Organization
POC	Persons of concern
RTG	Royal Thai Government
SLORC	State Law and Order Restoration Council
SPDC	State Peace and Development Committee
SPLA	Sudan People's Liberation Army
TOPS	Taipei Overseas Peace Service
UNDCP	United Nations Drug Control Program
UNDP	United Nations Development Program
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WEAVE	Women's Education for Advancement and Empowerment

End Notes

1. The delegation focused on Burmese refugees in Thailand primarily for reasons of access. The other reasonably accessible refugee and returnee population, along the Bangladesh border, is perhaps better known because UNHCR has implemented a repatriation program there since 1993.
2. The NLD won the 1990 elections, but was prevented by the SPDC from taking their parliamentary seats and forming a government.
3. Among the most useful elements of our background reading were books and documents by Aung San Suu Kyi, the US Committee for Refugees, the Open Society Institute, Martin Smith, UNDP, Chris Beyrer and Jana Mason.
4. U.S. Committee for Refugees, Country Report, Thailand, 2000.
5. The SPDC describes its policy as the "Four Cuts"—cutting the insurgents off from food, money, information and recruits by making it impossible for the surrounding communities to supply them.
6. The ICRC was heavily criticized by the NLD when it initiated its prison visits in Burma. The visits, according to the NLD, caused the transfer of hundreds of political prisoners from Insein Prison in Rangoon to distant jails throughout Burma, which were inaccessible to the prisoners' relatives. The family visits program was initiated in response to the transfers.
7. "Nowhere to Run: Ethnic Burmese Living in Refugee-like Circumstances in Thailand," Women's Commission for Refugee Women and Children, February 2000
8. Ibid.
9. December 1999 figures.
10. *Refugee Women and Reproductive Health Care: Reassessing Priorities*, Deirdre Wulf, Women's Commission for Refugee Women and Children, June 1994.
11. *Reproductive Health Among Burmese Refugees in Thailand*, Reproductive Health for Refugees (RHR) Consortium, December 1997.

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