

Myanmar: Exploiting lessons learnt in the Middle East



JAMES M DORSEY

DEMONSTRATING for the third week their determination to force the country's military to return to its barracks, protesters in Myanmar appear to be learning lessons from a decade of protest in the Middle East and North Africa. By the same

token, Myanmar's protesters, in stark contrast to public silence about the military's brutal repression of the Rohingya minority in recent years, seem to want to forge a national identity that supersedes past emphasis on ethnicity and/or religion.

In doing so, they, like their counterparts in Lebanon and Iraq, reject sectarian policies that allowed elites to divide and rule and distract attention from economic and social grievances held by all segments of the population.

As they resist the military's February 1 coup that nullified a democratic election won in November in a landslide by Aung San Suu Kyi's National League for Democracy (NLD), because of alleged electoral fraud, protesters confront many of the same obstacles that demonstrators in Thailand, Turkey, Sudan, and Algeria face.

The ability to address desperately needed reforms with a buy-in from the military will shape a return to democracy and the sustainability of the transition. Taking military concerns into account, reforms will have to include civilian control of the military, defining the military's mission in national defence rather than ideological terms, and regulating the armed forces' vast economic interests.

The Middle East and North Africa provide cautionary tales like Egypt that, eight years after a coup, has become a brutal dictatorship and Libya, Syria and Yemen that are wracked by war, as well as potential models, which would serve Myanmar's democratisation well.

Tunisia, the one Arab country to have pushed political transition relatively successfully, was able to do so because Zine El Abidine Ben Ali, the Tunisian autocrat who was overthrown in 2011, had ensured that the military had no vested interest in the country's political system. He decimated the military leadership, severely cut the budget of the armed forces early on in his 24-year rule and sidelined the military, relying instead on security forces and law enforcement. As a result, the military effectively stood aside when protesters staged mass anti-government demonstrations.

The positioning of Tunisia's armed forces may not offer Myanmar immediate options, but it highlights the need for a military that

understands itself as a national institution rather than a party with vested political and economic interests.

Of more immediate importance to Myanmar is the fact that Mr Ben Ali as well as the leaders of Egypt, Libya and Yemen were toppled by an informal alliance between civil society and either factions of the military or the armed forces as a whole. They shared a short-term interest in removing the incumbent from power. The same is true for Southeast Asia's people power revolts in the Philippines and Indonesia in the 1980s and 1990s. In Myanmar, it was the military that opted for a degree of political liberalisation following decades of intermittent mass protest.

It took Tunisian civil society's engagement with the security forces as well as other segments of society and the existing power structure to nurture the democratisation process. By contrast, the process was derailed in much of the Middle East by a post-revolt breakdown of the alliance, often aggravated and/or manipulated by external forces.

The Tunisian approach enabled all parties to manage the inevitable divergence of interests once Mr Ben Ali had been toppled, juxtaposing civil society's quest for wholesale political and economic reform with the security forces' insistence on the preservation of their economic and political interests and rescue of as much of the ancient regime as possible.

In Tunisia, like in other post-revolt countries, the divergence kicked in the moment the incumbent was removed. The Middle East and Southeast Asia's experience demonstrates that the pitfalls are embedded in the compromises made to establish a

transitional government. Inevitably, the military and/or security forces either constitute the transition government or are a powerful part of it. Their track record is one of taking liberties in protecting their interests.

Like in Myanmar this month, the military crosses red lines when the transition endangers those prerogatives. Learning how to counter the pitfalls of perilous but inevitable cooperation with at least segments of the military and/or security forces is a work in

progress. Turkey provides a different set of lessons. President Recep Tayyip Erdogan's turn towards repression and authoritarianism in the wake of a failed military coup in 2016 suggests that civilian control does not offer a magic wand even if the takeover was foiled by protesters who set aside their social, ideological, and political differences.

There is, moreover, a reason to believe that Mr Biden will be truer to his pledge because it is key to US efforts to repair the credibility and reputational damage suffered by the United States because of Mr Trump's America First policy, disdain for multilateralism, international institutions and international law, empathy with autocrats, as well as disregard for human rights.

Playing into Mr Biden's emphasis on human rights is the fact that the Myanmar protests, like in Lebanon and Iraq, appear to have broken down ethnic and religious fault lines. Yangon's usually hidden Rohingya community has openly joined the protests four years after detained democratically

elector Myanmar leader Aung San Suu Kyi stood by and later defended the military's ethnic cleansing of the Rohingya—more than 700,000 of which fled to Bangladesh.

The Burmese who in recent years used Twitter to attack and threaten Rohingya activists living in exile have apologised since the February coup, recognising that military rule poses a threat to all.

Political transition, like reconciliation, is a long-drawn-out process that can take up to half a century to play out. It is a process of two steps forward and steps backwards as Myanmar is discovering now. The Myanmar military understands that tacit Russian and Chinese support may not be as much of a lifesaver as it was in the past. That may explain the military's reluctance to crush the protests even if the likelihood of an imminent crackdown is high.

If the experience of Egypt is anything to go by, the military can brutally suppress and keep a lid on unrest for a period of time. It may preserve the military's interests for a while, but it cannot provide sustainable economic solutions or ensure stability.

In contrast to Egypt, protesters in Myanmar have the advantage that they are demanding recognition of a current election outcome that could put a new government in a position to redefine the role of the military and regulate its economic interests. Based on the experience of Egypt, one core bone that the government would likely have to throw the military is immunity against prosecution for past crimes. That may be a bitter pill to swallow and violate principles of truth and accountability as an important pillar of transition.

As Egypt demonstrates, it offers no guarantee of keeping the military in its barracks. But it may be the carrot that helps entice the military to make the concessions needed for a democratic transition.

For now, Myanmar cries out for non-partisan independents capable of helping the military and the protesters to back away from a zero-sum game that seems destined to result in bloodshed. That is likely to prove a gargantuan task as Indonesian Foreign Minister Retno Marsudi spearheads efforts by the Association of Southeast Asian Nations (ASEAN) to mediate a way back from the brink.

In the words of former International Crisis Group Myanmar analyst Morten B. Pedersen, "when a military obsessed with order and stability... confronts an essentially leaderless popular movement driven by youthful anger and shattered hopes, compromise is perhaps the hardest thing of all."

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Protesters take part in a demonstration against the military coup in Myanmar's second-largest city Mandalay, on February 22, 2021.

PHOTO: AFP

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Rather than being on their own, the protesters benefit from being at the forefront of a wave of defiance and dissent that, for the

Goal 16 and Bangladesh's target to fulfil the requirements of the United Nations' Convention on the Rights of Persons with Disabilities

During the Covid-19 pandemic, persons with disabilities have been dealt the worst blow imaginable. These people are more prone to being affected by Covid-19 given their health conditions (WHO, 2020), and require special medical attention compared to the non-disabled population in some cases. However, due to fear, the lockdown, and mobility restrictions, it has been almost impossible for them to visit healthcare facilities and seek basic healthcare, let alone any special services. As one respondent with physical disability said, "The hospital is so far away and there are no transports also. I can't walk this far, so I decided to stay at home and use homegrown remedy for my pain."

True, Bangladesh has made significant progress in healthcare services, especially in the primary and secondary tiers, providing free services, medicines and low-cost diagnostic services. But attention must also be given to the demands of the vulnerable population. Restructuring the public healthcare facilities to make them more accessible, ensuring inclusive services at all levels and designing inclusive emergency response plans in crisis situations like Covid-19 are some of the reforms that must be made on an urgent basis.

Among other recommendations made by the BRAC study are: i) to ensure that a component on disabilities is included in the curriculum of the MBBS; ii) to focus on ensuring the standard AAAQ (availability, accessibility, acceptability and quality) framework while delivering services and interventions related to SRHR of persons with disabilities; iii) to procure disability-friendly medical equipment (examination bed, delivery bed, weight machines, etc.) at all levels of public healthcare facilities; and iv) to strengthen cooperation and coordination between the Department of Public Health Engineering, the DGHS and DGFP to ensure accessible and inclusive infrastructure at public healthcare facilities, in accordance with the guidelines for Universal Accessibility under the Building Code (as updated in 2020).

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Make healthcare more accessible for persons with disabilities

ADITY SHAYONTONY DAS

"THE fear of climbing the stairs at the healthcare facility made me deliver my two children at home," said Selina (not her real name), who had one of her children at a nearby healthcare facility. The experience was a "nightmare", she recalled. Selina, who has a long-term physical disability, hasn't visited that facility ever since, and instead decided to opt for a non-institutional delivery for her future children.

There are many more persons like Selina who drop from the institutional healthcare systems due to their lack of disability-friendly services. In Bangladesh, almost 11 million people experience some form of disability. Despite the gaps in the healthcare needs and services present for this vulnerable population, little evidence has been generated which can be used to initiate policy reforms and/or produce effective strategies, due to the stigma and neglect surrounding persons with disabilities.

BRAC James P Grant School of Public Health (JPGSPH) is one of the schools at BRAC University that is well-known for its quality public health education and research. It has always been keen to explore the unique aspects of livelihoods and health of the vulnerable populations of the country. This time, the aim was to explore the realities of persons like Selina and bring out their experiences and expectations. To that end, a nationwide mixed-method study was conducted by the school in which 5,000 people with disabilities were interviewed. Funded by the Royal Embassy of the Kingdom of Netherlands, the study sought to explore the knowledge, stigma, biases, economy and practices revolving around the sexual and reproductive health and rights of persons with disabilities. Key stakeholders like healthcare providers, policy makers and social activists who are in charge of producing policy reforms were also interviewed to identify scopes of improvement.

Some of the major findings included the lack of inclusive infrastructure in the primary and secondary healthcare facilities, which directly impacts the health-seeking behaviour of persons with disabilities. According to the Rights and Protection of Persons with Disabilities Act 2013 and Bangladesh Building Code, there are policies in place that focus on ensuring inclusive infrastructure in all

public places. However, progress in this regard seems to be slow, as mentioned by the survey respondents.

Upon discussion with the policy makers, it has been revealed that the policy is intact and very much in the priority of the concerned bodies. Progress has been made in Manikganj district; however, it will take time and resources to restructure the existing healthcare facilities all over the country. Lack of inclusivity in training of the medical professionals and, therefore, services is also a factor that prevents persons with disabilities from seeking care, even during emergencies, which creates severe complications for them.



PHOTO: KAZI TAHSIN AGAZ APURBO

Restructuring public healthcare facilities to make them more accessible for persons with disabilities is vital.

For example, a medical officer at an Upazila Health Complex in Chattogram said, "A patient came two days back, his leg was in a bad condition, the infection had spread and I could not help but refer him to a hospital. His leg might have to be amputated. He is already visually impaired."

Some of the common phrases that came out of our interviews of persons with disabilities are—"who will see us?", "whatever luck there is", and "this is how we have to live now". The disbelief

There are no separate queues for persons with disabilities, no recourse to sign language at the chambers of healthcare providers, and no privacy in most of the primary and secondary healthcare facilities.

and feeling of neglect prevalent among these people are demonstrative of the precarity of their existence. Often, families find it difficult to help them seek a service because the question—"do you know how much hassle I have to go through?"—remains unanswered.

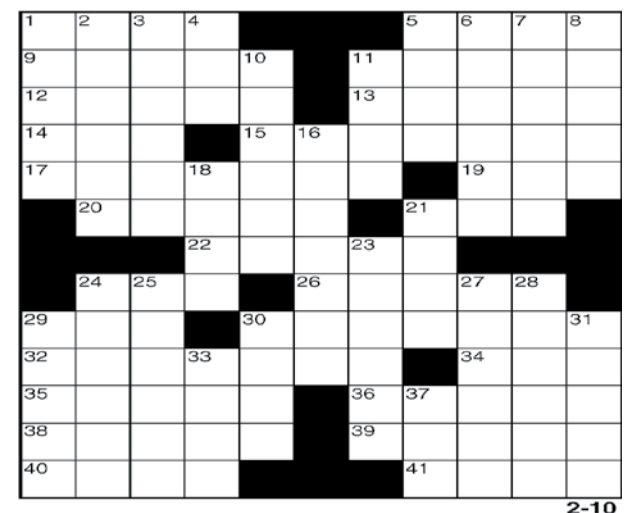
There are no separate queues for persons with disabilities, no recourse to sign language at the chambers of healthcare providers, and no privacy in most of the primary and secondary healthcare facilities. When enquired about their knowledge of respectful healthcare services, most of the healthcare providers in the primary and secondary level hospitals reported to have known about it, but often that doesn't translate into practice, especially when it comes to persons with disabilities. One respondent who suffered from a physical disability told us, "I went to the hospital and the doctor said, 'Why did you get pregnant again?' I didn't know how to react to that behaviour."

One official at the Ministry of Health and Family Planning rightfully pointed out about the inclusion of "disability" in the healthcare education curricular. In her opinion, if medical students are taught to look at disability beyond a medical perspective—that is, taking into account the personal and social dimensions of persons with disabilities—then they will be able to provide better services in their practicing careers. The healthcare system will also benefit from timely training of the existing medical officers at all levels—which involves communicating with persons with disabilities, how to treat a person with disability, ensuring respectful healthcare for all, etc.—in line with the Sustainable Development

CROSSWORD BY THOMAS JOSEPH

- | | | |
|---|-----------------------|----------------------------------|
| ACROSS | 30 Lost one's footing | 8 All set |
| 1 Gum masses | 32 Cut, as roses | 10 Tyrant |
| 5 Fight memento | 34 Apiece | 11 Glided |
| 9 "— the news today..." (Beatles lyric) | 35 Choir member | 16 You can spy through it |
| 11 Sleep sound | 36 Undermine | 18 Book basis |
| 12 On-ramp sign | 38 Atlanta school | 21 Hold tightly |
| 13 George W.'s wife | 39 Rx amounts | 23 Omitted, phonetically |
| 14 School org. | 40 Quite uncommon | 24 Movies |
| 15 Passed over | 41 Hotel units | 25 Key of Chopin's "Winter Wind" |
| 17 Sent | DOWN | 27 Stand against |
| 19 Place down | 1 Pushovers | 28 Like ranked players |
| 20 Bronze or brass | 2 Singer Franklin | 29 Fall flower |
| 21 Munich lang. | 3 Foul up, as plans | 30 Agile |
| 22 Different | 4 Slump | 31 Attire |
| 24 Manx, for one | 5 Ginger cookie | 33 Skin opening |
| 26 Mish-mashes | 6 Twosome | 37 Hold up |
| 29 Objective | 7 Unpaid debt | |

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YESTERDAY'S ANSWERS

H E A V E S L I M O
 A L B E R T E D E N
 S I E R R A L E O N E
 S O B E R
 S P U R M E T S
 G O E S B O D I E S
 A R T T A N T A P
 S E A B E D W A R Y
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