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"Nowadays when we meet someone who's come from our place we don't ask 'Who's well, who's ill?' just, 'Who's dead?'" – Remark by a displaced hill dweller.



Picture by Saw Eh Mu La

Burma Issues, the monthly newsletter of Burma Issues, highlights current information related to the struggle for peace and justice in Burma. It is distributed internationally on a free-subscription basis to individuals and groups concerned about the state of affairs in Burma.

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LETTER FROM A HILLSIDE

"Nowadays when we meet someone who's come from our place we don't ask 'Who's well, who's ill?' just, 'Who's dead?'" – Remark by a displaced hill dweller.

The letter arrived in late September. It had come a long way from Taa Toh War region, north of the Papun Hills, Karen State, to the concrete spaces of urban Thailand. My relationship with the writer, H.L., goes back a few years. We shared a refugee camp house from 1993 to 1996, where he was finishing high school and later serving as a teacher. Like many high school students there, he wasn't a 'refugee' per se. Leaving his mountain-bound family behind he had been lured to the relatively urbane camp environment by the promise of educational opportunities and a complement of ancillary perks unavailable within his isolated traditional society.

I was privileged to travel to his village in April 1994. Moving up the Hkoh Lo (Salween) River and into the mountains was as if moving back in time. H.L.'s is a land almost completely separate from contemporary paradigms. The folds of rugged hills concealed insular village communities surviving on subsistence agricultural economies much as they had done for centuries – virtually cashless communes devoid of 20th century infrastructures. Instability was evident, such as in long-term migration patterns deeper into the mountains, however people were continuing hard lives of relative 'normality' in spite of the painful interruptions brought about by long running civil warfare.

Those hills no longer afford the same degree of security they once offered. The 1997 Burma Army offensive there has operated under a systematic three-point strategy:

- cut: regional links to the outside;
- clear: the civilian population out, via whatever methods deemed necessary;
- cleanse: the region of whatever 'undesirable elements' remain.

Leaving the refugee camp in April 1996, H.L. returned to face this scenario. I received word that it was taking him some months to cross the river back into his homeland, longer still to meet with his family. The letter was his first direct communication since his departure.

To N.,

3/9/97

Hope that you're well – I always remember you...

I want to tell you about some things. Before I arrived home, battles had already broken out in our area. Anyway, I tried to return and I was able to get back and meet with my parents. Back home there was fighting every day. See Day, Baw Lay Der, Kle Mu, Khay Poo and a whole lot of other villages were burnt down by the Burma

Army, including all of the rice barns and food stocks. Until now the people have had to flee and stay in the K. Forest. As there's not enough food left, people have resorted to eating rice porridge.¹

Within a few more days they burnt down a lot more places, includ-

ing Hsgbo Per Khoh, Ler Mu Plaw, Saw Mu Plaw and Yeh Mu Plaw. The destruction began from March and continues to the present. They have also killed many villagers. At the start of March they burnt down the K'hsaw War² house of worship and their village at Le Ki. I took the photographs there on March 28, traveling with a [KNLA³] soldiers... In that month, 509 people from Khay Poo village tract became



KNLA troops amid the remains of the K'hsaw War house of worship, Le Ki village. [photo by H.L.]

gees and by April the number had risen to more than one thousand.⁴ They received assistance once,⁵ which was enough for 500 people, but there were already more than one thousand people there. Each person received three toh⁶ of polished rice for the month, so they

had to cook it as rice porridge. No more help has been received since then.

Now I'm teaching at the K. school. We opened the school in June.⁷ The Burma Army are close by, and there aren't too many [KNLA] soldiers either. Frankly, what I really need right now is a walkie-talkie to help us flee.⁸ We don't dare to shoot at them, we have to run. A lot of their porters⁹ and their own soldiers have also

caped.

Please get this film developed for me – at this time I can't myself....

Your friend,

H.L.

H.L.'s matter-of-fact writing style belies the significance of these events upon the lives of his family, his entire community and himself. Yet he neither presents emotive pleas nor pursues jingoisms. His unpretentious statement simply tells how it is, in the space that two sides of an exercise book page can accommodate. The names of the villages haunt me. I know them as alive and real, not as part of some sterile report drafted by a distant advocate – they breathe out of his page.

The letter serves as testimony to a people's incredible courage. H.L. writes that they "run". In reality they stand in the shadow of 'the enemy', and yet reconstruct their houses and schools. They endure daily atrocities and yet cannot be extricated from the land. But this remarkable innate power is juxtaposed by the fragility of their socio-economic structures. Whatever remnants of these prove capable of defying such uncompromising military assaults shall inevitably be

further strained by equally inflexible global forces radiating from ever more alien shores. The people's indomitable will to endure might prevail in the short term, but mechanisms are urgently required that will allow them themselves to begin a process not merely for short-run survival but for long-lasting genuine peace in Burma.

How prepared are H.L. and his community to start such a process? How did the 'education' that H.L. received in the refugee camp equip him for action? What did I ever do to help him prepare? These are not rhetorical questions. Any human undertaking necessitates critical reflection, a focus on the fundamentals. Invariably, sound and fury signifies nothing, yet is mistaken for just the opposite. We cannot talk of genuine change and carry on with the status quo. Simply imposing new structures, for example, might be easier than creating mechanisms for people's control, but it is a mistake to assume that they will be any less enslaving. Concentrating merely on short-term tangibles might give an impression of results, but if the root causes of problems remain intact then such impressions are no more than fleeting illusions. When I reflect upon my time with H.L., I recognize what precious little meaning it has in light of his current circumstances. But when a litmus test fails, there's no reason to despair, it's a reason to act. Walk old tracks critically, discard what is

useless, modify what can be salvaged and go on from there. Action for all seasons.

nyah phay thwet

- 1 Rice can be used more sparingly if made into a porridge – see "The Politics in the Porridge", (below).
- 2 Literally meaning "White Elephant", the K'hswa War sect adheres to traditional Karen belief systems.
- 3 Karen National Liberation Army.
- 4 Khay Poo village tract is at least 3 days steady walk from the border.
- 5 This food aid would have come from an NGO.
- 6 Measured out as 24 condensed milk tins – about 15 pints.
- 7 The students and staff will have reconstructed temporary dwellings.
- 8 By being able to listen-in on military transmissions.
- 9 Unpaid and ill-treated conscripts.

For further discussion on...

Threats to Burma's subsistence economies; see also: "Global Economic Warfare", Burma Issues Vol. 5, No. 6, June 1995; "Bottom of the Barrel...", Burma Issues Vol. 6, No. 9, Sept. 1996.

The Karen education system: "Education for the Marginalized Karen", Burma Issues Vol. 7, No. 9, Sept. 1997.

THE POLITICS IN THE PORRIDGE

For centuries indigenous people throughout Burma have had to contend with food shortages, be they due to poor crops, marauding neighbors, or a panoply of other factors that might contribute to a difficult year for a small self-sufficient community. So in an historical light, conditions of food scarcity are not exceptional phenomena. Not surprisingly, the tough lessons of history have forged peoples highly adept at surviving harsh conditions, particularly both through their use of safety-net food stocks and inherent knowledge of local flora and fauna. A rhyming couplet from some traditional lyric prose serves to illustrate:

*Amid scarcity in times of
yore mother didn't die,
Mother survived by feeding
on wild rice grain*

No doubt in the contemporary context "mother" would find her age-old survival mechanisms being sorely tested by a military machinery seriously intent upon their destruction.

In the worst case scenario, that of a community with zero rice grain, the people inevitably are forced to survive almost exclusively by foraging in the forest for edible yams and leaf vegetables until a new crop is yielded. If rice stocks remain, but in inadequate quantities, then the scarce commodity is best cooked as a porridge. This is done either by simply boiling the rice until it has absorbed all the water, or by pounding it into a powder prior to boiling it. In both cases the rice takes up all the water it is cooked in, contrasting with the typical whole-grain cooking technique, which involves discarding much of the water. A little salt

added to this meager fare makes it palatable and the excess water gives the happily deceptive impression of a full belly. As less grain is used, so too the stock lasts longer.

Porridge in its most rudimentary form is known by Karens simply as may khlaw, that is, "boiled rice". Pulverized and cooked with a few simple additions, such as bamboo shoots and green vegetables, a little meat or some bones, and it becomes ta k'paw, a national dish of sorts. And here's what my friend Po Thu Thoo has had to say about that:



Every time we eat it [ta k'paw], it reminds us about our lives and difficulties that our people have experienced since long ago... They [our ancestors] had

to leave their country, their villages and fields and live in the forest where there was no rice. They were very hungry in the forest, some of them had a little rice, but not enough... So they looked for bamboo shoots, some vegetables and dried meat such as they could get in the forest. If we combine these things with a little rice then we can get [ta k'paw]... By itself it will give you enough strength...

But now some of us only think of this as a good curry and do not remember the troubles that we have had to experience. As for me, whenever I eat it, it always reminds me of the hard conditions that we have experienced since long ago....

Food for thought.

nyah phay thwet

HIV/AIDS IN BURMA: AN OVERVIEW

Burma is undergoing an epidemic of the Human Immunodeficiency Virus (HIV) and Aids, according to the country's own National Aids Program (NAP), the World Health Organization (WHO) and the United Nations Development Program (UNDP). In 1996, it was estimated that approximately 500,000 people in Burma had been infected by HIV. Of an estimated 160,000 drug addicts, mostly heroin users, at least half are said to be infected with HIV.¹ Estimates of HIV infections in Burma are extremely crude due to insufficient testing and monitoring procedures, education, prevention and care programs in Burma.

The World Health Organization's (WHO) Global Program on Aids estimates that the HIV virus is currently spreading faster in Asia than in any other part of the world. The WHO has identified the four hardest hit countries in the Asian region as (in order of HIV prevalence): India, with more than 1.5 million people are infected of its population of around 8.5 million; Thailand, with at least 800,000 of its population of around 60 million; Burma, with around 500,000 of 45 million people, and Cambodia with close to 200,000 of 7 million people. The first HIV screening programs in Burma were initiated in 1985 by the military government of General Ne Win, which preceded the SLoic regime. In 1988, Burma formally identified one case of HIV infection, when a 37-year-old patient at Rangoon General Hospital tested positive for HIV. In 1989-90, significant rates were identified in intravenous drug users (IDUs). Since then, the virus has been found wherever testing could be done, and in spite of the limited data, it is accepted that HIV has spread at an alarming rate. Factors contributing to the spread of HIV/Aids include the country's ongoing political crisis, mass population movements, poverty, backward medical conditions, and the flood of cheap heroin. The four principal transmission routes of HIV spread – unprotected sexual intercourse, sharing of injection equipment among drug users, transfusion of infected blood and blood products, and mother to infant – have been evidenced in Burma.

It is estimated that Burma now produces more than 50% of the world's raw heroin. While most of the drug is sold abroad, Burma has a little-acknowledged but widespread domestic heroin market. An estimated 60-70% of all IDUs in Burma have HIV.² The very high rates of HIV

infection among IDUs are primarily due to needle-sharing, which is the principal risk behavior for HIV infection among addicts worldwide. Possession of drugs and syringes is illegal in Burma. Syringes are in short supply, and addicts go to "tea stalls", shooting galleries behind shops and tea houses, where professional injectors give them their doses – up to 40 people may be injected with the same needle. Most of these addicts are young, and spread of HIV infection to other groups, including wives and girlfriends, is likely.³ The HIV epidemic among IDUs in Burma has contributed to the epidemic spread to drug users in at least two of Burma's border nations, China and India. The Burma-China border zone is currently the highest prevalence zone for HIV infection in China, and drug users on the Indian side, in the border state of Manipur have among the highest rates of infection in India (See "Out of Bounds," next page).⁴

Condoms were illegal in Burma until 1992, and there are now used by less than 1% of the population, making almost all sex unprotected. The condoms which are available are generally of questionable quality, and even when they are available, they are too expensive for the average Burmese. The UNAIDS program found in 1996 that 2% of pregnant women tested in Burma carried HIV – a higher rate of prevalence among pregnant women than any other country in Southeast Asia, including Cambodia and Thailand.

Prostitution is illegal in Burma, and men who patronize sex workers can be charged under laws dating from the 1880s British colonial penal code, which equated these acts with rape. People charged under this code face up to ten years in prison. As a result, prostitution has been driven underground, keeping most sex workers out of the reach of public health workers who might educate and promote prevention of HIV to sex workers and clients.⁵ Trafficking of Burmese women into other sex markets in the region is also a significant problem as most of the sex workers are lower class brothels and are often ignorant of, and are not accessible for education about HIV/Aids. There are a significant number of brothels in border towns, together with the high rate of tattooing and ear-piercing among most of the ethnic groups of Burma (which are rarely performed with sterile equipment) have immense potential for spreading the Aids virus throughout cities, towns, and the most remote villages.⁶ A large proportion of sex workers in northern Thailand come from Burma's Shan State and Yunnan, and they carry the virus with them when they return to Burma.⁷

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In 1996, it was estimated that 500,000 people in Burma had been infected by HIV. Estimates are very rough: by the end of 1996, Burma's National Aids Program had officially identified only 14,539 HIV infected persons, less than 3% of the estimated total. *Each figure represents about 10,000 HIV/Aids infected people in Burma.*



OUT OF BOUNDS: HIV/AIDS AT BURMA'S BORDERS

There is evidence to suggest that Burma is a main conduit of the "Aids route" which carries infection from Thailand to the border and remote tribal areas of India and China. Many governments consider cross-border migrant populations, which include workers, asylum seekers, refugees, underground groups, and ethnic minority groups, as the main transmission route for the disease across borders, due to poor living standards and drug abuse. While information about migration and HIV patterns is either non-existent or inadequate, the increasing rate of HIV incidence in border areas, ports and markets is of concern. It is possible that Aids reached Burma via the border towns of Thailand, through the flesh trade and heroin use. It has spread through northern Burma to China's southern border region Yunnan, and the isolated northeastern bordering state of India, Manipur, boasts the highest HIV/Aids rate in these countries. The twin border towns of Tachilek in Burma's eastern Shan state and Mae Sai in Chiang Rai, Thailand, have in the past few years experienced a sharp rise in HIV among commercial sex workers and intravenous drug users. According to Aids/STD at Burma's Health Ministry, HIV prevalence among pregnant women in Tachilek is the highest in Burma.¹ It is already too late to identify the area, or the group of people to blame for the "Aids route" into Burma; the epidemic is by now spreading at an alarming rate both across and within borders and is having a disastrous social and economic effect in the entire region.

The expanding heroin trade in Southeast Asia's "Golden Triangle" — the world's largest source of illicitly grown opium — has contributed to the epidemic of HIV/Aids. Burma's military junta has been accused of quietly supporting the drug trade instead of concentrating on battling the heroin epidemic, and the ramifications extend beyond Burma's borders.² Since the military junta took over

Burma in 1988, levels of drug addiction in China have increased more than seven times. Ruili, in western Yunnan just over the border from Burma, has emerged as the focus of public concern over Aids in China since its first group of infections were discovered among local intravenous drug users (IDUs) in 1989.³ The National Institute on Drug Dependence, based in Beijing, reports that in

detected in India.

Border trade has made these border towns boomtowns, drawing sex workers, truck drivers and easy cash, the same combination of factors which spelled Aids disaster in Africa.⁴ Sexual contact has been identified as one of the main transmission modes in cases of HIV infection found in Burma, Thailand and China. Contributing to the problem is the large-scale trafficking of women and young girls from Burma who are brought to border towns where they are sold into prostitution. These women and girls are in demand because customers perceive them as 'Aids-free', coming from a relatively closed country. In reality these women and girls do not remain Aids-free for long, as a number of their customers are already HIV infected, whether through drug use or sexual contact. This, combined with the number of infected drug addicts, forewarns the future of

these towns as ghost towns.

Socioeconomic factors inside Burma contribute to the speed of HIV infection. The effects of civil war and increasing poverty have led to a continuing outflow of Burmese people to neighboring countries. A huge problem is also the lack of education about and prevention of infection. In 1994, a US public health expert reported that Burma did not allow regional programs to warn people in Kachin and Shan states about Aids. Community-based organizations are not allowed to exist, and ethnic language materials are effectively banned.⁵ The military junta has been accused of letting the virus go unchecked among segments of the population it considers security risks, such as students and rebellious ethnic groups. There have been massive forced displacement programs in border zones such as the tribal Shan State and the Rohingyas in Arakan near the Bangladeshi border. These programs and tactics used in implementing these programs,

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The official border crossing between Mae Sai, Thailand and Tachilek, Burma. HIV/Aids is spreading quickly in many of Burma's border towns.

1989 there were about 70,000 addicts in China, and that by 1995 the number had grown to more than 500,000.⁴ Because IDUs repeatedly reuse non-sterile equipment, users have a high risk of HIV/Aids infection. Over 70% of China's HIV infected population is located in the border town of Ruili.⁵

Mizoram, Manipur and Nagaland, India's three northeastern states bordering Burma, are among the poorest in India. Because the area is sometimes racked by insurgency, it has been closed to foreigners for security reasons, but has long been open to the heroin trade. Authorities estimate that \$1 billion in drugs is transported to India every year, passing through Manipur. The state of Manipur had around 600 addicts in 1988 when the military junta took power in Burma, and by 1996 specialists in the region estimated that there were 40,000 addicts.⁶ Reported rates of infection among IDUs has jumped from zero in 1988 to nearly 70% in 1992, according to the US Census Bureau.⁷ Manipur has the worst HIV/Aids prevalence



"IN AS MUCH DANGER AS SOLDIERS"? HEALTH CARE AND HIV/AIDS IN BURMA

Health care facilities vary widely in Burma, but options for HIV/AIDS prevention and care are typically very limited. An estimated 35% of Burmese have no access at all to even basic health services.¹ Standards for 'basic' health care facilities are pretty low – everyday medical technology is incredibly scarce in Burma, with many hospitals or clinics having to do without x-ray equipment, microscopes, or even electricity. In places like this, everything available must be reused as much as possible. Many clinics have only one means of sterilizing their equipment: boiling water. In the more urban areas of central Burma, government clinics and hospitals generally have supplies of rubber gloves, some disposable syringes or sterilizing equipment, and tests for HIV (as well as malaria, TB, and elephantiasis, which are common diseases in Burma). Even where medical supplies are available, they are expensive and often the patients must pay additional charges for the use of such basics as disposable needles, rubber gloves, and basic medicines. HIV tests are costly and therefore generally used sparingly, only when the patient is considered to be at risk for the disease.

The economic crisis in Burma has hit government employees including health care workers very hard.² Nearly every physician or health worker works part-time at a separate clinic or other job to supplement their government salary – one town with about 30 qualified doctors reportedly also had 30 private clinics. This probably explains a common complaint that even when hospitals and government clinics are officially staffed, the staff can be inattentive or hard to find.

Because of shortages and the economic pressures on clinic staff, clinics often offer no additional services and no medications at all: the clinic staff just diagnose and tell the patients what to buy and they have to find it themselves, whether it be equipment or medication. For a fever, most people don't bother to go to the clinic, they just find a drugstore, where they can get medicine or an injection. Generally, government clinics have no dispensary, but there is usually a privately run profit-making drugstore close by.³

With so little medical help available to the

patients most at risk for HIV/AIDS infection, there are certainly many people in Burma who carry the virus, and eventually sicken and die from HIV-related causes, who never receive any medical care at all, and may not even know what illness they have. Those who do receive some medical care often just head to a pharmacy or local healer, and so they receive treatment by people with little or no medical training, and therefore with questionable knowledge in HIV/AIDS prevention. Most medical workers are truly doing their best to care for their patients, and to reduce risk of HIV/AIDS, but the resources and staff are simply stretched to the limit.

The following statement was made by a former nurse now living in Thailand, describing the conditions she worked under when she was still in Burma.

A Nurse's Statement⁴

In Burma, to become a nurse I needed to study for three years. After that, I had to work for three years as a trainee nurse in a government hospital run by the Ministry of Health. To become full-time staff at any government hospital in Burma, I then had to sign a ten year contract under which I would be penalized up to 50,000 kyats⁵ compensation, paid to the hospital, if I left my position before the contract term was up. In practical terms, even a nurse who has worked for thirty years is not permitted to resign.

Every nurse is willing to treat the patients well and with good intentions. But practically it is very hard because the hospitals were built with donations from the people but only the hospital building is there – the reality is that there are no medicines available at the hospital. In the hospital where I worked, there was no antiseptic lotion available for three to four years up to the time I left. So we were forced to ask the patients themselves to buy the antiseptic. Rubbing alcohol is distributed by the government Health department but there is not enough of it, so the staff of the hospital was forced to use boiled water with rubbing alcohol sprinkled in, to give it the smell of alcohol. No rubber gloves are issued to the nurses and the doctors, so we asked the patients to buy these too, but most of the patients are poor and can't afford these

things so the nurses must use torn, old rubber gloves. After the operation on a patient, these torn gloves are sterilized and used again. The hospital does not have the money to use disposable syringes either – we must use the reusable syringes that we are issued.

The staff at my hospital did not want to be involved in corruption so we didn't ask the patients to give us money to buy these things. Instead, we asked the patients and their families to buy the things we needed themselves, and then give them to us. Therefore, the patients had to spend a lot of their own money. For example, a circumcision cost the family about 3,000 kyats. A cesarean section cost about 15,000 kyats. A major operation might cost the patient about 50,000 kyats.

In the hospital, I saw many cases of venereal diseases, but I don't know about HIV/AIDS because there was no way for us to test for HIV infection. So the nurses who worked in the operating room, like when a baby was being delivered, were facing dreadful diseases that they were unable to protect themselves against.

The death rate of newborn babies, and the incidence of deformity in infants, and the number of malnourished babies were increasing during the time I was there.

Most of the nurses I worked with want to resign. Many nurses in the army resigned and tried to find a way to work in foreign countries... We nurses felt that we were at risk, being exposed to dreadful diseases and were in as much danger as soldiers. So we thought we should get protective devices for our work like gloves, sufficient food, and adequate rest between our shifts.

When I was there working at the hospital, the nurses wanted to do a good job and always had good intentions toward the patients. The major problem we faced was not getting enough salary and facing dangerous working situations.



E.M.

There are approximately 500,000 HIV/AIDS infected people in Burma. (See previous page.)



Sources, "In as Much Danger as Soldiers"?, page 6.

- 1 "Burma's Disease-Causing Generals," Dr. Cesar Chelala, *Asian Wall Street Journal*, July 11, 1997.
- 2 The pay for even the head of a hospital is about 2000 kyats a month, while rice alone costs more than 50 kyats a day for a family (two meals). This means that at this pay scale, a senior doctor must spend at least 75% of his or her official salary just buying rice for a family.
1 pyi = about 5 pints, or 8 condensed milk tins of regular polished rice, enough to feed an average family two meals for one day. The going price for 1 pyi of rice varies by region, but prices have been rising everywhere in Burma with the fall of the kyat. The price of rice in Rangoon was recently reported about 90 to 125 kyats for 1 pyi (June, 1997), about 50 kyats a pyi in rural (rice-growing) districts (August, 1997).
- 3 Statements by a man, 41, from Karen State, case study, collected by friends of Burma Issues, September 2, 1997. Pharmaceuticals and equipment originally provided by the government to a local clinic or hospital often reportedly end up on the shelves of a local profit-making drug store.
- 4 Interview with former nurse, May 3, 1996, Mae Sot, Thailand.
- 5 Well over three years' salary for an average government employee, for whom pay is about 1200 kyats a month.

Burma Issues has a library of refugee children's artwork available for use in publications, exhibitions, presentations, and/or purchase. All proceeds go directly to the artists.

The pictures cover a range of topics including environment, daily life, and the civil war; from young artists of various age levels. If you are interested in using artwork, please let us know the subjects and format in which you plan to use them, so we can provide you with pictures to suit.

PAYING FOR THE PRIVILEGE...

On August 11, 1997, KNLA... troops and militias encountered two porters in the jungle [of Ye-Tavoy District, Tenasserim Division]. Having offered them food they asked the two men to explain what had happened to them.

One of the men, M. Win from Ye Pyu Township, aged 42, had to travel with Burma Army Infantry Battalion 17 and do slave labour for them at Bong Htee Camp, near the border.... He said that if they [the porters] wanted to relieve themselves then they had to give 90 kyat each time. If they wanted more rice than they had been given, they had to buy it from the soldiers at 250 kyat for an afternoon meal, and for one bottle of water, 100 kyat. Smokes were also 100 kyat each...

M. Win escaped by giving 90 kyat in exchange for permission to go and relieve himself. He moved slowly into the forest and then fled... When found, both men were suffering from serious malnutrition. They were not at first able to swallow rice that was given to them.

Translated from *Kwe K'lu* Newspaper, Vol. 1, No. 19, Tuesday 1 Sept. 1997, pg. 4.

Continued from "Out of Bounds," page 5.

have led to accusations that "the Slorc regime uses Aids the way early North American settlers presented small pox-contaminated gift blankets to Indian tribes, to wipe out an indigenous population through disease."¹⁰ The Slorc has been criticized for its relatively small, vague, and culturally biased Aids education program. Education efforts in ethnic minority areas reportedly include Burmese language posters displayed in places where the majority cannot speak Burmese, much less read it.

Addressing the HIV/Aids problem in Burma will require an end to the military junta's complicity in the heroin trade, and a change in the miserable socioeconomic conditions in Burma which causes a continued outflow of migrants and refugees to the border areas. Until the HIV/Aids epidemic is properly addressed, the problem will continue to spread at an alarming rate, affecting huge populations both inside Burma and along Burma's borders.

V.J.C.

Sources, "Out of Bounds"

- 1 M Sakboon, "On the frontier of Aids transmission" *The Nation* 970616.
- 2 D Bernstein & L Kean, "The making of a narco-state", *The Nation* 970418.
- 3 A Quinn, "Border town fights Aids image" *The Nation* 940603.
- 4 Bernstein, supra note 2.
- 5 Quinn, supra note 3.
- 6 Bernstein, supra note 2.
- 7 R Chinal & R Goswami, "Heroin spills over into Indian frontier", *The Nation* 970502.
- 8 Quinn, supra note 3.
- 9 Chinal, supra note 7.
- 10 Edith Mirante, "Burma's AIDS Epidemic" in *The Plight of Women* (Report prepared by Burmese Women Union for the Fourth UN Conference on Women, Beijing, September 1995) at 57.

Continued from "Overview," page 4.

The current situation is of major concern in Burma's ethnic minority regions, where the Slorc is trying to return insurgent groups to the "legal fold" through ceasefire agreements, and/or has a strong military presence. There are countless reports of rapes perpetrated against women, (including those returning from working in the sex industry in neighboring countries), putting these women at risk of infection. One study of HIV infection risks among men in the Burmese military found that risk behaviors were common, and included sex with other men, extra-marital sex with sex workers and inconsistent or absent condom use.⁸ This risk behavior compounded with blood transfusions on the battlefields, and the other means of transmission, guarantees that HIV infection is continuing to spread rapidly throughout even remote areas of Burma.

Burma formalized HIV surveillance in 1992 when the Burmese government's National Aids Program (NAP) initiated a structured HIV sentinel surveillance effort which twice a year conducts protocol surveys in selected sites on selected sub-populations.⁹ The NAP's efforts have shown that HIV prevalence rates have been steadily increasing and HIV is having a significant impact on the general population of Burma. This is evident by the rates of HIV prevalence found among pregnant women and blood donors. The most prevalent forms of transmission have been through IDUs and heterosexual sex. In Burma, HIV/Aids risk will affect everyone: this an epidemic which threatens to continue exponentially to destroy Burma's social fabric unless a concerted effort is made to address the main factors contributing to the rapid spread of HIV infection in Burma.

V.J.C.

Sources, "Aids in Burma: An Overview"

- 1 Dr Cesar Chelala, "Burma's Disease-Causing Generals" *Asian Wall Street Journal* July 11-12, 1997
- 2 Rate measured at Burma's NAP sentinel sites, reproduced in M Sakboon, "On the Frontier of Aids transmission" *The Nation* June 6, 1997.
- 3 Faith Doherty, "Out of Control: The Aids epidemic in Burma" *Bangkok Post*, January 14, 1996.
- 4 The Southeast Asian Information Network, *Out of Control: The HIV/AIDS Epidemic in Burma* December, 1995 at 67.
- 5 Doherty, supra note 3.
- 6 Edith Mirante, "Burma's AIDS Epidemic" in *The Plight of Women* (Report prepared by Burmese Women Union for the Fourth UN Conference on Women, Beijing, September 1995) at 56.
- 7 Bertil Hultner, "Plague Without Borders" *Far Eastern Economic Review* 940721 at 26.
- 8 Supra note 5 at 11 citing Thein Myint Thu, Than Swe, Bo Kywe, et al: "Sexual Risk Behaviors in Young Soldiers HIV & VDRL Seroprevalence" Dept of Defence Medical Services, Myanmar. Abstract B304, The III International Conference on AIDS in Asia and the Pacific, September 17-21, 1995, Chiang Mai.
- 9 U Min Han, "Union of Myanmar Border-Area Migration & HIV/AIDS: Country Paper" (paper presented at the Second Technical Consultation on Transnational Population Movement and HIV/AIDS in Southeast Asian Countries - Thailand May 1997) at 6-8.

The Last Word

What Others Have to Say About Burma

"When the officers recruit the students from the village, they say the students can choose whatever they want to do in the future, but in fact the school decides the students' future." — *Khaplang, a former student who escaped from the Ye Nyunt middle-school, a Burma military sponsored institution that trains child soldiers, in northern Chin state.*

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"Suu Kyi's British marriage may have tarred her with an imperialist brush in the Slorc's rogue's gallery, but the United Kingdom remains Burma's biggest investor." — *Editor, Bangkok Post.*

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"It is essential for a person who will lead an organization to possess the spirit of sacrifice and to avoid ego and personal grudge[s]." — *Khin Nyunt implying that the NLD refused to meet with him because Aung San Suu Kyi has a grudge against the Slorc.*

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"We hope Asean won't send the request because we will have to say yes for Laos and no to for Burma." — *A high-level European Commission official referring to the possibility that Asean will request that Burma be included in the Asean-EU Cooperation Agreement which offers trade and training benefits.*

"Not surprisingly, the shortage of hard currency and the tight foreign exchange controls have caused some difficulties among investors who are more used to a mature and open economic environment."

— *Singapore's Trade and Industry Minister Lee Yock Suan stressing the need for Burma to work on improving the basics of its economy.*

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"With the country enjoying peace and stability, with a dynamic economy and with a strong social cohesion, Burma is ready to play its part in the mainstream of the region.... At this very important juncture when Myanmar is on the verge of economic takeoff, we consider ourselves to be very fortunate to have such good and supportive friends like Singapore."

— *Khin Nyunt when speaking at a joint ministerial meeting in Singapore.*

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"One lesson is that as a government, we have had to exercise creative patience and maximum tolerance in order to attain the objectives of peace and national reconciliation." — *Philippine President Fidel Ramos, in a speech offering advice to Burma's ruling generals on how to deal with internal opposition.*

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