The Security Dimensions

*** INSIDE ***

The World’s Longest-Running War: Whose Responsibility Is It?

How Burma's Regime is a Threat to Regional Security
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INTRODUCTION

THE WORLD’S LONGEST RUNNING WAR: WHOSE PROBLEM IS IT?

Last year, after Burma’s State Peace and Development Council (SPDC) snubbed ASEAN envoy Syed Hamid Albar and then showed greater cooperation to UN Under-Secretary for Political Affairs Ibrahim Gambari for his visit to Burma, there appeared to be a realization by some ASEAN leaders that the UN Security Council could be the most effective body to ensure Burmese reforms. This recognition was in line with the Philippines’ earlier support of Burma’s inclusion on the UNSC agenda in November 2005. This was echoed by strong statements from then ASEAN Chair Syed Hamid Albar and ASEAN Secretary-General Ong Keng Yong in July 2006.

But ASEAN’s views shifted. On 12 January this year, Indonesia abstained from the vote on the UNSC resolution on Burma. Indonesia’s UN Ambassador Razlan Ishar Jenie did not believe that the UNSC was the appropriate forum to address the serious issues inside Burma. At the ASEAN Ministerial Meeting days later, SPDC FM Soe Win was able to sway his some of his ASEAN counterparts into asserting that ASEAN was the proper political body to address problems in Burma. What was more puzzling was the eagerness of Indonesia and other ASEAN countries to overlook Burma’s threat to regional stability and in the region.

ASEAN’s apparent u-turn on Burma undermines its own written commitments to comprehensive regional security. The much-heralded ASEAN Security Community Plan of Action signed in 2003 addresses non-traditional security threats such as transnational crime, human trafficking, drugs and communicable diseases – all of which are problems linked to the Burmese junta’s misrule.

Even more disturbing is the fact that ASEAN has conveniently forgotten that Burma is home to the world’s longest-running war. The regime has been prolonging a war against the ethnic Karen by targeting unarmed civilian communities. The spillover impacts on neighboring countries have inevitably affected regional stability. This war has been dragging on in ASEAN’s front yard for 60 years – longer than most ASEAN members have been independent.

In the wake of China’s and Russia’s double veto of the UNSC resolution on Burma, some UN members and ASEAN countries have stated that the UN’s newly formed Human Rights Council is the appropriate body to address the serious issues in Burma and the threats these internal issues have on regional peace and security. But these statements do not withstand serious scrutiny because:

- Over the last 15 years, the Commission on Human Rights, the predecessor of the Human Rights Council, passed 14 resolutions on Burma demanding democratic reforms, the release of all political prisoners, and the respect of civil and political rights. The resolutions, while important as an expression of ongoing concern on Burma, have had limited direct impact on the Burmese regime.
Recent changes in the UN body as a result of the Commission’s transformation into the Human Rights Council are equally unlikely to bring sufficient pressure on the SPDC to bring about meaningful change.

There has been increasing pressure by some countries to abolish the Human Rights Council’s country-specific mandates. The adoption of such a measure would keep Burma’s military regime safe from any scrutiny by the UN body.

In addition, other bodies of the United Nations system, particularly the General Assembly, have also proved to be limited in producing tangible results in Burma. Fifteen General Assembly resolutions have been consistently snubbed by Burma’s military regime. At the ILO, the SPDC delivered results when subjected to pressure, but reneged when such pressure eased. While it is important to engage all bodies of the UN system, the most realistic way forward is at the forum to which Burma’s military regime responds: the UN Security Council.

ASEAN strategies in dealing with Burma have not been able to produce meaningful results, either. ASEAN is in a crisis of denial on several fronts. One, ASEAN still clings to the belief that it can produce positive results in dealing with the junta without changing its strategy, despite a ten year track record to the contrary. Two, ASEAN will not come to grips with the threats that the SPDC continues to cause in the region. Drugs, disease, internal conflict, and displacement are serious threats to comprehensive regional security. ASEAN’s recent rejection of possible sanctions against member states for violating a soon-to-be-adopted ASEAN Charter further illustrates ASEAN’s disturbing unwillingness to resolve pressing regional problems.

The failure of the UNSC to adopt a resolution on Burma has emboldened the junta in its acts of oppression. As a result, the SPDC has intensified its campaign of terror on ethnic nationalities in an attempt to further legitimate its existence. The SPDC Army’s most recent campaign against the Karen that started in November 2005 has worsened.

By February 2007, the offensive had resulted in at least 76 civilian deaths, 27,000 others displaced and a total of 232 villages destroyed, forcibly relocated, or abandoned.1 5,000 villagers have left to seek asylum in Thailand since the offensive began.2 Muslim Rohingya continue their attempts to flee persecution in Burma to Thailand, Malaysia and Indonesia. According to a recent report from Human Rights Watch, more than 2,000 Rohingya have arrived in southern Thailand since October 2006, most attempting to travel on to Malaysia.

ASEAN members must recognize that it is ASEAN itself that is most directly affected by the consequences of the SPDC’s protracted human rights abuses, corruption, and chronic mismanagement of the economy. During Burma’s membership of ASEAN, it has become a regional reality that:

- The SPDC Army has destroyed 3,077 villages in Eastern Burma resulting in a major displacement/refugee problem.
- Burma is the world’s third largest source of refugees after Afghanistan and Iraq. By the end of 2005, at least 700,000 Burmese refugees had fled their country. During recent years (1995 – 2005), the flow of refugees has increased by between 48% and 800%.

1 Thailand Burma Border Consortium (Nov 06) Internal Displacement in Eastern Burma - 2006 Survey; Free Burma Rangers (03 Feb 07) Update of the Current Situation in Northern Karen State
2 Free Burma Rangers (03 Feb 07) Update of the Current Situation in Northern Karen State
In 2005, the highest numbers of new and appeal asylum claims worldwide were filed by nationals from Burma (55,800). The claims were concentrated in two countries: Thailand (46,200) and Malaysia (7,700).

More than a million people from Burma are living in ASEAN as undocumented migrant workers. New arrivals – refugees, asylum-seekers and migrants – are arriving from Burma everyday.

Burma continues to be the main amphetamine producer in Southeast Asia and the second largest opium producer in the world.

ASEAN States are experiencing a public health crisis in addressing the social impact of drug use and addiction because of drugs produced and trafficked from Burma.

People living in border areas in Laos, Thailand, Bangladesh, China, and India are under attack by HIV/AIDS, drug resistant malaria, and drug resistant TB spreading from Burma.

Not only do these issues underscore the impact on ASEAN and other countries in the region, it clearly illustrates that the severity of the situation and its widespread implications for the region warrant UN Security Council intervention.

Moreover, ASEAN must realize that the conditions in Burma continue to deteriorate. This situation has serious implications for China, India and Bangladesh as well. Some reason the situation is getting worse:

- The SPDC’s preference for military spending at the expense of addressing serious social issues is exacerbating existing problems. The SPDC’s method of “political reform” is continued attacks on its ethnic nationalities. The Karen and Rohingya are the groups most affected by junta’s recent military actions.
- The construction of a massive new capital complex at Naypyidaw has depleted much needed financial resources to satisfy junta leader General Than Shwe’s ego.
- Pay raises to counter demoralization amongst the military and civil service workers has worsened rampant inflation and in turn, morale.
- Serious morale problems exist within the SPDC military as shown by an increased rate of desertions, making the regime increasingly brittle and inflexible.
- Speculation about changes in the SPDC leadership due to illness and infirmity.
- An increased resentment of the SPDC elite by its own personnel as well as Burma’s civilian and business community. (The disgust over the USD $50 million wedding gifts for junta leader Senior General Than Shwe’s daughter is an example.)
- According to recent report of the Asian Development Bank, Burma is still in an economic crisis despite windfalls from gas and oil resources because of crippling mismanagement of the economy.  

Failure to achieve non-violent solutions will lead to increased instability in Burma. The UNSC is the body most capable of ensuring change takes place in Burma expeditiously without the use of force. ASEAN, as well as China and India, will suffer the consequences of this increased instability unless the UNSC intervenes.

3 ADB (Mar 07) Outlook 2007: Change amidst growth
ASEAN/WHY THE UNSC

An ASEAN Community shall be established comprising three pillars, namely political and security cooperation, economic cooperation, and socio-cultural cooperation that are closely intertwined and mutually reinforcing for the purpose of ensuring durable peace, stability and shared prosperity in the region. – Declaration of ASEAN Concord II

The ASEAN Security Community was adopted to provide comprehensive regional security. ASEAN has established meaningful principles to protect and enhance the standard of living and security for its people. But as noted earlier, ASEAN has been less than pro-active in addressing threats to its comprehensive security. ASEAN is in a position to radically change this and in the process, boost its own credibility by working with international bodies such as the UNSC.

ASEAN is now in a position to take the lead in the world community in dealing with Burma. Indonesia is currently a member of the UNSC and scheduled to chair the UNSC in November. Indonesia can, and must, with ASEAN support, take a leadership role on the passage of a UNSC resolution on Burma.

The effectiveness of Indonesia taking the ASEAN lead on Burma and using the UNSC to bring about genuine reform cannot be underestimated. Indonesia has the ability to bring about synergy between ASEAN and the international community that will send a clear message to UNSC members – particularly China and Russia – about the severity of the situation in Burma. Second, and most importantly, the SPDC has shown, through previous actions, that it is extremely sensitive to and will respond to possible UNSC initiatives. Therefore, there must be clear political will in ASEAN to use the UNSC as the most effective arena to address the problems in Burma.

ASEAN can ill afford to continue to ignore the threat to “comprehensive security” that Burma poses to the region. A collective political will must emerge to address this threat and to stop the suffering of Burma’s people. It is absolutely unacceptable that ASEAN tolerates the world’s longest-running war on its doorstep even as it claims to promote peace and stability. Burma’s continuing inclusion on the agenda of the UNSC provides us all with a golden opportunity for change in Burma.
DRUGS

- Burma continues to be the main amphetamine producer in Southeast Asia and the second largest opium producer in the world. Amphetamine use is rising faster in Asia than in any other region of the world. It is home to 62% of the world’s amphetamine and methamphetamine users with the predominance being in East and Southeast Asia.\(^4\)

- Twenty six million people (0.6% of the global population) used amphetamines, methamphetamines, or related substances in 2003.\(^5\) By comparison there are only 16 million opiate users worldwide.

- A sharp increase in production and export of synthetic drugs is threatening to turn the Golden Triangle into an "Ice Triangle." Burma plays a leading role in the regional traffic of amphetamines.

- Drug gangs based in the Burma-China and Burma-Thailand border areas produce several hundred million methamphetamine tablets annually for markets in Thailand, China, and India as well as Malaysia, Korea, Japan and elsewhere.

- The situation is worsening: Burma has increased production and trafficking of crystal methamphetamine or "Ice" - a purer and more potent form of methamphetamine than the tablets.\(^6\) In the first quarter of 2006, Chinese officials recorded a 435% increase in the number of drug seizures from 2005, about half of were synthetic drugs such as amphetamines. Thai officials seized a total of 924 kg of heroin in 2005, the highest reported volume since 1998.

- The HIV/AIDS epidemic in China and Northeast India has its root cause in heroin trafficking from Burma.

- All of Burma’s neighboring States are experiencing a public health crisis in addressing the social impact of drug use and addiction because of drugs produced and trafficked from Burma.

- During the 2006 drug certification process, the US determined that Burma was one of only two countries in the world that had "failed demonstrably" to meet international counter-narcotics obligations. Major concerns include: unsatisfactory efforts by Burma to deal with the burgeoning amphetamine production and trafficking problem; failure to take action to bring members of the United Wa State Army (UWSA) to justice following a US indictment against them in January 2005; failure to investigate and prosecute senior military officials for drug-related corruption; and failure to expand demand reduction, prevention and drug-treatment programs to reduce drug-use and control the spread of HIV/AIDS. Burma is a party to the 1988 UN Drug Convention.\(^7\)

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DRUG PRODUCTION AND TRAFFICKING

Drugs – Amphetamines, Opium, and Heroin

Burma is the main amphetamine producer in Southeast Asia and the second largest opium producer in the world. The country’s share of the world opium poppy cultivation fell slightly from 23% in 2004 to 21% in 2005. Ninety percent of Burma’s total opium poppy production takes place in Shan State. In 2005, the average price of opium at harvest time was estimated at US$187/kg which represents an increase of 22% compared to 2004. According to the UN Office on Drugs and Crime (UNODC), China is a primary destination for opium trafficked from Burma. Twenty six million people (0.6% of the global population) used amphetamines, methamphetamines, or related substances in 2003. By comparison there are only 16 million opiate users worldwide.

In 2004, Burma produced approximately 700 million amphetamine tablets. Much of the amphetamine production occurs in the remote areas along the Burma/China border. A large portion of amphetamine production is confined to Shan State, where it can be quickly moved across the border to China. In May 2005, Chinese officials seized 102kg of methamphetamines in Yunnan Province, a province that shares its southern border with Burma. In November 2006, police in Yunnan seized 110kg of methamphetamines. In the first three months of 2006, Chinese officials recorded a 435% increase in the number of drug seizures from 2005. About half of the hauls were synthetic drugs such as amphetamines. [See Table 1 for 1995-2003 data on opium and heroin seizures in China.]

Heroin is readily available in India. Heroin from Burma is used primarily within the addict population of northeastern India. In the northeast, high-purity, low-cost heroin from Burma dominates. Intravenous drug use is highest in northeastern India.

The opium poppy’s seed capsule contains a milky sap that is the source of opium. To collect the sap, slits are made along the circumference of the seed capsules, enabling the milky sap to ooze out and dry. It is then scraped from the capsules, pressed into cakes, and dried to form the rubbery, yellow-brown opium. Natural derivatives of opium include morphine and codeine. Heroin is a synthetic derivative of morphine. Heroin is very addictive.

Amphetamines (amphetamines and methamphetamines) are potent stimulants. Amphetamines may be sniffed, swallowed, snorted or injected. They induce exhilarating feelings of power, strength, energy, self-assertion, focus and enhanced motivation. The need to sleep or eat is diminished. The drug typically induces a sense of aroused euphoria which may last several hours. Feelings are intensified and the user may feel he can take on the world. The euphoria is followed by an intense mental depression and fatigue. More than any other illegal drug, speed is associated with violence and anti-social behavior. Chronic use can lead to depressive disorders, strain on the cardiovascular system, increasing behavioral disintegration, and outright “amphetamine psychosis”.

Dr. Jeremy Burgess/Science Source/Photo Researchers, Inc.

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Table 1 – Opium and Heroin Seizures - China

<table>
<thead>
<tr>
<th>Year</th>
<th>Opium Seizures (kg)</th>
<th>Heroin Seizures (kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>115</td>
<td>593</td>
</tr>
<tr>
<td>1996</td>
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<td>703</td>
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<tr>
<td>2002</td>
<td>155</td>
<td>770</td>
</tr>
<tr>
<td>2003</td>
<td>160</td>
<td>780</td>
</tr>
</tbody>
</table>

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6 UNODC, World Drug Report 2006 [Chapter 3.1.2.]
7 UNODC, World Drug Report 2006 [Chapter 3.1.1.]
8 UNODC, World Drug Report 2006 [Chapter 1.3.2.]
10 UNDCP, Global Narcotics Control Strategy Report 2006
11 UNDCP, Global Narcotics Control Strategy Report 2005
14 Transnational Institute (May 06) Drug Policy Briefing No. 17: HIV/AIDS and drug use in Burma/Myanmar
16 AP (09 May 06) China busts cocaine ring – with US help
17 Country Factsheets, Eurasian Narcotics – China 2004 - Silk Road Studies Program, Uppsala University, and Central Asia-Caucasus Institute, Johns Hopkins University-SAIS, www.silkroadstudies.org
18 Drug Intelligence Brief, Drug Enforcement Administration, India: Country Brief, Jan 2004, Doc. DEA 03080
**Trafficking Routes in East and Southeast Asia**

In East and Southeast Asia there are primarily two types of drug trafficking taking place: trafficking of drugs that have already passed through the stages of production and trafficking of precursors for the creation of drugs. Drug trafficking includes the trade of heroin, cocaine, marijuana, and amphetamine tablets. Trafficking of precursors includes chemicals such as ephedrine and pseudoephedrine.19

In Burma, much of the heroin and amphetamine tablets produced are trafficked overland or shipped along the Mekong River. Amphetamine tablets produced in Burma have been tracked to China, Thailand, India, Laos, and Bangladesh. This means that every country bordering Burma is impacted by amphetamine production in Burma. Recent heroin seizures in 2004 and 2005 have produced evidence that drug traffickers are increasingly using the Rangoon international airport to reach new markets.20

Burma does not have its own chemical industry. It relies entirely on imports of precursor chemicals from neighbors such as China and India to feed its production of amphetamines.21

In 2006, the center of Burma’s drug enterprise relocated from Tachilek, which sits just over the border from Mae Sai (Thailand), to Mandalay, the second largest city in the country. The move came after increased pressure by the Chinese in the Golden Triangle forced junta officials to start cracking down in the Eastern Shan State.22

Although many amphetamine-producing factories near the Golden Triangle region in Eastern Shan State closed down due to increased operational difficulties during Thailand’s 2003 ‘War on Drugs,’ sources indicate that the factories have returned to producing amphetamines under the protection of the United Wa State Army (UWSA), an ally of the Burmese junta.23

1. Thailand-Burma Border

Thai officials seized a total of 924kg of heroin in 2005, the highest reported volume of heroin seizures in that country since 1998.24

Methamphetamines remain the most frequently used drug in Thailand.25 Every year Thailand receives up to 900 million amphetamine pills from Burma.26 Today about 79% of Thailand’s drugs come through its northern border with Burma and Laos.27 Trafficking of methamphetamines from Burma to Thailand declined following the 2003 ‘War on Drugs’ in Thailand when over 2,000 people were killed and policing efforts on the Thai-Burma border were intensified. Trafficking into Thailand increased again in 2005 in response to a growing demand among Thai youth, and as part of a new trend to use Thailand as a center for transporting drugs throughout the region.28 Some of the drugs arriving into Europe have been traced back to Thailand with Burma as the country of origin.29 Thailand is also a source of precursors used to manufacture amphetamines in Burma.30

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19 USDEA (Sept 03) Methamphetamine: The current threat in East Asia and the Pacific Rim
21 AP (20 Oct 05) China, Southeast Asia neighbors say opium production down, use of synthetic drugs up
22 SHAN (31 Mar 06) Biz hub moves to Mandalay
23 SHAN (02 Aug 05) Drug factories withdraw from the triangle
26 Taipei Times (11 Oct 05) Asian states run out of patience with Myanmar
27 Irrawaddy (19 May 06) New Drug Restrictions Focus on Migrants
29 UNODC, World Drug Report 2005, UN Doc. E.05.XI.10
In 2002, the Thai Royal Army reported having seized 120 million amphetamine pills. The drugs were linked to the UWSA in northeastern Burma. More recently in 2005, Thailand seized a grand total of 13.4 million methamphetamine pills and 44kg of ketamine, an amphetamine precursor.31 In one seizure, Thai police netted 10,000 amphetamine tablets along with 610kg of heroin from a boat off the coast of the Trat province in March 2005. In June they seized 148kg of amphetamine tablets and 86kg of heroin en route to Malaysia.32

2. Burma's Western Border with India

A convenient arrangement has developed between traffickers in Burma and India. Precursor chemicals manufactured in India are trafficked into Burma where they are used to make amphetamine tablets which are then smuggled back into India’s Northeast states. By working with indigenous tribal groups inside India, traffickers from Burma move large quantities of drugs with little trouble.33 The Indian states hit hardest continue to be Manipur, Mizoram, and Nagaland. Burma is Northeast India’s primary source of illicit drugs.34 While the Northeast has experienced the greatest surge of drugs from Burma, this route has also emerged as an entry point to traffic drugs to other states of India.35 In 2004, the report of the International Narcotics Control Board found that almost all of the precursor ephedrine seized in India was destined for Burma.36

3. China to the East

China is the biggest producer of numerous precursor chemicals used in the manufacture of amphetamines. Precursors from China are used by production bases along the border to make amphetamine tablets.37 The drug is then trafficked back inside China or on to new destinations such as Thailand or Laos. A report by China’s National Narcotics Control Commission admitted that the amount of precursor chemicals smuggled into the Golden Triangle area is startling.38 When trafficking to Thailand declined in 2003, much of that business was rerouted to China where it remains a large problem.39 Most popular destinations for amphetamines in China are urban centers where it is used in the nightclub and rave culture.40

China seized 3,190kg of crystallized methamphetamines in 2002. The next year that number rose to 5,830kg. Most amphetamines coming from Burma is in pill form and not crystallized. However, in 2003 one lab producing crystallized methamphetamines was destroyed in Burma.41 In May 2005, Chinese officials seized 102kg of amphetamines in Yunnan Province, an area that shares its southern

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32 The Nation (25 Jun 05) OP-ED: Burma’s drug-free deadline is a delusion
34 Mizzima (30 May 06) Burma the main source of drugs for India’s northeast
35 Mizzima (16 Sep 05) Drugs and arms trafficking boom in India’s Northeast ‘Drugs originating from Burma
36 Report of the International Narcotics Control Board, 2004; Doc. E.05.XI.3
37 Thai Press Reports (31 Jan 06) Thailand Myanmar (Burma) makes empty promises on controlling drug trade
38 Nation (31 Oct 05) Meth in their madness?
39 UNODC, World Drug Report 2005, UN Doc. E.05.XI.10
41 UN (04) Report of the International Narcotics Control Board; Doc. E.05.XI.3
border with Burma. In November 2005, Yunnan police seized 110kg of methamphetamines.\textsuperscript{42} In the first three months of 2006, Chinese officials recorded a 435% increase in the number of drug seizures from 2005. About half of the hauls were synthetic drugs such as amphetamines.\textsuperscript{43}

4. Laos and Cambodia

Laos and Cambodia have recently emerged as favorite destinations for amphetamines produced in Burma. Along with other countries in the region, these two are experiencing upsurges in the consumption of methamphetamines. The UNODC estimates that as many as 100,000 methamphetamine tablets enter Cambodia on a daily basis. The majority of them come through Stung Treng along the northern border with Laos. From Cambodia many of the drugs are either consumed domestically or trafficked through the porous border to Thailand or Vietnam.\textsuperscript{44}

Amphetamines entering Laos are, for the most part, due to the arrival of new drug syndicates in Burma. These syndicates have come under fire by the UWSA, the predominant drug producing and trafficking organization in Burma. Rather than risk armed conflict with the UWSA, these groups have relocated their bases of operation to Laos where they produce amphetamines for shipment to Thailand. Authorities have identified as many as 30 amphetamine labs on the Laos side of the Thai-Laotian border. For organizations whose production bases remain inside Burma, a common trafficking path is over the Mekong River to Muang Mom in Bo Keow district of Laos. The final destination is Vientiane where the drugs can be stored before moving to their next destination.\textsuperscript{45} In many cases that destination is Thailand, either directly or first through Cambodia.

In the first half of 2004, Laos seized 3,020,000 methamphetamine tablets. In 2005, Laotian officials seized 1,870,305 tablets in a nine month period. In 2005, Cambodia seized 293,245 methamphetamine pills. In one seizure in May 2005, Cambodian police arrested two traffickers attempting to smuggle 100,000 amphetamine pills from Cambodia into Vietnam. In December, police in Banteay Meanchey Province of Cambodia arrested four men attempting to traffic 46,000 methamphetamine pills.\textsuperscript{46}

5. South Korea and Japan

In Japan, methamphetamines are the most frequently used drug. Despite this fact, there is no domestic manufacturing base for amphetamines in Japan. This means Japan’s amphetamine users are completely reliant on imports. However, Japan is a chief producer of 60 different types of precursor chemicals. Eighty percent of all drug-related arrests in Japan involve the use of amphetamines. Estimates place the amount of amphetamines trafficked into Japan annually between ten and twenty metric tons.\textsuperscript{47} The Government of Japan attributes the majority of amphetamines entering the country to China, Hong Kong or North Korea, all of which have trafficking links to Burma.\textsuperscript{48}

In South Korea, 67% of methamphetamines arrive from China.\textsuperscript{49} Amphetamines also originate from Thailand, the Philippines and North Korea. Precursor chemicals transit in South Korea as well, in preparation for transshipment to South America and the Middle East.\textsuperscript{50}

\textsuperscript{42} Bureau for International Narcotics and Law Enforcement Affairs (Mar 06) International Narcotics Control Strategy Report 2006  
\textsuperscript{43} AP (09 May 06) China busts cocaine ring – with US help  
\textsuperscript{44} Bureau for International Narcotics and Law Enforcement Affairs (Mar 06) International Narcotics Control Strategy Report 2006  
\textsuperscript{45} Bangkok Post (6 Nov 05) As new players move in to fill the vacuum, multinational drug suppression efforts are stepping up  
\textsuperscript{46} Bureau for International Narcotics and Law Enforcement Affairs (Mar 06) International Narcotics Control Strategy Report 2006  
\textsuperscript{47} UNODC, World Drug Report 2005, UN Doc. E.05.XI.10  
\textsuperscript{48} UNODC, World Drug Report 2005, UN Doc. E.05.XI.10  
\textsuperscript{49} Bureau for International Narcotics and Law Enforcement Affairs (Mar 06) International Narcotics Control Strategy Report 2006  
\textsuperscript{50} Bureau for International Narcotics and Law Enforcement Affairs (Mar 06) International Narcotics Control Strategy Report 2006
THE SOCIAL IMPACT OF BURMA’S DRUG PRODUCTION AND TRAFFICKING

Drug Addiction

"At present the Sino-Myanmar border area is being flooded with drugs, posing a huge danger to the society and people," - Chinese Prime Minister Wen Jiabao.51

The drug of choice for drug users in China is heroin. The use of methamphetamines was rare until 1995 but is currently expanding rapidly. As of late 2003, the number of registered drug users was 1,050,000. Officially, some suggest the number of drug users ranges from an estimated 6–8 million; unofficially, estimates are as high as 12 million. The estimated number of injecting drug users (IDUs) ranges from a low of 356,000 to 3,500,000 with a mid-range figure of 1,928,000.52 In March 2005, the Bangkok Post reported that there are 1.14 million drug addicts in China with half of them being methamphetamine users.53 In 2004, China reported it had 670,000 addicts who use drugs produced in Burma.54 According to China’s own statistics, the number of known drug addicts in increased 35% from 2000 to 1.2 million by early 2005.55 The figure included 700,000 heroin addicts, more than two-thirds of them under age 35. Areas along China's southern border with the heroin-producing “Golden Triangle” of Thailand, Burma and Laos, where the drug is cheap and plentiful, have high addiction rates.56 [See Table 2]57 The Chinese government also stated that the drug situation has seriously damaged the Chinese economy. The country's registered heroin addicts consume heroin worth 27 billion yuan (US$3.26 billion) every year. The drug problem also jeopardizes public security, giving rise to drug-related crimes. [See Table 3]58 Of the entire registered drug addict population, 80% of male users were involved in other illegal activities, while 80% of the females worked as prostitutes. In some areas, drug addicts are responsible for 60 to 80% of robberies and thefts.59

Estimates of how many Indians use intravenous drugs vary widely. Indian authorities put the number at around 100,000, while the United Nations says it could be as high as 1 million.60

HIV/AIDS - China

The current HIV/AIDS epidemic has been described as having four distinct stages:

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51 AFP (15 Feb 06) China urges Myanmar to step up anti-drug efforts
52 Situational analysis of illicit drug issues and responses in the Asia-Pacific Region, A report prepared for the Australian National Council on Drugs, November 2004 – May 2005
53 SHAN (18 May 05) China losing patience
54 Mizzima (03 Mar 04) Opium production decreases but methamphetamines increase in Burma
55 AP (11 Sep 06) Report: China to open another 200 methadone clinics this year in anti-heroin effort
56 AP (11 Sep 06) Report: China to open another 200 methadone clinics this year in anti-heroin effort
57 Country Factsheets, Eurasian Narcotics – China 2004 - Silk Road Studies Program, Uppsala University, and Central Asia-Caucasus Institute, Johns Hopkins University-SAIS www.silkr oadstudies.org
58 Country Factsheets, Eurasian Narcotics – China 2004 - Silk Road Studies Program, Uppsala University, and Central Asia-Caucasus Institute, Johns Hopkins University-SAIS www.silkr oadstudies.org
59 China – Questions and Answers http://service.china.org.cn
60 AP (30 Nov 06) As India tops with world’s largest number of HIV cases, new strategy targets drug users
• **Phase 1 - 1985-88**: Marked by a small number of AIDS cases in coastal cities, and those infected were mainly foreigners or Chinese people who had traveled overseas.

• **Phase 2 - 1989-93**: Began in October 1989 with the identification of HIV infection in 146 drug users in Southwest Yunnan.

• **Phase 3 late - 1994**: HIV transmission spread beyond Yunnan Province. A considerable number of cases of HIV infection were reported among drug users and commercial plasma donors from various regions and the national figures for HIV infection quickly grew.

• **Phase 4 beginning in 2001**: In August 2001 the government published estimates suggesting that there were between 600,000 and 800,000 people living with HIV/AIDS.

In 2003 a government agency estimated that about 61.6% of HIV positive people had been infected through drug use. According to the UNAIDS, China is experiencing one of the most rapidly expanding HIV epidemics in the world. In 2002, Chinese authorities put the figure of registered HIV/AIDS-infected persons at 840,000 but estimated that there was likely more than 1 million cases in the country. Others estimate between 3 and 7 million infections in total. Since 1999, there has been a 30% annual rate of increase of reported HIV infections. Based on this calculation, it is projected that without concerted prevention and treatment efforts, the number of people living with HIV/AIDS in China will exceed 10 million by 2010, if there is not enough effort to control HIV.

There is overwhelming evidence to support that China’s HIV/AIDS epidemic had its origins in cities in Yunnan Province that border Burma. This evidence also established that the HIV was originally transmitted by injecting drug users and attributable to the illegal drugs coming to China from Burma. As of 2003 the proportion of reported HIV among IDUs was 44%. In some areas the prevalence rises above 80%. A recent report on the status of HIV/AIDS in Burma indicates that China’s Yunnan Province is the country’s highest HIV prevalence zone. It was also the first Chinese Province to have undergone epidemic spread, which began among injecting drug users in several districts on the Yunnan-Burma border in the early 1990s.

The Beijing Center for Disease Prevention and Control has pointed out that after nearly three decades of being virtually drug free, the use of heroin and other illicit drugs has re-emerged in China as a major public health problem. One result is that drug abuse, particularly heroin injection, has come to play a predominant role in fueling China’s AIDS epidemic. The first outbreak of HIV among China’s IDUs was reported in the border area of Yunnan province between China and Myanmar where drug use began to increase significantly.

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61 Avert – HIV/AIDS in China (Updated 11 Sep 06) [Footnotes omitted] www.avert.org
62 UNAIDS China - Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections 2004 Update
63 Country Factsheets, Eurasian Narcotics – China 2004 - Silk Road Studies Program, Uppsala University, and Central Asia-Caucasus Institute, Johns Hopkins University-SAIS www.silkroadstudies.org
64 Country Factsheets, Eurasian Narcotics – China 2004 - Silk Road Studies Program, Uppsala University, and Central Asia-Caucasus Institute, Johns Hopkins University-SAIS www.silkroadstudies.org
65 UNAIDS China - Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections 2004 Update
66 Situational analysis of illicit drug issues and responses in the Asia-Pacific Region, A report prepared for the Australian National Council on Drugs, November 2004 – May 2005
67 Responding to AIDS, TB, Malaria and Emerging Infectious Diseases in Burma: Dilemmas of Policy and Practice (March 2006) A Report by the Center for Public Health and Human Rights Department of Epidemiology Johns Hopkins Bloomberg School of Public Health [Footnotes omitted]
trafficking is heavy. The uptake of heroin use, and subsequent epidemics of injecting drug use related infections, including HIV and Hepatitis C are direct outcomes of Burma’s heroin exports to China. In 2002 a joint Japanese and Chinese research group studying HIV and Hepatitis C infections (HCV) among IDU in Yunnan made a similar observation that the Southeastern region of Yunnan province is a key site for drug trafficking and HIV-1 infection spread. Both of the predominant forms of HIV-1 circulating in China have been identified as originating in the upper Burma high recombination zone. [See Table 5 geographical dispersion of HIV among injecting drug users (IDUs) in China.]

HIV/AIDS - India

"The time has come to wake up with HIV infection among our troops assuming serious dimensions. Now we find more soldiers dying to HIV-AIDS than to bullets fired by militants." - Lieutenant General Bhopinder Singh, Director General of Assam Rifles statement on HIV/AIDS problems encountered by soldiers engaged in anti-insurgency operations in India’s Northeast States.

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68 Responding to AIDS, TB, Malaria and Emerging Infectious Diseases in Burma: Dilemmas of Policy and Practice (March 2006) A Report by the Center for Public Health and Human Rights Department of Epidemiology Johns Hopkins Bloomberg School of Public Health [Footnotes omitted]
69 Responding to AIDS, TB, Malaria and Emerging Infectious Diseases in Burma: Dilemmas of Policy and Practice (March 2006) A Report by the Center for Public Health and Human Rights Department of Epidemiology Johns Hopkins Bloomberg School of Public Health [Footnotes omitted]
70 World Health Organization – Summary Country Profile for HIV/AIDS Treatment Scale-up – June 2005
A recent report released by the UNODC and the Indian government said, “Drug trafficking across the common border of Myanmar and the Northeastern state of Manipur, Mizoram and Nagaland occurs with ease. Despite the existence of heavy security, heroin does transit the border and is therefore accessible to the local youths of these states.” The report added that HIV has assumed the proportion of a 'generalized epidemic' among injecting drug users in Manipur and Nagaland. The report noted a pattern of HIV infection and stated: “Northeastern states which are distant from the Myanmar border have generally reported fewer episodes of heroin injecting compared to the states which are closer to the border. Thus, there is a direct correlation between proximity to the border and drug abuse. Injecting drug users represent a significant incubus for the indirect spread of HIV to people who have never used drugs.” India’s northeast - Assam, Manipur, Meghalaya, Mizoram, Nagaland, Arunachal Pradesh, Sikkim and Tripura - has been declared as one of the country’s high-risk zones with close to 100,000 people infected with HIV.71 [See Table 6 for HIV Estimates in India]72

Amphetamines – A Serious Public Health Threat

Chronic amphetamine use can lead to violent behavior, impaired judgment and high-risk sexual behavior. In one study of amphetamine users, 53% of males and 44% of females reported engaging in violent acts while under the influence.73

Methamphetamines produce a longer lasting “high” than opiates, lasting between 6 and 24 hours.74 The high a user gets from using heroin only lasts about three or four hours.75 As a result, users spend less time seeking out drugs and more time at work, school or in public settings, often while still under the influence, creating a greater likelihood that the violent tendencies brought on by the drug might manifest into violent behavior directed at others.76 In a nationwide survey of US law enforcement agencies in 2003, 31.6% reported methamphetamines as the drug most responsible for violent crime in their area. In regions where methamphetamines were more prevalent that number was as high as 73.3%.77

Amphetamine use also takes a toll on public health care systems. More than 10,000 methamphetamine psychotic patients sought treatment in Thailand during 2002 and in many hospitals 30-50% of the patients admitted were for treatment of methamphetamine use.78 In 2006, drug officials in Thailand project that the costs of rehabilitative services for 20,000 drug addicts will be 100 million baht (US$2.5 million).79

The monetary costs of combating methamphetamine use include cleaning up lab sites, arresting and imprisoning producers, users, and traffickers, and domestic violence shelters and foster care services for women and children from homes shattered by amphetamine use. This all comes on top of the loss
of productivity that users contribute to the workforce. The production of amphetamines involves hazardous chemicals that release toxic fumes causing health problems and even death if inhaled, and are also extremely volatile. In many cases methamphetamine labs go undetected until a fire or explosion occurs. On average there are 2.7kg of waste chemicals for every 45kg of amphetamines produced. These chemicals may pollute groundwater, remain present in buildings long after their use as a production facility, and contaminate soil, rendering it useless and uninhabitable. In the US, police spend on average US $5,000 but as much as $150,000 to clean up a single methamphetamine lab.

Who Is Using Amphetamines?
Amphetamines have traditionally been used for weight loss, athletic performance enhancement, and to stay awake as is seen in truck drivers, migrant workers and construction workers. More recently it has become a fashionable accessory of the “rave culture” with increased popularity throughout Asia’s urban hubs. The most common profile for amphetamine use is young urban-dwellers. Students use amphetamines during busy times like final exams in order to increase their amount of work output. In 1999 Thailand’s Office of Narcotics Control Board (ONCB) estimated that 12.4% of students used amphetamines, a 1.4% increase over the previous year. In 2005, it was estimated that a third of Thailand’s regular drug users were below the age of 16.

The SPDC’s Role
Through its numerous ceasefire agreements the SPDC has allowed ethnic armies such as the UWSA and the National Democracy Alliance Army (NDAA) to freely engage in narcotics production and trafficking. Because of their pro-SPDC agendas, these armies have been considered by many to be simply proxy armies for the regime. During the 1994 campaign against Khun Sa and his Mong Tai Army, the SPDC enlisted the assistance of the UWSA. After Khun Sa’s surrender, the UWSA was granted vast tracts of land along the Thai/Burma border, situated perfectly for conducting its illicit heroin and methamphetamines trade.

Evidence exists that the SPDC has continued to use the UWSA as a proxy army in its war against the dwindling Shan State Army (SSA), even promising to grant land to the UWSA that is taken in battle.
from the SSA. The SPDC’s willingness to look the other way on UWSA methamphetamine dealings may in fact be influenced by the UWSA’s progress. A member of the UWSA even claimed that in 2005 UWSA soldiers asked for permission to continue manufacturing and trafficking drugs in exchange for more attacks on the SSA.

The SPDC has to date not prosecuted or extradited any of Burma’s biggest drug lords and no SPDC military official over the rank of colonel has ever been prosecuted for drug offenses. In fact, many former drug lords such as Lo Hsing-han and Pao Yu Hsiang now lead cushy lives as top businessmen in Burma. Through laundering of drug profits, they appease the junta by funding its mining industry, overseeing much of its agricultural sector, operating its chief national banks, and running Yangon Airways, one of only two domestic airlines in Burma. Moreover the SPDC officials regularly accept bribes from organizations such as the UWSA as payment for safe transport of their drugs inside of Burma, making the SPDC complicit in the continued production and trafficking of amphetamines.

**Burma’s Drug Eradication Program Does Not Include Amphetamines**

Beginning in 1999, the SPDC initiated its 15-year Narcotics Eradication, intended to finish one year before the ASEAN-wide deadline of 2014. The Burmese plan is divided into three phases of five years each and targets 52 townships. While the SPDC has declared several townships drug-free, the evidence says otherwise.

While the SPDC plan targets opium growing, it does not take any steps toward eradicating amphetamine production, which is much harder to detect because of its confinement to clandestine labs rather than in open fields. In the period between 2000 and 2003, only 12 amphetamine labs were destroyed in Burma with a peak in 2001 at five. In 2003, only one amphetamine lab was destroyed. This number is especially abysmal considering that a report by the Shan Herald Agency for News (SHAN) in 2003 reported 18 labs in the Shan State town of Mongton alone. Recently only one amphetamine lab was shut down in 2004. By comparison, in just one year between 2002 and 2003 Cambodia closed 7 amphetamine labs, Indonesia closed 6 and China closed 13. In 2005, Burma destroyed 3 labs.

With the SPDC’s deep involvement in drug production and trafficking, it is unlikely that that any serious initiatives will be taken to curb an activity that provides the junta’s generals with significant amounts of revenue. In the meantime, Burma’s neighbors, and the rest of the world, will be impacted by the ills caused by amphetamines produced in Burma.

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88 HRW (26 May 05) Burma army and proxies attack Shan civilians
89 Bangkok Post (13 Apr 05) Drug situation along frontier highly volatile
90 U.S. Council on Foreign Relations Independent Task Force (Jun 03) Myanmar: A Time For Change
91 Bangkok Post (31 January 05) Today's Burma funded by drugs
92 The Nation (31 Oct 05) Meth in their madness?
93 Altsean Burma (Nov 04) A Failing Grade: Burma’s Drugs Eradication Efforts
95 UNODC, World Drug Report 2005, UN Doc. E.05.XI.10
96 SHAN (02 Aug 05) Drug factories withdraw from the triangle
98 UNODC, World Drug Report 2005, UN Doc. E.05.XI.10
DISEASE

- Diseases rampant in Burma challenge the security of the entire region. Populations living along the 7,519 km of porous borderlands of Burma with Bangladesh, China, India, Laos, Thailand, and India are under attack by the HIV/AIDS, drug resistant malaria, and drug resistant TB spreading from their neighbor.

- ASEAN has declared that “the vision of a stable and secure ASEAN Community can be realized only when our peoples enjoy optimum health, are ensured of treatment, care and support for their diseases, and fully equipped with necessary prevention tools.”

- Despite its membership in ASEAN, Burma’s military regime’s lack of capacity and political will has failed to adequately address disease control and health issues, with serious implications on the current and future human and economic security of the region.

- A failing health system in Burma means that diseases are present for some time before being identified and are insufficiently monitored – and so the risk of virus mutation is further intensified. The implication for bird flu and mutation to human-transmissible strains is particularly concerning.

- Military hostilities and forced relocation drives tens of thousands of people from their homes every year. Many of them flee to jungle hide-outs where sanitation, malnutrition and disease combine in lethal combinations in areas closest to Burma’s borders, and least accessible to already inadequate health services.

- The World Health Organization ranks the SPDC at 190 (of 191 countries) for delivery of health services.

- Burma is regressing against Millennium Development Goal indicators relating to education, maternal mortality, and HIV/AIDS.

- The SPDC allocates less than 3% of its annual budget to healthcare and education combined, compared to 40% to the military. According to the WHO, the SPDC is spending US$5 per person per year on public health, compared to an average of $137 amongst other ASEAN nations.

- There are 0.36 physicians, 0.38 nurses and 0.6 midwives per 1000 people; and only 137 pharmacists for the entire population of more than 50 million people.

- Malaria is the leading cause of death and disease, and the leading killer of children under five. Other mosquito-borne infections including dengue fever, chikungunya fever and Japanese encephalitis are endemic and spread unchecked and unreported in Burma. Seasonal cholera and anthrax outbreaks go unreported, while hepatitis, typhoid, rabies are all prevalent.

- Medicines are often cheap counterfeits, and put the health of patients at risk, as well as increasing the risk of virus mutation and the spread of multi-drug resistant strains.

- The regime’s strict restrictions on international aid agencies has forced some to leave the country or curtailed their activities. Local grass-roots initiatives, particularly those that address HIV/AIDS, are frequently closed down without reason, and health workers in border areas have been attacked by SPDC troops and had their equipment destroyed or confiscated.
HEALTH SYSTEM FAILURE

Long-running conflict, collapsing health and education systems and massive displacement are all contributing to a health crisis in Burma, most especially in border areas. The SPDC is creating these conditions and this crisis; when it fails to fund health and education (that combined receive less than 3% of the national budget, compared to 40% to the military100), fails to engage in genuine reconciliation with armed opposition groups, and perpetrates forced labor and forced relocation. In public hospitals, patients have to pay “special fees” for consultations, and purchase their medicines at black market prices. Medicines are often cheap counterfeits, endangering patients, increasing the risk of virus mutation and the spread of multi-drug resistant strains.

In conflict areas, health outcomes are worse. The health system has failed or is non-existent; there is widespread poverty, food insecurity, landmines and violence. Community initiatives and health workers in conflict zones are regularly destroyed by SPDC troops. Medical workers, teachers, trainers, and others cross from neighboring countries into the most isolated and most needy areas of Burma carry “backpacks” of emergency food, medical and other supplies, as well as training to the people that live or are displaced in these areas so that their communities might survive and grow. These workers are sometimes attacked by SPDC troops, have their supplies stolen or destroyed, and in some cases have been killed.

Restrictions on the work of humanitarian agencies, further tightened in February 2006, involve complicated approval processes, restricted travel to and within the country, ever changing regulatory bodies, hindering the work of aid organizations in Burma, both foreign and domestic. Implementation of World Food Program (WFP), International Committee of the Red Cross (ICRC) and Medecins Sans Frontieres (MSF) programs has long been a struggle. International agencies, including the Global Fund, MSF-France, and the Centre for Humanitarian Dialogue, all left in 2006, unable to provide their services under the restrictions. Local grass-roots initiatives, particularly those that address HIV/AIDS, are frequently closed down without reason, and health workers in border areas have been attacked by SPDC troops and had their equipment destroyed or confiscated.

SPDC policies that restrict public health and humanitarian aid have created an environment where AIDS, drug-resistant tuberculosis, filariasis, malaria and avian flu (H5N1) are

| Child mortality rate (deaths per 1,000 live births before the age of 5)101 |
|------------------|-----|
| Conflict zones of eastern Burma | 221 |
| Burma            | 106 |
| Thailand         | 21  |
| Niger            | 259 |
| Sierra Leone     | 283 |
| Angola           | 260 |
| Congo, DR        | 205 |

What’s with the numbers?

The lack of a functioning health system, isolation of communities and restrictions on international agencies restrict comprehensive collection of data.

In an attempt to control its international image, the SPDC releases its own data on the health situation – in some cases overstating problems in order to attract international funding, but in most cases grossly understating the problem in order to create an appearance of “control”.

However, community-based surveys such as those used in the report “Chronic Emergency” provide valuable insights to offset the general lack of independent data.

SPDC says:

“Myanmar always opens her door to international assistance with no strings attached” (NLM, 20 Jan 07)

SPDC does:

In 2006
- Restrictions were increased on activities, spending, employment, and travel
- Global Fund, MSF-France, and the Centre for Humanitarian Dialogue, were all forced to leave
- Local grass-roots initiatives, especially those addressing HIV/AIDS, were threatened with violence and closed down
- Health workers in border areas were attacked by SPDC troops and had their equipment destroyed

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spreading unchecked, and new disease strains are being incubated. Burma could very well become the epicenter for the avian flu pandemic. HIV/AIDS, TB, and drug-resistant malaria pose a current and serious public health issues to the region.

**HIV/AIDS**

*The current epidemic in Asia...is really a [Burma] epidemic. It is in the interests of Asian states to see Myanmar's HIV epidemic as a national-security threat.* 102 - Laurie Garrett, senior fellow for Global Health, Council on Foreign Relations, New York

Poverty, high levels of mobility and displacement, low awareness of family planning and HIV transmission, scarcity of health care services, a growing sex industry, injecting drug use and sexual violence are all contributing to the spread of HIV/AIDS. The SPDC spent less than US$22,000 for the entire country on treatment and prevention for HIV/AIDS in 2004.103 Five percent of known infections were spread by blood transfusion.104

The SPDC has recently reported slight decreases in overall prevalence of HIV/AIDS – down from 1.5% in 2000 to 1.3% in 2006.105 However, experts from John Hopkins Bloomberg School of Public Health estimated that in mid-2000 there was an overall prevalence of 3.46%. Since then, failure by authorities to either take or publish HIV/AIDS surveillance data means that this figure cannot be updated.106 Outside major cities, infection rates vary greatly – from nothing to 7.5%.107 Prevalence rates are highest in Shan and Kachin States, bordering Thailand and China.

In border towns, trade routes of the trafficking of women, drugs, and disease, intersect. Even accepting the SPDC's notorious underestimates, the fact that one in three sex workers tested positive for HIV in Rangoon in 2005, against one in four in 2004, is alarming.108 Injecting drug users in Lashio, major stop on the trade/trafficking route from Burma to China, have an infection rate of 60%.109

The sexually transmitted infections that increase the risk of contracting and transmitting HIV are common in Burma. However, detection and treatment are patchy and riddled with misinformation and misconceptions.110 Access to counseling, medication, and other support services is restricted. AIDS treatment is highly politicized. Community based initiatives are shut down unexpectedly, and activists have been imprisoned.111

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102 Asia Times (02 Dec 07) Myanmar's HIV/AIDS security threat
103 Johns Hopkins Bloomberg School of Public Health (Mar 06) Responding to AIDS, TB, Malaria and Emerging Infectious Diseases in Burma
105 AP (03 Dec 07) Myanmar junta denies HIV on the rise in the country
106 Beyrer, Suwanvanichkij, Mullany, Richards, Franck, Samuels and Lee (Oct 06) Responding to AIDS, Tuberculosis, Malaria, and emerging infectious diseases in Burma
108 In Mandalay in 2003 more than half sex workers tested were infected.
109 Department of Health figures, reported in Times (02 Dec 07) Myanmar's HIV/AIDS security threat
110 Sex workers in Rangoon report using penicillin as a “blood purifier” to prevent HIV. Talikowski and Gilliet (2005) Female sex work in Rangoon
111 DVB (14 Feb 07) Magwe AIDS awareness centre shut down by officials
China

"At present the Sino-Myanmar border area is being flooded with drugs, posing a huge danger to the society and people... We must pay much attention to this and adopt strict punitive measures."

- Chinese Prime Minister Wen Jiabao

There is overwhelming evidence to support that China’s HIV/AIDS epidemic had its origins in cities in Yunnan Province that border Burma. The uptake of heroin use and subsequent epidemics of injecting drug use related infections, including HIV and Hepatitis C, are direct outcomes of Burma’s heroin exports to China. As of 2003 the proportion of reported HIV among IDUs was 44%. In some areas the prevalence rises above 80%.

Yunan is also the first Chinese province to have undergone epidemic spread, which began among injecting drug users in several districts on the Yunnan-Burma border in the early 1990s.

Ancient trade routes from Burma to China have become an “AIDS highway” transporting goods both official and illicit. By the end of September 2006, Yunnan Province recorded 47,314 people living with HIV/AIDS accounting for about a quarter of the national total.

China's Health Ministry reported late November 2006 that the number of people officially reported as HIV infected had risen by 27.5% per cent since the beginning of the year, to more than 180,000 at the end of October. Around the same time, China Health Ministry officials were quoted as saying that Burma’s infection rates are probably four or five times what their data indicate. It is predicted that by 2010, the number of people living with HIV/AIDS in China will exceed 10 million.

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112 AFP (15 Feb 06) Myanmar told to curb drug trade
113 Australian National Council on Drugs (May 05) Situational analysis of illicit drug issues and responses in the Asia-Pacific Region
114 Johns Hopkins Bloomberg School of Public Health (Mar 06) Responding to AIDS, TB, Malaria and Emerging Infectious Diseases in Burma
115 Irrawaddy (July 06) AIDS: Burma’s shadowy mass export
116 Xinhua (02 Dec 06) China’s Yunnan orders compulsory pre-marital HIV tests
117 Asia Times (02 Dec 07) Myanmar’s HIV/AIDS security threat
118 UNAIDS China - Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections 2004 Update
India

India’s Northern states that border Burma – Assam, Manipur, Meghalaya, Mizoram, Nagaland, Arunachal Pradesh, Sikkim and Tripura – have been declared a high risk zones for HIV/AIDS.119 Along the border in Nagaland and Manipur, women testing at clinics along the border are 8%, whereas in other parts of the state prevalence is between one and two percent.120

Patients are sneaking across the border to neighboring states for treatment. Hospitals in Mizoram State report that half their patients are from Burma.121 A report released by the UN Office on Drugs and Crime and the Indian government said that HIV has assumed the proportion of a 'generalized epidemic' among injecting drug users in Manipur and Nagaland. The report noted a pattern of HIV infection and stated: 'Northeastern states which are distant from the Myanmar border have generally reported fewer episodes of heroin injecting compared to the states which are closer to the border. Thus, there is a direct correlation between proximity to the border and drug abuse.'

**MALARIA**

We are concerned that tuberculosis, malaria and dengue fever continue to be leading communicable diseases in some ASEAN countries. We commit ourselves to strengthen efforts to prevent and control tuberculosis, malaria and dengue fever, with special focus on mobile populations, cross-border notification, and the surveillance of antimicrobial resistance, in collaboration with ASEAN Dialogue Partners, the WHO and other international organizations.122

Official SPDC statistics reported to the WHO show that malaria causes proportionately more deaths in Burma than any other country in Southeast Asia – 53% of malaria related deaths in the region occurred in Burma. Malaria risk areas are the forested border areas populated by non-burman ethnic nationalities. Kachin State, bordering China, has mortality rates for malaria five times the national average. In the eastern states bordering Thailand, malaria is the leading cause of morbidity and mortality, accounting for 42% of deaths – 20% of children die before their fifth birthday, and nearly half from malaria.123 Even so, the SPDC prevented MSF France from providing insecticide-treated nets to the area in 2005.124 Malaria rates are on the decline across Thailand, except for those provinces that share a border with Burma.

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119 Indo-Asian News Service (30 May 06) Drug Flow from Myanmar Fuels Northeast HIV Epidemic: UN
120 Times (02 Dec 07) Myanmar’s HIV/AIDS security threat Myanmar’s HIV/AIDS security threat
121 Mizzima News (08 Dec 08) A/IS prevention on educators receive national award
122 ASEAN (22 Apr 04) Health Without Frontiers
123 Global Health Access Program (2006) Burma – Malaria control
124 Public Health and Human Rights (Mar 06) Responding to AIDS, TB, Malaria and Emerging Infectious Diseases in Burma & Refugees International (01 Jun 06) Ending the Waiting Game
In February 2005, a young man went to a rural hospital in Burma with malaria, and was treated with drugs labeled as made by Guilin Pharmaceutical. The young man died within 4 days of cerebral malaria. The drug was tested, and found that the main active ingredient was paracetamol, but also contained a tiny amount of artesunate. The village committee was so angered by the death, that they collected all the artesunate, both fake and genuine, that they could find, and destroyed it in a public bonfire.

Drug Resistance

Malaria is a disease that is mutating into new strains that require specific treatments. In Burma, patients usually cannot afford doctors or medicines, and often travel to medical assistance is not possible. Instead, people buy black market medicines from street vendors. Medicines are frequently expired, counterfeit, do not match the patient’s infection, and are not taken for a complete course.

Taking the wrong medicine does not only harm the patient. It is increasing “drug resistant” strains. Malaria viruses can “learn” to resist medicines when not enough of the drug is taken to kill the virus in the patient. The SPDC neither has the will or capacity to oversee the import and sale of fake drugs, and the illegal industry has responded. Up to 70% of malaria contains small amounts of active ingredients designed to “fool” site-based tests, but not enough to kill the virus.\(^\text{125}\) The virus is not “fooled” however. 80% of reported malaria cases in 2004 in Burma were the drug resistant strain plasmodium faciparum.\(^\text{126}\) Counterfeiting operations are highly sophisticated, copying design and even faking holograms.\(^\text{127}\)

In a recent sampling in Southeast Asia, 53% of anti-malarials were fakes.\(^\text{128}\) In December 2006, the former chief of China’s Food and Drug administration and two of his top deputies were arrested on charges of taking bribes to approve drugs. According to experts, much of the region’s fake drugs are coming from China, with distribution “mirroring the old heroin networks”, although penalties are less severe than for heroin. China says that it is cracking down, however a regional response is needed, with information shared on an emerging drug trade that is undoubtedly linked to organized crime, corruption and trade in narcotics.\(^\text{129}\)

Big Dams and Mosquitoes

There are numerous major hydro-power projects in Burma, with major investment from Chinese and Thai state-owned and private enterprises. Projects in Burma occur without environmental or social impact studies undertaken. Each project involves massive people displacement and human rights abuses, as well as the creation of vast breeding grounds for mosquito-borne viruses.\(^\text{130}\)

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\(^{125}\) Johns Hopkins Bloomberg School of Public Health (Mar 06) Responding to AIDS, TB, Malaria and Emerging Infectious Diseases in Burma

\(^{126}\) Beyrer, Suwanvanichkij, Mullany, Richards, Franck, Samuels and Lee (Oct 06) Responding to AIDS, Tuberculosis, Malaria, and emerging infectious diseases in Burma

\(^{127}\) British Medical Journal (8 Apr 02) Murder by fake drugs: Time for international action

\(^{128}\) NYT (20 Feb 07) In the World of Life-Saving Drugs, a Growing Epidemic of Deadly Fakes

\(^{129}\) NYT (20 Feb 07) In the World of Life-Saving Drugs, a Growing Epidemic of Deadly Fakes

\(^{130}\) Irrawaddy (Jun 05) Thailand Under Threat
**TUBERCULOSIS**

Approximately 40% of the population is estimated to be infected with TB, and the SPDC’s Ministry of Health has designated it as a “priority disease”. Responding to this priority is difficult, a 2005 WHO report noted that their in country TB program hadn’t spent a third of its budget, and that “a quarter of all sanctioned posts in the NTB [National TB Program] are vacant...[there is a ] shortage of qualified staff, especially junior laboratory technicians”.

TB is especially high amongst HIV patients – it’s thought that between 60-80% of HIV patients have TB, and Burma has the highest mortality rate amongst patients with TB in Southeast Asia.

Multi-drug resistance (MDR) caused by mis-prescribing, self-medicating and not following a full course of medication, is a major problem. Most people cannot afford doctors, and medicines are bought from street vendors, and taken as long as affordable or symptoms are acute. Official rates of multi-drug resistant strains of TB in Burma are 4%, double the Southeast Asia’s average. A study in Thailand at along the Thai-Burma border found that MDR accounted for 6.5% of TB in the area, compared with 0.9% in the rest of Thailand.

In some Thai provinces that border Burma, almost half of patients with TB are not Thai.

**FILARISIASIS**

We call for our efforts against tuberculosis, filaria and dengue fever not to be neglected, as these still continue to be leading communicable diseases in some of our countries. We commit ourselves to strengthen efforts to prevent and control these diseases, in collaboration with ASEAN Dialogue Partners, WHO and other international and/or regional organizations.

Burma has reported two million cases of filariasis to the World Health Organization, an underestimate that still gives it a rating of one of the highest case-loads worldwide. Treatment is cheap, clears the infection, and breaks transmission. However, it cannot reverse swollen limbs. The SPDC allocated US$6,000 for its control program in 2005, targeting 4% of the population at risk.

Thailand has been largely successful in eliminating filariasis, spending US$500,000 with only 185 new cases reported. However, a case identified amongst Shan from Burma living in Chiang Mai,
marked the return of the disease to urban Thailand after a break of 30 years. A survey of factory workers in Mae Sot, the majority being recent migrants, found that 4.4% were infected. Thailand risks that mosquitoes in urban areas will again become carriers.

**AVIAN INFLUENZA**

The recent episode [of bird flu] had detrimental impacts on socio-economic development of several ASEAN Member Countries. The disease resulted in tremendous losses to ASEAN poultry industry and posed a threat to public health. It has also created a panic in various other regions all over the world over a potential human influenza pandemic which would be caused by mutation of the H5N1 virus into new strains that could be transferred between humans and threaten lives of millions of people.

Burma is “quite a distance to come [for infected birds]... we speculate that the birds that have this disease, they were left behind because they cannot fly over the mountains to enter our country.” – SPDC Minister for Agriculture Major General Htay Oo, December 2005

The confirmation of bird flu in Burma in mid-February 2006 in Mandalay, ended 2 years of speculation from Burma’s neighbors as to how (or whether) Burma was maintaining its “flu-free” status. International agencies and neighboring countries quickly came to the SPDC’s aid with expertise, equipment, medicine and finances. Health authorities in India, Bangladesh and Thailand all stepped up border controls and trade restrictions. For some time, the population was not told of the outbreak or how to take precautionary measures. Farmers and traders still have not been compensated, further discouraging the reporting of symptoms to authorities. More than 10,000 birds died and 41,000 were culled.

In September 2006 Burma was declared a bird-flu free zone. As before, a failing health system and in most areas non-existent laboratories, mean that bird flu can be present for some time before being identified — and the risk of virus mutation, and spread to humans, is further intensified. The black market trade in day-old chicks across international borders continues.

Another outbreak was confirmed in late February of 2007 on the outskirts of Rangoon. At the time of publication, SPDC officials were reporting that the outbreak had killed 68 birds and more than 1,292 birds identified at risk have been destroyed. Another 26 dead crows, quails, pigeons and sparrows from over 10 townships were found to have traces of the virus, attributed to disinfectant residue. The UN Food and Agricultural Organization came to the SPDCs assistance, quarantining poultry farms, disinfecting areas and slaughtering birds. According to SPDCs Livestock and Fisheries Ministry, a three-week ban was been placed on the sale and movement of poultry in three townships.
REFUGEES

• Burma is the world's third largest source of refugees after Afghanistan and Iraq. By the end of 2005, at least 700,000 Burmese refugees had fled their country. During recent years (1995 – 2005), the flow of refugees has increased by between 48% and 800% in Burma's neighboring countries. This trend indicates a chronic problem, which will have alarming implications on Burma's neighbors, as the exodus of refugees from Burma continues unabated.

• In 2005, the highest numbers of new and appeal asylum claims worldwide were filed by nationals from Burma (55,800). The number of asylum-seekers from Burma was concentrated in two countries only: Thailand (46,200) and Malaysia (7,700).

• Most of the refugees fleeing Burma have sought refuge in neighboring Thailand and Bangladesh. Malaysia and India have also harbored a sizable number of refugees from Burma. To date, at least 200,000 UNHCR-recognized refugees from Burma live in neighboring countries. In addition, over one million Burmese live as migrant workers in Thailand, Bangladesh, Malaysia, and India.

• Refugees from Burma remain vulnerable to abuses and exploitation even after fleeing to neighboring countries. Thailand, Bangladesh, Malaysia and India have not ratified the 1951 UN Convention on Refugees. As a result, protection and assistance of Burmese refugees relies entirely on political and administrative decisions made by those governments.

• The exodus of refugees, already vulnerable to health problems because of abuse and persecution, has facilitated the spread of diseases such as drug resistant tuberculosis and malaria along the border areas of neighboring countries, especially Thailand.

• Burma has also one of the world’s 10 worst displacement situations. The number of IDPs in Burma is roughly estimated at 540,000, with some independent reports setting the figure close to – or even exceeding – one million. Since 1996, the regime’s armed forces have destroyed 3,077 villages in Eastern Burma. The same area is currently being targeted in the most intense offensive since 1997, causing 27,000 people to be displaced within less than a year.

• UN Security Council Resolution 1674 on the responsibility of States to protect civilians in armed conflicts clearly states “deliberate targeting of civilians […] may constitute a threat to international peace and security”. The resolution clearly empowers the Security Council to take action on Burma to protect the hundreds of thousands of Burmese civilians targeted by the SPDC.

• The SPDC’s military hostilities, serious human rights abuses and chronic mismanagement have made hundreds of thousands of Burmese vulnerable to trafficking and exploitation by international syndicates. Ironically, neighboring governments’ criminalization and failure to protect Burmese asylum-seekers and migrants is worsening the problem.

Note on terminology: In this chapter, the term “refugee” is not limited to the definition given by the 1951 Refugee Convention [See below]. It includes individuals seeking asylum, fleeing conflict or escaping the socio-economic impacts of the regime’s misrule. Discrepancies in some of the statistics presented may also be due to the varying definition of “refugee” adopted by governments and agencies.
OVERVIEW

It is estimated that by the end of 2005 over 700,000 people from Burma had fled their country as a result of the military regime’s widespread and systematic human rights abuses, military offensives, and religious and ethnic persecution.

Most of the refugees fleeing Burma have gone to neighboring Thailand and Bangladesh. Malaysia and India have also hosted a sizable number of refugees from Burma. However, as none of these countries is a signatory to the 1951 Refugee Convention and its 1967 Protocol, refugees from Burma are subject to exploitation and abuses and deprived of their basic rights.

To date, at least 200,000 UNHCR-recognized refugees from Burma live in neighboring countries. However, over one million Burmese live as migrant workers in Thailand, Bangladesh, Malaysia, and India.

Refugees who live outside the camps are vulnerable to labor exploitation, smuggling, human trafficking, and the spread of communicable diseases including tuberculosis (TB), malaria, and HIV/AIDS.149

Moreover, the exodus of refugees has facilitated the spread of diseases such as drug resistant tuberculosis and malaria to neighboring countries, particularly Thailand.

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REFUGEE

“All person who, owing to well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country.”

147

ASYLUM SEEKER

“A person who has applied for asylum or refugee status, but who has not yet received a final decision on their application.”

148

MIGRANT WORKER

“A person who is to be engaged, is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national.”

150

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Status of ratifications of relevant international conventions

<table>
<thead>
<tr>
<th></th>
<th>Bangladesh</th>
<th>India</th>
<th>Malaysia</th>
<th>Thailand</th>
</tr>
</thead>
<tbody>
<tr>
<td>UN Convention on Refugees</td>
<td>Not ratified</td>
<td>Not ratified</td>
<td>Not ratified</td>
<td>Not ratified</td>
</tr>
<tr>
<td>1967 Protocol to the Convention</td>
<td>Not ratified</td>
<td>Not ratified</td>
<td>Not ratified</td>
<td>Not ratified</td>
</tr>
<tr>
<td>UN Convention on Migrant Workers</td>
<td>Not ratified</td>
<td>Not ratified</td>
<td>Not ratified</td>
<td>Not ratified</td>
</tr>
</tbody>
</table>

Source: OHCHR

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150 Article 2 of the 1990 UN Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families http://www.ohchr.org/english/law/cmw.htm
<table>
<thead>
<tr>
<th>EVENTS INSIDE BURMA ...</th>
<th>... AND ACROSS THE BORDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regime’s massive offensive in Karen State.</td>
<td>1984</td>
</tr>
<tr>
<td>Burmese people’s uprising against the military regime is crushed by the army with thousands killed on the streets. SLORC is established.</td>
<td>1988</td>
</tr>
<tr>
<td>Elections are held. NLD wins over 80% of the seats but the junta refuses to hand over power.</td>
<td>1990</td>
</tr>
<tr>
<td>NLD General Secretary Daw Aung San Suu Kyi is put under house arrest and barred from running in the election.</td>
<td>1989</td>
</tr>
<tr>
<td>Than Shwe becomes the junta’s new leader.</td>
<td>1992</td>
</tr>
<tr>
<td>National Convention first convenes.</td>
<td>1993</td>
</tr>
<tr>
<td>Daw Aung San Suu Kyi is released from house arrest. SLORC breaks a short-lived cease-fire agreement with the KNPP.</td>
<td>1994</td>
</tr>
<tr>
<td>Regime launches a huge dry season offensive in Karen State. Burma is admitted to ASEAN. SLORC is renamed SPDC.</td>
<td>1995</td>
</tr>
<tr>
<td>Junta’s PM Khin Nyunt announces “roadmap to democracy”. Depayin massacre. Daw Aung San Suu Kyi is placed under house arrest.</td>
<td>1996</td>
</tr>
<tr>
<td>Prime Minister Khin Nyunt is ousted</td>
<td>1997</td>
</tr>
<tr>
<td>SPDC Army’s full-scale offensive in Eastern Burma begins. Burma skips ASEAN chair. SPDC moves the capital to Pyinman-Naypyidaw.</td>
<td>2003</td>
</tr>
<tr>
<td>Bird flu found in Burma.</td>
<td>2004</td>
</tr>
<tr>
<td>SPDC Army’s full-scale offensive in Eastern Burma begins. Burma skips ASEAN chair. SPDC moves the capital to Pyinman-Naypyidaw.</td>
<td>2005</td>
</tr>
<tr>
<td>27,000 people displaced in Eastern Burma as a result of the SPDC Army latest offensive.</td>
<td>2006</td>
</tr>
</tbody>
</table>
INTERNALLY DISPLACED PERSONS ("IDPs")

Burma has one of the world’s 10 worst displacement situations, based on a combination of factors such as size of IDP population, protection concerns, government response, and humanitarian access. Although the number of IDPs in Burma is roughly estimated at 540,000, some independent reports set the figure close to or even exceeding one million.

The military regime’s armed forces are directly or indirectly involved in displacing people through protracted military offensive supposedly aimed at battling armed opposition groups. However, the regime bases its counter-insurgency strategy on targeting the civilian population. The junta’s so-called "Four Cuts" policy aims to undermine the armed opposition's access to recruits, information, supplies and finances by forcibly relocating villagers from contested areas into the military regime’s controlled areas.

At the end of 2005, the SPDC embarked on the largest military offensive in Eastern Burma since the 1996-1997 campaign. The regime mobilized 204 infantry and light infantry battalions - 40% of the regime's frontline troops nationwide – to carry out military operations allegedly aimed at fighting the armed opposition group Karen National Union (KNU). Since 1996, the regime’s armed forces have destroyed 3,077 villages in eastern Burma.

Despite this protracted humanitarian catastrophe, Burma’s military regime does not recognize the existence of IDPs in the country. The regime also severely restricts access to UN agencies, the ICRC, and other humanitarian organizations that could provide humanitarian assistance or protection to IDPs.

### Situation of IDPs in Burma – 2006

<table>
<thead>
<tr>
<th>States and Divisions</th>
<th>IDPs in Hiding</th>
<th>IDPs in Relocation Sites</th>
<th>IDPs in Ceasefire Areas</th>
<th>Total IDPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Shan</td>
<td>20,800</td>
<td>23,700</td>
<td>174,500</td>
<td>219,000</td>
</tr>
<tr>
<td>Karen</td>
<td>9,500</td>
<td>7,500</td>
<td>75,500</td>
<td>92,500</td>
</tr>
<tr>
<td>East Pegu</td>
<td>13,400</td>
<td>7,900</td>
<td>0</td>
<td>21,300</td>
</tr>
<tr>
<td>Karen</td>
<td>38,800</td>
<td>6,100</td>
<td>45,000</td>
<td>89,900</td>
</tr>
<tr>
<td>Tenasserim</td>
<td>7,000</td>
<td>56,600</td>
<td>5,000</td>
<td>68,600</td>
</tr>
<tr>
<td>Overall</td>
<td>92,000</td>
<td>108,000</td>
<td>340,000</td>
<td>540,000</td>
</tr>
</tbody>
</table>

Source: TBBC

### Number of IDPs in the world – End of 2005

<table>
<thead>
<tr>
<th>Country</th>
<th>IDPs in the World</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudan</td>
<td>5,335,000</td>
</tr>
<tr>
<td>Colombia</td>
<td>2,900,000</td>
</tr>
<tr>
<td>Uganda</td>
<td>1,740,500</td>
</tr>
<tr>
<td>Congo</td>
<td>1,664,000</td>
</tr>
<tr>
<td>Iraq</td>
<td>1,300,000</td>
</tr>
<tr>
<td>India</td>
<td>600,000</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>569,700</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>558,400</td>
</tr>
<tr>
<td>BURMA</td>
<td>540,000</td>
</tr>
<tr>
<td>Ivory Coast</td>
<td>500,000</td>
</tr>
</tbody>
</table>

Source: US Committee for Refugees and Immigrants

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154 Thai Burma Border Consortium (TBBC), Internal Displacement in Eastern Burma – 2006 Survey
**IDPs are not just a domestic issue**

The military regime’s strategy of targeting civilians in the course of its military operations is a clear violation of international humanitarian law, namely the Fourth Geneva Convention relative to the Protection of Civilian Persons in Time of War.155

Moreover, forced displacement carried out as part of a widespread or systematic attack directed against civilian population amount to a “crime against humanity”, according to the Rome Statute of the International Criminal Court.156

At the UN World Summit in September 2005, world leaders from over 180 nations reached agreement on their collective responsibility to protect civilians from genocide, ethnic cleansing, crimes against humanity and war crimes.

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157 General Assembly, 60th session, Resolution adopted by the General Assembly- 2005 World Summit Outcome, 24 October 2005, UN Doc. A/RES/60/1
In April 2006, UN Security Council Resolution 1674 reaffirmed the provisions of the 2005 World Summit Outcome Document with regard to the responsibility to protect civilians. The resolution also said that the “deliberate targeting of civilians […] may constitute a threat to international peace and security.” \(^{158}\)

In view of the ongoing military campaign carried out by the military regime against its own people, UNSC resolution 1674 clearly empowers the Security Council to take action on Burma to protect the hundreds of thousands of Burmese civilians targeted by the SPDC.

**REFUGEES**

By the end of 2005, Burma was the world’s third largest source of refugees after Afghanistan and Iraq. At least 700,000 refugees from Burma had fled their country. The number however does not include Burmese refugees who have been resettled to third countries [See below – *What’s with the numbers?*], as well as migrant workers. \(^{159}\) It is estimated that over one million Burmese live as migrant workers in Thailand, Bangladesh, Malaysia, and India.

The flow of refugees from Burma into neighboring countries remains steady. During 2005, the highest numbers of new and appeal asylum claims worldwide were filed by nationals from Burma (55,800). The number of asylum-seekers from Burma was concentrated in two countries only: in Thailand (46,200) and in Malaysia (7,700). \(^{160}\)

New arrivals have already strained the limited resources of Burma’s neighbors and might push the situation to a breaking point, as the governments of Thailand, Bangladesh, and Malaysia adopt more restrictive policies in order to limit the flow of refugees into their territories.

The exodus of refugees from Burma, one of the countries with the most cases of TB worldwide, has made this disease - particularly multi-drug resistant TB - an issue of regional concern. This is particularly the case for Thailand, host to the majority of refugees from Burma and with a substantial TB problem of its own. [See Disease chapter]

In some provinces of Thailand bordering Burma, almost half of all TB patients are not Thai and cure rates amongst these individuals is low, threatening the ability of the Thai public health system to

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control TB, particularly given the crowded and poor living conditions that Burmese migrant workers often face in Thailand. The ongoing spread of this disease not only has increased morbidity and mortality, but also has had important economic impact on health systems in Thailand. The expense of treating multi-drug resistant TB in Thailand is almost 90,000 baht or $2,200 per patient.\footnote{Johns Hopkins Bloomberg School of Public Health, Responding to AIDS, TB, Malaria and Emerging Infectious Diseases in Burma: Dilemmas of Policy and Practice, March 2006}

The large-scale migration across the Thai-Burma border also has significant implications for the control of malaria in the region. In Thailand, malaria incidence rates have been steadily declining over time. However, this trend is not seen in those provinces which share a border with Burma. Today, the highest malaria incidences in the country are found in these areas, with most cases found in foreign migrants, 90\% of whom are Burmese, numbers which have remained stable for the last decade. 40,000 of the 65,000 reported cases per year in Thailand are diagnosed in Burmese migrant workers.\footnote{Johns Hopkins Bloomberg School of Public Health, Responding to AIDS, TB, Malaria and Emerging Infectious Diseases in Burma: Dilemmas of Policy and Practice, March 2006}
Refugees from Burma in the region

Source: TBBC
What’s with the numbers?

- Between 1995 and 2005, the number of UNHCR-recognized refugees from Burma increased by 48% in Thailand, almost three-fold in Malaysia, about four-fold in India, and about eight-fold in other countries. The steady increase in the number of refugees however has been partially mitigated by resettlement programs. Over the same decade, tens of thousands of refugees from Burma have been resettled to third countries. In 2006 alone, almost 5,000 Burmese refugees living in refugee camps located in Thailand were resettled to third countries.

- During the same decade, the number of UNHCR-recognized refugees from Burma in Bangladesh decreased by 58%. The sharp decrease is explained by the forced repatriations programs that affected 236,000 Rohingya during the 1990s. However, it is estimated that at least 200,000 Rohingya refugees continue to live outside camps in the Southern part of Bangladesh.

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163 Refuges from Burma have been resettled to Australia, Canada, Denmark, Finland, Netherlands, New Zealand, Norway, Sweden, UK, and US.

164 IOM Thailand, Refugee Resettlement Programs, January 2007

165 Refugees International, Bangladesh – Country Information, http://www.refugeesinternational.org/content/country/detail/2944/
THAILAND

Thailand harbors about 165,000 refugees from Burma in nine camps located along the Thai-Burma border. In addition, about one million Burmese migrant workers live in Thailand.166

Thailand is not a party to the 1951 Refugee Convention and its 1967 Protocol. The Thai government has historically applied a very narrow definition of refugees as “persons fleeing armed conflict,” rather than following the internationally accepted definition of refugees as persons having a well-founded fear of persecution in their home country.

As a result, many exiled Burmese living in Thailand as well as newly arriving asylum seekers fleeing persecution because of their pro-democracy activities, ethnic, and religious background are not granted any protection and assistance by the Thai government. Those rejected are classified as illegal immigrants and face deportation back to Burma.

Most refugees have been living within the confines of the camps for long periods, some for up to 20 years. They have no right to employment and, if caught outside the camps, are liable to arrest and deportation. At the same time, conditions in Burma are not conducive to repatriation, and the number of refugees has continued to rise as more people flee ongoing repression by the regime in Eastern Burma.

The Thai government also does not recognize Shan people as refugees and has not allowed them to set up refugee camps along the Thai-Burma border. Consequently Shan refugees are forced to enter Thailand illegally, which leaves them extremely vulnerable to exploitation and abuse.

The estimated number of Shan working illegally in Thailand is at least 300,000. Among them are many girls and young women who have been trafficked into Thai brothels, where they face a wide range of abuse including sexual and other physical violence, debt bondage, forced labor without payment and illegal confinement.

In addition, Burmese migrant workers in Thailand become more vulnerable to contracting HIV. They have an overall HIV rate of 4.9%, significantly higher that the estimated rate among the population of Thailand (2.2%) and Burma (1.9%). The deteriorating health situation among migrant workers in Thailand imposes a strain on the country’s health and welfare services. The costs of health services for migrants in Thailand, including undocumented migrants along the Thai border, have risen from 79 million THB in 1997 to 170 million THB in 2003.167

Refugee camps on the Thai-Burma border Source: TBBC

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166 IOM, World Migration 2005 – Section 1: Regional Overview
167 IOM, World Migration 2005 – Section 2: Costs and benefits of migration
BANGLADESH

Bangladesh is not a signatory of 1951 Refugee Convention and its 1967 Protocol and has no national legal framework for asylum seekers and refugees.

250,000 Rohingya from Northern Arakan State fled Burma in 1991-1992. In the next ten years, 236,000 Rohingya - 95% of the original influx - were repatriated to Burma, mostly forcibly. Over 20,000 refugees from Burma currently live in Bangladesh in the two camps of Nayapara and Kutupalong in Cox’s Bazaar District.168

In October 2000, Bangladeshi government’s officials said that the flow of refugees from Burma’s Arakan State was putting a strain on the impoverished nation’s economy.169

In September 2004, the Bangladeshi government rejected the UNHCR proposal for “temporary self-reliance” claiming that Bangladesh was over populated and economically unable to accept the 20,000 Rohingya refugees.170

The Bangladeshi government continues to maintain that the only viable solution available for the refugees is voluntary return to Burma. Protection and health conditions in the camps are nearing emergency levels.171 Refugees remain dependent on external support to cover their basic needs as they are not allowed to benefit from any self-reliance activities.172

MALAYSIA

Malaysia is not a signatory to the 1951 Refugee Convention and its 1967 Protocol and does not have a formal national refugee protection program in place. Refugees from Burma are therefore considered “illegal immigrants” in Malaysia.

At the end of 2005, UNHCR in Malaysia registered 44,531 persons of concern. 22,475 (50.4%) of them were refugees from Burma, which included 11,277 Rohingya refugees from Northern Arakan State.173

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168 UNHCR Country Operations Plan 2006 - Bangladesh
169 Reuters (20 Oct 00) Myanmar refugees strain Bangladesh economy
170 UNHCR Country Operations Plan 2006 - Bangladesh
171 UNHCR Global Report 2005
172 UNHCR Global Appeal 2007 – South Asia Regional Overview
INDIA

India is not a signatory to the 1951 Refugee Convention and its 1967 Protocol and does not have a formal national refugee protection mechanism in place. Refugees from Burma remain the largest refugee population in India. In India, at least 50,000 Chin and Kachin refugees from Burma are living in Northeastern States, where UNHCR is not allowed to access them. A much smaller number of Burmese urban refugees, around 1,500, live in New Delhi, under UNHCR mandate. The situation of urban refugees from Burma in New Delhi has deteriorated over the years.

174 UNHCR Country Operations Plan 2006 - India
175 Refugees International, Burma – Country Information, http://refintl.org/content/country/detail/29227PHPSESSID=4c1900ce6dea21374...
CIVILIANS, WOMEN AND CHILDREN

- The regime is in breach of UN Security Council resolution 1674 on the protection of civilians in armed conflicts, resolution 1325 on women, peace and security, and resolution 1261 on children and armed conflict.
- The SPDC Army deliberately targets civilians as part of its counter-insurgency strategy in ethnic areas. It is estimated that the number of civilians killed in Eastern Burma approximately averages about 600 a year. Since 1996, the regime’s armed forces have destroyed 3,077 villages in Eastern Burma. At the end of 2005, the regime embarked in its largest military offensive in the area since the 1996-1997 campaign.
- It is estimated that children may account for 35 to 45 percent of new recruits into the SPDC Army, and 70,000 or more of Burma’s estimated 350,000 soldiers. Despite the regime’s official denials, the SPDC Army continues to recruit child soldiers at an alarming rate.
- In Burma’s heavily militarized ethnic regions, women are subject to systematic campaigns of rape, sexual violence and other abuses by members of the SPDC armed forces. Hundreds of cases of abuses against women in ethnic areas have been documented, but authorities have regularly failed to investigate complaints and or hold the perpetrators responsible.
- From this, it is clear that the situation in Burma demands a UN Security Council resolution.

PROTECTION OF CIVILIANS IN ARMED CONFLICTS

Ever since it took power, Burma’s military regime has justified the increased militarization of ethnic nationality areas by the need to battle armed opposition groups that did not enter a ceasefire agreement. The current junta, the State Peace and Development Council (SPDC), has followed its predecessors by basing its counter-insurgency strategy on directly targeting the civilian population. The regime’s so-called “Four Cuts” policy aims to undermine the armed opposition’s access to recruits, information, supplies and funding by forcibly relocating villagers from contested areas into the military regime’s controlled areas. The SPDC Army has resorted to summary executions, torture, forced labor and the use of landmines to prevent villagers from remaining in, or returning to, militarily contested areas.

This policy of terror against civilians has reached a disastrous peak in Eastern Burma. Since 1996, the regime’s armed forces have destroyed 3,077 villages in Eastern Burma. It is estimated that the number of civilians killed in eastern Burma approximately averages about 600 a year. At the end of 2005, the SPDC Army embarked on its largest military offensive in the area since the 1996-1997 campaign. The regime mobilized 204 infantry and light infantry battalions – 40% of the regime’s frontline troops nationwide – to carry out military operations allegedly aimed at fighting the armed opposition group, the Karen National Union (KNU).

UN SECURITY COUNCIL RESOLUTION 1674

Reaffirms also its condemnation in the strongest terms of all acts of violence or abuses committed against civilians in situations of armed conflict in violation of applicable international obligations with respect in particular to (i) torture and other prohibited treatment, (ii) gender-based and sexual violence, (iii) violence against children, (iv) the recruitment and use of child soldiers, (v) trafficking in humans, (vi) forced displacement, and (vii) the intentional denial of humanitarian assistance, and demands that all parties put an end to such practices;

176 Guy Horton, Dying Alive, A Legal Assessment of Human Rights Violations in Burma, April 2005
By February 2007, the campaign had resulted in at least 76 civilian deaths, 27,000 others displaced and a total of 232 villages destroyed, forcibly relocated, or abandoned.\textsuperscript{177} 5,000 villagers have sought asylum in Thailand since the offensive began.\textsuperscript{174} New arrivals stress an already fragile refugee camp infrastructure, and strain the willingness of Thailand to keep their borders open to asylum seekers.

Human rights abuses, including forced relocation, forced labor and destruction of crops and food supplies, are closely linked to the abysmal health conditions in Eastern Burma. According to “Chronic Emergency”, a report released by relief group Back Pack Health Worker Team (BPHWT) in September 2006, forced relocation doubles the chances of childhood death and increases the risk of a landmine injury by almost five times. In addition, food insecurity not only increases the risk of malnutrition but also increases the chances of landmine injuries and malaria, as people are forced to forage in the jungle.\textsuperscript{179}

In addition to being directly responsible for the acute humanitarian crisis in Eastern Burma, in February 2006 the military regime increased restrictions on the delivery of humanitarian assistance in conflict-ridden areas.\textsuperscript{180} In November 2006, the SPDC ordered the closure of five field offices of the International Committee of the Red Cross (ICRC). Four of these offices were located in ethnic areas (Mon, Shan and Karen States) and served as the bases for ICRC programs providing clean water, sanitation, health and protection to civilians in sensitive border regions, including zones where the SPDC Army is active.\textsuperscript{181}

CHILDREN AND ARMED CONFLICT

It is estimated that children may account for 35 to 45 percent of new recruits into the SPDC Army, and 70,000 or more of Burma’s estimated 350,000 soldiers.\textsuperscript{182} The official age of enlistment in the armed forces in Burma is 18 years.

The SPDC has repeatedly denied that its Army uses forced conscription or child soldiers.\textsuperscript{183} However, in an implicit admission that the recruitment of children into the armed forces did take place, the SPDC stated that between 2004 and 2006, 567 soldiers were discharged from the armed forces as they did not meet either the minimum age or the designated qualifications.\textsuperscript{184}

Despite the official propaganda and the creation of a high-level committee to address the problem, it is apparent that the SPDC Army continues to recruit child soldiers at an alarming rate. The report of the Secretary-General on children and armed conflict in October 2006 confirmed this development. According to the report, abductions, forcible recruitment, and training of children by the SPDC Army for forced labor or to serve in the armed forces continued.\textsuperscript{185}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{un_security_council_resolution_1261.png}
\caption{UN Security Council Resolution 1261}
\end{figure}

\textsuperscript{177} Thailand Burma Border Consortium (Nov 06) Internal Displacement in Eastern Burma - 2006 Survey; Free Burma Rangers (03 Feb 07) Update of the Current Situation in Northern Karen State
\textsuperscript{178} Free Burma Rangers (03 Feb 07) Update of the Current Situation in Northern Karen State
\textsuperscript{179} Back Pack Health Worker Team (Sep 06) Chronic Emergency – Health and Human Rights in Eastern Burma
\textsuperscript{180} UNGA 61\textsuperscript{st} Session (21 Sep 06) Situation of human rights in Myanmar - Report of the Special Rapporteur on the situation of human rights in Myanmar; UN Doc. A/61/369
\textsuperscript{181} Irrawaddy (27 Nov 06) Burmese Junta Orders ICRC Operations Closed
\textsuperscript{182} Human Rights Watch (Oct 02) My Gun was as Tall as Me: Child Soldiers in Burma
\textsuperscript{183} Statement by Deputy Permanent Representative U Nyunt Swe, the Union of Myanmar and Leader of the Myanmar Observer Delegation at the Fourth Session of the Human Rights Council, 23 March 2007, Geneva
\textsuperscript{184} Statement by Deputy Permanent Representative U Nyunt Swe, the Union of Myanmar and Leader of the Myanmar Observer Delegation at the Fourth Session of the Human Rights Council, 23 March 2007, Geneva
\textsuperscript{185} UN General Assembly, 61\textsuperscript{st} session, Children and armed conflict - Report of the Secretary-General, 26 October 2006, UN Doc. A/61/529-S/2006/826
WOMEN, PEACE AND SECURITY

Hundreds of incidents of rape and sexual violence against women perpetrated by members of the SPDC armed forces have been regularly documented since 2002. Reports of such widespread and systematic abuses particularly against women in ethnic areas and conflict zones continue to emerge. The United Nations has defined this trend of sexual violence “particularly alarming”, as the authorities’ failure to investigate, prosecute and punish those responsible for such atrocities has fueled a climate of impunity among the SPDC Armed forces.

The rape cases documented in ethnic areas occur in an environment in which military oppression and human rights abuses are routine. Most rapes occur in conjunction with other human rights abuses including forced labor, forced portering or domestic duties at military bases, torture, beatings and denial of food, water and shelter.

A significant number of rapes, acts of sexual violence, torture, and other abuses against women occur as acts reprisal against women accused of supporting or having family members active in armed opposition groups. This reflects the regime’s policy of using violence against women to intimidate not only individuals but demoralize ethnic groups.

The regime continually insists that violence against women is not a serious problem. The SPDC labels the many reports of violence against women in Burma as attempts by “illegal” organizations to undermine the military. When the concern is raised by external bodies such as the US State Department, it is labeled as interference by outsiders in Burma’s “domestic affairs.” Instead of acting against violence against women, the junta parades the mandate and activities of regime-sponsored women’s organizations such as the Myanmar Women’s Affairs Federation (MWAF) as evidence that they support the advancement and protection of women.

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UN SECURITY COUNCIL RESOLUTION 1325

“Calls on all parties to armed conflict to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, and all other forms of violence in situations of armed conflict;”

Emphasizes the responsibility of all States to put an end to impunity and to prosecute those responsible for genocide, crimes against humanity, and war crimes including those relating to sexual and other violence against women and girls, and in this regard stresses the need to exclude these crimes, where feasible from amnesty provisions;

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188 NLM (03 Mar 05) Myanmar women do not need to make demand nor struggle for women rights and are enjoying these rights since born MWAf annual meeting commence
189 Irrawaddy (04 Mar 05) Burmese women should be “proud”
WHAT YOU CAN DO

- Learn more about the situation in Burma.
- Translate the material in this document into your language and make it available to concerned people and the general public.
- Become actively involved with organizations that advocate on behalf of Burma’s people.
- Write a letter to the UN General Secretary Ban Ki Moon, your President, Prime Minister, and/or your elected representative in Parliament/Congress demanding UNSC action on Burma.
- If you are from a country currently represented at the UNSC, write a letter to your UN Permanent Representative urging that s/he draft a resolution for action in Burma.
- Write a letter to your elected representative urging your government to use its diplomatic weight to work with UNSC members to build support for a resolution on Burma, and to make public statements in support of UNSC action.
- Write a letter to the editor of your local newspaper demanding UNSC action on Burma.
- Sign/create petitions addressed to UN General Secretary, Kofi Annan, your UN Permanent Representative, your President, Prime Minister, and/or your elected representative in Parliament/Congress demanding UNSC action.
- Organize coffee hours/informational meetings to educate the general public about the situation in Burma.
- Form a caucus of likeminded colleagues that will advocate for UNSC action on Burma and to engage in continued advocacy actions on behalf of Burma’s people.
- Advocate for local government bodies (eg City Councils) adopt resolutions calling for action on Burma

ALTSEAN-BURMA

VISION

We are committed to a free and democratic Burma where all the people enjoy human rights in accordance with the principles of the Universal Declaration of Human Rights.

We are dedicated to the creation of a society of empowered individuals and communities in charge of their own destiny.

This can be realized through genuine national reconciliation, regional cooperation and mutual respect.

MISSION

We are a regional network engaged in advocacy, campaigns and capacity-building to establish a free and democratic Burma.

We work with the democracy movement and its supporters to produce resources and create opportunities for:

- Building and strengthening strategic relationships among key networks and organisations from Burma, ASEAN and the international community.
- Implementing innovative strategies that are responsive to emerging needs and urgent developments.
- Inspiring and building confidence for empowerment among activists, particularly women and youth from the different ethnic groups of Burma.

VALUES

Adherence to the fundamental principles of human rights guides all our actions. In striving for a free and democratic Burma we are committed to:

- Reform through non-violent means.
- Non-discrimination, particularly with regard to gender equality and ethnic diversity.
- Idealism in thought and realism in action.

We believe in the importance of education for the purposes of empowerment, especially for women.

We value creativity, innovation and adaptability in achieving our goals.

GOALS

- Contributing to efforts to achieve democratic transition in Burma.
- Advancing ASEAN reforms that will uphold democracy and human rights amongst members, particularly Burma.
- Contributing to a more effective regional Burma movement.
- Supporting meaningful participation of women and youth from Burma in the movement.
- Enhancing capacity-building programs to address the human resources and strategic needs of Burmese organizations.
- Promoting mutually reinforcing advocacy messages and strategies by the Burma movement.
- Consolidating and strengthening the effectiveness of the secretariat.
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Cover Photo 1 by Saw Bibi:
A billboard glorifies the Burma Army and links it to ASEAN (logo upper left),
March 27, 2000

Cover Photo 2 by the Free Burma Rangers:
An internally displaced woman flees Burma Army attacks