



Public Health on the Indo-Burma Border

The Situation of Chin Refugees in Mizoram



Chin Association
of Maryland, Inc.

January 2024



Copyright © January 2024, CAM, Inc.
All Rights Reserved

<https://chinmd.org>
info@chinmd.org

3132 Priscillas View
Ellicott City, MD 21043

Cover Photo:

Bethel Camp outside Zokhawthar, Champhai District

Back Cover Photos:

Tuirial Camp in Aizawl District

Clinic at Thaizawl Camp, Lunglei District

Photos by CAM research team.

About CAM

The Chin Association of Maryland, Inc. (CAM) is a 501 (c)(3) non-profit organization based in Ellicott City, Maryland with an office in Washington, D.C. CAM empowers the Chin community in Maryland to successfully integrate into American society. CAM also advocates durable solutions for Chin and other refugees and internally displaced persons, as well as religious freedom and human rights in Burma.

Chins, virtually all of whom are Christians, are an ethnic nationality from Burma. They became Christians primarily due to the missionary efforts of the American Baptist Churches USA. They are a major recent U.S. refugee group that fled from Burma to neighboring countries to escape ethnic, political, and religious persecution by the Burmese military since 1962.

In 2001, about 1000 Chin asylees came to the U.S through Guam, resettling largely in Maryland, Indiana, Florida, and Texas. Since 2002, the U.S. has resettled many more Chin refugees coming through Malaysia and India. Chins now number 70,000 across the United States, with about 5,000 making Maryland their home.

CAM Research Team

Lead Authors

John Indergaard, Advocacy and Research Coordinator
Master of Science in Foreign Service, Georgetown University

Esther Par, Research Intern
Master of Public Health candidate, Indiana University-Purdue University Indianapolis

Contributors

Abishag Cer, Research Intern
Master of Science in Biomedical Science, Philadelphia College of Osteopathic Medicine, South Georgia

Hannah Par, Research Volunteer
Bachelor of Science in Biology, Health, and Society, University of Michigan

Htayni Sui, Research Volunteer
Master of Health Administration, Master of Public Health, Indiana University-Purdue University Indianapolis

Acknowledgement

CAM thanks all those who took the time to meet with our research team in Mizoram and Delhi, including the Central Young Mizo Association (Central YMA), Central Young Lai Association (Central YLA), the Mara Thyutlia Py (MTP), and various representatives from the Chin refugee community.

CAM is grateful for all the support that made this research trip possible, especially from Rev. Dr. Biak Lian Thang, General Secretary of the Chin Baptist Association of North America, the Baptist Church of Mizoram, local officials in Lunglei, the Lairam Jesus Christ Baptist Church (LIKBK), and other Chin churches and diaspora leaders in the United States.

CAM also thanks Jenny Siegel, PhD, and Zolian Sang Zoong Lwe, PhD Candidate and Researcher, for assisting in editing the report.

We have tried our best to describe and analyze in good faith all the information that we received from stakeholders in Mizoram. However, if there are any inadvertent errors in this report, they are our own.

Zo Tum Hmung
Executive Director of the Chin Association of Maryland



Tuirial Camp in Aizawl. Photo by CAM research team.

Table of Contents

Executive Summary	6
Key Findings	7
Recommendations	8
Introduction	10
Refugee Policy Overview	11
Key Actors	13
Refugees By District	15
Aizawl	16
Champhai	18
Lunglei	23
Lawngtlai	25
Siaha	28
Public Health Gaps	30
Conclusion	34

Maps and Tables

Figure 1: Map of Mizoram State, Chin State, and the surrounding area	11
Figure 2: Chin Refugee Populations in Mizoram	15

Executive Summary

Chin refugees fleeing Burma in times of unrest often come to Mizoram State, India, due to geographical proximity and the close ethnic and cultural ties they share with the Mizo people. Mizoram has sheltered a population of Chin refugees at least since the 1988 uprising, which increased dramatically after the February 1, 2021 military coup in Burma.

Since the coup, tens of thousands of mostly Chin refugees have fled across the border to Mizoram.¹ While some stay with relatives or rent homes, others live in as many as 160 camps outside Mizo towns, predominantly near the capital of Aizawl, the central district of Lunglei, and in the districts of Champhai, Lawngtlai, and Siaha, which border Chin State.²

Over the past three years, Mizoram’s state government and civil society organizations have consistently welcomed the refugees “as brothers and sisters.”³ The state government provides refugees with legal protection and political support, and to date none have suffered deportation back to Burma. Chin refugees are permitted to enroll in Mizoram’s public schools and seek treatment at Mizoram’s hospitals. Mizo civil society and churches, in particular the influential Central Young Mizo Association, took the leading role in relief work in the first year of the crisis, building shelters and providing humanitarian assistance to refugees.

However, for the past year the organized humanitarian response has been scaled back due to limited resources. Since the United Nations and most international non-governmental organizations do not operate in Mizoram, humanitarian relief comes as ad-hoc, spontaneous donations from the Mizo public as well as from the Chin diaspora overseas.

From October to early November 2023, the Chin Association of Maryland sent a team of five researchers to Mizoram State to conduct a public health study of the Chin refugee population. The researchers visited 13 refugee camps and conducted interviews with leaders from over a dozen more. They also interviewed civil society and church leaders, local government officials, and medical professionals across the state.

This research trip and public health study expand on the findings of an earlier CAM trip to Mizoram in March 2023, published in a previous report: *Chin Refugees in India’s Mizoram State: Helping the Refugees and Supporting the Local Communities Welcoming Them*.⁴

Key Findings

- ❖ As a consequence of the Indian central government's current policy, the United Nations and most international non-governmental organizations do not have access to refugees in Mizoram, increasing the strain on the local Mizo population and the Chin diaspora.
- ❖ India's Foreign Contribution (Regulation) Act and regulation of international cash transfers make it difficult for the Chin diaspora and actors abroad to continue funding the local humanitarian response themselves.
- ❖ The circumstances of individual Chin refugees vary widely depending on their connections to support networks in the diaspora; some tribal or dialect groups with fewer relatives in the diaspora receive proportionally less assistance.
- ❖ Chin refugees often survive at a bare subsistence level, funded by donations and their own wage labor, but do not have access to proper nutrition. Clean drinking water is also in scarce supply due to the mountainous terrain of the state, a hardship shared by many Mizos.
- ❖ While there are clinics at the border town of Zokhawthar and at some camps, in other areas there is no dedicated refugee healthcare system. Some Mizo and Chin medical professionals volunteer to hold "mobile clinics" a few times a year, but outside of these visits there are no healthcare services regularly available at refugee camps.
- ❖ Chin refugees are permitted by the state government to access Mizoram State's healthcare system, including public hospitals, in the same manner as Mizo citizens. In practice however, Chin refugees face a set of financial, logistical, language, and knowledge barriers when trying to access healthcare.
- ❖ Commonly cited health concerns among refugee leaders include malnutrition, waterborne illnesses, limited vaccine availability, and a nearly complete lack of mental health and psychosocial support (MHPSS) services.
- ❖ Some volunteer organizations providing healthcare to the refugee community are beginning to scale down operations due to a lack of funds.
- ❖ While the decentralization of the Chin diaspora enabled a nimble and energetic response to the refugee crisis, it also means that funding and aid delivery are not being coordinated systematically. This has the potential to create duplication of efforts as well as gaps in aid availability.

Recommendations

To the Indian Central Government

- Increase vaccine allotments to include the entire population of Mizoram, including refugees.
- Permit the operation in Mizoram of UN agencies such as UNICEF and the World Food Programme, as well as international non-governmental organizations.
- Allow Chin refugees to register freely with the UNHCR office in New Delhi; allow UNHCR to come to Mizoram to perform registrations and provide legal protection.

To the United States Government

- For the U.S. Congress to ensure that the final version of the Appropriations Act for Fiscal Year 2024 preserves the language on Burma found in the Senate appropriations bill for State, Foreign Operations, and Related Programs, S.2438. In particular, the bill's accompanying report mentions "assistance programs, including in Thailand and India, and cross border programs," providing a clear mandate to assist Chin refugees in Mizoram.⁵
- Hold more conversations with the Indian central government to identify acceptable avenues for funding humanitarian assistance to Chin refugees, as well as public health capacity-building in the local Mizo community.
- Explore the possibility of funding humanitarian aid for refugees in Mizoram via non-governmental organizations registered in both India and the United States.
- Provide financial support to the Chin diaspora organizations which are sending the majority of humanitarian funds.
- Provide additional funding to UN agencies with a presence in Northeast India, if not Mizoram, with the goal of elevating regional public health outcomes.

To the Mizoram State Government

- Continue advocating with the central government for the protection of refugees and regular delivery of humanitarian assistance.
- Explore potential grant opportunities with the U.S. State Department and U.S. Agency for International Development to support the development of public health capacity for both refugees and Mizoram itself.
- Rescind the statewide order against providing refugees born in Mizoram with birth certificates and death certificates.

To the Chin Refugee Community

- Produce and distribute informational materials that describe how to access healthcare services in Mizoram, with translations into Chin dialects, Burmese, English, and Mizo.
- Produce similar materials that describe best practices for camp hygiene and sanitation standards.
- Continue to collect district and statewide data on the refugee population, both in camps and in rented homes, to inform humanitarian decision-making.
- Work to increase contacts between particularly isolated camps and the international community, especially the Chin diaspora.

To the International Community

- Advocate for the Gavi vaccine alliance to begin working with doctors in Burma's resistance and Civil Disobedience Movement; other options include an increase of vaccine allotments to the Indian government for use in Mizoram.
- Work towards establishing a coordination mechanism in the Chin diaspora to prevent duplication of efforts and ensure equitable allocation of resources.
- Consult with local Mizo and Chin humanitarian actors as well as the Chin refugee community when developing plans for allocation of funds, aid delivery, and facility expansions.

Introduction

Mizoram is a mountainous, sparsely populated state on the edge of Northeast India, sharing a 630-mile-long international border with Bangladesh and Burma.⁶ The entire eastern edge of Mizoram corresponds to the western edge of Chin State, and the same mountainous terrain can be found on both sides of the border. The term Mizo, meaning “man of the hills,” is an inclusive identity for inhabitants of the state.⁷

The state has 11 districts: Aizawl, Champhai, Hnahthial, Khawzawl, Kolasib, Lawngtlai, Lunglei, Mamit, Saitual, Siaha, and Serchhip. It also has three autonomous district councils covering the southern part of the state, which represent ethnic minority populations.

For twenty years, Mizoram was the site of an insurgency for greater autonomy led by the Mizo National Front (MNF), which ended with the Mizoram Peace Accord in 1986.⁸ As part of the Accord, Mizoram reached full statehood as India’s twenty-third Union State the following year and the MNF entered mainstream electoral politics.

The MNF controlled a majority in the Mizoram State Legislature at the start of the crisis in Burma in 2021, and under Chief Minister Zoramthanga was responsible for the state’s pro-refugee policy. The MNF lost its majority to the relatively new Zoram People’s Movement in the November 2023 elections, but new Chief Minister Lalduhoma has pledged to continue his predecessor’s pro-refugee policies.

This report begins with a brief description of the political context of Chin refugees in India, including the conflicting policies of the Indian central government and Mizoram State government. It then profiles the main actors working to aid and provide healthcare for refugees.

The body of this report is organized first by geography, as the conditions of Chin refugee populations in Mizoram vary by location. According to estimates by the Central Young Mizo Association and Chin refugee leaders, most refugees live in the northern capital district of Aizawl or the districts of Champhai, Lunglei, Lawngtlai, and Siaha. The next section of the report outlines outstanding statewide public health gaps which share similarities across districts. Finally, the conclusion contains several recommendations for improving the public health situation for refugees in Mizoram.

Refugee Policy Overview

India has not signed either the 1951 Refugee Convention or its 1967 Protocol, which together define the obligations of host countries towards refugees.⁹ While the UN High Commissioner for Refugees (UNHCR) has an office in Delhi that registers refugees and provides humanitarian assistance, it has not been permitted to access Mizoram State in recent years. As a consequence, none of the post-coup refugees currently in Mizoram have been able to register for legal protection or receive humanitarian assistance from the UN.

This anti-refugee approach was not inevitable. In 1988, the Indian central government provided refugee registration and protection to an earlier influx of Chin refugees in the border districts of Champhai and Siaha.¹⁰ These refugees received humanitarian aid in the form of food and shelter for several years.

Taking a different approach after the 2021 coup, the Indian Ministry of Home Affairs sent a letter in March 2021 directing all four Northeast Indian border states to refuse entry to Burma nationals seeking refuge.¹¹ The Mizoram state government resisted this directive on the basis of ethnic kinship and cultural ties with the Chin.

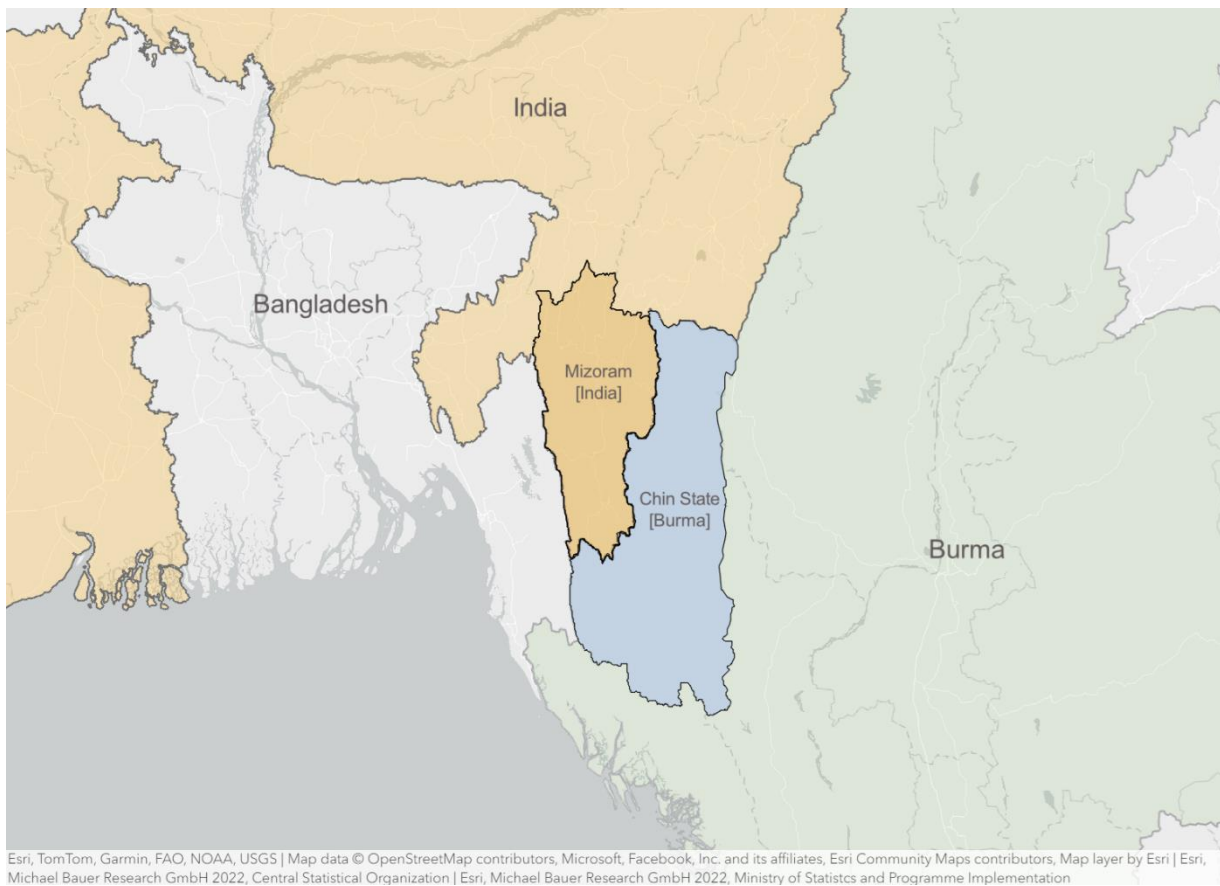


Figure 1: Map of Mizoram State, Chin State, and the surrounding area¹²

On March 18, 2021, then-Chief Minister Zoramthanga wrote a letter to Indian Prime Minister Narendra Modi asking for 10 crores of rupees (approximately \$1.2 million) to fund the humanitarian relief effort, including medical facilities. The central government provided only 3 crores despite several follow-up delegations of Mizoram officials to New Delhi.¹³

CAM's 2023 report on Mizoram found that support for the Chin refugees remained strong across the state's political spectrum.¹⁴ This pro-refugee consensus was illustrated by the passage without objection of a resolution in the Mizoram State Legislature which commended the relief effort and resolved to "continue providing shelter and other necessities in the future."¹⁵

Beginning in early 2022, the Mizoram state government began registering refugees and distributing state identification cards, providing a measure of protection and legal recognition of their status.¹⁶ However, this practice was ended just before the November 2023 elections on fears that lists of refugees could be used for deportation.¹⁷ Similarly, after initially complying with an order from New Delhi to collect biometric data from refugees, the state government reversed course on September 28, 2023, citing fears the data could be misused.¹⁸

On January 30, 2023 the state government ordered a halt to the provision of birth certificates and death certificates to "illegal immigrants," regardless of whether the event occurred in Mizoram.¹⁹

The defeat of the ruling Mizo National Front in the November 2023 elections did not cause a major shift in Mizoram state government policy. To the contrary, newly-elected Chief Minister Lalduhoma has promised to maintain the state's pro-refugee stance and to renew advocacy on behalf of the refugees with the central government.²⁰

In his first visit to New Delhi in January 2024, the Chief Minister raised the refugee issue with Prime Minister Narendra Modi, External Affairs Minister S. Jaishankar, and Home Minister Amit Shah. In an official statement after their meeting, Amit Shah was quoted promising, "the Centre will not deport the Myanmar nationals seeking shelter in the state until normalcy returns there."²¹ The Chief Minister also invited S. Jaishankar to visit Mizoram and tour the refugee camps.²²

United Nations: While the UN does not have an office in Mizoram, there is precedent for it to operate in the state. Despite India's non-signatory status on the Refugee Convention and Protocol, UNHCR in New Delhi has registered 5,500 refugees from Burma since the 2021 coup.²³ UNHCR also operates in the city of Chennai, Tamil Nadu.²⁴

Even in India's Northeast where political sensitivities are higher, several UN agencies are working on development. UNICEF maintains an office in Assam State, and due to its experience in Burma might have an especially positive effect in Mizoram.²⁵ The World Food Programme partners with Meghalaya State to strengthen the food distribution network and to map food insecurity in tribal areas.²⁶

Key Actors in Mizoram

Mizoram State Government

The Mizoram State Government remains broadly sympathetic towards refugees and has instituted a number of pro-refugee policies (listed in the previous Section). In particular, the policy of allowing refugees to use public hospitals has prevented a total collapse in refugee health conditions. However, due to the state's small size and limited resources, the government is not currently providing much in the way of direct humanitarian aid to refugee camps. As of January 2024, Chief Minister Lalduhoma is renewing the state's advocacy with the central government to ensure protection for refugees and humanitarian assistance.

Mizoram Civil Society

As Mizoram's leading civil society group, the Central Young Mizo Association (YMA) has a branch in nearly every village and town in the state.²⁷ Under the Central YMA, there are 816 branches not only in Mizoram, but in the nearby Northeast states of Assam, Manipur, Meghalaya, Nagaland, and Tripura, as well as ethnically similar parts of Bangladesh.²⁸

The Central YMA was particularly critical in spearheading the humanitarian response in the first year of the refugee crisis. Working through its hundreds of local branches across the state, the Central YMA helped with the initial construction of many camps, organized fundraisers, and donated food, meeting most of the refugees' needs. While this effort could not be sustained at the same scale indefinitely, some YMA branches continue to help their local refugee communities through donation drives, volunteer activities, and providing transport in the case of medical emergencies.

Mizoram State has several similar groups covering ethnic minority populations in the areas administered by Autonomous District Councils. These include the Young Lai Association in Lawngtlai District (home to the Lai Autonomous District Council) and the Mara Thyutlia Py in Siaha District (home to the Mara Autonomous District Council).

Mizo student groups, churches, and religious organizations, such as Zoram Entu Pawl, the social work arm of the Catholic diocese of Aizawl, also assist refugees throughout the state. As the largest church, the Presbyterian Church Synod plays a major role in relief.²⁹

Chin Refugee Community

The Chin refugee community is widely dispersed in camps and towns across Mizoram State. This geographical distribution is one of the factors making it difficult to organize the community under a statewide body. The diversity of the Chin people, which encompasses dozens of ethnic sub-groups and dialects, means that refugee leadership instead tends to form locally along these lines.

In June 2023, Chin refugees established the Network for Unity Association (NUA) with the participation of key Chin non-governmental organizations (NGOs) working in the refugee community, including the Institute of Chin Affairs and Chin Refugee Committee in Mizoram (CRCM). The NUA was formed at the request of the Mizoram state government and Central YMA, who wanted a single point of contact for communication with the Chin refugee community.

The veteran, well-respected Chin Human Rights Organization formed a humanitarian wing in the wake of the 2021 military coup,

though they work more with displaced people in Burma.³⁰ Chin churches in Mizoram also consistently provide supplies to refugees who are worse off.

Finally, among the refugees there are many Chin medical workers and civil servants affiliated with the nationwide Civil Disobedience Movement (CDM). The CDM formed shortly after the 2021 military coup and carried out months of peaceful protests in Burma before the outbreak of armed conflict in September 2021. CDMers provide essential services on an individual basis in refugee camps, such as basic medical care and running schools for young refugees. One organized group of CDM medical volunteers runs clinics in Mizoram and sends “mobile clinic” teams out to refugee camps when possible.

International Actors

There is a modest presence of international NGOs (INGOs) in Mizoram State providing development assistance or humanitarian aid for refugees. While several projects are having a great positive impact, such as the two clinics near the border at Zokhawthar, the overall scale of INGO operations is well below that needed to address a humanitarian crisis of this magnitude.

This is due in part to the political and legal sensitivity of working in Mizoram; in line with India’s Foreign Contribution Registration Act (FCRA), all INGOs are required to register with the center and abide by strict spending regulations.³¹ Some INGOs have declined to operate in Mizoram for fear of jeopardizing operations elsewhere in the country. Additionally, NGOs must abide by strict regulations regarding the international transfer of funds; at least one INGO has had its permission to keep an organizational bank account revoked on this basis.³²

Without the Indian central government’s permission to upgrade the scale of INGO presence, outside donors must rely on local actors to handle humanitarian aid distribution and service delivery.

Chin Diaspora

The robust Chin international diaspora has become the indispensable source of funding for the bulk of refugee relief efforts in Chin State. This includes Chin churches abroad and diaspora organizations based in places like Indianapolis, which has the largest Chin community in the United States.

Religious groups such as the Chin Baptist Churches USA and Chin Baptist Association of North America are particularly important; other grassroots funding comes from local community fundraisers or via organizations such as Chin Humanitarian Aid International (CHAI) and ChinTube.³³

While the Chin diaspora’s decentralized efforts allowed it to respond quickly and nimbly to the refugee crisis, they also come with some drawbacks. There is no coordinating body or mechanism in the diaspora to collect and share information about refugee needs, or to make decisions about where aid could do the most good.

On the individual level, a refugee’s situation often depends on whether they personally have relatives in the United States who can send money. At the systemic level, this means that refugees from Chin groups with a greater presence in the diaspora, such as the Hakha or Thantlang, tend to receive more assistance than those without, such as the Matu or Mara.

Refugees in Mizoram by District

The estimated number of Chin refugees in Mizoram is commonly given as 40,000, though higher and lower estimates are also common.³⁴ The Central YMA, using its ubiquitous presence at the local level across the state, has produced the district estimates used throughout this report.³⁵

Since the outbreak of ethnic violence in India’s neighboring Manipur State last May, about 12,000 additional Kuki-Zo tribals, who also share ethnic ties with the Mizo, have been displaced to Mizoram.³⁶ Finally, there is a small population of between 700 and 1,100 refugees who have fled to Mizoram from Bangladesh.³⁷

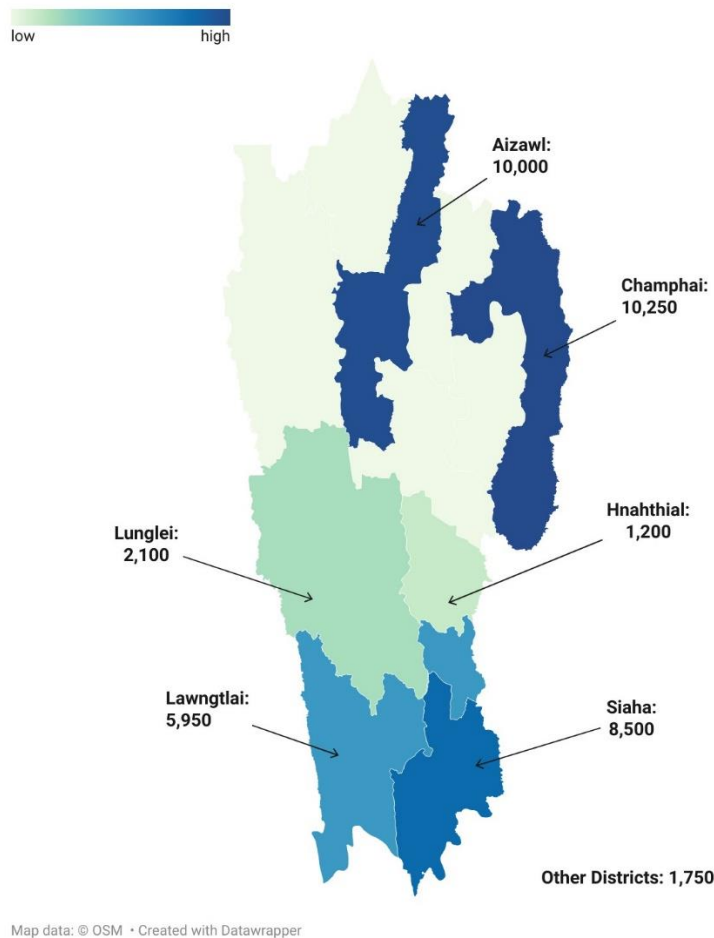


Figure 2: Chin Refugee Populations in Mizoram³⁸

Several factors make a more precise count of all refugees and displaced people in Mizoram difficult. First, the population fluctuates, with small trickles of refugees entering the state while others leave. These refugee flows are responsive to local conditions in Burma, such as airstrikes on specific villages or clashes between the junta and Chin resistance groups. Conversely, some refugees return to unsafe conditions in Burma because they have run out of funds and cannot

work in Mizoram. With fighting intensifying recently in Chin State, further waves can be expected.³⁹

Second, the refugee population and leadership in general are broadly decentralized and spread across the state. No single refugee organization has a presence everywhere, and communities made up of different dialect groups, tribes, or kinship groups tend to choose their own leaders. The camps range in population from a few dozen up to around 1,000.

Finally, the number of refugees in camps has decreased over time, with many seeking access to better services in Mizoram's cities and towns, such as education. Those who can afford to rent in the city often live communally or have financial support from relatives in the diaspora. In 2023, the Mizoram Home Department estimated that 13,000 refugees remained in roughly 160 relief camps, with the remainder living in towns.⁴⁰

Aizawl:

The district of Aizawl covers a strip of land in northern Mizoram between the Tlawng and Tuirial river valleys, with the eponymous city of 293,416 serving as Mizoram's state capital and largest urban center.⁴¹ With an overall population of 404,054, the district of Aizawl boasts 37% of the state's population.⁴² Aizawl has attracted approximately 10,000 refugees since the 2021 coup, putting it on par with Champhai District as a main destination.⁴³ In general, Chin refugees stay with relatives they may have in the city, live communally in rented spaces, or live in small camps a few hours away.

Aizawl contains a fair number of Chin refugees and migrants dating back several decades who are able to provide financial support to newer refugees. Chin religious groups, such as the Bethel Baptist Church and Chin Christian Fellowship, take donations and organize deliveries of food to refugee camps. They also provide some social services to refugees; the Chin Christian Fellowship runs three classes with 31 refugee students who do not speak enough Mizo to attend public schools.⁴⁴

The city of Aizawl has the state's best healthcare infrastructure and specialist care (such as oncology), boasting 12 hospitals in total.⁴⁵ Refugees often use the Civil Hospital in the center of Aizawl as well as Trinity Hospital, the BN Hospital, and LRM Hospital. There is also the Synod Hospital in Durtlang on the outskirts of Aizawl city, run by the Presbyterian Church of India.⁴⁶

In the words of a nurse at the Abenezer Medical Center, "there is no special treatment or discrimination among the local patients and refugee patients."⁴⁷ This means that refugees in the city or surrounding camps can receive treatment in Aizawl, provided they can pay for the hospital stay (which runs about 500 rupees per night) and the cost of treatment and medication.

Aizawl's status as a friendly medical hub draws Chin refugees from across Mizoram and even a number of internally displaced people from Chin State. According to one estimate by a refugee leader, approximately 100-200 Chin come across the border each month for treatment.⁴⁸ Many of these patients come with injuries sustained from the conflict in Burma, such as shrapnel or gunshot wounds.

Another option for refugees near the city is the free clinic run by Chin medical professionals from the Civil Disobedience Movement, with financial support from the Chin Evangelical Baptist Church.⁴⁹ While these CDMers were able to organize “mobile clinic” trips to Aizawl’s camps in the past, a shortage of resources and personnel forced them to stop. According to one doctor, the lack of funds would also necessitate the group to close this clinic by the end of 2023.

Finally, there is a District Level Task Force on *Ruihhlo Do*, or drug abuse, which lists 25 “de-addiction” centers in Aizawl.⁵⁰

Camps in the Area

Tuirial Camp, an hour or two from Aizawl, hosts approximately 76 people living in 24 bamboo shelters.⁵¹ These temporary shelters were built nearly three years ago by Catholic volunteers and require constant repairs to remain habitable. Among the refugees, there are 23 children and 8 elderly people. Between 10 and 15 refugees at Tuirial are able to regularly travel to Aizawl for work, allowing them to support the basic needs of the rest.

Malnutrition is a major concern in Tuirial, as the refugees only receive enough from their labor and donations to afford rice and occasionally vegetables, with hardly any protein intake. Though the refugees have a water connection, they struggle to receive enough drinkable water from May to June, relying on rainwater. A nearby stream provides enough water for laundry and bathing, but without filters the camp is plagued with waterborne diseases such as diarrhea, ringworm, and skin infection.



Tuirial Camp in Aizawl. Photo by CAM research team.

Despite their proximity to the city, Tuirial's refugees do not have any healthcare services regularly available at their camp. On one occasion in the past three years, a medical team came to the camp to provide childhood vaccinations for children under two. A number of refugees at Tuirial have trouble with diabetes and high blood pressure, requiring them to go to town for medication. When they are unable to pay for medication or treatment, they are forced to "live with the pain."⁵²

By contrast, the Laitan or Durtlang Camp consists of a rented house shared by 40 refugees, including 22 children.⁵³ 14 of the 22 children are in school, and the children are vaccinated for free at the nearest subcenter. All of the refugees are malnourished, subsisting only on donated rice and potatoes. At Laitan, it is not possible to collect rainwater, and the refugees must make use of a limited amount of well water. The water used for bathing is reused for washing dishes and cleaning living spaces. Due to the crowded living conditions, illnesses quickly spread throughout the entire camp. As in Tuirial, when the refugees do not have enough money for medical care they go without.

Champhai:

Champhai district is at the northeastern corner of Mizoram state, sharing a border with Chin State, Burma. The district capital, also named Champhai, is its main hub for healthcare services. The entire district population as of 2011 was 125,745.⁵⁴

Like most of Mizoram, Champhai District is separated from Chin State by the Tiau River. The village of Zokhawthar, with its bridge over the Tiau, is the main crossing point for refugees from northern Chin State. Since 2021, Zokhawthar has seen a major expansion in both overall population and infrastructure for accommodating refugees.

There are approximately 10,250 refugees in Champhai.⁵⁵ Many of those crossing at Zokhawthar have stayed in the area in camps or rentals. Others have moved up the road towards the town of Champhai or continued on to Aizawl. The Institute of Chin Affairs (ICA), a Chin NGO involved in humanitarian work, puts the pre-coup population of Zokhawthar at 600 households, and reports that the refugee population alone comprises 740 families (4,500 refugees).⁵⁶

In early November 2023, Chin resistance forces led by the Chin National Army took over the town of Rikhawdar in Burma, directly across the border from Zokhawthar. The fighting temporarily displaced an additional 5,000 Chin into Champhai and killed a refugee on the Indian side of the border. Within a few days of Rikhawdar's capture, most of these refugees returned to Chin State, with about 1,000 staying on in Zokhawthar.⁵⁷

There are three hospitals in Champhai, all located in or near the town proper.⁵⁸ There are also health centers and clinics located at different villages around the district.

At Zokhawthar, there are three clinics in operation: the Mercy Medical Centre, Lailun Medical Centre, and a clinic run by an international non-governmental organization. While free treatment and consultations are available at these sites, patients must pay for medicine due to limited supplies, with an average cost of 300-400 rupees.⁵⁹

The Mercy Medical Centre, run by Medical Mercy Canada, was established at Zokhawthar in 2009 to treat refugees from Burma.⁶⁰ After the 2021 coup, the sudden surge of thousands of additional refugees overwhelmed the hospital's capacity, necessitating a series of upgrades to the facilities and the establishment of other clinics at the border. The staff at Mercy consists of one doctor and four nurses, including a midwife.⁶¹ Approximately 60% of patients are refugees, with the remainder being Mizo locals.⁶² Mercy is capable of providing 24-hour emergency medical treatment, obstetric treatments, lab testing, ordinary labor and delivery, and minor surgeries. Patients with chronic disease, such as high blood pressure or diabetes, are also treated at Mercy. There are 20-30 pregnant women at the Hospital, and about 20 babies are delivered each month. Those with complications or requiring Cesarean deliveries are referred to the District Civil Hospital in Champhai.

The Lailun clinic was established in May 2022 by the Institute of Chin Affairs in collaboration with the Mizo Students Union and the Chin Baptist Association of North America.⁶³ The clinic has one doctor and nurse on staff, along with two volunteer nurses. Lailun provides primary care for refugees, but due to a lack of resources does not have clinical equipment or sufficient medication for all patients.

The third clinic at Zokhawthar, run by another international NGO, treats refugees as well as wounds and injuries sustained during the fighting in Burma. Any serious cases that cannot be treated at these three medical facilities are referred to the Civil Hospital in Champhai. A round trip from Zokhawthar to the Civil Hospital runs about 3000 rupees, and the 25-kilometer journey takes about 45 minutes by car. Finally, the village health sub-center performs vaccinations.⁶⁴

Camps in the Area

While some refugees in Champhai rent houses, a high proportion of refugees in Zokhawthar live in camps. As the refugee population outnumbers the local population, accommodations and daily necessities such as food and water are expensive and difficult to obtain.

Sekan Camp, Zokhawthar, which started in May 2022 with 30 houses, now shelters 347 people in 88 houses.⁶⁵ These houses are built from plastic, using sections of plastic sheet sold in 6 x 100-foot rolls. As these sheets are not suitable for long-term construction, they must be replaced once a year at a cost of 5000 rupees per house (440,000 for the entire camp). There is no work available for the residents of Sekan Camp. There is only one pipe for water, and the refugees do not have enough containers for water storage in times of scarcity.

Hygiene and overcrowding are serious public health concerns in Sekan, causing illnesses to spread quickly through the population. The camp has 3 bathrooms with 12 total stalls, and the toilets consist of holes dug straight into the ground. The local stream is inundated with garbage and human waste, causing a noxious odor that gives the camp residents headaches and respiratory distress. The stream is also a breeding ground for mosquitoes, though there are no malaria cases in the camp. On top of this, Sekan has a problem with mice. Diarrhea and vomiting are more common ailments among children, while the elderly suffer from headaches and chronic fatigue. There are at least 5 cases of tuberculosis: two of these patients are taking medication, and the other three are waiting for checkups and will have access to medication if needed. There are also cases of chronic maladies such as diabetes and toothache.



*Left: Shelters made with plastic tarps at Sekan Camp, Zokhawthar
Right: Interior of plastic tarp shelter at Sekan
Bottom: Bethel Camp at Zokhawthar. Photos by CAM research team.*



*Top: the repurposed university building at Zote Camp, Champhai
Left: Cooking area outside the main building at Zote Camp
Right: Right: Water tanks at Zote Camp. Photos by CAM research team.*

While most refugees in Sekan use the Mercy Medical Centre for their healthcare needs, the elderly mainly go to private hospitals for stronger pain medication. In order to pay for medication, specialist treatment, and trips to Champhai hospitals, the refugees collect donations to care for those in the most acute need. All of the children have received vaccinations from the village health sub-center.

Some of these same concerns are echoed at nearby Bethel Camp.⁶⁶ The camp residents mainly make use of the Mercy Medical Centre, as travel to Champhai is prohibitively difficult due to the lack of vehicles. As in Sekan, there is no work available for the refugees.

Bethel Camp has 3 bathrooms with a total of 14 stalls for all 380 residents. Due to this congestion, there is almost always a 5-to-10-minute wait to use a stall, along with a longer wait time in the morning. In the rainy season, these bathrooms sometimes flood.

There are instances of diarrhea and skin irritation due to the use of unclean water in Bethel. Chronic fatigue and low energy experienced by some of the children are attributed to the lack of nutrients and vitamins. Refugee leaders suspect but cannot confirm that there are cases of tuberculosis and malaria in the camp. One child has asthma, and there are 8 pregnant women at the camp who go to Mercy Medical Centre for checkups.

Zote Camp, established in January 2022, is located to the north of Champhai town in the village of Zote, housing 231 people.⁶⁷ The camp is in an old, crowded two-story college building with about 14 rooms per floor; the biggest family in one of these rooms consists of 8 people. The refugees hope that at some point they will have beds and kitchens. Residents of Zote Camp have access to electricity through this building but are not allowed to cook inside. There is no steady work, but construction companies sometimes contact the camp leader for day-laborers, who earn 500 rupees a day.

The YMA provides food donations of rice, dal (lentils), potatoes, and sometimes eggs. The YMA also maintains a locked food storage area in the camp, and when the residents need some, they can ask for access. Rice is shared communally with the entire camp, and there are garden areas for growing vegetables. However, due to tensions with the local Mizo community the YMA has set curfews on the camp and limited residents to only a few designated days a week for trips to the grocery store. Refugees report fatigue and low energy caused by malnutrition. In one severe case, a malnourished child had to be seen by a doctor.

For water, the camp has a well dug by the YMA, which cost about 170,000 rupees. The YMA promised to dig another well to alleviate the camp's water shortage; in the meantime, residents collect rainwater and shower only once a week. Due to using unclean water for bathing, refugees regularly experience temporary skin irritation.

The Zote sub-center provides vaccinations for the camp, as well as prenatal care for the camp's two pregnant women. The sub-center also recently checked the entire camp for malaria, finding no cases. In addition to the YMA, Zoram Entu Pawl and several other NGOs have provided food, menstruation products, toothbrushes, and toothpaste for the camp.

Residents needing medical care prefer to use the free clinics at Zokhawthar rather than Mizo hospitals, saying they receive better attention and more effective medicine there. A round-trip to

the Civil Hospital in Champhai is 500 rupees; the refugees can arrange rides for the 45-minute drive to Zokhawthar in emergencies. Cases of diabetes and hypertension are treated by a mobile clinic from Lailun. However, the Civil Hospital is still used to deliver children.

Lunglei:

Lunglei in south-central Mizoram is the state's second most-populous district at 161,428.⁶⁸ The eponymous town of Lunglei, located directly south of Aizawl, is Mizoram's second-largest urban area. According to an estimate by the Central YMA, there are approximately 2,100 refugees in Lunglei.⁶⁹ While Lunglei is close to the major crossing in Lawngtlai East, most refugees continue north up the highway to Aizawl or move to an area where they have family or other kinship ties.

There are two hospitals in Lunglei District.⁷⁰ The Lunglei Civil Hospital is most commonly used by refugees with a referral from a smaller clinic or medical team. The Serkawn Christian Hospital in the northern part of Lunglei town is operated by the Baptist Church of Mizoram.⁷¹

Camps in the Area

Thaizawl Camp is the largest camp in Mizoram, with 800 plus refugees in 184 houses.⁷² The camp is in contact with a number of local Mizoram NGOs, as well as the Chin diaspora, which provides funding for basic needs and healthcare services. The nearby village of Thaizawl also helps refugees through the Village Council.⁷³

Camp leaders estimate that of about 184 families, 40-50 are malnourished, particularly in larger families with more dependents to care for.⁷⁴ Camp diets consist of rice and whatever vegetables can be grown by the refugees. On occasion, 10-20 bags of rice are received for distribution to widows, the elderly, and larger families.

Thaizawl Camp has a small clinic funded via Chin Humanitarian Aid International (CHAI), which collects donations from Chin communities in Australia, New Zealand, and the United States.⁷⁵ This money is used to buy medicine and is supplemented by donations from other refugees in Thaizawl (who have their own family networks abroad).



*Top: Thaizawl Camp in Lunglei District
Left: Daily life in Thaizawl
Right: Clinic funded by Chin Humanitarian Aid International.
Photos by CAM research team.*

A health team consisting of two or three nurses makes visits to Thazawl.⁷⁶ While they do not always have medicine available, they teach the refugees about good public health practices, such as handwashing. Vaccinations for children under the age of three and pregnant women were provided by the Civil Hospital of Lawngtlai, the Civil Hospital of Lunglei, and the Civil Hospital of Siaha. Camp residents have also received COVID-19 vaccinations.

The residents of Thazawl Camp are able to receive referrals to larger hospitals when they cannot be treated at the camp and can receive free treatment and even medication when hospital supplies allow. Mizo organizations such as the local Village Council and YMA branch help with transportation, though there is still a round trip cost of 1500 rupees. The nearest hospital is the Lunglei Civil Hospital, which is a 40-minute drive.

The main chronic conditions among refugees in Thazawl are high blood pressure, blood sugar levels, and heart disease, for which medication must be purchased at their own expense. Since the start of the camp nearly three years ago, there have been 8 cases of malaria. 3 residents have tuberculosis. There are no known cases of cancer, lung disease, or HIV/AIDS. The 9 pregnant women in camp do not have access to prenatal care, vitamins, or check-ups. In total, 10 refugees have died from accidents, high blood pressure, and tuberculosis since the refugee crisis began.

In early December 2021 an outbreak of diarrhea affected hundreds of refugees at Thazawl due to the lack of proper sanitation. Donations totaling 100,000 rupees came in to treat the outbreak and upgrade the toilet facilities.⁷⁷

The refugees at Thazawl report that since 2022, there have been cases of “swelling legs” among the elderly and children.⁷⁸ These cases appear to be spreading from one family to the next. One student with the condition had to be sent to Aizawl for treatment.

Lawngtlai:

Lawngtlai District, with a population of 117,894, is situated in the southernmost part of Mizoram.⁷⁹ The district is distinguished by its substantial populations of minority ethnic groups and devolved administrative structure.⁸⁰ Two of its three subdivisions, Lawngtlai and Sangau, are governed by the Lai Autonomous District Council, representing the ethnic Lai people. Sangau subdivision in the eastern section of Lawngtlai is split off geographically from the rest of the district by Lunglei and Siaha; its border with Burma is a major crossing for Chin refugees from southern Chin State.

Lawngtlai is a particularly underdeveloped district, sporting a local economy heavily reliant on agriculture. The Lai Autonomous District Council oversees education in its subdivisions and incorporates the Lai language as a subject up to the middle school level.⁸¹

Lawngtlai’s high population of Lai produces an instant connection with Chin refugees from the Lai-speaking central region of Chin State. This shared linguistic and cultural background is a source of comfort for refugees, who feel that they are embraced as part of the community. The total population of refugees in Lawngtlai District is estimated at 5,950.⁸² Sangau hosts a diverse refugee population, comprising not only Lai speakers but Matu and Mara. These refugees are dispersed between camps and urban areas.

The financial situation of an individual refugee or refugee family varies significantly based on their access to an external support network in the Chin diaspora. In emergencies, the elected leaders of the refugee committee seek donations from their relatives and friends abroad to support people without contacts.

Lawngtlai district has 3 hospitals, all located in or near the town of Lawngtlai: the District Hospital, the Christian Hospital and Lairam Christian Medical Centre & Hospital.⁸³ There is no direct road from Sangau subdivision to the rest of Lawngtlai due to the intervening mountain ranges; the town of Siaha is more accessible from this area.

Rather than a branch of the Young Mizo Association, Sangau has the Young Lai Association, which takes a more relaxed approach to refugee economic activity.⁸⁴ Some refugees support themselves through agricultural activities, operating tea stalls, and establishing open markets. Others have founded small stores while concurrently working as laborers on farms or construction sites. While permitted to work, many in the refugee population who are unable to secure steady employment still rely heavily on diaspora support for essential needs.

The Young Lai Association in Sangau cautions that it cannot guarantee this situation will stay exactly the same, citing the need to respond in the case of potential objections from the local community. This prospect introduces a further element of uncertainty for the refugees and their prospects for self-reliance.

Camps in the Area

Numerous camps dot the peripheries of Lawngtlai's towns and villages, with higher proportions of Matu and Mara refugees. Some of these include the Lawngtlai Canaan Camp, with 300 people, the Kawl Caw Camp with 160, and the South Lungpher Camp with 94.⁸⁵ Lai-speaking refugees tend to find it easier to live in urban areas due to cultural similarities with the local population and their stronger ties to diaspora funding networks.

Living conditions in the camps are predictably harsh.⁸⁶ Dwellings are typically constructed from bamboo, topped with plastic sheets used as roofing material. These makeshift roofing materials last only a year, necessitating frequent replacement. During the winter, most refugees in the camp lack the means to procure essential items such as blankets and warm clothing. Refugees living in the camps subsist on a staple diet of lentils and rice, with other vegetables and meat considered too expensive to afford. Due to the expense of travel and the remote locations of many camps, refugees have a hard time accessing services, resources, or opportunities in urban centers.

Within the camps, refugees have taken the initiative to establish small-scale educational facilities, offering instruction in subjects like Burmese, mathematics, and science. These camp schools often use textbooks brought along from Myanmar. Most students in the urban refugee community opt for private schooling due to their distance from government schools, the language barrier, and the perceived higher quality of education. However, this choice comes with higher tuition fees of approximately 15,000 rupees per person annually, requiring families to rely on financial support from relatives abroad.



*Top: A refugee camp in Lawngtlai District.
Bottom: Zawngling Camp near Siaha.
Photos by CAM research team.*

Siaha:

Siaha District occupies the entire southeastern corner of Mizoram. It shares borders with Chin State to the south and east. The district population is 56,574, and its administrative hub is the town of Siaha.⁸⁷ The district covers a diverse geographical area ranging from the hills characteristic of Mizoram to plains. As Siaha is also the headquarters of the Mara Autonomous District Council, it is a natural destination for Mara refugees from Chin State.

Approximately 8,500 refugees from Chin State are in the Siaha district.⁸⁸ 75% of the refugee population resides in camps.⁸⁹ In addition to Mara and Matupi, the refugee population includes Hakha, Thantlang, and Zotung. Refugees in Siaha have elected a set of Siaha Refugee Committee Leaders from each of the Chin dialect groups in the area.

The legal and economic situation for refugees in Siaha is difficult even when compared to other parts of Mizoram. The state ID cards prevalent in some districts are rare here, and one of the Siaha Refugee Committee Leaders even reported that babies born in the district are unable to receive birth certificates, leaving them essentially stateless.⁹⁰ The negative consequences of this policy are sure to carry on long past the period of displacement. While some news sources claim that this is a statewide problem, the CAM research team only heard reports of its application while in Siaha.⁹¹

In Siaha, the Mara Thyutlia Py performs a similar function to the ubiquitous Young Mizo Association in other parts of the state.⁹² Until recently, the group has taken a hard line on refugee work, barring them from day-labor based on concerns that they might distort the local economy.⁹³ Funds coming into the area for the purpose of supporting refugees also had to pass through the MTP first. After internal elections in 2023, the new MTP leadership has expressed an interest in providing more support for refugees.⁹⁴

The current situation continues to put immense strain on the limited personal and community resources of refugees in Siaha. Refugees running low on funds must reconsider their options, and many choose to return to unsafe conditions near their hometowns in Chin State. This pattern underscores the good timing of MTP's planned course correction and the urgent need to work towards a more sustainable environment for refugees.

Camps in the Area

As a rule, Siaha's refugee camps are situated on the outskirts of villages and the town of Siaha, with a high number of residents belonging to the Matu and Mara tribes.⁹⁵ These camps are also particularly isolated from international financial support and diaspora access. Food assistance, which is sporadic, comes in the form of a limited supply of rice. Some of these camps have taken the initiative to establish small-scale agriculture, allowing some residents to supplement their diets with vegetables. However, the standard diet of rice and lentils is not enough to meet the full nutritional needs of refugees. Unlike most of Mizoram, in Siaha there are not enough vaccines even for children.

Like other camps across Mizoram, Siaha's camp buildings are temporary shelters that have suffered nearly three full years of wear and tear. Most buildings are constructed from bamboo and plastic sheets without proper insulation, and their residents must contend with overcrowding.



HIV/AIDS: In rural parts of Mizoram, signs put up by the Mizoram State AIDS Control Society urge people at risk of HIV infection to get blood tests. With stigma high among the refugees, many found the topic difficult to discuss. There is no means of testing for the disease in most Chin refugee camps.

A sign by the highway in Aizawl district. Photo by CAM research team.

Education is highly valued by camp residents, who have set up makeshift schools. The camp schools are often staffed by CDM members who were teachers back in Chin State. Despite the commitment of educators, these classrooms are also overcrowded and see the quick spread of illness among students.

Smaller camps in the area often face significant difficulty when compared to larger camps in the center of the state. Zawngling Camp on the outskirts of Siaha is one such camp.⁹⁶ Refugees there lack job opportunities and income, relying on farming for sustenance with rice and vegetables. Even in the months before winter, they lack warm clothes and blankets. Zawngling does not have access to medication for treating illnesses at camp. While the camp has set up a school, there is not enough capacity for all students to attend; they must take classes in turns.

Public Health Gaps

While exact conditions differ across Mizoram's many camps, the CAM research team observed persistent public health gaps across the state. Some of these hardships are unique to the refugee community, while others are shared by local residents of Mizoram. Most are direct consequences of the limited resources available to Mizoram's state government, civil society, and the Chin refugee community.

Sanitation:

Across Mizoram, water scarcity poses a significant challenge for both residents and refugees. This is normally attributed to Mizoram's mountainous terrain. The limited water supply available through piping is usually supplemented with purchases of expensive bottled water. When water is more freely available, Mizoram's people store it in the home. In the camps, large Sintex plastic barrels are used for water storage, though some camps also have their own shortages of containers.

In the refugee camps, the summer months of May and June are the most difficult periods of water scarcity. The rainy period does not necessarily make it easier to get clean water, as contamination is common. Many camps have only one water connection and collect rainwater to supplement their supply. In an effort to conserve their supplies, refugees reuse the same water many times for household chores and cut their bathing habits to once or twice weekly.

Given the scarcity of water, refugees often resort to using dirty or contaminated water for bathing or cleaning. Contaminated streams are used to wash clothes or bathe, leading to health complications such as diarrhea, ringworm, skin irritations, rash, and infections. While not reported as frequently among refugees, a lack of access to clean water generally contributes to kidney problems.

In many refugee camps, the sanitation situation is worsened by a lack of proper bathroom facilities. Many families must share the same toilets, leading health workers to express concerns about the potential transmission of infectious diseases. Stagnant and contaminated water sources are also breeding grounds for mosquitoes, leading to concerns about the spread of malaria. Addressing these challenges would require a comprehensive approach involving the provision of better sanitation facilities and wider distribution of mosquito nets.

Nutrition:

In the refugee camps, residents overwhelmingly report a lack of necessary vitamins and nutrients. The influx of refugees in some parts of Mizoram combined with the isolation of many camps drives up the price of essential items. A standard bag of rice can cost an average of 2000 rupees.⁹⁷ Coal and cooking oil are also expensive, with a bag of coal costing 500 rupees.

Many refugees in the camps try to supplement their diets with vegetables grown in community gardens. These cultivation efforts are hindered by the general lack of arable land, water scarcity in the summer, and unfavorable conditions in colder seasons. Vegetables such as mustard plants can reach prices of up to 500 rupees each.⁹⁸ In some camps, families can source meat once a



*Left: Water barrels at Tuirial Camp.
Right: Hand-washing instructions at Tuirial.*



*Left: Crowded quarters at the Laitan Camp in Durtlang, Aizawl
Right: Camp water supply at Bethel Camp, Champhai
Photos by CAM research team.*

month; in others, not at all. The staple diet mainly consists of rice, potatoes, and lentils, with variations across camps. Symptoms of malnutrition, such as fatigue and low energy, are especially noticeable among children and elderly, though the exact extent is unknown. Camps rely on periodic support from NGOs like the YMA, Zoram Entu, and others for food assistance. Unfortunately, this aid can be inconsistent, coming only once or twice a year.

Vaccination:

In Mizoram, citizens receive various free vaccinations for diseases such as COVID-19 and malaria. Refugees are also permitted to receive these vaccinations at hospitals and, particularly in the case of childhood vaccinations, vaccine drives at their camps.

In practice, however, there is a regular shortage of vaccines in Mizoram State. The Indian central government provides vaccine doses to the state in allotments based on its population.⁹⁹ Since New Delhi does not recognize the Chin as legal refugees, the state allotments do not include them in the count. This means that the vaccine supply can be short by thousands of doses.

Vaccine distribution occurs on a first-come-first-served basis, reaching the Mizo population before refugees in more remote areas. Due to the precarious financial situation of refugees, they are not likely to make the costly trip into town for just a vaccine dose. As a result, the supply left over for refugees typically depends on the demand of the Mizo population.

CDM health workers express concern about the distribution policies of the international vaccine alliance Gavi in Myanmar.¹⁰⁰ Gavi works exclusively with the junta-controlled government apparatus in Burma, making it impossible for internally displaced people, refugees, or civilians in resistance-controlled areas to receive vaccinations.¹⁰¹ Given the extraordinary circumstances in Burma, these CDM health workers call for Gavi to reconsider its distribution strategy, advocating for vaccines to be distributed to the people through NGOs and civil society rather than the junta. Another possibility would be for Gavi to provide additional vaccines to the Indian government for distribution in Mizoram.

Transportation:

Transportation poses a significant challenge for refugees residing in the countryside, particularly in the southern part of Mizoram. Refugees seeking specialist care in Aizawl may face a travel time of 7 or 8 hours by car, which can be excruciating for patients in pain or distress. Residents and refugees from Sangau, Siaha, and Lawngtlai already struggle with limited financial resources, making the high Sumo (long-distance bus) fees of up to 1000 rupees per person prohibitive.¹⁰² The combination of an arduous journey and financial constraints poses a significant barrier to refugees needing essential healthcare services.

Some CDM medical workers have suggested establishing an Emergency Referral Support Program, which would help meet transportation costs for anyone needing emergency care.

Mental Health:

Chin refugees face a complex array of intersecting challenges where mental health is concerned. First, many refugees are dealing with war-related trauma from their time in Burma. Children in the refugee community display signs of trauma, particularly a fear of loud noises. There have

been instances of individuals struggling with mental health issues up to the point of incompetence as a result of post-war trauma. Many people who end up in the hospital with war-related injuries such as broken limbs and missing body parts are particularly demoralized and vulnerable to mental health issues as they recover. The constant threat of conflict leads to heightened levels of anxiety, depression, and various other mental health concerns, creating an urgent need for comprehensive support and mental health services. The experience of being a refugee can itself have negative mental health effects; some refugees feel unwelcome, get into fights with the local population, or simply believe that they have no future prospects.

Despite this urgent need, mental health and psychosocial support services do not exist for the majority of refugees. There is a CDM team in Aizawl providing these services, but without enough capacity for the whole population.¹⁰³ CDM health workers elsewhere often encounter individuals seeking help for severe headaches and body aches, which, upon discussion, reveal stress-related origins. This situation is complicated by the sensitive nature of discussing mental health among the Chin, who hesitate to admit they may be suffering from mental health problems or trauma. Some doctors resort to prescribing placebos, but there are few other treatment options.

Religion is the main medium for providing refugees with any counseling or emotional support. Prayer meetings or visits by pastors and church volunteers can help, but regular interpersonal interactions are limited by transportation logistics and a lack of proper venues.

On a positive note, a number of NGOs and CDM health workers have plans to launch or expand mental health initiatives in 2024.¹⁰⁴ These efforts will require time and financial resources to implement, and it may be a while before major impacts can be observed.

Mobile Clinics and Hospitals:

While CDM medical workers living in refugee communities are often the first point of contact for the sick, their ability to help is limited by the general shortage of medication and lack of facilities. Multiple NGOs operate mobile clinics that visit refugees but their reach is restricted by long travel times and limited funding; camps will be visited at most once or twice a year.

A concerning trend among refugees with chronic conditions such as high blood pressure, diabetes, and kidney problems is to delay seeking care until their condition is critical due to high transport costs and logistical barriers. The language barrier further complicates this situation, as many refugees do not speak Mizo and have incomplete information about their options.

Refugees with severe conditions requiring a specialist are referred to the Civil Hospital in Aizawl and major towns. Public hospitals offer some free treatments but may not be able to provide free medicine due to supply shortages. The high patient density at these hospitals cause prolonged wait times which can run on for months. In some cases, a refugee who has delayed seeking treatment to this point is in such urgent need that they must opt for private hospitals, incurring significant costs in the process. This dynamic underscores the need for improved preventative care, a more robust supply of medication, and an awareness campaign to motivate refugees to address health issues before they worsen.

Specialist treatment, such as cancer treatments in Aizawl, can run thousands of rupees per dose, putting it beyond the means of many refugees.¹⁰⁵

Conclusion

The past three years have seen Mizoram, one of India's smallest states, dealing with what is locally deemed a "triple crisis."¹⁰⁶ The roughly one million people of Mizoram state have provided safe haven to a combined tens of thousands of refugees from Burma, refugees from Bangladesh, and displaced people from neighboring Manipur state in India. This has all been done with limited assistance from the central government and international community. Despite the difficult situation, many in Mizoram take pride in this fact and consider it an expression of their religious values as well as ethnic solidarity.¹⁰⁷

In a final assessment, the public health situation of refugees in Mizoram is precarious but not yet in a full-blown crisis due to the tireless efforts of the host community in Mizoram, the Chin diaspora, and the refugee community itself. That said, the strain on the limited resources of these groups is unsustainable. CAM received many troubling reports that the current situation is not improving or even necessarily stable. Some crucial operations, such as the CDM mobile clinics and Aizawl clinic, are shutting down due to a lack of resources. In other cases, systemic problems such as the mental health of refugees are being neglected, with the likelihood that they will only worsen in time.

In CAM's interviews with refugees, doctors, civil society leaders, and government officials, the consistent limiting factor on improving access to healthcare is always finance. The amounts needed to buy a few toilet seats, source bamboo for shelter repairs, or hire mental health counselors do not necessarily amount to much by the standards of a government or major INGO. However, in the absence of coordinated, consistent funding efforts by these actors, the sum of these disparate small costs becomes prohibitive.

The U.S. Senate's current version of the appropriations bill for State, Foreign Operations, and Related Programs in Fiscal Year 2024 earmarks a total of \$167 million in assistance for Burma's democracy movement and refugees. For the first time, the bill's explanatory report includes the specific provision that funding should be used for "assistance programs, including in Thailand and India, and cross border programs."¹⁰⁸ The U.S. Congress should ensure this provision is preserved in the final bill.

Even if money is earmarked for Mizoram, the United States would find it difficult to put to immediate use. The first step will need to be sustained engagement with the Indian central government given the issue's political sensitivity and the need to work within the FCRA. The United States should also aim to build on and support the existing efforts of the Mizoram host community and funding channels established by the Chin diaspora rather than replace them.

Finally, we at the Chin Association of Maryland thank the Mizoram host community, Chin diaspora, and refugee community themselves for their considerable sacrifices in the name of limiting human suffering since the February 1, 2021 military coup in Burma.

References

- ¹ UNHCR Regional Bureau for Asia and the Pacific (RBAP), “Myanmar Emergency Update,” December 15, 2023 <https://reporting.unhcr.org/myanmar-emergency-regional-update-6584>
- ² Murali Krishnan, “India: Will there be a roll back of Myanmar's refugees?” *DW*, March 22, 2023 <https://www.dw.com/en/india-will-there-be-a-roll-back-of-myanmars-refugees/a-65080896>
- ³ Chin Association of Maryland (CAM) Report, “Chin Refugees in India’s Mizoram State: Helping the Refugees and Supporting the Local Communities Welcoming Them,” *CAM*, June 2023 <https://chinmd.org/wp-content/uploads/2023/07/CAM-Chin-Refugees-in-Indias-Mizoram-State-June-2023-xyz.pdf>
- ⁴ *Ibid.*
- ⁵ Senate Department of State, Foreign Operations, and Related Programs Appropriations Bill, Fiscal Year 2024 Explanatory Report, July 20, 2023, page 50 https://www.appropriations.senate.gov/imo/media/doc/fy24_sfops_report.pdf
- ⁶ Mizoram State Government Website, “About Mizoram- People,” Accessed January 23, 2024 <https://mizoram.nic.in/about/people.htm>
- ⁷ Swarna Rajagopalan, “Mapping Peace Accords,” *Peace Accords in Northeast India: Journey over Milestones*, East-West Center, 2008, pages 22-23 <http://www.jstor.org/stable/resrep06521.8>.
- ⁸ *Ibid.*, pages 22-23
- ⁹ Mahika Khosla, “The Geopolitics of India’s Refugee Policy,” *Stimson Center*, September 22, 2022 <https://www.stimson.org/2022/the-geopolitics-of-indias-refugee-policy/>
- ¹⁰ CAM Report, “Seeking Refuge: The Chin People in Mizoram State, India,” December 2011, page 38 <https://chinmd.org/wp-content/uploads/2021/11/Seeking-Refuge-The-Chin-People-in-Mizoram-State-India.pdf>
- ¹¹ The Hindu, “Stop illegal influx from Myanmar, Centre tells northeastern States,” *The Hindu*, March 12, 2021 <https://www.thehindu.com/news/national/stop-illegal-influx-from-myanmar-mha-tells-ne-states/article34054308.ece>
- ¹² Map produced by CAM staff using open source data and ArcGIS Online
- ¹³ CAM Report, “After the 2021 Military Coup in Myanmar/Burma,” *CAM*, October 2021, page 57 <https://chinmd.org/wp-content/uploads/2021/11/After-the-2021-Military-Coup-in-MyanmarBurma.pdf>
- HC Vanlalruata, “Mizoram yet to get central funds for refugees: Min,” *Times of India*, December 25, 2023 <https://timesofindia.indiatimes.com/city/guwahati/mizoram-yet-to-get-central-funds-for-refugees-min/articleshow/106263162.cms>
- The Wire Staff, “Centre Ignores Mizoram's 'Repeated Requests' for Aid to Provide Relief to Manipur Refugees,” *The Wire*, November 21, 2023 <https://thewire.in/government/centre-turns-deaf-ear-to-mizorams-repeated-requests-for-aid-to-provide-relief-to-manipur-refugees>
- Vijatia Singh, “40,000 Kukis from Myanmar in Mizoram since 2021, never created any problem: Mizoram MP counters Amit Shah,” *The Hindu*, August 15, 2023 <https://www.thehindu.com/news/national/other-states/40000-kukis-from-myanmar-in-mizoram-since-2021-never-created-any-problem-mizoram-mp-counters-amit-shah/article67197951.ece>
- ¹⁴ CAM Report, “Chin Refugees in India’s Mizoram State,” *CAM*, June 2023
- ¹⁵ Unofficial translation provided to CAM by the Office of the Speaker of the Mizoram Legislative Assembly
- ¹⁶ The Hindu, “Mizoram starts issuing identity cards to Myanmarese refugees: Official,” *The Hindu*, April 9, 2022 <https://www.thehindu.com/news/national/other-states/mizoram-starts-issuing-identity-cards-to-myanmarese-refugees-official/article65305717.ece>
- ¹⁷ Confidential CAM sources provided a description of these discussions.
- ¹⁸ Sukrita Baruah, “Mizoram to ignore Centre order, says ‘won’t collect biometric data of Myanmar refugees’,” *Indian Express*, September 29, 2023 <https://indianexpress.com/article/political-pulse/mizoram-wont-collect-biometric-data-of-myanmar-refugees-8960062/>
- ¹⁹ HC Vanlalruata, “Mizoram: 'No birth & death certificates for illegal immigrants’,” *Times of India*, February 2, 2023 <https://timesofindia.indiatimes.com/city/guwahati/mizoram-no-birth-death-certificates-for-illegal-immigrants/articleshow/97538783.cms>
- ²⁰ The Hindu Bureau, “Mizoram to continue helping displaced Chins from Myanmar, Kukis from Manipur,” *The Hindu*, January 7, 2024

<https://www.thehindu.com/news/national/mizoram-will-continue-to-assist-refugees-from-myanmar-lalduhoma/article67715364.ece>

²¹ Press Trust of India, ““Myanmar Refugees Won't Be Sent Back Until...”: Amit Shah,” *NDTV*, January 5, 2024
<https://www.ndtv.com/india-news/myanmar-refugees-wont-be-sent-back-until-amit-shah-4806606>

²² Chief Minister Lalduhoma's Facebook Page, “Press Conference,” January 6, 2024
<https://www.facebook.com/lalduhoma.official/videos/328385900109188/>

²³ UNHCR Regional Bureau for Asia and the Pacific (RBAP), “Myanmar Emergency Update,” December 15, 2023

²⁴ CAM Report, “Chin Refugees in India's Mizoram State,” CAM, June 2023

²⁵ Ibid.

²⁶ Ibid.

²⁷ Mizoram State Government Website, “More Information- N.G.O.s,” Accessed January 23, 2024
<https://mizoram.nic.in/more/ngo.htm>

²⁸ YMA Profile, published by the Central Young Mizo Association, 2021, received from Central YMA

²⁹ CAM Report, “Chin Refugees in India's Mizoram State,” CAM, June 2023

³⁰ Chin Human Rights Organization Website, “PROGRAM STRUCTURE & ACTIVITIES,” Accessed January 23, 2024

<https://www.chinhumanrights.org/programs-activities/>

³¹ International Center for Non-Profit Law Website, “India's Foreign Contribution (Regulation) Act,” Accessed January 23, 2024

<https://www.icnl.org/post/assessment-and-monitoring/indias-foreign-contribution-regulation-act-fcra>

³² Personal Interview with Refugee Expert, November 3, 2023

³³ Chin Humanitarian Aid Website, accessed January 23, 2024 <https://www.chinhumanitarianaid.org/>
Chintube Website, accessed January 23, 2024 <https://www.chintubeofficial.com/>

³⁴ Vijatia Singh, “40,000 Kukis from Myanmar in Mizoram since 2021, never created any problem: Mizoram MP counters Amit Shah,” *The Hindu*, August 15, 2023

³⁵ District Estimates as of April 2023 provided to CAM by the Central YMA. See also: CAM Report, “Chin Refugees in India's Mizoram State,” CAM, June 2023, page 11

³⁶ The Hindu Bureau, “Mizoram to continue helping displaced Chins from Myanmar, Kukis from Manipur,” *The Hindu*, January 7, 2024

³⁷ Press Trust of India, “Will Continue To Support 40,000 People Who Have Taken Shelter: Mizoram Chief Minister,” *NDTV*, December 14, 2023

<https://www.ndtv.com/india-news/will-continue-to-support-40-000-people-who-have-taken-shelter-mizoram-chief-minister-lalduhoma-4673994>

³⁸ Central YMA provided CAM with estimated numbers of Chin and other refugees from Burma in Mizoram by district, as of April 30, 2023. See also: CAM Report, “Chin Refugees in India's Mizoram State,” CAM, June 2023, page 11

³⁹ For further discussion of military and political developments in Chin State, Burma, see:

Zo Tum Hmung and John Indergaard, “Success on the Myanmar Border a Turning Point for Chin Resistance,” *The Irrawaddy*, November 29, 2023 <https://www.irrawaddy.com/opinion/guest-column/success-on-myanmar-india-border-a-turning-point-for-chin-resistance.html>

Zo Tum Hmung and John Indergaard, “Chinland Council Established in Myanmar,” *Stimson Center*, January 11, 2024 <https://www.stimson.org/2024/chinland-council-established-in-myanmar/>

⁴⁰ Murali Krishnan, “India: Will there be a roll back of Myanmar's refugees?” *DW*, March 22, 2023

⁴¹ Aizawl Municipal Corporation Website, “Locale Info,” Accessed January 23, 2024
<https://amemizoram.com/>

⁴² Aizawl District Government Website, Accessed January 23, 2024 <https://aizawl.nic.in/>
Mizoram State Government Website, “Mizoram at a Glance,” Accessed January 23, 2024
<https://mizoram.nic.in/about/glance.htm>

⁴³ Central YMA provided CAM with estimated numbers of Chin and other refugees from Burma in Mizoram by district, as of April 30, 2023. See also: CAM Report, “Chin Refugees in India's Mizoram State,” CAM, June 2023, page 11

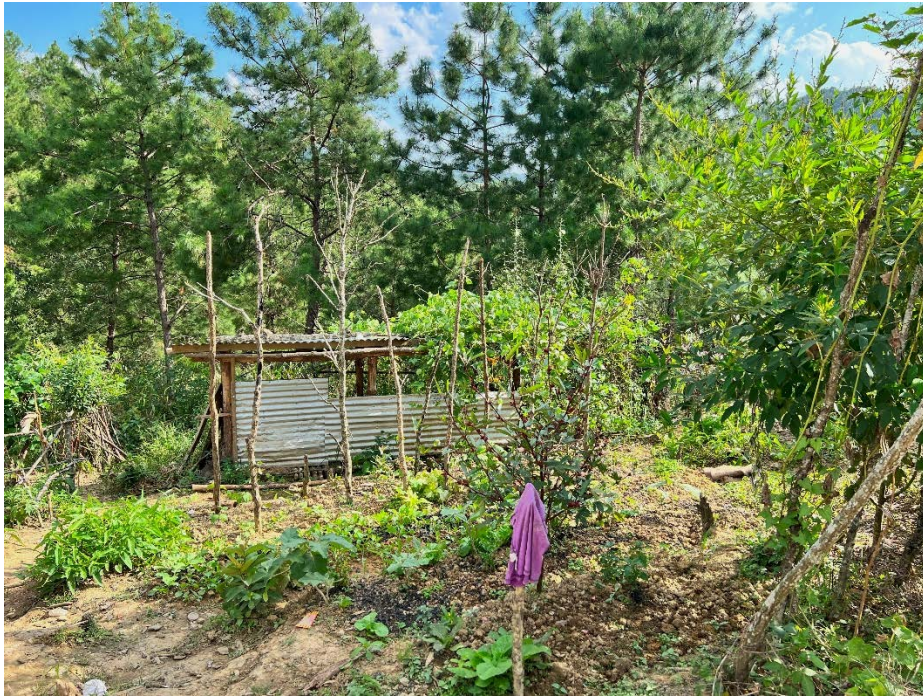
⁴⁴ Personal Interview, October 9, 2023, Aizawl

⁴⁵ Aizawl District Government Website, “Hospitals,” Accessed January 23, 2024
<https://aizawl.nic.in/public-utility-category/hospitals/>

⁴⁶ Synod Hospital Durtlang Website, “About Us- Governance,” Accessed January 23, 2024
<http://www.synodhospital.org/about-us#Governance>

-
- ⁴⁷ Personal Interview, October 10, 2023, Aizawl
- ⁴⁸ Personal Interview, October 29, Aizawl
- ⁴⁹ Personal Interview, November 1, 2023, Aizawl
- ⁵⁰ Aizawl District Government Website, “District Level Task Force on Ruihhlo Do,” Accessed January 23, 2024 <https://aizawl.nic.in/district-level-task-force-on-ruihhlo-do/>
- ⁵¹ Personal Interview, October 10, 2023, Tuirial Camp
- ⁵² Ibid.
- ⁵³ Personal Interview, October 10, 2023, Laitan Camp
- ⁵⁴ Champhai District Government Website, “Demography,” Accessed January 23, 2024 <https://champhai.nic.in/demography/>
- ⁵⁵ Central YMA provided CAM with estimated numbers of Chin and other refugees from Burma in Mizoram by district, as of April 30, 2023. See also: CAM Report, “Chin Refugees in India’s Mizoram State,” CAM, June 2023, page 11
- ⁵⁶ Institute of Chin Affairs, “Lailun Medical Centre opened at Indian border,” *ICA*, July 4, 2022 <https://chinaffairs.org/?p=2500>
- ⁵⁷ HC Vanlalruata, “18,717 Myanmarese refugees in Mizoram, reveals Census,” *Times of India*, November 24, 2023 <https://timesofindia.indiatimes.com/city/guwahati/18717-myanmarese-refugees-in-mizoram-reveals-census/articleshow/105457985.cms>
- ⁵⁸ Champhai District Government Website, “Hospitals,” Accessed January 23, 2024 <https://champhai.nic.in/public-utility-category/hospitals/>
- ⁵⁹ Personal Interview, October 15, 2023, Bethel Camp
- ⁶⁰ Medical Mercy Canada, “Zokhawthar Medical Centre,” Accessed January 23, 2024 <https://medicalmercycanada.com/india-myanmar/>
- ⁶¹ Personal Interview with Doctor at Mercy Medical Centre, October 15, 2023, Zokhawthar
- ⁶² Personal Interview, October 15, 2023, Bethel Camp
- ⁶³ Institute of Chin Affairs, “Lailun Medical Centre opened at Indian border,” *ICA*, July 4, 2022
- ⁶⁴ Personal Interview with Doctor at Mercy Health Centre, October 15, 2023, Zokhawthar
- ⁶⁵ Personal Interview, October 15, 2023, Sekan Camp
- ⁶⁶ Personal Interview, October 15, 2023, Bethel Camp
- ⁶⁷ Personal Interview, October 16, 2023, Zote Camp
- ⁶⁸ Lunglei District Government Website, “Demography,” Accessed January 23, 2024 <https://lunglei.nic.in/demography/>
- ⁶⁹ Central YMA provided CAM with estimated numbers of Chin and other refugees from Burma in Mizoram by district, as of April 30, 2023. See also: CAM Report, “Chin Refugees in India’s Mizoram State,” *CAM*, June 2023, page 11
- ⁷⁰ Lunglei District Government Website, “Hospitals,” Accessed January 23, 2024 <https://lunglei.nic.in/public-utility-category/hospitals/>
- ⁷¹ Baptist Church of Mizoram Website, “Christian Hospital Serkawn Hriattirna,” Accessed January 23, 2024 <https://mizobaptist.org/page/christian-hospital-serkawn-hriattirna>
- ⁷² Personal Interview, October 13, 2023, Thaizawl Camp
- ⁷³ Personal Interview with Thaizawl Village Council, October 13, 2023
- ⁷⁴ Personal Interview, October 13, 2023, Thaizawl Camp
- ⁷⁵ Chin Humanitarian Aid Website, accessed January 23, 2024
- ⁷⁶ Personal Interview, October 13, 2023, Thaizawl Camp
- ⁷⁷ Personal Interview, October 28, 2023, Aizawl
- ⁷⁸ Personal Interview, October 13, 2023, Thaizawl Camp
- ⁷⁹ Lawngtlai District Government Website, “Demography,” Accessed January 23, 2024 <https://lawngtlai.nic.in/demography/>
- ⁸⁰ Lawngtlai District Government Website, “About District,” Accessed January 23, 2024 <https://lawngtlai.nic.in/about-district/>
- ⁸¹ Personal Interview, October 2023, Lawngtlai
- ⁸² Central YMA provided CAM with estimated numbers of Chin and other refugees from Burma in Mizoram by district, as of April 30, 2023. See also: CAM Report, “Chin Refugees in India’s Mizoram State,” *CAM*, June 2023, page 11
- ⁸³ Lawngtlai District Government Website, “Hospitals,” Accessed January 23, 2024 <https://lawngtlai.nic.in/public-utility-category/hospital/>

-
- ⁸⁴ Personal Interview, Young Lai Association, Lawngtlai, October 2023
- ⁸⁵ Personal Interview, Refugee Camp Leaders Meeting at Lunglei, October 13, 2023
- ⁸⁶ Personal Interviews, October 2023, Lawngtlai
- ⁸⁷ Siaha District Government Website, “History,” Accessed January 23, 2024
<https://siaha.nic.in/history/>
- ⁸⁸ Central YMA provided CAM with estimated numbers of Chin and other refugees from Burma in Mizoram by district, as of April 30, 2023. See also: CAM Report, “Chin Refugees in India’s Mizoram State,” *CAM*, June 2023, page 11
- ⁸⁹ Personal Interview with Refugee Expert, November 3, 2023
- ⁹⁰ “Personal Interview, October 25, 2023, Siaha
- ⁹¹ Priyanka Shankar, “India’s stateless babies: How lawless asylum rules leave refugees in limbo,” *Al Jazeera*, January 5, 2024
<https://www.aljazeera.com/features/2024/1/5/stateless-babies-in-northeast-india-refugee-mothers-pray-for-nationhood>
- HC Vanlalruata, “Mizoram: ‘No birth & death certificates for illegal immigrants’,” *Times of India*, February 2, 2023
- ⁹² Mara Thutlia Py Website, Accessed January 23, 2024
<https://mtphqsiaha.org/>
- ⁹³ Personal Interview, October 25, 2023, Siaha
- ⁹⁴ Confidential CAM source
- ⁹⁵ Personal Interview, October 2023, Siaha
- ⁹⁶ Personal Interview, October 2023, Zawngling Camp
- ⁹⁷ Personal Interviews, October 2023, Lawngtlai and Siaha
- ⁹⁸ Ibid.
- ⁹⁹ Personal Interview with CDM Health Worker, October 21, 2023, Aizawl
- ¹⁰⁰ Ibid.
- ¹⁰¹ Gavi Website, “Myanmar,” Accessed January 23, 2024
<https://www.gavi.org/programmes-impact/country-hub/south-east-asia/myanmar>
- ¹⁰² Personal Interviews, October 2023, Lawngtlai and Siaha
- ¹⁰³ Personal Interview, October 30, 2023, Aizawl
- ¹⁰⁴ Personal Interview with CDM Health Worker, October 21, 2023, Aizawl
- ¹⁰⁵ Personal Interview, October 28, 2023, Aizawl
- ¹⁰⁶ Personal Interview, October 30, 2023, Aizawl
- ¹⁰⁷ This sentiment was expressed in multiple personal interviews while in Mizoram.
- ¹⁰⁸ Senate Department of State, Foreign Operations, and Related Programs Appropriations Bill, Fiscal Year 2024 Explanatory Report, July 20, 2023, page 50



*Top: Roselle leaves in a small garden at Zote Refugee Camp, Champhai District
Bottom: Firewood collected at the Tuirial Refugee Camp, Aizawl District
Photos by CAM research team.*

