

Running Out of Air

*How the Junta is Abandoning Civilians in the
COVID-19 Pandemic*

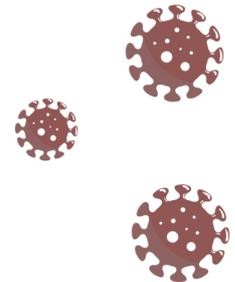


The Human Rights Foundation of Monland
July 2021

Part 1: Situation Overview

As COVID-19 devastates Burma, health workers and first responders are responding with strength and resilience

Burma is facing a public health crisis. The virus is sweeping the nation with over 200,000 cases and nearly 5000 deaths as Myanmar's health sector struggles to keep up. To make matters worse, people falling sick do not have adequate access to life saving supplies, like personal protective equipment (PPE), oxygen, or vaccines. At this moment, there is no clear plan established by the junta to control the rising cases and treat patients effectively.



Quite the contrary, hospitals and health care infrastructure are struggling to cope with the influx of patients. The situation is dire. Civilians suffering from the economic and social impacts of the military coup, are now facing the worst outbreak the country has seen yet.

The first COVID-19 case in Burma was recorded on 23 March 2020. In the months that followed, various committees were established to coordinate a response to the pandemic. The government proposed short sighted policies to tackle the virus, but local humanitarian responders were not consulted. The National League for Democracy (NLD) was attempting to move forward with solutions to mitigate the impacts of the virus, but when the military took over, these plans were shattered.

By January 2021, the NLD purchased 30 million doses of Covishield/AstraZeneca. These vaccine doses were to be delivered in batches along with the 1.5 million doses of the vaccine gifted by the Indian government.¹ However, not long after securing the vaccines, Burma descended into chaos on February 1. The NLD's plan to curb the spread of the virus was effectively dead on arrival in the wake of the coup.

In the months that followed, COVID-19 cases remained relatively low. But in recent weeks, cases have skyrocketed.² Myanmar Doctors for Human Rights suggests this is partly due to a lack of testing that took place before the coup.³ Now, thousands are dying from COVID-19 nationwide as a third wave has spread to nearly 90% of townships throughout Burma.⁴ The outbreak is without a doubt, the worst the country has experienced and comes as multiple crises are threatening civilian safety, including internal conflict and adjusting to post-coup authoritarian norms.

Against the backdrop of a wave of deadly cases, the junta is committing extreme acts of warfare on medical officers and their supplies. Junta soldiers have been seen forcibly dispersing civilians for merely queuing up for oxygen.⁵ The military has also turned their weapons on Burma's health workers for their role in actively condemning the military's violence since February. According to the United Nations, the junta has attacked at least 158 medical personnel, killing over 60 people and injuring dozens more.⁶ Security forces have also arrested and charged more than 139 doctors, and seized over 50 health facilities.⁷

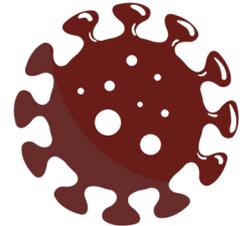
The junta have continued to exercise their power to prioritize their needs and well-being over civilians. Military leaders and soldiers were among the first to be vaccinated in the country, and are in the position to decide who is vaccinated, if at all. As the crisis becomes more severe, civilians are losing trust in health systems under the military.⁸ Meanwhile, tens of thousands are being displaced as internal conflict in Burma's ethnic states continue to ravage communities.

Further, the junta's lack of compassion is a troubling indicator of what's to come in the coming months. The junta has undermined all efforts to respond to the humanitarian disasters unfolding in the country – of which are not limited to the COVID-19 pandemic. The consequences of their incompetence and inaction will be long-lasting, particularly on those least prepared to make a strong comeback alongside a crippling economy.

Part 2: INTRODUCTION

A crisis dangerously mismanaged

The mismanagement and incompetence of the Burmese junta to respond to the COVID-19 crisis is evident in their denial of the realities which have presented themselves. Before the coup, appropriate protocols and safety measures were enforced. But the collapse of vital structures needed to respond to the pandemic effectively requires a highly-functional government. The Burmese military is no such government. It's clear that the junta is dangerously ill-equipped to protect its own citizens.



In this short briefing paper, the Human Rights Foundation of Monland (HURFOM) will identify the most marginalized groups in our organization's focus areas of Mon State, Karen State and Tanintharyi region. An overview of the risks and challenges will be outlined with specific case studies from HURFOM fieldworkers. The consequences and violations of basic human rights laws will also be referenced to contextualize the impacts felt on displaced, low-income communities.

According to data collected by HURFOM the most vulnerable in Burma face high risks and low chances of surviving if they test positive for COVID-19. In our 2020 briefing paper "Left Behind and Destitute," citizens reported challenges and discrimination on access to treatment just months after the government confirmed the first case in the country.⁹ Those concerns have been exacerbated in the current context. The price of face masks has doubled in price, and the junta is extorting civilians by charging outlandish fees for medical examinations.

The junta is constantly paranoid of having their influence questioned. This results in more violence and more unrest. The military still uses fear tactics as a way to control the population. Soldiers are still present in urban and rural areas presenting more challenges to the lives of innocent civilians. Arbitrary arrests, unlawful detainment, death and torture remain prevalent.

Part 3: FIELDWORKERS SITUATION

HURFOM has 18 direct staff working in Mon State, Karen State and Tanintharyi Region. The organization includes a network of over 50 individuals throughout Burma. Within this team, we will continue to monitor the human rights situation in our target areas as closely as possible. Given the new limitations that civil society organizations now face in the post-coup environment, we have found that the human rights situation is of an even greater concern.

Fieldworkers continue to document human rights violations as best as they can, given the extreme risks they face on a daily basis. The growing threats to their safety only speak to the society of fear the junta has created. HURFOM's documentation and data is sourced from our network of field staff reporting on the ground. The restrictions imposed by the junta have made it much more difficult to access all of our target areas freely and without repercussions. The Burma Army is known for intimidating and harassing fieldworkers documenting human rights violations. Security forces often threaten survivors who share their stories with rights groups as well. But at the moment, HURFOM is safely able to work in ceasefire areas and armed controlled territories of the Karen National Union and the New Mon State Party. Recording of events and testimonies is extremely high-risk outside of these areas. The movement restrictions and curfews in place due to COVID-19 have also limited the amount of documentation possible, for security reasons

Therefore, the information outlined in this short briefing paper includes HURFOM data from the ground. Many of our estimates are likely significantly higher given the challenges we face collecting these data. Our team is immensely grateful to those who shared their fears and hopes for the future with us.

Part 4: Risks and Challenges for HURFOM Communities

Hardships experienced on the ground by marginalized groups

The consequences of an uncontained pandemic in Burma affect the entire country. With the junta continuing to exercise their power through illegitimate rule, civilians have been burdened with uncertainty. Their negligence has had deeply worrying consequences on the most vulnerable in Burma. HURFOM considers the most vulnerable and most at risk during the pandemic to be those who lack proximity to health care providers, and therefore are at a disadvantage of accessing treatment. It also includes high-profile activists who have been vocal in their condemnation of the coup, particularly those affiliated with the Civil Disobedience Movement (CDM). Displaced populations, in particular, women, children and the elderly, are at risk. Gender based violence is common as the military limit's life-saving maternal support.

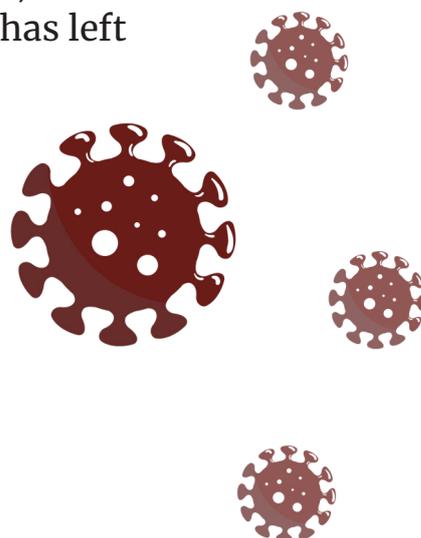
At the rate of rapid economic regression underway in Burma, the United Nations Development Programme has estimated that half of the population could be forced into poverty by early next year.¹⁰ Food shortages are also on the rise with the World Food Programme claiming that over 6 million people in the country are in desperate need of food aid.¹¹ For civilians already struggling to make daily ends meet, these projections are devastating.

Civilians in HURFOM areas live modest means. Many work as farmers, some are civil servants, others are laborers. They are peaceful people simply looking to provide for their families as best as they can by earning a modest income. In rural areas where community ties are strong, health care is often accessed in less formal ways. Villagers prefer traditional means of treatment and are less comfortable traveling to hospitals which is costly, and time consuming. In the midst of the rising COVID-19 crisis, this group is at risk of not having easy access to hospitals if they start to experience symptoms. With an increase in checkpoints, HURFOM fieldworkers have reported an increase in bribes and confiscation of mobile phones and devices. Those who fail to stop at these checkpoints have been shot at and killed. Hospitals are also quickly running out of supplies and are unable to meet the growing need of patients due to shortages in hospital beds, medicine, and supplies.

Internal conflict across the country has increased as the junta deploys more soldiers to occupy rural and urban townships. It's led to a growing sense of unrest and perpetual fear. The junta has expanded military operations in several states where there has been wide-spread resistance to the coup, including the formation of civilian defense forces. As internal conflict rages across the country, civilians have been forcibly displaced by violence. Many civilians in isolated areas are unable to access information about the pandemic and have scant resources and medicine.

In the last several weeks, women, children and elderly have been dying in the jungle while seeking refuge. In Chin State, a pregnant woman, two infants, and three elderly all succumbed to health complications due to a lack of medical attention.¹² These situations expose the level of desperation civilians are facing. In the forests, IDPs have no adequate access to shelter, food, clean water, and medicine. Subsequently, their health takes a toll. Those with weak immune systems often cannot overcome the harsh extremes of surviving in the jungle. The United Nations Office for the Coordination of Humanitarian Affairs has estimated that over 230,000 people have been displaced by fighting this year in Burma.¹³ Ethnic health care providers are filling life-saving gaps as much as possible. They're also overwhelmed by the growing numbers of people in need.

Ultimately, whether or not a person has access to humanitarian aid shouldn't be a life or death factor. Yet, the circumstances unfairly thrust upon vulnerable groups has left them without much choice.



Part 5: Challenges Responding to the Pandemic

An outright assault on health care workers is undermining civilian safety

The junta is weaponizing the response to the COVID-19 pandemic by targeting those most critical in controlling the virus. They're targeting local health workers, ethnic health care providers, and volunteer first responders. The junta has blocked medical aid, denied reports of oxygen shortages¹⁴ and extorted bribes from civilians who requested a COVID-19 test. A volunteer doctor from Thanbyuzaya expressed frustration at the junta's response, telling HURFOM:

"Inadequate testing and treatment capacity, an unprepared and overwhelmed health care system and food shortages along with abuses by the military security troops will negatively affect our people."

In Mon State, as of July 11th, there were nearly 3000 confirmed COVID-19 cases and 80 deaths.¹⁵ At the time of writing, Mawlamyine and Thanbyuzayat Townships have the highest rate of infections. Yet, the Ministry of Health and Sports (MOHS) have failed to open any COVID-19 diagnostic centers in those townships.

A rescue team member told HURFOM:

"We have to take care of our township. We can't send patients to Mawlamyine. There is no space there. Our township has inadequate medical instruments and medicine. We have tons of troubles. We have lots of patients but very few oxygen cylinders."¹⁶

After the Mawlamyine authorities announced that they could not provide tests to suspected COVID-19 patients, the junta responded by restating the advice by MOHS that people must follow the recommended protective measures. The third wave of the pandemic has caused high infection rates and casualties. Many hospitals are no longer able to accept more patients. There is also a shortage of oxygen cylinders and poor protective measures in place in quarantine centers. On July 11th, 302 new cases of COVID-19 were found in Mon State, and five had died from the virus. A local aid volunteer reported to the Democratic Voice of Burma that those who passed away

were due to a lack of oxygen. Medical aid must be allowed to flow freely and safely to populations in need. Those infected must be able to access resources like masks and oxygen. It's truly a matter of life and death.

Health workers and first responders who have spoken out against the coup have faced serious backlash. On July 3rd, Dawei Junta's Prison Court sentenced U Aung Minn, a former Public Health Officer from Kanbauk, Yebyu, Dawei to two years in prison. The junta charged him under Section 505a of the Penal Code for alleged affiliation with the Civil Disobedience Movement. In addition to locking up experts in combating the deadly disease, the junta is attacking doctors and volunteers attempting to treat COVID-19 patients.

Physicians for Human Rights (PHR), an organization which investigates and documents human rights violations through a lens of science, medicine, forensics and public health, reported on several incidents of violence against health care workers in Burma between February 11th and May 11th.¹⁷ On the night of 7-8 March, more than 20 hospitals were occupied by force by military personnel. Within the first month since the coup, there were 178 incidents of reported attacks on health care workers.¹⁸ Of the documented cases by PHR, several include attacks on ethnic health facilities in Karen and Kachin States. The attacks violate international human rights laws and show a disregard in the junta's care for the preservation of life for ordinary civilians. Zaw Min Tun, military spokesperson, said in a news conference in July, that military personnel were preparing 14 locations for COVID-19 treatment in military hospitals.¹⁹ But there's a staggering lack of trust between the public and the military, so it's highly likely to deter civilians from treatment at these locations.

States have a legal responsibility to ensure their citizens have access to facilities, goods and services. In Burma, civilians are being deprived of any state-sponsored protections. Civilians should not be dying because they lack access to health care facilities, or that medical professionals have been forced into hiding.

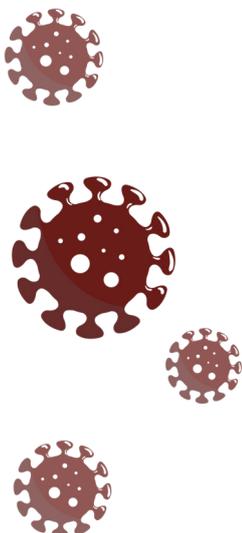


Part 6: Conclusion

It is clear that the Burmese Army has neither the will nor the capacity to respond to the pandemic effectively. In addition to the impacts this is having on all people in Burma, it also threatens diplomacy and relations with foreign countries in the European Union and the Association of Southeast Asian Nations (ASEAN). Dwindling civic and political space will only threaten the lives of innocent people. The military should not develop discriminatory vaccine plans based on civilian's political views. An approach like this will only lead to catastrophe.

The current situation demands a rapid response. But it must also include the needs of all people in Burma. It's critical that the pandemic not be politicized. The junta must stop their violent attacks on the people and preserve their rights and freedoms to access health care without repercussions.

Today, millions are at risk. They're running out of options, and they're running out of air. Without intervention, more people will get sick, more civilians will be killed, and it's impossible to predict the totality of future despair.



Recommendations

To the International Community

1. To channel urgently needed medical supplies to medical personnel and staff in Burma, including vaccines, personal protective equipment and human resources.
2. To liaison with international bodies such as the World Health Organization and United Nations bodies to work with the junta for a compassionate, indiscriminate approach to managing the pandemic.
3. Support ethnic health care providers and underground medics working in a limited capacity to support those in need.
4. To work with donors to encourage flexible funding resource allocation and for funding to be allocated at the local, grassroots level to prevent the junta from intercepting funds.
5. Aid and support must be facilitated to civil society organizations working tirelessly to distribute materials including food, shelter and medicine to displaced populations who are at an increased risk of COVID-19.

To the National Unity Government

1. Unconditional and unwavering support for health care workers who are refusing to work for the junta by supporting them financially and emotionally to the resources they are most in need.
2. To facilitate funds, resources and support to crippling health care infrastructure in Burma.
3. To work with civil society organizations and frontline health defenders and consult them on their immediate needs on the ground.

*To the Junta Military Council**

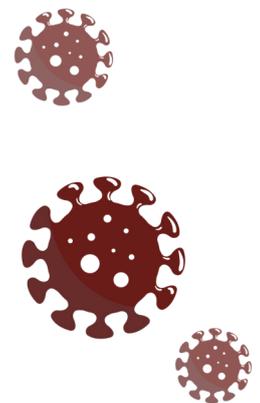
1. Immediately release of all health workers currently detained and all charges dropped.
2. An end to the fear mongering tactics, including intimidation, threats and violence, against anti-coup medical personnel.

Recommendations Continued

*To the Junta Military Council**

3. To forfeit their illegitimate rule and participate in the slow transfer of power to the democratically elected, National League for Democracy.
4. To immediately cease attacks, threats and intimidation on health care workers
5. Halt the assault of civilians who are waiting for health care supplies and materials to support themselves and/or their loved ones.

***HURFOM does not accept the military council as the leaders of Burma. They have created a tirade of problems in the country, and are responsible for war crimes and must be held accountable. The National Unity Government of Myanmar is the interim government of Burma which should be recognized.*



ENDNOTES

- 1 “More than 380 000 in Myanmar receive COVID-19 vaccine,” Myanmar Times, 5 February 2021
- 2 See report by Myanmar Doctors for Human Rights “COVID-19 in Myanmar in the aftermath of the coup,” July 2021
- 3 Ibid
- 4 “Myanmar’s Third Wave of COVID-19 Spreads to Almost 90% of Townships,” The Irrawaddy, 10 July 2021
- 5 “Soldiers Open Fire, Disperse Crowds Refilling Oxygen Tanks in Yangon,” Coconuts Yangon, 13 July 2021
- 6 “Ethnic groups step in as Myanmar’s COVID response falls apart,” Al Jazeera, 10 May 2021
- 7 Ibid
- 8 “Myanmar’s COVID crisis worsens as mistrust of junta infects health system,” Reuters, 13 July 2021
- 9 See HURFOM Report, ““Left Behind and Destitute,” July 2021
- 10 United Nations Human Rights Office of the High Commissioner, Statement by Statement by Michelle Bachelet, UN High Commissioner for Human Rights at the 47th session of the Human Rights Council Oral update on Myanmar, 6 July 2021.
- 11 Ibid
- 12 “Six Vulnerable Refugees Die in Jungle After Fleeing Conflict in Myanmar’s Chin State,” Reuters, 24 June 2021
- 13 Ibid
- 14 “Desperate Myanmar residents queue for oxygen as COVID-19 cases surge,” 12 July 2021, Reuters
- 15 “Junta’s MOHS not providing COVID-19 testing even in high risk townships,” 13 July 2021, The Human Rights Foundation of Monland
- 16 Ibid
- 17 See Research Brief by Physicians for Human Rights, “Violence Against Health Care in Myanmar: Three-month review,” 25 May 2021.
- 18 Ibid
- 19 “Desperate Myanmar residents queue for oxygen as COVID-19 cases surge,” Reuters, 12 July 2021



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