

Ladies and gentlemen:

First of all, I would like to thank the Secretariat of the Permanent Forum on Indigenous Issues to invite us to participate in the session as well as give us an opportunity to present (talk) about Mon people situations in Burma in this session. Before I begin my presentation about health situations in Monland, I would like to provide a brief background of Mon people. Among all ethnic nationalities in Burma, Mon people are the first group to arrive in Burma. They migrated to the present Burma during 2000 – 3000 B.C. from Mongolia. Their kingdoms were peaceful and proper before they were conquered by Burman in 1757. After last Mon kingdom, Hongswatoi, was occupied by Burma in 1757, Mon lost not only their sovereignty but also their self-determination rights, and Mon people become people without a country ever since. Under the current Burmese military regime, practice of Mon culture and teaching of Mon language and literature have been banned. Thousands of acres of lands have been confiscated by Burmese Army since 1995. Health situations in Monland become deteriorating.

For this presentation (talk), I would like to emphasize health situations in Monland. According to World Health Organization, Burma's health care system is one of the worst systems in the world. Despite the proclaimed free health care system, the government hospitals and clinics in cities and villages in Monland have not received basic medical supplies. Not only the hospitals are in shortage of medical supplies and skilled health care providers, but there are also a lot of corruptions in Burma's health care system. Patients often have to bribe health care providers with a large amount of money to receive proper treatments. Moreover, the regime spends only 5% of GDP for health care while it spends 40% of GDP for defense. In the past decade, Burmese military regime bought billions U.S. dollars of weapons and military hardware from China in order to wage war against Mon and other ethnic minorities. Therefore, under the current regime health care system, hundreds thousands of Mon people in Monland, especially in rural areas do not receive basic health care.

However, over the past decade, French NGOs Medecins San Frontiers (MSF) had been providing some basic health care to Mon people along Thai-Burma border and some other part of Monland. MSF, however, left Mon area in March 2006 because Burmese military regime restricted MSF staffs to travel in areas where health care was mostly needed. One of the reasons is that the regime was afraid of discovered human rights abuses committed by their troops in these areas. After MSF left, basic health care in these areas become from bad to worse. The Mon people in the areas suffer from different types of diagnosis related to tropical diseases in recent years and many of them, especially women and children died without treatment.

Here are just a few examples.

- At the beginning of rainy season in May 2007, there was an outbreak of dengue in Mon State and many hundreds suffered from the infectious disease and about 40 children died in Ye, Thanbyuzayat and Moulmein hospitals due to lack of medication or untimely medical treatment. Dengue problems continued in Mon State and along Thailand-Burma border until June 2007. Many patients in the rural areas also died of the disease but no detailed information could be obtained on the number of deaths.
- Malaria is a continuous problem among the displaced communities along the Thailand-Burma border. According to the Mon medics who work in Thai-Burma border area, number of patients who suffered from malaria have increased last year, especially during the month of May and June 2007.
- In late July 2007, about 1000 birds died in a day following an outbreak of bird flu virus – H5N1 in a chicken farm in Thanphyuzayat Township, Mon State. The State run newspaper reported that H5N1 has been found in Kyone-kadat and in Thanphyuzayat. However, no further actions were taken to inform the public about the deadly virus.
- HIV positive patients have been pleading for free Anti-retroviral (ARV) drugs but most of them do not get access to medicines. The rural populations have no awareness of the HIV and have no knowledge of the ARV. —

In conclusion, medical assistances are urgently needed in rural areas of Monland to prevent further outbreak of dengue and other diseases and virus. Therefore, we would like to urge the Permanent Forum on Indigenous Issues to raise this issue to the concerned departments or agencies in the United Nations. Thank you to you all for patiently listening my presentation (talk).