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Burma's Man-Made Suffering

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On February 3, UN Special Envoy Gambari concluded his seventh official trip to Burma. He managed to meet with Daw Aung San Suu Kyi and senior members of the NLD, who declared that the release of the over 2,100 political prisoners in Burma must occur before any meaningful political reform is possible.

However, he failed again to secure a meeting with junta supremo Snr-Gen Than Shwe, who was too busy accepting the credentials of newly posted ambassadors from Cambodia, China and Vietnam.

Instead, Gambari had to make do with meeting Prime Minister Gen Thein Sein, who demanded the lifting of international economic sanctions if the UN “wants to see economic development and political stability,” calling such measures a human rights violation which affects health.

In a further snub to the UN, following the conclusion of Mr. Gambari's visit, the regime abruptly transferred Deputy Foreign Affairs Minister Kyaw Thu, the chairman of the Tripartite Core Group (TCG) for Cyclone Nargis relief, to an inactive post.

And, in a response to increasing international concern over Rohingya migrants fleeing Burma, declared it an “irrelevant issue” that has “nothing to do with Myanmar, nor is [it] a human rights problem.”

The political impasse continues, and with it Burma's ongoing health and humanitarian crises, including a disease of “national concern”—HIV/AIDS. Last November, Médecins Sans Frontières (MSF) released a report, *A Preventable Fate: the Failure of ART Scale-up in Myanmar*, decrying the inability to provide treatment to HIV/AIDS patients in Burma. An estimated 76,000 Burmese need life-saving anti-retroviral therapy (ART) today. However, fewer than 20 percent are getting it. Of those fortunate enough to be treated, some 11,000 receive medications from MSF. The Burmese government provides treatment for another

1,800.

“Having made an enormous effort to respond to the overwhelming need for ART treatment during the last five years, MSF can no longer take primary responsibility for ART scale-up in Myanmar,” MST noted. “Pushed to the limit by the lack of treatment on offer by other care providers, MSF has recently been forced to make the painful decision to drastically reduce the number of new patients it can treat.”

The failure to provide life-saving medications is predictable, as is the regime’s response to the report. Burmese Health Minister (and Than Shwe’s personal physician) Dr. Kyaw Myint said, “Some big countries have accused the country [Burma] of not giving effective treatment to the infected patients and lacking funds for fighting the disease ... Myanmar set aside 191.4 million kyat (US \$180,000) to combat the infection of the disease in 2007.”

So the junta spent only about \$0.70 per patient. This paltry sum, if used to purchase a year’s worth of first-line ART, would provide treatment for approximately 460 of the 76,000 patients who need it.

Yet the regime is awash with resources and has an estimated \$4 billion in currency reserves. For the 2007-2008 fiscal year, Burma posted a trade surplus of over \$3.2 billion, primarily from natural gas sales to Thailand. The generals can afford to do much more.

But the refusal to expend public funds on the public is only part of the problem. Within the last month, dozens of activists, private donors and community aid workers—including those providing HIV-related services—have been sentenced to long prison terms. These brave persons are also political prisoners of the regime.

U Eindaka, the abbot of Maggin Monastery, which provided housing and treatment services for HIV patients, received a 16.5-year sentence. His monastery was shut, the monks and patients turned out onto the streets.

Than Naing, of the group Friends with a Red Ribbon, which ran peer education programs, was given 6 years. Many other activists and aid workers have been threatened, harassed or forced to flee, including Phyu Phyu Thinn, a member of the National League for Democracy (NLD), who provided counseling, education and referral services for HIV patients who referred to her as a “mountain of hope.”

She helped coordinate services for HIV patients from rural Burma who were staying at the Shwehintha Yele Monastery while they received treatment. Last month, the monastery was raided and the patients ejected.

Chronic divestment in health, alongside draconian restrictions, harassment and the incarceration of relief workers, remain the root drivers of the health and humanitarian crises in Burma. These are the real human rights violations that affect health—not sanctions.

Donor aid should certainly be increased, but the junta must be pressured to do their share and expend the revenues of the country of Burma on the peoples of Burma. In the midst of multiple catastrophes, the Burmese regime has chosen instead to import over \$2 billion worth of arms from China since the 1990s, purchase a nuclear reactor from Russia at a reported cost of more than \$50 million, fund a lavish wedding for Than Shwe's daughter (with gifts valued at an estimated \$50 million), and build a new capital, *Naypyidaw* ("Abode of Kings"), thought to have cost over \$4 billion.

Naypyidaw boasts luxuries such as 24-hour electricity, three golf courses and a zoo, complete with a climate-controlled penguin house.

Meanwhile, official restrictions governing the work of international aid agencies have been tightened, particularly the rules covering domestic travel and data collection. Their priorities are clear: until the global community has the moral fortitude to address this underlying reality, the humanitarian crises of Burma will continue, especially for the 70 Burmese HIV patients who will die today from lack of care.

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