

Internal displacement in eastern Burma

by Heather Rae

The history of post-independent Burma is characterised by numerous conflicts in this extraordinarily heterogeneous country. Since military rule began in 1962 Burma has witnessed gross human rights abuses and massive displacement.

Around 60% of Burma's estimated 50 million population are ethnic Burman. The rest belong to a myriad of ethnic groups – who are generally called 'national minorities'. While the country is administratively divided into seven divisions and seven national minority states, in practice there is great diversity within each entity.

Civilians in ethnic minority areas have long endured a range of abuses including forced displacement (often repeatedly), as well as forced labour, extortion, arbitrary punishment, torture, summary execution and systematic sexual violence against women and girls. For example, between 1996 and 2000 an estimated 300,000 Shan

villagers were forcibly relocated in Shan state. The Muslim Rohingya community of Arakan (Rakhine) state in western Burma continue to suffer discrimination and abuse following mass expulsions in 1978 and 1991-92 into Bangladesh, from which many have since been repatriated under less than ideal conditions.

The State Peace and Development Council (SPDC) – the official name of the junta which seized power in 1990 and annulled the results of the election won by the National League for Democracy led by Aung San Suu Kyi – ruthlessly implements a 'four cuts' policy. Devised to deny



KHRG

insurgents access to food, funds, recruits and information, it has had a major impact on civilians in the ethnic minority areas that ring central Burma. The

Displacement is not simply the result of civilians being caught between clashing military forces. Villagers are deliberately targeted and their orchards, paddy fields and rice storage barns and livestock are systematically destroyed. In 2006 40% of Burma's frontline troops were deployed in eastern Burma and two light infantry divisions were charged with the mission of preventing civilians harvesting their crops. The KNLA is vastly outnumbered and its troops are more likely to spend their time assisting villagers trying to evade the Burmese army, rather than in directly attacking Burmese army troops. The KHRG argues that the militarised state is engaged in a crude campaign to bring rural people, many of whom have lived their lives essentially outside the realm of any state authority, under state control.

eastern Burma are even worse. The Back Pack Health Workers Team (BPHWT) estimates that the child mortality rate (under five) is 221/1000 (compared to 106/1000 for Burma and 21/1000 for Thailand). In eastern Burma maternal mortality rates are reported to be as high as one in 12 women. Such horrendous indices are equivalent to those found in countries such as Sierra Leone or the Democratic Republic of Congo. These problems are in large part created by the SPDC attitude that the provision of medical care to and the possession of medicines by villagers are hostile acts. This humanitarian crisis is exacerbated by the extreme difficulty for the few humanitarian agencies trying to provide assistance to displaced communities hiding in the jungle. Several BPHWT medics have been killed in crossfire or from landmines.

When SPDC Light Infantry Battalion 501 attacked Th'Dah Der village (Lu Thaw township, Papun District) in March 2007, the villagers fled, taking whatever belongings and food they could carry.

Burmese armed forces have attacked villagers and destroyed livelihoods in the course of counter-insurgency operations justified in terms of national unity.

Eastern Burma

The Thailand Burma Border Consortium¹ – an alliance of NGOs working together with displaced people of Burma to respond to humanitarian needs – estimates that in eastern Burma a million people have been internally displaced over the past decade. Of the estimated 350,000 refugees in Thailand, around 150,000 are in refugee camps. The Thai government does not recognise the refugee status of more than 200,000 Shan refugees in Thailand. Around a million Burmese migrant workers are also estimated to live in Thailand.

In 2005-06 an estimated 82,000 people were forced to flee their homes in the face of the largest military offensives by the Burmese army since 1997. These have affected the Karenni, Shan, Mon and, in particular, the Karen in Karen state and eastern Pegu division. The offensives against the Karen occurred when SPDC troops took advantage of an informal ceasefire concluded in 2004 between the SPDC and the Karen National Union (KNU) to push further into KNU-controlled territory. Most commentators characterise the attacks as part of a reinvigorated 'four cuts' policy aimed at cutting off villagers' support for the Karen National Liberation Army (KNLA), the armed wing of the KNU. SPDC troops are denying KNLA access to civilians by forcing villagers into military-controlled relocation sites.

The Karen Human Rights Group² (KHRG) argues that the label 'conflict-induced displacement' is inaccurate.

The two views of what is occurring – 'conflict-induced displacement' and 'direct targeting of villagers' – are not necessarily mutually exclusive. They reflect emphasis on different, though closely related, aspects of a coercive state and nation-building project, in which the regime sees armed opposition groups (however weakened) and any civilians who are

Those who seek shelter in remote areas are at extreme risk, surviving on a diet of rice and wild vegetables. When searching for jungle vegetables or returning to destroyed villages to salvage rice or cooking pots they are exposed to mines laid by SPDC troops along village paths and in paddy fields. Malnutrition, lack of shelter (particularly in the wet season) and lack of access to medicines and medical assistance result in high rates of malaria, dysentery and other diseases. Civilians found hiding in the jungle also run the risk of being beaten, raped and/or killed by SPDC troops.

Civilians who do not evade SPDC control and who are living in forced relocation sites also face numerous challenges. They are often moved to areas where there are no adequate means of subsistence. Since 1997 frontline troops have been expected to be 'self reliant'. SPDC troops regard civilians in relocation sites as expendable and often force them to work as porters, grow crops, build roads and bridges, collect wood and bamboo for army buildings and clear landmines. As well as the obvious dangers inherent in much of this labour, villagers may have little time left to tend their own crops, if they have them. In many cases passes are needed to travel to fields which may be too far away to make working on them possible in the allotted time. Travelling to and from



KHRG

not under the direct control of the military or its proxies as a challenge to their authority. Villagers often try to resist state control but at an extremely high cost. Many civilians are caught in a cycle of constant displacement.

Their vulnerabilities are reflected in appalling health statistics. In 2004 the World Health Organisation ranked Burma at 190 out of 191 states on provision of health care. Less than 3% of the national budget is spent on health – under \$1 per person per year – while 40% is spent on the military. The statistics for

Villagers fleeing SPDC attacks.



Schools have to remain mobile. They close whenever SPDC columns come near, or when the teachers and pupils have to flee with their families, but they almost always reopen as soon as they can.

fields, where that is possible, also increases vulnerability to injury from landmines, to the rape of girls and women and to summary execution at the hands of the armed forces.

While many villagers are clearly determined to resist SPDC attempts to control them and to remain as close as possible to their land, others, often after surviving multiple displacements, have fled to the border hoping to gain entry to refugee camps in Thailand. Once across the border, community-based organisations such as the Karen Refugee Committee endeavour to assist with gaining access to refugee camps. However, it has become increasingly difficult to cross into Thailand due to stricter border controls. Since April 2006, thousands of internally displaced people have been gathering near Ei Htu Hta on the Burma side of the Salween River. At the IDP camp at Ei Htu Hta approximately 1,000 people have been getting assistance from border-based community organisations and from local and international donors. However, it is very difficult to get adequate assistance to the thousands of people hiding nearby and even harder to get assistance to those displaced further inside Burma – though locally-based groups like BPHWT attempt to do so.

The international community

International agencies such as the International Committee of the Red Cross (ICRC) have had some limited access to civilians in eastern Burma. However, in November 2006 the Burmese government ordered the ICRC to shut down its offices in eastern Burma, although they were later allowed to reopen with scaled-down operations. It has cut staff numbers and been forced to abandon

its programme of visiting prisoners. Since late 2004, when General Khin Nyunt was purged, the junta has taken a harder line on in-country international and local aid agencies. This has resulted in heightened surveillance and attempts at imposing administrative requirements to increase state control of agencies. In response to the difficulties of working in-country, in 2005 the Global Fund to fight AIDS, Tuberculosis and Malaria, which had earmarked US \$98.4 million for a five-year programme in Burma, withdrew from the country as did MSF-France. Since then pledges of support from the EU and others have resulted in planning for a new Three Diseases Fund (3D Fund). While debate continues over the political implications of humanitarian aid, the extent to which these pledges are met and how they might be operationalised free of unacceptable government control remains to be seen. It is clear, though, that, under present conditions, whatever aid does reach the people of Burma through these channels, internally displaced people are least likely to have access to it, whether they are hiding in the jungle or living in forced relocation sites.

In this situation the problem of how to deliver assistance to people with the cooperation of a state that is targeting those very people remains a central dilemma, particularly when such assistance is regarded as a challenge to the sovereign integrity of the state. The hardships that arise from forced displacement, outlined above, are the result of an assault by a regime that regards all its citizens as potential enemies and which sees members of ethnic minority groups as confirmed enemies if they are not under the control of the state or one of the several proxy militias it controls. Where a government so clearly fails in its responsibilities then protection should be the highest priority for the international community. Yet sovereignty continues to provide a shield despite the chasm between the SPDC's notion of sovereignty as absolute authority and the emergent concept of sovereignty as responsibility, which would embrace the norms embodied in the Guiding Principles on Internal Displacement.

This problem has been further compounded by the January 2007

veto by China and Russia of a draft Resolution on Burma presented to UN Security Council by the US and the UK. The veto may lead the SPDC to assume that they can continue with impunity to commit systematic human rights abuses in the name of 'national unity'. At the regional level the Association of South-East Asian States (ASEAN), though restive over Burma's human rights record, has, so far, had little impact due to its core commitment to non-intervention. Therefore, at least for the time being, the IDPs of eastern Burma, struggling in the face of a worsening humanitarian emergency, must remain largely self reliant.

Heather Rae (heather.rae@anu.edu.au) is a Fellow in International Affairs, Department of International Relations, Research School of Pacific and Asian Studies, Australian National University.

Amnesty International's Burma reports are at <http://web.amnesty.org/library/eng-mmnr/index> and those of Human Rights Watch at: www.hrw.org/asia/burma.php

1. www.tbcc.org
2. www.khrg.org

Back Pack Health Worker Team (BPHWT)

The Back Pack Health Worker Team (BPHWT) – a community-based organisation established in 1998 by doctors and health workers from the Karen, Karenni and Mon States – has been providing primary health care in ethnic armed conflict areas and rural areas where access to healthcare is otherwise unavailable. BPHWT has 70 backpack teams with two to five health workers in each team, delivering a range of health care programmes to a target population of 140,000 displaced people. The BPHWT aims to equip people with the skills and knowledge necessary to manage and address their own health problems, while working towards long-term sustainable development.

BPHWT's 2006 report on 'Chronic Emergency: Health and Human Rights in Eastern Burma' is online at www.geocities.com/maesothtml/bphwt/