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Advancing the U.S.-Myanmar Relationship

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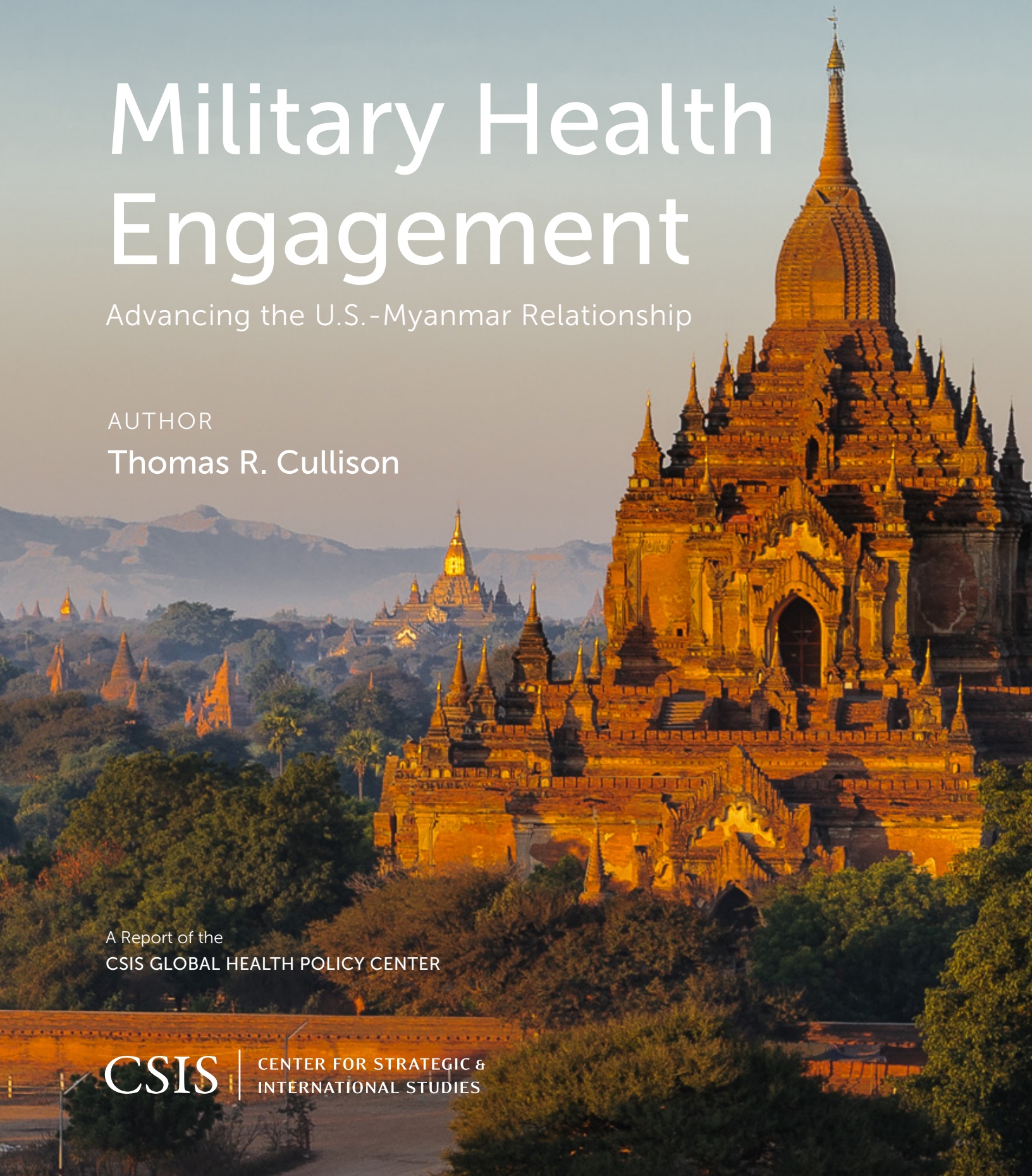

A Report of the
CSIS GLOBAL HEALTH POLICY CENTER

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Military Health Engagement

Advancing the U.S.-Myanmar Relationship

Thomas R. Cullison[1]

As Myanmar carefully navigates the most important time in its history since World War II, the United States–Myanmar (Burma) relationship is moving from distrust to normalcy. A professional understanding between the U.S. and Myanmar armed forces is fundamental to advancing the bilateral relationship. Collaboration between military medical professionals on health issues of interest to the Greater Mekong Region is a logical early step, particularly in this time of transition.

Guarded optimism returned in 2011 as President Thein Sein signaled a move to openness by releasing numerous political prisoners, removing several restrictions on civil society, increasing freedom of the press, and allowing open activity by opposition political parties.

The United States recognized these encouraging steps by appointing a U.S. ambassador to Yangon (Rangoon) in 2012, visits to Myanmar's capital Naypyitaw by Secretary of State Hillary Clinton in 2011 and President Barack Obama in 2012, and a White House Oval Office meeting between Presidents Obama and Thein Sein in 2013. Easing of economic sanctions in 2012 allowed importation of most Burmese products into the United States.

The 2012 parliamentary by-elections saw opposition leader Aung San Suu Kyi seated in parliament as her National League for Democracy (NLD) party won 42 of 45 contested positions. The November 2015 general election, an NLD landslide victory, was a watershed event for Myanmar. Parliament's transition from the military-backed Union Solidarity and Development Party (USDP) and the election by solid majority of NLD candidate Htin Kyaw as president are encouraging early signs for a peaceful future.

Concerns Remain

Many reservations persist in spite of these positive developments. Years of government repression, economic deterioration, international sanctions, and internal armed conflict raise reasonable doubts as to the durability of current changes. Military control over corporations representing major segments of the Burmese economy raise questions regarding economic freedom. Myanmar's historical relationship with North Korea, which is said to have cooled, still creates pause in considering military agreements.

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Continuous fighting between government forces and numerous domestic armed ethnic groups has persisted for over six decades. A cease-fire agreement between the Union government and 8 of the 15 major adversaries was signed on October 15, 2015. Although this is generally viewed as a positive step, several longstanding armed ethnic groups have yet to concur, including the Kachin and Wa who live along Myanmar's northern border with China. The hope is that a broad cease-fire agreement can be agreed to with subsequent political discussions representing all parties' interests.

The Rohingya people, a disenfranchised Muslim minority, have lived in Myanmar for generations, suffering egregious human-rights abuses that have drawn intensified global attention and criticism. Failure to address these concerns may well foster congressional opposition to further progress.[2]

Myanmar since World War II[3]

Since independence from Great Britain in 1948, Myanmar has experienced cycles of optimism and disappointment accompanied by political repression and economic stagnation. While events over the past five years suggest a positive future, a legacy of optimism quashed by repression looms in the shadows.

Although unified against British colonial masters, Burma's diverse population, including at least 135 recognized ethnic groups, could not agree on a political structure following independence. General Aung San, who led the struggle for freedom, brokered an agreement that a union would be formed allowing some regional autonomy and that certain areas representing large ethnic groups could opt for independence in 10 years. A representative government was established, yet national peace and unity was not realized. Stability was eventually maintained through military leadership leading to dictatorship from 1962 to 2011, formalized in the 1974 constitution that transferred power from the military to the People's Assembly, dominated by General Ne Win and other senior military officers.

Rapidly deteriorating economic conditions, resulting from sudden currency devaluation, led to nationwide protest demonstrations resulting in several hundred deaths in the summer of 1988. During these difficulties General Aung San's daughter, Aung San Suu Kyi, emerged as a national figure establishing the opposition NLD whose candidates overwhelmingly won elections held in 1990. Parliament was never seated, however, leading to a second reclusive dictatorial period under General Than Shwe beginning in 1992. Suppression of civil liberties; imprisonment of opposition figures, including Aung San Suu Kyi; regressive economic policies; ongoing internal armed insurrection; and diminished government funding of social services, particularly education and health, decimated Myanmar's social fabric and international standing.

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[2] House Resolution 418-Urging the Government of Burma to end the persecution of the Rohingya people and respect internationally recognized human rights for all ethnic and religious groups within Burma. 113th Congress (2013–2014), https://www.congress.gov/bill/113th-congress/house-resolution/418.

[3] For an excellent review of Myanmar's history from ancient times to 2007, see Thant Myint-U, *The River of Lost Footsteps* (New York: Farrar, Straus and Giroux, 2008).

In 2007, removal of governmental fuel subsidies sparked another series of protests dubbed the "Saffron Revolution" from the prominent involvement of Buddhist monks garbed in saffron-colored robes. Shortly thereafter a revised constitution was drafted containing two controversial sections, one reserving 25 percent of parliamentary seats military appointees and another effectively preventing Aung San Suu Kyi from becoming president.

Tropical cyclone Nargis, the worst natural disaster in Myanmar's history, struck the southern part of the country in May 2008 killing tens of thousands and leaving the already impoverished nation devastated. A national referendum approving the constitution was held a month later, even as many were attempting to recover and rebuild. Approximately two years later, newly appointed President Thein Sein announced the transition to openness discussed above.

Recent U.S.-Myanmar Military Relations

Positive professional interaction between the U.S. military and Myanmar's armed forces is necessary to further mature U.S.-Burmese understanding, yet for many reasons, contact between the two militaries is advancing at a slower pace than in diplomatic, development, and economic areas. Easing of economic sanctions and limited relaxation of prohibitions against military-to-military contact[4] provides a window for incremental progress. Examples of recent U.S. Department of Defense (DoD) official contacts include seminars led by the Defense Institute of International Legal Studies and the Daniel K. Inouye Asia Pacific Center for Security Studies. U.S. Pacific Command Deputy Commander LTG Anthony Crutchfield addressed staff and students of the Defense Services Academy, Myanmar's West Point equivalent.

A logical path for collaboration exists between military health professionals from both countries with proven expertise in combating infectious diseases. This is particularly pertinent regarding the emergence in the Greater Mekong Subregion of malaria parasites resistant to the most effective current treatment: artemisinin combination therapy (ACT). Direct engagement between U.S. and Burmese military health professionals would advance the fight against one of the world's greatest health threats while further building trust between the two nations.

[4] The 2015 National Defense Authorization Act, section 1253, allows military-to-military contact between the United States and Burma in the forms of (1) consultation, education, training on human rights, the laws of armed conflict, civilian control of the military, rule of law, and other legal matters; (2) consultation, education, and training on English-language, humanitarian and disaster relief, and improvements to medical and health standards; (3) courses or workshops on defense institution reform; (4) observer status to bilateral or multilateral humanitarian assistance and disaster relief exercises; and (5) aid or support in the event of a humanitarian crisis or natural disaster. See H.R.4435—Howard P. "Buck" McKeon National Defense Authorization Act for Fiscal Year 2015, 113th Congress (2013–2014), https://www.congress.gov/bill/113th-congress/house-bill/4435/text.

Health Engagement as an Enabler

Disease does not recognize international borders or political affiliation. It is in the mutual joint national interests of the United States and Myanmar to advance collaboration against shared health-security threats. Such collaboration presents a high likelihood of improving the lives of all Burmese citizens, lowering regional and worldwide risk of drug resistant malaria, and can be measured with concrete, quantifiable results. Collaboration between uniformed U.S. public health and tropical disease specialists with both civilian and military health officials in numerous nations has resulted in enduring professional relationships and personal friendships. Historically, military medical research initially undertaken to protect combat troops served as the foundation for public health efforts throughout the world. To this end, U.S. military health engagement programs are synergistic with ongoing civilian programs carried out by international organizations, national health and development agencies, nongovernmental organizations (NGOs), and other actors in global health.

Professional military collaboration of any kind between the United States and Myanmar must proceed with the goal of enhancing the overall relationship between the two nations. Realizing that some people in both countries might view such efforts as threatening the aspirations of one group or another, it is important that bilateral military health activities focus on topics viewed as significant to the whole of society. Recent inclusion of military medical representatives in broad health policy discussions supports this view.[5] Myanmar and U.S. military medical officers have met in neutral settings such as international professional medical meetings, disease-focused discussions sponsored by a third country, and events hosted by think tanks. Now is the time to collaborate in conjunction with efforts by civilian programs focused on diseases of worldwide concern.

Existing U.S. Military-Civilian Relationships

The U.S. Military Health System contains unique assets that regularly provide services of worldwide importance, yet are little known beyond their narrow sphere. Longstanding coordination and collaboration with the World Health Organization (WHO), national development agencies, major donors, and international NGOs[6] on international health issues have contributed to international disease control supporting peace and stability.

DoD overseas medical research laboratories have provided fundamental research supporting force health protection against infectious diseases throughout the world for over half a century. Working alongside host-nation military and civilian scientists and technicians, these laboratories have strengthened both health systems and U.S.

[5] AP, "Myanmar factions find common cause in fighting malaria," *Bangkok Post*, June 8, 2015, http://www.bangkokpost.com/print/646580/.

[6] Major development agencies and donors involved in HIV/AIDS and malaria research and treatment include, but are not limited to, the Joint United Nations Programme on HIV/AIDS (UNDAIDS), the Bill & Melinda Gates Foundation, the U.S. Agency for International Development (USAID), the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund), the Australian Agency for International Development (AusAID), Japan International Coordination Agency (JICA), and the UK Department for International Development (DFID).

relationships with host nations. Likewise, the U.S. Armed Forces Health Surveillance Branch Global Emerging Infections Surveillance and Response System (GEIS) has long been recognized as a major contributor to worldwide disease-surveillance efforts.[7]

While it is possible that military medical efforts within Myanmar are similarly coordinated with Ministry of Health, private, and NGO-supported health organizations, the degree that cross-government efforts are synchronized is not always clear to those outside the country from available sources.[8,9,10] Inclusive collaborations with the U.S. DoD would drive greater transparency in military medical contributions through the promotion of publications in international professional journals.[11] Reporting results of work by military teams in the context of internationally agreed metrics and goals complement other established programs such as those supported by major donors and development agencies.

- HIV/AIDS. Ambassador Deborah Birx, a retired U.S. Army Medical Officer, serves as the U.S. Global AIDS Coordinator. Based in the State Department, she oversees the President's Emergency Program for AIDS Relief (PEPFAR), organizing efforts of USAID, the Peace Corps, and the Departments of Defense, State, Labor, Commerce, and Health and Human Services. Close interagency collaboration, supported by common reporting metrics and fiscal oversight, is viewed as a model for future U.S. government health programs.

  In 2000, the HIV/AIDS pandemic was recognized as an international security threat. Militaries throughout the world are particularly impacted as the disease disproportionally affects young adults of military age. Concern in the United States for resulting devastation in developing countries, particularly in sub-Saharan Africa, led to President George W. Bush's 2003 announcement committing $15 billion over five years leading to creation of PEPFAR. At the same time it was noted "the uniformed militaries in sub-Saharan Africa face serious health threats, which have an effect on operational readiness and national security due to high rates of HIV

[7] James B. Peake, Stephen S. Morrison, Michelle M. Ledgerwood, and Seth E. Gannon, *The Defense Department's Enduring Contribution to Global Health: The Future of the U. S. Army and Navy Overseas Laboratories* (Washington, DC: CSIS, June 2011), http://csis.org/files/publication/110615_Peake_DoDOverseasLabs_Web_0.pdf.
[8] Myanmar National Strategic Plan on HIV and AIDS 2011–2015, http://www.jhsph.edu/research/centers-and-institutes/center-for-public-health-and-human-rights/_pdf/NSP%20Full%20Book%20Final.pdf.
[9] President's Malaria Initiative (PMI), *Greater Mekong Sub-region Malaria Operational Plan FY 2016* (Washington, DC: PMI, 2016), 71–114, http://www.pmi.gov/docs/default-source/default-document-library/malaria-operational-plans/fy16/fy-2016-greater-mekong-subregion-malaria-operational-plan.pdf?sfvrsn=4.
[10] Ministry of Health Department of Health Research (Lower Myanmar), Golden Jubilee Commemorative Volume (1963–2013), http://dmrlm.gov.mm/publication/Golden%20Jubilee/DMR-Golden%20Jubilee%20Commemorative%20Volume.pdf.
[11] See, for example, the following article authored by representatives of the Myanmar Ministry of Health and Defence Services Medical Research Centre: M. Adams et al., "An Ultrasensitive reverse transcription polymerase chain reaction to detect asymptomatic low density *Plasmodium falciparum* and *Plasmodium vivax* infections in small volume blood samples," *Malaria Journal* 14 (2015): 250, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4690410/.

infection among their personnel."[12] U.S. DoD efforts to combat HIV began in nine African militaries in 1999. This program expanded and was renamed the DoD HIV/AIDS Prevention Program (DHAPP), providing staff and materials to establish HIV/AIDS prevention capabilities in countries without them. It also coordinated access for military members to existing USAID, U.S. Centers for Disease Control and Prevention (CDC), and host-nation civilian-led HIV/AIDS programs. DHAPP has expanded to support HIV prevention, care, and treatment activities in 61 countries across the globe, including several in the Greater Mekong Subregion, positively impacting 4.8 million military members and at least as many dependent family members. There is growing evidence that this support also reaches numerous civilian communities that depend upon nearby military bases for health care services.

Of particular note, the first research effort demonstrating the possibility of a vaccine efficacious against HIV[13] was performed at the Armed Forces Research Institute of Medical Sciences (AFRIMS), a combined U.S. Army/Royal Thai Army facility that will soon celebrate its 55th anniversary in Bangkok.

- **Malaria.** The President's Malaria Initiative (PMI) was launched in 2005 as an interagency effort. The U.S. Global Malaria Coordinator, retired U.S. Navy RADM Timothy Ziemer, housed in the U.S. Agency for International Development (USAID), is charged with "coordinating the provision of assistance (against malaria) by working with relevant . . . agencies, including, The Department of State (including the Office of the Global AIDS Coordinator); the Department of Health and Human Services; the Department of Defense; and the Office of the U. S. Trade Representative."[14]

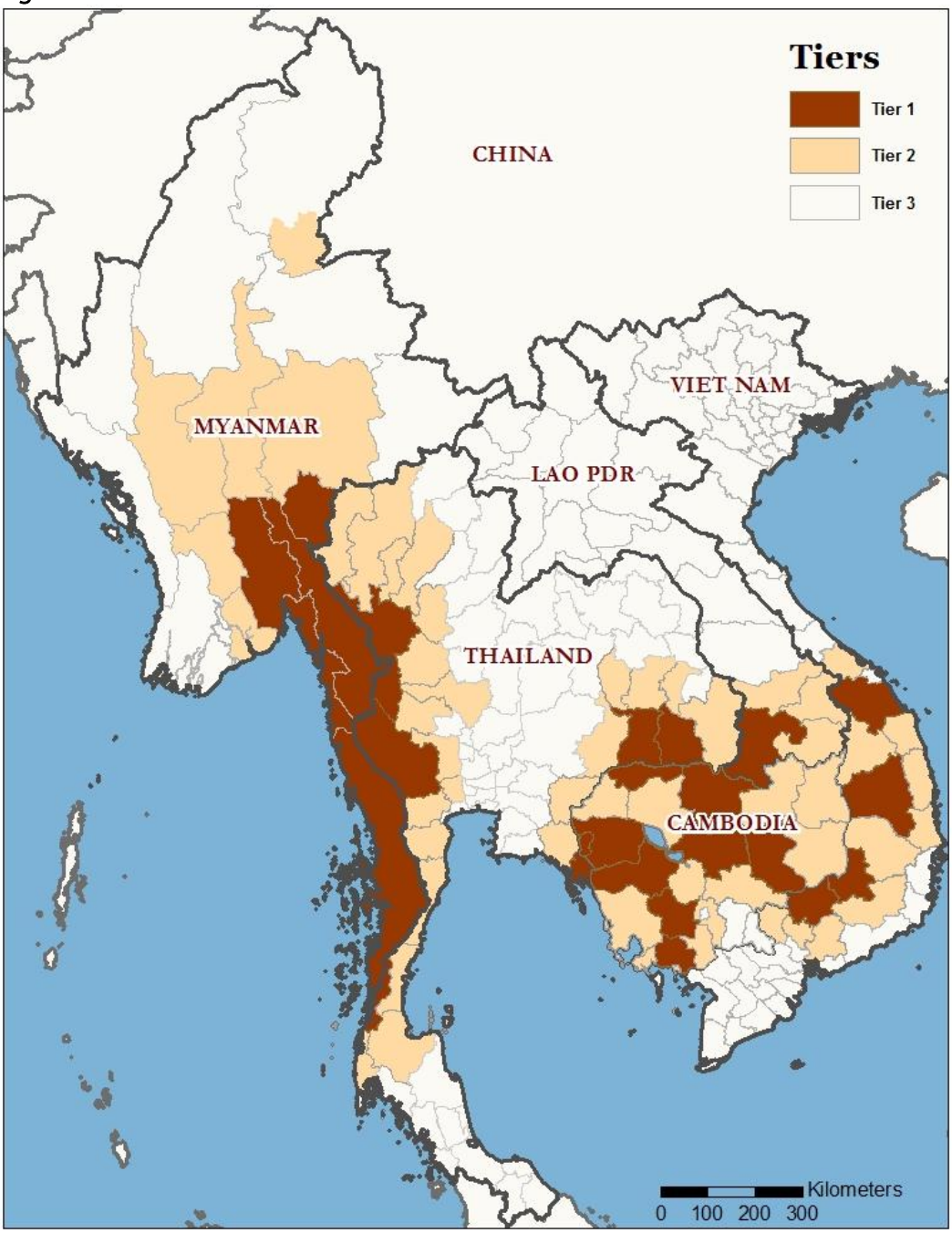
  During the Second World War Pacific Campaign GEN Douglas MacArthur lamented, "This will be a long war, if for every division I have facing the enemy, I must count on a second division in the hospital with malaria, and a third division convalescing from this debilitating disease."[15]

Military medicine has a long, proud history of leading basic and applied research, leading to malaria treatment modalities. Highly respected military laboratories in the region have been involved in this work for half a century including AFRIMS, the U.S. Naval Medical Research Center–Asia (NRMC-Asia) headquartered in Singapore, the Australian Army Malaria Institute housed in Brisbane, and the Myanmar Defense Services Medical Research

[12] Department of Defense HIV/AIDS Prevention Program (DHAPP), *The First Four Years: A Synopsis of the Global Effort* (Washington, DC: DHAPP, June 2005), http://www.med.navy.mil/sites/nhrc/dhapp/countryreports/Documents/fouryear/FirstFourYears.pdf.
[13] Nicos Karasavvas et al., "Vaccine Trial (RV144) Regimen Induces Antibodies That Target Conserved Regions within the V2 Loop of gp120," *AIDS Research and Human Retroviruses* 28, no 11 (November 2012): 1444–57.
[14] Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, H.R. 5501, 110th Congress (2008), https://www.govtrack.us/congress/bills/110/hr5501/text.
[15] P. Russell, *Communicable Diseases: Malaria*, vol. VI of *Preventive Medicine in World War II*, ed. J. B. Coates Jr. (Washington, DC: Office of the Surgeon General, Department of the Army, 1963), http://history.amedd.army.mil/booksdocs/wwii/Malaria/DEFAULT.htm.

Centre located near Naypyitaw. This is particularly important in the face of artemisinin-resistant malaria, which threatens the effectiveness of the first line of antimalarial treatment worldwide.[16] This form of malaria appeared initially in various parts of the Greater Mekong Region, including the Thailand-Myanmar border region (Figure 1).

Figure 1. Areas of Artemisinin-Resistant Malaria



Source: WHO Global Malaria Program, "Status report on artemisinin resistance," September 2014, 8, http://www.who.int/malaria/publications/atoz/status-rep-artemisinin-resistance-sep2014.pdf.

[16] J. Christopher Daniel, *Drug-Resistant Malaria: A Generation of Progress in Jeopardy* (Washington, DC: CSIS, November 2013), http://csis.org/files/publication/131107_Daniel_DrugResistantMalaria_Web.pdf.

This presents an obvious risk to those in the immediate area, but also to malarial areas throughout the world, particularly sub-Saharan Africa, should this strain spread beyond its current location. WHO released its Emergency Response to Artemisinin Resistance framework in April 2013 initially focusing on *containment* within affected areas. The WHO recently recommended abandoning the containment strategy and instead in May 2015 the World Health Assembly endorsed a campaign to *eliminate* malaria from the entire region.[17] Regional heads of state gathered at the 2015 East Asia Summit endorsed malaria elimination by 2030.

The location of this threat along border regions creates social and political challenges at least as difficult as the scientific and public health hurdles. Success requires collaboration by all involved parties to treat and prevent the disease among all people involved. The affected area is one undergoing economic growth and political evolution. Unfortunately this region also contains ongoing armed conflict, longstanding refugee camps, transient workers regularly crossing borders, and various legal and extralegal economic activities, all of which combine to complicate efforts to fight the disease.

Recommendations

Military medical collaboration between the Myanmar and the United States is a fundamental early step toward advancing a professional understanding between the two militaries. This should start with imminently justifiable topics such as basic science research, infectious disease surveillance, medical education, and health aspects of humanitarian assistance and disaster relief. More unique military medical issues can be included as the relationship matures.

- Basic Science Research. Collaboration between military researchers of the Myanmar Defense Services Medical Research Centre, AFRIMS, and NMRC–Asia, as all are studying topics vital to regional solutions for drug-resistant malaria and HIV/AIDS. Although occasional interchanges have occurred in scientific meetings and other neutral venues, no known continuity exists as with other Mekong countries.[18]

- Military Health Education. The U.S. Uniformed Services University of the Health Sciences (USUHS) and the Myanmar Defence Services Medical Academy (DSMA) share the common mission of preparing health professionals for their respective armed forces. Both institutions adhere to their respective national standards for curriculum, accreditation, and professional licensing, which are established by nonmilitary health and education agencies. Great interest exists in both countries

[17] World Health Organization, *Global Technical Strategy for Malaria, 2016–2030* (Geneva: WHO, 2015), http://www.who.int/malaria/areas/global_technical_strategy/en/.

[18] For example, AFRIMS researchers have conducted clinical research and surveillance activities in western Cambodia since 2003. Following the first study to document artemisinin resistance in 2008, subsequent research has focused on determining optimal dosing strategies for the artemisinin component of ACTs, and assessing treatment responses to first-line ACTs in Thailand and Cambodia. AFRIMS is currently partnering with Cambodia's National Centre for Parasitology, Entomology, and Malaria (CNM) and the Royal Cambodian Armed Forces to improve capabilities to identify and treat malaria in the military sector.

for increased interaction such as professorial exchanges, seminars, and nondegree short courses on a wide range of health subjects.

- **Humanitarian Assistance and Disaster Relief.** Participation by Myanmar military professionals in humanitarian assistance and disaster relief engagements and courses provide opportunities for both formal and informal discussions on myriad public health and clinical topics related to disaster medicine. Inclusion in humanitarian assistance in neighboring Mekong nations such as the U.S. Navy's Pacific Partnership series, U.S. Air Force Pacific Angel, and disaster response events within established exercises such as Cobra Gold can set the stage for future, more-direct bilateral events.

- **Unique Military Health Issues.** Overall U.S. military health capabilities are unequalled by any other nation's armed forces, particularly in industrial hygiene, preventive medicine, infectious disease, and combat trauma. The United States also leads in military-specific areas such as combat stress, aerospace medicine, aeromedical evacuation, undersea medicine, and field medicine. However, all nations are more knowledgeable of local conditions and application of general principles within their country. The expanding role of female military members in both countries provides an opportunity for collaboration on women's health issues in the military environment and broader Women, Peace and Security engagement.

Conclusion

Myanmar's move to a more open society is broadly welcomed. Progress will likely mimic the flow of the Irrawaddy, its central river, which courses through innumerable bends and curves from the Himalayas to its ultimate destination in the Andaman Sea. Building trust between United States and Myanmar's armed forces will likely also be circuitous, requiring careful thought, patience, and flexibility. Combining efforts against major regional and international health threats seems a logical place to begin.

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