

Victim Assistance in Burma (Myanmar)¹: then and now

Burma (Myanmar)	1	2	3	4	5	6
According to original study		•			•	•
According to LM 2002						
According to LM 2003		•				

Key Developments (LM 2002): Myanmar’s military has continued laying landmines inside the country and along its borders with Thailand. As part of a new plan to “fence the country,” the Coastal Region Command Headquarters gave orders to its troops from Tenasserim division to lay mines along the Thai-Burma border. Three rebel groups, not previously identified as mine users, were discovered using landmines in 2002: Pao People’s Liberation Front, All Burma Muslim Union and Wa National Army. Thirteen rebel groups are now using mines.

Indicator 1: The extent to which information on mine victims’ demographics and needs is available.

According to original study:

LM 2000 estimates that there were approximately 1,500 new mine victims in 1999 and that 50 percent of the victims die prior to any medical care. There is no centralized agency collecting statistics on landmine survivors within Burma. LM 1999 indicates that a joint prosthetic project run by the ICRC, the Myanmar Red Cross, and the Ministry of Health reports that, over a 10 year period, information was collected from more than 1,200 mine survivors from border areas.

According to LM 2002:

Although landmine casualties appear to be increasing, especially during the last five to six years, the total number of landmine casualties in Burma remains unknown. Systematic collection of data remains difficult, especially in relation to those who are killed rather than injured in an incident.⁵⁷ However, there were reports of new casualties in 2001: between 19 February and 7 April, 24 soldiers were killed or injured in landmine incidents;⁵⁸ in April, a woman and her daughter were killed by an antipersonnel mine in Tavoy province;⁵⁹ in May, a 19-year-old Karen girl was injured by a mine planted near an abandoned sawmill in the DKBA-controlled area,⁶⁰ and in November, in separate incidents, a villager and two Buddhist monks stepped on mines and one of the monks died.⁶¹

According to the Thailand Landmine Impact Survey data, in two of the highest mine-incident provinces adjacent to Burma, Burmese mine casualties increased from 14 in the period June 1999 to May 2000, to 30 in the period June 2000 to May 2001.⁶² The casualty data of Thailand’s Landmine Impact Survey includes many Burmese survivors residing in Thailand.⁶³ Data from the Médecins Sans Frontières (MSF) emergency medical clinic in Mae La refugee camp, on the Burma/Thai border, recorded 17 mine casualties sent to Thai hospitals for surgery between June and December 2001.⁶⁴

Handicap International conducted a mine casualties survey focused on mine survivors in Tak Province, Thailand, including refugees living in three camps.⁶⁵ It recorded 132 casualties between 1959 and 1995, nine casualties in 1996, 14 in 1997, 16 in 1998, 11 in 1999, 22 in 2000, and ten in the first two months of 2001. All but one of the 214 landmine survivors interviewed were Burmese. Handicap International revealed that in three of the largest refugee camps on the Burma/Thai border covered in their survey, 10 percent of all disabled persons were victims of landmines.⁶⁶ The survey was funded by UNHCR.

A survey conducted by Nonviolence International (NI) reveals a similar increase in mine casualties between 1996 and 2000.⁶⁷ Interviews of landmine survivors now residing in Thailand and Bangladesh reveal that 40 percent were civilians at the time of incident. Survivors under 16 years comprise six percent of all survivors interviewed, yet half of these were conducting military activities at the time of the incident. Twelve child soldiers were found from the interviews, which account for 11 percent of military mine casualties in the survey.⁶⁸ Data from an NSA medical unit collected in three townships in Nyaunlaybin District, Karen State also reveals an increase in mine casualties between 1996 and 2000; one casualty was recorded in 1996 and twelve in 2000.⁶⁹ Landmine Monitor research has found that the number of casualties within an NSA’s own group, by their own mines, to be higher than what the NSAs sometimes publicly admit.

All surveys reported that the majority of mine casualties are male (94 percent in NI survey, 95 percent in HI survey, 93 percent in the Landmine Impact Survey, and 96.6 percent in IRC/CDC); and the majority were engaged in military activities at the time of the incident (61 percent in NI, 61.5 percent in HI, 52 percent in Landmine Impact Survey, and 65 percent in IRC/CDC).⁷⁰

The pan-ethnic medical organization, Back Pack Health Worker Teams (BPHWT),⁷¹ conducted a survey in several internally displaced communities in Karen State from January to June 2001. The survey used a cluster sampling method and covered 776 households. Of those households in which a person above five years of age had died during the previous year, five percent of deaths were reported to have been caused by landmines.⁷²

Limited information is available on landmine casualties in 2002. Handicap International has established a reporting system with Thai border hospitals in order to improve data collection on landmine casualties in Tak province. In the period January to April 2002 nineteen new casualties were reported, including two people killed and seventeen injured. Fourteen of the casualties were the result of incidents on the Burma side of the border.⁷³

Indicator 2: The extent to which a national disability coordination mechanism exists and recognizes mine victims.

According to original study:

No information available.

According to LM 2002:

Two observers from the Ministry of Health attended the South East Asia Regional Conference on Victim Assistance, held in Thailand from 6-8 November 2001, sponsored by Handicap International.

Indicator 3: The extent to which programs and services for the medical care and rehabilitation of mine victims are available.

According to original study:

LM 1999 reports that medical services are generally inadequate and often inaccessible for security reasons and lack of transportation facilities. It is estimated that at least 50% of landmine victims die before receiving medical treatment. Both civilian and military health systems are believed to be chronically under-resourced and corrupt. Prosthetic devices are provided by the Myanmar Ministry of Health (through National Rehabilitation Centre programs in Rangoon and Mandalay), Thai Government hospitals and Thai Royal projects. HI provides artificial limbs in Nai Soi, La Ma Luang, Mae La, and Neo Poh Refugee Camps, and the ICRC supports prosthetic and rehabilitation programs in Yangon, Mandalay, and Maymyo. Psychosocial services are reported to be non-existent.

According to LM 2002:

Availability of medical care depends on where the incident occurred, with an average of 12 hours elapsing before first medical attention, according to interviews by Nonviolence International.⁷⁴ After the emergency care, the survey by Handicap International showed that 77 percent of landmine survivors were hospitalized in Thailand, while 23 percent were hospitalized in Burma.⁷⁵ A survey by NI shows similar results: 63 percent were hospitalized in Thailand, 27 percent in Burma, and 4 percent in Bangladesh.⁷⁶

Survivor assistance for Burmese mine casualties comes from three main sources: assistance from the public health system; assistance available from non-state sources; and assistance from neighboring states as many members of mine-affected communities have fled the country to seek asylum, or are in rebel controlled areas.

Less medical care is available on the Bangladesh-Burma border. In one case, a Bangladeshi mine survivor from near the Burma border went through five clinics and hospitals until he reached an NGO, Bangladesh Rehabilitation Center for Trauma Victims (BRTC), who provided him treatment at a private hospital in the capital that had enough facilities and skill to treat mine injuries.⁹⁸

Survivor assistance continues to be marginal due to the neglect and impoverished state of the medical system in Myanmar.⁷⁷ A mine survivor who received medical treatment in Myawaddy governmental hospital said it had cost nearly 100,000 kyat (around US\$105); being unable to pay, he sent sacks of rice harvested from his farm

instead.⁷⁸ Military casualties from within the Burmese Army are eligible to receive treatment in military hospitals in Myanmar, although some have reported having to wait unless they pay a bribe.⁷⁹

In areas close to its borders where ethnic-based militias may control or access territory, some minimal care is provided by their relief and medical arms.⁸⁵ The BPHWT also provides some emergency care for casualties in NSA-controlled areas of Mon, Karen, Karenni, and Shan States.⁸⁶ The Trauma Care Foundation runs three “jungle clinics” inside the country to provide primary medical care.⁸⁷ Available medical care remains poor to non-existent as it relies on mobile medical staff being in the area at the time of need. Low numbers of medical staff, rugged terrain, and the normal chaos and insecurity of civil war means luck is a major factor in receiving trained medical care. International NGOs active in refugee camps on the Thai-Burma border have not pursued provision of cross-border medical care in NSA-controlled areas due to the presence of landmines.⁸⁸

In areas near its borders, the security situation and poor internal facilities drive some Burmese to seek access to services in neighboring states. The Mae Tao Clinic, which is located near the Thai-Burma border, as well as Médecins Sans Frontières, the International Rescue Committee, American Refugee Committee, Aide Medicale International, and Malteser Germany, all provide emergency medical referral of war injury survivors who arrive at their facilities in refugee camps to hospitals in Thailand.⁹¹ The cost of medical treatment varies according to the extent of the injury, but on average costs over 20,000 Baht (US\$454) per person.⁹² The cost of transportation alone prohibits some Burmese from seeking medical care in Thailand. To go from mine-affected Pa-an district to Mae Sot, Thailand, a distance of 40 kilometers, costs 5,000 Kyats (around US\$5) each way, which is more than two months wages for farmers.⁹³ In some cases, those who could not reach any medical attention try to treat themselves with herbal leaves.⁹⁴

Physical rehabilitation and prosthetics are available to landmine survivors within Myanmar through the National Rehabilitation Centers (NRC), provided they can travel to the workshops. The ICRC runs a joint program with the NRCs to provide rehabilitation and prosthetic devices at five centers, two of which are run by the Ministry of Defense and three by the Ministry of Health. There are two centers in Rangoon, and one Mandalay, Maymyo, and Yenanthar.⁸⁰ The Myanmar Red Cross registers and refers amputees to the centers while the ICRC covers the costs of transport, lodging, and food during the time needed for a fitting. The ICRC organizes regular refresher courses for technicians, and has trained orthopedic surgeons from Mandalay Hospital in basic prosthetics. The ICRC and Myanmar Red Cross will open a new center for prosthetic production and rehabilitation in Hpa-An, a capital of Karen State, later in 2002.⁸¹ Prostheses are provided for free through these hospitals, though in one case, a mine survivor paid 50,000 Kyats (around US\$53), while waiting for their prostheses for food and accommodation fees, during a 20-day stay in the National Rehabilitation Center, and additional transport costs for an attendant who helped the survivor to travel.⁸²

The ICRC is the only assistance organization directly involved in physical rehabilitation programs with the government. Orthopedic devices produced with ICRC assistance represent 80 percent of the total national production. In 2001, the ICRC program provided 1,539 prostheses to mine survivors. This accounted for 72 percent of total prosthetic/orthotic production in its joint programs with the Ministries of Health and Defense. Of 14 ICRC Prosthetic/Orthotic programs worldwide in 2001, Myanmar accounts for the third highest number of mine survivors receiving prostheses, after Afghanistan and Angola.⁸³

The Committee for Internally Displaced Karen People (CIDKP) maintains a prosthetic workshop in a KNU-controlled area. Medical organizations such as BPHWT refer mine survivors to CIDKP’s workshop.⁸⁹ Through the assistance of Maryknoll Thailand, a building for a vocational rehabilitation program was built in Mae La Potah, in Karen ethnic area, but it was burned to the ground by a military attack prior to use.⁹⁰

Both Thai and international organizations continue to provide prosthetics for refugees in Thailand. Handicap International operates four prosthetic workshops in refugee camps along the Thai-Burma border. Some Burmese migrants to Thailand who are landmine survivors cannot access official assistance offered by international organizations if they are not accepted into an organized refugee camp. Since April 2001, the Mae Tao Clinic in Thailand, which specializes in assisting Burmese migrants, has operated a prosthetics section. During 2001, it provided 28 free prostheses, 70 percent of which were for landmine survivors; it also provided training in prosthetics for six people from Burma’s ethnic minority areas. The prosthetic section was funded by Clear Path International in 2001.⁹⁵ In the Sangkhlaburi area close to the Thai-Burma border, a joint project by Nonviolence International, Handicap International, the River Kwai Christian Hospital, and a local organizer,

provided 28 prostheses for illegal Burmese immigrants in 2001, with funding from individuals in Belgium and Japan.

Indicator 4: The extent to which programs and services for the social and economic reintegration of mine victims are available

According to original study:

LM 2000 reports that there is one vocational rehabilitation center in Rangoon run by the Ministry of Health. A second facility for the vocational rehabilitation of amputees is being constructed in Rangoon by an international NGO.

According to LM 2002:

NGOs provide some vocational training to disabled people in Myanmar. The Association for Aid and Relief, Japan in Rangoon has been providing training in tailoring and hair cutting since March 2000; over 150 people have received training, of which about 20 percent are landmine survivors.⁸⁴ A vocational workshop for disabled people organized by Myanmar Council of Churches (MCC) was held in Rangoon on 19-29 November 2001. All 45 participants were from Kayah State, including at least two landmine survivors.

The International Rescue Committee in Mae Hong Son and the Centers for Disease Control and Prevention conducted a mental health assessment in three Karenni refugee camps in May-June 2001, focusing on the general camp population and on landmine survivors. The results of the study showed that refugees injured by landmines have high prevalence rates for non-specific psychological problems: depression (59 percent) and Post Traumatic Stress Disorder (10 percent).⁹⁶ The IRC provides a counseling service in the refugee camps; it is not known how many mine survivors benefit from this service.⁹⁷

Vocational training is available at two refugee camps, provided by the Karen Handicapped Welfare Association in Mae La camp, and the Disabled People's Rehabilitation Team in Nu Po camp; both run candle making, sewing, and mechanics training for disabled people. These local groups are financially supported by Handicap International. The Mae Tao clinic also runs a sewing training program for the disabled. Three of the instructors are landmine amputees.

Indicator 5: The extent to which mine victims are protected and supported by effective laws and policies.

According to original study:

No information available.

According to LM 2002:

No disability law exists in Myanmar. Landmine Monitor was told that a disability policy exists, but no one could give details of the content of the policy, even in institutions serving disabled persons.

Acknowledging the lack of a clear disability policy, either in existence or implementation, Disabled People International (DPI) Thailand submitted a declaration from a seminar held in Burma, encouraging the government to establish and implement disability laws.⁹⁹

Indicator 6: The extent to which there is a disability community advocacy network.

According to original study:

No information available.

According to LM 2002:

There is an initiative by Disabled People International (DPI) Thailand for improvement of the environment for persons with disabilities in Myanmar. DPI organized a First National Leadership Seminar for People with Disabilities in Rangoon from 20-22 February 2002, funded by the Japan Foundation.

Endnotes:

¹ The military junta now ruling the country changed the name from Burma to Myanmar. Many ethnic groups within the country still prefer to use the name Burma. In this report, Myanmar is used when referring to the policies and practices of the State Peace and Development Council, and Burma is used otherwise.

- ⁵⁷ Handicap International, "Mine Casualties Survey Report; Tak Province Thailand," August 2001; Nonviolence International, "Analysis of the Impact of Landmines in Burma," Internal Report, 2002; and reports from KNU medical unit submitted to Landmine Monitor in November 2001.
- ⁵⁸ Interview with a SPDC military officer, April 2001.
- ⁵⁹ Interview with insurgent who arrived directly from southwest Shan State, Mae Hong Son, Thailand, May 2001.
- ⁶⁰ Interview with Naw Mya Win, Mae Tao Clinic, Thailand, 18 September 2001.
- ⁶¹ Email correspondence with FTUB, 27 November 2001 and interview with FTUB members, Mae Sot, 28 November 2001.
- ⁶² These figures, only for mine victims from Burma, taken from Thailand's Landmine Impact Survey data, were extracted from the database at the Thailand Mine Action Center by Landmine Monitor researchers.
- ⁶³ For detail of the Thailand Landmine Impact Survey, see *Landmine Monitor Report 2001*, p. 489.
- ⁶⁴ Statistics on War Injuries from MSF, provided to Landmine Monitor, 15 March 2002. In the same period in 2000, 16 mine casualties were transferred. Information was not available for the full year as data for some months had been lost.
- ⁶⁵ Handicap International, "Mine Casualties Survey Report; Tak Province Thailand," August 2001.
- ⁶⁶ *Ibid.*, pp. E5-6.
- ⁶⁷ Nonviolence International, "Analysis of the Impact of Landmines in Burma," Internal Report, 2002. NI's survey shows five casualties in 1996 and 23 in 2000. The survey, started in 1999, is ongoing and includes data obtained from landmine survivors as well as from mine-affected communities. NI has attempted to include other agencies in the data collection process and is negotiating with Myanmar's Ministry of Health to develop a Mine Incident Surveillance Database within the National Rehabilitation Hospitals. NI's survey received financial support from the Canadian government, Open Society Institute, and the ICBL's Landmine Monitor.
- ⁶⁸ Nonviolence International, "Analysis of the Impact of Landmines in Burma," Internal Report, 2002.
- ⁶⁹ Report from a Karen medic, received by Landmine Monitor in November 2001.
- ⁷⁰ The figures from the Landmine Impact Survey data were extracted from the database at the Thailand Mine Action Center by the Landmine Monitor researchers. Statistics for mine casualties sent for emergency surgery from the MSF border clinic for 2000-2001 are 97 percent male, 3 percent female (MSF data was sent to Landmine Monitor 15 March 2002, but is missing some months of 2001 due to data loss).
- ⁷¹ Back Pack Health Worker Team consists of 60 small groups who travel in ethnic-controlled areas of Burma with medicines, food and tools for emergency care in backpacks.
- ⁷² Backpack Health Worker Team Program, Summary of Descriptive Analysis of Water, Sanitation and Mortality Survey, January-June 2001.
- ⁷³ Fax to Landmine Monitor Thailand from Saowaluk Sae-Tang, Mine Risk Education Project Manager, Handicap International, Mae Sot, 15 May 2002.
- ⁷⁴ Nonviolence International, "Analysis of the Impact of Landmines in Burma," Internal Report, 2002.
- ⁷⁵ Handicap International, "Mine Casualties Survey Report; Tak Province Thailand," August 2001, pp. E12-13.
- ⁷⁶ Nonviolence International, "Analysis of the Impact of Landmines in Burma," Internal Report, 2002.
- ⁷⁷ See also *Landmine Monitor Report 2001*, pp.524-526.
- ⁷⁸ Interview with a landmine survivor in Mae La Refugee Camp, 19 March 2002. He was hospitalized from 20 March 2001 until the end of May 2001.
- ⁷⁹ Interview with Dr. Cynthia Maung, Director, Mae Tao Clinic, Mae Sot, Thailand, 28 November 2001.
- ⁸⁰ ICRC Physical Rehabilitation Programmes, *Annual Report 2001*, ICRC, Geneva, 4 April 2002.
- ⁸¹ ICRC (Geneva), *Special Report, Mine Action 2001*, July 2002, p. 25.
- ⁸² Interview with a landmine survivor, Rangoon, November 2001.
- ⁸³ ICRC Physical Rehabilitation Programmes, *Annual Report 2001*, ICRC, Geneva, 4 April 2002.
- ⁸⁴ Email to Landmine Monitor from Yukie Osa, AAR Japan, 19 June 2002.
- ⁸⁵ Interviews with 54 landmine survivors by Nonviolence International show that 26 percent of mine victims who received medical care inside Burma went through either mobile clinics or ethnic group's frontline medical team.
- ⁸⁶ Some foreign missionary aid groups also provide services.
- ⁸⁷ Landmine Monitor interview with a member of Trauma Care Foundation, 18 January 2002; Annual Report 2001 of Trauma Care Foundation. The Norwegian government supports the foundation with its activities.
- ⁸⁸ Comment from an MSF member at the Committee for Co-ordination of Services to Displaced Persons in Thailand, 13 March 2002.
- ⁸⁹ Interview with a coordinator of BPHWT, 18 March 2002.
- ⁹⁰ Interview with Dr. Cynthia Maung, Director, Mae Tao Clinic, Mae Sot, Thailand, 13 March 2002.

⁹¹ MSF referred 30 mine casualties to Mae Sod hospital in Thailand from April 2001 to November 2001, according to the MSF office in Mae Sod, 10 December 2001.

⁹² Email correspondence with MSF office in Mae Sot, 22 March 2002.

⁹³ Interview with Dr. Cynthia Maung, Director, Mae Tao Clinic, Mae Sot, Thailand, 28 November 2001; Burma Fund, "Humanitarian Crisis, Aid and Governance of Burma," April 1999.

⁹⁴ Nonviolence International, "Analysis of the Impact of Landmines in Burma", Internal Report by Michiyo Kato, 2002.

⁹⁵ Interview with Dr. Cynthia Maung, Director, Mae Tao Clinic, Mae Sot, Thailand, 13 March 2002.

⁹⁶ International Rescue Committee and Centers for Disease Control and Prevention, "Mental Health Assessment among Karenni Refugees in 3 Camps in Mae Hong Son," Thailand, August 2001. The survey covers 58 landmine survivors in the three refugee camps.

⁹⁷ The IRC in Thailand, <http://www.theirc.org/where/index.cfm?locationID=42> (accessed 28 June 2002).

⁹⁸ Interview with a landmine survivor by Landmine Monitor Bangladesh researcher, January 2002.

⁹⁹ The declaration, written in Burmese, was submitted to the leaders of the Myanmar government and stated that participants would "cordially welcome a law for the disabled."