



# Violence Against or Obstruction of Health Care in Myanmar

February-September 2021

26 October 2021

On February 1, 2021, the Myanmar armed forces (known as the Tatmadaw) seized control of the country, following a general election that the National League for Democracy party won by a landslide. The military-run State Administrative Council (SAC) has targeted doctors and other health workers for taking a leading role in the nationwide Civil Disobedience Movement (CDM).

Doctors and nurses have been served with warrants and arrested, health workers have been injured while providing care to protestors, ambulances have been destroyed, and health facilities have been raided. Now, nine months into the coup, the emergency in Myanmar has evolved into a protracted crisis; the violence against health care workers continues as part of the military’s offensive against anti-coup movements, and civilians’ access to health care is becoming increasingly compromised.

This document is the result of collaboration between **Insecurity Insight**, **Physicians for Human Rights**, and the **Johns Hopkins Center for Public Health and Human Rights** as part of the **Safeguarding Health in Conflict Coalition** (SHCC).

It discusses reported incidents of violence against health workers, facilities, and transport in Myanmar between February 1 and September 30, 2021 to highlight the impact on the health system as a whole. It further includes personal testimonies by nurses on how the conflict is impacting them and analysis on the security situation for aid organizations working there. It does not include information on violence against patients.

The incidents referred to are based on the dataset **01 February - 30 September 2021 Violence Against Health Care in Myanmar Data**, which is available on the **Humanitarian Data Exchange** (HDX).

## REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

						
<b>297</b> REPORTED INCIDENTS	<b>210</b> HEALTH WORKERS ARRESTED	<b>87</b> RAIDS ON HOSPITALS <sup>1</sup>	<b>56</b> MILITARY OCCUPATIONS OF HOSPITALS	<b>40</b> HEALTH WORKERS INJURED	<b>29</b> HEALTH WORKERS KILLED	<b>25</b> INCIDENTS IMPACTING COVID-19 RESPONSE MEASURES
Source: 01 February - 30 September 2021 Violence Against Health Care in Myanmar Data						

[DOWNLOAD DATASET ON HDX](#)



## **THE INCIDENTS DOCUMENTED HERE HIGHLIGHT CONCERNS OVER:**

- **Access to health care is being severely impacted as part of the Myanmar military's blanket offensive against the anti-coup movement.**
- **Health workers are targeted: they are intimidated, arrested, and prevented from caring for those injured in the course of political violence and the growing conflict.**
- **There are widespread interruptions to health care training.**
- **Health supplies are confiscated, critically affecting COVID-19 treatment and oxygen supplies during the third wave (which spiked between June and August 2021).**
- **Transport routes are blocked and aid agencies are prevented from reaching people in need.**
- **Health workers across Myanmar face a series of restrictions.**
- **Patients are blocked from accessing health care.**
- **State and non-state actors continue to use explosive weapons at or near health care facilities.**
- **Professional health care standards are at risk.**
  - **Threats and violence from state and non-state actors have made health workers fearful of providing care.**
  - **Health workers are forced to provide care clandestinely and in conditions inadequate for medical care, such as makeshift clinics in harsh jungle settings, underground facilities that are subject to frequent raids by security forces, and curfews imposed through martial law that prevent critical in-patient care and follow up.**
  - **Medical shortages, power outages, and intentional destruction and disabling of general infrastructure jeopardize the proper operation of health facilities and put patients' lives at risk.**

## **NOTABLE DEVELOPMENTS SINCE LAST REPORT**

### **Violations of medical neutrality for political ends**

- **Health facilities are used to arrest civilians suspected of participating in the anti-junta movement**

On August 4, an elderly pro-democracy activist was arrested by SAC forces at a COVID-19 vaccination center. He reportedly received a call that he was eligible for the vaccine, and was instructed to travel to the vaccination center. On arrival, he was charged with violation of Penal Code 505(a) (see below) and remains detained in Yangon.

- **Health care is denied to health workers and people in detention**

On August 8, a well-respected surgeon and lecturer from the Mandalay University of Medicine died from COVID-19 after timely medical care was withheld from him for more than two weeks. He was detained by junta forces for his affiliation with the Civil Disobedience Movement and was held in an interrogation center, where he contracted the virus.

#### **i Penal Code 505(a)**

Any attempt to "hinder, disturb, damage the motivation, discipline, health and conduct" of military personnel and government employees and cause their "hatred, disobedience or disloyalty toward the military" is punishable by up to three years in prison. Use of the code is widespread, and a majority of those who are suspected of or found to be supporting CDM have been arbitrarily charged with 505(a).

- **Health workers are targeted for providing care**

Many health workers and volunteers who provided medical care to those injured during protests have been arrested or have been issued with arrest warrants. As many as 400 doctors and 180 nurses have been issued arrest warrants. Some of those arrested have been coerced into confessing to falsified charges, such as possession of weapons or links to anti-junta terrorism.

- On August 19, a volunteer providing free oxygen concentrators to COVID-19 patients was arrested at her home in Yangon by 20 armed security forces. She was accused of terrorism and had her phones and laptops confiscated.
- On September 25, a doctor and nurse in Yangon were dragged from their apartments in the middle of the night by armed SAC forces and were tortured and killed. Both health workers had volunteered to treat COVID-19 patients and were involved in the CDM. The military has portrayed the incident as a firefight between SAC and the People's Defence Force. However, footage of the incident captured by a bystander is inconsistent with this story.

### **Widespread interruptions to health care training**

The February 2021 coup ended the previous government's drive to improve the professional skills of nurses. In 2018, the Ministry of Health and Sports started a program to train more nurses and annual intakes into nursing courses doubled. Nurses with basic qualifications were offered additional courses to expand their professional education. Following the coup, nursing courses were shut down. Arrest warrants were issued against many who worked to improve professional standards for nurses.

Similar interruptions have been seen across the medical and public health higher education sector, as the junta seeks to prosecute prominent heads of many health departments across the country. Notable figures include Dr. Zaw Wai Soe, rector of the University of Medicine 1, Yangon; the minister of health for the junta-opposing National Unity Government; Dr. Maw Maw Oo, professor and head of emergency medicine at the University of Medicine 1, Yangon; and Dr. Thet Htay of the University of Medicine, Mandalay, who had been training medical students whose programs had been interrupted due to the coup.

### **The COVID-19 response was affected**

- On August 26, an NGO volunteer with a COVID-19 relief organization was arrested by SAC forces while retrieving oxygen for COVID-19 patients in Sagaing region. He was beaten during his arrest.
- On September 8, two NGO ambulances were confiscated and four aid workers arrested by SAC forces during a raid on the organization's office in Yangon. The organization is involved in distributing face masks and disinfectants and transporting patients with COVID-19.
- At least 43 in-country pharmaceutical warehouses were closed, per SAC directives. In response, wealthy citizens hoarded the immunosuppressive Tocilizumab and antiviral Remdesivir medications, resulting in egregious price hikes, exacerbating inequities in access, and giving rise to a black market for COVID-19 drugs and vaccines as ordinary citizens struggled to procure them.
- Unethical conduct was reported in the junta's COVID-19 vaccine distribution campaigns. Members of the military who were due to receive approved, licensed vaccines were reportedly enrolled in Phase 3 trials of the Covaxin vaccine without their prior consent/knowledge.

## **Transport routes are blocked and aid agencies are prevented from reaching people in need**

- Relief agencies have reportedly been unable to access camps for people internally displaced (IDPs) by the conflict since the third COVID-19 wave in Myanmar.
- The UNHCR was blocked in Mindat (Chin State).
- Similar obstructions were reported in IDP camps and other makeshift shelters across the country, including Kachin, Karen, Kayah, and Rakhine states, and Magway, Sagaing, and Tanintharyi regions.

## **Health workers across Myanmar face a series of restrictions**

- On August 2, it was reported that the military General Administration Department ordered village leaders in Hpa-An township, Karen state, to record the names of all health personnel within their areas. All physicians were restricted from leaving their township without the permission of the administration.
- On September 6, the junta discharged 234 staff from its reinstated Ministry of Health who were jointly employed by UN and INGOs on national public health projects. Reasons for dismissal included failure and refusal to report for duty, and working from home.
- Health workers frequently report that, following heavy clashes along the border areas, police carry out next-day searches for those who care for the wounded.

## **Patients are blocked from accessing health care**

- On August 14, a military road blockade prevented patients at the Paletwa Township People's Hospital in Chin from travelling to receive specialist care.
- Displaced pregnant women at the Pi Pin Yin and Sin Baw Kaing IDP camps in Rakhine state have been unable to receive basic obstetric health care since June. Similar accounts have been reported by civilians and attending medical personnel serving IDPs in Chin, Karen, Kayah, and Shan states.

## **State and non-state actors continue to use explosive weapons at or near health facilities**

- On August 8, the Myanmar military fired shells near a COVID-19 clinic in Kachin state, disrupting treatment.
- On September 22, a car bomb exploded outside the Public Hospital in Mandalay region, killing one person and injuring two others. SAC forces have reportedly occupied the hospital for several months.

## **ANALYSIS**

- Through persistent attacks on health workers, the junta has weakened access to medical care in Myanmar. The health sector is unable to adequately provide care to civilians seeking medical attention, and, conversely, civilians are often restricted to junta-run care facilities which they strongly distrust.
- With medical supplies now scarce as a third wave of COVID-19 hits, the junta is denying or obstructing medical care to civilians, diverting it to military personnel instead. This reinforces to the civilian population that the military will focus support on those who are allied with it rather than those who oppose it, and contributes to community fear-mongering that the junta is actively weaponizing COVID-19 to destroy the opposition.
- The NUG's September 7 call for a "people's defensive war" has led to an increase in fighting in the borderlands, so aid organizations and health care providers – seen as siding with the NUG and other opposition groups – are likely to continue being targeted by the military's ongoing violence to quell the protests, with further arrests and attacks of health care workers highly likely.

## **“WE JUST WANT TO GIVE CARE TO OUR PEOPLE.”**

These personal testimonies on how the conflict is impacting Myanmar’s nurses and their health care colleagues were collected by Insecurity Insight with support from **Tropical Health and Education Trust** (THET) in September 2021. The nurses wish to remain anonymous.

### **Nurses are fearful of providing care**

Nurses in Myanmar find it increasingly difficult to work in a climate of fear. Distrust among staff and patients is growing in many health facilities; much of this is due to an increase in junta-aligned civilian informants (known locally as “dalan”), who are employed by the SAC to extend its surveillance over the populace and persecute any individuals suspected of opposing the military. Nurses fear that colleagues may file reports and that government agents may pose as patients and enter facilities to collect information on patients and health workers with links to the opposition movement. They also fear that government agents may come and confiscate vital equipment and punish nurses who provide care.

**“We are not criminals. We are caring and compassionate nurses who want to help reduce pain and suffering. We just want to give care to our people.” [Anonymous nurse A]**

### **Medical shortages and power outages are putting patients’ lives at risk**

Health workers report extremely difficult working conditions in areas not under the full control of the junta. In the border areas, where representatives of the National Unity Government (NUG) are present, the military regularly cuts electricity as a means of fighting the opposition. There is a severe shortage of medical equipment. Shops selling oxygen supplies were shut during the third wave of COVID-19 that began in early July. Supply routes into the border areas are closed. Some health workers from across Myanmar have joined the medical teams in these border areas, but the basic infrastructure is very poor: at times, health workers sleep without shelter in the forest.

### **Clandestine medical care**

Many health workers against whom arrest warrants were issued are currently in hiding. Some provide care clandestinely, either in urban centers or the border areas. They live in constant fear of arrest, which affects their mental health.

Hospitals have been set up in private homes or monasteries. A network of doctors and nurses provides care and organizes transport from operating theaters to recovery centers while support teams bring in food and help with the difficult purchase of instruments and drugs. Supplies have to be ordered in piecemeal ways from different suppliers and smuggled into the makeshift health centers.

**“This is not the first time in our history that we suffer from dictators. Back then, we couldn’t let the world know what was happening. Today, we are globally connected and want to raise our voices. We don’t want our country and health system to deteriorate. It is our human right to speak out and say where we stand on this.” [Anonymous nurse B]**

### **Professional standards at risk**

Conditions brought about by the coup have threatened efforts by health care educators to improve nursing skills in Myanmar and boost the country’s health system. To counter this, individuals committed to continuous learning and improving nursing skills have set up clandestine teaching groups. As many health care instructors have been issued arrest warrants, face-to-face teaching is difficult. As lecturers went into hiding and health care students dispersed across the country following the closure of the courses, clandestine courses are now taught via the internet. However, internet access has been cut in some areas, making online teaching very challenging.

**“We demand the freedom to improve health systems and develop our country.” [Anonymous nurse C]**

## RECOMMENDATIONS

Over the past five years, members of the international community have made many commitments to carrying out the requirements of UN Security Council Resolution 2286, which was adopted in May 2016 and strongly condemns attacks on medical personnel in conflict situations. Many states have formally reiterated their commitments, including in the July 2019 Call for Action to strengthen respect for international humanitarian law and principled humanitarian action, which was signed by more than 40 states.

Further, as the conflict evolves into a protracted crisis amidst the ongoing COVID-19 pandemic, government leaders and humanitarian responders have called for a **“COVID ceasefire”** in the name of regional and global health security. **We join the UN Special Rapporteur on the situation of human rights in Myanmar in calling on the UN Security Council and all member states to invoke Resolution 2565**, which demands that "all parties to armed conflicts engage immediately in a durable, extensive, and sustained humanitarian pause to facilitate the equitable, safe and unhindered delivery and distribution of COVID-19 vaccinations in areas of armed conflict."

### All UN member states should:

- adhere to the provisions of international humanitarian and human rights law regarding respect for and the protection of health services and the wounded and sick, and regarding the ability of health workers to adhere to their ethical responsibilities of providing impartial care to all in need;
- ensure the full implementation of Security Council Resolution 2286 and adopt measures to enhance the protection of and access to health care in situations of armed conflict, as set out in the Secretary-General's recommendations to the Security Council in 2016;
- strengthen national mechanisms for thorough, impartial, and independent investigations into alleged violations of obligations to respect and protect health care in situations of armed conflict and for the prosecution of the alleged perpetrators of such violations; and
- facilitate the unhindered delivery and distribution of COVID-19 vaccinations, medication, and supplies in areas of armed conflict, as called for in UN Security Council Resolution 2565.

### Non-state actors should:

- adhere to the provisions of international humanitarian and human rights law regarding respect for and the protection of health services and the wounded and sick, and regarding the ability of health workers to adhere to their ethical responsibilities of providing impartial care to all in need; and
- sign the Deed of Commitment on protecting health care in armed conflict and ensure compliance with its principles.

## DATA COLLECTION

- This document was prepared from information compiled by Insecurity Insight, Physicians for Human Rights, and the Center for Public Health and Human Rights, Johns Hopkins Bloomberg School of Public Health that is available in local, national, and international news outlets, online databases, and social media reports.
- It also includes testimonies from four nurses in Myanmar interviewed on September 13, 2021. The testimonies reflect their personal experiences and views. They are not necessarily representative of the experience of all nurses in Myanmar.
- The incidents reported are neither a complete nor a representative list of all incidents.



- Most incidents have not been independently verified and have not undergone verification by Insecurity Insight, Physicians for Human Rights, or the Center for Public Health and Human Rights, Johns Hopkins Bloomberg School of Public Health.
- All decisions made on the basis of or in light of such information remain the responsibility of the organizations making such decisions. Data collection is ongoing and data may change as more information is made available.
- See our **global map** for reported incidents. Select Myanmar by clicking on it on the map and selecting the timeframe February 1 to September 30, 2021 for reported incidents.
- To share further incidents or report additional information or corrections, please contact [info@insecurityinsight.org](mailto:info@insecurityinsight.org).

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This document is funded and supported by the Foreign, Commonwealth and Development Office (FCDO) of the UK government through the RIAH project at the Humanitarian and Conflict Response Institute at the University of Manchester, by the European Commission through the “Ending violence against healthcare in conflict” project, and by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Insecurity Insight and do not necessarily reflect the views of USAID, the U.S. government, the European Commission, the FCDO, or Save the Children Federation, Inc.

Insecurity Insight. 2021. ‘Threats and Violence Against Health Care in Myanmar v. 26 October 2021.’ Geneva, Switzerland: Insecurity Insight. [shcc.pub/MyanmarHealthOct](https://shcc.pub/MyanmarHealthOct)

<sup>1</sup> Raid: Armed or unarmed forced entry into health infrastructure.