9. Rights to Education and Health

9.1 Background

Once considered "the rice basket of Asia", decades of military rule, economic mismanagement, and civil conflict have left Burma so poor that almost a quarter of households now live below the subsistence level.[1] The healthcare system ranks as the second worst in the world, out performing only Sierra Leone, and the education system is so poor that illiteracy levels in rural areas are actually rising. These figures are hardly surprising considering that the SPDC spends only US$1 per person per year on health and education combined.[2]

Recent studies suggest that Burma is the hub from which disease is spreading across the region. There are different strains of HIV/AIDS, which can all be traced to a particular source. Burma has been identified as the main source for all strains found from Vietnam to Kazakhstan.[3] This combined with the spread of easily preventable diseases such as tuberculosis and malaria, as well as the re-emergence of diseases previously eradicated in neighbouring countries (such as elephantiasis), has prompted some to refer to the situation to the United Nations Security Council (UNSC) as a threat to regional security.

While the state of the education system may not threaten Burma's neighbours, it certainly threatens Burma's future. Current estimates from the United Nations Children's Fund (UNICEF) are that almost fifty percent of children are forced to drop out of primary school because of financial difficulties. With enrolment levels estimated at approximately fifty percent to begin with this leaves a population where only a quarter have completed primary education. On paper the SPDC complies with international standards and has enacted legislation stipulating that primary school is both free and compulsory but the situation on the ground is quite another story. Secondary education has become the preserve of the rich and those who do make it to university enter a system which is openly repressive.

Ethnic minorities fare especially badly in respect of both health and education. Indigenous languages are prohibited, healthcare is barely minimal and human rights violations are routine.

9.2 Situation of Education

> *"Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit."*
>
> - Universal Declaration of Human Rights, Article 25(1)

The SPDC is keen to be seen as pro-education. The state-run newspaper, the *New Light of Myanmar*, often publishes commentaries on Burma's educational initiatives. In addition to the *"general development of the nation"*, these educational initiatives are claimed to be linked to the Millennium Development Goals (MDG) and specific United Nations (UN) literacy programmes such as 'Education For All'. International Literacy Day is celebrated annually and one SPDC general was quoted as saying that *"Education has become the priority of every nation in this knowledge age"*.[4] Yet the SPDC's educational aspirations are somewhat different to those of other nations. A retired university professor from Rangoon stated on condition of anonymity that he was of the opinion that Burma no longer has *"the necessary institutions to achieve or maintain democracy"*. The official purpose of education in Burma certainly seems to run in a direction that would support such an opinion. On one occasion the *New Light of Myanmar* printed a statement which frankly admitted that teachers should aim to *"nurture children to develop their mind, vision and living styles in accord with the wishes of the State"*. In other words, the aim of education is to instil a sense of obedience and conformity.[5]

Aside from an unorthodox view on the purpose and aim of education, the SPDC continues to report information and statistics which bear no semblance to the reality. The SPDC claims that Burma has an enrolment level of ninety percent but UNICEF believe the figure to be closer to 55 percent.[6] The SPDC also claims that 8.9 percent of the national budget is earmarked for civilian education but the system is actually run on a shoe-string budget which leaves public school teachers on a salary well below subsistence level and schools grossly under-resourced. Officially, education is claimed to be provided free of charge up to the end of secondary schooling upon the completion of 10th standard (grade). However, the average pay for a school teacher is only 5,300 kyat (approximately US$5) per month which forces them to find other sources of income or charge fees at their schools.[7]

In addition to this, corruption and extortion by officials in the education department is commonplace. The head Township education officer in Thangtlang Town in Southern Chin State has increased school fees so much that many families are now unable to afford their children's education. The annual admission fee is currently 2,500 kyat for primary school (1st-4th standard), 3,000 kyat for middle school (5th-8th standard) and 3,500 kyat for high school (9th-10th standard). In addition, students must pay 100 kyat for the admission form. The admission fee does not cover the cost of stationary, books or uniforms, so the average cost of attending school for a year actually exceeds 20,000 kyat. On top of this, some students must study at schools outside their home towns and villages and have to pay boarding fees at hostels near their schools as there are not enough schools for every child to be educated in their home town or village. Hostel fees are usually around 100,000-120,000 kyat per year. This is far beyond the means of poor families.[8] In Kachin State, the fees for a 10th standard education were reportedly as high as 300,000 kyat per year. This is higher than the national average annual income.[9]

Following the SPDC's decision to move Burma's capital city from Rangoon to Naypyidaw, it

was confirmed in August 2006 that the National Library was to be split up and the building which housed it sold. Part of the library was to return to its original location on Strand Road in Rangoon and the rest would move to the new capital at Naypyidaw. The library has a collection of approximately 618,000 books and periodicals as well as some 15,800 rare and valuable manuscripts. Scholars were dismayed that so much important research material is being transferred to Naypyidaw, which remains remote and of limits to much of the population, despite its new status as the nation's capital.[10] The blow was somewhat tempered by the fact that the 'American Center' *[sic.]* Library in Rangoon was officially opened on 21 January 2006. Being located within the United States (U.S.) Embassy, the library was not subjected to Burma's censorship rules so books deemed inappropriate by the censors are available and internet users can surf the net without restriction.[11] Uncensored information is a rare commodity in Burma and the SPDC is imposing ever tighter restrictions on education and students themselves. Following the commemoration of the anniversary of the 1988 pro-democracy uprising, parents in Pegu, in lower central Burma, were summoned by the local authorities and forced to sign a pledge stating they would keep their children out of politics. The parents had to promise to prevent their children from associating with politicians or political activists and to keep them out of any political activity. Failure to comply would likely lead to arrest, imprisonment and/or heavy fines.[12]

Corruption and Extortion in the Education System

Corruption is rife in the education system and it trickles down through the hierarchy as the various actors extort money from those below them in order to pay the bribes demanded by those above them in addition to lining their own pockets. Obviously this leaves the students and their families at the bottom of the pile. For example, during 2006, teachers at Yotha Yoke high school in Ponnagyun Township, Arakan State, extorted 1,000 kyat per month from each of their students. The money was supposedly used for maintenance and cleaning, which might be legitimate costs if it were not for the fact that the regime supposedly provides funds to cover these expenses. According to one of the parents, teachers are always collecting money under one pretext or another and this is common right across Arakan State.[13]

If a village is too poor to pay additional fees then schools may find other ways to cut costs. In January 2006, two children were injured as a result of forced labour imposed on them by their school teachers. Thein Aung, a 13-year-old boy, was injured while carrying heavy logs. Ni Ni, a 10-year-old girl, broke her arm when she fell off the roof of the school clinic. She had been sent up onto the roof to clear away rubbish and debris. Both children were students at the state middle school of Myochan village in Nattalin Township, Pegu Division.[14] Sometimes such measures are a result of the SPDC's failure to provide funds for building maintenance or repair. Other times they result from teachers/head-teachers siphoning off funds for their own use and then extorting money or labour from villagers to cover up the loss. The causes of such behaviour do not always lie purely in greed, however. The teachers themselves often come under pressure from corrupt education authorities. It was reported that during 2006 in Mrauk U Township of Arakan State, teachers were forced to pay 300 kyat every month to the SPDC education officer. They were also obliged to sell four pencils to each student during the school term at the cost of 21 kyat each even though they cost only 10 kyat in the local market. No formal complaints were made to the relevant authorities because such extortion was accepted by local villagers to be standard practice.[15]

Neither is there much genuine political will to do anything about any complaints which are made. Prime Minister, General Soe Win, announced in November 2006 that the junta was increasingly taking action against corruption. Indeed, there are occasional cases, legitimate or otherwise, where individuals have been arrested on charges of corruption. In one such example, Major General Moe Hein, the head of Burma's National Defence College in Rangoon, was arrested on corruption charges. Although corruption is widespread throughout all levels of the civil, military and business communities it seems Moe Hein went too far. One source said he was charging army officials seeking promotion between three and five million kyat for his recommendation letter. Unsurprisingly, such arrests are not common and typically only occur when the perceived need arises to purge certain individuals deemed not loyal to generals further up the food chain. According to Transparency International, Burma is currently ranked as the second most corrupt country in the world. (For more information, also see relevant sections in Chapter 5: Deprivation of Livelihood).[16]

Residents of Saleh village in Natmauk Township of Magwe Division are actually being sued for libel after reporting corruption. The headmaster of the village school reportedly received 2.5 million kyat from the SPDC towards the construction of a new village school but then forced the villagers to provide a further 3.5 million kyat for the school. The school was built but villagers became suspicious that the headmaster had kept almost half of the money for himself instead of spending it all on the school. The villagers reported the incident to the local authorities who refused to take any action and instead sued the villagers for misinformation and slander.[17] The fact that the local authorities acted against the villagers and not the headmaster may imply that they are complicit with the headmaster's actions and had received kickbacks from him.

A related issue is that of private tuition. The Ministry of Education issued an order on 18 May 2006 prohibiting SPDC-paid teachers from providing private tuition. All public servants were given a pay rise at the beginning of May and the regime said that, as their salaries were now adequate, teachers should not need any additional income from private tuition.[18] (For more information, also see relevant sections in Chapter 5: Deprivation of Livelihood). Many parents have welcomed the move, claiming that teachers deliberately provide sub-standard education during classes so that students are forced to pay for private tuition outside of school hours.[19] This has led to falling attendance levels as time constraints force some students to choose between their scheduled classes and private tuition.

On 11 March 2006, 36 pupils from Salin Township in Magwe Division were barred from sitting for their 10th standard matriculation examinations on the basis that they had not fulfilled the 75 percent attendance criteria. According to local residents, the reason for low attendance is the poor standard of education in official classes and the fact that pupils become reliant on private tuition.[20] The prohibition on private tuition has been firmly implemented and six teachers in Hlaing and Sanchaung Townships in Rangoon were arrested shortly after the new law was implemented.[21] The legislation has also been used to close down private schools, although elite schools catering for the children of SPDC officials have been unaffected.[22] Unfortunately it is doubtful whether this legislation will actually improve education standards as it does nothing to tackle the root causes of the problem. Like other public servants, teachers have complained that the pay rise they were given in May was significantly lower than the prevailing inflation rate and are thus still struggling financially.[23] Over 60 primary school teachers in Mrauk U Township in Arakan State had their salaries frozen because it was discovered that they were not teaching their classes. Education officers who were visiting schools in the township found that 75 percent of teachers are consistently

absent from work. Teachers' salaries are so low that many of them feel the only way to survive is to take on alternative work. Some hire other people to teach in their place, while they work but others simply abandon their classes.[24]

In Shan State the fight against corruption went one step further as authorities decided to clamp down on cheating in exams during 2006. The practice is widespread and was previously accepted. As a result of the clampdown, the majority of students failed their matriculation exams. In Mong Ton Township only 10 students out of the 145 who sat, passed the exam. Parents and students claim that the rising costs of education and the increasing necessity of private tuition makes it very difficult for anyone to pass the exams legitimately.[25] This simple statistic is a testament to the standard of the education system in Burma.

Primary Education

> *"Every child shall have the right to free basic primary education in state schools and that the Ministry of Education shall implement a system of free and compulsory primary education. ... The Ministry of Education shall implement measures as may be necessary to ensure regular attendance at schools, to reduce dropout rates, and make arrangements for children, who are unable for various reasons, to attend schools opened by the state."*
>
> - Child Law 1993, Section 20

Burma became a party to the UN Convention on the Rights of the Child (CRC) in August 1991. As a state party to the Convention, Burma is obligated to establish domestic legal measures that make primary education compulsory, free and available to all, as stated in Article 28, Paragraph 1(a) of the Convention. These domestic measures were enacted in 1993 under section 20 of the Child Law, as quoted above. Nevertheless, enrolment levels are low, primarily because of poverty and the fact that genuinely free education does not exist.

Officially, education in Burma is compulsory until the end of primary school with the completion of 4th standard, but, according to UNICEF, fifty percent drop out before achieving this level because of financial difficulties.[26] The UN World Food Program's (WFP) 'Food For Education' project in Arakan State was set up to combat the problem of poor enrolment levels. The project was originally aimed at reducing the gender gap in education by giving families an incentive to send their girls to school. Families were provided with 15 kilograms of rice a month as long as their daughters maintained an eighty percent attendance rate. When the project was first introduced in 1996, the number of boys enrolled at school was more than double the number of girls. By 2004 the situation had reversed. The project is now open to boys as well, with a view to keeping school enrolment levels as high as possible. The project has also expanded to include Shan State and Magwe Division.[27]

Unfortunately, a similar programme set up by the UN High Commissioner for Refugees (UNHCR) caused some unexpected problems during the summer. A primary school teacher from Maungdaw Township in Arakan State was arrested on 18 May 2006 on charges of smuggling rice to Bangladesh. The rice in question had actually been provided by UNHCR for distribution to primary students and was allegedly kept at his house because heavy rain had prevented him from distributing it that day. After his arrest he was tortured in front of his family who had to pay 150,000 kyat for his release. According to one of his relatives, the accusation against him was made by a rival who contacted the local military.[28]

The combination of financial hardship and poor education standards has meant that illiteracy among children in rural areas has increased every year.[29] In some areas the SPDC only provides for schools insofar as they extort the necessary money and building supplies from the local community and supervise the forced labour required to construct the building.[30] Similarly, teachers are assisted by the SPDC only in as far as being told which village to go to. Teachers are in short supply and schools with up to 400 students may have only one teacher. A number of village schools in Buthidaung Township in northern Arakan State received additional teaching staff early in 2006 but the villagers were told that they would have to pay the salaries of these new teachers themselves. Each village was required to pay 50,000 kyat per month and also provide the new teachers with 90 kg of rice per month.[31]



A volunteer teacher in an internally displaced settlement in Nyaunglebin District, Karen State in June 2006. Though these villagers had come under attack by SPDC army soldiers three times in the past six months, education is still considered very important to the development of their children. Even when displaced these villagers ensure that their children's schooling can continue. Despite the difficult circumstances that they have had forced upon them, these villagers attempt to maintain some semblance of normality and live out their lives with dignity. *[Photo: KHRG]*

Once schools are built, the SPDC does little to keep them maintained. At least ten primary schools in Rathedaung Township in Arakan State had to close after the buildings were destroyed by heavy rains. One of the teachers reported that schools in rural Arakan have been in need of repair for a long time but the education authorities have not provided any funding. The schools were told to find the money from their villages but these areas are very poor and the villagers cannot afford to fund renovation projects.[32]

In some communities, schools are funded by Buddhist monasteries, other religious groups, or funded privately by villagers. These independent schools are usually tolerated as long as they do not attempt to teach beyond 3rd or 4th standard. However, authorities in Chin State ordered the closure of an orphanage school in Toi Hmawng Rawn village in June 2006. The school had 300 students, most of whom were orphans. Some of the children were able to join other schools but this was not possible for the orphans as they had no one to help them with the application procedure. In addition to that, the nearest school was located three miles away and it would have been a long walk for the children, particularly as some were only of nursery age. The authorities offered no explanation for the closure.[33] Later in the year another orphanage school was closed in Hakha, also in Chin State. The school had 30

students, all orphans, and was run by a Christian organization. Once again, no reason was given for the closure.[34]

Secondary Education

SPDC authorities in Chin State also ordered the closure of a middle school in Hniarlawn village in northern Chin State. Since the school's closure, some of the children have had to travel to a school in Hakha but the majority are unable to make the trip. Hakha is approximately 13 kilometres (8 miles) from the village and is thus too far for many of them to walk. As with the orphanage school closures discussed above, no reason was given.[35]

Displaced communities and those who are not able to travel beyond their own villages have very limited education opportunities, particularly at the post-primary level. Only SPDC-controlled schools are permitted to offer education up to the 10th standard and such schools are not in abundance in rural or border areas.[36] Thaton District of southwestern Karen State, for example, has only one secondary school for the entire district.[37] Children in these areas who want to progress to secondary education usually have to travel to a larger village or town. For many it is either too far or too expensive. For some it is simply too dangerous – landmines and the military presence make the route impassable.[38] According to the Karen Human Rights Group (KHRG) in Thaton District of Karen State, only seven percent of those who complete primary school go on to middle school and only 14 percent of those children then go on to high school.[39] Nationwide, UNICEF estimates the enrolment level of school-aged children to be only fifty percent while the drop out rate of those who do enrol in secondary schooling also stands at fifty percent. Therefore, the number of children who complete a full education is but a fraction of the total.

Meanwhile, schools operating under SPDC control are facing continuous increases in costs causing many children to be taken out of school because their families cannot afford to pay.[40] Another factor impacting on secondary education is the fact that in recent years in some parts of the country, the SPDC has forced all students above 7th standard, both male and female, to undergo military training. Many students are afraid that they would then be forced to join the army and thus consequently leave school once they reach the 7th standard in order to avoid the training.[41]

Tertiary Education

Students have always played a prominent role in Burma's political history and consequently the SPDC places endless restrictions on this sector of the population. They also deal harshly with any minor infractions they come across. For example, in October 2006, a student named Ko Win Ko was sentenced to three years in prison for the crime of collecting signatures on a petition calling for the release of political prisoners. He was in possession of some 400 signatures when he was arrested.[42] (For more information, also see the Freedom of Expression, Opinion and the Press).

The SPDC also restricts academic freedom in a general sense. University teachers and professors remain subject to the same restrictions on freedom of speech, political activities and publications as other state employees, if not more so. The Ministry of Education routinely warns teachers against criticizing the SPDC. Teachers and professors are instructed not to discuss politics, are prohibited from joining or supporting political parties or from engaging in political activity and are required to obtain advance approval for any meetings

with foreigners. Like all state employees, teachers and professors are required to join the Union Solidarity and Development Association (USDA), which is regarded by most people both within Burma and without, as a civilian front for the military. Teachers are also held responsible for the political activities of their students. Foreigners are not permitted on university campuses without prior approval and are not allowed to attend any meetings involving students, including graduation ceremonies.[43]

Reflecting the trend of an already paranoid regime becoming increasingly so, in March 2006, the Ministry of Education issued an order that postgraduate students from Burma who were carrying out Burma-related research at overseas institutions had to have their topics pre-approved. Students must register their research topics with the Ministry of Education and obtain approval before starting any work. Representatives of the International Association of University Presidents (IAUP) said that such an order would restrict the students' education and hinder their abilities.[44]

In view of such restrictions, it was surprising that in January 2006, the *Yangon Times* was permitted to publish New Year messages from 88 Generation student leaders Ko Ko Gyi and Htay Kywe. This was the first time that any publication had been allowed to print such an article since the student leaders were released from prison in 2005.[45] Nevertheless, the attitude towards students and universities themselves remains unchanged.

Since the student uprising in 1988, the military have taken various steps to change the higher education system and make it harder for students to gather in large groups. Many university departments have been moved to suburbs and city outskirts in order to keep their students separate from one another.[46] Undergraduate campuses have been moved to remote areas, teachers and students warned that disturbances will be dealt with severely and most on-campus dormitories have been closed.[47] In 1996, the SPDC moved all vocational universities in Rangoon, with the exception of medical colleges, to locations outside the city. The logic behind the move was to make it easier for security forces to surround the universities in the event of an uprising. Students at these universities have since found it difficult to continue their courses because the bus fares have risen from 3,000 kyat per month to 8,000 kyat. The number of buses servicing the universities is also insufficient resulting in chronic overcrowding. For these students, walking to class is not an option; not for the distances involved, but because in June 2006, it was reported that six students who walked to their college were arrested, labelled as hooligans and expelled for life.[48]

In Magwe, 250 students from the Magwe Government Technology University staged a protest march in May 2006 after bus fares were increased from 1,500 kyat to 2,700 kyat. The fees were almost doubled despite no measures being taken to improve the service. A shortage of buses had lead to serious overcrowding and some students being forced to walk home from the university, which is located 11 kilometres (seven miles) east of Magwe. Local authorities only increased the number of buses following the protest.[49]

Another step the SPDC has taken at some universities is to make membership of the USDA compulsory for students as well as teachers and professors. In August 2006, students at Myingyan Technical College in Mandalay Division were forced to join the USDA under threat of being disqualified from taking their examinations. Students were also forced to pay 200 kyat for the membership application forms.[50] Similar measures were implemented at Rangoon University where students were forced to sign an agreement pledging not to become

involved in politics or try to instigate political unrest. They were told they would not be able to sit their exams unless they signed the agreement.[51]

In addition to legislated restrictions and official forms of harassment, students often have to endure treatment which is more blatantly discriminatory and also deal with the consequences of being unpopular with the regime. In one incident, a first-year physics student from Myingyan College was attacked and beaten by associates of Major Htun Win, the president of the Myingyan District Peace and Development Council (PDC). The assault took place on 18 July 2006 and the student concerned, Phyo Wai Win, sustained injuries to his head, back and right hand. The local authorities took no action because of the involvement of Major Htun Win's associates. The rector of Myingyan College, U Maung Maung, also instructed students not to take any action or make any demands for justice.[52] The rector is reported to have a reputation for implementing rules that go beyond the university regulations. For example, he prohibited the wearing of traditional Burmese clothes on university grounds because such clothes are often worn by opposition members. He also dismissed five students simply because they took photographs while sitting on the university signboard. As a result, students feel that the university is not a secure environment and that its governance is no longer based on the university regulations but on arbitrary decision making.[53]

In contrast, on 15 September 2006, students at Myingyan Degree College staged a protest against superfluous rules such as the one prohibiting students from wearing trousers, t-shirts or caps, presumably because they were deemed to reflect *"Western influences"*, and another prohibiting students from carrying their bags across their chests. Other continuing sources of discontent are the current drives to impose USDA membership among the student population and the strict attendance criteria. USDA membership is becoming compulsory at many educational institutions around the country and in September 2006 it was reported that approximately 200 students at Myingyan Degree College had been expelled for refusing to join. The attendance criterion is an issue as it is not applied equitably. The daughter of a District Authority Chairman, Colonel Tun Win, was allowed to sit her exams despite having been absent for most of the year. Meanwhile, other students are required to have a 75 percent attendance rate in order to be admitted to their exams.[54]

In another example which demonstrates the SPDC's double standards, the Ywathagyi Business Studies University in Rangoon has been subjected to strict security measures following a drunken clash between students and local police. Five students were expelled but no action was taken against the policemen involved, despite the fact that they were drunk. Fear of a possible uprising or similar response has led the authorities to station police in busy areas and at road junctions around the university.[55] While no violence occurred, a growing sense of anger about the impunity with which anyone connected to the military can act developed.[56]

Meanwhile, it has been reported that the Myanmar Accounting Academy (MAA) has entered into partnership with the Nanyang Institute of Management (NIM) in Singapore to jointly conduct a diploma course in tourism and hospitality management. Students will spend the first eight months of the course in Burma studying introductory subjects before travelling to Singapore to conclude their studies. Successful students are expected to be offered job opportunities at international-level hotels in Singapore as well as at hotels in the United States and New Zealand which reportedly have a relationship with the institute. In addition, another Singaporean university, Nanyang Polytechnic (NYP), increased the number of scholarships available to Burmese students for diploma courses in nursing for the 2006-2007

academic year.[57] Moreover, South Korea pledged support for a new Technology, Culture and Business Education Centre (TCBEC) in Burma. The centre will be jointly run by the Gwangju-Jeannam e-Learning Research Centre and Chonnam National University.[58] However, it remains unclear how equitable educational opportunities will be in any of these new institutions. If history has taught us anything, it is that these institutions will be the bastions of the rich and well-connected. It can be expected that only well-placed members of the SPDC, their families, and acquaintances will benefit.

Disparity between Civilian and Military Education

The SPDC run several primary schools and institutions of higher education that are reserved exclusively for family members of the military elite. These institutions are generally better equipped and more financially stable than their civilian counterparts. With facilities including computer access, libraries and science laboratories, the military schools enjoy far better resources than those available at the vast majority of civilian education centres.[59] By ensuring the superiority of their own educational institutions, the SPDC is perpetuating military rule in Burma. As a result of the comparative quality of education in military institutions, an increasing number of civilian students have expressed an interest in attending. Furthermore, students who attend military universities are endowed with certain privileges and are perceived as the future military, political, economic, and social leaders of the country. Although, due to the high level of secrecy surrounding these universities, statistics on enrolment levels and budget allocation are unknown.[60]

According to the All Burma Federation of Student Unions (ABFSU), the military operates 15 primary schools and several universities in Burma. The primary schools also run summer camps with computer training courses, English language classes and field trips. Students from these schools stand a much better chance of receiving highly coveted international scholarships, which are awarded based on the student's connections with SPDC officials rather than academic competence. Each university-level program accepts only 100 students annually. To apply, students must obtain recommendations from military and SPDC officials. Candidates are then chosen by selection boards made up of military personnel.[61]

In Arakan State the spiralling costs of education prompted the local police and armed forces to provide education stipends to the children of their personnel. In June 2006, the Arakan State police department granted students a stipend of 2,500 kyat per month at primary level, 3,000 kyat per month at middle school level and 5,000 kyat per month at high school level. University students received 8,000 kyat per month, while post-graduate and medical students received 10,000 kyat per month. NaSaKa (border security force) headquarters offered even higher stipends, starting at 8,000 kyat per month for primary level students and rising to 15,000 kyat per month for secondary students.[62]

Educational Opportunities for Ethnic Minorities

International law provides ethnic minority groups with a right to their own language and its use:

> *"In those States in which ethnic, religious or linguistic minorities exist, persons belonging to such minorities shall not be denied the right, in community with the other members of their group, to enjoy their own culture, to profess and practise their own religion, or to use their own language."*
>
> - International Covenant on Civil and Political Rights, Article 27.

> *"States Parties ... undertake: To ... discontinue any ... practices which involve discrimination in education. ... It is essential to recognize the right of members of national minorities to carry on their own educational activities, including the maintenance of schools and ... the use or the teaching of their own language."*
>
> Convention against Discrimination in Education, Article 5(c).

However, in Burma these rights are not respected and the teaching of ethnic minority languages is discouraged and in many cases, forcibly prevented. For example, according to the Human Rights Foundation of Monland (HURFOM), an unnamed senior SPDC official was reported to have made a public statement in which he said that, *"Teaching the Mon language is a barrier to national development and solidarity. The SPDC will not achieve its objective of rural development in the area because of the Mon language teaching"*.[63]

Although the continued teaching of the Mon language was part of the 1995 ceasefire agreement between the New Mon State Party (NMSP) and the SPDC, the junta reneged on this in 1997 and banned the teaching of both Mon language and literature in SPDC-controlled schools. The following year they declared the teaching of the Mon language to be illegal. Despite this, during the 2005-2006 academic year, the NMSP administered a total of 376 schools providing Mon language education for approximately 50,000 ethnic Mon students. SPDC interference has ranged from poaching teachers by offering them more money to work in SPDC schools, to sending the military to forcibly close schools down, and teachers and village leaders have been routinely threatened.[64] In addition to this, high rates of poverty have required a significant number of children to work alongside their parents instead of going to school. Consequently, the illiteracy rate among Mon communities is high.[65]

In recent years, Mon literature and culture committees have worked in partnership with Buddhist monks to provide summer schools for Mon students. The classes have been held in Buddhist temples and university students have often assisted with the teaching.[66] These summer schools are generally tolerated by the regime and permitted to continue but have suffered a certain amount of harassment by SPDC authorities. On 20 November 2005, Nai Win Kyit, the chairman of the Mon Summer Literacy School was arrested by SPDC army soldiers from Thanbyuzayat and tried in a military court on charges of political involvement. The fate of the chairman remains unknown.[67] The Mon summer school in Thanbyuzayat Township was investigated by the *Sa Ya Pa* ('Military Affairs Security'; a Burmese military intelligence unit). In addition to general details, they wanted to know who organized the examinations, which subjects were taught, which subjects were examined and how many students had sat for exams held on 13 May 2006. Despite the constant harassment, the Mon historian monk, Ajar Ven Parlita from Kamawet village, maintained that interest in the Mon

language among young ethnic Mons had increased over the past year and learning environments have also improved.[68]

Mon students continually find their lessons disrupted through the imposition of forced labour; often for the construction of SPDC-controlled schools. Students' abilities to learn are also hampered by curfews. Students who are not back in their villages by 5:00 pm are prevented from entering and are consequently forced to sleep outside in the forest. Many students have a journey of up to an hour-and-a-half both to and from school and soldiers often detain students on their way home, knowing perfectly well this will make it difficult for them to meet the curfew.[69]

Discrimination against the Mon also continues into university-level education. Previously, Mon students and tutors at the University of Moulmein (Mawlamyine) would wear traditional Mon national dress on Mondays, though in June 2006, this was banned and students have since been ordered to wear the blue Burmese *longyi* (sarong) on Mondays and Fridays. There were rumours that the authorities might prohibit the wearing of Mon national clothes altogether and that students may have to wear SPDC-appointed uniforms starting in 2007.[70]

The Mon are not the only group facing ethnic discrimination in Burma. The Rohingya have suffered discrimination and prejudice for years. Since 2001, the Rohingya have required permission to travel to Sittwe (Akyab), the capital of Arakan State. This affects the availability of higher education since Sittwe is the location of the only university in all of Arakan State. In December 2005, immigration officers in Maungdaw Township extorted money from 270 students who had applied for travel passes in order to attend university. The students were obliged to pay bribes of 3,000 kyat each to expedite their applications and were also required to provide one carpet for every four students at a cost of 55,000-60,000 kyat. Despite having paid these bribes, on 16 January 2006, all of the Rohingya students who had applied had their applications denied on the basis that they were not *"citizen cardholders of Burma"*. The SPDC routinely denies Rohingyas citizenship, effectively making them a stateless race, despite having lived in Burma for generations.[71]

The Karen are also subject to their fair share of discrimination. Similar to the situation facing the Mon, the majority of Karen villages under SPDC-control are not permitted to study the Karen language. All lessons must be conducted in Burmese. Some schools, however, have been reported as having been permitted to study Karen, though in these schools the teachers have been appointed by the SPDC after having been brought in from other parts of the country and cannot even speak the language, let alone teach it. This gives the impression of a liberal education system, though in reality, the results are the same as in schools where the teaching of the Karen language is outlawed.[72]

Compounding this situation is the ongoing military offensive conducted in parts of Karen State throughout 2006. (For more information, see Chapter 8: Ethnic Minority Rights). Classes have been regularly disrupted as a result of military activities and students have only been able to study for one week out of every four.[73] Sadly, for many displaced communities, education can become a luxury; as KHRG put it *"For most children, schooling is of secondary importance next to the other more pressing needs of helping to provide for their families"*.[74] Though, education remains important to the Karen. When displaced from their villages, a school is often one of the first things built upon establishing a temporary settlement in the forest.[75] In some displaced hiding sites, the communities have been able to set up makeshift schools but such endeavours are constantly beset by obstacles. When

villagers flee from approaching troops they are only able to carry essentials with them and educational materials are typically viewed as a luxury compared to food, blankets and mosquito nets. Consequently many of these schools possess little or no teaching materials at all. Some displaced communities receive support from the Karen National Union (KNU) Education Department but most are left to fend for themselves.[76] On top of this, many children become ill as a result of the conditions in the forest and others have to help their families forage for food on a daily basis or sneak back to their villages and fields to collect what food they can. The teachers face the same situation themselves and cannot teach on a regular basis. Finally there is the constant disruption of moving from one hiding place to another in order to avoid SPDC army patrols.[77]

Reports from Thaton District in southwestern Karen State describe three kinds of school: SPDC schools which receive limited SPDC funding; missionary schools which are financed and run by Christian groups; and village schools which are built and supported by their local communities. The missionary and village schools are tolerated by the SPDC so long as they do not try to teach beyond 3rd or 4th standard, respectively. SPDC schools are usually built in towns or larger villages and provided with one or two teachers by the SPDC. If the schools require extra teachers these must be found and funded by the local community. Teachers at village schools are usually villagers who have received some education, typically more than most other villagers, though rarely any more than 4th standard equivalent. They do not receive any salary, but are supported by their communities who provide them with food and accommodation[78]



A school for internally displaced villagers in Papun District, Karen State in August 2006. A buffalo pen was temporarily converted to accommodate this school. *[Photo: KHRG]*

9.3 Situation of Health

> *"Everyone has the right to a standard of living adequate for the health and well being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."*
>
> - Article 25(1), Universal Declaration of Human Rights

At around US$1 per person per year, the combined budget allocation for both health and education in Burma is one of the lowest in the world.[79] Such inadequate levels of spending, coupled with widespread poverty, corruption and an acute shortage of skilled medical staff have left Burma's healthcare system in a state of decay. Even the official health figures are amongst the worst in Asia, yet many reports suggest that the real picture is in fact far worse.[80]

In 2004, the Burmese Ministry of Health announced that, *"The principal endemic diseases in Myanmar are cholera, plague, dengue haemorrhagic fever, watery diarrhoea, dysentery, viral hepatitis, typhoid, and meningococcal meningitis. Cholera, plague, and dengue haemorrhagic fever reach epidemic proportions in certain years, often occurring in cycles."*[81] This was a rare admission from the SPDC which is normally very secretive about health data. What the admission failed to include, however, were extremely high levels of malaria, HIV/AIDS, tuberculosis and lymphatic filariasis. Neither was there any mention of the crumbling state of the health system nor the fact that such medical neglect means Burma is now spreading these diseases to neighbouring countries.[82]

The HIV/AIDS strains found in high prevalence zones in both India and China have been traced back to Burma. HIV/AIDS related to heroin export is spreading even further to include Thailand, Vietnam and Bangladesh. Rural areas along the Thai-Burma border represent some of Thailand's only remaining endemic malaria zones. Weak programmes for controlling malaria and tuberculosis in Burma have generated multi-drug resistant strains of these diseases which are now travelling to India and Thailand and threatening to undermine the efforts these countries have made to control the diseases among their own populations. Also, clinical filariasis re-emerged in urban Thailand for the first time in decades after reportedly being transmitted by migrants from Burma.[83] Migrants are certainly not in short supply. Official figures show that almost a million have moved to neighbouring countries but it is estimated that there are most likely an additional one million undocumented migrants in Thailand alone.[84]

In 2000, Burma's healthcare system was ranked by the World Health Organization (WHO) as the second poorest in the world. Hospitals are few and far between and some of those that do exist stand unstaffed and empty, facilities are rudimentary, medicine is in short supply and what is available is very expensive. With an estimated quarter of all households in the country living below the subsistence level, adequate healthcare is beyond the financial means of much of the population.[85] The military, however, is catered for by a separate healthcare system. Little is known about this system but it is believed to be far better funded and equipped than the equivalent civilian system.[86]

While the situation in central Burma is bleak enough, the border states inhabited by Burma's ethnic minorities are facing what has been described as a *"health catastrophe"*. A recent report from the Back Pack Health Workers Team (BPHWT) indicates that the situation in

eastern Burma resembles that of African countries in the grip of widespread humanitarian disaster such as Sierra Leone, the Democratic Republic of the Congo, Angola and Rwanda.[87] It is estimated that over half a million people are displaced within eastern Burma[88] and recently collected data shows a clear corollary between the human rights violations perpetrated against them and the deteriorating state of their health.[89] The BPHWT conducted a four year survey involving 2,000 people across eastern Burma. Their results show that infant mortality is 91 deaths for every 1000, compared to an average rate of 76 across the rest of the country (and only 18 in neighbouring Thailand). One in twelve women die in childbirth (a rate four times higher than the national average), one in five children die before their fifth birthday, malnutrition levels among children are over 15 percent and the malaria infection rate is over 12 percent at any given time. Local understanding of sanitation and hygiene remains low, as does access to clean water and basic sanitation facilities such as latrines. This naturally leads to high levels of associated diseases such cholera and diarrhoea, among others.[90]

One of the conclusions of the BPHWT report is that significant improvements to the health levels in this part of the country are not achievable in the current climate of human rights abuse. The only humanitarian assistance going into these areas come from a handful of local NGOs and Community-Based Organizations (CBO) working across the Thai-Burma border. Such organizations are working with limited funds and resources and are sadly not able to provide enough to meet the overwhelming demand. Most of the time, villagers are left to fend for themselves and when they cannot do this, turn to armed resistance groups for help. International organizations and agencies are not permitted access to these areas by the SPDC, yet refuse to work cross-border in areas controlled by resistance groups on grounds that this will affect their *"political neutrality"*. The SPDC provides little or no healthcare, independent clinics are often burned down and the movement of people is restricted. Communities are often displaced and forced to move into the jungle where they have to contend with landmines as well as the increased risk of infectious (and endemic) diseases such as malaria.[91]



A mobile medical team begins the amputation of a Karen soldier's left leg after he stepped on a landmine in late July 2006, with only basic tools and without any general anaesthetic. Having finished the amputation, they managed to save his right leg despite another gaping wound. *[Photo and caption: KHRG]*

During 2006, the ongoing offensive in northern Karen State displaced an estimated further 27,000 people. When people are forced out of their homes they are unable to take anything with them aside from what they can grab in a hurry and carry on their backs. They end up in the forest without adequate shelter, little or no food and often only the clothes on their backs. The SPDC army's shoot-on-sight policy makes it even more difficult for displaced villagers to find food or get access to healthcare in the event of illness or injury. As result, many die from easily preventable and readily curable diseases.[92]

Villagers in Thaton District of Karen State have reported that the SPDC has imposed restrictions on the possession and carrying of medicine. Despite the fact that very few villagers can afford enough medicine to cover their own needs, the SPDC is of the opinion that they will buy surplus medicine and pass it on to members of the Karen National Union (KNU) or their armed wing, the Karen National Liberation Army (KNLA). The penalties for being caught carrying medicine include beatings, torture, arrest and are typically followed by a stint of forced labour for the military.[93] Similar restrictions on the possession of medicines have also been reported from other parts of Karen State.

Ethnic border areas are also subjected to commercial exploitation which often has serious implications on health. In the border town of Three Pagodas Pass there is an antimony plant owned by a Thai company who have chosen to operate in Burma because such a plant would not be tolerated in Thailand. Antimony is a light silvery metal which is often mixed with other metals and used in a variety of products including batteries, ammunition, semiconductors and sheet metal. Exposure to antimony causes health problems similar to exposure to arsenic. Small doses can cause high blood pressure, dizziness, ulcers and depression. Higher doses can cause stomach cramps, vomiting, cardiac abnormalities and even death. The workers at the plant in Three Pagodas Pass are not provided with masks, gloves or any form of personal protective equipment to prevent exposure to the metal. People living close to the plant have also reported that they are worried about the health risk. The plant was shut down for four days in January 2006 following a protest but was soon reopened, and operations resumed.[94]

A palm oil factory in Thaketa Township in Rangoon has also caused serious health problems for local residents. The chemical waste and toxic fumes from the factory have caused a variety of symptoms, including bloating, headaches and dizziness. In October 2006, it was reported that two young children had recently died as a result of the pollution. When residents complained they were simply told to move out of the area if the factory was bothering them.[95]

In September 2006, a health education training course for Arakanese health workers took place in Dhaka, Bangladesh. The course was organised by the Rakhaing Women's Union (RWU) and sponsored by the National Health Education Council (NHEC). It was the first time in a decade that health workers from this area had received any formal training.[96]

In February 2006, SPDC health authorities announced that the national leprosy rate had continued to fall and had reached the target level of 0.44 per 10,000 individuals.[97] Nonetheless this statistic, like all those provided by the SPDC should be weighed with some degree of scepticism as official figures rarely reflect the reality of conditions on the ground.

In May 2006, the SPDC announced its new plan to ban smoking in all public places. Under the new legislation, smoking is to be prohibited in all areas of hospitals, school, universities,

airports, cinemas, department stores as well as on public transport and in certain designated public spaces. Stiff penalties are expected for those who break the new law, with on-the-spot fines of up to 5,000 kyat, and vendors caught selling cigarettes to minors could face up to two years imprisonment.[98]

Access to Healthcare

One of the greatest restrictions on access to healthcare is financial. In some parts of the country the average charge for a simple medical check up is 18,000 kyat, excluding the cost of medicine.[99] For many in Burma, the cost of healthcare is simply too high. On 4 July 2006, a Rohingya woman died in Arakan State because her husband could not afford to admit her to hospital. Obida Khatun came from Koe Tan Kauk village in Rathedaung Township and had been suffering from diarrhoea and fever for over a month. Her husband eventually contacted the United Nations High Commissioner for Refugees (UNHCR) in Rathedaung which took her to the Inn Din health centre in Maungdaw. She ultimately died two days later, leaving behind five children. Three days later another Rohingya patient died at the same health centre. Amina Khatun, a 20-year-old villager from Inn Din village tract in Maugdaw Township died of malaria because the centre lacked sufficient medicine.[100]

Despite the inadequacy of official health centres, a Rohingya village doctor in Arakan State was arrested for treating patients privately in his village. He was tortured and subsequently fined 70,000 kyat by the NaSaKa (Border Security Force). Dr Mohammed Salim lives in the Phar Wup Chaung (Pawa Khali) village tract in Maugdaw Township of Arakan State. Following his arrest he was taken to NaSaKa camp No. 12 where the torture was carried out. He was informed that any further private practice would result in a jail sentence but released soon after upon payment of the 70,000 kyat bribe.[101]

Unfortunately private medical treatment is often a necessity. Rohingya residents of northern Arakan State are not permitted to travel to Sittwe (Akyab), the capital of the state. As a result, many die of readily treatable diseases because local health centres do not have sufficient doctors, medicines or facilities.[102] A report published by U.S. medical experts on 27 March 2006 states that restrictions on the activities of humanitarian agencies are not only directly affecting access to healthcare but facilitating the spread of disease. The 80-page report was researched and written by Dr Chris Beyer and six other medical experts from Johns Hopkins Bloomberg University's School of Public Health. It examined the spread the HIV/AIDS, tuberculosis, malaria and avian influenza.[103]

On top of the official costs of healthcare, the sector is rife with corruption and extortion. One case reportedly implicates Dr Than Than Aye, chief doctor of the Pauk Township General Hospital in Magwe Division. According to a report released in August 2006, one of the allegations against Dr Than Than Aye is that she takes medicine, specifically reserved for poor patients, from the hospital dispensary and sells it on the black market for her own personal profit. A packet of glucose sells for 200 kyat in the hospital pharmacy but can be sold for 500-550 kyat on the black market or in shops outside the hospital compound. Dr Than Than Aye was also accused of charging extortionate amounts for treatment which should be free. One example involved a snakebite victim who was charged 20,000 kyat for each injection of an antidote which should have been provided free of charge. Another snakebite victim, from Warnayoe village in Pauk Township, reportedly spent 250,000 kyat on treatment which nevertheless failed to save his life. When the death was investigated, Dr

Than Than Aye charged the victim's family a further 50,000 kyat for her signature on a medical letter.[104]

In addition to the expense involved, decent quality medicine is hard to find. The pharmaceutical market in Burma is awash with medicines which are either fake, substandard or have passed their expiry date. The Burmese Ministry of Health has advised people against using such medicine and threatened to take action against pharmacies caught selling the products. Despite this, the SPDC has done nothing about the acute shortage of medicine which is fuelling the demand.[105]

HIV/AIDS

Without a doubt, Burma is experiencing one of the worst HIV/AIDS epidemics in Asia.[106] Despite this, the country's health expenditure is among the lowest in the world. The annual budget for the prevention and treatment of HIV/AIDS is less than US$22,000 for the entire population. In addition, most of the country lacks basic laboratory facilities, including the ability to carry out a CD4 blood test, which is the minimum standard for clinical monitoring of AIDS.[107] A recent study found that the national reporting system for HIV/AIDS was "*too limited in scale and scope to accurately capture HIV/AIDS in this large and diverse country*".[108]
Dr Kyaw Myint, the SPDC Minister of Health, informed a press conference in Naypyidaw in November 2006, that Burma was winning the fight against HIV/AIDS, basing his statement on statistics which allegedly showed a drop in the infection rate from 1.5 to 1.3 percent. He also denied the suggestion that Burma's HIV/AIDS epidemic constituted a threat to international peace and security. In contrast, at a meeting in Naypyidaw in November, Prime Minister General Soe Win admitted to his Thai counterpart, Surayud Chulanont, that the disease was widespread and that Burma lacked the expertise to solve the problem.[109]

The UN's HIV/AIDS survey for 2006 notes that, while Burma is making some progress, the infection rate of 1.3 percent quoted by Dr Kyaw Myint applies only to those over 24 years of age. Meanwhile, the prevalence rate for those aged 15 to 24 is much higher at 2.2 percent.[110] Many experts agree that the official figures relating to HIV/AIDS in Burma are not reliable owing to the lack of monitoring equipment, a restricted budget and the SPDC's obsession with secrecy over healthcare data. Officials in the Chinese Health Ministry have been quoted to state that they believe the infection rate could be four of five times higher than official SPDC figures.[111]

In November 2006, United States Ambassador to the United Nations, John Bolton announced his intention to place Burma on the UN Security Council (UNSC) agenda. One of the main issues cited was the HIV/AIDS situation and the threat of transmission to neighbouring countries. SPDC Secretary-1, Lieutenant General Thein Sein of the SPDC denied that HIV/AIDS rates were on the rise and dismissed reports on the HIV/AIDS situation as opposition propaganda designed to destabilise the country.[112] However, in 2005, the Council on Foreign Relations (CFR), a New York based think tank, published a study which claimed that Burma was the main source of all strains of HIV/AIDS for a range of countries, stretching from Kazakhstan in the west to Vietnam in the east.[113] The SPDC places the number of people living with HIV at 330,000 but aid workers say the actual figure could well be double this.[114] With an average of 97,000 new cases and 12,000 deaths reported every year,[115] Burma has been reported as having the highest infection rate in Southeast Asia.[116]

Despite all of this, experts say, the HIV/AIDS epidemic in Burma is the least studied in the world.

Burma is also the world's second-largest producer of heroin after Afghanistan. As in many other countries, the first outbreaks of AIDS were discovered among heroin addicts in the late 1980s. The infection rate among drug users has risen unchecked and a recent survey in Shan State found that 96 percent of injection drug users were HIV positive. However, a lack of adequate healthcare and a refusal on the SPDC's part to even acknowledge the existence of a problem meant that the disease quickly spread from drug users and sex workers into the general population. In 2000, the WHO, estimated that 48,000 people had died from AIDS in Burma during the previous year. Meanwhile, the SPDC had reported only 850 deaths. By 2001 the epidemic had become so serious that the SPDC was forced to acknowledge it publicly. Another facet of the problem is the allegation of official collusion in the drug trade and the apparent link between high infection rates and a ready supply of heroin. Involvement in the drug trade may explain the SPDC's reluctance to tackle such a closely related disease.

The Burnet Institute, a virology and communicable disease research centre in Australia, estimates that 150,000-250,000 people in Burma regularly inject drugs. Even official data from the Myanmar National AIDS Program puts the proportion of injection drug users infected with HIV at 43 percent, while the SPDC Department of Health has recorded rates of up to 60 percent in border towns of Shan State on the Chinese and Thai borders. Dr Voravit Suwanvanichkij, an epidemiologist with the Johns Hopkins Bloomberg School of Public Health in Chiang Mai, has said that they have molecular data linking HIV/AIDS strains among injection drug users in Yunnan, China, to strains circulating in Burma.[117]

In August 2006, Bo Kyi, joint secretary of the exiled Assistance Association for Political Prisoners (AAPP) claimed the SPDC has no desire to help solve the HIV/AIDS problem and instead tries to isolate victims and encourages discrimination.[118] Though, allegations of this sort can easily be denied. In January 2006, the SPDC's Department of Public Health announced plans to add an HIV/AIDS prevention and education program to the national school syllabus for students aged 7-16.[119] In addition, in October 2006, the SPDC gave permission for the release of a health education film entitled *Hmyaw Lint Chin Myar Swar* ('Much Hope'). Sponsored by the United Nations Population Fund (UNFPA), the film featured prominent national celebrities and aimed to debunk many of the myths that surround AIDS in Burma, including how the disease is transmitted.[120] Nonetheless, circumstantial evidence would seem to support Bo Kyi's position. It was reported in July 2006 that a couple from Mrauk U in Arakan State had recently died from complications arising from AIDS at home after the hospital in Sittwe refused to treat them, claiming they did not have any appropriate medicine. One townsperson from Sittwe claimed that AIDS patients are regularly refused admittance to hospital and that the hospitals do not want to treat them. Many AIDS sufferers in Arakan State are reportedly too afraid to seek treatment in hospitals for fears that they will somehow be killed by the authorities after being granted admission.[121] It is all too easy for rumours to take hold as public awareness and understanding of AIDS is extremely low. A doctor from Rangoon commented that the SPDC's public awareness campaigns to date have been *"ridiculously inadequate"*. The first campaign, which lasted five to six years, consisted of pamphlets printed in English. In a country struggling with high rates of illiteracy, the fact that the only information available on HIV/AIDS was printed in a foreign language that very few people understand would certainly seem to indicate a lack of political will to genuinely engage with the problem. Another doctor who worked for the military explained how soldiers were routinely tested for HIV and dismissed from the army if

they tested positive. He was continually shocked by the soldiers' reactions. Most thought a positive result was a good thing as it meant they could leave the army and go home to lead a normal life. They had no idea it was a death sentence and he was under orders not to tell them otherwise.[122]

There have also been calls for improvement in the media handling of HIV/AIDS in Burma. Dr Myat Htoo Razak, a physician and HIV/AIDS researcher from Burma spoke at a gathering of journalists and health workers in Thailand in November 2006. He said the media should be more thorough, running stories which educate and inform but which are also capable of attracting public attention.[123] During 2006, the Burmese media took to praising the benefits of the flowering 'Siam weed' (*Chromolaena odorata*) which is now being touted as a cure for HIV. The popularity of the weed is not surprising given that the 50,000 kyat a month for anti-retroviral drugs is well beyond the reach of most AIDS patients. However, even advocates of traditional medicine are concerned by the way the drug was being hyped, particularly in the absence of any proper scientific research into its properties. Aung Naing, a doctor of traditional herbal medicine, said that he was concerned that the seriousness of AIDS may be diminished if people believe it can be cured by an easily available weed which grows wild on Rangoon's sidewalks.[124]

There has, however, been some progress in increasing public awareness and acceptability of condom use. Over the past ten years, sales of condoms have increased from a meagre 2.6 million to 40 million annually.[125] This surge in sales reflects the efforts of Population Services International (PSI), a non-governmental organization (NGO) which works to promote condom use and, in particular, support *Aphaw* ('trusted companion') condoms, Burma's top-selling brand of condom. The organization was originally criticised for its involvement in Burma but country director, Guy Stallworthy, believes their success shows it is possible for NGOs to help people in Burma without legitimising or supporting the SPDC. PSI currently supplies 75 percent of all the condoms used in Burma. Western subsidies allow them to be sold at one-third of their production cost which makes them affordable to the majority of ordinary people and are not the preserve of the rich.[126] The promotion of condom use has been neither easy nor straightforward. The military previously considered condom possession as evidence of prostitution and claimed that marketing the product would encourage promiscuity. PSI therefore, had to come up with culturally specific marketing strategies which would get people's attention without offending the sensibilities of the SPDC. The SPDC's acknowledgement of an HIV/AIDS problem in 2001 triggered increased funding and PSI were able to start advertising on billboards and in privately owned magazines. The increased advertising and visibility has helped to reduce the stigma and condoms have gradually become more widely available. However, there is still plenty of scope for improvement. Despite dramatic increases, condom usage during 2006 was recorded at just 0.8 per capita per year, compared to 1.6 in Thailand and 2.1 in Cambodia.[127]

Despite these concessions, the SPDC still seems to encourage the stigmatisation of AIDS and there have been numerous claims of harassment of both victims and those working to help them. On 13 August 2006, the SPDC raided a Rangoon monastery and arrested 11 volunteers who were there to help organise a traditional Buddhist ceremony for AIDS victims. The ceremony had been initiated by 52 local AIDS patients and designed to be a healing event and to honour the memory of those who had succumbed to the disease.[128] The organisers made every effort to follow the correct procedures. They wrote a letter of explanation to local SPDC authorities and also met with Lieutenant Colonel Maung Maung Shein, chairman of Rangoon's Eastern District Peace and Development Council, to explain their intentions in

person. In response, Maung Maung Shein threatened to close down the Tha Zin Clinic, where the patients in question were being treated. Officials then later raided Meggin monastery, which is in Thingangyun Township, and arrested those volunteers who were staying overnight to assist with preparations.[129] The 11 volunteers were members of the youth wing of the National League for Democracy (NLD) and were ostensibly arrested for not informing the authorities of their overnight stay.[130] The volunteers were soon released once news of their arrest started to spread. However, the local authorities had succeeded in preventing the ceremony from taking place. Tragically, Than Lwin, one of the 52 patients, died on the day the ceremony had been scheduled to take place.[131] A former political prisoner, Than Lwin contracted the disease while in prison and during his illness received help from the NLD, who run a home for AIDS sufferers in southern Dagon Township of Rangoon. His funeral had to be delayed because of harassment from the local authorities. His family said they had been put under pressure to reject offers of assistance from the NLD and to invite only monks from SPDC-appointed monasteries. Also, that the local authorities had barred people from registering as night guests so that no one could assist the family with the preparations for the memorial service.[132] Barring people from registering as overnight guests is a frequent occurrence. On 19 August 2006, Sein Than, chairman of Ward No. 18 in Dagon Township of Rangoon Division, allegedly barred AIDS patients from registering as guests in his ward on the basis that they would spread the disease. After his comments were reported he made a statement explaining that his intention had not been to discriminate against HIV/AIDS sufferers but to protect the reputation of the house owner in question.[133] In May 2006, it was reported that local SPDC authorities had pressured a landlord into evicting a number of HIV/AIDS patients from a house in Thaketa Township of Rangoon. There were almost 40 patients in the house, who had come to Rangoon for a treatment program jointly organised by the NLD and Medicins Sans Frontiers (MSF). The patients had been in Rangoon for four months and were scheduled to stay for another two. When contacted for information, the police in Thaketa Township denied all knowledge of the incident.[134]

HIV/AIDS patients from other regions of Burma who travel to Rangoon for treatment are obliged to register as guests every month of their stay. In addition, the local authorities regularly pressure house owners to refuse AIDS patients as guests. Fortunately, the NLD run guesthouses for patients and are able to resist the pressure from the SPDC.[135] On top of this, though, there are reports of officials not only refusing permission for AIDS patients to stay in a particular ward but also publicly humiliating them.[136]

Harassment also extends to those trying to help AIDS victims. Reverend Einthariya, a monk from Mahasi Yeiktha Monastery in Yenanggyaung in Magwe Division was threatened with arrest in August 2006 because of his work with AIDS victims. He was told on numerous occasions that his *"charitable actions [were] not in accordance with the codes of conduct of a monk."* His reply was to vow to continue helping AIDS sufferers, and asked *"Why is it not in accordance with the conduct to save life? It infringes none of the 227 laws for the monks in this matter"*.[137] Similarly, monks invited to take part in ceremonies are regularly pressured and even threatened by the authorities. The NLD deemed that the harassment of AIDS patients is a violation of Article 3 of the Universal Declaration of Human Rights (UDHR) and resolved to report the violation to the UN Human Rights Council.[138]

In the meantime, the bleak situation facing AIDS victims in Burma has led some to make the trip to India for treatment. In March 2006, 24-year-old Mary Lun was carried across the border to a hospice in Churachandpur in northeast India. At the time she weighed only 24 kg

(53 lb), was wracked with tuberculosis and her relatives had little hope of her leaving the hospice alive. Five months later she was not only alive but healthy and able to walk out of the hospice unaided. The hospice that treated her is run by an NGO called Shalom. Patients in Burma need SPDC permission to travel across the border for treatment and have strict, often unrealistic, time limits imposed upon their travel. A late return can result in imprisonment or a hefty fine. Consequently, many make the trip illegally and register in India with false addresses or settle there permanently.[139] The tragedy of the HIV/AIDS situation in Burma is highlighted by cases like Mary Lun's who show how well patients can respond once basic treatment is made available; treatment that is not only limited, but often denied in Burma.

Avian Influenza

In January 2006, the SPDC promised to deal with any instances of avian influenza in Burma openly and promptly.[140] However, a senior Burmese official, who wished to remain anonymous, admitted that communication within the country was poor and that information often travelled very slowly. International health experts within the country have also commented on the way that the combination of Burmese culture and years of military rule tend to discourage the reporting of bad news, including natural disasters and disease. One expert, who spoke on condition of anonymity, claimed the information problem was therefore twofold. The first problem is the poor communication within Burma and the fact that when the SPDC claimed to know nothing of a particular outbreak they may actually be telling the truth. The second problem is that once information does reach the SPDC, there is no guarantee they will pass it on, at least not to the public.[141]

To date there have been no cases of avian flu in humans recorded in Burma. However, a report from the Johns Hopkins Bloomberg School of Public Heath in the United States voices the fear that if the human strain did take hold in Burma, it could spread for weeks or even months before anyone even knew about it, let alone reported it. This would constitute a serious health threat to the population of Burma as well as those of neighbouring countries.[142]

Concern over Burma's ability to cope with an outbreak of avian flu was matched by doubts over how seriously the SPDC was taking the threat. SPDC Agriculture Minister, Major General Htay Oo reportedly claimed that foreign birds carrying the virus would be unable to fly into Burma because the mountains would be too high for them.[143] Despite the height of the mountains, there were several reports early in 2006 of dead birds dropping from the sky. This raised fears that the virus may be affecting wild birds. In one incident a dead bird dropped into the grounds of Yay Leh Buddhist monastery, north of Pegu, on 14 January 2006.[144] The bird was of a type never seen in Burma before and was believed to have been a bald eagle. A local veterinarian explained that migratory birds from many parts of the globe arrive at both Inle and Indawgyi Lakes during the winter months.[145] However it is highly unlikely that the bird was a bald eagle as it is native to North America and is not found on any other continent.

The SPDC first confirmed avian flu after 112 chickens were found dead in Mandalay on 8 March 2006, despite reports that the disease had emerged far earlier. They contacted the United Nations Food and Agriculture Organization (FAO) to confirm they had detected the H5N1 virus (a sub-strain of the Influenza A virus, known in layman's terms simply as avian or bird flu) but refrained from making any public announcement at the time.[146] Nonetheless, Patrick Deboyser, an expert on avian flu at the European Union mission in Bangkok, said it

was encouraging that the normally secretive SPDC had actually reported their first cases of avian flu. He added that the veterinary service was *"one of the few satisfactory services"* in the country and that the risk of the disease spreading to humans was low because of the season. Avian flu had been observed to spread during the cooler winter months though these outbreaks occurred at the beginning of the hot season.[147] When the public was finally informed of the presence of avian flu the response was mixed. International health experts maintain that properly cooked poultry and eggs are safe to eat without risk of contracting the disease. For some this was sufficient yet others took a more cautious approach and decided to avoid poultry completely. As a result, the market price of chicken dropped by thirty to fifty percent, though sales actually increased as ordinary people were suddenly able to afford the chickens that are normally out of their price range.[148] Such impulse spending would seem to suggest a lack of local understanding of the disease. This was confirmed a month later in April, when a representative of the FAO acknowledged that public awareness of the virus was *"rather poor"*.[149]

Later that same month, a number of Burmese veterinarians anonymously reported that avian flu had spread to Thaungtha Township in Mandalay Division and Kanbalu Township in Sagaing Division. It was reported that local authorities had buried the birds without first conducting any tests on them. This action was attributed to a lack of testing equipment, though it seems far more likely that this was done as an attempt to cover up the outbreak. Widespread concern over the SPDC's ability to deal with the spread of avian flu was substantiated by the fact that it took only two days for the disease to spread outside a three kilometre *"restricted area"* that had been set up on 11 March 2006 to contain the disease.[150] It became evident that despite a complete ban on poultry products in Mandalay, both chickens and eggs were available for purchase on the black market.[151]

On 21 March 2006, Laurence Gleeson, a representative of the FAO was quoted as saying that the authorities in Burma were proving unable to control the spread of avian flu.[152] The Back Pack Health Worker Teams (BPHWT) were specifically concerned that avian flu could spread from central Burma to refugee camps in Thailand. An additional problem was that some poultry farmers were refusing to report outbreaks of the disease amongst their chickens for fear that the authorities would close them down. Many farmers instead secretly buried any dead birds. Meanwhile, those farmers whose livestock had been culled had been offered no compensation by the regime. Subsidiary businesses such as those selling chicken feed and medicine also suffered.[153]

Fortunately for the people of Burma, the global nature of the avian flu threat meant that the international community was more willing to include Burma within programs to combat the virus. The Asian Development Bank (ADB) offered to include Burma as part of a US$38 million program to fight avian flu in poor countries across the region. The ADB had previously ceased all financial and technical assistance in the wake of the SPDC's brutal crackdown on the pro-democracy demonstrations in 1988. Graham James Dwyer, External Relations Specialist of the ADB, explained that their change of heart was based on the view that *"the strength of the global response to avian flu will be determined by its weakest link"*. In addition to assistance gained from the ADB, the project also received support from the Association of Southeast Asian Nations (ASEAN), the FAO and the WHO.[154]

Practical assistance was also provided by two FAO teams, one WHO team and a number of other international experts. According to He Changchui, an official from the FAO, the avian flu threat in Burma was more serious than originally believed with over 100 outbreaks

occurring in one month since the virus was first confirmed. By April 2006, the authorities had slaughtered around 500,000 chickens and quails at over 400 farms in response, but in spite of these measures, the FAO stated that Burma did not have the means to cope with the spread of the virus.[155]

Burma's ability to cope with avian flu was discussed at a meeting of ASEAN foreign ministers in Bali on 17-18 April 2006. According to United Nations (UN) officials, the spread of avian flu was being exacerbated by a lack of public information and awareness. Delegates at the meeting used the opportunity to caution the regime of the health consequences of not informing not only their public, but also the international community of any outbreaks, as they had done in keeping the confirmation of avian flu secret for days, with no mention of it in the state-controlled media.[156]

However, reports of avian flu diminished during April and the SPDC Livestock Breeding and Veterinary Department quickly announced that the situation had been brought under control,[157] and later that month WHO officials confirmed that no new cases had been detected.[158] However, in May, international avian flu experts from Britain and Australia were invited to spend two months in Burma helping to increase awareness of the disease and how to control its spread.[159] The SPDC also revealed in a statement released on 4 April 2006 that Burma had received US$660,000 of aid in the form of pesticides and laboratory equipment from the FAO, the Japan International Cooperation Agency (JICA), and the National Laboratory for Animal Health and Livestock and Development Centre of Thailand. They also received one million yuan from China for use in disease control and equipment, and medicine worth US$2.1 million from the Japanese government.[160]

Towards the end of June, the SPDC announced plans to compensate 545 farms affected by avian flu and any subsequent culling.[161] By this time some 660,000 birds had been culled.[162] The same month saw FAO officials reconfirm the absence of any new cases but also issued a warning against complacency given Burma's inadequate healthcare structure and facilities.[163] In September 2006, the SPDC declared Burma free of avian flu after receiving the results of a three-month detection program.[164] The World Bank was believed to have agreed to consider proposals from Burma in respect of a future avian flu action plan. According to the *Irrawaddy*, Burma was likely to receive up to US$2.4 million for improving its health facilities and ability to deal with a full-blown outbreak.[165]

Malaria

Burma consistently suffers the highest number of malaria related deaths in the region. Furthermore, almost 80 percent of the malaria cases in Burma are *Plasmodium falciparum*, which is the most dangerous strain of the disease. A telling statistic is that while Burma records only around 7.3 percent of the region's malaria cases, it records 53.6 percent of malaria-related deaths.[166] As with tuberculosis (see below), repeated programme failures have led to a high rate of drug resistance. One of the factors in the case of malaria is the number of drugs available which contain insufficient amounts of active ingredients. Up to 70 percent of anti-malarial pills sold in Burma are substandard and over 20 percent are actually fake.[167] On top of inadequate healthcare, simple disease control measures such as the use of insecticide-treated mosquito nets (ITN) are grossly underutilised. According to a report published by the Johns Hopkins Bloomberg School of Public Health, MSF-France was refused permission to distribute mosquito nets in eastern border areas, despite these areas being highly endemic. In 2006, the usage of ITNs among urban populations along the Thai-

Burma border ranged from 20 to 41 percent and is well below the 60 percent goal set during the Abuja Summit of April 2005.[168] Over 70 percent of the population live in areas of moderate to severe malaria risk. The areas of highest risk are the forested and mountainous border regions populated by Burma's ethnic minorities. The WHO believes that Burma's malaria rates are actually much higher than what the official figures maintain since treatment and monitoring facilities in these remote areas are practically non-existent. According to the WHO's own analysis, malaria morbidity rates in Chin State and Karenni State are four times higher than the national average.[169] In the town of Three Pagoda Pass on the Thai-Burma border in Mon State, the infection rate is almost 90 percent.[170]

Thangtlang Township in Chin State saw an unusually early spread of malaria, dysentery and hepatitis during 2006. Starting in March, which is still months before the first rains typically fall, the early spread raised fears of an epidemic later in the year. The villages lacked a supply of medicine and the SPDC made no arrangements for assistance. Local medics attempted to do what they could with herbal medicine.[171]



This 5-year-old Karen girl suffers from splenomegaly (enlarged spleen, which can be caused by malaria, TB, hepatitis A or B or chronic infection), but her family could not get her any medicine because the SPDC prohibits any medicines being brought from the plains into the Papun hills where she lives with her family. A week after this photo was taken in December 2005, Saw Jack, a young child in a neighbouring village, died from the same ailment. Many children and adults in these villages suffer from splenomegaly and hepatomegaly (swollen liver, which can be caused by hepatitis A or B) because of insufficient treatment for treatable illnesses. *[Photo: KHRG]*

By April 2006, malaria had also caused a number of deaths among SPDC army soldiers stationed in Arakan State. A health worker in Maungdaw hospital reported that at least five soldiers from the NaSaKa had died in that hospital during the first three months of the year. A soldier from Buthidaung claimed that SPDC army officers stationed in border towns had been selling malaria medicine to foreigners (presumably Bangladeshis) for their own profit and there was not enough left to treat the soldiers. According to local sources, the malaria strain prevalent in Arakan State is *"very strong"* with recovery uncommon.[172] In May, 2006 local reports described the rise in malaria cases as *"alarming"* and attributed to *"an*

appalling lack of medical facilities, shortage of doctors and poverty".[173] The SPDC has provided no medical relief to northern Arakan State. A number of clinics were set up in northern Buthidaung Township so the SPDC could claim that they were helping the people but these were not provided with any staff or medicines. Village clinics in Buthidaung Township are of limited use as few villagers can afford the cost of medicine. Even those who can afford treatment are faced with limited options as the only hospital capable of providing full treatment is in the state capital and Rohingya villagers are not permitted to travel there.[174] Some are willing to travel into neighbouring countries for treatment but this can be risky. In May 2006, Noor Amin from Bolipara village in Buthidaung Township secured permission to take his diabetic wife into Bangladesh for one week to receive medical treatment. They were two days late returning so Noor Amin was fined 27,000 kyat and sentenced to three months imprisonment. Also in early May, Fatama Khatoon, a 50-year-old villager from Moricha Bill in Buthidaung Township, made a similar trip and also returned two days late. Her son was then arrested and sentenced to two years in prison.[175]

The lack of medical facilities for the poor was highlighted when malaria claimed the lives of three children from the one family in Pand Zee village tract of Buthidaung Township in Arakan State. Ten-year-old Anuwar Hossain died on 21 May 2006, followed by seven-year-old Anuwara Begum who died eight days later on 29 May, only to be followed by Rahima Khatun who succumbed on 3 June 2006 at the age of three. The family was unable to afford medical treatment and received no assistance from the SPDC Department of Health.[176]

In June 2006, malaria along the Thai-Burma border became so bad that a warning was issued to tourists planning to visit the area. Dr Kanoknart Pisuthikul, director of the Mae Sot Hospital in Thailand's Tak Province said that early rains were increasing the risk of both malaria and dengue fever. Tak Province accounts for 25 percent of Thailand's malaria cases and the worst hit districts are those on the border with Burma. The Mae Tao Clinic, located on the outskirts of Mae Sot, treated 900 people for malaria in May 2006 alone. A spokesperson explained that many of these had crossed the border from Burma and that the clinic expected to be *"swamped by people coming from Burma with malaria"* once the heavy rains began in July. The clinic sees up to 80,000 people annually who travel from Burma to receive treatment for malaria, workplace accidents, landmine injuries, malnourishment, birth complications and respiratory infections.[177]

Towards the end of August 2006, an outbreak of malaria was reported in Ponnagyun Township in Arakan State. The affected area is very remote, located on the upper Taw Phar River, between Rathidaung and Ponnagyun Townships. There are no SPDC clinics in the area, and very little local capacity to deal such outbreaks. Those afflicted with malaria have to travel to the Ponnagyun Township hospital for treatment yet many die on the way. On top of the travel difficulties, the cost of treatment is prohibitively high and many ultimately die because they cannot afford it.[178] Village headmen informed the Ponnagyun Township Peace and Development Council (TPDC) of the outbreak but received no response and no disease control measures were implemented. According to a village leader from Poe Ree Byint village, TPDC authorities claimed they wanted to send doctors to the area but that there were none available and there was no medicine for the treatment of malaria at the hospital.[179]

Dengue Fever

In July 2006, an outbreak of dengue fever in Magwe Division killed an unconfirmed number of children. One death was reported in Yenanggyaung Township on 8 July 2006 and a further two in Yesagyo Township on 9 July 2006.[180] Parents in the area were very concerned as dengue fever regularly kills a number of children during the rainy season each year. A doctor from Yesagyo hospital stated on condition of anonymity that the authorities failed to implement preventative measures before the outbreak occurred. The authorities did remind people to avoid being bitten by mosquitoes and to clear rotten waste from drainage systems to reduce mosquito breeding grounds. However, this advice was issued only after the outbreak had begun.[181]

In Rangoon Division, the rainy season brought a severe outbreak of dengue fever which resulted in a number of fatalities. The highest incidences were in crowded, rundown wards inhabited by poor day labourers. The suburban areas in Thaketa, North Okkalapa and Dagon Myothit Townships were reported as being especially badly affected. The rainy season also brought some extreme weather changes which were blamed for a high level of respiratory illnesses and eye infections among children.[182] A severe dengue fever outbreak was also reported in Shwebo Township of Sagaing Division in August 2006. Local residents reported that a similar outbreak had occurred the previous year.[183]

Tuberculosis

It is estimated that 40 percent of Burma's population is infected with tuberculosis. This disease represents the greatest killer of HIV/AIDS victims with 60-80 percent of those who are HIV positive also being infected with tuberculosis. In addition, Burma is one of 22 countries which between them account for 80 percent of new cases diagnosed annually across the globe.[184]

Last year's death toll arising from tuberculosis was approximately 12,000[185] and it is estimated that 100,000 new cases develop annually, with around half of these being infectious.[186] On top of having one of the world's highest incidences of tuberculosis,[187] Burma also has one of the highest rates of drug resistance. Approximately 34 percent of tuberculosis cases were found to be resistant to any one of the four standard first-line drugs and 4.2 percent were multi-drug resistant.[188] This is the second highest rate in Eastern Asia, topped only by China,[189] and is double the rate of most neighbouring countries.[190] One of the most common causes of multi-drug resistance is the failure to complete the full six-month treatment regime. This may be due to a lack of money or a shortage of medicine. Tuberculosis drugs are widely available on the black market in Burma but drugs obtained in this manner are usually taken with little understanding of medicines and without supervision.[191]

The normally high rate of tuberculosis has this year been compounded by an unexplained shortage of the drug generally used to treat children. The Indian-made drug, 'R/cinex for Kids', became scarce as early as January which led to its price rising by almost 300 percent. One parent reported paying 2,000 kyat for ten pills compared to a normal price of 700 kyat. Mega Products Ltd, which is the sole importer of R/cinex, was unable to explain the shortage but insisted that more would soon arrive. Unsurprisingly, the SPDC announced that their own supplies were unaffected but many are reluctant to obtain medicine from SPDC sources because of the bureaucracy and extortion involved.[192]

Diarrhoea

A total of 41 children, all aged under ten, were killed by a severe outbreak of diarrhoea which hit Arakan State in October 2006. A further 87 people were reported as being seriously ill but survived. The area affected was in the vicinity of Tawphya Chaung (River) in Ponnagyun Township where local doctors said the disease had been a problem since February 2006. Severe famine in the area led many people to eat uncleaned food, such as bamboo shoots and white yams, which was blamed as the cause of the outbreak. The famine resulted from a SPDC ban on the cutting of bamboo, which previously accounted for almost 90 percent of employment in the area. The SPDC was aware of the issue but failed to implement any measures to alleviate the suffering. A source from Ponnagyun Township said two doctors from Artsen zonder Grenzen (AzG), the Dutch branch of Medicins Sans Frontiers (MSF), had visited the area to try and cure the outbreak. Most of the people living in the area live below the subsistence level and thus very few families were able to afford hospital treatment.[193]

On 8 August 2006, 25–year-old Rohingya, Zamal Hossain, succumbed to the disease. He was from Bada Nar village tract in Buthidaung Township of Arakan State and had been receiving treatment from his village doctor. When this failed his family tried to take him to the SPDC-run hospital in Buthidaung but he died on the way. Many villagers were reported to have suffered from severe bouts of diarrhoea during the 2006 monsoon. Medical facilities in Rohingya areas remain grossly inadequate, accounting for such a high prevalence of cases among Rohingya communities.[194]

On 1 May 2006, two children in Maungdaw Township in northern Arakan died of diarrhoea. The children were both from Kyien Chaung (Boli Bazar) village, where according to locals, the outbreak was at its most severe. The two children were identified as ten-year-old Salma Khatoon and eight-year-old Serazule. A number of other children from the village were reported to also be suffering from symptoms. The SPDC took no steps to prevent the spread of the outbreak, but some unnamed NGOs were reportedly able to visit the area.[195]

The prevalence of diarrhoea in Burma is unsurprising given the lack of access to sanitation and primary healthcare services. Despite the SPDC having launched nine National Sanitation Weeks, the latest of which commenced on 27 February 2006, the United Nations Children's Fund (UNICEF) states that poor sanitation and hygiene are directly linked to the prevalence of diarrhoea-related illnesses, which are among the top killers of children in Burma. The National Sanitation Weeks have reportedly been successful in raising awareness of the importance of sanitation and hygiene. Supported by UNICEF, the program aims to promote awareness among local communities as well as to construct sanitation facilities such as latrines. While acknowledging that considerable progress has been made, UNICEF reports that residents of many rural areas still lack adequate services.[196]

Cholera

Cholera is another easily preventable disease which regularly sweeps across Burma. Outbreaks occur several times a year and state prisons are subject to a particularly high incidence as a result of unsanitary conditions.[197] In September 2005, Tharawaddy prison in Pegu Division experienced an outbreak which killed 11 inmates and hospitalised a further 80.[198] However, according to the Democratic Voice of Burma (DVB), the authorities regularly hide evidence of cholera outbreaks and dispose of the bodies secretly.[199]

In May 2006, at least 50 people in Maungdaw Township of Arakan State were hospitalized with cholera, most of whom were children. The outbreak was attributed to a shortage of clean water and the change in season. Incidences of cholera are fairly common across Arakan State during the changeover from summer to monsoon. Hospital authorities claimed to have controlled the outbreak and all the victims reportedly made a steady improvement.[200]

A second outbreak occurred in September 2006 at Paungde in Pegu Division, claiming the life of at least one and hospitalizing more than 50. The outbreak was believed to have spread following the death of 80-year-old Daw Khin Kyi who finally succumbed to the disease in mid-September. A local resident reported that they had also heard of other outbreaks in Ward No. 1 of nearby Okpo. However, further reports of this outbreak did not emerge in the media.[201]





In reply to queries, in March 2006 KHRG provided an update on the fate of the mother and child shown in these photos initially taken in April 2004. Sadly, it was reported that the mother, 29-year-old Naw Ma Nay Kyi, and the child, Naw Tha Pwee ("Miss Happy"), had both died within months of these photos being taken. The growth seen on the side of Naw Ma Nay Kyi's neck, turned out to be a cancer which had first developed in 2002, and had caused her breasts to stop producing milk by the time Naw Tha Pwee was 5 months old. Living in the forest in a remote location, Naw Ma Nay Kyi and her husband were unable to obtain any milk or medicine for the baby and were forced to feed her mashed rice and wild honey. Naw Tha Pwee suffered from fever, hepatomegaly (enlarged liver) and chronic malnutrition. Meanwhile, Naw Ma Nay Kyi's condition also continued to deteriorate, and on July 16th 2004 she died in her village. Just over two weeks later, Naw Tha Pwee died on August 2nd 2004. She was one year and nine months old. *[Photos: KHRG]*

Typhoid

Similarly, at least five children were reported to have died from typhoid in Paungde Township in July 2006. Outbreaks of this disease, like cholera, are fairly common in the area coinciding with the change of season. Despite high numbers of children having been hospitalised, including the five fatalities, the state-controlled media did not carry any reports and the general public was not informed of the outbreak.[202]

Lymphatic filariasis

Lymphatic filariasis is the precursor to elephantiasis. It is caused by *Wuchereria bancrofti*, a parasitic filarial worm transmitted by mosquitoes, and typically affects the poorest in society. Worldwide, approximately 120 million people are infected, of whom 40 million are disfigured and disabled by elephantiasis.[203]

The disease is easily treatable with single dose anti-parasitic drugs, usually costing less than US$1 per person per year. Thailand has invested US$500,000 in treatment and has succeeded in eradicating the disease from almost the entire country. The problem areas are three provinces of Tak, Mae Hong Son, and Kanchanaburi along the border with Burma. In contrast with Thailand, Burma has actually reduced the amount of money allocated to filariasis control to US$6,000 annually despite the fact that preventative measures are *"simple and inexpensive, usually costing less than one dollar per person per year"*, and as a result, approximately two million cases of lymphatic filariasis are reported to the WHO every year. As with all official figures, this number is believed to be a gross underestimate. A prevalence rate of ten percent has been noted among Burmese migrant populations in Thailand which represents a substantial threat to eradication efforts of filariasis in Thailand.[204]

Polio

Over the past decade, authorities in Burma have implemented an intensive anti-polio campaign, assisted by several international organizations including the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and Rotary International (RI). Consequently, in 2003, the SPDC was able to declare the country officially free from polio on the basis that the last reported case in the country occurred in 2000. However, on 6 June 2006, the Ministry of Health acknowledged that an infant from Pyin Oo Lwin in Mandalay Division had tested positive for the virus. The authorities responded by distributing emergency anti-polio injections to unvaccinated people in the Pyin Oo Lwin area.[205]

Measles

According to reports released in December 2006, the new measles control strategic plan for 2007 aims to vaccinate seven million children between nine months and five years of age in a three phase campaign. The first phase will address Townships in Rangoon and Mandalay Divisions, followed by Tenasserim (Tanintharyi) and upper Sagaing Divisions and the third phase will focus on Irrawaddy (Ayeyawaddy), Magwe, Pegu (Bago) and lower Sagaing Divisions. According to the SPDC Ministry of Health, approximately 20 to 25 percent of children are not vaccinated and the number of cases of the disease is on the rise.[206] Although,

as with all official statistics released by the junta, and especially true of those describing the situation of healthcare in the country, these figures should be considered to be somewhat conservative.

Foot and Mouth Disease

Foot and mouth disease spread quickly across southern Chin State during the summer of 2006 and killed 100 mithuns (more commonly known as a gaur; a type of ox native to parts of South and Southeast Asia resembling a water buffalo) in July alone. The disease was first recorded in Sa Tu village and then spread to Pa Sin village. Both villages are located in Matupi Township, approximately 30 kilometres (20 miles) from the India-Burma border. The villagers in this area had no idea how to control the disease and the authorities neither acknowledged the epidemic nor made any attempt to control it. Although the villagers made efforts to bury the carcasses of dead gaurs, the risk dogs contracting the disease after eating the meat of dead animals that they may have found during the night remained. Gaurs are reared by most villagers in this area and generally sell for between 150,000 and 180,000 kyat each.[207]

In late-January 2006, another outbreak of foot and mouth disease was reported in southeastern Karen State (coinciding with Dooplaya District under the Karen designation). The disease reportedly affected domestic buffalo and cow herds, many of which perished from lack of medicine to treat the disease. Azin village was the first area affected and local farmers reported the disease to the Township veterinary office. According to DVB, the veterinary head office in Rangoon claimed to have received no reports from Karen State and that there was an abundance of medicine to deal with any outbreaks. Dr Than Tun, director of the veterinary office in Rangoon, was unconcerned about the dangers of food and mouth disease and was quoted to have said that the disease is non-fatal and an be easily controlled. Local villagers believed that the disease spread so quickly as a result of the corrupt practices of military officials along the border who can easily be bribed to allow animals to be traded across the border without conducting proper tests of health condition of those animals.[208]

Support for People with Disabilities

According to a report by the U.S. Department of State, the SPDC did not actively discriminate against persons in 2006. However, they did concede that the lack of resources to assist persons with disabilities is probably of a sufficient level to constitute effective discrimination. For instance, accessibility to buildings, public transport or SPDC facilities is not a legal requirement and therefore is often absent. The report further maintained that the SPDC operate three schools for the blind, two for the deaf and four rehabilitation centres including two specifically for children.[209] Still, it is rather unlikely that these facilities would be open to all. It is far more likely that these centres cater only to the children and relatives of the military elite. Nevertheless, beyond these little assistance is provided and funding for schools or programs for the disabled is generally inadequate. There are several small organizations, both local and international, providing assistance on a voluntary basis but, on the whole, disabled people are reliant on their families.[210]

Officially, civilians who suffer a temporary disability are offered two-thirds of their pay for up to one year and those who are permanently disabled receive a tax-free stipend. There is little information as to how well this works in practice and it remains rather doubtful that

these entitlements are ever granted. Disabled military veterans are better catered for and supposed to receive a civil service job with equivalent pay to their former military position.[211]

The ICRC continued to offer assistance to landmine victims during 2006 through their orthopaedic rehabilitation centre in Pa'an in Karen State. The ICRC's outreach program to assist landmine survivors living in remote areas also continued throughout the year. Both of these programs were reportedly unaffected by the enforced closure of all ICRC field offices between 23 October and 8 December 2006.[212] (For more information, see Chapter 12: Freedom of Assembly, Association and Movement).

International Humanitarian Aid

In February 2006, the SPDC issued a formal set of *Guidelines for UN Agencies, International Organisations and INGOs/NGOs*.[213] One of the provisos contained therein stipulated that all fieldworkers must be accompanied by an SPDC-appointed official – typically either a member of the military or the USDA. Another controversial point is the condition that all aid funds be deposited in the SPDC-owned Myanmar Foreign Trade Bank and withdrawn in foreign exchange certificates (FEC), thus allowing the SPDC to make financial profit off the funds.[214] FECs are dollar-denominated and when exchanged for kyat (which can only be done at official authorized money changers), they are traded at the official fixed exchange rate of 6 kyat to the U.S. dollar, rather than the far more realistic black market rate which during 2006 fluctuated between 1,000-1,400 kyat to the dollar. Furthermore, FECs are only accepted at SPDC-approved hotels, airlines, travel agencies, restaurants, and as payment of admission fees for museums and temples.

Another contentious requisite outlined in the guidelines stated that aid organizations were only permitted to hire local staff from a list of names prepared by the SPDC. Organizations would not be tolerated to hire Burmese staff members who had not been pre-selected by the regime. This provision was clearly related to the aforementioned accompaniment clause that would not only allow the SPDC to closely monitor the activities of aid organizations, but possibly also restrict those activities through individuals who share their views.

Moreover, there were two versions of the guidelines distributed – one written in English and one written in Burmese. Rather than the English version being a translation of the Burmese version, they seemed to be two distinct versions of the guidelines. Of the two, the Burmese version was by far the most restrictive. Although international officials were told that they need only worry about the English version, the Burmese language version was that which was circulated to local authorities around the country.[215] It seemed as though the SPDC actually believed that no one would compare the two versions and realise that they were different.

According to the UN resident coordinator, conditions in Burma are deteriorating and there are already *"pockets of acute need in the country as well as aspects of suffering that constitute both a national and regional emergency"*.[216] In a paper delivered at the Burma/Myanmar Forum in Brussels in March 2006, Chris Lewa, Coordinator of the Arakan Project, described what she referred to as a *"chronic emergency"* in Arakan State. She explained that the acute poverty and vulnerability in the area has reached a point where international assistance is essential to prevent another mass outflow of refugees into Bangladesh.[217]

In an apparent attempt to add some clarity to the debate, the Burma Campaign UK published a position paper in July 2006 setting out the organization's feelings, and the feelings of 18 other signatory groups, on the issues of aid, sanctions and engagement. Essentially, the report is in favour of targeted economic sanctions but not *"Iraqi-style sanctions"* which would have greater impact on the general population than upon the regime. It is in favour of suspending non-humanitarian and development aid but maintaining programs that support human rights, health and education or environmental protection. It also supports the application of pressure through engagement rather than through isolation.[218] In addition to setting out a broad policy, the report provided some specific guidelines. It was listed as essential that the following guidelines be adhered to:

1. Agencies must acknowledge the root cause of the crisis lies in poor governance;
2. Programs must be transparent, accountable and independently monitored;
3. Agencies must have unencumbered access to project beneficiaries;
4. Agencies must be prepared to deliver assistance across national borders;
5. Agencies need to insist on wide and democratic consultation with all stakeholders;
6. Agencies must maintain their independence;
7. Agencies must afford protection for Burmese staff;
8. Agencies must support civil society;
9. Agencies must promote respect for human rights; and
10. Agencies must exercise care to avoid manipulation by the authorities.[219]

The difficulty of meeting such standards has led to some groups withdrawing from Burma. MSF-France issued a statement in March 2006, confirming that they had decided to withdraw, citing persistent SPDC interference as the cause. The statement said that if they had remained working in Burma they would have become nothing more than an SPDC-controlled service provider.[220] In the absence of MSF-France, health workers in Mon State have since struggled to keep abreast of new outbreaks of chickenpox and malaria. When MSF left the area they left a nine-month supply of medicine, but local health workers expressed their concerns about what they will do when this supply runs out.[221] The Swiss and Dutch branches of MSF decided to continue working in Burma for the time being but expressed uncertainty for the future of their projects. Herve Isambert, head of MSF-France said that he believes the SPDC intends to remove international agencies from politically sensitive regions so that there will be no witnesses to the abuses they are committing against their own people.[222]

To complicate matters even further, the debate over humanitarian assistance now includes the claim that many community groups and grassroots organizations are overlooked by international donors with a handful of high profile NGOs receiving all of the available funds. On 8 January 2006, other accusations were made in a joint statement by the National League for Democracy – Liberated Area (NLD-LA) and the United Nationalities League for Democracy – Liberated Area (UNLD-LA) that some western NGOs are funding organizations in Burma based on political motivation or using their funds as a way to manipulate local groups. Similar allegations were also made by the Arakan National Council (ANC) on 13 February 2006.[223]

The impossibility of finding a balance between guidelines for the provision of humanitarian aid and the SPDC's restrictions was cited as the reason for the withdrawal of the Global Fund in August 2005. However, it has been alleged that the Global Fund was also influenced by political elements within the United States who want to maintain pressure on the regime and

believe that providing humanitarian assistance weakens their stance. Whatever the reason, the withdrawal of the Global Fund is a fact and talks are ongoing to finalize the new Three Disease or 3D Fund as a replacement.[224] The donor group includes the European Commission (EC), Britain, the Netherlands, Norway, Sweden and Australia. The funding is specifically aimed at combating AIDS, malaria and tuberculosis, currently the three biggest killers in Burma. This is what makes the funding possible as projects to improve health for the country's poorest people are exempted from the European Union's (E.U.) sanction policy on aid to Burma.[225] The European Commission confirmed its involvement with the 3D Fund after receiving written assurances that the program would not be subjected to political interference. In making their decision to provide humanitarian assistance, the EC consulted representatives from Burma's opposition NLD both in and outside the country as well as UN agencies, NGOs in Burma and exile groups in Thailand. However, critics say the EC is vague on key issues such as how the funds would be delivered and who would have access to the program.[226] Hatung Ko Thang, a leader from the ethnic Chin community and a member of Committee Representing People's Parliament (CRPP) has voiced concern over the likelihood of the US$100 million pledged through the 3D Fund actually reaching the people it is designed to help. He believes the SPDC will utilise the funds to further its policies where possible and also that NGOs working within Burma, particularly the United Nations development Program (UNDP), will exploit the aid. He also believes the best way to administer the fund would be through a committee with representatives from political parties, SPDC departments, international aid organizations and ethnic communities.[227] The donors have emphasised they want to create a system for funding health programs which will ensure money is not diverted or siphoned off by the military regime.[228] Initial proposals for 3D-funded projects included providing insecticide-treated mosquito nets (ITN) for malaria prevention, tuberculosis diagnosis and treatment, promotion of condom use and HIV/AIDS testing.[229]

In addition to the 3D group, there have been some individual donations of humanitarian aid over the past year. Germany offered UNICEF funds for an HIV/AIDS prevention program in Burma. The program is said to focus on children aged 10-17 who are unable to attend school and have no alternative source of education or information.[230] UNICEF is an organization the regime seems happy to cooperate with and, according to the regime-controlled *New Light of Myanmar*, the Myanmar Ministry of National Planning and Economic Development (NPED) has agreed upon an action plan with UNICEF to conduct study and supervisory tasks on health and nutrition, water availability, hygiene, education, child protection and other social matters.[231] Japan also offered assistance and signed an agreement in August 2006 to provide 2.8 million dollars to fund a reforestation project. A further US$56,000 was pledged in September to supply medical equipment for Thaton District Hospital in Mon State.[232] Formerly a major donor, Japan has suspended aid for infrastructure or development projects pending the release of detained opposition leader, Aung San Suu Kyi. Continued humanitarian assistance, however, is considered to be appropriate.[233] Japan also built a drug counselling and training centre in Rangoon at a cost of US$66,000. The Japanese Ambassador handed over the documents to the Myanmar Anti-Narcotic Association (MANA) at a ceremony in Rangoon in May 2006.[234] The MANA is an junta-affiliated NGO formed in June 1994 ostensibly aimed at eradicating narcotic drug production in Burma.

Owever, not all forms of assistance seem to be welcome. Despite the crumbling state of the healthcare system in Burma, the SPDC does not look favourably on people receiving medical treatment in neighbouring countries. This attitude was highlighted by an incident which took place in April 2006. Explosions in two oil tankers in Tachilek in eastern Shan State left one

dead and nine seriously injured. Three of the injured were Thai and were taken back to Thailand for treatment. The others requested permission to also go to Thailand for treatment as hospitals in Burma have no facilities for burn victims. The authorities initially refused the request but finally relented after one of the victims died from his injuries.[235]

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