



P.O. Box 67, Mae Sot, Tak 63110, Thailand.  
865 Moo 1, Intarakiri Rd., Tha Sai Luad, Mae Sot, Tak Province 63110  
Fax: (055) 544-655, email: info@maetaoclinic.org

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## **Mae Tao Clinic Briefing on the Current Reforms in Burma**

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### **Mae Tao Clinic Position on the Current Political Situation**

Mae Tao Clinic (MTC) is cautiously optimistic about the positive developments made by the Burmese government in the past year. While the political reforms and tentative ceasefire agreements bring a degree of hope, the chronic humanitarian crisis facing the ethnic displaced and rural populations has yet to be addressed. The following points demonstrate that the recent political changes have yet to deliver positive change in the economic, political, social and health status of disadvantaged ethnic groups assisted by MTC:

1. The patient caseload at MTC continues to rise despite euphoria over the reforms; MTC still experienced a 5% increase between 2010 and 2011, receiving almost 117,000 cases last year. One sign of genuine commitment by the Burmese government not only to positive political reform, but also to advance the welfare of the entire population, would be a substantial decrease in patient numbers at MTC and an equivalent rise at the nearby government-run hospital across the border in Myawaddy, Burma. This has yet to happen; Myawaddy Hospital continues to refer cases to Thailand due to their poor facilities. Last year over 3,000 babies were born at MTC, in comparison to the 1,200 born at Myawaddy Hospital. Furthermore, MTC continues to receive patients from Burma with malaria, tuberculosis and HIV, despite the fact that government hospitals, such as that at Myawaddy, are supposed to have specific programmes to treat these conditions. Until we see more patients opting for treatment at government facilities, we cannot yet assert that the political developments are enabling better access to quality, affordable public services. It will take much time and investment to strengthen the healthcare system, particularly in ethnic areas, after decades of neglect by the Burmese government.
2. There has also been a 30% increase between 2010 and 2011 in the number of unaccompanied children supported by MTC who have crossed the border to seek protection and education in Thailand. MTC now supports almost 3,000 displaced children, many of whom have been sent to Thailand to escape conflict and the risk of being recruited as child soldiers or child labourers. A lack of opportunity to access education beyond primary level, as well as a lack of means for families to pay for education also remain key push factors.

Despite recent political dialogue, the situation for ethnic and rural children remains poor in Burma and no decrease in enrollment rates at migrant schools is anticipated for the upcoming academic year.

3. MTC has observed negative impacts on the community from recent political change. There is greater military presence in ethnic areas by Burmese and Border Guard Force troops, which has led to feelings of intimidation and distrust from villagers. With higher foreign investment in Burma, there have also been reports of increased displacement and widespread land confiscation as a result of large-scale development projects, causing further internal displacement.
4. The initial ceasefire agreements between non-state ethnic armed groups and the Burmese government are still in very early stages. The Burmese government is continuing to fight a war in Kachin State while negotiating peace with other ethnic groups. Ethnic communities cannot feel confident in current ceasefire discussions until this conflict has also ended. However, even if ceasefire agreements are reached, the Burmese government has demonstrated a willingness to break ceasefires in the past, further reducing confidence in ceasefire agreements that have been reached recently. Until trust in the Burmese government's commitment to a durable peace has been built, many of the refugees, IDPs and migrants are unlikely to voluntarily return to their villages.
5. Ethnic groups have yet to be properly included in the democratic process. Until there is genuine political dialogue with all ethnic groups, the needs and interests of ethnic populations will continue to be neglected. Although the by-elections of April 1<sup>st</sup> have shown significant success for the National League for Democracy (NLD), the NLD only holds 6.4% of the seats in parliament and therefore have very little influence on decision making. Nor does the NLD have the ability to address the needs of all ethnic groups, as it currently has limited dialogue with border and ethnic populations.
6. There is still much progress to be made on labour rights, land rights, environmental protection and the enforcement of law and order. Although foreign investment in Burma is due to rise as a result of the recent dropping of sanctions, there is currently no legal framework or protection policies in place to ensure that large-scale development projects do not result in further human rights abuses. The majority of ethnic people do not have nationally-recognised documentation, leaving them vulnerable to exploitation and displacement. Such human rights violations and land confiscation may reignite armed conflict and there is still no monitoring mechanism to record human rights abuses and violation of existing laws and regulations.

### **Mae Tao Clinic's Role During the Transition Period**

Mae Tao Clinic will continue to provide vital services to displaced and vulnerable people from Burma. It is anticipated that need for MTC's services will continue for

many years to come, for several reasons:

1. Positive change occurring as a result of reforms in central Burma will take time to reach border populations. It will take many years to develop infrastructure and rebuild and rehabilitate communities long-affected by conflict. Until there is greater access to healthcare and education, MTC will continue to receive patients and unaccompanied children seeking education.
2. As an organisation run and staffed by people from the same communities it serves, MTC has built trust amongst the ethnic and displaced communities. People from various ethnic groups access services at MTC because they can count on quality healthcare that addresses their needs; until government-run facilities in Burma can build the same level of confidence with patients, people living near the border will continue to utilise MTC services. Similarly, although the recent reforms will help pave the way for greater access to border regions for the UN, INGOs and other humanitarian organisations, it will take time for these groups to gain the trust of local communities and to learn how to address specific needs of border populations.
3. Even if a durable peace is reached in ethnic areas, it is currently unclear whether refugees and migrants will choose to return to Burma. With the continuing development of Mae Sot and surrounding areas, Thailand may present greater economic opportunity for labourers. These labourers are likely to be underpaid, subject to exploitation and unable to access the Thai-healthcare system due to low wages. Furthermore, there is a large population of Burmese and ethnic youths, many of whom were born in Thailand or spent a significant part of their lives in Thailand. These youths may prefer to remain in Thailand rather than return to Burma with their families.
4. Land confiscation as a result of economic development projects and resource extraction is expected to continue displacing ethnic populations and force people across the border. Until negative impacts from such development can be minimised, displaced communities will continue to seek security and stability in Thailand, as well as access services at MTC.

Nevertheless, Mae Tao Clinic has been hoping for, and anticipating, positive change in Burma for many years and views the current developments as an opportunity to reduce the need for its services in the long run, enabling it to focus on primary care, outreach, prevention and training. During the transition period, MTC will endeavour to identify opportunities for greater co-ordination with organisations working inside Burma, as well as engage with and support the development of the broader healthcare system by collaborating on health policy.

MTC will begin to assess how certain healthcare services can be transferred to organisations inside Burma according to the service or type of condition. For example, as highlighted above, there are twice as many births at MTC than at

Myawaddy Hospital, as MTC has the capacity to provide emergency obstetric care and referrals. MTC will advocate for the upgrading of facilities and cross-border referral system at Myawaddy Hospital, which would considerably reduce the burden on MTC's reproductive health inpatients department and other services. However, an opportunity to co-ordinate with Myawaddy Hospital has yet to present itself.

Through the current network of ethnic health organisations working inside Burma, MTC will continue to co-ordinate on training to bring more health workers into the workforce and will provide advanced training to healthworkers to continue upgrading their skills and knowledge. It is hoped that the caseload of MTC will decline as ethnic groups gain greater access to health facilities inside and the quality of these services improve. Recent efforts by MTC and its partners to standardise the training curriculum and health information systems has helped to strengthen the ethnic health network, but continued funding for these organisations and for ongoing training is required to ensure that gains made will not be lost.

### **Recommendations to the Burmese Government and Other Actors Engaged in Local and National Dialogue**

1. The process of national reconciliation and peace discussions must take into account the important role of civil society. It is not yet clear what the role of border-based CBOs will be during the transition period and once a more durable peace has been achieved. These local organisations have played key roles in advocating for and delivering key services to ethnic groups for many years in the absence of official government and NGO services; there must therefore be integration and recognition of border-based civil society groups to ensure that the capacity that these organisations offer is not disregarded.
2. There must be discussion of policies to help improve the economic, social and health status of disadvantaged ethnic groups. Teachers, health workers and other individuals involved in social services should be consulted and given an opportunity to discuss future policy and partake in information sharing.
3. Dialogue between civil society groups in Burma and on the border must happen at the same time as national dialogue. State and national level dialogue is currently taking place; dialogue at the community level and institutional level must also occur.
4. There must be continued cross-border collaboration at civil society level and national level between Burma and Thailand. People will continue to cross the Thailand-Burma border for many reasons; continued collaboration on issues such as communicable disease control, emergency medical referral and child protection will still be required.
5. There must be clearer and simpler processes for registering of CBOs and NGOs in Burma, as well as fewer limitations on access to certain areas. In

addition to widening the space for civil society, there must be a strong system for regulation of civil society groups.

6. Policy on labour rights and environmental protection must be discussed and introduced before development projects get underway. The Burmese government should initiate discussions with Thailand to learn from their experiences on developing labour regulations. Civil society groups on both sides of the border should also cooperate on these issues. Similarly, citizenship and land rights of ethnic and displaced people must be addressed before large-scale development projects are planned in ethnic areas.

### **Mae Tao Clinic's Recommendations to the International Community**

1. The international community must continue to apply pressure on the Burmese government to ensure that dialogue with individual ethnic groups will lead to a national political agreement under which ethnic peoples will be confident to return home and begin rebuilding their communities.
2. The international community must continue funding to organisations providing border-based services that have coordinating offices in Thailand, as this would ensure that the most vulnerable border-communities are still reached by vital assistance. Many CBOs and NGOs based on the border have worked with displaced communities for many years and have built up the capacity to effectively serve the needs of these populations. Diverting funding from the border to organisations inside Burma is likely to have a detrimental impact on beneficiaries; organisations in central Burma cannot replace the valuable assistance currently provided by border-groups. Instead, convergence between border-based organisations and central Burma-based organisations should be supported.
3. NGOs seeking to extend their services to border areas should acknowledge and consult with existing CBOs to coordinate on activities, rather than introduce parallel services. However, these organisations need to co-operate on more than basic programmatic issues; there should be co-ordination on information standardisation, policy and information sharing. Recognition and integration of the existing workforce of service providers must also happen, to ensure that these organisations can start building trust in local communities, and to ensure that local capacity is utilised.
4. The international community should continue to empower and engage with border-based civil society groups to enable their participation in the reform process and future development of their country.
5. International organisations that have experience of working in post-conflict East Timor and Cambodia should play a vital role bringing together civil society actors from these countries with those from Burma. These civil society groups can help share lessons learned from post-conflict

development, especially in regards to refugee repatriation, land rights and citizenship.

6. Donors should discuss with CBOs potential indicators that would demonstrate change in Burma, whether it be regarding greater openness towards civil society e.g. the ability to register and open bank accounts, or indicators that measure changes in the social or health status of ethnic populations.