



Violence Against or Obstruction of Health Care in Myanmar

February-July 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 have since declared a state of emergency to last for at least a year, and numerous countries have condemned the takeover and subsequent violent crackdown on protestors.

Over the past six months, between February and July 2021, hundreds of people, including children, have been killed and many injured during the protests.

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 arrests, health workers have been injured while providing care to protestors, ambulances have been destroyed, and health facilities have been raided.

It has been reported that World Health Organization (WHO), NGO, and INGO staff are being threatened and forced to return to work by the military council. Most of them were either working from home or had stopped working due to the current security situation. There are reports that the SAC is trying to replace NGO workers believed to be close to the CDM with government appointees.

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 highlights reported incidents of violence against or obstruction of health workers, facilities, and transport in Myanmar between February 1 and July 31, 2021, to highlight the impact on the health system as a whole. It does not include information on violence against patients.

The incidents referred to are based on the dataset **01 February - 31 July 2021 Violence Against Health Care in Myanmar Data**, which is available on the **Humanitarian Data Exchange** (HDX).

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

						
252 REPORTED INCIDENTS	190 HEALTH WORKERS ARRESTED ¹	86 RAIDS ON HOSPITALS ²	55 MILITARY OCCUPATIONS OF HOSPITALS ³	37 HEALTH WORKERS INJURED ⁴	25 HEALTH WORKERS KILLED ⁵	17 INCIDENTS IMPACTING COVID-19 RESPONSE MEASURES

Source: 01 February - 31 July 2021 Violence Against Health Care in Myanmar Data

RECENT DEVELOPMENTS SINCE LAST REPORT

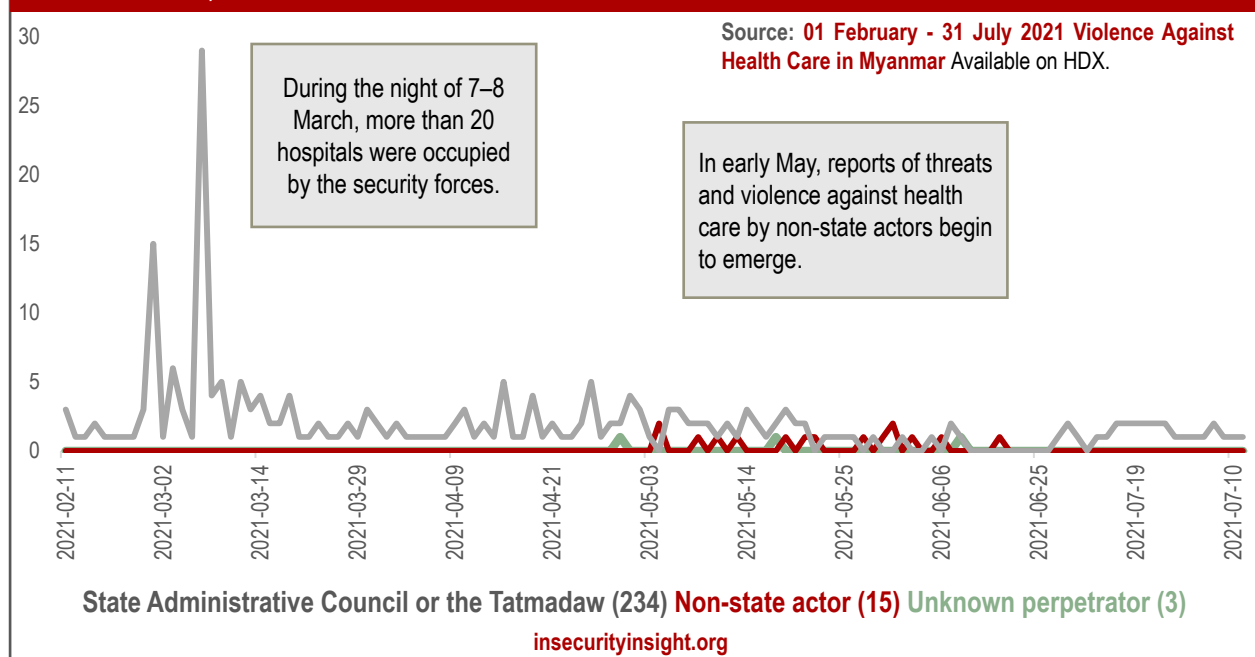
COVID-19 and violence against or obstruction of health care

- Since February, COVID-19 response measures in Myanmar have been impacted by violence or obstruction by military forces more than 15 times. Most incidents were reported in Yangon. Incidents also took place in Bago, Chin, Kachin, Kayin, Mandalay, and Sagaing.
- Personal protective equipment and oxygen supplies were confiscated for exclusive use by the military in Chin, Kayin and Yangon, including 130 oxygen cylinders imported from Thailand by aid organizations in Kayin state and an oxygen production facility in Yangon.
- Throughout July, to our knowledge the military assaulted four civilians for transporting an oxygen tank in Mandalay, arrested three civilians retrieving oxygen and nine volunteers assisting with fills, and killed one civilian in search of oxygen. In one incident on July 13, 2021, security forces opened fire on crowds of civilians queuing in line for oxygen cylinders in Yangon.
- COVID-19 centers have been raided and, at least two, closed down. A COVID-19 facility in Mandalay was raided and its medical equipment seized for alleged COVID-19 violations.
- Two COVID-19 treatment centers in Sagaing were destroyed by military shelling.
- Soldiers posed as COVID-19 patients to arrest three health workers doing home visits and two health workers doing telehealth visits, and confiscated all of their supplies in Yangon.
- An ambulance carrying COVID-19 patients was denied entry into a hospital in Yangon and forcibly turned back at gunpoint by military forces occupying the hospital. This is consistent with a trend of reported incidents in which individuals seeking COVID-19 care were refused admission into hospitals (both military and civilian).
- The military has been accused of medical neglect of political prisoners infected with COVID-19 in Yangon.

Fighting escalates between military forces and local ethnic militias

- The military has blocked medication and other aid reaching populations displaced by the fighting, in particular in Chin and Kachin states.
- In May and June, threats and violence against health care have also been attributed to non-state actors.

252 INCIDENTS OF VIOLENCE AGAINST HEALTH CARE IN MYANMAR REPORTED BETWEEN FEBRUARY 1 AND JULY 31, 2021

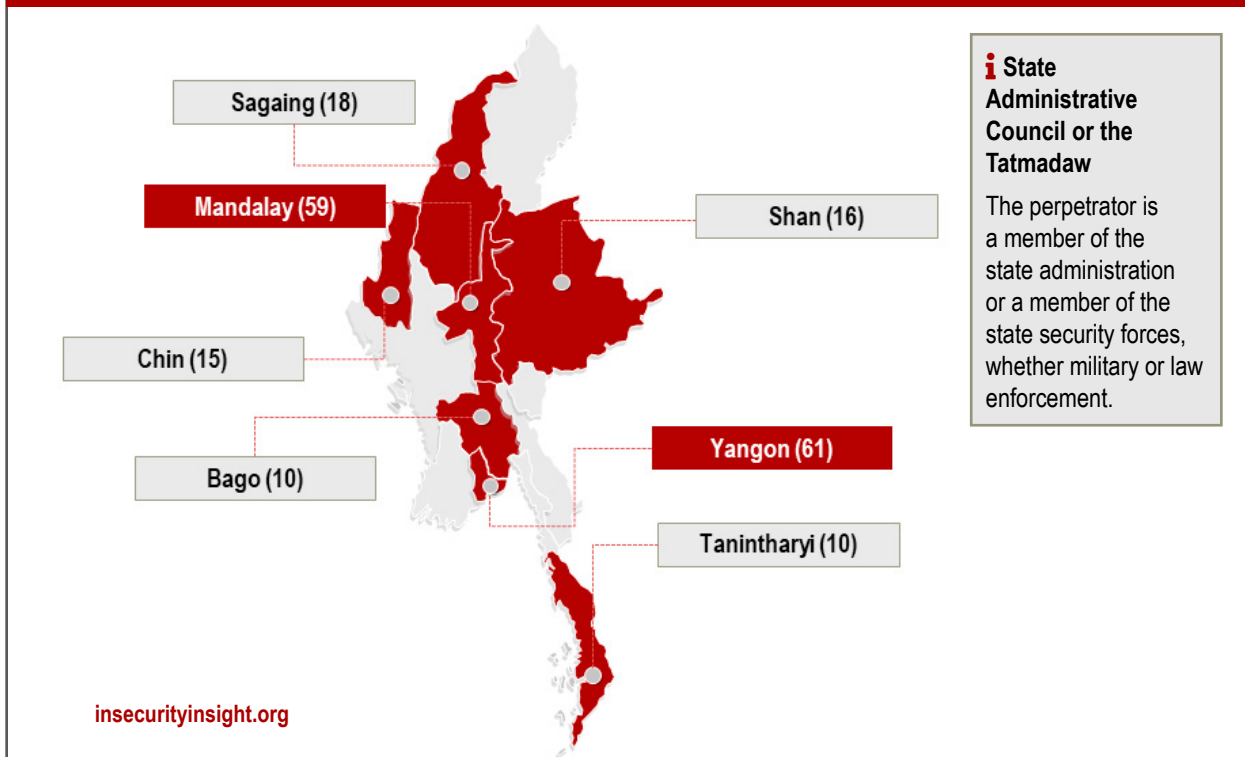


PERPETRATORS

State Administrative Council (SAC) or the Tatmadaw

- During the period February 1 to July 31, 234 out of 252 incidents of violence were attributed to the SAC or Tatmadaw soldiers. Health workers were arrested for providing free medical care, hospitals were occupied, and ambulances and COVID-19 treatment supplies were seized.
- More than half of these incidents took place in Yangon (61) and Mandalay (59), where the CDM protests originated, and involved health workers being arrested. Ten incidents occurred in the Bago region, where there are several armed conflicts between the Myanmar government and various armed ethnic groups.
- Health workers have been forced into hiding for fear of being arrested or after having arrest warrants issued against them. In some cases, their family members were arrested instead. On June 4, the SAC announced the revocation of passports for health workers affiliated with the CDM and ordered the confiscation of their medical licenses.
- Though arrests of medical personnel continue, the SAC is no longer issuing warrants en masse. No justification has been given for most recent arrests.
- COVID-19 care centers were forced to close and Tatmadaw soldiers raided HIV/AIDS clinics and tuberculosis clinics, arresting health workers and removing equipment in some cases.

234 INCIDENTS OF VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH ATTRIBUTED TO THE STATE ADMINISTRATIVE COUNCIL (SAC) OR THE TATMAW BETWEEN FEBRUARY 1 AND JULY 31, 2021, BY LOCATION⁶



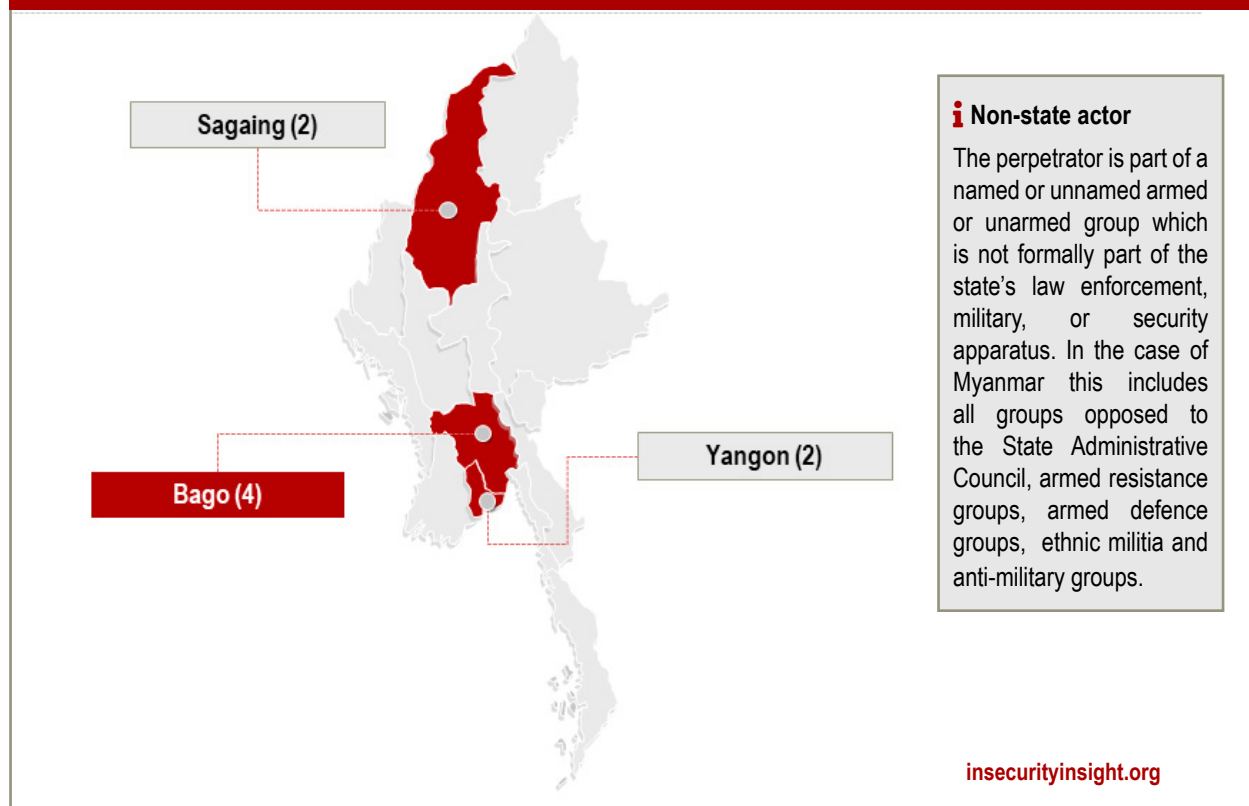
[DOWNLOAD DATASET ON HDX](#)

PERPETRATORS

Non-state actors

- Since May, 15 incidents have also been attributed to non-state actors. Four incidents were reported from the Bago region. Bombs were detonated outside hospitals, damaging infrastructure and equipment, and an ambulance was set on fire and destroyed during fighting or in targeted attacks on military personnel stationed at or near hospital entrances or transporting medical supplies.
- The Karen National Union forces – a signatory to the nationwide ceasefire agreement since 2015 – were named as the perpetrators of an attack on a military convoy that was reportedly carrying medicine.
- The People's Defense Force said in a statement that they would not target hospitals.

15 INCIDENTS OF VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE ATTRIBUTED TO NON-STATE ACTORS BETWEEN FEBRUARY 1 AND JULY 31, 2021, BY LOCATION⁷



THE INCIDENTS DOCUMENTED HERE HIGHLIGHT CONCERNS OVER:

- Violence or obstruction impacting COVID-19 response measures.
- Direct and indirect violence by the State Administrative Council or the Tatmadaw and non-state actors towards health workers, facilities, and transport.
- The use of explosive weapons at or near hospitals.
- Arrests of and violence against health workers.

COMMITMENTS

Non-state actors

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, which was signed by more than 40 states -- to strengthen respect for international humanitarian law and principled humanitarian action.

In 2018, the humanitarian organization Geneva Call launched the **Deed of Commitment on protecting health care in armed conflict**, addressed to armed non-state actors (ANSA).

The Deed covers commitments to:

- **ensure, maintain, and provide access for affected populations to essential health care facilities, goods, and services, without discrimination; and**
- **facilitate the provision of health care by impartial humanitarian organizations.**

By signing the Deed of Commitment on protecting health care in armed conflict, armed non-state actors commit to respecting the relevant humanitarian norms on the protection of health care, and they can be held publicly accountable if they fail to do so. While the Restoration Council of Shan State (RCSS)/ Shan State Army–South have signed seven of Geneva Call's other Deeds of Commitment, no non-state actor in Myanmar has so far signed the Deed of Commitments on protecting health care in armed conflict.

RECOMMENDATIONS

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 is 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 includes a comparison with data published by the **WHO Surveillance System for Attacks on Health Care** (SSA) using only publicly available information.
- 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 "From February 1 to July 31, 2021" for reported incidents.
- To share further incidents or report additional information or corrections, please contact info@insecurityinsight.org.

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Insecurity Insight. 2021. 'Threats and Violence Against Health Care in Myanmar v. August 2021.' Geneva, Switzerland: Insecurity Insight.

¹ The **WHOSSA** documented 306 health worker arrests or detentions. On February 28, the WHOSSA documented 200 arrests within a protest group. Accessed August 2, 2021.

² Raid: Armed or unarmed forced entry into health infrastructure. Incidents documented for this research.

³ The **WHOSSA** documented 33 incidents of militarization of health facilities defined by the WHO as the "diversion of or interference with the primary use of civilian health care facilities by state military or paramilitary forces or non-state armed groups." Accessed August 2, 2021.

⁴ Eleven health worker injuries were documented by the **WHOSSA**. Accessed August 2, 2021.

⁵ This includes 10 health worker deaths documented by the **WHOSSA**. Accessed August 2, 2021.

⁶ This map shows the location of incidents where more than 10 incidents were reported.

⁷ This map shows the location of incidents where more than one incident was reported.

YOU MAY BE INTERESTED IN

- Myanmar **Country** Page.
- Attacks on Health Care Monthly News Brief: **June 2021**.
- Myanmar **Situation Report**: Analysis, prediction and mitigations for aid organizations.
- Myanmar **Data**: Available on the Humanitarian Data Exchange (HDX).
- Violence Against or the Obstruction of Health Care in Myanmar in **2020**.

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