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In Burma, repression — and rebellion — are linked to healthcare crisis

Months before September's uprising, Human Rights Center researchers warned of a "gathering storm" of deadly diseases

By Barry Bergman, Public Affairs | 31 October 2007

"When you're moving around in Burma, you realize how really beaten down people are," says Eric Stover, faculty director of the campus Human Rights Center. "People are cautious in dealing with foreigners, they're fearful."

So deep is the despair under the Burmese junta, Stover says — and so widespread the need even for basic healthcare in a country ravaged by malaria, tuberculosis, HIV/AIDS, and other infectious diseases — that many diplomats and others working inside Burma's borders had believed there was little chance of the kind of demonstrations that began in late September, exploded into the "Saffron Revolution," and triggered a brutal military crackdown against pro-democracy protesters, including thousands of Buddhist monks.

"It came as a surprise to many of us to see the uprising," Stover says. At the same time, he adds, "the catalyst was probably the desperation people felt" after decades of harsh military rule — a desperation painted in stark, unemotional strokes by a report co-authored by Stover and released in late June, *The Gathering Storm: Infectious Diseases and Human Rights in Burma*.

To compile the 169-page report, the Human Rights Center and the Johns Hopkins Bloomberg School of Public Health in 2006 dispatched teams of researchers to Rangoon and the border regions of China, Thailand, Bangladesh, and India, where they found rising rates of HIV/AIDS, one of the world's highest rates of TB, increased drug resistance and distribution of counterfeit drugs, and virtually no health infrastructure in a nation further battered by death and injury from ethnic warfare.

"Health professionals in the region had been beginning to get concerned about Burma because it seemed to be an incubator for diseases re-emerging across borders," explains Stover, an adjunct professor of law and public health. "That said, no one had gone and done a systematic study that looks inside Burma itself and all around the borders to collect data and see what the situation is. So we decided to do what's really a report of record — it's just saying, 'Here's what we could find out by visiting these border areas.'"

At a panel discussion last week in Wheeler Hall's Maude Fife Room, three of the researchers who made those visits described a dire situation in which decades of repression, corruption, and civil war have not only added to Burma's misery but helped make it a regional breeding ground for some of the world's most devastating diseases.

Recent events in Burma, said Chris Beyrer, a professor of epidemiology and the director of Johns Hopkins' Center for Public Health and Human Rights, were "foreshadowed" by the June report. "What we essentially found is that the public-health disaster that has been occurring in this country is the result of years of military misrule, and of an extraordinary disinvestment in public health and healthcare generally, in the education sector, really an abrogation of the functions of government. The Saffron Revolution, as it's called, was a profound response to that."

Beyrer, who traveled to the Thailand-Burma border with Stover and other researchers, noted the

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“longstanding, complex humanitarian crisis” that has resulted from a 53-year insurgency against military rule by the Karen, one of eight major ethnic groups within Burma. Yet while near-constant warfare, theft of food by soldiers, forced labor, and land-mine detonations have imposed additional suffering on those living along the southeastern border, other problems are shared by the majority of Burma’s roughly 50 million people.

The country has as many as 2 million refugees within its borders, many of whom are forced to travel miles to find access to healthcare in neighboring countries, at such places as the Mae Tao Clinic, founded by Dr. Cynthia Maung — who fled to Thailand in the wake of the junta’s 1988 crackdown on pro-democracy protests — or groups like the Backpack Health Worker Team, which sends medical providers into remote rural areas and border areas in the grip of ethnic armed conflict. For millions of Burmese citizens, other healthcare options are close to nonexistent — particularly since recent restrictions on nongovernmental organizations have forced pullouts by the French arm of Médecins Sans Frontières (Doctors Without Borders) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and have hamstrung even the International Committee of the Red Cross.

As reported in *The Gathering Storm*, the junta spends 40 percent of its annual budget on the military, with only 3 cents of every dollar going to healthcare — an average of about 40 cents per citizen.

In 2006, observed Beyrer, Burma’s military dictator, Senior Gen. Than Shwe, spent some \$40 million on his daughter’s wedding, a short (but damning) video of which was later posted on YouTube. That compared with \$137,000 for a nationwide program to combat AIDS.

“If you have priorities like that,” Beyrer said, “it should not be surprising to anyone that you get what you pay for, which is really terrible problems with HIV, tuberculosis, and malaria.”

Physician Tom Lee, an adjunct associate professor of emergency medicine at UCLA and the director of the Berkeley-based Global Health Access Program, noted that health-related NGOs are permitted to work mainly in more central areas of the country, where malaria risks are far lower than near the borders. Lee, who focused his research on Burma’s border with China — he, too, was accompanied by Berkeley’s Stover — said that while Southeast Asia isn’t known for a prevalence of malaria, rates in Burma now rival those in sub-Saharan Africa.

After Afghanistan, he said, Burma is also the world’s No. 2 producer of heroin. With the help of a map from a recent article by Beyrer published in the journal *PLoS Medicine*, Lee traced the major heroin-traffic routes near the China border, explaining that the spread of HIV closely follows those routes.

Stover, who didn’t take part in Thursday’s panel discussion — he’d just returned from a trip to Cambodia — says that despite the clear correlation between human rights and public health, he still believes there’s hope for Burma.

“The glass is half full or half empty,” he says. “We work on the basis that it’s half full.”

“What we would like to do, from the outside and looking in at the health situation, is help support the growth of the civil-society NGO sector there,” he says. “There are people who are internally displaced who just need healthcare. So the most important thing — we’re talking triage — is to do the cross-border work. And next is to help civil society inside.”

Meanwhile, Stover says, simply documenting the problems — and making recommendations for addressing them, whether or not the junta is likely to implement them — is no small thing.

“What you find often with the humanitarian organizations working inside is they can’t speak out about human rights, because if they did they’d be told to leave,” he says. “So it’s important for groups on the outside to be able to point to problems and say, ‘Look, something has to be done about this.’”

Also taking part in Thursday’s discussion were Emily Whichard, program officer for the Global Health Access Program and a medical student at UCSF, and the Human Rights Center’s Rachel

Shigekane, a Berkeley lecturer in peace-and-conflict studies, who served as moderator.

For a downloadable copy of the report, visit www.hrcberkeley.org/index.html
(<http://www.hrcberkeley.org/index.html>).