

Center for Public Health and Human Rights

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I would like to thank Chairman Berman, and the Members of the Committee for holding this hearing and for the opportunity to speak to you today on U.S. Policy toward Burma. The Congress has been a sustained supporter of the Burmese peoples' aspirations for democracy, human rights, and human security, and has backed up that bipartisan commitment with much needed and appreciated humanitarian assistance.

As a physician and public health researcher, I have been involved with health and human rights in Burma since 1993, and can say without hesitation that this is a critical moment for Burma's peoples. Both opportunities and risks abound. The new U.S. policy articulated by Secretary Clinton calls for expanding dialogue with the ruling State Peace and Development Council, and reaffirms the U.S. commitment to seeing real progress on democracy and human rights. Continued targeted economic sanctions give the administration needed leverage in supporting change in Burma. And importantly, the policy calls for genuine dialogue between the SPDC, the democratic opposition, and the ethnic nationalities, who will have such crucial roles to play in the democratic Burma we all hope to see. Taken together, this represents real opportunities.

But there are real risks too, as the SPDC moves forward with plans for proposed elections in 2010 and seeks to assert control in Burma's ethnic states and regions. I will focus on what is happening in Burma's ethnic areas, where we have been collaborating on public health and human rights work, but would first like to briefly address the political context. Despite the junta's current willingness to engage with the international community, the generals are continuing with arrests, detention, and prison sentences for democracy leaders, for opposition clergy, and for independent humanitarian relief workers, 5 more of whom were detained this past September.(1) At least 30 Buddhist Monks have been arrested in the past two months.(2) And on October 14th, the SPDC sentenced 11 more democracy activists to prison terms.(3) Political repression continues in Burma, as does the continued unjust detention of Daw Aung San Suu Kyi and some 2,200 other political prisoners.

Attacks on Ethnic Nationalities

The recent attacks on Burma's Ethnic Nationalities in the Karen, Shan, and Kokang ethnic areas, are the second major cause for concern in Burma today. In Shan State the attacks on civilians have been particularly intense: At least 39 Shan villages were attacked, with some 10,000 villagers forcibly displaced in July and August of this year—part of a systematic and widespread scorched earth campaign documented by the Shan Human Rights Foundation and the Shan Women's Action Network, and reported by Human Rights Watch on August 14th, 2009.(4) State Department Spokesman Ian Kelly addressed these attacks in an August 31, 2009 briefing:

The United States is deeply concerned over the attacks by the Burma Army in eastern Burma against several ethnic nationality groups, and we continue to monitor developments carefully. The brutal fighting has forced thousands of civilians to flee their homes for safety in Thailand and China, and reduced both stability and the prospects for national reconciliation. We urge the Burmese authorities to cease their military campaign and to develop a genuine dialogue with the ethnic minority groups, as well as with Burma's democratic opposition.(5)

Such mass atrocities are not new to Burma. In population-based health and human rights assessments conducted by our collaborative Burmese and American team in 2006-2007 among over 2,900 ethnic households in eastern Burma, the Shan villagers suffered among the highest rates of abuses of any group. More than a quarter of all Shan families had been forcibly relocated in the last year, 24% had at least one family member taken by soldiers for forced labor, and an astonishing 9% of households had at least one family member injured by a landmine—one of the highest rates ever documented.

Other ethnic groups, most recently the Karen, have also faced intensified fighting and egregious rights violations—some 5,000 Karen have recently fled into Thailand according to Human Rights Watch.(4) In a 2008 population-based survey by done by The Mae Tao Clinic led by Dr. Cynthia Maung, the Backpack Health Workers Team, and our group in Karen State we sampled some 1380 households, a total population of over 7,500 adults and children. Here the landmine incidence alone was 22/10,000 persons per year, again, an extraordinarily high rate.

The plight of the Rohingyas, a Muslim minority persecuted in Western Burma, has also caused international concern. Human Rights Watch called for an end to the junta's systematic abuses against the Rohingya in May of this year.(6) And the attacks against the Kokang ethnic group in northern Shan State drove some 37,000 refugees into China's Yunnan Province in August, 2009, raising concerns about regional stability, and eliciting a rare rebuke from China. China took the unusual step of officially calling on the SPDC to maintain peace along their shared border.(7) PRC foreign ministry spokeswoman Jiang Yu stated "Safeguarding stability along the China-Myanmar border is in the vital interest of the two peoples and is the common responsibility of the two governments."(7)

These renewed assaults on Burma's ethnic peoples appear to be part of the junta's strategy for the 2010 elections. The generals are attempting to force their ethnic opponents to become border patrol forces and to participate in the proposed elections. Most of the larger ethnic groups and political parties have rejected these offers, and have rejected the junta's new constitution. One of the largest and most heavily armed groups, The United Wa State Party appears likely to reject the junta's offers. A second, the Kachin National Organization, has recently rejected the junta's offer and the 2010 elections, increasing the likelihood of more ethnic conflicts. In preparation for the potential refugee flows from this fighting, China has taken the extraordinary step of preparing three refugee camps on its border with Kachin State.(8) The junta is *creating* new humanitarian emergencies with its current campaign for political control of ethnic areas and destabilizing its border regions with China. Burmese refugees continue to flee not only into China, but to Thailand, India, Bangladesh and Malaysia, making this a truly regional concern.(4, 5, 6, 7, 8)

Ethnic National Reponses and Agency

Burma's ethnic peoples are not solely victims of the junta's policies. They are also active change agents. The Mae Tao Clinic led by Dr. Cynthia Maung served over 68,000 people last year, in over 95,000 clinic visits: 52% of all patients came for care from Burma; 76% of malaria cases, 85% of eye surgeries, and 63% of all severe malnutrition cases. Burmese people are voting with their feet and seeking care where they can find it.

Let me give one recent example of the capacity of these programs: Just last month there were reports of an epidemic of flu-like illness among children and young adults in several communities of internally displaced persons in Eastern Karen State. By September 11, 9 villages had reported cases to the local medics, who are supported by the Backpack medical teams. By early October, 450 cases had been reported. The Ethnic Medical teams initiated 4 activities: a health campaign, disease surveillance, outbreak investigation, and treatment and care. Specimens from flu cases were taken out of the affected area on Sept 24th, and tested in Thai labs. On Sept 29th, these tested positive for seasonal influenza, and negative for Avian flu and H1N1, both of which had been concerns. This is a powerful example of agency, of communities meeting their own responsibility to protect, and of why assistance to these community-based ethnic organizations can be so effective. Refugees International has done a recent (September 30th) report "Thailand: New Problems Challenge Old Solutions" which highlighted this kind of cross-border assistance and pointed out that in many cases, this is the only way to reach and serve IDPs in those areas where the junta has prohibited international agencies from working.(9) In Eastern Burma alone, we estimate that there are some 600,000 such IDPs.

Central and Urban Burma

In the central and urban regions of Burma the health and humanitarian situation remains dire as well. As reported by the Australian Economist Sean Turnell and based on IMF data, the SPDC is estimated to hold more than 4 Billion USD in foreign exchange reserves, yet expenditures on health and education remain among the lowest worldwide.(10) The official government expenditure on health is some \$0.70 per capita per annum, or 0.3% of the national GDP according to Doctors Without Borders—a figure that does not reflect the gross disparity of care within the country: health and social services are markedly scarcer in rural and ethnic minority areas.(11) Health care access is largely privatized in Burma—a great burden on the majority of Burma's people, most of whom live in poverty. The Economist Intelligence Unit reports a GDP per capita of 435 USD in 2008, or 1.2 USD/day.(12)

Private care is out of reach for most Burmese. HIV/AIDS care is an example: The National AIDS Program budget of some 200,000 USD/year for the entire country in 2008 is extremely low.(12) And it means that the great majority of Burmese living with AIDS in need of immediate treatment with ARV, an estimated 76,000 people in 2008, do not have access. Most who do have access, some 11,000 people, are treated by MSF, who has made clear that they cannot assume the responsibility of a national ARV program.(13) The SPDC can and should do much more, and calls for increased humanitarian support should be coupled with calls for the SPDC to spend the resources of the Burmese people on their wellbeing.

The argument that Burma's remarkably poor health outcomes are due simply to limited foreign aid ignores the reality that the SPDC has divested in health and education funding, while spending lavishly on its military.(14) This is true in the Irrawaddy Delta areas affected by Cyclone Nargis as well. The SPDC has contributed remarkably little to the relief effort, an estimated total of some 45 million USD since the Cyclone hit, and built some 10,000 homes. But a recent estimate from UN-Habitat is that 130,000 families, some 450,000 people, are still in "dire need of shelter," more than a year and half after the storm.(15) Burmese families on their own, despite their poverty, are doing much more than the junta: UN-Habitat estimates that 209,000 families have re-built their own homes since the storm.(15)

In addition to expending relatively little of its own resources on the social sector, the SPDC also continues to limit the ability of international agencies to assist. I was denied a visa in the period after Cyclone Nargis, for example, and was told that this was due to my being "a humanitarian doctor." Recent reports suggest that visa restrictions imposed by the junta are again complicating assistance programs. Policy reform such as the easing of these visa restrictions, could have enormous impacts on the social sector in Burma.

What can the United States do at this critical juncture to support democracy in Burma and alleviate suffering?

- Expand humanitarian assistance both inside the country and through the Ethnic National health services in border regions—and couple this giving with pressure on the SPDC to expand its own funding for humanitarian assistance, health care, and education.
 - The House has passed legislation to provide some 32 million dollars for FY 2010, 12 million for Cyclone Nargis relief, and 20 million for Thailand based relief, including 4 million for cross border aid. This is an increase over the 28 million allocated in FY 2009. The Senate bill calls for some 39 million for FY 2010. And the US has already given some 75 million in total to Nargis relief efforts.
- Continue to exert positive political pressure for true progress toward democracy and freedom in Burma. This means continuing to call for the release of all political prisoners, including U.S. citizens, and mandating that the NLD and the ethnic leadership be part of the greater engagement of the U.S. with all potential dialogue partners in Burma, and calling for an immediate cessation of attacks on civilians by the SPDC and its proxies.
- Support Daw Aung San Suu Kyi's recent efforts for her Party's direct engagement in dialogue with the SPDC leadership.
- Continue and implement targeted "smart sanctions" against the SPDC and its business partners to maintain pressure on the junta for real and meaningful change. Make explicit the pathway toward which sanctions could be progressively lifted as political reform occurs.
- Expand multi-lateral diplomacy with the UN, the EU, ASEAN, with India, and Russia, and most importantly with China, where the U.S. has a unique strategic opportunity, given China's public discord with the junta over refugees and the treatment of both ethnic Chinese Burmese nationals, and Chinese nationals resident in Burma.
- The US, EU, Sweden, Japan and others should press for Daw Aung San Suu Kyi's to be able to meet with the NLD Central Executive Committee, including with NLD leaders U Tin Oo and U Win Tin, before any further meetings between the US Government and the regime ensue.
- Work with the international community on an expanded arms embargo which should be in place as long as the Burmese military continues to terrorize civilian populations.
- Actively support the U.N. investigation of the regime's crimes against humanity to
 continue political pressure and to hold the SPDC accountable for any crimes it has
 committed. Tolerance for the SPDC's impunity will not further democratization.

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