

Medical gap threatens lives in Rakhine

Residents of the Aung Mingalar IDP camp in Sittwe are already feeling the effects of a government decision to ban MSF from Rakhine State

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NAZIR Ahmed is dying. It is the rasping, frightened-eyed passing of a man denied even the most basic medical care – an undignified and distressing end he is condemned to suffer because his ethnicity means that he is refused fundamental human rights.

But Nazir Ahmed is a prisoner in Aung Mingalar ghetto, an enclosed area in the centre of the Rakhine State capital Sittwe where – just metres away from bustling town life and tourists sampling the local seafood – about 4000 Rohingya Muslims are trapped in an existence of hunger and misery.

The Rohingya live here without access to healthcare, education or sufficient food. Armed guards and fear prevent them from leaving.

As Nazir Ahmed lies on a thin bamboo mat on the wooden floorboards of his roughly constructed home, his two sons attempt to comfort him by stroking his head and soothing his convulsing limbs.

Everyone in the house is aware that there is a state hospital just a few minutes' walk away, as well as a team of international healthcare workers nearby who would be happy to help the sick man.

But the staff of Medecins Sans Frontiers (MSF), the only INGO that had been allowed access to Aung Mingalar and had been treating Mr Ahmed since he suffered a stroke in early January, have been banned from working in the region by Myanmar government.

Tensions between the majority ethnic Rakhine and the Rohingya – a minority group not recognised by the government – are so high these days that, even if they could afford to pay the guards to let them out of Aung Mingalar, many Rohingya fear for their safety at the local Rakhine-run state hospital.

"People are frightened they will be attacked if they go the hospital," explained one community representative, who said Rakhine hardliners patrol the medical facility's grounds. He asked not be named for fear of reprisals.

Nazir Ahmed's condition started to



Aung Mingalar resident Rhamim Katu (centre) holds a container that measures an entire day's rice rations for her family of nine in Sittwe, Rakhine State, on March 5. Photo: Fiona MacGregor

deteriorate in the days before *The Myanmar Times* met him in Aung Mingalar on March 5.

Three days previously, residents with some medical understanding had urged his family to take him to the hospital in a bid to save his life. But like many in Aung Mingalar, they have no opportunity to work and could not afford the K10,000 required to pay the guards to allow him to leave.

Before MSF staff were expelled from Rakhine, they had facilitated the movement of patients who required hospital treatment and had given them the necessary referrals so they could receive treatment at Sittwe General Hospital.

By the time enough cash had been raised to get Nazir Ahmed to Sittwe

General, his family felt it was too late. They said they did not want him to die in a hospital where they believed the Rakhine medical staff would mistreat him because he was Rohingya.

"We did not want to send him there to die," said his son, Jamal Nasir.

He displayed two notebooks with his father's name and age, 58, written on the front. The notebooks contained Nazir Ahmed's MSF medical notes.

The first date recorded was January 7, 2014. There were no entries after February 28, the date MSF was ordered to cease operations in a move the government said was aimed at preventing further community conflict in the region.

The decision to evict MSF at the end of last month came amid growing resentment from Rakhine residents who claimed the organisation was giving preferential aid to the Rohingya, and government concerns that the INGO's reports regarding Rohingya patients they had treated following alleged attacks against them were at odds with the authorities' accounts.

The group had been working in the region for more than 20 years and had 600 staff operating in Rakhine alone, providing vital medical care across the state. They were particularly important in remote communities as well as to those in the IDP camps who had restricted access to state services.

INGOs and UN organisations have expressed concern that local health authorities in Rakhine – Myanmar's second-poorest state – do not have the facilities to replicate MSF's services.

However, the deputy director general of the Ministry of Health, U Soe Lwin Nyein, has insisted they do and that state health workers will also provide care for those in the "Bengali" (the term Myanmar officials use to refer to the Rohingya) camps.

He has also asserted the ban is "temporary", though MSF sources say they have had no confirmation of that.

Temporary or otherwise, any reinstatement will come too late for Nazir Ahmed, and very probably for many other vulnerable patients in Rakhine.

Five days after the MSF ban had come into effect, as Mr Ahmed lay dying, no one from the Ministry of Health had yet visited Aung Mingalar to ask about the residents' medical needs, according to village head Shwe Zan Aung.

In a tiny bamboo hut a few streets away from Mr Ahmed's house, a mother showed off her new baby boy, born the night before without medical assistance.

Other mothers soon gathered around to show infants they have given birth to while surviving on the most meagre rations: a tin can full of rice a day to feed a family of nine, a few handfuls of homegrown watercress, and what little extra food they might be able to afford from what is brought into the village by a truck that, after the guards have been paid off, is allowed to leave twice a week to go to a nearby market for supplies.

There is little firewood left in the village, so residents have been reduced to cooking over burning rubbish that often produces toxic fumes.

"Sometimes we just have to eat the leaves from the banana trees," said Zorina Khatu, 45.

'There's a lot of trouble because of the lack of doctors and treatment, and we cannot go out for treatment. I am frightened I will die.'

Maung Maung
Aung Mingalar IDP camp resident

One young woman appears with twins. They are six weeks old but still tiny. They are lucky: Their grandmother is a traditional midwife.

But while the Ministry of Health insists that it can manage vaccinations for all communities without MSF's help, it remains unclear how, when and who will facilitate the provision of polio and other inoculations to these new Aung Mingalar infants.

The elderly too fear for their future now that the INGO has been banned. Maung Maung, 63, has diabetes. While village residents say MSF did not usually supply regular diabetes medicines in the area, the INGO was able to do so

in emergency cases.

Asked how he feels about the MSF ban, U Maung Maung said, "There's a lot of trouble because of the lack of doctors and treatment, and we cannot go out for treatment. I am frightened I will die."

The union government is aware of how banning a respected INGO from Myanmar appears on the global stage, especially at a time when the country is doing its best to present itself as a fledgling democracy.

While officials at the state level seem more concerned with appeasing Rakhine hardliners who demonstrate in the streets and make online threats against international aid workers, those heading up the union government's response appear keen to show they are taking a balanced stance.

During a visit to Sittwe State Hospital on March 3, *The Myanmar Times* witnessed a police chief interviewing a senior medical official regarding allegations that a three-year-old boy who had been brought to the hospital from Aung Mingalar with breathing problems on February 26 had died five days later due to the mistreatment by medical staff.

Police officers were later seen questioning nurses at the hospital.

According to the policeman, the allegations had appeared online. Aung Mingalar residents said sources in the hospital reported that, while the doctors there "do their best", other medical staff are less than caring toward Rohingya patients.

It may or may not have been a coincidence that part of the investigation into the boy's death took place in front of journalists.

According to U Soe Lwin Nyein, who said he was not aware of the incident but would look into it, the government expected the decision to remove MSF would provoke rumours and allegations, and authorities were ready "for [the Rohingya] to test us".

Under such circumstances, he suggested, it was important that such claims be properly investigated.

While allegations about the boy's mistreatment remain unsubstantiated, a European medical professional who visited the hospital around the time of the boy's death said he had been shocked by other treatment he had witnessed there.

He said he had looked into an operating room and seen nurses sewing up the badly slashed face of an elderly Rohingya woman from an IDP camp. Seeing that they were doing a rough job and using thick sutures, he had asked why they weren't using finer thread on a face wound, and offered his own supplies if necessary.

The response he received, he said, was that "it doesn't matter. She has no money, she's a woman and she's Muslim."

In a tacit acknowledgement that Rakhine medical staff might not always be the best people to treat the Rohingya population, and might find it difficult to work in the IDP camps, U Soe Lwin Nyein said a rapid response team comprising medical staff from other parts of Myanmar was to be drafted into the region.

However, he said it was expected to be deployed for only a week or two.

With state officials suggesting that it is likely to be at least seven months before MSF will be allowed to resume operations in Rakhine, the future for Rohingya healthcare remains bleak.

They will have to go without care or, if they can find the money, put themselves in the hands of medical staff they do not trust.

As *The Myanmar Times* left Aung Mingalar, village head Shwe Zan Aung made this plea: "I would like to ask the union government if they will substitute another INGO to bring us medical treatment."

It does not seem too much to ask.

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