

RECENT DEVELOPMENTS IN BURMA

HEARING BEFORE THE SUBCOMMITTEE ON EAST ASIA AND THE PACIFIC OF THE COMMITTEE ON INTERNATIONAL RELATIONS HOUSE OF REPRESENTATIVES ONE HUNDRED SEVENTH CONGRESS

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RECENT DEVELOPMENTS IN BURMA

WEDNESDAY, JUNE 19, 2002

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON EAST ASIA AND THE PACIFIC,
COMMITTEE ON INTERNATIONAL RELATIONS,
Washington, DC.

The Subcommittee met, pursuant to call, at 10:07 a.m. in Room 2200, Rayburn House Office Building, Hon. James A. Leach [Chairman of the Subcommittee] presiding.

Mr. LEACH. The Committee will come to order.

On behalf of the Committee I would like to welcome our distinguished Administration witnesses, both of whom are making their inaugural appearances before us today to review recent developments in Burma.

As Members are aware, some 18 months of quiet dialogue between Burma's repressive military regime and pro-democracy leader Aung San Suu Kyi finally bore fruit early this May with the long-awaited release of the Nobel-prize winning dissident from house arrest. Other confidence-building steps included the freeing of between 250 and 300 of more than a thousand political prisoners and the reopening of some 45 offices in greater Rangoon by Suu Kyi's party, the National League for Democracy, NLD. She has been relatively free to travel in and around Rangoon and recently completed her first visit outside the capital.

The easing of restrictions of the democratic opposition is in large measure due to the efforts by the United Nations Special Envoy, Razali Ismail who has been facilitating talks between the military leadership—which in Orwellian fashion calls itself the State Peace and Development Council (SPDC)—and the democratic opposition. The UN Envoy is seeking the release of all political prisoners and continuation of talks between the two parties.

Despite these promising developments there is ample ground for caution. In 1995, 6 years after she was first detained and 5 years after NLD one a landslide election whose results the Burmese military never honored, Suu Kyi was set free under similar circumstances. Five years later conflict over the scope of her political activities and travel plans led again to her being placed under house arrest.

Since Suu Kyi was freed in May no discussions have taken place between the military, the NLD and ethnic minority groups about next steps leading to national reconciliation and the restoration of democracy.

It therefore remains an open question whether Burma's military leadership is willing to cede its dominant role in the country by fa-

cilitating a transition to civilian rule or whether the confidence-building steps to date are merely a tactical response to diplomatic pressure and a failing economy in dire need of foreign aid and investment.

In this regard the Bush Administration has stated in no uncertain terms that improvement of relations between our two countries will depend on concrete steps toward national reconciliation and political reform. At the same time, recognizing the country's deepening humanitarian crisis, the Administration has also indicated its desire to work with Congress to address HIV/AIDS and other humanitarian crises in Burma in a manner that does not signal any slackening in our opposition to the current military regime.

From a congressional perspective Burma's future matters not only to American interests but to peace and stability in Southeast Asia. Our primary objectives will continue to be focused on human rights, democracy, refugee assistance, and an end to Burmese production and trafficking of illicit narcotics. However, we also have an interest in reaching out to the Burmese people with humanitarian assistance including medical interventions to help stem the devastating spread of HIV/AIDS. In addition, Burma's extraordinary biodiversity is jeopardized by ongoing civil conflict and the regime's opportunistic exploitation of its natural resources.

Then there is the regional security dimension. Burma occupies an important strategic crossroads in East Asia, sandwiched between China and India, the world's two most populous countries. A stable and democratic Burma is not only less likely to be a source of tension and conflict in the region, but is also more likely to be an asset to our friends in ASEAN.

The great tragedy of the current circumstance is that in the early 1960s Burma was potentially the most prosperous country in Southeast Asia. Today after 40 years of military misrule its economy is in shambles, health and educational services are in precipitous decline, while its citizens continue to suffer human rights abuses and repression. The dilemma for the United States and other interested outside parties is how to craft policies that can best help the people of Burma to move forward toward democracy and national reconciliation as well as economic and social development.

In this regard questions are obvious. Should the U.S. insist that Burma honor the results of the May 1990 election or focus instead on a new process leading to civilian democratic rule?

How can the U.S. and others use humanitarian assistance to help improve the lives of the Burmese people without strengthening the junta?

When is dialogue with the military appropriate and when is it ill advised? Should, for instance, we have limited contact with the military for the purpose of stemming the spread of HIV/AIDS and countering the drug trade?

How can the U.S. best utilize its limited economic and diplomatic leverage, including sanctions, to help affect progressive change in a society not only dominated by the military but hallmarked by a tradition of xenophobic nationalism?

We hope our witnesses can respond to these and other questions and we look forward to your testimony.

[The prepared statement of Mr. Leach follows:]

PREPARED STATEMENT OF THE HONORABLE JAMES A. LEACH, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF IOWA, AND CHAIRMAN, SUBCOMMITTEE ON EAST ASIA AND THE PACIFIC

On behalf of the Subcommittee, I would like to warmly welcome our distinguished Administration witnesses, both of whom are making their inaugural appearances before us today to review recent developments in Burma.

As Members are aware, some eighteen months of quiet dialogue between Burma's repressive military regime and pro-democracy leader Aung San Suu Kyi, finally bore fruit early this May with the long-awaited release of the Nobel-prize winning dissident from house arrest. Other confidence-building steps have included the freeing of between 250–300 of more than a thousand political prisoners, and the reopening of some 45 offices in greater Rangoon by Suu Kyi's party, the National League for Democracy (NLD). Suu Kyi has been relatively free to travel in and around Rangoon, and recently completed her first visit outside the capital.

The easing of restrictions on the democratic opposition is in large measure due to the efforts by United Nations Special Envoy Razali Ismail, who has been facilitating talks between the military leadership—which in Orwellian fashion calls itself the State Peace and Development Council (SPDC)—and the democratic opposition. The UN Envoy is seeking the release of all political prisoners and continuation of talks between the two parties.

Despite these promising developments there is ample ground for caution. In 1995, six years after she was first detained, and five years after the NLD won a landslide election whose results the Burmese military never honored, Suu Kyi was set free under similar circumstances. Five years later, conflict over the scope of her political activities and travel plans led again to her being placed under house arrest. Since Suu Kyi was freed in May, no discussions have taken place between the military, the NLD, and ethnic minority groups about next steps leading to national reconciliation and a restoration of democracy.

It therefore remains an open question whether Burma's military leadership is willing to cede its dominant role in the country by facilitating a transition to civilian rule, or whether the confidence-building steps to date are merely a tactical response to diplomatic pressure and a failing economy in dire need of foreign aid and investment.

In this regard the Bush Administration has stated in no uncertain terms that improvement of relations between our two countries will depend on concrete steps toward national reconciliation and political reform. At the same time, recognizing the country's deepening humanitarian crisis, the Administration has also indicated its desire to work with Congress to address HIV/AIDS and other humanitarian crises in Burma in a manner that does not signal any slackening in our opposition to the current military regime.

From a Congressional perspective, Burma's future matters not to only American interests, but to peace and stability in Southeast Asia. Our primary objectives will continue to be focused on human rights, democracy, refugee assistance, and an end to Burmese production and trafficking of illicit narcotics. However, we also have an interest in reaching out to the Burmese people with humanitarian assistance, including medical interventions to help stem the devastating spread of HIV/AIDS. In addition, Burma's extraordinary biodiversity is jeopardized by ongoing civil conflict and the regime's opportunistic exploitation of its natural resources.

Then there is the regional security dimension. Burma occupies an important strategic crossroads in East Asia, sandwiched between China and India, the world's two most populous countries. A stable and democratic Burma is not only less likely to be a source of tension and conflict in the region, but is also more likely to be an asset to our friends in the Association of Southeast Asian Nations (ASEAN).

The great tragedy of the current circumstance is that in the early 1960s Burma was potentially the most prosperous country in Southeast Asia. Today, after forty years of military misrule, its economy is in a shambles, health and educational services are in precipitous decline, while its citizens continue to suffer human rights abuses and repression. The dilemma for the United States and other interested outside parties is how to craft policies that can best help the people of Burma to move forward toward democracy, national reconciliation, as well as economic and social development.

In this regard, questions are obvious. Should the U.S. insist that Burma honor the results of the May 1990 elections, or focus instead on a new process leading to civilian democratic rule? How can the U.S. and others use humanitarian assistance to help improve the lives of the Burmese people without strengthening the junta?

When is dialogue with the military appropriate, and when is it ill-advised? Should, for instance, we have limited contact with the military for the purpose of stemming the spread of HIV/AIDS and countering the drug trade? How can the U.S. best utilize its limited economic and diplomatic leverage, including sanctions, to help effect progressive change in a society not only dominated by the military, but hallmarked by a tradition of xenophobic nationalism? We hope our witnesses can respond to these and other issues. We look forward to your testimony.

Mr. LEACH. Mr. Faleomavaega?

Mr. FALEOMAVAEGA. Thank you, Mr. Chairman.

Given last month's release of—I am having a little problem whether to call the country Burma or Myanmar. Maybe our friends could help us with this.

Anyway, Myanmar's democratic leader Nobel Peace Prize winner Aung San Suu Kyi was released and this is a particularly auspicious time to review our Nation's relations with Myanmar. I commend you Mr. Chairman for convening this timely hearing.

Today, as you know Mr. Chairman, is Aung San Suu Kyi's 57th birthday, and on this day of personal celebration it is most fitting that the world should rejoice with Aung San Suu Kyi to celebrate her hard-won freedom. In an address from Rangoon on her birthday Aung San Suu Kyi has called upon the women of Burma or Myanmar to overcome substantial handicaps and to play a greater role in their country, paving the way for a peaceful, prosperous nation to secure its democratic institutions.

Mr. Chairman, in ways that words cannot begin to describe, Ms. Suu Kyi's personal story of dedication and sacrifice on behalf of democracy for her people has set an example for generations not only in Myanmar but throughout the world to respect, to emulate and to follow.

I further wish to recognize the efforts of UN Secretary Kofi Annan and his Special Envoy, Mr. Razali Ismail, for contributing greatly to the recent political progress in Myanmar. Their work will significantly enhance the atmosphere of confidence between the National League for Democracy and Burma's repressive military regime resulting not only in Suu Kyi's release from house arrest, but the freeing of some 300 political prisoners.

Mr. Chairman, while we all applaud the recent breakthrough of the political impasse in Burma or Myanmar, much remains to be done. Hundreds of political prisoners remain locked up in jail; political parties are not allowed to operate freely and openly; forced slave labor is common; and Myanmar's military leadership has refused to engage in substantive political talks with Aung San Suu Kyi. All of this is transpiring against a background where almost half of Myanmar's government budget is dedicated for military use while the country's 42 million people suffer from significant food and fuel shortages, 45 percent inflation, massive unemployment, and a threatening HIV/AIDS epidemic that could rival the devastation and tragedy in Africa.

Mr. Chairman, these are tremendous and mounting challenges that face the good people of Myanmar. As Congress contemplates maintenance of our present policy of economic and political sanctions toward Myanmar's repressive military regime, which at this point appears to have had some effect, it is important that we reach a balance that protects the Myanmar people from prolonged

hardship and unnecessary deprivation while promoting continued progress toward democracy.

I am confident that our distinguished witnesses today from the State Department and AID will be able to give us guidance on these matters.

Forgive me for my voice, Mr. Chairman. I just arrived this morning at 5:30 after traveling some 16,000 miles. I hope my voice will improve.

I did not realize that we have a new Assistant Secretary of East Asia and Pacific Affairs, or am I wrong in reading this document here, Mr. Chairman? Is Jim Kelly still the Assistant Secretary of East Asia?

Mr. DALEY. Yes he is, Representative Faleomavaega. I am his deputy who handles Southeast Asia and the Pacific Island countries.

Mr. FALEOMAVAEGA. All right. I think there was a misprint here. Thank you.

[The prepared statement of Mr. Faleomavaega follows:]

PREPARED STATEMENT OF THE HONORABLE ENI F.H. FALEOMAVAEGA, A
REPRESENTATIVE IN CONGRESS FROM AMERICAN SAMOA

Mr. Chairman:

Given the release in May of Burma's democratic leader and Nobel Peace Prize laureate, Aung Sang Suu Kyi, this is a particularly auspicious time to review our Nation's relations with Burma and I commend you, Mr. Chairman, for convening this very timely hearing.

Today, as you know, Mr. Chairman, is Aung Sang Suu Kyi's 57th birthday and, on this day of personal celebration, it is fitting that the world rejoice with Aung Sang Suu Kyi to celebrate her hard-won freedom.

Typical to form, in an address from Rangoon on her birthday, Aung Sang Suu Kyi has called upon the women of Burma to overcome substantial handicaps and to play a greater role in their country—paving the way for a "peaceful, prosperous nation, secure in its democratic institutions."

Mr. Chairman, in ways that words cannot begin to describe, Aung Sang Suu Kyi's personal story of dedication and sacrifice on behalf of democracy for her people has set an example for generations—not only in Burma but throughout the world—to respect, to emulate, and to follow.

I further wish to recognize and commend the efforts of U.N. Secretary General Kofi Annan and his Special Envoy, Mr. Razali Ismail, for contributing greatly to the recent political progress in Burma. Their work has significantly enhanced the atmosphere of confidence between the National League for Democracy (NLD) and Burma's repressive military regime (State Peace and Development Council, "SPDC"), resulting not only in Aung Sang Suu Kyi's release from house arrest but the freeing of 300 political prisoners.

Mr. Chairman, while we all applaud the recent breakthrough in the political impasse in Burma, much remains to be done.

Hundreds of political prisoners remain locked up in jail; political parties are not allowed to operate freely and openly; forced slave labor is common; and Burma's military leadership has refused to engage in substantive political talks with Aung Sang Suu Kyi.

Moreover, all of this is transpiring against a background where almost half of Burma's government budget is wasted on the military—while the country's 42 million people suffer from significant food and fuel shortages, 25% inflation, massive unemployment, and a threatening HIV/AIDS epidemic that could rival the devastating tragedy in Africa.

Mr. Chairman, these are tremendous and daunting challenges that face the good people of Burma.

As Congress contemplates maintenance of our present policy of economic and political sanctions toward Burma's repressive military regime—which at this point appears to have been effective—it is important that we reach a balance that protects the Burmese people from prolonged hardship and unnecessary deprivation while promoting continued progress towards democracy in Burma.

Mr. Chairman, I am confident that our distinguished witnesses today from the State Department and the Agency for International Development will be able to give us guidance on these matters, and I look forward to their testimony.

Mr. LEACH. Thank you very much.

Our two witnesses today are first the Deputy Assistant Secretary of State for East Asia and Pacific Matthew Daley. In going over your bio which is very impressive I see that you have a daughter who teaches psychology at USC. I think we may have the wrong member of the family testifying. [Laughter]

Our second witness is Karen Turner who is the Deputy Assistant Administrator for the Bureau for Asia and the Near East. I do not know if you have any daughters, Ms. Turner, but you have also a very impressive resume that includes degrees from two of Harvard's graduate schools, but most importantly a Midwestern undergraduate degree which we appreciate very much. [Laughter]

Mr. Daley, please proceed. And both of your full statements without objection will be placed in the record. You may proceed as you see fit.

Mr. Daley?

STATEMENT OF MATTHEW DALEY, ASSISTANT SECRETARY OF STATE FOR EAST ASIA AND PACIFIC AFFAIRS, U.S. DEPARTMENT OF STATE

Mr. DALEY. Mr. Chairman, thank you very much and also thanks to the Members of the Subcommittee on East Asia and the Pacific for inviting me to speak today and offering our views on the current situation in Burma.

I will indeed abbreviate my remarks and very much appreciate your offer to put the full statement in the record.

The people of Burma live under an authoritarian military regime that has been widely condemned for its repressive policies and its serious human rights abuses. Military regimes in one guise or another have controlled Burma for over 40 years and until very recently there was little cause for hope or optimism that this situation might improve.

It is possible, however, that Burma's stagnant, bleak political landscape can gradually be changing. As you mentioned, Mr. Chairman, Aung San Suu Kyi was finally released from house arrest on May 6th with the regime publicly stating that she would enjoy full freedom of movement and association, and committing itself to continuing the process of political dialogue aimed at national reconciliation, a dialogue that began over 18 months ago.

Since her release the initial indications are that indeed she may enjoy much greater freedom than before her house arrest. Last week she traveled to a monastery some 200 miles from Rangoon in Karen state, and if the regime allows her in the weeks to come to travel outside of Rangoon to engage in political activity and allows the National League for Democracy (NLD) to function as a full-fledged political party then I think we will have seen a real and major step forward.

But there is no guarantee that the current process will lead to anything more than the broken promises and the failed assurances that have been the coin of the realm throughout Burma's tragic history.

Today the Burmese regime has an historic opportunity to end the cycle of oppression and move forward together with the democratic opposition in a process of national reconciliation and we urge them to take full advantage of this opportunity.

Mr. Chairman, I have been asked several times subsequent to the release of Aung San Suu Kyi if we have plans to end sanctions at this time. The answer is no. We have no plans to remove our existing sanctions on Burma. Although we warmly welcome Aung San Suu Kyi's release, it only represents the first step toward democracy and national reconciliation and she never should have been under house arrest in the first place. A lot more remains to be done.

The SPDC's (and I appreciate your Orwellian characterization of it) human rights record remains extremely poor with repression of political assent, forced labor, ethnic persecution, lack of religious freedom and trafficking in persons all figuring very prominently in the bill of particulars.

Significant concrete steps toward democratic reform, improvement, the observance of human rights, will spur a positive response on our part.

Mr. Chairman, narcotics production and trafficking is a serious problem as it has been for many decades, and we have been communicating to the regime those steps we think it needs to take now to adequately address this process.

The economic circumstances in Burma are bleak. It is one of the poorest countries in the world. There is such a lack of transparency that we cannot be very precise in characterizing just how bad things are. We have a major problem getting clear, accurate data on Burma.

Our immediate policy goals in Burma include progress toward democracy, improved human rights, more effective counternarcotics effort, counterterrorist cooperation, resolving MIA cases from the 2nd World War which mostly involve investigation of crash sites from where American planes went down, and addressing humanitarian concerns such as HIV/AIDS, (and that epidemic) which not only threatens the people of Burma but also threatens regional stability and prosperity.

We will continue to use every opportunity to press the military regime to permit the Burmese people to have the leadership they themselves have chosen, not one that is chosen from above by force of arms.

I know that many Members of Congress are frustrated by the slow pace of events in Rangoon. We fully share that frustration. The obduracy of the military regime in the past has rightly earned both our condemnation and our skepticism, but we also need to keep in mind what has been called the confidence-building phase between the regime and the NLD. Both sides have maintained the confidentiality of their discussions so we are not fully aware of all the details.

We very much appreciate the efforts of UN Special Envoy Razali. It gives us cause for optimism that the darkest days are behind us and that a new beginning could be upon us.

With that hope in mind, we will continue to maintain our support for Aung San Suu Kyi and the National League for Democracy

and press for human rights improvements in Burma even as we explore opportunities to bring humanitarian assistance to the poor and the suffering of Burma who very desperately need it.

And Mr. Chairman, to touch on one of your questions, in so doing we are going to be very careful to structure our activities in a way that does not undercut and where possible reinforces our goal of enhancing the path of democracy in Burma. We think we can do that.

Mr. Chairman, Representative Faleomavaega, we are pleased that we have been able to work with the Congress on issues involving assistance to the pro-democracy forces and humanitarian concerns such as HIV/AIDS. At the risk of being presumptuous I would say it is my impression that the Congress and the Administration are pretty much of one mind on Burma. We very much look forward to your continued interest and involvement in the issue and I am especially grateful today to have this opportunity to speak with you.

[The prepared statement of Mr. Daley follows:]

PREPARED STATEMENT OF MATTHEW DALEY, ASSISTANT SECRETARY OF STATE FOR
EAST ASIA AND PACIFIC AFFAIRS, U.S. DEPARTMENT OF STATE

I. INTRODUCTION

I would like to take this opportunity to thank you, Mr. Chairman and the members of the Subcommittee on East Asia and the Pacific, for inviting me to speak to you today about the current situation in Burma.

II. BACKGROUND/DEVELOPMENTS

The people of Burma live under an authoritarian military regime that is widely condemned for its repressive policies and serious human rights abuses. Military regimes in one form or another have controlled Burma for over forty years. Until very recently, there seemed little cause for hope or optimism that this situation might improve.

It is possible, however, that Burma's stagnant, bleak political landscape could be gradually changing.

In 1988, the people of Burma demonstrated against 25 years of military rule in a country-wide popular uprising unprecedented in Burma's history. The military violently suppressed those demonstrations, killing hundreds of protesters, and subsequently imprisoning thousands of regime opponents in harsh—and sometimes fatal—conditions. Even while establishing power through force of arms, however, the military promised elections would be held in 1990.

Those elections, as you know, resulted in an extraordinary victory for Aung San Suu Kyi's National League for Democracy (NLD), which won 392 of the 485 seats contested. The military regime's National Unity Party won only ten seats. The people of Burma overwhelmingly rejected the military regime and showed their support for democratic, civilian rule. This despite the regime's efforts to cow its opponents, including barring major opposition figures from running for office and placing its most prominent opponent, Aung San Suu Kyi, under house arrest. The military government has never recognized the results of the 1990 elections and has consistently refused the NLD's requests to belatedly convene the parliament.

After the elections, the Burmese military regime held NLD leader Aung San Suu Kyi, under house arrest for almost 6 years, but they were unable to break her spirit or turn her supporters against her. On July 10, 1995 the regime released her from house arrest, and she immediately returned to her efforts to reach out to the people of Burma and to press the military regime to enter into a dialogue with the democratic forces in Burma. She steadfastly resisted all efforts to intimidate her and her party over the next five years. Although the Burmese military regime repackaged itself with a new name and acronym—the State Peace and Development Council, or SPDC—its repressive policies remained the same.

The Burmese regime restricted Aung San Suu Kyi's political activities in Rangoon, and prohibited her travel outside the capital. In 1998, the military regime began a crackdown on the NLD that led to the detention of over 100 elected Mem-

bers of Parliament, and placed onerous travel restrictions on almost 100 others. Mass arrests of NLD leaders and rank-and-file party activists soon followed. There is no agreement among the various parties as to the number of political prisoners currently being detained. Estimates range from about 250 by sources close to the SPDC to approximately 1400 by the ICRC.

The situation inside Burma changed dramatically in late 2000. After twice attempting to leave Rangoon to reconstitute NLD offices that had been forcibly closed by the regime, in September Aung San Suu Kyi was again put under house arrest by the military. Shortly afterward, she began secret talks with the SPDC that have continued throughout the past 18 months. It is these talks, and the modest results that they have produced so far, that provide a glimmer of hope that 14 years after the 8-8-88 demonstrations which began Burma's current agony, a brighter future could be on the horizon.

Approximately 250 political prisoners have been released since the talks began, including all but 17 detained members of parliament, although the ICRC reports that over 1000 political prisoners remain in jail. More than 40 NLD offices that were forcibly closed by the regime have reopened. Aung San Suu Kyi was finally released from house arrest on May 6, with the regime publicly stating that she would enjoy full freedom of movement and association, and committing itself to continue the process of political dialogue aimed at national reconciliation that began over 18 months ago. Aung San Suu Kyi, whose selfless devotion to the cause of freedom and democracy in Burma has inspired millions throughout the world, is back at work again in NLD headquarters as she resumes her duties as party leader.

Since her release, initial indications are mixed; she enjoys much greater freedom than before her house arrest, but we do not yet know if this freedom is really unconditional or whether it will be sustained. The real tests of the regime's sincerity are to come. The ruling Generals have allowed her to travel outside of Rangoon, to Karen State. If they also allow her to engage in political activity, and allow the NLD to function as a full-fledged political party, that will represent an important step forward. If they do not, then this process will be proven hollow. Significant concrete steps towards democratic reform and improvement in observance of human rights will spur a positive response.

I would also like to recognize the efforts of UN Special Envoy for Burma Razali bin Ismail. Ambassador Razali has played a key role in facilitating the talks between Aung San Suu Kyi and the regime. The steady stewardship of his UN mandate, evidenced by his creativity, energy, and integrity, has made a real difference in securing the successful results that have been achieved thus far.

Indeed, there is no guarantee that the current process will lead to anything more than the broken promises and failed assurances that have been the coin of the realm throughout the regime's tragic history.

However, the SPDC has an historic opportunity to end the cycle of repression and economic stagnation that has devastated the people of Burma and move forward together with the democratic opposition in a process of national reconciliation that will benefit all the people of Burma. Such moments are rare in the history of a nation. We urge the Burmese generals to recognize the importance of the moment and build on the progress that has already been made. It is time for them to do the right thing.

Economically, the situation in Burma is bleak. Mired in political stagnation for over a decade, Burma remains one of the poorest countries in the world, with an annual per capita income of just \$300 per year. SPDC economic mismanagement and reliance on forced labor, combined with lingering effects from the Asian financial crisis, have sent the Burmese economy into a downward spiral which the regime appears unable to halt. New foreign direct investment in Burma is falling, contributing to the financial collapse of the Burmese economy. The military's misplaced spending priorities, such as the purchase of MIG-29 fighters from Russia that the regime can ill-afford and which they can't long maintain in serviceable condition, have contributed to an inflationary cycle that now finds Burma's currency, the Kyat, trading at over one thousand to the dollar on the black market. U.S. and European investors continue to pull out of Burma due to the unfavorable political and economic situation.

The SPDC's human rights record remains extremely poor with repression of political dissent, forced labor, ethnic persecution, lack of religious freedom and trafficking in persons all figuring prominently. After a November 2001 visit, an ILO high-level team reported little improvement in the serious forced labor problem. The GOB has recently agreed to an ILO liaison office in Burma but has yet to agree to a full ILO presence or make significant effort to end forced labor. The USG again designated Burma as a Country of Particular Concern under the International Religious Freedom Act, because the 2001 report describes virtually no improvement in

the state of religious freedom. Burma is a country of origin for trafficked persons, primarily of women and girls to Thailand as factory workers, household servants and for sexual exploitation.

Burma is currently one of the world's largest producers of illicit opium and the primary source of amphetamine-type stimulants in Asia, producing an estimated 800 million methamphetamine tablets per year. Burma's opium is grown predominantly in Shan State, in areas controlled by former insurgent groups. Since the mid-1990s, the Burmese government has elicited "opium-free" pledges from each group and, as these pledges have come due, has stepped up law-enforcement activities in the territories controlled by these groups. The major producers, and the strongest militarily, the Wa, are not due to be "opium-free" until 2005. As a general matter, the Government of Burma must increase the scope and duration of its counternarcotics efforts to have a significant impact on the drug trafficking situation in that country.

The government of Burma has yet to address ancillary drug-related activities, such as internal corruption. But, over the past eighteen months, the Burmese government has considerably improved its counternarcotics cooperation with neighboring states. In 2001 in cooperation with the government of China and with the government of Thailand, the Burmese government launched a major law-enforcement campaign against the Kokang Chinese. Counternarcotics forces made several drug seizures and arrested several traffickers, including an action resulting in the destruction of a trafficking group that the Chinese called one of the largest "armed drug smuggling groups in the Golden Triangle area." In April 2002, cooperation between Burma, China, and the U.S. Drug Enforcement Administration resulted in a seizure of 354 kilos of heroin and the arrest of fourteen traffickers. Last week, the Burmese regime also enacted a long-awaited law designed to combat money-laundering and other criminal misuse of Burma's financial system.

As of 2001, Burma remains decertified for failing to address adequately its serious narcotics problems. We have outlined objectives the Government of Burma needs to address this year in order to progress toward certification. We expect Burma to target high-level drug traffickers and their organizations, including their drug-related assets, expand opium poppy eradication, increase seizures of all illicit narcotics, control the diversion and illicit trafficking of precursor chemicals, continue cooperating with neighboring countries, fully enforce money-laundering laws, prosecute corrupt officials, and address domestic drug use and abuse. The Government of Burma must significantly improve its record in those areas to be certified.

III. WHAT IS THE U.S. DOING?

The immediate U.S. policy goals in Burma include support for democracy, respect for basic human rights, a more effective counternarcotics effort, counterterrorist cooperation, resolving MIA cases from WW II, and addressing humanitarian concerns such as the HIV/AIDS epidemic which threatens regional stability and prosperity. The bedrock of U.S. policy remains our support for Aung San Suu Kyi and Burma's democratic opposition. It is our conviction, however, that there are other important policy goals which the U.S. can and should pursue without undermining our long-standing support for democracy and national reconciliation. Without support from the international community, Burma will not be able to adequately address the many severe humanitarian problems it faces, including a rising HIV/AIDS infection rate, other infectious diseases, and child malnutrition.

Mr. Chairman, let me specifically address a question here that I have been asked many times subsequent to Aung San Suu Kyi's release. We have no plans at the present time to remove our existing sanctions on Burma. While we warmly welcome Aung San Suu Kyi's release, it only represents the first step toward embracing democracy and facilitating national reconciliation. There remains much more to be done. We are only at the beginning of a potentially historic process, not at or near its end.

In recent months we have continued to pursue a multilateral strategy to seek improvement in our key areas of concern. We continue to consult about Burma regularly and at senior levels with leaders of the ASEAN nations, Japan, Korea, the UK, the European Union, Australia, Canada, and other countries that share our concerns and interests in Burma. U.S. leadership has played a critical role in marshaling the international community's focus and applying appropriate pressure to the regime to encourage political reform. The U.S. has long been in the forefront of efforts to encourage substantive political dialogue between the SPDC and the NLD.

Reflecting our concern over the regime's unacceptable policies, we have taken a number of steps: suspending economic aid, withdrawing GSP and OPIC, implementing an arms embargo, blocking assistance from international financial institu-

tions, downgrading our representation from Ambassador to Chargé d'Affaires, imposing visa restrictions on senior regime leaders and their families, and implementing a ban on new investment by U.S. persons or the facilitation by U.S. persons of new foreign investment.

We likewise have encouraged ASEAN, Japan, the EU, and other nations to take similar steps and other actions to encourage progress by the SPDC in these areas of key concern. Many nations join us in our arms embargo, including European countries, Canada, Australia, Japan and Korea. The EU has also suspended economic aid and restricted the travel of senior regime officials.

Our efforts with the IFI community have been successful in blocking loans to the regime—indeed, this is probably the single most effective sanction we have in place. Since 1988 we have taken an active role in pressing for strong human rights resolutions on Burma at the United Nations General Assembly and the UN Human Rights Commission, as well as having worked vigorously in the ILO to condemn the lack of freedom of association for workers and the use of forced labor by the SPDC. The ILO's precedent-setting condemnation of Burma's forced labor practices in 2000 was due in no small measure to the efforts of our diplomats in New York and Geneva.

At our urging, the EU and associated European states joined us in imposing a ban on visas for high-level SPDC officials and their families. In addition, the European Union and Canada withdrew GSP trade benefits from Burma's agricultural and industrial products in March and August 1997, respectively, bringing their trade policies more in line with the U.S. withholding of GSP.

We assist several programs with funds made available by Congress to support democracy and humanitarian activities along the Thai-Burmese border among refugee, exile and ethnic populations. The funds are used to help train Burma's future democratic leaders, to disseminate materials supporting democratic development inside Burma, and to increase international awareness of what conditions are like in Burma. Some of our largest grantees include Internews, which trains journalists and focuses on a free and independent media, and the Open Society Institute, which runs capacity-building programs along the border and provides academic scholarships for promising Burmese leaders. Our grant to the National Endowment for Democracy funds Burmese pro-democracy groups around the world, including the National Coalition Government of the Union of Burma, the chief Burmese exile organization headquartered in Washington, DC, as well as several political opposition and human rights monitoring groups on the Thai-Burma border.

In 2002, these funds will total approximately \$6.5 million. These activities have been effective in bringing pressure on the SPDC to enter into genuine discussions. Among other things, our assistance has facilitated discussions among the representatives of ethnic minorities so that they will be better prepared to join the national reconciliation process when the time comes. Other funds are used for humanitarian programs assisting refugees in Thailand and elsewhere. U.S. assistance has played a key role in supporting displaced Burmese and ethnic groups for nearly 15 years. If the opening signaled by ASSK's release proves genuine, we will consider shifting our focus to provide support for civil society and capacity building among Burma's youth who have been deprived of educational opportunities that we take for granted in democratic societies.

We have also supported organizations that work to document the deplorable human rights abuses of the current regime in Burma. This abuse is especially harsh in ethnic minority regions. This documentation has been critically important for informing UN Human Rights Commission resolutions on Burma and international assessment teams such as the ILO. The U.S. also supports activities to get accurate information into Burma, including Radio Free Asia and the Democratic Voice of Burma.

Mr. Chairman, you are probably aware of the report which USAID and the State Department recently submitted to Congress on the HIV/AIDS epidemic in Burma. Burma has one of the world's fastest growing incidence of HIV/AIDS infection. UNAIDS estimates that there were 530,000 persons living with HIV/AIDS in Burma at the end of 1999, including 14,000 children. Unless checked, the disease threatens to destroy a generation of young Burmese much as it is destroying several societies in Africa. Moreover, the epidemic is not confined to Burma and its borders, but like other transnational scourges such as trafficking in persons and narcotics, affects Burma's neighbors and threatens our efforts to stop the spread of the disease throughout the region.

After consulting with government physicians and scientists at USAID and HHS, including CDC, academic experts such as Dr. Chris Beyrer of Johns Hopkins, and Burma's democratic opposition, we have developed tentative plans to deliver a modest level of HIV/AIDS humanitarian assistance inside Burma. The humanitarian assistance would be delivered through UN agencies or independent NGOs, and would

benefit the people of Burma, not the military regime. We would monitor and evaluate the programs to ensure that the funds are being used as intended. Our approach has the support of the NLD.

We are moving forward with plans to initiate discussions about repatriating the remains of WW II-era American servicemen lost in action in Burma. The Defense Department has identified several crash sites with credible reports of U.S. remains. Returning the remains of fallen American heroes who more than 50 years ago gave their lives for the freedom and liberty we today enjoy is the right thing to do.

It is also our conviction that it is possible to pursue better communication and cooperation with Burma on reducing narcotics production and trafficking without diminishing our support for political reform and national reconciliation. Burma was the world's largest opium-poppy producer last year, but may well be overtaken by Afghanistan this year. The flow of Burmese methamphetamines into neighbors like Thailand, India, and China is a serious source of regional destabilization. We are making clear to the Burmese regime exactly what it needs to do in order to stop narcotics production and trafficking and be certified.

The U.S. provides no bilateral counternarcotics assistance to Burma. DEA does have an office in Burma, which shares some limited information with counternarcotics officials in Burma. The U.S. works with the UN Drug Control Program (UNDCP) and Japan to support the Wa Alternative Development Project conducted in the Wa ethnic area of the Shan State. The goal of this project is to reduce opium poppy cultivation and provide infrastructure support for economically viable alternative crop development. To date, the U.S. has contributed \$7 million to this \$12.1 million five-year program. The U.S. has also funded a similar alternative development project run by the OSS-101 "Old Soldiers," who fought in Burma in World War II. The Government of Burma does not directly or indirectly benefit from these programs.

IV. THE FUTURE

We will continue to use every opportunity to press the military regime to permit the Burmese people to have the leadership they themselves have chosen—not one imposed on them from above through fear and force of arms. It is time for Burma's military to move beyond confidence-building and enter into genuine political dialogue with Aung San Suu Kyi and the democratic forces. When criticized for their repressive, heavy-handed policies, the SPDC is quick to respond that only the Burmese military stands between a united, stable country and chaos and dishonor. However, the Burmese military will play its most honorable role if it facilitates the transfer of power to civilian rule and resumes its appropriate place as the defender of the country's security.

The obduracy of the military regime has rightly earned our condemnation and skepticism. We keep in mind, however, that in what was called a confidence-building phase between the regime and the NLD, both sides maintained confidentiality, so we are not aware of all of the details of the discussions.

However, the release of Aung San Suu Kyi and the continuing efforts of UN Special Envoy Razali give cause for a very cautious optimism that the darkest days are behind us, and that a new beginning is within reach.

With that hope in mind and that goal ever before us, we will continue to maintain our support for Aung San Suu Kyi and the National League for Democracy and press for improvements in the human rights situation in Burma, even as we explore opportunities to bring humanitarian aid to the poor and suffering of Burma who so desperately need it. In so doing, we will be careful to structure our activities in a way that is consistent with and serves to reinforce our concern about democracy and human rights.

Mr. Chairman and members of the committee, we are pleased that we have been able to work together with Congress on issues such as assistance to the pro-democracy forces and HIV/AIDS. We look for your continued interest and involvement in this issue. I am particularly grateful for this opportunity to speak with you today about Burma and discuss these important and compelling issues. Thank you.

Mr. LEACH. Thank you, Mr. Secretary.
Ms. Turner?

STATEMENT OF KAREN TURNER, DEPUTY ASSISTANT ADMINISTRATOR, BUREAU FOR ASIA AND THE NEAR EAST, U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

Ms. TURNER. Thank you, Mr. Chairman.

Mr. Chairman, Members of the Subcommittee, I am pleased to have this opportunity to appear before you today to talk about the U.S. Government's assistance to the Burmese people. I have a few brief oral remarks and a more comprehensive written statement for the record.

Mr. Chairman, first I would like to touch on U.S. assistance to the Burmese refugees. Virtually all of USAID's assistance to Burmese refugees is concentrated on those refugees residing inside Thailand along the border, thus my remarks are focused on that target group.

For these refugees, USAID and State's Bureau of Population Migration and Refugee Assistance are coordinating the assistance. State/PRM is largely focusing on providing food and medicine for the refugees while USAID is targeting capacity building.

The principle objectives of USAID's assistance for the Burmese refugees are: One, to meet humanitarian needs in health and education; and two, to build capacity among Burmese ethnic groups to play a meaningful role in helping build a future, stable democratic Burma.

We are addressing these objectives by equipping Burmese health practitioners in the refugee camps with the skills and systems needed to provide primary health care services to refugees in the camps. This capacity development will be of lasting benefit, if and when these practitioners and others are able to return and help build a viable, democratic Burma.

The U.S. is collaborating with other donors to provide education for over 30,000 children in the camps. We are training teachers and administrators, developing curriculum, and producing educational materials. We expect that the education system that is being put in place in the camps can be transferred inside Burma if and when refugees can return.

On the democracy front we are supporting the training of journalists and media development to improve the accuracy and content of media reports on issues of relevance to the Burmese refugees. We are also building the capacity of ethnic Burmese refugees by financing scholarships for degree training in areas such as social sciences, public health, medicine and political science, as well as for promising high school students.

Using funds under the Burma earmark, the National Endowment for Democracy is financing a variety of activities to build experience among the refugees with democratic processes and principles such as human rights advocacy, dialogue between ethnic groups, information dissemination about political prisoners, as well as humanitarian assistance to these prisoners and their families.

The principle residents inside the refugee camps are members of various Burmese ethnic groups, principally the Karen and Karenni who had fled violence inside Burma. And by helping these ethnic groups we are helping meet their needs today and helping equip them to have a seat at the table in a future democratic Burma, where historically ethnic divisions and persecution have been at the heart of rifts in the Burmese political and social structure.

To date USAID's humanitarian program has concentrated inside the camps because Thailand has considered those outside the camps as economic migrants, not official refugees. Now that Thai-

land is broadening its thinking on how to approach the issue of Burmese along the border, in recognition of their potential adverse impact on Thailand, there are now more opportunities to work with Burmese who are residing outside the camps. We are now discussing with other donors, and the Thais, health sector assistance we might provide to these individuals.

As we begin to explore these opportunities and needs for assistance inside Burma, for example for HIV/AIDS, it will be important that in parallel we continue our assistance to Burmese refugees inside Thailand.

First, the Burmese in border areas of Thailand, both inside and outside the camps, represent diverse Burmese ethnic groups and any realistic and meaningful return to a stable democracy in Burma depends on inclusion of these ethnic groups in the democratic process inside Burma and their ability to participate meaningfully in the process.

The continuity of the assistance to these refugees—while we also initiate assistance inside Burma—will be a sign to them and others that these ethnic groups are an important element of the nation rebuilding process and will also have the practical benefit of equipping them to play a meaningful role in that process.

Secondly, only recently has the Thailand government given donors an opening to work more broadly with refugees outside the camps. As compared with refugees inside the camps, most of those outside the camps live in abject poverty, have vast unmet basic humanitarian needs, and are subject to exploitation as illegal migrants. They should continue to be the focus of our humanitarian assistance.

Now I would like to turn to the subject of HIV/AIDS in Burma for which data are poor, surveillance nascent, and knowledge of the disease and how to avoid it among the Burmese limited.

Because of restrictions most donors have had on assistance in Burma, we all are at the same stage—basic analysis of the situation and beginning efforts to develop strategies and programs to aggressively tackle the problem.

The good news is that both the SPDC and the NLD are taking the threat of the epidemic seriously and have publicly identified HIV/AIDS as one of Burma's three top public health problems, together with tuberculosis and malaria, and both have specifically asked that donors assist Burma in tackling the problem.

We estimate that the HIV/AIDS epidemic in Burma has spread beyond the most at risk groups, such as injecting drug users, among who prevalence rates range as high as 74 percent. We believe that HIV/AIDS is now generalized in the population at rates that are estimated up to 4 percent. We think Burma, not Cambodia, may now be the epicenter for HIV/AIDS in Southeast Asia. Porous borders, population movements for employment and due to conflict and violence, and trafficking in persons make the spread of HIV/AIDS in Burma a threat to the Southeast Asia region and USAID's effort to contain the epidemic in the region.

Also, HIV/AIDS follows the drug trafficking routes out of Burma into Asia, and injecting drug users, as I've mentioned, have the highest HIV/AIDS prevalence rates.

Given that all donors are essentially at the same stage of taking on HIV/AIDS in Burma, USAID and the U.S. government have an opportunity to play a leadership role in the assistance effort.

USAID is proposing an HIV/AIDS program that will work principally through international NGOs and the private sector. USAID would provide no funds or commodities to the Burmese government. Participation of individuals from the public sector will be selective, meaning where such inclusion is essential to the success of the program's objectives.

More specifically, what is being contemplated regarding involvement with the public sector under USAID's HIV/AIDS program is: The ability to have a dialogue with public sector health practitioners and technical staff in order to guide changes in the government's policies and systems for service; support and other aspects of a sound HIV/AIDS program and to broaden their awareness of best practices; to provide training to public sector health practitioners and school teachers as front-line actors in the HIV/AIDS response, education and behavioral change process; and careful monitoring of any assistance in which public sector staff might participate to ensure assistance is being used to accomplish the program's HIV/AIDS objectives and not the government's own political aims.

Mr. Chairman, that concludes my oral remarks. I'd be pleased to take questions.

[The prepared statement of Ms. Turner follows:]

PREPARED STATEMENT OF KAREN TURNER, DEPUTY ASSISTANT ADMINISTRATOR, BUREAU FOR ASIA AND THE NEAR EAST, U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

Mr. Chairman, Members of the Subcommittee, I am pleased to have this opportunity to appear before you today to speak about the U.S. Government's assistance to the Burmese people.

As my colleague from the Department of State has told you, the people of Burma have suffered a great deal at the hands of a military junta. The repressive policies of this regime have reversed the results of democratic elections; its policies have allowed a serious AIDS epidemic to spread even wider, and have left over three million people displaced within Burma, and others forced to live as refugees along its borders.

BURMESE REFUGEES—AN OVERVIEW

The Union of Burma's 1945 independence constitution established the country under a quasi-federal system that recognized the autonomy claims of key minority nationalities (Karen, Shan, Mon, Chin, Karenni, and Kachin). This federal system followed the British practice of treating the ethnic groups as semi-autonomous regions within Burma. The initial union lasted less than two years before the country erupted into civil war. What initially began as a communist insurgency soon spread to include all the principal ethnic groups in fighting against the Burman dominated central government.

In the early 1990's, the Burmese government devised a "Four Cuts Policy," cutting off supplies of food, funds, recruits and information in an attempt to suppress ethnic insurgencies smoldering in several outlying states. Entire populations in these states were forced to abandon their villages and communities and move to relocation centers scattered throughout the country. Many chose to flee the country altogether. While cease-fire agreements have been signed with all but three of the ethnic groups, the government's policy of forced relocation has continued to drive tens of thousands of Burmese from their homes.

The first refugees from Burma arrived in Thailand in 1984. Since then, over a million people have fled Burma: 1 million to Thailand, 40,000 to Bangladesh, 50,000 to India, 10,000 to China, and almost 5,000 to Malaysia. About 138,000 refugees live in 10 camps scattered along the Thai-Burma border, while as many as one million survive as illegal migrants working at seasonal agricultural or urban industrial jobs in Thailand.

In 1988 about 10,000 Burmese students and pro-democracy activists fled Burma after the failure of a popular democratic uprising, accounting for the first major outflow of refugees. In 1990 the government cancelled the results of the national election when it became apparent that the regime had lost 80 percent of the vote to Aung San Suu Kyi's National League for Democracy (NLD). The regime's ensuing persecution of NLD leaders, combined with the army's stepped up campaigns against ethnic minority groups who had not signed cease-fire agreements, forced increasing waves of Burmese across the border.

Beginning in FY 1996 in response to a congressional directive, the U.S. Government has provided humanitarian assistance to Burmese in Thailand, along the Thai-Burma border and funded pro-democracy activities both inside Burma and along the Thai-Burma Border. \$2.4 million was provided in FY 1996, and has increased incrementally to its present annual level of \$6.5 million. Management of this program is closely coordinated between USAID and the State Department, with USAID managing some activities and the State Department managing other elements.

The objectives of U.S. government assistance for Burma and Burmese refugees are to:

- develop the capacity of the Burmese people to manage the eventual transition to a democratic society;
- maintain pressure on the ruling Burmese regime, the State Peace and Development Council (SPDC); and
- encourage the regime's participation in a process leading toward a peaceful transition to a democratically elected government.

HUMANITARIAN ASSISTANCE PROGRAM (\$3 MILLION IN FY 2001)

Our humanitarian assistance program is focused on building the capacity of Burmese refugees along the Thai-Burma border to manage and implement their own basic education and health care delivery systems, and to carry these skills with them to Burma when a safe return to their homeland becomes possible. Through grants to the International Rescue Committee and World Education, the program provides formal and on-the-job education and health training to refugees, primarily in Karen and Karenni refugee camps.

International Rescue Committee (IRC) (USAID-managed)—\$1.3 million in FY 2001. IRC provides training to refugee community leaders and local NGO's to develop their capacity to manage their own health care delivery programs, with a goal of handing over maximum management responsibility for programs in the camps to camp representatives. IRC trains multi-purpose health workers, traditional midwives, and medics. This training has contributed to maintaining levels of maternal health and child survival in the refugee camps that are on par with surrounding Thai communities.

Thousands of refugees outside of camps are benefiting from USAID support to Dr. Cynthia's Clinic. Herself a refugee, Dr. Cynthia Maung and her medics see hundreds of patients a week, treating injuries including landmine wounds, monitoring infant growth, providing prenatal care, educating families in nutrition, and teaching Burmese women how they can space their children to ensure the best possible health. Dr. Cynthia trains medics, midwives and community health workers who provide basic health services to displaced Burmese inside Burma and on the border.

World Education/ World Learning Consortium (USAID-managed)—\$1.7 million in FY 2001. Since 1999, the Consortium has helped develop a viable education system for 30,000 children within the refugee camps. The goal of the program is to assist the refugee camp leaders to develop an education system that can be transferred to Burma when the refugees return. In six refugee camps where the Consortium works, the project has produced educational materials for use by schools, trained teachers and administrators, and assisted in curriculum development. Half of all school directors and 75 percent of teachers have less than a tenth grade education and so rely heavily on the Consortium's training. Many textbooks used in Karenni camps were based on books dated before 1942 from the British Colonial Period in Burma. Now elementary students and teachers are using a new English, math and geography curriculum.

DEMOCRACY PROGRAM (\$3.5 MILLION IN FY 2001)

The goal of the democracy program is to assist Burmese both inside and outside of Burma to improve their ability to manage an eventual transition to democracy. The program supports activities that promote civic participation, better governance,

increased dialog among ethnic groups, and more effective advocacy for human rights. The main components of the program are described below.

National Endowment for Democracy (Department of State-managed)—\$2.3 million in FY 2001. With funds from the Department of State, the National Endowment for Democracy supports a variety of activities to help the Burmese develop the capacity to make the transition to a democratic form of government. These efforts include documenting and publicizing the treatment of political prisoners in Burma, as well as humanitarian assistance to political prisoners and their families. Working with the independent labor movement in exile and in Burma, violations of internationally recognized labor rights have been documented and publicized. Members of the National League for Democracy and ethnic political parties in exile have been trained to support an issues-based political dialog, communicate effectively, and develop an internal democratic organization.

Open Society Institute (OSI) (USAID-managed)—\$0.56 million in FY 2001. OSI assists USAID in administering an important small grants program at the border to support democracy activities. Separately, OSI conducts a highly successful scholarship program, which has helped over 1000 undergraduate, graduate and Ph.D. Burmese students continue their schooling.

Internews (USAID-managed)—\$0.5 million in FY 2001. Since 2000, the Internews program has trained Burmese journalists in Thailand along the Thai-Burma border in four areas: 1) basic journalism (what is newsworthy, how to gather news, who is the audience, and how to write with accuracy, clarity and credibility); 2) management (organizational systems, revenue generation, marketing, fundraising); 3) editorial processes (developing a news agenda, managing a newsroom); and 4) layout and design. Working with seven ethnic newsgroups and five newspapers, Internews training has resulted in wider news coverage, more accurate reporting with a higher frequency of attribution to reliable sources, improved appearance of publications, increased circulation, and an increase in ethnic news stories quoted by other news sources.

Prospect Burma (Department of State-managed)—\$0.14 million in FY 2001. Prospect Burma provides scholarships to Burmese students to study at Thai universities. The program is similar to the OSI scholarship program in its goals and implementation. OSI provides student screening and tracking services for the Prospect Burma.

ADDITIONAL ASSISTANCE

The Department of State's Bureau of Population, Refugees and Migration provides the following assistance to Burmese refugees that is additional to the \$6.5 million program described above:

- \$1,589,000 in FY 2001 to the American Refugee Committee (ARC) to provide medical care, including reproductive health care, basic sanitation and water supplies to Burmese refugees living in camps on the Thai-Burma Border;
- \$3,113,000 in FY 2001 to the International Rescue Committee to provide food, health care and cooking fuel to refugees in camps on the Thai-Burma border, of which \$1.5 million is used to purchase basic food commodities (rice, fish paste, salt, mung beans, cooking oil, and nutritional supplements for special nutrition programs) distributed monthly to 42,000 refugees through the Burmese Border Consortium (BBC);
- Approximately \$1,360,000 in FY 2001 to the United Nations High Commission for Refugees for programs in Thailand focussing on the regularization and registration of Burmese refugees by Thai authorities, as well as humanitarian assistance to the most vulnerable groups.
- Approximately \$2,828,000 in FY 2001 to the United Nations High Commission for Refugees for programs in Bangladesh and Burma to support Rohingas on the Bangladesh-Burma border.

HIV/AIDS IN BURMA

As the Subcommittee is aware, this year USAID was requested by the managers for the Conference on the Foreign Operations, Export Financing and Related Programs Act 2002 to prepare a report on the extent of the HIV/AIDS epidemic in Burma and to make recommendations for actions that the U.S. Government could take to limit its spread. We want to ensure that these activities are transparent, thoroughly monitored, and like other assistance to Burma, is administered in consultation with the National League for Democracy. We completed our assessment and reported back to Congress in April. I have attached a copy of our report to my testimony.

What Do We Know?

Official HIV surveillance data in Burma, while imperfect, clearly indicate a serious epidemic, that has spread from known high-risk groups into the general population. Data from antenatal clinics record HIV prevalence of 2.8% among the youngest group (15–24 years old) of pregnant women. Data from groups with high-risk behaviors indicate much higher prevalence levels, representing sub-epidemics in specific areas. Overall HIV rates are higher along the Chinese and Thai border areas in the eastern section of the country, and decline to low levels at the western border with Bangladesh. The majority of currently infected persons are male and most infections are transmitted sexually. This is associated with prostitution in which HIV prevalence in different samples of female prostitutes range from 30–50%. Men who have sex with men are not included in the national surveillance, but reports in 1996 showed levels of HIV over 30% among them. Injecting drug users, mostly male, and heavily concentrated in northern opium-producing states, have HIV prevalence levels up to 74% and more, one of the highest levels recorded anywhere in the world.

Most Burmese are not aware how widespread HIV/AIDS is nor how to protect themselves. Condoms were outlawed until 1992 and usage remains very low. A survey in 1996 found that only 20% of women and 62% of men could identify a condom when shown one and it is estimated that less than 5% of the nation's prostitutes are consistent condom users. Public campaigns have stressed morality and have associated HIV/AIDS with criminals and socially less desirable segments of the population. People with HIV infections are now generally stigmatized and do not always access the care and support actually in place. Few support groups exist for people living with HIV/AIDS.

The State Peace and Development Council (SPDC) has recently publicly acknowledged concern about HIV/AIDS and has publicly named the epidemic as one of the top three priority public health issues, along with malaria and tuberculosis. The professional and technical staff in the Ministry of Health understand the HIV/AIDS epidemic and are committed to their work but, overall, Ministry of Health capacity to respond is limited and training and resources are needed.

The future of the Burmese people could be severely affected by the economic consequences of the current epidemic. Further, Burma's epidemic influences the epidemics in northeastern India, Thailand and China and, to some extent, vice versa due to commercial travelers (e.g. truckers), labor migration, tourism, movement of prostitutes and trafficking in persons and drugs.

Why Now?

The time is ripe for investment in reducing the spread of HIV in Burma and mitigating its impact on the population. United Nations agencies are in the process of strengthening their programs, several bilateral donors have now made assessments and are planning to bring in resources, and both the SPDC and the National League for Democracy (NLD) view HIV/AIDS as a major threat to health in Burma. The SPDC appears to be open to assistance from outside. The NLD agrees with the need for increased HIV/AIDS assistance and would support limited work with public health institutions as long as the use of resources is carefully monitored. There is now an opportunity to leverage United States Government assistance by collaborating with the private sector, other bilateral and multi-lateral donors, non-governmental organizations and community-based organizations that are addressing HIV/AIDS in Burma.

What is Being Done?

There are several international non-governmental organizations (INGOs) working in Burma on HIV/AIDS and more are expected. Several are doing important work and making significant contributions, but there are not sufficient resources to mount a truly effective national response and sufficient information is not available to target or evaluate an expanded program. The INGOs working on HIV/AIDS have proceeded cautiously, attempting to maintain independence from government while bringing services to the people. They have been able to develop a range of important projects, most kept relatively small so far, that include the social marketing of condoms, innovative education campaigns using traditional theatre to promote health messages, and the support of community volunteers who provide home care.

There are also many Burmese government-related NGOs (Go-NGOs) and local community-based organizations (CBOs) working on HIV/AIDS in Burma, but their capacity is limited and they need technical assistance and training to increase their effectiveness. Many of the Go-NGOs are at least informally linked to the SPDC through their directors' associations with public officials but it is believed that the majority of them are dedicated to the struggle against HIV/AIDS in Burma.

UN agencies, such as UNICEF, WHO, UNDCP and UNDP, have been playing an essential role in advocacy and in helping Burmese officials understand what is required for an effective response to the epidemic. Recently the UN agencies, with the regime and some international and government-related NGOs, prepared a Joint Plan of Action for the coordination of the activities of the UN system for the period 2001–2002. Very recently several bilateral donors, particularly Australia, Great Britain, Japan and the European Union, are considering new and expanded assistance for HIV/AIDS programs in Burma. Virtually all of the key bilateral donors are currently assessing their HIV/AIDS program options, which will provide a unique opportunity during the next six months to collaborate in a coordinated response.

What Can USAID Do?

U.S. Government sanctions restrict assistance to the Government of Burma because of Burma's position with regard to human rights, trafficking and drugs. However, Congress has provided "notwithstanding" language for HIV/AIDS programs in Section 104 of the Foreign Assistance Act of 1961 (P.L. 87–195), as amended, that permits USAID to provide HIV/AIDS assistance in Burma.

We are proposing a limited-focus program in Burma as part of a larger, regional effort to control HIV/AIDS in Southeast Asia. With a funding level of \$1 million in FY 2002, USAID would focus its support on:

- primary prevention programs aimed at most at-risk persons (prostitutes and their clients; men who have sex with men; and injecting drug users)—these programs would include education about HIV/AIDS transmission factors including high-risk sex, and injecting drug use, and prevention strategies including reduced numbers of sexual contacts, the consistent use of condoms and not sharing needles;
- education for the general population to increase awareness and understanding of HIV/AIDS, its transmission and prevention and to reduce stigma against those infected;
- behavioral research;
- training for health care providers;
- improved and expanded social marketing of condoms;
- care and support of people living with HIV/AIDS;

All activities will be closely coordinated with Burma's democratic forces inside and outside of Burma. No assistance will be provided to the military regime. USAID will be carefully monitor the funds provided to assure that they are used for their intended purposes.

Mr. LEACH. I thank you both very much.

I would like to first concur with a comment of Secretary Daley. It is true that I think Congress and the Executive have long held a pretty generally consistent view on the situation in Burma.

As change occurs nuances arise and there is never total agreement on all nuances, and that has to be understood. And as I listened to Ms. Turner, and it was just absolutely excellent testimony, Ms. Turner, there is a nuance that I think you ought to review. That is, as a general framework when we have governments that we have displeasing relationships with there is a distinction between people-to-people issues and government-to-government relations. You mention in your AIDS issue, and I am a very strong advocate of a very aggressive AIDS leadership of the United States in Burma, as well as elsewhere in the world, you make a distinction in not dealing with the government.

One of the reasons that there might be some reassessment is that in many countries, particularly in Africa, one of the highest incidents of AIDS and for the spreading of AIDS is in the military. So if the United States has a policy of not providing assistance to the Burmese military for AIDS reduction, that may be counter-productive to the United States regional and the Burmese national interest. I think you ought to think that through.

But as a general framework I think dealing from AID's perspective virtually entirely through NGOs makes a great deal of sense. But I do not think you should be hung up on the precision of that precise formulation. I would just raise that for your attention.

Also, it is conceivable that there are some places in society only the government can get to and when we are on people-to-people issues I think one ought to be very sensitive.

Let me turn to Mr. Daley. I think there might be agreement that the government has not done enough for the types of things that would make for a massive reversal in American policy toward Burma. On the other hand, have you thought through staged approaches with the staging on the Burmese side? Or do you think it is just inconceivable that this particular junta of military leaders can conceivably cede power to democratic forces?

Mr. DALEY. Mr. Chairman, we do not think it is inconceivable that they could engage in a process that will devolve power to the democratic forces in the country. We think it is possible.

Obviously, we are approaching it with considerable skepticism on an internal basis. We have identified the kinds of steps that we might be prepared to take if the Burmese regime through concrete action shows that it is ready to go down this path. We have not discussed those with the regime.

It has been what I would call an internal brainstorming exercise, but we are in effect trying to plan for success in this endeavor, and the kinds of steps we would take to have a different relationship with Burma if there is indeed progress.

That is a little bit fuzzy but it is representative of where our thinking is now. It has been a brainstorming exercise as opposed to an exercise in which we have linked specific steps on the Burmese side to steps that we would subsequently take. But we are, I would say, mentally prepared to go down that road if we do see concrete results in Burma.

Mr. LEACH. As my final question before turning to my colleagues, a second issues that obviously we have a national interest in dealing with Burma at whatever appropriate levels as possible is narcotics.

Are you seeing enhanced cooperation? How do you see the narcotics issue?

Mr. DALEY. There has been improvement in the situation. There has been a reduction both of opium and heroin production—the reasons for that reduction are a matter of dispute. We do not know to what extent it is bad weather as opposed to law enforcement as opposed to other factors, but there has been a reduction over recent years which is quite noticeable.

There has also been a reduction in acreage under cultivation.

The regime tells us they have made an agreement with the Wa—in whose land most of the opium production is taking place now—that they will be opium-free by the end of 2005, which is 3½ years from now, and we are encouraging them to press ahead in applying leverage to the Wa to accelerate that time table.

The Burmese have cooperated with our law enforcement personnel, Drug Enforcement Administration, and have achieved some very significant seizures. They have also worked more effectively with China and with the authorities in Thailand on counter-

narcotics and they have handed over to the Chinese some individuals from the Wa area who were wanted on narcotics offenses.

Most recently, at our urging the authorities have enacted money-laundering legislation, something we had sought for some time and which will have, if enforced, a beneficial impact on narcotics concerns and potentially an impact on curbing the possibility that their channels might be used for money laundering in the counterterrorist realm.

So there have been some steps but we do not think they are steps that are sufficiently significant to warrant certifying Burma as cooperating under U.S. legislation, and we have recently had some fairly explicit discussions with them on what they really need to do this year to establish in our minds that they are cooperating.

Mr. DALEY. Thank you.

Mr. Faleomavaega?

Mr. FALEOMAVAEGA. Thank you Mr. Chairman.

I just wanted to ask Secretary Daley, are we the only country that recognizes Burma as Burma, or—I understand the United Nations listing is Myanmar.

Mr. DALEY. The United Nations—

Mr. FALEOMAVAEGA. Is there some reason that we are using Burma instead of Myanmar?

Mr. DALEY. Yes, sir. There is.

In the United States our decision not to use the phrase “Myanmar” has been almost a symbol of our rejection of the kinds of changes that have been brought about by force in Burma and it is for that reason that we persist in using Burma as opposed to Myanmar. If at some future point the body politic in Burma, including what is now the democratic opposition, endorses the usage of that term then I expect we would follow suit.

Mr. FALEOMAVAEGA. Do our allies in Southeast Asia use Myanmar or Burma?

Mr. DALEY. They use Myanmar. Our friends and allies in Southeast Asia use Myanmar.

Mr. FALEOMAVAEGA. You mentioned that we do have currently sanctions against Burma or Myanmar. Is this level of sanctions similar to what we have against Cuba?

Mr. DALEY. Let me take a pass on the comparison if I may, sir, because I am not really knowledgeable about the level of sanctions that we have on Cuba. With respect to Burma we have a ban on investment. We deny them GSP privileges. Except for humanitarian assistance we have no assistance programs involving Burma. We have a visa ban on senior Burmese officials who fall into the category of persons who formulate, implement or benefit from policies that impede Burma’s transition to democracy. We very much keep Burma at arm’s length.

Mr. FALEOMAVAEGA. Then exactly what is our reason for putting these sanctions on Burma? Because it is not a democratic country? Or because it is ruled by a military regime? Pakistan is ruled by a military regime.

Mr. DALEY. Our reasons for putting in sanctions are to encourage Burma to move down the path toward democracy, and we have had substantial support in the international community. The European Union has policies that are very congruent with ours, as do major

countries in the region, Australia, for example, has policies that very much parallel ours.

In some instances there are nuances of difference. Japan, for example, has gone ahead with refurbishment of a hydroelectric plant. We frankly felt that that was something better held in abeyance. But even in the international financial institutions we have strong support for a policy of denying assistance funds to Burma that do not squarely fall in the basic humanitarian needs category.

Mr. FALEOMAVAEGA. Do we put Burma at about the same level as our sanctions on Iran? I am just trying to get a sense of consistency here in our foreign policy as far as sanctions are concerned. I am looking at 42 million people that really have serious needs, and as Ms. Turner has adequately stated in terms of what we are trying to do, giving the people scholarships and everything else to promote democracy, and then immediately right afterwards you say no, you cannot do this, you cannot do that. I am trying to unravel this sense of contradiction in our policy.

I may be wrong, but I sure would appreciate it if you could help me with it.

Mr. DALEY. From our perspective, and I hope I do not sound too defensive, but we do not have a sense of contradiction. We think that our policies are crafted to try and encourage movement toward democracy. We think that military rule in Burma and all the human rights abuses that have been associated with it have not only impeded democracy, they have impeded prosperity, and they have brought a lot of hardships to the people.

We have had strong international support for that position, otherwise we would not have been able to sustain it. And we are hopeful now that we may be on the verge of fresh departures in Burmese policy which will in turn, we think, allow us to move forward and encourage further progress.

Mr. FALEOMAVAEGA. We are having problems right now with our sanctions that we have placed on Cuba for the past 40 years, and at least in the minds of a lot of the Members here now, it has not worked. But I do not want to get into a debate on that issue.

I am just trying to figure out exactly what we are doing with Burma, what we are doing with Iran. I understand the European Union countries now are planning to have a trade relationship with Iran. It just does not seem to make sense with me in terms of what we are trying to do here.

Does the Burmese government allow officials or citizens of other countries to visit Burma right now?

Mr. DALEY. They allow visits, but they are selective in issuance of visas. The time period for visas is normally fairly limited. I believe it is a week or 2. And journalists have a very difficult time under normal circumstances getting access to Burma. Visas for people from human rights organizations and so forth are screened most carefully.

Mr. FALEOMAVAEGA. How accurate is our intelligence and information that we get from Burma if it is supposedly a closed society and we really do not know what is going on there? Do we have reliable sources of information that really tell us what is going on other than the NGOs perhaps?

Mr. DALEY. Sir, I would prefer to answer that question in closed session.

Mr. FALEOMAVEGA. I will accept.

The AID program that we have for Burma, Ms. Turner, can you give us a dollar value in terms of the total amount? I notice in your statement you had it at \$10 million or more?

Ms. TURNER. The basic earmark for Burma is \$6.5 million, which is shared in terms of implementation between State and AID and coordinated. It is structured and designed so that the programs work together. But the basic earmark is \$6.5 million. In addition there is a separate pot of funds through State, the population refugee and migration assistance.

Mr. FALEOMAVEGA. For 42 million people that is totally inadequate in any way to help the people if this is what we are trying to accomplish here.

Ms. TURNER. That assistance is actually, by the terms of the legislation, outside of Burma. It is addressed to the refugees along the border in Thailand.

In addition now we are looking at the issue of HIV/AIDS, which would be targeted inside Burma.

Mr. FALEOMAVEGA. Thank you, Mr. Chairman.

Mr. LEACH. Thank you.

Mr. Gilman?

Mr. GILMAN. Thank you Mr. Chairman for conducting this hearing and I want to welcome our witnesses.

On May 6th Burma's drug-dealing military junta released Aung San Suu Kyi from house arrest, lifted travel restrictions that had been imposed upon her. However the generals are not very serious about engaging in a dialogue in her regarding the future of Burma because they have taken retaliatory steps against important people who wish to meet with her.

It was reported that after she attended a wedding in Rangoon recently one of the fathers of the couple, a former Ambassador and a prominent businessman had all of his government contracts canceled and his mobile phone confiscated. Those authorized to run the Burmese government have warned other businessmen that there would be severe repercussions if they had any contact with Aung San Suu Kyi.

Fifteen hundred political prisoners still remain behind bars in Burma; their human rights record is abominable. According to Amnesty International Burma's army and security forces continue its killing, its rape, torture of ethnic minorities seeking peaceful redress of their grievances.

According to the International Labor Organization forced labor still continues unabated and talks between the National League for Democracy, Suu Kyi's political party, and the regime have not resumed since her release.

Mr. Chairman, with the collapse of the Taliban, the military dictators who run Burma are once again the world's largest source of opium and heroin, the vast amount of amphetamines Burma produces has devastated the youth and the future of the region. Hundreds of billions of those tablets are being shipped throughout the world. In addition to the destabilizing effects of illegal narcotics the Burmese junta has received close to \$2 billion worth of military

arms from China and is permitting China's military to build naval stations and spying facilities on Burmese soil to be used against democratic India.

Mr. Chairman, as our Nation continues its war against terrorism we must not ignore Burma as a great source of concern and instability.

Accordingly we welcome our expert witnesses today to learn what more the Administration and Congress can do, and let me address this to both of our panelists.

What do you recommend is our best approach to try to democratize the military junta of Burma?

Mr. Daley?

Mr. DALEY. Thank you, Representative Gilman.

You are not going to be surprised that as an Administrative witness I think the approach we are on right now is our best approach. We think we have to keep the pressure up. We have enormous skepticism of the regime.

Mr. GILMAN. What pressure are we keeping up?

Mr. DALEY. Well, we have what I think are a fairly impressive array of sanctions on Burma which run the gamut from restricting visas to high-level officials, to specific prohibitions imposed by legislation. We deny GSP benefits. We deny OPIC benefits. We have been very active in work with an international coalition to build support for our position and that has made it possible for us to deny access to the international financial institutions including the Asian Development Bank and the World Bank for the most part for Burma. We have a ban on arms exports to Burma. So there is quite a panoply of items on that—

Mr. GILMAN. When you say we have a ban on arms exports to Burma, are we having impact on China's exports of large military supply shipments to Burma?

Mr. DALEY. I think we have been concerned by the extent to which Burma has become dependent, or was in danger of becoming dependent, for arms imports from China, not only as a geostrategic matter but also because we think they are really wasting their money. Besides buying arms from China they recently purchased MiG-29 fighters from Russia which are fairly expensive. My understanding is the purchase price of these aircraft exceeds Burmese arrearages both to the Asian Development Bank and to the World Bank, and the aircraft are also expensive to operate.

Mr. GILMAN. Let me interrupt you a moment. What is the purpose of Burma's engaging in such widespread importation of arms and aircraft? What is their threat?

Mr. DALEY. I am most reluctant to try and speak for the Burmese government and their perception of that because it really, I cannot give you a good answer to what kind of threat they perceived that would require MiG-29 fighters. It does not make sense to me, sir.

Mr. GILMAN. Or Chinese arms.

Have we interjected our approach to China and to Russia about the exportation of these kind of armaments to Burma?

Mr. DALEY. We have raised these things most recently in connection with not only MiG-29s but a sale of a 10 kilowatt, if I remem-

ber correctly, nuclear research reactor by Russia to Burma. Again——

Mr. GILMAN. How recent was that, Mr. Daley? How recently——

Mr. DALEY. Did we raise it? We raised this with Moscow within the last 6 months. I do not have the exact date.

Mr. GILMAN. Have these pieces of equipment been shipped already to Burma?

Mr. DALEY. The MiG-29s have been partially delivered.

Mr. GILMAN. I am talking about the nuclear facility.

Mr. DALEY. I do not believe there has been delivery to date. What the Russians have told us is that Burma, which is a party to the 1968 nuclear non-proliferation treaty, is under international law entitled to the benefits of peaceful nuclear cooperation and that they will ensure that full scope IAE safeguards are applied to this plant.

Our concerns go somewhat beyond that. They go to the question of priorities and policy choices. We do not think this is a good policy choice for Burma. We are also concerned about their ability to provide physical security to the plant above and beyond safe operation. We would hate to see fissile material get loose any place including in Burma.

Mr. GILMAN. Administrator Turner, how much are we giving by way of aid to Burma right now?

Ms. TURNER. Our assistance for Burma is \$6.5 million. Under the earmark that is for Burma. But I would like to make a distinction that the predominant use of that assistance, virtually all of that assistance, is really used outside of Burma by virtue that is humanitarian assistance and democracy assistance that——

Mr. GILMAN. Could you put the mike a little closer to you?

Ms. TURNER. Yes, I certainly can, sir.

The assistance is aimed at the refugees in border areas of Thailand. It is only now with looking at the issue of HIV/AIDS, that we are beginning to look at assistance inside Burma, but it is only limited to HIV/AIDS.

In terms of your question that you placed earlier about democratizing Burma, the way we see the current assistance that we are providing, is to strengthen those ethnic Burmese that are located in the border areas that have left Burma for a variety of reasons, and to help them to develop the ability to play a role in Burma in the future. So there is a variety of assistance that is building capacity along a broad range of lines, including in the area of democracy such as dealing with media issues, being sure there is a capacity to make people aware of issues, to publicize human rights concerns that are going on, as well as to help the people in the ethnic groups develop other practices, democratic practices among themselves.

So our focus right now is outside of Burma by virtue of the assistance that governs, by virtue of the legislation that governs our assistance, and we are trying to prepare people for hopefully a future democratic Burma.

Mr. GILMAN. Thank you very much.

Thank you, Mr. Chairman.

Mr. LEACH. Thank you.

Ms. Watson?

Ms. WATSON. Can you give us some estimate, Ms. Turner, of how we are proceeding with the resources to fight AIDS and get the word—How are we doing? Give us a status update?

Ms. TURNER. The overall donor response to HIV/AIDS is quite nascent because most donors such as ourselves have had bans on assistance inside Burma.

We have had a team that was in Burma recently to develop the information that is actually attached to our statement which is a variety of information about the situation in Burma. There are CDC representatives that are now in country that are also doing a further assessment of the situation there.

We are in the process now of trying to initiate assistance. This year the funds that we are proposing, the levels that we are proposing, are relatively small at this particular point. But we will be, together with CDC and the other donors, continuing to examine the situation to determine what are the appropriate kinds of response and levels of response. If indeed the epidemic is along the lines that we are thinking, which is that it is generalized in the population at levels around 4 percent or so, and that among the most at risk groups, as high as 70 percent for example among intravenous drug users, 30 percent among prostitutes and the like, then we will examine our response and ramp up our response appropriately.

When we went in country before, we had discussions with a number of NGOs. There are NGOs that are operating in country there. Based on the experience that we have had elsewhere with HIV/AIDS, we would be focusing on information materials, trying to educate people about HIV/AIDS. There is a tremendous lack of knowledge about HIV/AIDS—how to get it, how to avoid it. We would be providing commodities such as condoms to at-risk groups. We would be training service providers so that people know how to respond to those with HIV/AIDS.

So over the next few months and over the next year I would say that we will be getting in on the ground and we will be delving further into the magnitude of the problem, where the hot spots are, and I think over that particular time developing a more specific response, and obviously consulting with the Hill as our needs may change in the response.

Ms. WATSON. Just a follow-up statement and then question.

Secretary of State Colin Powell said the beginning of this year that we are going to need \$2 billion to really fight AIDS globally, and our concentration for the most part has been on Southern Sahara Africa where we know what the problem is.

In Asia, in Southeast Asia and with all the surrounding countries to Burma, what is your comprehensive plan? Because people cross over the line to work, they come back and forth, they speak other languages and all. I would think if Burma were to be served effectively then we would need to broaden out our assessment to see what we needed to do in the surrounding area. So if you can respond in that way.

I also think we have to probably change the culture. This is what I am experiencing as we go back and forth to Africa and as we work in other places in the Pacific and Asia. You have to change

the culture. You have to come at people in a way that they can identify with.

So what are you doing with using locals and using people who might be from the universities with some expertise as to how our message reaches and how we teach so that we can really make advances. So if you can address those questions.

Ms. TURNER. Yes, ma'am.

First of all, in terms of our response to the HIV/AIDS in South-east Asia, we do in fact have a comprehensive approach in place. Cambodia—which as I mentioned in my remarks earlier, there are still indications that there is a significant problem there—is considered one of our important countries; and we are putting a great deal of resources into there, approximately \$15 million, into Cambodia to aggressively tackle that situation.

We also have a regional Greater Mekong HIV/AIDS Program that is providing assistance to Laos and Vietnam and some assistance also to Thailand although Thailand has, as we all know, made tremendous strides in addressing the issue of HIV/AIDS.

So we are looking at the response in that region as a comprehensive part of a response to the greater Mekong.

Burma is the new addition to that response. We are now assuming that Burma may in fact become the key part of that response if we are to tackle the issue of HIV/AIDS in the region. Because there are such tremendous population movements, there is trafficking, there is prostitution, there are a variety of movements of population, and unless we have responses in each of those countries in the region we really cannot make much headway.

So there is a program in place and I think the biggest question, I would say, is the magnitude of the response that will be needed in the future, in Burma, to really make a difference and to contain HIV/AIDS in the region.

As for your question about what are we doing to change culture, I would say that one of the things that I think AID has done best around the world is in the area of education, information dissemination, and working through NGOs that are on the ground. Our program in Burma is to be focused through NGOs. We will be providing assistance to international NGOs that will in turn be working with other groups on the ground.

Burma is not a country in which there are a vast number of local NGOs with whom we may work, so that will be somewhat of a challenge to develop that over time. But clearly our program is through NGOs that have the best contacts on the ground. The other element is a very sound program of information dissemination, developing materials that speak to the people in those countries. We are using cultural performances that go around to villages where the issue of HIV/AIDS is acted out.

So I think we have learned, from our actions in other countries, approaches that in fact resonate with the local populations, and we will certainly be trying those out in Burma as well through the NGOs that we will be working with.

Ms. WATSON. Just to conclude my questions, had you thought about from inside out, you said taking them to the villages. If the NGOs that are operational, and we understand there are few in Burma, but tapping into what they would like to say and then

starting this movement from the inside out and let outside groups come in and supply the resources. I find that in some of the most inland areas of southern Africa that works better. Finding out what they know and what they do and what they would propose, and then we could support them, rather than bringing a set program into them.

Ms. TURNER. Yes, I think that as a part of the entire feedback loop the effectiveness of NGOs is that: Of the international NGOs linking up with the local groups and finding out that sort of information which you have mentioned. And NGOs have just proven around the world to be the most effective device. And people in those communities that are a part of the NGOs or a part of community-based organizations, obviously have a sense of what would work in those communities. That will obviously be a very important part of framing a successful response.

I think the other thing that we have the benefit of in the region is the success of Thailand. One of the benefits that we hope to have is Thailand participating or helping within the region, within the context of our Mekong strategy for HIV/AIDS, because they have the most experience in the region with successfully tackling the HIV/AIDS problem.

Ms. WATSON. Thank you, Mr. Chairman.

Thank you.

Mr. LEACH. Thank you.

Mr. Rohrabacher?

Mr. ROHRABACHER. Thank you very much.

Mr. DALEY, what level of repression would you say there is in Burma today?

Mr. DALEY. Fairly high, Mr. Rohrabacher. I think it is most unfortunate. Political party activity is not allowed. We cannot say there is a free press. There is certainly not free electronic—

Mr. ROHRABACHER. As compared to other countries. Let us say comparing it to Laos or comparing it to other dictatorships. Would you not say that Burma is probably one of the most repressive regimes in the world? Or would you put it middle repressive?

Mr. DALEY. I would prefer to try not to make that comparison. It is down at the bottom tier would be my view.

Mr. ROHRABACHER. Let me do it for you, being the diplomat that you are, let me do it for you.

Burma is one of the most repressive governments in the world, one of the most negative and bigoted regimes in the sense that it wants to shut out the outside.

Mr. DALEY. No argument there, sir.

Mr. ROHRABACHER. Obviously.

Let me ask you this. Ms. Turner, has that had anything to do with the suffering and poverty suffered by the Burmese people?

Ms. TURNER. Sir, we principally have dealt with the refugees that have been forced out for a variety of reasons, including persecution by the regime.

Mr. ROHRABACHER. What we have got is a regime that is so repressive that it has kept Burma in a constant state of poverty and suffering and that regime in no way reflects not only the will but the well being of the 42 million people who live in Burma. Perhaps the best thing we could do is make sure we head that regime in

a more democratic direction and open up Burma, because there is no amount of foreign aid that can make up for the horrendous effect that this regime has had on its own people.

Let me ask you this, Mr. Daley. Your testimony states there has been well over two billion dollars worth of military equipment that has been sold to Burma over the last 10 years I guess it is. How did they pay for that military equipment?

Mr. DALEY. We do not know precisely how they paid for it. Our guess is there was a lot of counter-trade involved and barter trade.

Mr. ROHRABACHER. Let me suggest that not only are they repressive, but the military regime in Burma has committed treasonous acts to their own people in the sense that they have not only repressed them but they have given away their legacy to other countries, especially to China, in the form of their natural resources. Teakwood, et cetera. But would you not say that that \$2 billion figure also suggests that perhaps some collusion with drug dealing whereas that is the major source of revenue for that society?

Mr. DALEY. No, sir. I would not say that.

Mr. ROHRABACHER. Well I would.

Mr. DALEY. Okay.

Mr. ROHRABACHER. I would think that it is, whereas it is hard to put your finger on where they came up with that \$8 billion, I would suggest that when you take a look at where the money is made, their only source of income, that it is not hard to connect the dots or draw the lines between the two.

I would suggest there is payment for the \$8 billion worth of weapons, or \$2 billion worth of weapons, with some type of dealing in drugs by the Burmese regime.

I know that is hard to prove because they have such a closed society. But let me ask you this.

When I was first elected to Congress there were different parts of Burma that were controlled by various groups that were ethnic groups that were not involved with—That were not under the control of a Burmese dictatorship and it was Na Win then, let me ask you this.

Since that time has not the Rangoon regime expanded its concern over basically the military, that is control by Rangoon now, that dominates the entire country as compared to 15 years ago when you had the Karens and the Karennis and the Wa and the Shan who had areas that were basically independent?

Mr. DALEY. The areas are less independent now but I would hesitate to say that the writ of Rangoon runs fully in those areas.

For example, they are in the process of trying to have the Wa live up to an agreement to be out of the opium business by 2005.

Mr. ROHRABACHER. But the Burmese military, let me put it this way. When I was first elected there were whole big chunks of Burma that the Burmese military could not go into. Now, from what I understand, the Burmese military at the very least controls all the roads in those areas. Is that not right?

Mr. DALEY. I would not go that far, Representative Rohrabacher. Clearly they have extended their control. In 1945 some of the ethnic group armies were on the outskirts of Rangoon and they have effectively been pushed back to the border areas. And over these decades that process has unfolded, but it is by no means complete.

The agreements that have been made with the ethnic groups are not fully transparent and they differ from one ethnic group to another.

Mr. ROHRABACHER. That is correct. It is not transparent. That is what I think I am getting to is the fact that, you see, I would go that far. I think the Burmese army controls all the roads. And I think when you have massive opium production and drug production that they do not carry it all in knapsacks through the jungles. I just have a feeling that it goes by truck when you are talking about billions of dollars worth of drugs. That is just a guess.

Mr. FALEOMAVAEGA. Helicopter.

Mr. ROHRABACHER. It might even go by helicopter. Probably Chinese helicopters owned by the Burmese regime.

But I think that is what I was getting to. The agreements with some of these governments or semi-governments like the Wa and Shan and that, they are not really transparent. We do not really know what is in those agreements, do we?

Mr. DALEY. No, we do not.

Mr. ROHRABACHER. We might surmise that a person who is willing to murder their political opposition, a regime that is willing to do that and we know they are willing to do that in Rangoon, that they would not think that dealing in drugs would be amoral. If they are willing to just murder people, what is dealing in drugs, right?

Mr. DALEY. Our information does not suggest that as a matter of policy the central authorities in Rangoon are dealing in drugs. We are pretty certain that individual officers in the field are complicit. I would go so far as to say that in every country where there is a major drug problem there is also a major problem with corruption.

Mr. ROHRABACHER. I have to tell you, I just have this feeling that these gangster generals who run the country, I do not know why we are bending over backwards to assume they are going to do the right thing when it comes to drug dealing. I do not understand that. It is all the guys at the lower levels who are making the deals. I would suggest that it is very possible that these agreements they have made with these various groups that were dealing in drugs before, that as part of the non-transparent agreements they have is that some of the money makes its way into the pockets of the generals that rule the country.

You were talking about the Wa and how there has been some agreement to make it an opium-free area. Is not the Wa, is that not where they are producing all these methamphetamines?

Mr. DALEY. They are also doing methamphetamines which is an important part of our agenda.

Mr. ROHRABACHER. So as the decrease in opium happens we have this massive increase in the production of methamphetamines. So is that something that we should look at as a positive development?

Mr. DALEY. No.

Mr. ROHRABACHER. Right.

So with that said let me just suggest that we should side with the people of Burma and side with all people who want better government because that is the way to end the drug trade is to make

sure the people of Burma control their own country, and that is the way to make that country more prosperous and cure some of these diseases and things because you have a closed society and they live in poverty and they have these problems.

The best thing we can do, and there is a relationship between repression and a lack of freedom and all of these other problems.

So I would suggest that side with the people of Burma and do our best to help them overthrow this dictatorial regime, at least provide them the political support if nothing else in that endeavor, and wish our very best to Aung San Suu Kyi.

Thank you very much.

Mr. LEACH. Mr. Blumenauer?

Mr. BLUMENAUER. Thank you, Mr. Chairman.

I too appreciate the opportunity to have this interaction with the Committee, and Mr. Chairman, your willingness to schedule a hearing that I think is important just in terms of sending the message about how deeply people in Congress care about the developments, the efforts on behalf of the Burmese people who have been held hostage for far too long.

And I do appreciate the sense of sort of the tightrope that we are working here. We do not want to do anything to help a repressive regime. Although my sense from very limited experience in the country and following the developments, is slightly different than my friend Mr. Rohrabacher. Their control is more apparent than real. That there are very strong sub-elements both in the military and the ethnic groups. There are things going on in this country relating to drug traffic and other struggles for control in the very real ethnic divisions.

I also appreciate that there are forces for change within the country. Some of the businesses from the West that would operate have the potential for making a difference on the ground in a positive way, but we have sanctions, and we are trying to keep the pressure on. We do not want to unduly enrich the regime, and to give aid and comfort to it.

My area of question deals with how we strike that fine balance with trying to help the Burmese people who themselves are victims and where there are little things that we could do that would be hard for the junta to pocket. Some of it may be assistance for people with HIV/AIDS. Some of it may be as simple as fire protection or environmental assistance which I do not see anywhere. I apologize for coming late from the Floor, but as I reviewed the two statements I did not see anything that spoke to some of the serious environmental problems that beset Burma.

There may be things we can do with NGOs building capacity that will make a difference for people's lives to send a signal about where we are coming from, and where there might be more assistance in the future to help these 42, 45, whatever million people for whom a small expenditure and small gestures might make a big difference.

I would appreciate it if you might comment on that. Let me put one other piece on the table for either of you or both, and that is now we have a slightly different condition with Aung San Suu Kyi where there has been work, there is a little daylight, there has been a little loosening of the hold on the National League for De-

mocracy. Is there a way now that we can use her and the League as a way to vet what we might do? We could evaluate using her assistance. The NLD is, after all, as close as we are going to have to a legitimately elected representation of the people. The one opportunity I had to meet with her when she was under house arrest, I was very impressed with the feel that she has for what is going on in the country. And obviously she has huge respect from the Burmese people themselves. Can we give her a little leverage in this delicate dance while we get better input into how to strategically target some assistance that would not end up benefitting the regime?

Mr. DALEY. Sir, you have touched on some of the most, what I regard as important policy issues that we face in the next few months on Burma. Let me take them not exactly in the order that you raised them though and start with the last.

We have been able to discuss not only the broad outlines but specific details of our activities in Burma with the National League for Democracy and of course now that Aung San Suu Kyi is no longer under house arrest we have extremely easy access to her and to the other members of the NLD leadership. In that sense we do consult about ideas, thinking, programs.

I would hasten to add that we need to take responsibilities for our own policies and not put the burden of policy choice on the NLD or her in particular because we may at some point want to take decisions that cause considerable unhappiness and we should be accountable for those and not the NLD, so the responsibility is ours even though we intend to consult very widely on these issues, not only in Burma, but obviously with the Hill, people who are concerned about Burma outside of government.

I think we can take steps that will not benefit the regime but will help the people of Burma. There are a number of specific things we can do. For example, we can make sure that we do not provide money to the regime. We can do follow-up interviews and audits in cases where we provide money or goods that are fungible to NGOs to ensure that they have not been diverted, that someone has not come around 15 minutes after we left to scarf them up. We have that capability. And I think that capability extends to even dealing with low-level government officials.

For example, simply providing knowledge about how HIV is transmitted is something that is very important. The regime is not itself going to be able to derive benefit if we inform teachers who in turn can inform their students about these things.

Training aids of various kinds dealing with public health issues also we think can be provided that is not going to be of benefit to the regime.

We have been unambiguous in our characterizations of the regime so that people understand that as we go down this road of humanitarian assistance it is not to be interpreted as an endorsement of the regime.

One of the greatest challenges I think we face is the issue of capacity-building and civil society and democracy within Burma. We have done an awful lot on the Thai-Burmese border but people inside Burma are concerned that nothing has been done for those who actually stayed behind and suffered the worst of the repres-

sion. This has been raised with us by the NLD more than once. It is an area where we indeed are going to have to examine what kinds of capacity-building programs the international community can sponsor in Burma. And obviously as we do this we are going to be pressing against the edges of the tolerance, if you will, for the Burmese regime. We are going to be pressing them very hard to make changes that are going to move the country down the path of democracy. This is one of the ways in which they can show that they are sincere about easing up on their control and to move down this path.

You are quite right, sir, we did not mention the environment in our prepared remarks. Burma has a unique ecosystem. It is one of the few places in the world where you have that kind of tropical forest left. I have no idea of how many endangered species may have their last sanctuary in Burma.

We are concerned about it. The ecosystem obviously does not stop with Burma's borders. Recently our Fish and Wildlife Service has proposed plans to fund a conservation project in Burma and what they would do is work with retired Burmese government officials who have been forest rangers and who are no longer on the payroll of the government to create an independent NGO in Burma that has no ties to the regime to manage this project. I think this is illustrative of the kinds of things we think we can do in Burma to address the many things that we have on our agenda without benefiting the Burmese regime.

Mr. BLUMENAUER. Mr. Chairman, at some point it would be interesting for us to be able to review some of these interrelated environmental issues. I think Burma represents one of the greatest challenges. There may be more just simply because development was retarded for a variety of reasons. Maybe at one point the repressive nature of the governments for the last half century have assisted. But it does spread over a large area, it does bleed into Thailand, there are cross-border problems in terms of illegal logging and what not. Their exploitation of the environment is one of the things that they use to fuel and feed the regime the same as with the illegal drug trade. This is something that has negative effects on the world that will be irreplaceable.

Mr. Chairman, having the chance to look at these within the sweep of our Subcommittee might be something that I would find of great interest and it may be a way that we can focus some attention.

Mr. LEACH. If the gentleman will yield.

You raised this I thought exceptionally thoughtfully at one of our first hearings if not our first hearing of the Subcommittee and I have asked staff to look into that. We do intend this year to hold a hearing on precisely the issue of the environment in a regional context. I think that your raising this is absolutely on target. It is something that I had not considered at all until you raised it at the first hearing. I think it should be done.

It is also a subject that is also different—It is a regional issue but it is different per country. The Burmese environmental dilemma is I think one of the more distinct issues that is a subset of all other issues in Burma but nonetheless exceptionally important and I would be very happy to work with you and if you have

any advice and witnesses, Mr. McCormick is going to arrange that so please speak directly to him.

Mr. BLUMENAUER. I appreciate that, Mr. Chairman. I just hope, and I do not mean to sound like a broken record, but time and again we are having witnesses from the State Department and I know you folks are doing really good work and I find that I am much in sympathy with what Secretary Powell is trying to do around the world. I know he has told our Committee repeatedly that these are areas that are of interest to him, that they fit into the larger scheme, but they do not tend to appear in the testimony. I just hope that it is not reflective of the priority that I believe the Secretary attaches and to the significance that they have. I really appreciate your filling us in.

Mr. DALEY. We almost have a special case, sir, with Burma because in so many areas as a matter of policy we have not allowed programs to proceed. Whereas if we look at neighboring Thailand, we have had very rich cooperation over the years. But there is an ecosystem reality that transcends the political borders and I think we have to surpass that.

Mr. BLUMENAUER. Mr. Chairman if I could just make one other comment about something that I hope we can pursue.

Mr. LEACH. Sure.

Mr. BLUMENAUER. I live in hope that some day we will have a comprehensive sanctions policy like most other developed and developing countries have. I happen to agree with much of what we are doing in terms of trying to use sanctions to get the attention and not to enrich the regime in Burma. But unless and until we get to the point where we actually have a sanctions policy it might be useful, Mr. Chairman, at some point that we could get a report back from our friends in the State Department that helps us review and evaluate the sanctions that we have in place and the effectiveness that they have had. We should determine whether there are problems and opportunities—we have a history in this country of just passing sanctions and oftentimes we are better at passing them than we are at evaluating whether they are working or not and when we have won, and when we need to move on.

I would just look at the bizarre difference between Cuba and China where we are sort of frozen in time.

I would hope that there is great interest in putting pressure on the regime. Nonetheless, I think we would like to know whether we are on point. Do these sanctions need refinement? Are they making a difference? What impact are they having on Americans? Just to use Cuba, I am convinced if we would have Americans visiting Cuba and interacting, Castro would be a thing of the past. I do not believe in one-size-fits-all, and maybe, Mr. Chairman, with your help and with the help of our distinguished panelists here we could get some information to help us evaluate where we are that might again help in terms of the refinement of the congressional reaction.

I appreciate your courtesy, Mr. Chairman, having the hearing and I look forward to progress in the future.

Mr. LEACH. Thank you for your suggestions. Mr. Flake, do you have any questions?

Mr. FLAKE. No. Thank you.

Mr. LEACH. Mr. Rohrabacher, do you have more questions?

Mr. ROHRABACHER. I personally reject the notion that interaction with Americans with repressed people will make them overthrow their dictatorships.

Mr. BLUMENAUER. If the gentleman will yield just for a moment.

Mr. ROHRABACHER. Sure.

Mr. BLUMENAUER. I hope nothing I said led the gentleman to believe that just simple interaction is going to lead to an overthrow. My point relative to Cuba is that I think our sanctions are counter-productive. I think not allowing Americans to be there and spread the truth directly while—

Mr. ROHRABACHER. Again, reclaiming my time. In a dictatorship I do not think the people of Burma need to know that they live under a repressive regime, and I do not think having some Americans taking pictures in front of the pagoda with their cameras and wearing shorts, et cetera, and being the way Americans are is going to open their eyes any more.

When these people have a boot in their face they realize it is good to have the boot taken off of their face and that is what is happening in Burma. But the gentleman made a terrific point, and before you leave I want to make sure you understand, I think that the environmental questions are vital. And when you have a democratic society it is all right for the people of a democratic society to decide through their government to utilize their natural resources in a way that they see fit.

For example, they wanted to sell their teakwood off in order to have a great education system in Burma. That would be all right for the people of Burma to decide if that is what they wanted to do. It would not be all right, however, it is not all right for the government of Burma which is a dictatorship to destroy their teakwood assets of the people and pocket the money in some bank account in Thailand or somewhere else which is what is happening in Burma and which tends to happen in dictatorships.

I think this goes beyond the region and that perhaps there should be a policy by the United States that governments that are not democratic, that there should be some kind of restrictions on how we can purchase their natural resources from those non-democratic governments because the democratic governments will have what is in mind for the benefit of the people, where dictatorships, whether it is Castro or whether it is the junta in Rangoon, will not be basically watching out for the interests of their people so that would be an overall policy.

And let me just add one further thought. That is, it is time for a change in Burma and I would suggest to Aung San Suu Kyi and the people who are struggling for democracy that they announce that there will be an amnesty for everybody who comes over now, and that all sins of the past are forgiven. Let us get on with building a new country and a new democratic country.

I know there are a lot of hard feelings, people have been repressed, their children have been murdered, et cetera, but I would call on the democratic reformers to work with the generals in order to facilitate a safe exit so they know there will not be any retaliation against them or anyone else in the regime.

What is important is to move on now and to build a new society and a better society in Burma.

Thank you, Mr. Chairman.

Mr. LEACH. Thank you, Dana.

I do not think we can end the hearing without touching on the subject of terrorism and the role of Burma in our antiterrorist efforts. Have we had good discussions with the government? Do we see these problems in their society? Do we see this as an area where there may be more cooperation and less confrontation than in other societies, or the other way around? How would you describe it, Mr. Daley?

Mr. DALEY. Mr. Chairman, in the wake of September 11th our foremost or most immediate concern in Burma was the protection of our embassy facilities and personnel in Rangoon. In the wake of the September 11th attacks the Burmese authorities were very quick to move on a number of steps that we had requested including steps that had been held in abeyance for a considerable period of time such as closing the street in front of the embassy.

We have a very old facility there, fairly decrepit, and it has virtually no setback from a main street. Thus it is very vulnerable to attack by car bombs and other devices. We had excellent cooperation on that point.

We are currently trying to define ways in which the countries of the region can improve their systems of sharing information on international terrorists and on detecting their movement from one country to another. The countries of the region have disparate visa systems. They have a lot of variation in the kinds of technical controls in documentation to make them resistant to tampering or to forgery. And so we will be talking to not only Burma but of course to the other countries in ASEAN on areas where regional cooperation is very important.

Burma itself does not today present a terrorist threat to the United States. We do not see groups operating in Burma which present the kinds of threats that concern us deeply. Our concern would be the transit of groups from elsewhere, particularly Southeast Asia through Southeast Asia, or the use of countries in Southeast Asia as staging grounds for operations that would be directed against American interests in any number of locales.

Mr. LEACH. I want to return a little bit to the subject of people-to-people as contrasted to government-to-government relations.

I think the United States has an exceptionally warm view of the Burmese people. At the same time they have an exceptionally harsh concept of the junta. But in dealing at people-to-people levels, of all the adjectives that have been expressed today the one that I am kind of the most disappointed with, Ms. Turner, is the word nascent. It strikes me that it is inconceivable that we should not be thoroughly and completely and utterly aggressive in support for HIV/AIDS countermeasures in Burma.

From AID's perspective, and I hope you are in close consultation with the international community, particularly the UN and the World Bank on these issues, and that the United States should be at the forefront of suggesting their active involvement.

This is a very serious circumstance that involves the people, also people of other countries including our own.

The other people-to-people issue, when it comes to sanctions I have long held there is a radical distinction between food and medi-

cine and all other sanctions. Restraints on food assistance required in any country I think are generally wrong. Burma is not as food short as many societies in the world and that is fortunate, but still, I think when people deal with sanctions we ought to remember that particular circumstance.

Finally, let me just ask this question. Ms. Turner, you mentioned that any assistance in Burma you would like to see go through NGOs. There is an interesting question of how you define an NGO. For example is Aung San Suu Kyi's party an NGO, in essence? Are there assistance that at a humanitarian level ought to be going through it?

I raise this because the UN Ambassador or UN Special Envoy in Burma has suggested that combinations of the government, her party, and others is a way of distributing humanitarian assistance. Have you given thought to this?

Ms. TURNER. Sir, let me deal with the two issues you have raised, the concern about the nascent state of dealing with HIV/AIDS and then dealing with the issue of what is an NGO.

I guess my use of the word nascent was simply to convey that in view of the magnitude of the problem I think all of the donors feel, as well as the government I believe, that the response is at its earliest stage but that there does need to be an aggressive response and we have been, when we have gone in country a few months ago to do some analysis of the problem, we have been in very close contact with the other donors and——

Mr. LEACH. If I can interrupt. Unlike Mr. Daley you gave some very precise statistics, 4 percent, 74 percent. These are very precise statistics. They are alarming.

Ms. TURNER. Yes, sir. They are.

Mr. LEACH. I would also say that on this NGO issue, every once in awhile you have a hard time ignoring governments in power. On this particular issue, active consultation I do not think is inappropriate.

Ms. TURNER. I would agree and I think we have seen in a variety of other countries that, in order to have the system-wide impact that is needed to really have an impact on HIV/AIDS, there is some contact with the governments that is needed.

NGOs are a very effective tool and have been proven to be a very effective tool in a variety of circumstances, but it has also been proven that in order to, that one, if a government is not behind an HIV/AIDS effort your impact is going to be limited because you are not going to be able to get the message out, you are not going to be able to work with a variety of entities to have the impact.

Second, that if the amount of assistance that is estimated that may be needed in Burma to tackle the HIV/AIDS problem is in the range of \$35 million a year, at the moment if you look at what all donors are spending it is a fraction of that.

Mr. LEACH. Let me just stop you for a second. Given the statistics that you have indicated, I do not see how you can conclude \$35 million a year is adequate. That does not relate to any other country with statistics like that. I think you may have drawn some judgments that may be based on budgets of ours rather than on needs of theirs.

Ms. TURNER. That estimate, which is an estimate at the moment, is a UN estimate. It is a UN estimate that has been made based on information that is known. But all the donors, including ourselves, are investing a great deal of effort and will continue to gather more data to get a more precise handle on where are the hot spots, which communities, where geographically are the hot spots, what are the principle modes that HIV/AIDS is being disseminated and the like. But I think current estimates, which are the best that we all have, indicate that a significant amount of resources are needed, beyond what the collective donor community and the government is now putting toward it.

That makes then, given what the donor community has currently available, makes the role of the government even more important. It means that influencing policy, influencing government systems, being able to deal with people in the public health service, being able to deal with school teachers of which there will be a large number, that these are ways in which with relatively limited resources you can have a broadened impact.

But that means you do have to involve, you do have to have some contact with government officials to have that impact, and to ensure that you are able to influence policy and systems. Without that NGOs are able to do great work but the span of impact that they can have is relatively limited to the area in which they work.

As for your question about the kinds of NGOs that we might work with, there are a variety of NGOs in Burma. A number of them are considered government controlled NGOs. A number of them are international NGOs that are well known to ourselves and that we have worked with in a variety of countries.

I think our focus at the moment is on those organizations that have a proven track record of dealing with the HIV/AIDS issue, that in turn will work with communities and local NGOs that obviously have a more precise knowledge of the situation in their communities.

But I think the importance in terms of having the impact and aggressively tackling it is to work with organizations that have a proven track record in dealing with HIV/AIDS that in turn link up with local organizations that have a knowledge of their communities, a knowledge of what works, and that those things together will enable us to have a more immediate impact on the issue of HIV/AIDS.

Mr. LEACH. Mr. Daley?

Mr. DALEY. Mr. Chairman if I could just add briefly to what Karen has had to say.

We have taken a leadership role in the consultative group on Burma and have been very active in urging others to move expeditiously on beginning these programs.

I think we have to fill in the database a little bit more before we can increase the level of effort, and I hope we will be able to do that very quickly.

The Administration is interested in this. Last month the Deputy Secretary asked me how quickly would we actually see funds and material disbursed within Burma on HIV/AIDS. I gave him an off-the-cuff answer of 4 to 5 months. He made it abundantly clear to

me that my answer was not satisfactory. That he expects us to move a good deal more rapidly than that.

So it is a matter of high priority. I would not be at all surprised if next year we are going to be talking about a much larger program than what we have at this stage.

Mr. LEACH. I just want to underscore the obvious. I think from this Committee's perspective, and I think I speak for Dana, on issues of HIV/AIDS, Congress, I think has a pretty strong consensus that of all the issues in the world that we should approach irregardless or regardless of the government in power, this is the one. In fact it is very impressive to me how little has been done, not how much, over the last decade from the implicit conclusion of your report. So I am glad that it is now finally receiving attention.

Dana, do you have any concluding comments?

Mr. ROHRBACHER. I would just like to ask, I understand the prevention program of HIV, prevention programs. In informing people about the magnitude of the problem. Are we talking about becoming the condom distributor for the world here?

Ms. TURNER. Sir, not exactly. The use of condoms by certain high risk groups is an important part of HIV/AIDS prevention and that element has been an element of our HIV/AIDS programs around the world. But I would say that our HIV/AIDS program in Burma will be comprehensive, like it is in other countries, dealing with everything from information dissemination about what is HIV/AIDS, how to avoid it, and would also include however, condoms as a part of prevention.

Mr. ROHRBACHER. As far as I know, Mr. Chairman, and you will have to correct to me, I am not an expert on this issue, but when someone is infected this is not a thing where you can give someone some medicine and they are all of a sudden not infected any more.

I think that becoming the condom distributor or becoming someone who is responsible for providing medicine for everyone who is infected with AIDS in various parts of the world is not what the United States should be doing.

I can certainly understand that education to inform people to prevent infection is something we should definitely be involved in, but trying to prevent someone from dying in a 2-year period rather than a 6-month period by spending thousands of dollars worth of drugs may not be the best use of our foreign aid money.

Mr. LEACH. Let me try to bring this Committee to a conclusion, and let me say that in my time in public life we have entered into discussions that would never have been countenanced a generation ago. We have entered into them because we have to. Realistically I want to make it very clear that I probably disagree with part of the conclusions that were just uttered, but certainly a comprehensive program involving education and values is obviously an essential part of an HIV/AIDS effort.

But if it saves lives for the United States government to be at the forefront of dispensing instruments that protect people and save lives, it is absolutely something that this government should not shy away from. And as indelicate as the subjects are, it is imperative.

With that, let me thank you both for your testimony and the Committee is adjourned.

[Whereupon at 11:54 a.m. the hearing was adjourned.]

A P P E N D I X

MATERIAL SUBMITTED FOR THE HEARING RECORD

HIV/AIDS In Burma
Assessment
and
Recommendations for Assistance

United States Agency for International Development

April 8, 2002

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-Natal Clinic
ART	Anti-Retroviral Therapy
AUSAID	Australian Agency for International Development
BCC	Behavior Change Communications
BCI	Behavior Change Interventions
CARE	Cooperative for Assistance and Relief Everywhere
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention (USA)
CHEB	Central Health Education Bureau (Burma)
CSO	Central Statistical Organization (Burma)
DFID	Department for International Development (UK)
DOH	Department of Health (Burma)
DHHS	Department of Health and Human Services (USA)
EC	European Commission
ELISA	Enzyme Linked ImmunoSorbent Assay
EU	European Union
FHI	Family Health International
FSTD	Females with Sexually-Transmitted Disease
FSW	Female Sex Worker (i.e. female prostitute)
Go-NGO	Government affiliated Non-Governmental Organization
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
IDU	Intravenous/Injecting Drug User/Use
IEC	Information, Education and Communication
INGO	International Non-Governmental Organization
JICA	Japanese International Cooperation Agency
KAP	Knowledge-Attitude-Practice
MBCA	Burma Business Coalition on AIDS
MSI	Marie Stopes International
MCH	Maternal and Child Health
MdM	Medecins du Monde
MMA	Burma Medical Association
MMCWA	Burma Maternal and Child Welfare Association
MOH	Ministry of Health (Burma)
MOL	Ministry of Labour (Burma)
MOR	Ministry of Railroads
MRCS	Burma Red Cross Society
MSF	Medecins Sans Frontieres
MSTD	Males with Sexually-Transmitted Disease
MSM	Males who have sex with males
MTCT	Mother-to-Child Transmission
NAC	National AIDS Committee (Burma)
NAP	National AIDS Program (Burma)

NGO	Non-Governmental Organization
NLD	National League for Democracy
PAC	Provincial AIDS Committee (Burma)
PE	Peer Educator
PFP	Population and Family Planning
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
PSI	Population Services International
RH	Reproductive Health
SCF/UK	Save the Children Fund/United Kingdom
SCF/US	Save the Children/United States
SPDC	State Peace and Development Council (Burma)
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
TOT	Training of Trainers
UN	United Nations
UNAIDS	United Nations Joint Program on HIV/AIDS
UNDCP	United Nations International Drug Control Program
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

HIV/AIDS In Burma

Assessment and Recommendations for Assistance

1. SUMMARY

1.1 What Do We Know?

Official HIV surveillance data in Burma, while imperfect, clearly indicate a serious epidemic, that has spread from known high-risk groups into the general population. Data from antenatal clinics record HIV prevalence of 2.8% among the youngest group (15-24 years old) of pregnant women. Data from groups with high-risk behaviors indicate much higher prevalence levels, representing sub-epidemics in specific areas. Overall the gradient is higher at Chinese and Thai border areas in the eastern section of the country, diminishing to very low levels at the western borders with Bangladesh. The majority of currently infected persons are male and most infections are transmitted sexually. This is associated with prostitution in which HIV prevalence in different samples of female prostitutes range from 30-50%. Men who have sex with men are not included in the national surveillance, but anecdotal reports in 1996 showed levels of HIV over 30% among them. Injecting drug users, mostly male, and heavily concentrated in northern opium-producing states, have HIV prevalence levels up to 74% and more, one of the highest levels recorded anywhere in the world.

Most Burmese are not aware how widespread HIV/AIDS is nor how to protect themselves. Condoms were outlawed until 1992 and usage remains very low. Public campaigns have stressed morality and have associated HIV/AIDS with criminals and socially less desirable segments of the population. People with HIV infections are now generally stigmatized and do not always access the care and support actually in place. Few support groups exist for People Living with HIV/AIDS (PLWHA).

The SPDC has recently publicly acknowledged concern about HIV/AIDS and has publicly named the epidemic as one of the top three priority public health issues, along with malaria and tuberculosis (TB). The professional and technical staff in the Ministry of Health understand the HIV/AIDS epidemic and are committed to their work but, overall, Ministry of Health (MOH) capacity to respond is limited and training and resources are needed.

The future of the Burmese people could be severely affected by the economic consequences of the current epidemic. Further, Burma's epidemic influences the epidemics in northeastern India, Thailand and China and, to some extent, vice versa.

Over a million Burmese are now living in Thailand, often returning infected following employment that placed them at risk of HIV/AIDS.

1.2 Why Now?

The time is ripe for investment in reducing the spread of HIV in Burma and mitigating its impact on the population. United Nations (UN) agencies are in the process of strengthening their programs, several bilateral donors have now made assessments and are planning to bring in resources, and both the State Peace and Development Council (SPDC) and the National League for Democracy (NLD) view HIV/AIDS as a major threat to health in Burma. The SPDC appears to be open to assistance from outside. The NLD agrees with the need for increased HIV/AIDS assistance and would support limited work with public health institutions as long as the use of resources is carefully monitored. There is now an opportunity to leverage United States Government (USG) assistance by collaborating with the private sector, other bilateral and multi-lateral donors, non-governmental organizations (NGOs) and community-based organizations (CBOs) that are addressing HIV/AIDS in Burma.

1.3 What Can USAID and CDC Do?

The assessment team for this report on HIV/AIDS in Burma included staff from the Department of State, USAID and the Department of Health and Human Services Centers for Disease Control and Prevention, National Center for HIV/AIDS, STD and TB Prevention (CDC). To reflect the American Embassy in Rangoon's objective of developing a coordinated USG response to HIV/AIDS in Burma, this report includes a perspective from the Department of State and both USAID and CDC. Areas in which USAID and CDC assistance on HIV/AIDS in Burma could be fruitful include:

- Improve the quality and consistency of information on the epidemic, (epidemiological, social and behavioral) and its impact in different at-risk groups in order to better focus resources on critical populations
- Intensify and expand primary prevention programs, particularly with high-risk groups, through local community-based organizations (CBOs) and non-governmental organizations (NGOs), perhaps with United Nations (UN) agencies or international non-governmental organizations (INGOs) serving as an "umbrella" funding mechanism
- Support training and education on HIV/AIDS and sexually transmitted diseases
- Assist the private sector, non-governmental organizations (NGOs) and community-based organizations (CBOs) to develop the capacity to respond effectively to the HIV/AIDS epidemic
- Develop and support strong monitoring and evaluation mechanisms

This report identifies categories of assistance that the assessment team believes respond to the needs in Burma and can be implemented. Specific priorities, partners and implementation mechanisms will be developed by program design teams from USAID and CDC, in consultation with the Department of State, if HIV/AIDS assistance in Burma is approved.

1.4 Conclusion

A major HIV epidemic appears to be present in Burma but detailed, reliable information regarding trends in the epidemic, and the geographic areas and sub-populations in greatest need of programs and services, is limited. Estimates of the actual number of persons living with HIV/AIDS in Burma vary substantially and HIV/AIDS prevalence estimates range from one percent to nearly four percent. UNAIDS estimates that the prevalence was 1.99% in 1999. However, the surveillance system and population data do not permit an exact estimate and it is possible that the actual epidemic is larger than any of these estimates. What is most important is that, regardless of the percentage of the population currently infected, the HIV epidemic in Burma has the potential to be one of the largest in the region and it is likely to get worse. Immediate attention should be given to rapidly and systematically assessing the situation in Burma and providing information on the nature and extent of the epidemic. This information is essential to design and target prevention, care and treatment and other relevant humanitarian efforts. It should be noted that the Ministry of Health officials expressed interest in working with USAID and CDC.

2. BACKGROUND

2.1 Request by Congress

This report on HIV/AIDS in Burma has been prepared in response to a request from the managers of the Conference Report of the Foreign Operations, Export Financing and Related Programs Act 2002 (P.L. 107-115, "the Act").

"The managers request that within 90 days of enactment of the Act, the Administrator of USAID, in consultation with the Under Secretary of State for Global Affairs, provide a report to the Committees on Appropriations on the extent of the HIV/AIDS epidemic in Burma, including recommendations for action that the United States Government could take to limit the spread of HIV/AIDS in Burma. The recommendations may not include direct support to the SPDC." (the State Peace and Development Council)

The Conference Report expressed the managers' expectation that programs and activities conducted inside Burma would be carried out "in consultation with the leadership of the National League for Democracy (NLD)."

The Act was passed on December 20, 2001, and signed by the President on January 10, 2002.

2.2 Funding Considerations

USG sanctions have restricted assistance to the SPDC in response to Burma's position with regard to human rights, trafficking and drugs. However, Congress has provided "notwithstanding" language for HIV/AIDS in Section 522 of the Act that would permit USAID to provide HIV/AIDS assistance in Burma funded from the Child Survival and Health Programs account.

CDC's Global AIDS Program is authorized under the Public Health Service Act and Public Law 107-116, making appropriations for Labor, Health and Human Services, and Education. Appropriations to CDC for international HIV/AIDS activities are provided in Title II of P.L. 107-116. In addition, section 215 of P.L. 107-116 provides specific authorities for international health activities. No specific funding restrictions are contained in these authorities or appropriations.

2.3 Methodology

This report was written by the United States Agency for International Development (USAID) in consultation with the Department of State's Office of the Under Secretary for Global Affairs and the Bureau for Oceans, Environment and Science, and the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for HIV/AIDS, STD and TB Prevention (CDC), following the visit of an assessment team to Burma in February 2002. The assessment team included members from USAID, the Department of State's OES Bureau, the American Embassy in Rangoon, and CDC. The assessment team consulted with the American Embassy in Rangoon, the USAID Regional Mission in Cambodia, senior officials of the National League for Democracy (NLD) in Burma and the National Coalition Government of the Union of Burma in Washington, United Nations agencies in Burma and Bangkok, other bilateral donors, NGOs, the commercial private sector in Burma and the Burmese Department of Health. Sources on HIV/AIDS in Burma include published data and literature, interviews with Ministry of Health officials, international NGOs, local NGOs and other donors in Burma. The assessment team also consulted with other interested parties and researchers in the United States.

This report is also based on earlier visits to Burma by the USAID senior regional advisor on HIV/AIDS and Infectious Disease, who consulted with Embassy/Rangoon, attended meetings and had personal consultations and made observational visits in Burma, in Bangkok and at border areas with Thailand. In addition, an effort was made to gather all pertinent documents. Some references for the data and findings in this report have been excluded to respect the confidentiality of sources.

2.4 Limitations

Due to the requirement that the report be submitted to Congress within ninety days after the Foreign Operations, Export Financing and Related Programs Act for fiscal year 2002 was signed into law, there was very limited time to review and assess the literature on HIV/AIDS in Burma, complete field visits and consultations, and prepare this report. Therefore, this document provides a preliminary assessment of the status of the HIV/AIDS epidemic in Burma and identifies categories of USG assistance by USAID. Options for CDC assistance will be identified after the completion and review of a full assessment later in the year.

2.5 Population and Economy

a. Population: Burma has had no census since 1983, but current estimates place the population at just over 50 million in a country about the size of Texas. Bordering India, Bangladesh, Laos, China and Thailand, it is the country with the largest landmass in South East Asia. The proportion of urban residents was 25% in 1983 and is estimated at about 29% today. The states on the periphery are the lands of major ethnic groups such as the Kachin, Karen, Shan, Chin, Mon, and others, while the dominant Burmans occupy the central plains and river valleys. Overall, Burma is ranked 125th in the UNDP Human Development Index, placing it in the lower portion of 'medium human development countries in the region,' just above Cambodia and below Vietnam.

b. Economy: Burma is a poor but resource-rich country. Agriculture and natural resources extraction account for about 60% of GDP while the manufacturing sector remains relatively small, accounting for only 6.5% of GDP. The World Bank has estimated annual per capita income at about \$300 (based on 1997 figures),

Despite moderate growth throughout the past decade, economic gains have not been shared by the majority, which continues to live in severe poverty. According to studies conducted by the World Bank, nearly 23% of Burma's population lives below minimum subsistence levels. Only 40 percent of its inhabitants have access to safe water. Average life expectancy is 60 years; infant and maternal mortality remains high, even by developing country standards. UN agencies have found that nearly 40% of children are malnourished and HIV/AIDS is a serious problem throughout the country, although more concentrated in the eastern provinces. Furthermore, the regime dedicates few resources to social services, and has slashed health and education budgets significantly during the past 10 years in real terms. In 1999, the World Bank found that state spending on education is among the lowest in the world, equivalent to 28 cents per child annually. In June 2000, the World Health Organization (WHO) determined that Burma ranked second to last among 191 nations surveyed in quality of health services. The World Bank concluded there is a silent emergency in Burma, and that deprivation on this scale will undoubtedly have long-term repercussions.

c. Links to HIV/AIDS Poverty, unemployment and conflict drive high levels of both internal mobility and external migration. While massive seasonal migration to gem mines, fishing ports, and construction sites within Burma contributes to the spread of

HIV/AIDS, circular labor migration and mobility, to and from bordering countries, are also major factors in epidemic in Burma.

2.6 United States' Interest in HIV/AIDS in Burma

The latest UNAIDS estimate (December 2001) records 40 million persons living with HIV/AIDS (PLWHA) in the world. The epidemic continues to grow with 5 million new infections each year and 3 million deaths. While sub-Saharan Africa remains the hardest hit area of the world with 70% of all PLWHA, UNAIDS cautions that there are 7.1 million PLWHA in Asia and there is a serious threat of major, generalized epidemics. The good news from UNAIDS is that the epidemic can be controlled in Asia with effective prevention programs, as evidenced in Thailand and Cambodia. This is especially critical in a region with 60 percent of the world's population where even a small increase in HIV prevalence can generate enormous numbers of PLWHA.

HIV/AIDS is a health crisis of unprecedented proportions and it is also a development crisis that is threatening to stop - or even reverse - the health advances and other gains that have been accomplished in developing countries during the past several decades. HIV/AIDS affects men and women in their most productive years, is inevitably fatal, and leaves dependent children with few resources for survival. When HIV/AIDS strikes a prime wage-earner, household income and savings can be lost and the family often cannot survive. HIV/AIDS also challenges communities as it produces large numbers of orphans and takes significant numbers of adults in their most productive years. At a more macro level, HIV/AIDS can reduce population growth and devastate the economy and it can pose a threat to national security in those countries that are the most affected.

Over the past three years, the United States Congress has increased the levels of funding for HIV/AIDS assistance worldwide in response to the growing epidemic. In addition, the National Security Council has declared the AIDS epidemic a national security issue and a threat to global security. Both USAID and CDC have identified HIV/AIDS as a key program element in their international public health programs.

The Mekong region of Southeast Asia is a critical focus of the USG response to HIV/AIDS. Given Burma's extensive and porous borders with India, China and Thailand, HIV moves back and forth among these countries. Early studies in China demonstrated that injecting drug users (IDUs) who frequently went to Burma were significantly more likely to be infected with HIV. In India, the state of Manipur, bordering Burma, has the highest levels of HIV prevalence among IDUs, estimated at 65%. Furthermore seminal research at the Johns Hopkins University School of Hygiene and Public Health on overland drug trafficking routes from Burma and Laos, injecting drug (IDU) use patterns, and the molecular epidemiology of the HIV virus along those routes, strongly suggests that the link between HIV/AIDS and heroin poses a risk of HIV/AIDS and addiction in China, Vietnam, India, Thailand, Hong Kong and Central Asia.

It is estimated that there are over 30,000 Burmese prostitutes in Thailand, many whom return infected. NGO workers report villages in eastern Burma in which every household has had someone die of AIDS. An estimated million Burmese have emigrated to Thailand to work in factories or at any job available for extremely low wages, but underage prostitutes can make 4 to 5 times as much money as those in factory work. One study showed that, among these migrant workers, only 13% of men and less than 2% of women had ever used a condom. While massive seasonal migration within Burma also spreads the virus, circular migration to and from bordering countries is the norm. Liberalization of trade also plays a role as many thousands of men and women traders carry goods back and forth between countries. Burma's social, economic and political conditions virtually guarantee a severe and widespread epidemic that will continue to affect its neighbors.

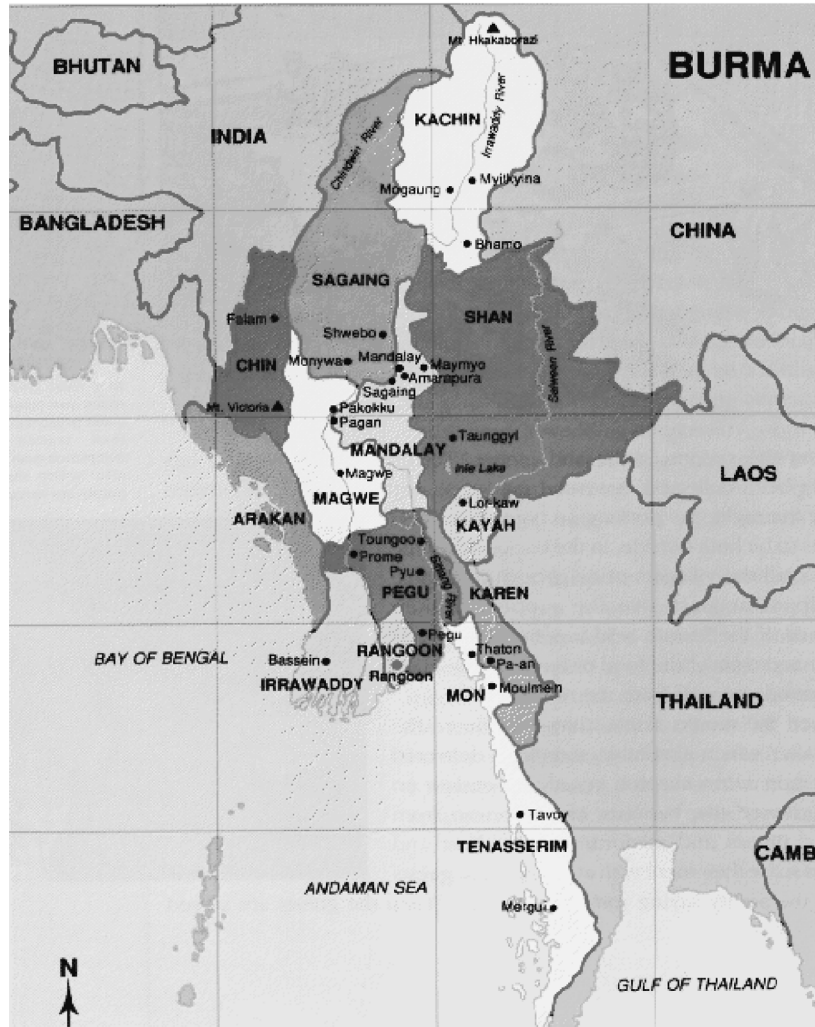
3. HIV/AIDS IN BURMA

3.1 Assessment of the Current Situation

The HIV epidemic in Burma has developed in the context of a tightly controlled military state and a poorly managed economy. The annual, per capita, SPDC budget for health is estimated at US\$0.24. As a result most health care is paid for by out-of-pocket expenditures. With about 135 different ethnic groups, relatively low overall population density (65/sq km), few usable roads, very poor communications and transportation systems, a highly censored press, widespread poverty and numerous other more visibly urgent health and economic needs, the average Burmese citizen does not view HIV/AIDS as a serious issue. Accurate and credible information about HIV/AIDS is scant, but preliminary assessment indicates that there is a significant and serious HIV/AIDS epidemic in Burma. Before 2002 the Burmese government was ambivalent about acknowledging the epidemic, and it is only recently that public attention to HIV/AIDS has increased. Now HIV/AIDS is named by the Ministry of Health as one of the top three priority diseases in Burma, following malaria and TB, and an opportunity exists to improve, expand and intensify the responses begun to date. The latest (1999) UNAIDS estimates indicate an HIV prevalence level of approximately 2% within the entire adult population. This is much less than the HIV/AIDS prevalence in Africa and does not represent a natural limit. For example, HIV prevalence in northern Thailand reached about 13% among male army recruits in the mid-1990s before strong prevention efforts brought those levels down.

Without strong prevention interventions, HIV/AIDS could quickly increase in Burma. In meetings with the assessment team, both the Ministry of Health and the National League for Democracy (NLD) have verbally expressed an interest in assistance from the United States to help limit the spread of HIV/AIDS and its impact on the Burmese people. The United States has the opportunity to help limit the spread of HIV/AIDS in Burma, and in the region, through carefully targeted HIV/AIDS assistance in Burma.

Figure 1: Map of Burma



The first case of HIV infection in Burma was reported in 1988 and the first case of AIDS was reported in 1991. As of March 2001, a cumulative total of 33,553 HIV infections and 4,598 AIDS cases have been recorded, with 1,973 already dead. Burma's epidemic is mature. The ratio of male to female AIDS ranges from 4:1 to 6:1. Estimates of the numbers of persons currently infected with HIV/AIDS in Burma vary greatly. UNAIDS estimates that approximately 530,000 persons were infected in 1999. However, there is much discussion about the validity of these national estimates which are based on samples that may not be representative of the entire population. Furthermore the national estimates of persons infected also depend on applying prevalence estimates for selected sub-populations of persons at-risk to estimates of the numbers of those persons in different sections of the country. However, these population bases are only estimated because there has not been a census in Burma since 1983. Population estimates based on projections over twenty years can only indicate the broadest ranges of estimate, especially in sub-groups and in geographic areas that are less than national.

The National AIDS Program (NAP) of the Department of Health (DOH) within the Ministry of Health (MOH) has reported AIDS in all states and divisions. The numbers of reported AIDS cases by state and district have varied from a cumulative low of 9 in the Chin State which borders Bangladesh to a high of 1911 in Rangoon, the country's largest urban area. Two other states have reported cumulative totals of more than 500 AIDS cases. These include Tenasserim (584 cases) in the south and Shan State (1,134 cases) in the east, bordering Thailand, Laos and China. Of the 33,553 persons reported as testing positive for HIV, 83% are between the ages of 15 and 40, with males age 20-25 having the greatest number reported HIV positive (8,017), or 24% of the total cases reported.

The current distribution of HIV cases appears to increase from west to east, with far fewer cases in areas bordering Bangladesh and along parts of the Indian border, more in Sagaing, which has its long border with India, increasing through the central towns and cities and reaching some of the highest levels in eastern border areas with China and Thailand. It is estimated that one million Burmese live in Thailand, mostly without proper documentation, and are subject to considerable hardship. One source estimates that 30% of prostitutes regularly cross over between the southeastern border towns; fishermen, truckers and traders move back and forth as well, as do many thousands of men and women searching for a better life. Based on available information, HIV appears to reach higher levels in transport hubs, at ports, major border crossings, and in big cities. Since little testing has taken place in strictly rural areas, one could speculate that rural areas, which serve as source communities for many migrants, might also have notable levels of HIV.

Since 1992, in addition to its HIV/AIDS reporting system, NAP has been supporting an HIV sentinel serosurveillance system that is currently receiving reports from 27 different sites in the country. Each year blood specimens from persons representing 7 population groups are drawn and tested for HIV. These populations include male sexually transmitted disease (STD) patients, female STD patients, prostitutes, injecting drug users (IDU), pregnant women, new military recruits and blood donors. One hundred samples are tested each year for the first four groups, 200 specimens from pregnant women and

600 military recruits are HIV tested each year. Samples are taken sequentially until the required sample sizes are reached (100 in high-risk groups, 200 in low risk groups and 600 in each of two military recruitment sites). All donors coming to the National Health Laboratory, Central National Blood Bank and Public Health Laboratory during the 2 months of each sentinel round are tested. Through the 1990's two sentinel rounds were conducted each year, but recently NAP has reduced this to only one annual round. Detailed information on procedures for sample selection, counseling and testing,

Living with HIV/AIDS in Burma

In Burma, confidentiality is a new concept and in general it is not respected. Very few people infected with HIV actually have been diagnosed as such and, if they have, no one would tell them. Police can round up anyone they suspect to have HIV, arrest and test them. Their names are registered but they are not told. If the testing takes place at a hospital, standard Burmese medical practice dictates that the patient is not told; family members may be. Government has trained counselors, but many claim not to have time for counseling and prefer only to counsel those who test HIV negative. Because the stigma of having HIV is very great in Burma, few seek help until AIDS symptoms appear. The average duration of AIDS illness is 7.5 months till death.

Stigma is an obstacle to care-giving. Family members prefer that AIDS patients go to the hospital; hospitals prefer that they remain in their homes. In one town, when a particular INGO began its work, some families had banished their infected members to live at the cemetery. Most Burmese would never believe this could happen in their strong extended families. But the strength of the AIDS stigma is very great. Communications campaigns have equated AIDS with death and immorality, and those who become infected are often blamed for their condition.

Eventually, family members seek information and help. Most fear touching the patient. Few have the means to physically care for a terminally ill patient. The average cost of medicines, soap, food, linens, etc. runs over half of a household's monthly income. Free care is nearly non-existent and many manage only with the help of other community members and INGOs.

Where INGOs are attempting to provide care and support and have some counseling training, they offer psychosocial support to the families, and the patient. Some also are able to give ambulatory patients medical treatment for basic infections. More severe problems must be referred to the hospital. Where there are HIV/AIDS/STD Teams (36 of them in 27 townships), doctors and auxiliary personnel are trained to provide care. Hospital providers try to get them out as soon as possible. Fear on the part of health personnel appears to be widespread.

There is no national policy on Home-Based Care and a major effort at establishing guidelines, training and coordination is needed.

confidentiality protection and other key issues were not available for this preliminary assessment, but several sources indicated that procedures vary widely across participating sites. Furthermore only two sites are providing information for prostitutes and military recruits and only 6 for IDUs. The probable wide variance in procedures and the lack of detail as to how sentinel surveillance actually functions at different sites make comparisons and interpretation of the findings at the national level very difficult and potentially misleading. The data must also be viewed with considerable caution, not only due to problems in sampling but also because of the accuracy of reporting.

Figure 2: Official National HIV Surveillance Data for High-Risk Groups by Year

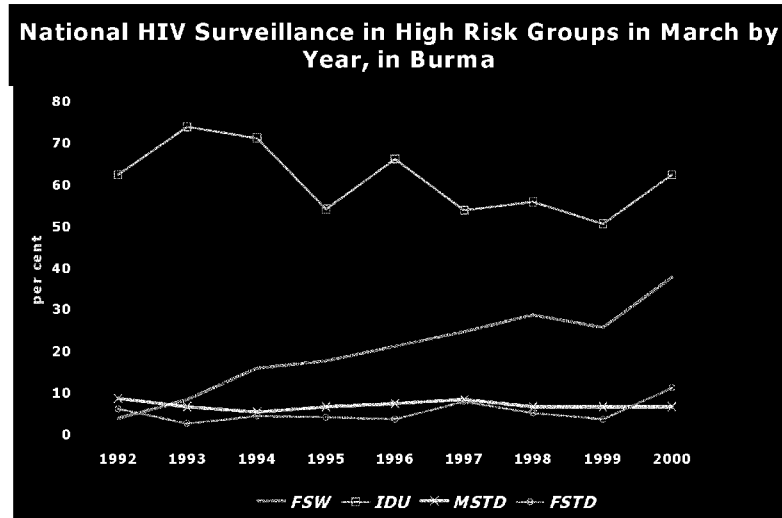
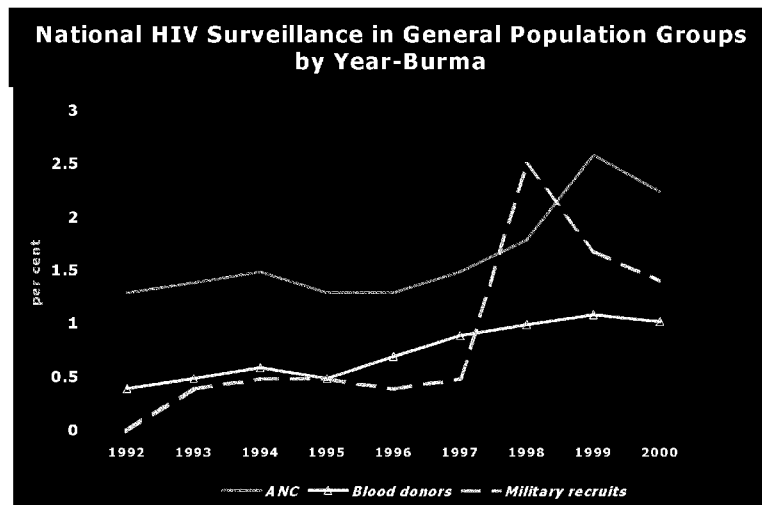


Figure 3: Official National HIV Surveillance Data Among General Population Groups



Nonetheless, Figure 2 shows the official average prevalence figures in designated high-risk groups by year between 1992 and 2000. Prevalence levels among female prostitutes are derived from two sites only, Rangoon and Mandalay where the respective percentages infected in 2000 were 26% and 50%. Levels among female prostitutes elsewhere, for example, at border towns, are unknown. Among IDUs (tested at 5 sites), prevalence ranged between 37.1% in Rangoon and 90.2% in Myitkyina, Kachin State, one of the highest proportions ever reported in any group. Male STD patients were tested at 20 sites in 2000, with the highest levels found in Myitkyina (18.8%) and Kawthaung (19%), both cities near borders. Among female STD patients, sampled at 8 sites, the highest prevalence levels were found at Rangoon and Kawthaung, each 13%, Myitkyina (19.2%) and Pegu (23%). Analyzed by age, the highest levels were found in the 15-19 year old group of STD patients for both sexes.

Figure 3 shows the gradually rising levels among general population samples between 1992 and 2000. Apparent reductions in recent years are questionable and require verification. HIV prevalence in military recruits ranged between 0.67% and 2.17%, with 0.82% among those 15 to 19 years old rising to 2.49% among the men 20 to 24 years old. Among blood donors HIV prevalence ranged between 0.98% in Mandalay and 1.27% in Rangoon as of March-April 2000. Overall, HIV levels in blood donors have been rising slowly but steadily over the past decade.

The highest prevalence at antenatal clinic sites was reported at Tachileik (3.6%) and Dawei (5.3%), both border areas with Thailand. Unofficially, higher local levels of HIV have been reported, e.g., 12% of pregnant women in Kawthaung are said to be HIV-positive, compared to 7% in Ranong, Thailand, across the border. Nationally, among pregnant women, 2.8% of those between 15 and 24 years old (n=1150) were found to be infected in 2000. As the youngest age cohort, this figure reflects the current levels of infection among sexually active women and suggests that the epidemic has now become significantly generalized beyond the traditional high-risk groups.

a. Prevalence of STDs: STD surveillance is not systematically conducted and most people seek treatment at betel nut shops, pharmacies and private clinics. Clients of public STD clinics, where 80% of patients are male, may not be a representative epidemiological profile. Indications do exist, however, of relatively high levels of some STDs in certain areas. The prevalence of recent syphilis among women in their first pregnancies at the central women's hospital in Rangoon was 4.6% in 1997 and 3.4% in 1998. Several reports indicate a rising level of genital herpes in women and a predominance of genital ulcers among male patients. A systematic observational study of the quality of STD treatment showed that the majority of infections were treated adequately, despite considerable problems with adequate examination of women, choice of drugs for treatment, counseling about condoms and partner notification. Reports state that outbreaks of STDs commonly occur following festivals. While many people have heard about HIV, knowledge about STDs is limited.

b. Testing, VCT and Stigma: Mandatory testing, usually without counselling, is routinely required for prisoners, at licensure and renewal for taxi drivers and truckers, at recruitment for military and police and for all surgical patients, and several other groups.

Many businesses also require tests and reject those who are positive for employment. People testing positive are not permitted to engage in a wide range of occupations. VCT is available at private facilities for about US\$3-4 but, although private practitioners are not required to register names of those tested, few persons trust the confidentiality of these services.

In both the public and private sectors, ELISAs and rapid tests are used.¹ The confirmation of positive results is done at the central level under the responsibility of the MOH with western blots and all names are registered. No anonymous VCT is available in Burma. Under these legal and stigmatised conditions, very few persons voluntarily seek testing.

Stigma remains great in the eyes of the public as well as many health professionals. AIDS is seen as a “shameful disease.” KAP-type surveys show high levels of rejection of PLWHAs unless those persons are family members. No studies specifically to examine the lives of PLWHAs have been conducted and no support groups are known to exist. There has been little effort by the public sector to destigmatize the conditions of PLWHA. These factors are very likely to have an impact on the reliability of surveillance statistics as well.

3.2 Behavioral Risk Factors

Several behaviors increase HIV/AIDS infection in a population, including injecting drug use (IDU), use of prostitutes without effective precautions, and high-risk sex among men with other men. However, these behaviors cannot be viewed as isolated from the general population. For example, HIV/AIDS can move to the general population when persons with high-risk behaviors have unprotected sexual relationships with their uninfected partners. Furthermore, HIV/AIDS can be transmitted from an infected mother to an infant and improper medical practices, including the transfusion of infected blood and blood products, can spread HIV/AIDS to those who do not personally engage in known high-risk behaviors.

a. Injecting Drug Use (IDU): Recognized risk factors for acquiring or transmitting HIV infection in Burma include injection drug use and prostitution. As Burma has historically been a locus for growing and trading illegal drugs, especially opium and heroin, it is not surprising to hear of IDU-associated transmission of HIV and high HIV/AIDS prevalence among injecting drug users.

Studies have shown that drug abuse in general and injecting drug use specifically are both very widespread. Reports suggest there are about 150,000 to 250,000 IDUs in Burma and that these persons become infected early in their careers as injectors. The shift from traditional patterns of opium smoking to heroin smoking, then by injecting, particularly

¹ Virtually no facilities are available in Burma to test viral load or ART drug resistance. There is a report that a private clinic in Rangoon can provide this service but the assessment team was unable to verify this information. Some private and public facilities can perform CD4 counts and a few Anti-Retro-Viral drugs are available at high cost, i.e. US\$150 for one drug per month.

among youth since 1988, has tended to follow drug trafficking routes and the changing levels of availability and price. There is a deep, shifting and confounding relationship between opium, heroin and now methamphetamine production/use, on the one hand, and political struggles between ethnic minority groups and the government, on the other. Notwithstanding these issues and those of drug trafficking control, the government's Central Committee for Drug Abuse Control (CCDAC) has begun to recognize the urgent need for HIV prevention. Several good studies of drug use patterns have been conducted and document the difficulty of finding clean injecting equipment in many areas of the country, high levels of equipment sharing, particularly among farmers, high risk modes of injecting such as the blowpipe, shooting galleries with professional injectionists, and the use of eyedroppers with needles attached.

Injecting Drug Use, the Heroin Trade and HIV

Along the river banks, hidden behind hills, are tiny tea shops where one can buy heroin and an injection with a much-overused needle and syringe. Shooting galleries are safe spaces for IDUs, as they never have to carry the drug out of the shop, and can access a needle where these are difficult to find. Along the drug trade routes, since around 1988, an estimated 150,000 to 250,000 men, both urban and rural, have become addicted to pure cheap number 4 heroin, now costing about \$0.50-\$0.80 per shot. Most heroin is manufactured by the Wa in Shan State in small mobile laboratories, and sold locally, taken to Thailand and to China. Opium poppies are still planted in other locations, too. Some areas, it is reported, are planting anew because they think development dollars will more readily come where opium is the crop than where it isn't.

HIV has been spreading among IDUs in Burma, chiefly because safe injection equipment is in short supply, especially in rural areas, and its possession is criminalized. Often IDUs use home-made equipment, such as eyedroppers with an attached needle, altered ballpoint pens, and the blowpipe. This invention uses a rubber hose fitted with a needle; blood is drawn up in the hose, mixed with heroin, and then blown back into the veins, one-by-one, for the waiting users.

With most universities closed, little employment and few sources of information, young men are especially vulnerable to drug addiction. Low paid migrant labor also seems to predispose many men to spending the little they make for immediate pleasure. High levels of heroin injecting are reported at the gem mines, where a large sex trade also thrives. Reports of studies that found over 90% of IDUs infected with HIV are not uncommon in such locations and, since the labor is seasonal, these infected men then return to other areas of Burma, further spreading HIV. Many farmers, fishermen, and truck drivers, even government workers are addicted to injecting heroin. Among those arrested for drug offenses, 18% are women. The northeastern drug-producing areas are the most affected, with AIDS now killing many men, their wives and children. Because their social status and self-esteem are so low, few infected IDUs seek medical care when they develop AIDS. If they are admitted to hospital, they often leave on their own.

Recently, a shift to methamphetamine production has led to widespread use of these drugs in Thailand and now Burma. Usually these pills are crushed, burned and inhaled (chasing) and some heroin users think combining the use of both will lessen their dependence on heroin. Will pill taking replace heroin use? Not likely, if heroin production continues. Given that the majority of IDUs acquire HIV within a short time after starting to inject, for most there is little hope of averting infection, but their role in spreading infection might be diminished with adequate prevention education. However, unless these men and women are helped to cease injecting and/or have access to new clean needles and syringes, the continued spread of HIV through IDUs is assured.

Most importantly, a law dating to 1905 allows that a person can be arrested and sentenced to 6 months in prison for possession of a needle or a syringe. High levels of injecting are reported among gem miners, fishermen and numerous rural communities. Although considerable education and advocacy by UN bodies as well as others have influenced minor shifts in policy, major obstacles remain to effective prevention. Educational outreach to out-of-treatment IDUs is virtually impossible under the strict policy requiring all addicts to register for mandatory detoxification or be sent to prison if caught. In prison no reading materials are allowed, but there are numerous reports that drugs are available without needles and syringes. It is fairly certain that a considerable portion of HIV infections can be attributed to time spent in prison, either through unsafe sex, illegal injecting or medical injections. Routine re-use of scarce medical equipment is widespread. Drug treatment centers are generally unsuccessful with reported relapse rates of 70-80%. Needle-syringe distribution systems are not permitted. These factors and the great availability of injectable drugs combine to ensure a high level of future spread among IDUs and from them to their sexual partners and beyond.

b. Sex with Infected Partners: Since 1993, the number of women reported with AIDS has grown to 100 to 200 reported cases per year and estimates of the ratio of male to female AIDS cases ranges between 4:1 and 6:1. As of March 2001, a cumulative total of 862 women have been reported with AIDS and 5,834 as HIV positive and there are 39 children age 0-4 reported with AIDS. These statistics may not be absolutely accurate but they indicate a high likelihood of significant, on-going heterosexual transmission in at least some populations in some areas of the country. These data suggest that the issue of orphans and children infected with HIV/AIDS and affected by the epidemic will increase and will require increasing attention in the future.

Burmese societal norms require that young women maintain a virginal reputation until marriage, but boys are free to experiment with sex. While premarital sex between young lovers does take place secretly, the more common pattern is for young men to go with their friends to prostitutes. Although several studies document a pattern of late first intercourse at the average age of 20-22, even for males, the frequency of premarital sex is thought to be increasing. In many urban areas, prostitutes are common sexual partners for young unmarried men. In one study of over 500 men, more than 15% of adolescents and about 30% of young adults reported multiple partner sex. Married men generally can, without social consequences, access prostitution when their wives are not available, for example, for 45 days post-partum, or when away from home, even for short time periods. One report states that a population-based survey found 7% of all men had gone to prostitutes in the past 6 months.

b.1 Prostitutes: Despite laws allowing the arrest of both the prostitute and the client, the level of prostitution appears to be increasing, under the influence of increased poverty, trafficking, and a ready market, complete with an underground management structure for its protection and maintenance. Various sources state that brothels are present and usually well hidden, depending upon locality, but professional prostitutes and karaoke bars, night clubs, liquor stores, restaurants and other venues of an indirect sex trade are not hard to find. Some such establishments have rooms for sex-on-premises;

Being a Prostitute in Burma

San San (fictitious name) was 14 when her parents asked her to quit school and start to support the family, her parents and three brothers. Like other girls her age, she could not find work, but learned about a restaurant where women served men and made a lot of money. Off the main veranda where food was served, there were small rooms with mats and pillows and San San soon learned that she was expected to have sex with the customers. This restaurant catered to town men, gold miners and the numerous Chinese traders in the region. Soon San San was bringing home money and her family was pleased. She left one day to try her luck at the gem mines, then more gold mines, but eventually felt too ill to work. Her chest hurt and she was coughing blood. She went home and to the local hospital, but they were not helpful and asked for high fees for their services. She was finally diagnosed with TB and told the cost would amount to 400 kyats per day for drugs, a regime she would need for 6 months. After many discussions, her brothers decided they would find a way to pay for her, as she had paid for their needs for several years. San San could have acquired free TB treatment at a NGO clinic in town, but no one ever told her. Now she is happy with the private doctor who is treating her and does not want to shift.

San San is an intelligent young woman. She asks many questions about AIDS. Is it true there are no drugs to cure it? Are boils a symptom of having AIDS? Why can't you know you are infected without a blood test? San San is one of many young women in her situation reached by a local NGO with educational information about HIV, but still the questions are many. HIV/AIDS is hard to comprehend. It is hard to imagine that you may be at risk of this dreaded disease and, anyway, most men refuse to use condoms. San San remembers one time when she asked a man to use a condom and was punched in the eye. She also remarks that women can make double the price if they will do it without condoms. In this part of the world, male sexual privilege is not questioned; and a paying customer reserves the right to choose. San San finds it hard to believe that many men in other parts of the world have learned to use condoms and will do so willingly. She shakes her head. The responsibility will rest with her and others like her, she says.

but higher-end types do not, requiring the use of hourly hotels. Often, men negotiate with a courier to bring one woman to a room for the use of several men, who engage in sex with her in turns. This type of group sex is found in many countries and, when unprotected, can be considered a heightened risk factor for the spread of HIV. Both the prostitute who solicits and the *khoun* (a pimp or madam in charge of prostitutes) are subject to arrest, as are clients. Some sources claim the average prostitute makes US\$1-1.50 per client, and the *khoun* takes between 50% and 75%. The prostitute is said to earn a total of US\$.76 to 1.50 per day.

The police plan for controlling HIV/AIDS requires that police identify all prostitute, arrest and test them. This plan includes listing all migrants working abroad, intercepting them when they return, then arresting and testing them. Suspected prostitutes in karaoke bars or entertainment venues can also be presumptively tested for HIV, and then arrested as can their clients. After release from prison, their names are kept listed for follow-up. Actual practice in local areas may vary and prostitutes are known to pay off the police to be allowed to continue to work. Under these conditions, HIV prevention programs for prostitutes are exceedingly difficult and condom usage is reported to be very low. Within the past year, however, a policy shift states that police can no longer seize condoms as evidence in cases of prostitution; however, it is possible that many prostitutes have not been advised of this change in policy.

Wherever there are construction projects, such as new ports, the sex trade grows. Gem mining camps in the Shan and Kachin states once attracted as many as 150,000 men in the dry season, nearly all of whom used prostitutes and, due to the easy availability of heroin, rapidly switched from other drug use to heroin injecting. More recently, the introduction of mechanized mining and the greatly reduced number of licenses granted by SPDC has reduced the number of migrant workers. Gold mining, however, has emerged along the rivers in the same regions and prostitutes report regularly visiting these areas. With the growth of new highways and ports in Burma and the contiguous region and a growing investment in gambling casinos and hotels (largely by Chinese and Thai entrepreneurs), new venues for the sex and drug trades are emerging. The uniformed services are also reportedly involved in regulating the trade according to their own rules.

b.2 Clients: An assumption that traveling men, e.g. migrant workers, traders, fishermen, truckers, represent the main clients has led to some research among these groups. Improved HIV prevention work among all uniformed forces would also be an extremely important component of a good national program.

Studies among fishermen, truckers, taxi drivers, hotel and migrant workers demonstrate the following:

- Over 80% have heard of HIV/AIDS and have a superficial level of knowledge about transmission modes, but fewer understand prevention.
- The majority of these men have little familiarity with using the condom; this is greatest among truckers at 58%.
- Between 30% and 60% of these men admit to going to prostitutes.
- Even if sexually active with prostitutes, condom use is not consistent.
- Condom use with non-prostitute partners is even less frequent than with prostitutes.
- Most men do not consider purchasing condoms to be easy.

c. Trafficking, Migration, Economic Development and Vulnerability: Trafficking is a problem in Burma. Economic factors also play a significant role. Large numbers of people migrate within Burma to find work and about a million have left Burma for Thailand. While political insurgency and dislocation also contribute to the large exodus, the interaction with drug addiction cannot be ignored. Some young street children work to keep their parents in drugs and some become prostitutes as young adults. Commonly, first-born daughters (and sons) are expected by parents to find work and send or bring money home. Despite the stigma of being a prostitute, many find it the only way to survive and support family members. With little industrialization to provide jobs, low levels of education, and, in some areas, considerable political as well as sexual violence, many thousands of men and women have few other options.

d. Men Having Sex with Men (MSM): Penal code 377 states it is an offence to commit unnatural sex acts, including acts of homosexuality. Banishment to an island in the Andaman Sea is required. It is claimed, however, that the law is rarely put to use.

Burmese Tradition, Modernity and MSM

As in most of S. and S.E. Asia, male-to-female transgendered traditional roles bear a semi-sacred status. The pre-Buddhist religion of Burma is retained in the worship of the *nats*, or specific named spirits, now thought of as guardians of the Buddhist pagodas. Two of these *nats*, brothers celebrated at the Yadanagu Festival yearly in central Burma, are the patron spirits of transgenders, who consider themselves *nat-gadaw*, or wives of the brothers. In rural areas many perform the important role of fortune teller, the *nekadio*, to whom one might pledge a donation to the pagoda if a job or business venture proved successful. In urban areas these transgenders, who use make-up and hormones to feminize their appearance, and wear long hair and feminine clothing, serve as beauticians, and some become quite well-off and famous. Among them are found elder teachers, the *meme* or *mamu*. This form of homosexuality is called *apwint*, or open, and is highly visible throughout Burma. Sexually it is a receptive role and some maintain a long-lasting relationship with a boyfriend, considering themselves married.

By contrast, there is another more numerous segment who are *aphaw*, or hidden. They do not wear feminine clothes or make-up and may take the receptive or insertive role in sex. They can be found cruising the markets, parks, tea shops, public toilets, etc. Together these two indigenous forms of homosexuality are called *mimisha*. Boys become *mimisha* during their early teens, and some proceed to become transgenders while others do not. These roles are fairly accepted by Burmese society, but remain stigmatized and viewed as abnormal and low status. In urban areas, a "gay" identity is emerging, but is still quite unusual. In rural areas, traditional dance and theatre troupes, with males playing female roles, are also accessed for sex, an older custom found throughout South Asia.

Collectively, these *mimisha* prefer "real men" as sexual partners. Some sources estimate that a high proportion of Burmese men have had sex with other males during their lifetimes. Real men are not considered *mimisha* and neither the public nor even HIV/AIDS workers recognize them as MSM at all, a case of gender identity overshadowing the realities of risk behaviors. Real men mainly have sex with women, most are married, but also have sex with either *aphaw* or *apwint*. These men represent the most difficult to reach, and consider male-male sex safer than male-female sex, as happens in all countries where the public messages about HIV focus on female prostitutes and their clients.

Many persons pay for sex in Burma, i.e., men pay women, some women also pay men, *apwint* and *aphaw* pay young boys (not necessarily *mimisha*), and real men pay *mimisha*. Solid research on sexual risk practices among these groups does not exist, but multiple partners and anal sex are reported to be the norm. In many cases, earning money is the primary goal and male prostitutes, with or without a *mimisha* identity, can be found in urban settings; in Thailand, especially in the north, many male prostitutes are Burmese.

The high levels of HIV found in 1996 in Mandalay among these men suggest that sexual transmission in Burma has multiple routes and cries out for prevention investment.

MSM, including men who call themselves "gay," as well as men with no term for self-identification and transvestites do exist in Burma. It is estimated that there may be about 50,000 such men and that half are transvestites; the others wear men's clothing and are more hidden. While the Burmese officials find this exceedingly difficult to acknowledge, the common citizen is more tolerant of these men with alternate sexualities. MSM fashion shows promoting condom use for HIV/AIDS prevention have been staged in Rangoon and in Mandalay and have been very popular.

In Mandalay, thousands of MSM gather at an annual festival. Between 1993 and 1996 they were tested for HIV by the Mandalay Health Department, with prevalence levels increasing from 8% in 1993 to 32% in 1996. Subsequently, testing was stopped but it is clear that sexual transmission in Burma is not exclusively between men and women. A study in Kawthaung found histories of male-to-male sex among 13% of fishermen, 10% of traders and 21% of drug users. Another study found 7.4% of military men admitted to engaging in male-to-male sex.

e. Mother-to-Child Transmission (MTCT): In all studies conducted so far in Burma, women consistently state they could not ask their husbands to use condoms, even if they were certain these men had visited prostitutes. It naturally follows that infected pregnant women will transmit HIV to a proportion of their babies. UNICEF has begun working on MTCT with the training of counselors and the purchase of nevirapine. After the first 6 months in operation, only 21% of women approached actually accepted being tested and only a few were positive and treated. Nonetheless, the program will be expanding and is well accepted by the government.

f. Blood Safety: Blood cannot be purchased in Burma, therefore, there are no professional blood donors. Blood is regularly tested for HIV, hepatitis B virus, syphilis and malaria. A system of voluntary donations is well organized as the basis of the blood supply. Groups with low risk behaviour, such as monks, form a major source of donations. Other donors are supposed to undergo risk screening and, if they admit to any such behavior, are excluded. Many hospitals rely on "walking blood banks", a list of available donors tested about every 3-6 months, because reliable storage capacities are limited by irregular supply of electricity. The major barrier to a guaranteed safe blood supply is an inadequate supply of HIV test kits.

3.3 Surveillance and Data Quality

The first person to test HIV-positive was in 1988 and the first officially reported case of AIDS in Burma was made in 1991. By 1993 more than one hundred cases were being reported annually, indicating that the Burma HIV epidemic was likely growing for many years before the first AIDS case was reported. The evidence supports the conclusion that the HIV epidemic has been present in this country for many years; yet much about the epidemic is still unknown or not clearly understood.

Analyzing the numbers and patterns of reported cases of AIDS and positive tests for HIV can be very useful in planning for programs and services and sometimes helpful in monitoring large trends, but reported cases tend to reflect only who gets tested or diagnosed and reported. This is especially relevant for countries such as Burma where there are no national voluntary counseling and testing programs and testing services are very limited and only available from the government. In such situations, people who believe they are HIV-infected or at high risk may not seek testing and never learn their status out of concern for preserving their confidentiality. HIV testing may be limited to individuals who are suspected by authorities to be at high risk or people who are symptomatic with AIDS. It is also likely that in Burma many persons with AIDS never

receive medical care or are never actually diagnosed and therefore are never reported. Other types of surveillance methods and epidemiologic studies are needed to better characterize the epidemic and provide the information that HIV prevention and care and treatment programs need to design, target and evaluate their services. Limited attempts have been made in Burma to implement such systems, but much more needs to be done.

It is very likely that not only survey procedures, but also actual HIV prevalence levels among different populations vary widely across the country. Reporting only aggregate prevalence levels makes it difficult to determine if there are areas of the country with much larger epidemics than others and this is possible in Burma. There are anecdotal reports of prevalence rates as high as 13% among pregnant women in some townships that lend support to the concern that some areas of the country are much more profoundly and deeply affected than others. UNAIDS reports that the known impact of the epidemic is most severe among the North, Eastern and Southern Border areas of the country as well as in Rangoon.

Generally women are less likely to understand their risks or be aware of the HIV-related risks of their male partners, so in addition to the nearly 6,000 women who have been reported as HIV-positive, there are likely many thousands more who are unaware that they are HIV-infected and an even larger number at high risk of future infection.

There are many anecdotal reports of HIV-related risks that are a cause for concern. These range from reports of generally low rates of condom use to Burmese serving in the military who are dismissed from service when they test positive for HIV and are released into the general population with little or no counseling. Although there are many anecdotes, unconfirmed reports and rumors regarding risk behavior and high rates of HIV infection, there is relatively little information concerning rates of other types of sexually transmitted infections such as syphilis and gonorrhea which can greatly increase HIV transmission risks. Only limited information regarding blood safety or medical injection practices was provided to the USAID/CDC team leading to concerns about potential risks related to these practices. However, sentinel surveillance findings indicate prevalence rates of around 1% in donors. Furthermore, there have been nearly 150 persons age 60 years and older reported as having a positive HIV test and several AIDS cases have been reported in this age group which only further raises concerns that there may be HIV transmission occurring through transfusions or other injection practices. There is also very little information about diagnostic systems, treatment services and trends in tuberculosis which is one of the most common opportunistic infections for people living with HIV and often the most common cause of death. In a country with limited HIV/AIDS surveillance, information regarding tuberculosis can be especially useful.

Despite the existence of an HIV/AIDS reporting and a small-scale sentinel serosurveillance system that appears to be providing some useful data, much information is still lacking regarding the size, characteristics and transmission patterns of the HIV epidemic in Burma. This lack of reliable information has made it difficult for international nongovernmental organizations and bilateral donors to prioritize resources and plan effective assistance programs.

4. RESPONSE TO HIV/AIDS IN BURMA

4.1 The State Peace and Development Council (SPDC)

The National AIDS Committee (NAC), a sub-section of the Health Committee, has the responsibility for all decisions concerning policy, strategy and implementation of activities in HIV/AIDS within the SPDC. This is a multisectoral body with 27 members representing 23 ministries and Go-NGOs.² The National AIDS Program (NAP) within the Ministry of Health, Disease Control Division, manages the daily operations of all implemented activities.

Historically, despite earlier official denial, the SPDC has made various responses to HIV/AIDS since the first infected person was discovered in 1988. Even earlier in 1985, testing had begun of persons with high-risk behavior. The NAC and the NAP were created in 1989 and the first plan of action was developed (Short Term Plan on HIV/AIDS). When, in 1991, the first AIDS patient was identified, a Medium Term Plan on HIV/AIDS was prepared for the period 1991-1993. Biannual Sentinel Surveillance started in 1992 and the second Medium Term plan on HIV/AIDS was prepared for the period 1994-1997. The HIV/AIDS program became part of the National Health Plan 1996 – 2001, occupying the third rank of priority after malaria and TB. In February 1998, the National AIDS Committee held its first meeting since 1995. In addition, AIDS Committees at the State/Division and Township levels have been created³, with AIDS Volunteers at the village level. These are organized through the MOH Health Centres.

The General Objective for HIV/AIDS in the National Health Plan is “to increase the awareness and perception of HIV/AIDS in the community by promoting access to information and education leading to behavioral change and adoption of a healthy lifestyle.” Specifically, the Plan aims at ensuring safe blood supply, raising awareness of HIV/AIDS, preventing transmission through IDU and medical/surgical procedures, preventing transmission through sexual activity, gathering information on the epidemiological pattern of HIV infection in the country, providing effective health care and counselling services for people with HIV/AIDS, training health workers in health education, counselling and provision of care, training public and private sector employees on HIV/AIDS/STD prevention education and condom promotion, strengthening the potential of the individual, the family and community.

The strategies to be employed include behavior change communication (BCC), promoting concepts and practices of cultural and traditional values towards sexuality, improving accessibility of condoms to higher risk groups, providing counselling services,

² These latter include the Burma Medical Association, Burma Maternal & Child Welfare Association, Burma Red Cross Society, Burma Dental Association, Burma Nurses Association, and the Burma Health Assistants Association and function similarly to mass organizations in Socialist states, e.g. Vietnam.

³ Divisions are the more geographically central areas of Pegu, Mandalay, Rangoon, Irrawaddy, Magwe, Tenasserim and Sagaing States are designated in the peripheral and more ethnic regions, i.e. Kachin, Shan, Chin, Kayah, Karen, Arakan, and Mon.

proper care, management, and socio-economic support to those infected and affected by HIV/AIDS, and enhancing the capacity of health systems with simultaneous strengthening of community participation, intra-sectoral (health sector) and inter-sectoral collaboration and coordination with Burmese and international NGOs and UN agencies. Conspicuously absent are the establishment of anonymous testing facilities, emphasis on voluntary counseling and testing for HIV (VCT), review of existing legal barriers, harm reduction for IDUs, encouraging self-help organizations of PLWHAs, or significant programs for orphans and vulnerable children.

All activities are financed and implemented by the MOH, but other ministries have contributed in-kind for various programs. For example, the Ministry of Home Affairs conducts compulsory testing of new police recruits (in collaboration with MOH). It also arranges talks, exhibitions on preventive messages for police personnel and families (one carried out by PSI) and for the inmates (former prisoners) at two Drug Control and Rehabilitation Centres run by CCDAC along with other departments.

The Ministry of Labour (MOL) trained some trainers among the staff in all its five departments and organized workshops during which condoms were distributed to a limited number of trainers. Twice every year, the MOL field officers in collaboration with NAP, organise educational talks to factory workers and distribute information, education and communication (IEC) materials.

The Ministry of Railways (MOR) has a budget for their activities on HIV/AIDS of 995,000 Kyats (US\$1,500). With their budget the Ministry has implemented HIV prevention and education programs for their own staff, advocacy meeting for high-ranking officials, training-of-trainers (TOT) for 30 staff from different departments, training of peer educators (PE) from all departments (300), development and distribution of IEC materials including billboards, posters, stickers and audiovisual shows in the trains (developed specifically for MOR by the private sector). It continues with awareness raising campaigns on HIV prevention through talks, workshops, IEC materials and its own extensive network of hospitals, dispensaries and other health facilities and health workers. Condoms are also distributed through its health facilities. It is preparing to produce its own TV serial on HIV prevention to be shown on trains, at stations, in waiting rooms etc. The script has been written by the chair of the Central AIDS Committee.

The Ministry of Social Welfare does reproductive health and HIV prevention education every 3 months for health personnel at its Vocational Training Centres and Women's Development Centres in Rangoon, Mandalay and Magwe, with help from Save the Children/UK.

The Ministry of Transport provides advocacy for high-ranking officials, training-of-trainers of selected employees, training sessions by the trainers for all staff, and development and distribution of IEC materials including billboards, posters, and stickers.

State/Division and Townships AIDS Committees are authorized to identify priorities for HIV/AIDS prevention activities in their areas, which are implemented by HIV/AIDS/STD Teams. The committees have been active in the annual World AIDS Day events, coordinate with the central level and arrange for local level activities. Thirty-six HIV/AIDS/STD Teams are active in 27 townships. At the peripheral level, local NGOs and CBOs frequently work with the government HIV/AIDS/STD Teams.

a. USAID and Embassy/Rangoon Meeting with Ministry of Health: The USAID members of the assessment team and Embassy/Rangoon met with Dr. Pe Thet Htoon, Director of International Programs in the Ministry of Health to discuss the HIV/AIDS situation in Burma. Dr. Pe Thet Htoon said that the public health environment in Burma is changing and that the Minister, Major-General Mya Oo is very concerned about HIV/AIDS. Dr. Pe Thet Htoon noted that the government has been accused of manipulating the data on HIV/AIDS in Burma and not reporting the true number of persons infected. He denied this and explained that the surveillance system is not representative of the country and cannot provide an accurate estimate of the number of persons infected in the total population. Dr. Pe Thet Htoon said that in mid-March 2002 a UNAIDS team from Geneva will cooperate with the Ministry of Health in an estimation workshop to address this question.

Dr. Pe Thet Htoon was trained in the United States at UCLA and knows the HIV/AIDS issues. He was very open about some topics, but was more guarded about others, such as the need for confidentiality in HIV/AIDS testing. He was also not supportive of programs to address HIV transmission by MSM and believed that any IDU activities should only take place in MOH drug rehabilitation centers and not in the community. Dr. Pe Thet Htoon indicated that the Ministry of Health would welcome USAID assistance in Burma on HIV/AIDS and he is aware that USAID would not provide direct support to the government.

b. CDC and Embassy/Rangoon Meeting with the Ministry of Health: Embassy/Rangoon Charge Priscilla Clapp and the CDC members of the assessment team met with Dr. Pe Thet Htoon, Director of International Programs, and Dr. Myint Zaw, Department of Health Director for the National AIDS Programme. Immediately thereafter they met with Major-General Ket Sein, Minister of Health, and his senior deputies, several of whom were trained in the United States. The CDC team members briefed the Minister on their work and the HIV/AIDS assistance that CDC has provided in other countries. CDC explained that their first step, following a preliminary country visit, is to conduct a complete assessment in Burma.

The Minister was knowledgeable about the HIV/AIDS situation in Burma. He said that the proposed CDC assessment is a good idea and confirmed that the Ministry of Health would like to work with the US Centers for Disease Control. The Ministry of Health understood that full and open cooperation, including access by the CDC assessment team to persons with high-risk behavior, and to areas with expected high levels of HIV/AIDS, would be required. The Minister said that he will recommend approval for the CDC

assessment to the required political authorities when a formal proposal for the assessment is received from CDC.

4.2 The National League for Democracy (NLD)

As the National League for Democracy (NLD) continues to work toward political reform and transition to civilian rule, there appears to be growing recognition and concern among NLD leaders that HIV/AIDS poses a tremendous threat to long term prospects for a stable, democratic Burma and must be addressed immediately.

The USG assessment team met with senior members of the National League for Democracy (NLD) in the NLD offices in Rangoon. These individuals expressed their concern about HIV/AIDS, and said “we old folks are awakened by a very horrible nightmare in the middle of the night.”

Regarding estimates of the numbers of persons infected, the NLD said that they know that HIV/AIDS is increasing in Burma. The NLD senior officials said “we are not interested in quarreling about the numbers - the numbers are not important to us - if it is 500 or 50,000 we need to prevent it.” They also observed that they believe the military has high rates of HIV/AIDS infection.

With reference to HIV/AIDS programs, the NLD emphasized that monitoring of assistance is very important and said that priorities should include HIV/AIDS education and prevention activities, such as:

Education:

- Provide materials in Burmese, Karen and Shan
- Work with teachers because the young people respect them
- Work with doctors and public health professionals

Prevention:

- Be culturally sensitive
- Work through TB clinics because people who are reluctant to accept the idea of HIV/AIDS will go to these clinics
- Include community participation

In a meeting with the State Department, USAID and CDC in Washington, senior members of The National Coalition Government of the Union of Burma endorsed the NLD views on HIV/AIDS in Burma. They also recommended that an HIV/AIDS forum be established in Burma wherein the donors, NLD and SPDC could share information on the epidemic.

4.3 The United Nations

UN agencies, such as UNICEF, WHO, UNDCP and UNDP, have been playing an essential role in advocacy and in helping Burmese officials understand what is required

for an effective response to the epidemic. Utilizing an intensive planning process, all UN agencies, as well as the regime, and some international and government-related NGOs (Go-NGOs), prepared a Joint Plan of Action for the coordination of the activities of the UN system for the period 2001-2002. The different UN agencies implement their activities through their own staff and/or through INGOs, Go-NGOs and Community Based Organisations (CBOs). Appendix Table 1 lists UN agencies working on HIV/AIDS in Burma.

4.4 International NGOs

There are several international non-governmental organizations (INGOs) working in Burma on HIV/AIDS and more are expected. Several are doing important work and making significant contributions, but there are not sufficient resources to mount a truly effective national response and sufficient information is not available to target or evaluate an expanded program. The INGOs working on HIV/AIDS have proceeded cautiously, attempting to maintain independence from government while bringing services to the people. They have been able to develop a range of important projects, most kept relatively small so far, that include the social marketing of condoms, innovative education campaigns using traditional theatre to promote health messages, and the support of community volunteers who provide home care. Through clinics and with associated outreach, they have been able to reach MSM and female prostitutes, albeit carefully and on a small scale. Increasingly they are turning their attention to the care of AIDS patients on a community and household basis. Appendix Table 2 lists international NGOs working on HIV/AIDS in Burma.

4.5 Burmese Go-NGOs, NGOs, and CBOs Working in HIV/AIDS

There are also many Burmese government-related NGOs (Go-NGOs) and local community-based organizations (CBOs) working on HIV/AIDS in Burma, but their capacity is limited and they need technical assistance and training to increase their effectiveness. Many of the Go-NGOs are at least informally linked to the SPDC through their directors' associations with public officials but it is believed that the majority of them are dedicated to the struggle against HIV/AIDS in Burma. Appendix Table 3 lists the Burmese Go-NGOs, and Appendix Table 4 lists the Burmese NGOs and CBOs, working on HIV/AIDS in Burma.

4.6 Bilateral Donors

Very recently several bilateral donors are considering new and expanded assistance for HIV/AIDS programs in Burma. Mechanisms are under development, including using UN agencies and INGOs as implementing partners, to enable bilateral donor funding to reach the populations in need. Virtually all of the key bilateral donors are currently assessing their HIV/AIDS program options, which will provide a unique opportunity during the next six months to collaborate in a coordinated response.

AusAID has completed an assessment and designed a regional program on HIV and injecting drug use that will include China, Vietnam and Burma.

EC has completed an assessment and is in the process of designing a mechanism to fund HIV/AIDS activities in Burma, perhaps through UNICEF, PSI and MSF (Holland).

DFID has completed an assessment but the nature of future HIV/AIDS assistance remains to be decided.

JICA may fund TB drugs. The Japanese Embassy has scheduled an HIV/AIDS expert from Tokyo in May to advise on program directions.

4.7 The Private Sector

The private commercial sector in Burma is beginning to be concerned about HIV/AIDS and its impact on the labor force and society and opportunities for private sector partnerships to address HIV/AIDS in the workforce may be promising.

Uniteam Marine Ltd.: This company was active in awareness creation among its employees in the shipping sector through the use of posters, pamphlets, flyers, stickers received by the NAP. There were additional talks with sailors before leaving. All ships were equipped with an adequate supply of condoms. The company practises regular HIV testing as part of its medical screening and as a condition for application for a job. HIV+ persons are rejected.

Tuesday Club: This is an informal association of approximately eighty leading private commercial sector senior executives in Rangoon who meet once a month to discuss issues that impact on business in Burma. They regularly invite ministers to their meetings to ensure that their concerns are heard at the highest levels. At the last meeting in February, the Tuesday Club discussed the impact of HIV/AIDS on the private sector with the Minister of Health.

Burma Business Coalition on AIDS: The Tuesday Club has sponsored the formation of a new business NGO to focus on HIV/AIDS in the workplace. Formal registration as a Burmese NGO has been submitted for approval; AusAID and the Tuesday Club have each committed \$15,000 and the Thai Business Coalition on AIDS has agreed to provide technical assistance.

5. NEEDS and OPPORTUNITIES

The HIV epidemic in Burma is substantial, no matter how the current surveillance statistics are presented. It affects, and is affected by, the epidemics in southern China, Thailand, and, increasingly, in India. High levels of mobility, both within Burma and between countries, contribute significantly to the spread of HIV in South East Asia. Informal sources state that 30% of prostitutes regularly move back and forth between

Burma and Thailand. In northern Thailand, 80% of brothel-based prostitutes are said to be Burmese. After a long period of official denial, the SPDC appears recently to show determination to handle the problem. With major inputs from UN agencies, programs have been planned and proposals advanced. Most planned programs appear to accept the need to care for infected people and prevent mother-to-child transmission, but there are still few strategies to protect the most at-risk groups with effective prevention and treatment programs or to reduce the stigma of being HIV infected. Furthermore, improving the poor economic and social conditions that predispose communities and individuals to HIV exposure may require a long time frame.

5.1 Intensification and Expansion of Existing INGO Programs

Building on the experience and local expertise of existing programs is required; yet, many need greater expansion and intensification in order to have an impact. Most INGOs and local groups have greater ease in conducting awareness-raising activities, often with condom skills training, than the intensive programming needed (e.g., using peer educators, multiple contacts with the same persons, easily accessible STD services, monitoring with feedback, independent evaluations) to alter behaviors. This is particularly true of those behaviors driven by strong economic incentives, such as prostitution, and those associated with biophysical disorders, such as opiate addiction.

5.2 Injecting Drug Use

Only recently has CCDAC begun officially to indicate recognition of the biological concomitants of opiate addiction. They have publicly announced the need for methadone maintenance and associated programs to help reduce the harm of injecting drug use. This is promising and may offer an opportunity to demonstrate more effective methods of reducing the transmission of HIV associated with injection of opiates. While technical expertise from beyond Burma's borders may be required initially (or sending people for training), the transfer of knowledge and skills will not be difficult in Burma. Numerous persons, especially in the medical fields, have been trained abroad and are well informed about pertinent issues. Regarding behavior change interventions, in-country training on selected components, such as peer education, monitoring and research, communications and counseling, and structural interventions would be valuable input to the operations of many INGOs. Although prevention programs may be possible in partnership with other donors and through INGOs and CBOs, drug treatment in Burma may be excluded because it would require an association with the government.

5.3 Policy Change and Advocacy

Little has been stated officially with regard to the rights of prostitutes to preventive services, or the general rights of PLWHAs. With regard to prostitutes, the law against prostitution is unequivocal, but practice varies considerably by area and time. Every one of the INGOs working with prostitutes contacted, as well as several township level ministry of health AIDS/STD control units, had witnessed the arrest and detention of prostitutes following "approved" research or prevention activities. Some INGOs show

success at reaching prostitutes with educational and STD services, but all experience considerable insecurity and fear of expanding.

The rights of PLWHAs to confidentiality, non-discrimination in health services and the workplace, as well as other needs, have yet to be embodied in policy. It is clear that truly effective programs will only be possible when policies shift enough to allow for wider coverage of vulnerable populations in a non-threatening manner.

Working with partners, such as AusAID and DFID, on advocacy for policy change may be an effective strategy. As AusAID has plans of investing more heavily in this domain, USAID should collaborate as appropriate. Incrementally, USG advocacy for policy change will be needed but this may be difficult given the Congressional restrictions on providing direct assistance to the government.

5.4 Condom Supply and Use

Until 1992, condoms were illegal in Burma. Within the past year, however, a policy shift states that police can no longer seize condoms as evidence in cases of prostitution; however, it is possible that many prostitutes have not been advised of this change in policy.

There is no tradition of condom use (often called French letters or FL) in the country and usage rates of condoms for family planning amount to less than 1%. A survey in 1996 found that only 20% of women and 62% of men could identify a condom when shown one. In the open market, condoms can be bought, but generally prices are high. In brothels, it is reported, some madams sell condoms at inflated prices. In some studies, truck drivers report the highest usage of both prostitutes and condoms; poorly educated migrant laborers the lowest. In general, men understand more about HIV than do women and, accordingly, prostitutes appear to have the poorest understanding of HIV, a very low self-perception of risk and low condom usage. It can safely be estimated that less than 5% of the nation's prostitutes are consistent condom users. PSI has initiated social marketing with the *APHAW* brand at a price of 5 kyat (less than 1 cent) per condom and, though hampered by censorship in advertising, has shown real success in distribution and marketing. From a total of 361,664 sold in 1996, sales have risen to 7,876,112 in the year 2000 and in January and February 2002 PSI condom sales reached 2 million a month - still a fraction of the volume required to prevent STDs and HIV/AIDS. Maintaining an adequate supply for a rising demand will be essential; current supplies may be running short soon. Female condoms have not yet been introduced, nor has water-based lubrication. Although the condom is still quite stigmatized among the general public, associated almost exclusively with prostitution, official documents indicate support for condom promotion among prostitutes and young people. There have been discussions of broadening the use of condoms, as well as dual protection methods, through reproductive health services. Usage rates, overall, however, remain very low.

5.5 Community and Home-Based Care and Support

All health care in Burma must be paid for, including outpatient and in-patient hospital costs and medicines, and many poor HIV patients cannot afford treatment of any sort. Free treatment can be acquired, but requires a declaration of true need made by several local community leaders. Only a single private charitable Islamic hospital exists in Rangoon, serving the poor for free, half of whom are non-Muslim. In public facilities, it is reported that health workers are reluctant to serve AIDS patients who leave hospitals on their own once diagnosis is guessed or known. Even their family does not tell most patients, as it is customary to protect a patient from such bad news. People can obtain health care from midwives and doctors privately, if able to pay, on average for a midwife, about kyat 700, to give an injection for any of various infections. Doctors, of course, cost more.

Most terminally ill AIDS patients are cared for by their families, although family members are often fearful, prefer not to handle their physical needs, and would prefer they go to hospital. Guidelines for home and community based care have been developed by the Burma Nursing Association, and INGOs such as CARE and World Vision, also have adopted World Health guidelines. There is no national policy on home-based care and little coordination of the activities of INGOs.

The MOH reports that training for HIV/AIDS among health workers has begun among certain health professionals, e.g., nurses, dentists, health assistants. The health sector offers counselling training, consisting of a one-week set of lectures, with options for additional training after 6 months. Legal or ethical issues in testing are not part of the curriculum. About 600 persons have been trained to date and are nominally available at health facilities around the nation, though reports from PLWHAs show they are not convinced of the value of counselling and claim to be too busy. HIV medicine is not a specific field in the medical curriculum and there are no protocols for anti-retroviral therapy (ART). Training for family planning personnel does not include the issues surrounding personal risk assessment and choice of contraceptives. Overall, the health profession is seriously lacking in readiness for the coming deluge of patients.

Improving the capacity of primary care providers, at the home, community and local clinic levels, is essential. A coordinated effort with a set of agreed-upon standard guidelines should be developed. Special efforts are needed to guarantee sensitivity to the different needs of men and women, people of different cultural groups and economic circumstances. Ethical issues surrounding confidentiality and the reduction of stigma in the community are paramount.

5.6 Persons Living with HIV/AIDS

To date there are no support groups or organizations of PLWHAs. The SPDC has not encouraged people living with HIV/AIDS to organize or even to admit their diagnosis to anyone. Discrimination against PLWHAs is widespread in both the public and private sectors, including communities and even families. With the increasing number of HIV

infected people, and with support from UN and other agencies, the chance of creating an organisation for PLWHAs is becoming more feasible. For example, UNDP and some INGOs have started to work with PLWHAs in their projects and their experiences are promising. It is most likely that such groups may be formed in the context of a program that offers community-based care and support.

5.7 Men Having Sex With Men (MSM)

Throughout South East Asia, MSM have been widely ignored as a risk group for HIV/AIDS. Reports of high levels of HIV transmission within these groups of males are alarming and require immediate attention. These MSM are not usually isolated populations, and can serve as a bridge to the general population. MSM often have sex with women and engage in the same high-risk sexual behaviors with both their women and men partners. Burma has a well-known sub-population of MSM, including transgenders. Self-run programs, with peer educators and safe spaces in which to train, would seem feasible. Further research is needed to properly segment this broad group and develop appropriate interventions.

5.8 Improved Information

There are few examples of formative research needed to design interventions. Surveillance systems may require upgrading. STD prevalence is unknown for most of the country. Little is known about MSM, the social ecology of injecting in different areas of the country, young people outside of Rangoon, the structure of the sex trade, a clear picture of the men and women in it, the real risky sexual practices in certain groups, e.g., fishermen, the real needs of PLWHAs.

The number of persons trained and able to conduct good quality epidemiological or social-behavioral research is very low. There are no sociology or anthropology departments at academic institutions, although there is capacity for research in both economics and psychology. Both within some of the Go-NGOs, as well as within the Ministry of Health and among personnel working on drug treatment, there are individuals with some experience and interest in conducting useful, good quality research. Population Council, in particular, has had some success in training and support of such persons. There is, in addition, a small private sector research capacity. Research with associated technical training for specific persons as well as possible contracts to private firms will be necessary for program planning.

6. RECOMMENDATIONS FOR ASSISTANCE

This report identifies categories of assistance that the assessment team believes respond to the needs in Burma and can be implemented. Program priorities, partners and implementation mechanisms will be established by program design teams if HIV/AIDS assistance in Burma is approved. Strong monitoring and evaluation would be a cross-cutting theme for all USG-supported activities in Burma.

6.1 USAID

Categories of potential USAID assistance are restricted to partnerships with other donors, the private sector, INGOs and CBOs. This is in accordance with the language in the Conference Report of the FY 2002 Appropriations Act in which the managers stated that “The recommendations may not include direct support to the SPDC.”

A USAID response to HIV/AIDS in Burma might include the following elements:

- Primary prevention programs particularly with high-risk groups, through local community-based organizations (CBOs) and non-governmental organizations (NGOs), perhaps with United Nations (UN) agencies or international non-governmental organizations (INGOs) serving as “umbrella” funding and technical assistance mechanisms.
- Behavioral research to closely examine HIV/AIDS-related topics such as a) cultural and socioeconomic factors promoting use of prostitutes; b) practices, contexts and meanings of male-to-male sex; c) changing attitudes and situations of youth in ethnically diverse areas of the country.
- Training (including courses, workshops, meeting attendance, exposure visits, etc.) of key personnel within Burma on behavioral change programming, sexuality, social-behavioral and epidemiological research, STDs, drug dependence and other topics of importance to the HIV/AIDS situation. This activity would include building capacity for program planning, implementation, monitoring and evaluation with private sector, NGO and CBO partners.
- Education on HIV/AIDS. This activity would include the production of education materials in local languages and perhaps through audio-visual media (radio, video, etc.) These activities might be implemented through an HIV/AIDS Resource Center in partnership with other bilateral donors, a UN agency, and a US PVO or international NGO and the NLD.
- Improved and expanded social marketing of condoms with better audience research, message development, more focused targeting, possible outreach, and peer education for high risk groups, including proven (not assumed) client groups of prostitutes; the development of specialized programs for MSM; and expanded distribution to non-traditional venues for condom sales such as barbers, tea stalls and other street-based venues.
- A program for care and support of PLWHAs to develop standards, train and coordinate INGOs interested in conducting these activities in their areas. This could include the development of self-help groups, alternate modes of medical care, treatment of opportunistic infections, teaching family members how to help the terminally ill. Community and home-based Care and Support of PLWHAs

could be implemented through a UN agency such as UNICEF serving as an umbrella funding organization to local NGOs and CBOs.

- A project aimed at reducing the risks of injecting and unsafe sex among IDUs in high prevalence areas. Improved de-addiction services could also be designed, most likely in partnership with other bilateral donors.

6.2 Centers for Disease Control and Prevention (CDC)

CDC program options will be developed following a full assessment mission in Burma. The quality and consistency of surveillance data, and the identification of opportunities for data improvement, would be included in the assessment.

7. NEXT STEPS

If HIV/AIDS assistance to Burma is commenced, USAID and CDC programs will be carefully designed to ensure a coordinated USG response. A cross-cutting theme would be effective monitoring and program evaluation to ensure that USG resources are used as intended and that significant results are achieved. It is understood that initial funding would be limited and not all of the program options identified in this report could be initiated at the same time. Other guiding principles would include:

- Limiting the burden on Embassy/Rangoon
- Focusing resources to ensure results
- A limited beginning with expansion of successful activities
- Coordination with other donors, including the establishment of an HIV/AIDS forum where all parties (donors, NLD, SPDC, NGOs and the private sector) can share information on the epidemic
- Keeping key groups, including the NLD, informed and consulted

7.1 USAID

To develop an assistance program for HIV/AIDS, USAID would field a project design team to work in-country with all stakeholders to detail the specific activities and mechanisms needed to reduce the transmission and impact of HIV. The USAID assistance proposal would also include discussions of program management and oversight. In-country management would likely face significant challenges due to travel and communications difficulties in Burma, the politically and socially sensitive nature of HIV/AIDS, the need to work closely with a range of partners and to develop effective monitoring and evaluation systems. Two years is anticipated as the minimum time for an initial activity and USAID estimates that initial funding would be on the order of \$1.0 million per year plus the costs of program management.

7.2 CDC

The Ministry of Health has expressed a strong interest in working with CDC and other USG agencies on the HIV/AIDS epidemic. CDC's next steps will be to conduct a full assessment of the HIV/AIDS epidemic in Burma with the cooperation of the Ministry of Health. The pre-assessment team will first brief the US-based NLD officials on the pre-assessment findings and the proposed in-depth assessment. In conducting the assessment the team will select sites to visit through consultation with the MOH, INGOs, NGOs, and UN agencies with programs in Burma. The team will attempt to document unconfirmed high HIV-positive rates in antenatal women in selected areas of the country, as well as infection rates for prostitutes and IDUs in the northern mining regions and unconfirmed data on MSM in the Mandalay Division. As part of the assessment, the CDC team will document local, regional, and national capacity for implementation of HIV/AIDS prevention programs and assess capacity for care and treatment of opportunistic infections and STDs along with laboratory diagnostic capability. The team will review the national TB program, particularly as it interfaces with the NAP. The national surveillance system will be assessed for consistent methodology and reporting. The preliminary findings of the team will be reviewed with the MOH and arrayed against the HIV/AIDS National Strategic Plan.

8.0 CONCLUSIONS

The people of Burma are facing an HIV/AIDS epidemic that will have economic, political and social impact for decades to come. The current HIV prevalence in Burma, estimated by UNAIDS at approximately 2% of the entire adult population, as in Thailand and Cambodia, this does not represent a natural limit. Without strong prevention programs, HIV can quickly increase. The USG now has the chance to have an impact on an epidemic that is, without doubt, one of the most threatening in Asia.

Public health officials and the NLD are concerned about preventing the spread of HIV/AIDS and understand that it is a serious health issue in Burma. UN agencies, such as UNICEF, WHO, UNDCP and UNDP, have been playing an essential role in advocacy and in helping Burmese officials to understand how to respond to HIV/AIDS. The regime has applied for direct assistance from the Global Fund to Fight AIDS, TB and Malaria. The small number of INGOs working on these issues have proceeded cautiously. Bilateral donors are not expected to provide direct investment in Burma and are considering working through UN agencies, or developing consortia of INGOs, to enable funding to reach the populations in need.

Without improved political commitment, it is unlikely that the best strategies required to reduce transmission in high-risk groups can be implemented. Careful negotiations will be necessary to ensure cooperation among the government, bilateral donors, INGOs and NGOs. While USAID may consider such internationally standard policies as confidentiality and non-discrimination an expected and ordinary component of its HIV/AIDS work, achieving these in Burma, as well as elsewhere in Asia, will not be easy

and will require close collaboration with all other stakeholders. In all cases, a sound system of financial, procedural and, eventually, effectiveness monitoring will be required.

Given the political history of Burma and its present relationship with the United States and other nations, bringing humanitarian aid into Burma presents many challenges and the results of initial assistance must be carefully assessed. Continued assistance should be considered if the regime cooperates effectively with international partners to reduce the spread and impact of HIV/AIDS in Burma.

APPENDIX

Table 1. United Nations Agencies Working on HIV/AIDS in Burma

UN Agency	Key Activity
UNAIDS	Coordinates all HIV/AIDS activities of the co-sponsors present in the country (UNDP, UNDCP, UNFPA, UNICEF, WHO). UNICEF currently chairs the UNAIDS Theme Group. UNAIDS will support a renewed effort on behavioural surveillance. A new full-time Country Advisor has been selected and is expected to arrive soon. In March 2002 UNAIDS is sponsoring a workshop with the Ministry of Health to review estimates of HIV/AIDS prevalence and to estimate the number of person infected in Burma.
UNDCP	UNDCP works closely with the CCDAC (Central Committee on Drug Abuse Control). Because of legal constraints, UNDCP was not yet able to achieve a harm reduction approach, but has funded prevention/education materials development and dissemination through international and local NGOs. A main contribution of UNDCP has been the introduction of new approaches in the detoxification of drug addicts. UNDCP and UNAIDS have maintained the Task Force on Drugs and HIV. The task force and other UNDCP activities (research, training, workshops) appear to have improved the attitudes of key persons in CCDAC. The UN Task Force needs funding.
UNDP	Beginning in 1992, UNDP has implemented a major part of its activities through UNOPS. Funds were given to numerous small NGOs as well as support to the National AIDS Program (behavioral surveillance, provision of test kits for blood-safety). With a 3-year plan starting in 2002 and core funding, UNDP hopes to continue to provide condoms and drugs for the treatment of opportunistic infections as well as other community-based activities. Staffing is presently low and funds are being sought.
UNFPA UNICEF	UNFPA has initiated reproductive health education projects among youth, which do not include condom education or services. A satisfactory approach for better integration of HIV prevention and reproductive health, especially among adolescents, has yet to be developed. UNFPA will begin a full country program in 2002 and put staff in place. UNICEF has been very active in a number of areas and currently has a budget of about \$4 million. HIV/AIDS is one of its top 4 priority areas in the next program cycle and has a staff of 7 working on these issues. One focus has been on youth in and out of school through relevant life skills training. A few youth friendly clinics have also been developed. Voluntary counseling and testing has been introduced for PMCT in 7 sites, with the offer of nevirapine to pregnant mothers. This program is expanding to another 10 sites. The Burma Maternal and Child Welfare Association works with UNICEF on this effort; the future needs include additional test kits. UNICEF has also conducted training on syndromic STD management in 27 townships for both public and private doctors, the latter gathered through the Burma Medical Association. UNICEF supplies all STD drugs in a separate warehouse with a good checking mechanism to assure proper storage and delivery. Through the regional Seafarers' project, it is supporting NGOs working in prevention and care. In collaboration with several others, including Population Council, CARL, and others, UNICEF has funded some of the better quality research conducted in the country to date. UNICEF has recently engaged UNAIDS and FHI to develop a way forward to improve behavioral surveillance. Assessments are underway of the formal and informal welfare sector in order to strengthen the capacity to care for children and their families infected and affected by HIV/AIDS.
WHO	WHO has conducted training pertinent to the national surveillance system and supplies some test kits, but cannot supply all that are needed even for the blood supply. WHO has contributed to STD management and PMCT in high prevalence areas (Tachilek, Muse, Lashio). WHO initiated a pilot 100% targeted condom use program with the National AIDS Program in 4 townships, but later many prostitutes were arrested in two of these townships. WHO also supported an aborted trial of buprenorphine for opiate substitution.

Table 2. International NGOs Working on HIV/AIDS in Burma

International NGO	Key Activity
Association François-Xavier Bagnoud (present since 1993)	Aims at helping prostitutes, including those infected with HIV, and those who are vulnerable to becoming a prostitute, to develop alternate skills and earning capacities. The training is primarily in Rangoon, though women may come from anywhere.
CARE Burma (present since 1995)	Aims at increasing awareness, promoting preventive behavior and improving the available support for PLWHA through home-based delivery of care in Mandalay, Muse, Monywa and Mawlamyaing. They utilize local theatre, as well as outreach. Have limited funding and expertise in behavior change programming.
International Federation of the Red Cross and Red Crescent Societies (present since 1993; left and then returned)	Supports the activities of the Burma Red Cross society countrywide in the field of HIV prevention with a specific focus on youth. The activities concentrate in the following geographical areas: Rangoon, Mandalay, Sagaing, Taninthai Division, Shan and Arakan States.
Medecins du Monde (present since 1991)	With an overall goal to reduce HIV infections and STDs, they began with a general population educational program and then moved into the drug treatment center at Myitkyina. They work with groups practicing high-risk behavior in Kachin State (Myitkyina and Moegaung) and Rangoon and conduct workshops for village and quarter leaders. Gradually they are moving out in shooting galleries and developing options, such as bleach for safe injecting.
Medecins sans Frontieres (Holland) (present 1992)	Their project conducts education on HIV/AIDS and care of PLWHAs through clinics and outreach work in Rangoon, Kachin and Arakan States. They administer a large successful TB DOTS program and run a series of STD clinics.
Marie Stopes International (present since 1997, received MOU in 2002)	After a long period of operating quietly with only 3 clinics while waiting for an MOU to be signed with government, they are now expanding and adding 6 more clinics. Their overall aim is to improve reproductive health, including birth spacing, HIV prevention and condom promotion. The project is active in Rangoon and in Mandalay Division. They have outreach to prostitutes who come to regular clinic for STD treatment. They hope to develop male clinics.
Population Council (present since 1995)	Carries out good quality research in the fields of reproductive health and HIV/AIDS, primarily in general population groups, including youth. Studies have been conducted on perceptions of reproductive morbidity among men and women, exposure to the media, as well as evaluations of RH/HIV educational projects carried out by others.
Population Services International (present since 1995)	Population Service International has been very active in HIV prevention education and condom promotion. They have managed to conduct social marketing of condoms in 203 townships throughout Burma and in 2000 decided to work with 14 target groups, including female prostitutes truck drivers, migrant laborers (dam and construction workers, gem miners), men in uniform, hospitality girls, trishaw drivers, traders (male and female) and others. To date, they have not conducted any serious audience research. Far more desensitization of the Burmese population towards condoms is needed. Their staff includes 7 program offices and officers, 24 sales representatives, who themselves promote

	condoms to wholesalers. In turn, these wholesalers sell to small retail outlets. A 3-pack of condoms costs 15 kyats, about 2.5 US cents. It is fairly certain they will receive funds from the EC later in the year, but condom supply is running low at present and there are many as yet unfunded activities. The quiet development of outreach programs to highly vulnerable groups, such as MSM, may be possible. They have a great more to contribute as the fields and restrictions shift in Burma, but it will extremely important that their budgets include an adequate supply of condoms for their programs and that their capacity to improve on message development is buttressed by sound target audience research. Currently PSI is selling 2 million condoms per month. Their funding and condom supply are not assured.
Save the Children (UK) (present since 1995)	Aims at increasing awareness and protective behavior among children and youth, particularly the most vulnerable in Northern Shan, Mon and Kayin States. Training and the development of locally appropriate education materials are one of their activities. They have also taken a lead in coordinating the INGOs.
Save the Children (USA) (present since 2001)	Newly established, they have not yet developed HIV programs but would be interested, particularly in projects dealing with children and youth.
World Concern (present since 1993)	World Concern's objectives in the field of HIV/AIDS is the reduction of HIV transmission among IDUs and other vulnerable people in Kachin, Mon and Shan States. Their approach has been community-based and educational.
World Vision, Burma (present since 1991)	Implements community based prevention and care in the Thai-Burma border area, in Mandalay and in Rangoon.

Table 3. Burmese Go-NGOs Working in HIV/AIDS

GoNGO	Key HIV/AIDS Activity
Burma Maternal and Child Welfare Association (established in 1991)	The Burma Maternal and Child Welfare Association is a voluntary, humanitarian organization dedicated to serving the Burma society in promoting the health and well being of mothers and children with the aim to improve the quality of life of the people. Their activities are countrywide (in 321 out of 324 townships) targeting mainly married women and youth. The organization has close links to the Government, as the wives of the leading political and military leaders hold key positions.
Burma Medical Association (established in 1946)	The Burma Medical Association is the professional association for doctors of different specialties and is present in all areas of the country. Its main objective is the provision of continuing education and public health education to the public.
Burma Dental Association (established in 1979)	The Burma Dental Association is the professional association for dentists, established with seven objectives. Among these is the prevention of HIV in dental practice and education regarding dental treatment and HIV/AIDS.
Burma Red Cross Society (established in 1920)	The Burma Red Cross Society seeks to alleviate human suffering through promotion of health care services, prevention of diseases, helping those in distress. This includes activities in the field of HIV with a strong focus on prevention of HIV. The organization is found countrywide in 320 out of 324 townships.

Burma Nurses Association (established in 1948)	Members include currently working as well as retired private nurses. They focus their activities in the field of HIV/AIDS on prevention and home care. In the last year they have become more strongly involved in the aspect of home care and have been training nurses in Muse, northern Shan State.
Burma Health Assistant Association (established in 1994)	Health Assistants are organised with the objective to provide preventive and curative services through the existing public health network. Working at the community level in 48 townships, they are supposed to promote condom use and provide information for groups with risk behaviours.
Burma Anti-Narcotics Association (established in 1996)	Retired personnel from the Ministries of Health and Education formed this organization known as MANA, with the objective to support and participate in all activities being carried out by the SPDC in the control and prevention of drug abuse. They are mainly involved in demand reduction activities. The organisation is active in 5 townships in Rangoon, Hpakant in Kachin state among youth.

Table 4. Burmese NGOs and CBOs Working in HIV/AIDS

NGOs and CBOs	Key HIV/AIDS Activity
Burma Baptist Convention (established in 1830)	The Burma Baptist Convention is an evangelical Christian organization, engaging in promulgation of the Christian faith and social work. They work to raise awareness about HIV/AIDS at the community level in areas of high HIV prevalence. They do not target high-risk groups, but focus on the general population, including their church members, pastors, youth and women. The organization covers about 20,000 people and, with small amounts of funding and dedicated individuals, has quietly demonstrated the capacity to conduct realistic workshops imparting accurate knowledge and prevention skills, including how to use condoms. Through their networks, some of the most isolated ethnic communities in the northern states, such as the Lahu people, have been reached.
Burma Council of Churches (established in 1914)	The Burma Council of Churches engages in the raising of awareness of HIV/AIDS in concerned groups including non-Christian community members. The organisation is active in Kachin, Shan, Pego Division and in Rangoon. They claim their work focuses on the general population, IDUs and female prostitutes.
Burma Young Crusaders (established in 1974)	The Burma Young Crusaders offer drug users refuge in the Christian faith. HIV/AIDS Care and Counselling is included among their five areas of focus: Drug Rehabilitation, Bible Training Centre, Orphanage, Reaching Lepers. The organization has branches countrywide and a strong center in Rangoon.
Pyi Gyi Khin	Pyi Gyi Khin aims to improve the status of women in Burma. Funded by UNDP, they have conducted training of peer educators among youth in communities and among female prostitutes. They are active in urban areas in Southern Shan and Pakokku in Magway Division, targeting women, wives of truck drivers and female prostitutes.
Sandi Devi (established in 1995)	The organization is named for the goddess who cares for human health. It is a CBO with no link to the regime and has conducted

Substance Abuse Research Association (SANA)	HIV prevention education with high-risk groups and engaged in the care of AIDS patients. Recently founded by a drug treatment psychiatrist, the organization aims at building capacity within communities to conduct simple action research concerning the conditions and practices within their own communities that contribute to drug use and associated harms.
Thirimay (established in 1994)	This is a women's development cooperative. Its name THIRIMAY means gracious. Its objective is to fight for the social and economic well-being of women. Among their activities are building capacity for HIV prevention and care of AIDS patients. The organization is affiliated with 14 other groups having other, more social development-oriented areas of focus.

PREPARED STATEMENT OF THE NATIONAL COALITION GOVERNMENT OF THE UNION OF
BURMA¹—19TH JUNE 2002

The release of Daw Aung San Suu Kyi from house arrest is only the first step toward a meaningful dialogue in Burma. The latest developments indicate that there are more steps needed to make substantive progress in the process of democratization. The talks between Daw Aung San Suu Kyi and the military need to be resumed immediately. They must become irreversible and be extended to include ethnic leaders in the process as soon as possible. In order to make these critical steps, Burma needs essential and enduring help from the United States in the following policy areas:

Closely monitoring the dialogue process: It is very important that the United States Government continue to play a leading role in rallying international support behind the dialogue process in Burma. The early visit of the UN Special Envoy to the country, the resumption of talks between Daw Aung Suu Kyi and the military authorities, and the subsequent inclusion of ethnic representatives in the talks denote the progress of dialogue. The release of all political prisoners is also an important benchmark for the dialogue and reconciliation efforts.

Maintaining existing pressures on the regime: It is imperative that the US government maintains all existing policy measures until the talks become irreversible toward a complete transition to democratic regime. The measures including a ban on new investments, arms embargoes, removal of generalized special privileges to the regime, downgrading of diplomatic assignments and the visa ban on SPDC officials, should be sustained. The decision to deny multilateral assistance to Burma should be practiced because political reforms are needed to make economic reforms successful.

Considering new measures if the dialogue process is not sustained: If the military does not advance the dialogue process and denies freedom of and access to Daw Aung San Suu Kyi in promoting national reconciliation, the US government should consider appropriate measures that can strengthen pressure mechanisms. This should include banning imports from Burma.

Providing humanitarian assistance for HIV/AIDS: In the wake of silent emergency of HIV/AIDS epidemics in Burma, the US government should consider providing assistance for HIV/AIDS intervention. The assistance should also be designed to promote participatory fora in developing effective national strategies and programs that can address the crisis in the long run.

Taking a holistic approach to cooperation in drug eradication: It is important that US government will not de-link drug cooperation from the larger policy goal of promoting democracy in Burma. Drug problems in Burma will remain unresolved until and unless the underlying political and economic problems are settled in a democratic way.

Assisting preparations for democratic transition: The NLD and NCGUB place highest importance for the preparations toward post-military transition in Burma. The US government should increase support to the democratic forces in strengthening their efforts for the restoration of democratic governance and national reconciliation in Burma.

A BRIEF LOOK AT THE CURRENT SITUATION IN BURMA

Aung San Suu Kyi & the 'Talks'

The leader of the democracy movement, Daw Aung San Suu Kyi, who was freed from house arrest recently, has been exercising her new found freedom and visiting her party offices in Rangoon townships. She has not yet traveled outside the capital, Rangoon, for political activities as of 16 June.

Meanwhile, some NLD township offices which had remained inactive for a few years have reopened, particularly in Rangoon.

The easing of restrictions is due to the efforts by *United Nations Special Envoy Razali Ismail* who has been visiting Burma several times to facilitate talks between the SPDC and Daw Aung San Suu Kyi. The Envoy is seeking further releases of political prisoners and continuation of talks between the two parties.

But so far, the talks that started in October 2000 have not gone beyond the "confidence building" stage. Since her release, Daw Aung San Suu Kyi has made it known that the "confidence-building" phase of the talks is over and that any dia-

¹The National Coalition Government of the Union of Burma (NCGUB) was established in 1990 by Members of Parliament elected in the May 1990 general elections with a mandate to seek international support to implement the result of the election that was overwhelmingly won by the National League for Democracy (NLD), led by Daw Aung San Suu Kyi.

logue that she holds with the generals in the future must be substantively political. *The generals have not responded to her statement.*

In addition, the generals have not publicly acknowledged that the release of Daw Aung San Suu Kyi and other political prisoners and the easing of restrictions are politically motivated. They have also refused to announce to the country that they are having talks with Daw Aung San Suu Kyi.

The Military

Since the military reshuffle last year, which resulted in several important generals being removed from their positions, Senior General Than Shwe, General Maung Aye, and Lieutenant General Khin Nyunt have become the most powerful generals in the State Peace and Development Council (SPDC). The reshuffle which saw commanders loyal to Senior General Than Shwe taking up important posts has also strengthened the senior general's position as the top man in the SPDC.

The consolidation of power at the top does not necessarily mean the military is totally united. Signs of trouble within the military can be seen in the implication of about 100 commanders in the recent coup attempt by the family of former strongman Ne Win, increased desertion of lower ranks along the border, the protest by cadets at Burma's Defense Services Technical College in Maymyo, among others.

The generals who are convinced that the military is the only institution that can ensure the safety and development of the country continue to use brute force to silence dissent and have appointed military or ex-military officers in charge of every socioeconomic and political sector. *Gross misrule and mismanagement by these military officers who mistrust civilians have left the country in ruins.*

Economy

Though the military claims that it has transformed the economy into a "market economy," the fact is it is only the military and ex-military officers, military-run state enterprises, druglords with massive capital of dubious origin, and business ventures run by entrepreneurs close to the military that continue to dominate the economy. Economic opportunities are only available to these privileged few while the rest of the country sinks in poverty. Since hard currency reserves have also been dwindling rapidly, the military has imposed restrictions on import and exports and on the remittance of foreign currency by foreign investors. *Many investors found it difficult to do normal business in Burma because of red tape, bureaucracy, and corruption* and only textile companies exploiting cheap labor and export quotas and multinational corporations exploiting natural resources remain in Burma.

The situation is exacerbated by the generals' prioritization of military purchases over education, health and other social spending. While schools face shortage of textbooks and hospitals are out of medicines, the generals spend millions purchasing MiGs fighter planes and other modern weaponry. They are currently planning to purchase a nuclear reactor from Russia for "medicinal research purposes" at a cost of \$150 million.

Mismanagement and systemic failure have also contributed to *serious inflation problems, growing deficit, rapid depreciation of the official currency, and widespread corruption.*

Except for the residential areas of the generals and high-ranking officials, and military institutions and installations, which get a steady supply of electricity, cities and regions throughout the country face regular blackouts because of the shortfalls in energy supply.

Human Rights

Several trips to Burma by the United Nations Special Envoy, Razali Ismail, have helped to secure the release of over 200 political prisoners, including elected representatives, from Burmese prisons. However, over 1,500 political prisoners remain incarcerated in prisons throughout Burma. Most of them were imprisoned without legal representation or arbitrarily sent to prisons. Prison conditions remain harsh and political prisoners have to rely on their families to get food and medicines. To make prison visits by families difficult the generals mean moved many of the political prisoners to prisons away from their hometowns.

The generals, however, continue to deny there are political prisoners in Burma claiming those detained are only "criminals."

Forced labor continues to be a serious issue in Burma despite the generals' pledge to the International Labor Organization that they would end the practice. An ILO delegation's visit to Burma in February said it was "disappointed with the progress made in Burma."

Widespread human rights abuses also continue in the country with people subjected to the arbitrary dictates of the military regime. Reports of extrajudicial

killings, rape, and disappearances are also continuing particularly in ethnic nationality areas.

HIV/AIDS

Existing national and United Nations data indicate that the *HIV/AIDS epidemic in Burma is very serious* and needs to be addressed urgently. A 2001 European Union HIV/AIDS Situation Assessment indicates that the HIV epidemic in Burma has “bridged” from populations of high-risk behaviors to the general population. But conditions in Burma today undermine efforts to contain the disease in the region. The existing public health system in Burma and the centralized military command structure are grossly inadequate and incapable of implementing a national HIV/AIDS program, especially since the populace is alienated from and distrustful of the military and its administrative infrastructure. An *effective National Strategy and Program* for the prevention and containment of HIV/AIDS epidemic is needed if the problem is to be tackled correctly. (Appendix)

Narcotics

Burma, one of the world’s largest producers of opium and heroin, is reporting that its opium production is declining. *While opium output has declined, production of methamphetamines has increased markedly.* The increase has become so serious that neighboring Thailand is accusing the SPDC of turning a blind eye to the former Wa insurgents who are said to be responsible for the flow of millions of stimulant tablets into the country. The conflict over stimulant drugs threatens regional security.

Another source of concern is the *laundering of drug money*. Burma’s financial rules encourage the “whitening” of black money. Burma’s current laws enable drug gangs to convert their “black” money into legal tender by paying 25% of the total amount they turn in to the government as “tax.”

Reuters recently quoted Frank Milne, an analyst with the Canberra-based ASEAN Focus Group, as saying, “economic statistics from Myanmar do not add up unless a hefty contribution from drug money is assumed. One of the mysteries is how Myanmar, with minimal foreign exchange reserves . . . manages to run massive annual trade deficits of up to 24 percent of GDP without a corresponding increase in external debt. In the three years up to 2000, the external trade deficit averaged over \$1.4 billion annually while over the same period external debt increased by just under \$1 billion. Income from foreign investment, informal border trade and remittances from overseas workers accounted for some of the difference. *But a major part must be made up by the proceeds of the illegal drug trade.*”

APPENDIX I—NATIONAL LEAGUE FOR DEMOCRACY

RESOLUTIONS TAKEN ON THE 12TH ANNIVERSARY OF THE MULTIPARTY DEMOCRATIC GENERAL ELECTIONS.

1. It is resolved that whereas the General Elections were held on the 27th May 1990, in accordance with the provisions of Part 2 (Formation of the Parliament) Section 3, of the Multiparty Elections Law 14/89 dated 30May 1989, the State Law and Order Restoration Council (SLORC), now known as the State Peace and Development Council (SPDC), the authorities have a duty to convene the Peoples Hluttaw comprising all the elected representatives of the people as soon as possible.
2. It is resolved that the Parliament is the highest authority in the state empowered to act in the interest of the people and vested with legislative, administrative and judicial powers, which can be delegated to central and regional bodies. It is also vested with powers to frame a Constitution.
3. It is resolved that Burma being a member of the United Nations, the authorities are bound by the many unanimous resolutions of the United Nations General Assembly declaring that the people of Burma have by their vote in the General Elections of 1990 expressed their desire for democracy.
4. It is resolved that the Committee representing the Peoples Parliament which comprises the elected representatives from the National League for Democracy, Shan National League for Democracy, Arakan League for Democracy, Mon National Democracy Front, and the Zomi National Congress remains valid until such time as a legally constituted Peoples Parliament is convened.
5. It is resolved that the language and terms such as ‘parliament, political party, election, multiparty, democracy’ embodied in the Multiparty Democracy General Elections Law and the Political Parties Registration Law 14/88 dated 27 Sep-

tember 1988 (both are closely associated) indicate clearly that the ultimate goal is to establish a democratic Union of Burma.

6. It is resolved to reiterate and place on record the fact that the confidence-building stage between the NLD and the SPDC has ended with the release of the General Secretary of the National League for Democracy.
7. It is resolved that it is now necessary to move on from confidence building talks to a higher level of meaningful talks.
8. It is resolved that until such time as the inevitable significant and meaningful talks for the solution of political problems transpires, the National League for Democracy's original policies remain constant on the following issues: -
 - (a) Any constitution that is drawn up without the consent of the people in whom sovereign power lies, which is a democratic principle, is not acceptable.
 - (b) The holding of new elections while flouting the results of the 1990 general elections is not acceptable.
 - (c) Our stated policies on matters of politics, foreign relations, social reforms, health, foreign investments and tourism remain unchanged.
9. It is resolved that we will strive our utmost to bring about quickly the tripartite dialogue including ethnic groups as recommended by the United Nations General Assembly.
10. It is resolved to reiterate our support for the understanding and complete trust placed by the nationalities in the NLD in its talks with the SPDC for the opening up of meaningful dialogue on political issues.
11. It is resolved that the NLD will cooperate and join hands with all ethnic political groups and nationalities to attain democracy, a Parliament and national reconciliation.
12. It is resolved that a genuine democratic Union can only be achieved with the participation of ethnic nationalities.
13. It is resolved that the National League for Democracy will always bear in mind and take into consideration the aspirations of the ethnic groups.
14. It is resolved that it is our firm belief that in future the ethnic groups will unite again as was done in 1989 (prior to the elections) when 18 ethnic groups formed the United National League for Democracy (UNLD).
15. It is resolved to place on record our great joy because our General Secretary Daw Aung San Suu Kyi obtained unconditional release from house arrest on the 6th of May 2002, which enables her to perform her political tasks without hindrance.
16. It is resolved that that all political parties deserve the same freedom as the NLD.
17. It is resolved that all political prisoners whether they be held on political grounds, or for their political activities or under any other section of the law be unconditionally and immediately released.
18. It is resolved to thank the constituents who demonstrated their trust in the NLD by voting overwhelmingly for the NLD candidates on the 27th May 1990 general elections. This event will be given special place of importance in our records.
19. It is resolved that for the achievement of democracy, human rights and national reconciliation it is necessary that we bear in mind our fundamental policy giving priority to the national cause and for all NLD members from ward/village level to work in unity and solidarity.
20. It is resolved to place on record our gratitude to Mr. Kofi Annan, General Secretary of the UN and his special representative Mr. Razali for all their efforts in acting as mediator between the NLD and the SPDC in the confidence building talks.
21. It is resolved to place on record how honored we are because of the congratulatory messages received from world leaders, foreign ministers, international organizations including the UN, and coverage of news by magazines, newspapers, journals, radio and TV on the occasion of Daw Aung San Suu Kyi's release from house arrest

APPENDIX 2—NATIONAL COALITION GOVERNMENT OF THE UNION OF BURMA, 27
MARCH 2002

HIV/AIDS—BURMA

The root cause of the humanitarian crisis in Burma including the HIV/AIDS crisis is—

- a) the lack of a democratic government accountable to the people, and
- b) the military's focus on power instead of promoting the interest of the people.

Humanitarian assistance from the international community (including HIV/AIDS programs) should be designed to contribute to positive democratic changes in Burma. International assistance that does not take into account the political situation in Burma [and that fails to ensure the participation of the people in making decision of their own affairs] will not only be ineffective, but it will aggravate the humanitarian crisis by prolonging military rule in Burma. The assistance provided must not support the military regime.

Existing national and UN data indicate that the HIV/AIDS epidemic in Burma is very serious and needs to be addressed urgently if it is to be contained. A 2001 European Union HIV/AIDS Situation Assessment indicates that the HIV epidemic in Burma has 'bridged' from populations of high-risk behaviours to the general population. This could endanger the future of the people and the Burmese nation. Conditions in Burma are also undermining efforts to contain the disease in the region.

The existing public health system in Burma and the centralized military command structure are grossly inadequate and incapable of implementing a national HIV/AIDS program, especially since the populace is alienated from and distrustful of the military and its administrative infrastructure.

The centralized system prohibits the rights of health professionals from sharing information, conducting research and public survey, having partnerships with Foreign Research Institutes and Foundations. SPDC is reluctant to admit the negative developments in any sector of the society. Any attempts of the professionals to present the true situation were usually suppressed. Those who shared accurate statistics on HIV/AIDS in Burma in international forums were dismissed from their jobs. The statistics on HIV/AIDS provided by the Ministry of Health are not reliable. Under these circumstances, it is impossible to make correct needs assessment on magnitude of the problem and to design an effective National Strategy and Program for the prevention and containment of HIV/AIDS epidemic.

UN agencies and international NGOs working through existing Ministry of Health structures have also been hampered in their work by security and politically-related restrictions and the lack of a comprehensive national program. In contrast, border-based HIV/AIDS related public health programs have built trust, expertise and capacity to operate in remote and war-torn regions of the country. The election winning National League for Democracy led by Daw Aung San Suu Kyi and other ethnic nationality parties and leaders also have the confidence and trust of the population in general.

An effective national HIV/AIDS program must, therefore, be designed to include the full participation of all sectors of Burmese society including the NLD and the ethnic nationalities against whom the military is currently engaged in armed hostilities.

At the same time, underlying factors such as trafficking of women, growing sex industry and child prostitution, drugs trafficking and increased numbers of drug-addicts need to be addressed. The role of women organizations, youth and students organizations, religious and community organizations, victims of HIV/AIDS and their family members must also be acknowledged and ensure their active participation in the National HIV/AIDS Program.

If humanitarian assistance is to be delivered to the people of Burma, the following criteria must be met. The NCGUB defines humanitarian assistance as food, clothing, shelter and health care (including HIV/AIDS), which are the basic necessities of the people. The assistance must—

1. Be delivered only after prior consultation with Daw Aung San Suu Kyi and the NLD.
2. Be delivered only after prior consultation with independent local (ethnic nationality) leaders and community organizations.
3. Be delivered directly to people.
4. Be delivered through credible international NGOs.
5. Be delivered by NGOs that abide by an international Code of Conduct.

6. Not be delivered through the military or organizations directly or indirectly under its control. This includes the GONGOs such as the Myanmar Maternal and Child Welfare Association, the Myanmar Medical Association, the Myanmar Red Cross Society, and the Union Solidarity Development Association.
7. Be delivered to the most needy areas including 'Black' and 'Grey' security areas in ethnic nationality states which are off-limit to foreigners and international aid agencies including UN agencies.
8. Be delivered to border areas—ethnic nationality states—which are generally designated 'Black' and 'Grey' areas where the need is greatest (In order to do this, a nation-wide cease-fire is needed. Current cease-fires with several ethnic armies are a patch work and inadequate for implementing a national HIV/AIDS program).
9. Be delivered across national borders if it is not possible to reach the most needy areas because of obstruction by the SPDC and its military.
10. Be monitored by an (international) independent impartial body. The acceptance of the need for such a body by all parties especially the military and the establishment of a well-designed monitoring system are crucial for the successful implementation of a large-scale national HIV/AIDS program.

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