

Briefing Paper

THE SITUATION OF THE LAO HMONG REFUGEES IN PETCHABUN, THAILAND



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Introduction

The international medical humanitarian organization Médecins Sans Frontières (MSF) is calling upon the government of Thailand to halt forced repatriation proceedings against 7,500 ethnic Hmong refugees from Laos who are currently confined to a camp controlled by the Thai military in the northern village of Huai Nam Khao in Petchabun province. The refugees claim to have fled violence and persecution in Laos and fear for their safety if forcibly returned to the country.

MSF began providing humanitarian aid to this group of Hmong refugees in July 2005 and has been the sole international organization present since November 2005. During medical consultations and mental health assessments, MSF has found extreme fear and psychological distress among this population, which is being exacerbated by the fear of being sent back to Laos. Many also bear the physical scars and injuries from alleged abuses in Laos.

Although MSF is unable to corroborate their accounts, the stories told to our team members about abuses suffered in Laos are not inconsistent with reports by human right organizations¹ and independent journalists² who have visited the isolated areas of Laos (Xieng Khouang, Borikamxai, and Xaisomboune provinces) that many of the Hmong refugees claim to have fled.

Recent steps taken by the Thai and Lao governments to speed up the forced repatriation of this population have further increased the anxiety and fear among the population in the camp. In May 2007, the Thai and Lao governments signed the Lao-Thai Committee on Border Security agreement, allowing Thailand to send Lao Hmong asylum seekers back upon arrival. This agreement led to the repatriation of 31 Hmong to Laos in late May. On 9 June, 163 Hmong asylum seekers were forcibly driven back over the border. No international human rights organizations have access to them and their safety and whereabouts remain unclear.

In September 2007, the Thai and Lao authorities announced their intention to send back the refugees in Huai Nam Khao before the end of 2008 without any independent screening process. The United Nations High Commissioner for Refugees (UNHCR) has not been allowed to access the camp or to conduct its refugee status determination process at any point over the last two years.

Out of concern for the safety and well-being of the Hmong refugees in the Huai Nam Khao camp, MSF is urgently calling upon the government of Thailand to:

- Stop the forced repatriation proceedings against the Hmong refugees in Huai Nam Khao, and
- Carry out a proper objective screening process controlled by an independent, legitimate third party, such as the UNHCR, who can assess the legitimacy of their fears, verify their claims to refugee status and protection, and assure that any repatriation to Laos is voluntary.

http://www.europarl.europa.eu/meetdocs/2004_2009/documents/fd/hmong_ruhi_hamid_020905_/hmong_r

² "The Human Rights Situation in Laos with Particular Emphasis on the Situation of the Hmong People," Ruhi Hamid, requested by the European Parliament's subcommittee on Human Rights, September 2005

uhi hamid 020905 en.pdf

¹ *Hiding in the Jungle: Hmong under Threat*, 23 March 2007, Amnesty International, http://web.amnesty.org/library/Index/ENGASA260032007?open&of=ENG-LAO

Background

The Hmong people in the refugee camp near the village of Huai Nam Khao in northern Thailand are originally from Laos. Ethnic Hmong also live in Cambodia, southern China, Thailand, and Vietnam. Today, the Hmong in Laos number over 450,000 people, constituting 8 percent of the population and making them the third largest ethnic group in the country after the Lao and the Khmou, according to the Lao government.

During the Vietnam War, certain Hmong were recruited by the Central Intelligence Agency (CIA) of the United States to support the American army in its war against communist revolutionary groups in Vietnam and Laos. Following the US withdrawal of troops in 1973, the communists took control in Vietnam and, two years later, Laos. In the first decade following the US departure, approximately 300,000 people³, including many Hmong, fled Laos to Thailand where they sought refugee status. The majority resettled in third countries, particularly in the US, which received some 250,000 Lao people between 1975 and 1996⁴. Over half of those 250,000 were ethnic Hmong.

Because of the involvement by some Hmong with the CIA-trained army, the new Communist government has treated this group with suspicion since it came to power in 1975. Thousands of irregular Hmong soldiers retreated to inaccessible forest areas with their families out of fear for their safety. According people living in the camp and Human Right Organizations, up to a few thousand Hmong, including women, children and elderly people, still live in the jungle today and continue to be subject to attacks and persecution by the Lao military. As a result, Hmong have continued to flee Laos since the end of the war.

The Huai Nam Khao Camp in Thailand

In late 2004, a portion of the current refugee population of Huai Nam Khao camp – an estimated 4,000 to 5,000 ethnic Hmong – began fleeing from Laos across the Mekong River into Petchabun province in search of safety from what they claimed as violence and persecution in Laos.

Many of these refugees first lived in the forest on the village's outskirts and were provided food by local residents. Some worked in the local farms to support their families. Others used the little money or resources they had with them to buy or trade for food at the local market. In June 2005, local Thai authorities allegedly began forcing the Lao Hmong refugees to leave the forests surrounding Huai Nam Khao and started pressuring the village residents to stop assisting the refugees.

During the first week of July 2005, MSF learned of the situation in Huai Nam Khao through several articles published in the *Bangkok Post*. MSF dispatched a medical and logistical team to assess the situation, where reportedly approximately 5,000 to 6,000 refugees were now settled on both sides of the town's main road. They had been forced to live within 10 meters on either side of the road and with barely 12-square meters of living space per person. The refugees had little access to shelter, food, safe drinking water, or health care. The MSF team immediately opened an outpatient clinic.

By mid-2007, with new arrivals, the population of the makeshift camp in Huai Nam Khao had grown to approximately 7,500 people. These arrivals included an estimated 1,000 Hmong from the former refugee camp in Wat Tham Krabok. In June 2007, the refugees were relocated to a new site, approximately three kilometers from the village center. The new camp, roughly 20

³ *The State of the World's Refugees*, United Nations High Commissioner for Refugees, 2000, p. 98; http://www.unhcr.org/publ/PUBL/3ebf9bad0.pdf

⁴ United States Department of State, Laos Country Brief, 2006; http://www.state.gov/r/pa/ei/bgn/2770.htm

hectares (49 acres) in size, is enclosed with barbed-wire fencing and lies on a hillside. Access is controlled by the Thai military. The refugees have better living conditions in the new camp, but their movements are confined to the camp and there are no adequate educational facilities available for the children or employment opportunities for adults. According to an MSF survey conducted on 27 July 2007, at present there are 1,407 families living in the camp.

Protection: Main Need Voiced By Hmong Refugees in Huai Nam Khao

For the past two years, MSF has been providing medical care to the refugees living in Huai Nam Khao, a population completely dependent on outside aid. The medical situation is not critical. Most of the illnesses treated are only minor and any referrals for patients needing hospitalization have been carried out without any complications. The nutritional and epidemiological situation is also under control.

The main need voiced by the Hmong refugee population is protection from forced repatriation to Laos. Our patients say they are extremely afraid about the prospect of a forced return to Laos. For some of them, this situation produces intense stress and psychological suffering. Though our team provides psychological support for this population, it cannot respond to the real need the people are voicing; the need to be protected from a forced return. This is why MSF is calling upon Thai authorities to accept the presence of another organization, such as UNHCR, which can better judge and assess the demands made by the Hmong refugees confined to Huai Nam Khao camp and ensure that their rights are protected.

MSF is unable to corroborate the veracity of claims of abuse and human rights violations suffered by the Hmong refugees in Huai Nam Khao camp, but the acute stress and fear for their lives they express at the prospect of returning to Laos is very real. The threat of being forcibly repatriated is only intensifying this psychological suffering and further underscores the need for protection.

The Current Situation

The Thai government refuses to recognize the Hmong people in Huai Nam Khao camp as refugees or people of concern, and considers them illegal immigrants. In this regard the Thai government has argued that sending illegal immigrants back to their country of origin is not a violation of international law.

Over the past few months Thai and Lao authorities have met on several occasions in order to discuss the Lao Hmong issue. Following one meeting held at the beginning of September 2007, the Thai and Lao authorities agreed that all the Hmong currently settled in Huai Nam Khao would be repatriated back to Laos before the end of 2008.

The Thai and Lao authorities have made a film to show the Lao Hmong and some international agencies that no harm will be done to the Hmong upon their return to Laos. The first part of the film describes the present situation in Huai Nam Khao and, the second part describes the living condition of some of the Hmong that have been recently (May-June 2007) forcibly repatriated to Laos. The film display these Hmong people as being warmly welcomed back to their country with ownership of farming land. They are resettled in newly constructed houses; their children can go to school and receive material support.

The experience of other Lao Hmong refugees who have been forcibly returned to Laos, however, presents quite a different picture. In December 2005, 27 Lao Hmong children (5 boys and 22 girls) from Huai Nam Khao were arrested by the Thai police and sent back by force to Laos. In May 2007, 12 of the girls managed to come back to Thailand and join their parents in the camp. They told MSF teams of enduring repeated beatings, rapes, and other abuses during their detention in Laos.

Ten girls and five boys are still remaining in Laos. The five young boys have not been heard from since their arrest. Their whereabouts and fates are unknown.

The Thai authorities have announced publicly that they will screen all the inhabitants of the camp before sending them back to Laos in order to determine whether some of them qualify for protective status. But meanwhile they have also announced that all the refugees would be ultimately sent back to Laos and that no one would be resettled in a third country.

In spite of several demands, UNHCR has not been allowed to visit the Hmong camp or to take part in the screening process. The Lao government has made the firm demand that no third party should be included in the repatriation process. This was made a condition of any negotiation with Thailand on this Hmong issue. Therefore, the planned screening and repatriation process is to happen without external control.

This prospect has increased the level of fear and anxiety among the population in the camp and several families have escaped the camp during August and September 2007.

Conclusion

According to international standards, repatriation cannot be forced or imposed on individuals fearing their life or safety and any repatriation must remain linked to guarantees for safety upon return. In this case, neither of these two conditions has been met. Therefore, MSF is urging the Thai government to immediately halt all repatriation proceedings against the Hmong refugees living in Huai Nam Khao camp and to set up a screening process involving an independent third party that will properly assess the fears of the population and assure that guarantees for their safety are in place and any repatriation to Laos is voluntary.

APPENDIX I

MSF Assistance to Hmong Refugees in Huai Nam Khao

Since November 2005, MSF has been the only international humanitarian agency providing medical and relief assistance as well as water and sanitation facilities to the Lao Hmong refugee population in Huai Nam Khao.

In mid-2006, in order to prevent the deterioration of the nutritional situation, MSF began providing targeted food distributions to children under five and pregnant and lactating women. This was later expanded to a general food distribution of a full ration to all refugee families. Patients requiring emergency medical services or specialized tests or examinations are referred to local health facilities. These comprehensive services and activities have helped to maintain the health of the refugee population and prevent the outbreak of epidemics.

In June 2007, the Thai government relocated the refugees to a new site approximately three kilometers north of the village. The camp, roughly 20 hectares (49 acres) in size, lies on a hillside with only one access point that is controlled by the Thai military. The camp is enclosed with barbed-wire fencing. MSF was allowed to build an outpatient clinic and logistical warehouse inside the camp in order to continue providing assistance to the refugees as well as designing and implementing the water supply and sanitation system at the new site. Living conditions in the new Huai Nam Khao camp location are much improved. There is more space, better access to proper drinking water, better sanitation, and better shelter. Health services have also been improved, notably by MSF's provision of 24-hour maternal health services.

Every day, the MSF medical team provides around 130 consultations, including reproductive health services such as antenatal care, family planning, and safe birthing services.. The maternal health team manages about 25 births per month. The main pathologies are upper respiratory tract infections (25 percent), diarrhea (15 percent), skin and eye infections (10 percent), and dental problems (7 percent). Since MSF started to provide tuberculosis treatment (mid-2006), 23 patients have been registered and 18 have successfully completed their treatment, leaving only 5 patients currently under treatment. On average, MSF refers 115 patients per month to the district or provincial Thai hospitals for consultation or admission.

MSF maintains the EPI (Expanded Program on Immunization) program in Huai Nam Khao camp. A vaccination survey done in May 2007 shows that the coverage is very good; 100 percent of the children have vaccination cards, and the average coverage among children is above 95 percent. MSF provides a full monthly food ration of 2,200 calories per person per day; this ration is composed of rice, soybeans, dried fish, salt, sugar, oil, and chili peppers. Since MSF initiated the monthly food-ration distribution, the level of malnutrition has dropped significantly. Currently, 22 people are receiving treatment for malnutrition.

MSF also provides non-food items such as charcoal, soap, plastic sheeting, blankets, cooking pot and stoves. And the MSF logistical team manages appropriate water supply and sanitation services (latrines, drainages, elimination of domestic waste and vector control activities). The cost of this operation for 2007 is €1,560,000. All expenses have been covered by MSF private funds.

APPENDIX II

Mental Health Status of the Hmong Refugees

In August 2007, a clinical psychologist for MSF carried out a mental health assessment in Huai Nam Khao camp to obtain some indicators of the prevalence of psychological disorders among the Hmong refugees living there. The results of this assessment led MSF to assign a mental health specialist to the camp to organize psychosocial counseling sessions for the most traumatized refugees.

The adults interviewed presented various psychological disorders as well as a high level of psychological distress: pathological mourning due to death or disappearance of multiple family members, psycho-traumatic disorders due to exposure to numerous highly traumatic situations (being forced to hide, flee under dangerous conditions, live under constant threat of attack and sexual violence), anxiety disorders due to the uncertainty of their future, and the inability to control their present living conditions.

In clinical interviews, patients presented several symptoms related to post-traumatic stress disorder as well as anxiety-related depressive disorders. Their main symptoms are, for example, persistent sadness, anxious mood, crying easily, sleeping disorders, recurrent nightmares of traumatic events, feelings of hopelessness, difficulty concentrating, and somatic complaints such as headaches and other chronic pains.