

# ミャンマー難民医療緊急救援プロジェクト

プロジェクトリーダー（事務局次長）津曲兼司先生

現在、私達のミャンマー難民医療緊急救援プロジェクトは難民キャンプで寄生虫駆除プログラムと衛生教育プログラムを主体に実施されています。コクサックバザールの現地事務所もより立地条件のよいところに移転しました。ラザック氏をコーディネーターとする現地医師団のローテーションも円滑に行なわれ、対象の難民キャンプも3カ所から4カ所目になっています。日本からの参加スタッフも大いに活躍され現地スタッフの士気を盛り上げています。特筆すべきことは、岩永質隆氏の現地活動参加中にニューズレター発行の快挙がなされました。別紙を参照下さい。これは日本と現地との相互理解を促進します。他の国のプロジェクトでも可能であれば実施すればと思います。

バングラデシュにおいて、ミャンマー難民医療プロジェクトを実施している日本の団体は私達アジア医師連絡協議会だけです。医師／医学生を問わず医療関係者にとって貴重なフィールドの場になってきています。このフィールドを教育の場としても発展させていく予定です。

このプロジェクトに対する基本方針は長短期を問わずできるだけ多くの日本人の方に参加していただき、現状を理解していただくともに将来にわたっての協力体制をお願いすることにあります。

平成4年3月には東京大学医学部第二外科に留学中のナイーム先生をはじめとする3名のバングラデッシュ人医師の先生が日本から帰国されます。現地の体制も一層強化されます。ミャンマー難民プロジェクトの強化はもちろん新規プロジェクトも検討中です。

アジア医師連絡協議会が実施中の他のカンボジア難民帰還対応緊急医療プロジェクトとブータン難民緊急救援医療プロジェクトと共に「アジア多国籍医師団構想」の三大パイロットプロジェクトとして位置づけされている重要性も理解していただければと思います。

今後共に会員の皆様方のご支援をよろしくお願い申し上げます。



難民キャンプ内 衛生健康教育実施中



Associated Press

A Myanmar woman and her child await food at a refugee camp in Bangladesh.

## Myanmar Refugees Flee Camps In Bangladesh

COX'S BAZAR, Bangladesh (AP)—Thousands of Myanmar Muslims are fleeing refugee camps to escape diseases and possible repatriation, and officials said Saturday barbed wire fences will be built to halt the exodus.

Relief Commissioner Khandaker Shahidul Islam said at least 6,000 refugees are missing from the 16 camps spread in the foothills of south-eastern Bangladesh along the Myanmar border.

About 270,000 refugees were living in the camps after fleeing what they said was an anti-Muslim crackdown by Myanmar's Buddhist government in their home province of Arakan. Islam said a survey of the camps last week found the number of residents had declined to 264,000.

Most left in the last four months, Islam said, when overcrowding and the onset of monsoon rains brought diarrhea, malaria and pneumonia to the filthy camps, mostly clusters of bamboo-and-thatch huts.

Government doctors and relief workers say at least 20 deaths due to diarrhea and malaria are being reported every day since July 1 when heavy rains began.

"If I get a chance, I will pack everything and scoot immediately. I cannot take this life any more," said Hamdi Hossain in the Gundhum camp outside Cox's Bazar on the Bay of Bengal coast.

Residents who want to leave can easily slip away and mingle with the local population who belong to the same ethnic group as Myanmar Muslims.

For two-thirds of the refugees, food is the incentive to stay. The rest live in the open and are not registered and do

not qualify for the daily ration of 500 grams of rice a day.

Islam said the government plans to fence three camps next week. The others will be enclosed in stages next month. "We are doing this to maintain discipline," he said.

Some reports also say many of the women who have left the camps are forced into prostitution by gangs in big towns and cities, a senior relief official said.

At least 100 women are known to have ended up in brothels, the official said, speaking on condition of anonymity.

Relief officials say another reason for the exodus is the fear that eventually the refugees will be forced to return to Myanmar.

A planned repatriation on May 15 failed after violent protests by the refugees, who say the predominantly Buddhist Myanmar is still unsafe for them.

Myanmar Muslims started pouring into predominantly Muslim Bangladesh in March 1991. They brought reports of killings, torture, rape and forced conscriptions by Myanmar soldiers in Arakan, a rugged province in western Myanmar that is home to 3 million Muslims.

"None of these refugees is willing to return until human rights conditions improve," said an official of the U.N. High Commission for Refugees. He spoke on condition of anonymity.

Myanmar denies there is persecution in Arakan.

"For the refugees it would be like being tossed from the frying pan to fire if they are repatriated now," said Milan Kanti Das, a volunteer with the Public Health Center, a private relief organization.

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**AMDA**

NEWSLETTER  
THE ASSOCIATION OF MEDICAL DOCTORS FOR ASIA

VOL. 1 NO. 1 JULY, 1992

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## EDITORIAL

AMDA-Bangladesh has taken up activities for only three months by dynamic participation of AMDA-Japan and AMDA-Nepal.

AMDA-Bangladesh is now ready to move to contribute to its own country, as well as to other Asian nations through the AMDA-International.

AMDA-Bangladesh is going to get a registration from the NGO Affairs Bureau of Bangladesh as a foreign NGO.



### THE PROJECT IN COX'S BAZAR :

We have started our project on the 25th April, 1992.

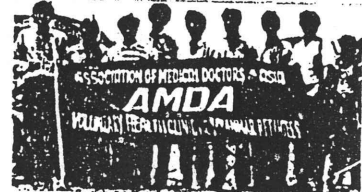
Project components are dewormation and health education. Target group is all the members of the family of the refugees.

By this time, we have completed two refugee camps named Dhoapalong and Dechuapalong-1.

Now we are going to start our project in Holudiapalon as the third camp.

The reports of the two camps are enclosed herewith this News Letter.

Mr. S. A. Razzak  
Project coordinator  
AMDA-Bangladesh



### FROM A JAPANESE POINT OF VIEW :

" Am I really in a refugee camp ? "

" Am I really in Bangladesh ? "

People in Dechuapalong 1, the only camp I ever visited, never look miserable, that makes me feel at ease a little, even they wear ragged I could not imagine in my country.

" Bangladesh " sounds most of Japanese as hot and muddy country. But now I enjoy this cool season very much recalling hot Japanese summer.

AMDA - Bangladesh is still just a baby, born to serve the people here for their better medicine & better future. Other NGOs are of course doing much better than we. There are a lot of things to learn from them.

The beloved baby will be brought up gradually with much learning and sometimes failures too.

I do hope to see the baby's wonderful future with a Bangladeshi face, Bangladeshi way of thinking for the people on this motherland.

Dr. Suketaka Iwanaga MD  
Deputy project coordinator  
AMDA-Japan

### ROLE OF AMDA-BANGLADESH ON THE HEALTH PROBLEMS OF THE ROHINGYA REFUGEES :

Situation of health and medical services among the Rohingya refugees are still unquestionable. The burning problems about health concern are infectious diseases ( mainly respiratory tract infection, skin diseases & conjunctivitis ) diarrhoea, malnutrition and anaemia of the children. All of these problems are mainly due to their lack of health education including sanitary knowledge and personal hygiene. So AMDA-Bangladesh took the responsibility of their helminthic problem & health education.

Now we are leading both the health education & deworming campaign in Dechuapalong-1. So we do hope that it will reduce both the morbidity & mortality rate among the refugees in future.

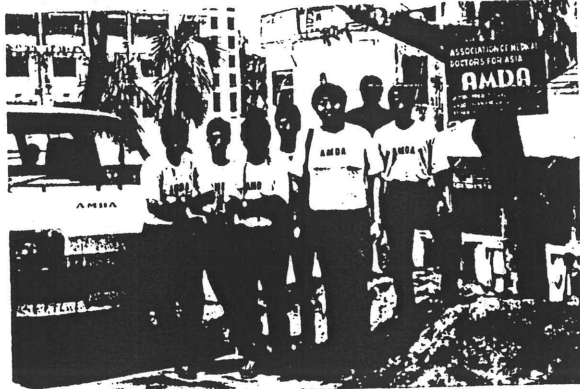
Dr. Soumitra Barua MBBS  
Medical Officer  
AMDA-Bangladesh.

**AMDA Bangladesh**



**EDITORIAL**

In this edition we have included more Japanese points of view. This reflects our thinking that AMDA cannot be a true international organization without exchange of opinions among different cultures. We really welcome visitors from outside Bangladesh so that we can share our activities and come to reach the real understanding of one another.



**THE PROJECT IN COX'S BAZAR :**

We have been working in Haludiapalong as a third camp with the same activities - Deworming campaign & Health education. The total population of this camp are 7557 {♂: 2203 /♀: 2057 , Children (0-12yrs): ≤ 5yrs:1870/ >5yrs:1427 } By this time we covered 90 sheds out of 178 and the total number of deworming cases are 2369 . We could realize that Health Education is more important , so that we are trying to increase the methods and techniques of Health Education day by day. Now we are using big posters along with leaflet which are given by the U N I C E F . We distribute leaflet among the refugees. Because of heavy rain fall we can not achieve our target ,but we do hope that we can cover the whole camp within two months.



Mr. S. A. Razzak  
Project Co-ordinator  
AMDA-Bangladesh

**FROM THE JAPANESE POINTS OF VIEW :**

**○ Suggestions From Two Doctors :**

☑ The most important thing is to co-operate with other NGOs. It includes dividing the camp areas, sharing field of health programs, uniting health education programs and evaluating the results of those operations with each other.

Dr. Noriaki Tomono MD  
AMDA-Japan



**AMDA Bangladesh**

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