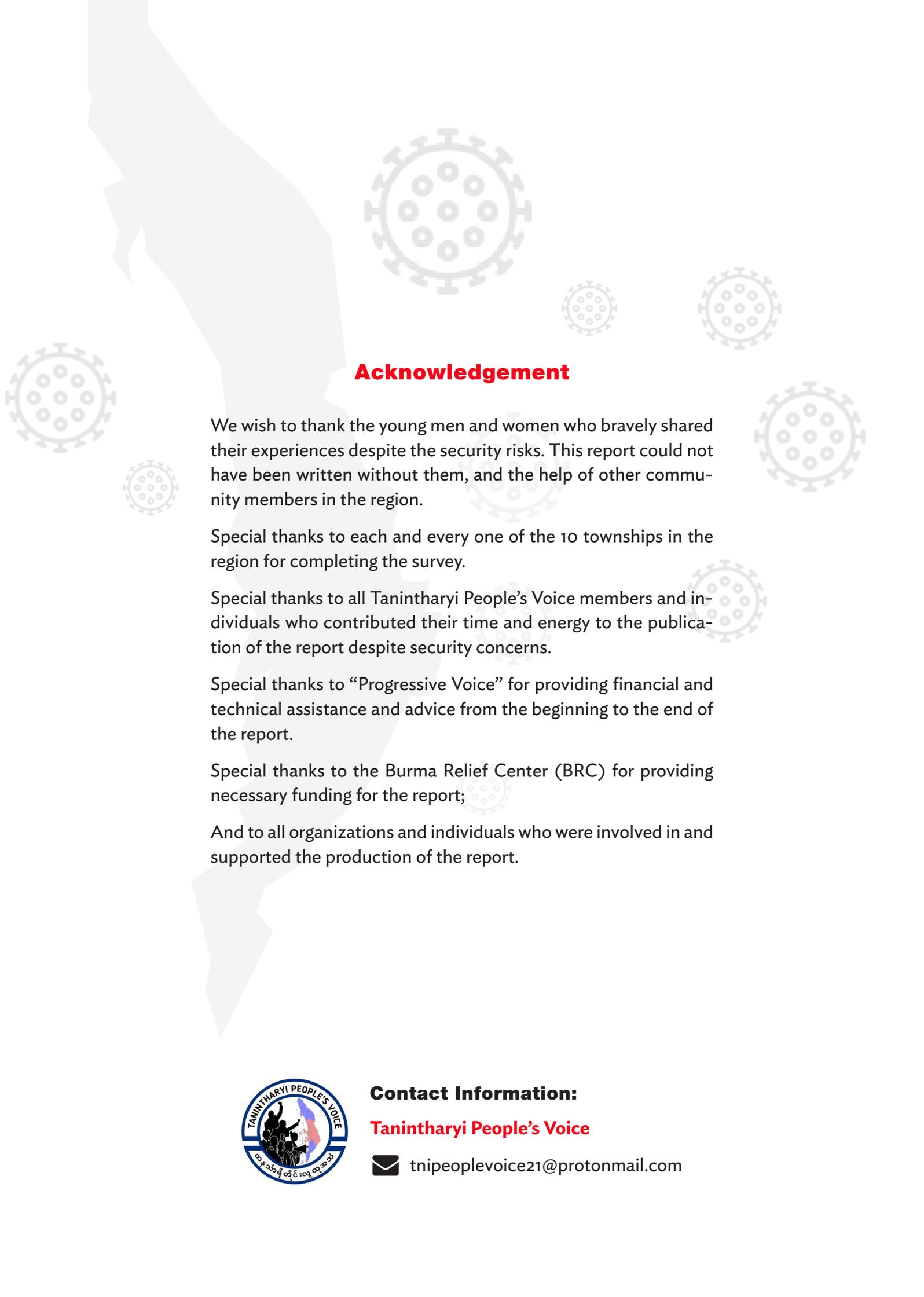




Myanmar Military's Weaponization of COVID-19 in **TANINTHARYI REGION**





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INTRODUCTION: THE IMPACT OF THE MILITARY COUP ON THE COVID-19 RESPONSE IN TANINTHARYI REGION, SOUTHERN MYANMAR

The Myanmar military is the cause of Myanmar's current political, human rights, humanitarian and health crises. On 1 February 2021, the Myanmar military attempted to illegally seize power by military coup, and has since unleashed a nationwide campaign of violence and terror against its political opposition – namely the vast majority of the people living in the country.

This report examines the specific ways that the combined crises of the COVID-19 pandemic and the military coup have impacted people in Tanintharyi Region. The research for this briefer was conducted by the Tanintharyi People's Voice¹ (TPV) across all 10 Townships of Tanintharyi Region from December 2021 to March 2022.²

The humanitarian needs in Tanintharyi Region are often neglected, and the local situation is often ignored by national and international media. We hope that our research findings on the combined impacts of the military coup and COVID-19 pandemic in Tanintharyi Region will shed light on the suffering of local people and illuminate issues that are affecting people in other parts of Myanmar as well.

TPV's research found that there have been eight key ways that the Myanmar military has weaponized COVID-19 in Tanintharyi Region:

1. COVID-19 used as an excuse for deaths of political prisoners in junta custody.
2. COVID-19 used as rationale for isolating political prisoners.
3. People feel insecure using, and fear arrest at, junta-run vaccination sites.
4. Poor health standards and discrimination at junta-run vaccination sites.
5. COVID-19 used as rationale for junta restrictions on freedom of movement.
6. Junta orders against mask-wearing violate COVID-19 prevention standards.
7. COVID-19 used a pretext for junta nighttime household inspection raids.
8. Community-led COVID-19 response initiatives disrupted by junta.

1 Tanintharyi People's Voice is an umbrella network of local civil society organizations working across various sectors in Tanintharyi Region, Myanmar.

2 The core research findings presented in this briefer are based on the documentation collected from key informant interviews and survey questionnaires conducted in all 10 Townships of Tanintharyi Region from December 2021 to March 2022.

Recommendations

Tanintharyi People's Voice expects that the findings presented in this briefer will contribute the growing body of evidence that the Myanmar military junta has made the COVID-19 situation worse and is not a reliable healthcare provider, and therefore should not be considered a trustworthy partner for international stakeholders wishing to provide COVID-19 humanitarian assistance to people in Myanmar.

Tanintharyi Region is an area of strong resistance to the junta and because one of the junta's main strategies is to collectively punish people living in areas of opposition, if humanitarian assistance is delivered through the junta, experience predicts that people in Tanintharyi Region will be marginalized and the aid will be weaponized against them by the junta.

We make the following recommendations to the UN and International Community:

- International humanitarian assistance is immediately required in all parts of Myanmar including Tanintharyi Region, but such assistance must not be delivered through or in cooperation with the military junta.
- The UN Secretary-General must lead a UN coordinated humanitarian emergency intervention to combat the catastrophic COVID-19 crisis in Myanmar.
- UN agencies and INGOs should work with and put trust in local CSOs, ethnic CSOs and ethnic health service providers, including through cross-border channels.
- International stakeholders delivering humanitarian assistance should maintain close and regular communication, consultation and collaboration with the National Unity Government, Ethnic Armed Organizations, National Unity Consultative Council, and the COVID-19 Task Force.
- The UN Security Council must adopt a resolution on Myanmar to end the military's violence by referring the situation of Myanmar to the ICC and imposing a global arms embargo.

CONTEXT: MYANMAR MILITARY'S FAILED COUP, CAMPAIGN OF VIOLENCE AND FAILING COVID-19 RESPONSE IS A THREAT TO REGIONAL SECURITY

The UN Security Council's recognition early on in the COVID-19 pandemic "that conditions of violence and instability in conflict situations can exacerbate the pandemic, and that inversely the pandemic can exacerbate the adverse humanitarian impact of conflict situations"³ has proven true in Myanmar. In July 2020, when the Security Council called for a global humanitarian ceasefire to enable successful COVID-19 response efforts, the Myanmar military continued and intensified offensive attacks. Since 1 February 2021, when the Myanmar military staged an attempted coup d'état, the military has increased the scope and severity of their offensives including the razing of villages, massacres of civilians and aerial bombardment.⁴

Most recent estimates are that 519,500 people have been internally displaced since 1 February 2021, bringing the total number of internally displaced people in Myanmar to 889,900.⁵ Accounts from local observers indicate that this is a low estimate of the level of internal displacement. In addition, there are an estimated 980,000 people from Myanmar living in neighbouring countries as refugees and asylum-seekers, including 32,000 people forced to flee since 1 February 2021.⁶ The junta's nationwide campaign of violence has resulted in combined political, human rights, humanitarian and health crises across Myanmar – including a failing COVID-19 response.

In the year since the attempted coup, the COVID-19 situation in Myanmar has significantly worsened, and the Myanmar health care system is crumbling under the violence of the military junta. According to the WHO's Surveillance System for Attacks on Health Care (SSA), since the attempted coup there have been 294 attacks on medical personal, patients, health facilities and transportation and other infrastructure, including 29 deaths.⁷ This may be a conservative number, and other sources show the number of attacks and deaths to be even higher.⁸

3 Resolution 2532 (2020) Adopted by the Security Council on 1 July 2020. <https://digitallibrary.un.org/record/3870751>

4 Karen Peace Support Network "Terror from the skies" May 2021 https://www.karenpeace.org/wp-content/uploads/2021/05/Terror-from-the-Skies_Briefing_KPSN_English.pdf

5 Myanmar Humanitarian Update No. 16, 19 March 2022 <https://reliefweb.int/report/myanmar/myanmar-humanitarian-update-no-16-19-march-2022>

6 UNCHR Myanmar Emergency Update (as of 17 January 2022) <https://reliefweb.int/report/myanmar/myanmar-emergency-update-17-january-2022>

7 <https://extranet.who.int/ssa/Index.aspx> (accessed 14 April 2022)

8 "Violence Against or Obstruction of Health Care in Myanmar February–November 2021: 23 December 2021" <https://phr.org/wp-content/uploads/2021/12/Violence-Against-or-Obstruction-of-Health-Care-in-Myanmar-February-December-2021-23-December-update.pdf>

As people working in Myanmar's healthcare sector are some of the leading segments of the Civil Disobedience Movement (CDM) opposing military rule, they have become targets of the junta. Attacks on health care workers across the country – including doctors, nurses and ambulance drivers – have significantly damaged the country's ability to respond to the COVID-19 pandemic. Hospitals and clinics have been occupied by soldiers. Medical equipment and supplies have been confiscated. Striking doctors and volunteers trying to treat patients outside of the state health system have been arrested, beaten, and killed.⁹ The repression of health workers in Myanmar continues to the present day, local media in Tanintharyi Region reported that on 21 March 2022, obstetrician Ma Ei Mo Mo Myat was arrested in Launglone Township.¹⁰

The first and second waves of COVID-19 infection in Myanmar were handled relatively well despite the lack of adequate resources available to the National League for Democracy (NLD) government. Following the February 2021 coup attempt, the military junta has politicized and militarized the country's COVID-19 response which has resulted in a significant expansion of the scale and impact of the pandemic for people across the country.

Starting in June 2021, Myanmar experienced a devastating 3rd wave of COVID-19 infections under the oversight of the military junta. At the peak of the 3rd wave, crematoriums in Yangon were unable to keep-up with the number of dead bodies; estimated at 400 daily during the peak.¹¹ The country is currently entering a 4th wave of the pandemic with the Omicron variant driving rapid infection rates in many areas.

As the junta crackdown on protests got more severe in the months following the attempted coup, the rapid increase in the number of new political prisoners strained an already over-capacity prison system. Prisons became a significant vector of COVID-19 infection. Medical care has been denied to political prisoners including those with COVID-19. Sickeningly, the junta has taken advantage of this reality and began using tactics such as identifying COVID-19 as the cause of death¹² of some of the political prisoners murdered in custody at interrogation centers known for systemic and sadistic torture.¹³

9 “Myanmar military accused of arresting doctors while COVID-19 infections rise” 22 July 2021 <https://www.reuters.com/world/india/myanmar-military-accused-arresting-doctors-while-covid-19-infections-rise-2021-07-22/>

10 <https://www.facebook.com/photo.php?fbid=134616579090113>

11 “Myanmar's unchecked epidemic threatens COVID-19 ‘tsunami’” 8 August 2021 <https://asia.nikkei.com/Spotlight/Myanmar-Crisis/Myanmar-s-unchecked-epidemic-threatens-COVID-19-tsunami>

12 “Authorities blame death of protester shot in Mandalay on Covid-19” 25 Feb 2021 <https://www.myanmar-now.org/en/news/authorities-blame-death-of-protester-shot-in-mandalay-on-covid-19>

13 “Myanmar military uses systematic torture across country” 28 Oct 2021 <https://apnews.com/article/myanmar-torture-military-prisons-insein-abuse-390fe5b49337be82ce91639e93e0192f> “Myanmar coup: The women abused and tortured in detention” 9 December 2021 <https://www.bbc.com/news/world-asia-59462503> “Cruelty for its own sake: How Myanmar's junta uses torture as a tool of oppression” 31 Dec 2021 <https://www.myanmar-now.org/en/news/cruelty-for-its-own-sake-how-myanmars-junta-uses-torture-as-a-tool-of-oppression>

The junta-led vaccination rollout nationwide has lacked medical neutrality, with vaccines being prioritized for those connected to the junta¹⁴ and non-CDM government staff. The vaccine program has been used to entrap opposition activists, such as with the 4 August 2021 arrest of an elderly NLD political activist at a vaccination center.¹⁵

Cynical geopolitical maneuvering and militarized vaccine diplomacy has further politicized post-coup COVID-19 response in Myanmar. Over the past year, as Russian military support to the junta increased so did the purchase of Russian Sputnik vaccines.¹⁶ On 20 February 2022, the Indian Army delivered 100,000 doses of Covishield¹⁷ (the India-produced version of the AstraZeneca vaccine) to the Myanmar military as part of its engagement with the junta¹⁸ while the Indian government simultaneously failed to establish any formal assistance for refugees forced across the Myanmar-India border.¹⁹ These gestures do more to support the illegitimate military junta than to serve any significant public health purpose.

The psychological impact of the COVID-19 pandemic in Myanmar, now compounded by this brutal military coup attempt, has undoubtedly taken a heavy toll for people in all levels of society.²⁰ Prior to 1 February 2021, millions of people in Myanmar were suffering from significant pandemic-related economic hardships including acute food insecurity, and the violence and fear subjected on the people following the coup has raised this stress level to the breaking point. The society-wide health impacts of this stress and trauma have yet to be fully realized, and will remain for years to come.

In these horrendous conditions, people across Myanmar have shown enormous empathy and care for each other. There are innumerable examples of people working together to respond to the COVID-19 pandemic and support their neighbors; be it through food donations, distributing PPE and medical supplies, sharing oxygen, or providing free ambulance

14 Myint Swe, who was appointed as President by the Military on 1 February 2021 to sign over power to the Military, has rarely been seen in public since then expect for an appearance in the state media getting a Covidshield vaccine shot in the days after the coup. “Union-level officials, senior government officers get vaccinated in Nay Pyi Taw” 5 Feb 2021, Global New Light of Myanmar.

15 “Violence Against or Obstruction of Health Care in Myanmar February–September 2021”

26 October 2021 <https://phr.org/wp-content/uploads/2021/10/Violence-Against-Health-Care-in-Myanmar-February-September-2021-October-update.pdf>

16 “Myanmar aims to buy more Russian, Chinese COVID-19 vaccines as cases rise” 1 July 2021 <https://www.reuters.com/world/asia-pacific/myanmar-aims-buy-more-russian-chinese-covid-19-vaccines-cases-rise-2021-06-30/>

17 “Tatmadaw receives 100,000 doses of Covishield vaccines donated from Indian Armed Forces” 21 Feb 2022. GNLM

18 Nayanima Basu “India plans ‘twin-track’ approach to engage with Myanmar junta as China makes inroads” 6 January, 2022 <https://theprint.in/diplomacy/india-plans-twin-track-approach-to-engage-with-myanmar-junta-as-china-makes-inroads/796249/>

19 Salai Za Uk Ling “Why it’s time to talk about the aid void on the India-Myanmar border” 22 March 2022 <https://www.thenewhumanitarian.org/opinion/2022/03/22/aid-void-India-Myanmar-border-Chin>

20 Assistance Association for Political Prisoners “The Impact of Long Term Trauma in Burma” 1 April 2022 <https://aappb.org/wp-content/uploads/2022/04/The-Impact-of-Long-Term-Trauma-in-Burma.pdf>

and funeral services. The military junta has brutally cracked down on these volunteer and community-led COVID-19 response initiatives, disrupting their life-saving work and arresting and beating those attempting to provide healthcare to fill the glaring gaps in Myanmar's COVID-19 response following the military coup.

Despite the military junta's crack down on social media and press freedom,²¹ people across Myanmar have mobilized over social media to share COVID-19 related information. Local media has done a good job reporting life-saving information and news under difficult circumstances posed by the military junta's restrictions on freedom of expression.²² The ethnic-language media in particular have been a crucial source of information about the COVID-19 situation in remote parts of the country which other media cannot access, as well as being a reliable source of COVID-19 related information for ethnic minorities in their mother tongue.

21 "Bitter reversal: Myanmar military coup wipes out press freedom gains" 28 July 2021 <https://cpj.org/reports/2021/07/bitter-reversal-myanmar-journalists-jailed-imprisoned-military-crackdown/> "Amnesty International press release: Myanmar: Cease persecution of journalists" 27 May 2021 <https://www.amnesty.org/en/latest/news/2021/05/myanmar-cease-persecution-journalists/>

22 After the February 2021 coup the military junta used the Natural Disaster Management Law to restrict the flow of information and arrested journalists under the pretext of reporting false information related to COVID-19.

RESEARCH FINDINGS: MILITARIZATION OF THE JUNTA'S COVID-19 RESPONSE IN TANINTHARYI REGION

1) COVID-19 used as an excuse for deaths of political prisoners in junta custody.

For the period between 1 February 2021 and 31 March 2022, Assistance Association for Political Prisoners (AAPP) has documented 59 killings perpetrated by the military junta in Tanintharyi Region.²³ Similar to other parts of Myanmar, in Tanintharyi Region the junta forces have occasionally used COVID-19 to justify the death of political prisoners held in their custody.

The death of Ko Aung Yu, 35-year-old resident of Daung Ngu Ward in Dawei, on 14 August 2021, is illustrative of the way that the junta has used COVID-19 to cover-up its extrajudicial killings of political prisoners in custody. Ko Aung Yu was arrested with four other men on the night of 11 August 2021. When Ko Aung Yu died three days after his arrest, the junta forces told his wife that the cause of his death was COVID-19 but she believes that her husband had not been infected and died from torture wounds.²⁴ Families of the other four men report that they suffered severe torture while in custody, meaning it is very likely that Ko Aung Yu was also tortured²⁵ and there was a post-mortem examination which found evidence of torture on his body.

2) COVID-19 used as rationale for isolating political prisoners

Between 1 February 2021 and 31 March 2022 in Tanintharyi Region, at least 495 people have been detained by the military junta according to documentation by AAPP.²⁶ There are at least five interrogation centers in Tanintharyi Region where political prisoners are held and where torture has been documented: Dawei, Myeik, Kawthoung, and two locations on the border with Mon State.²⁷ COVID-19 outbreaks have been reported in these facilities although getting accurate information is difficult. In February 2022, a serious COVID-19

23 “Daily Briefing in Relation to the Military Coup” 4 April 2022 <https://aappb.org/?p=20919>

24 “Daily Briefing in Relation to the Military Coup” 16 August 2021 <https://aappb.org/?p=17088>

25 “Trajectory of Terror: An overview of human rights perpetrated by the Military Junta in Mon State, Karen State and Tanintharyi region” December 2021 <https://rehmonnya.org/reports/Trajectory-of-Terror.pdf>

26 “Daily Briefing in Relation to the Military Coup” 4 April 2022 <https://aappb.org/?p=20919>

27 “Myanmar military uses systematic torture across country” 28 Oct 2021 <https://apnews.com/article/myanmar-torture-military-prisons-insein-abuse-39ofe5b49337be82ce91639e93e0192f>

outbreak was reported in Dawei Prison, where the Dawei Political Prisoners Network reports there are an estimated 160 men and 30 women political prisoners being detained.²⁸

Similar to other parts of Myanmar, in Tanintharyi Region the junta forces have used COVID-19 as a rationale for isolating political prisoners from their families, their lawyers and other prisoners. TPV documented a case in Dawei of a young man being arrested and held at an interrogation center and tortured for three days during which time his family was denied access to him after being told that he was infected with COVID-19.

In another case, nine young men were arrested during the 3rd wave of COVID-19 in Dawei. They were isolated in jail for multiple weeks because junta security forces said they were infected with COVID-19 and were not fit to see other people. They were then sent to an interrogation center and have since been sentenced to nine years in prison for terrorism charges. Those charged under the Counterterrorism Law are not allowed contact with family or other people from outside the prison. The lawyers hired by the families believe that the men had not been infected with COVID-19, but that COVID-19 was used as an excuse to isolate them following their arrest.

3) People feel insecure using and fear arrest at junta-run vaccination sites

Our survey findings show that people in Tanintharyi Region are concerned about their safety at junta-led vaccination sites²⁹ with 30% of respondents stating that they chose not to get vaccinated because they felt unsafe or did not want to receive a vaccine from the military junta. While 60% of the survey respondents had received vaccines through the junta-run vaccine program, the majority of those who did reported hesitance and/or feelings of insecurity while receiving vaccines at the junta sites. Respondents identified fear of interacting with junta security forces (54%), fear of arrest (36%), fear of being suspected by other members of their communities that they were cooperating with the junta (36%), and fear of family members being arrested (27%) respectively as being reasons for feeling insecure while receiving their vaccines. All survey respondents reported fear of receiving a bad vaccine and of catching COVID-19 at the junta-run vaccination sites.

It turns out this fear was well-founded, as TPV documented a situation in Ye Bu township during the COVID-19 3rd wave when infections spread at a junta vaccination site resulting in many of the healthcare team and cleaning staff becoming infected. Ultimately more than 10 people died as a result of this outbreak.

28 The Tanintharyi Times Facebook page, 25 February 2022.

29 The junta-run vaccination sites at state hospitals, clinics and other locations were the main places where people were able to access vaccines in Tanintharyi Region. There were some vaccines available at private hospitals, but they cost around 100,000MMK (US\$89) per shot making this option unattainable for people earning regular wages.

Overall, only 9% of respondents reported being questioned or detained by junta forces at junta-run vaccination sites, yet it is clear that an environment of fear surrounds junta-run vaccination sites. Respondents reported feeling scared to give their address or bring their phone to the vaccination sites because they were involved in the CDM and feared arrest. Others reported feeling nervous due to the presence of armed soldiers at the vaccine sites.

4) Poor health standards and discrimination at junta-run vaccination sites

Our survey found that 60% of respondents received at least one vaccine through the junta's vaccination sites in Tanintharyi Region. Among the top reasons why people decided to get vaccinated through the junta program were to obtain a vaccine record to enable them to travel for livelihood purposes, to avoid becoming sick and to feel safe engaging in volunteer healthcare activities.

While many people made the choice to receive vaccines from the junta-run sites, there was a high level of concern reported regarding the quality of vaccines and the actions of the medical staff giving the vaccines. Our survey found that 81% of respondents reported not feeling confident that the vaccine they received was safe and good quality.

Another issue with the junta-run vaccination program was the low quality of care surrounding the delivery of the vaccine shots. 75% of respondents reported not having any health assessment or check-up before receiving the vaccine injection, and for those that did all it included was blood pressure measurement. 52% of respondents reported having a post-injection observation time, although it was often only for five minutes. 66% of respondents reported that the staff at the vaccination sites were not fully following COVID-19 prevention rules and standards: with 92% reporting staff weren't wearing proper protective gear, 78% reporting staff weren't social distancing, and 28% reporting staff weren't wearing masks properly or at all.

A high percentage of people were not told what type of vaccine they were receiving at the junta-run vaccination sites, with 27% of our respondents reporting they did not know the name of the vaccines they received. Many of these people reported that they were afraid to ask the name of the vaccine, or any other questions, for fear of consequences from the health staff administering the vaccines.

There is anecdotal evidence that the junta was administering fake vaccines to people in prisons. A TPV member reported that when he was held in prison on political charges all inmates were told to make a cue to receive a COVID-19 vaccine, but were not told what vaccine they were receiving. It was not an option to refuse the shot, so even people who didn't want the vaccine got it because they were afraid of torture if they refused. In the following days, nobody experienced any side effects, so they suspected that it was not even a real vaccine.

Discrimination by staff at junta-run vaccination sites was also an issue, with 30% of respondents reporting experiencing discrimination during the vaccination process. The most common complaints of discrimination related to medical staff giving priority to junta connected people and people they knew, while discriminating against those known to be participating in the CDM. As one respondent explained, “I heard that people are required to line up, but some people did not line up and the health care team gave favor to their relatives, friends, and government staff who are not involved in the CDM movement.” Another respondent recounted how staff at the junta vaccine site allowed younger people they knew to receive a vaccination despite the official announcement that the vaccine was for those over 56-years-old.

This discrimination at the junta-run vaccination sites, can be understood as part of a wider pattern prioritizing military supporters for access to vaccines under the junta and blocking access for those participating in the CDM. TPV has documented that in at least three villages in Thet Yet Chaung Township during the first week of September 2021 the local health care service team collected the names of people who support the junta and invited them to the township hospital to receive the vaccination. A resident of Thet Yet Chaung commented, “the local health care team did not take anyone who supported the democracy movement, therefore the majority of local people were not able to access the vaccine under the junta.”

5) COVID-19 used as rationale for junta restrictions on freedom of movement

Since the attempted coup, the junta has been using COVID-19 surveillance as an excuse for harassment of people moving around within cities or traveling on highways and rural roads. In Tanintharyi Region, the junta released an order in October 2021 announcing that both proof of vaccination paperwork and official recommendation letters would be required for people traveling within cities, within the Region, and from outside of the Region. Under the order people needed to request their local village tract administrator to provide travel documents by showing them a COVID-19 vaccination record as well as confirming that they are not a known activist or PDF member. This process is reminiscent of how previous military dictatorships exerted surveillance and control all the way to the neighborhood-level through an extensive hierarchal network of local administrators.

Local people report that even though vaccine records are required to travel, there may be high fees charged to get the required documents from their local village tract or township administrators, or from hospitals and medical clinics. One respondent reported paying 20,000 MMK (US\$12) at the Myeik hospital for the paperwork, and another reported paying 10,000 MMK (US\$6) at the LongLone hospital.

The feeling on-the-ground is that in many of the instances when junta forces demand to see COVID-19 vaccine paperwork it is used as an excuse to search for people involved in

opposition to the junta, to extort money from people or to simply discourage people from travelling and moving around on the roads in Tanintharyi Region – not really for public health reasons.

Our survey found that one of the main factors why respondents chose to get vaccinated was to be able to travel more easily, often for their livelihoods. Political activists are doubly impacted as they may have difficulty getting permission letters and they are being discriminated against at or avoiding junta-run vaccine sites.

These COVID-19 related junta restrictions on movement also provided an opportunity for corrupt soldiers and police to extort bribes from the population. Local media in Tanintharyi Region reported that on 16 February 2022, soldiers were using COVID-19 security checks as a way to extort money from people travelling on the Kalin Aung-Kanpauk Road.³⁰ We documented instances of people being extorted for money at checkpoints when in possession of vaccine records, and even to be able to pass without vaccine records. One respondent explained “I heard that for anyone who cannot show a COVID-19 vaccination record has to pay 25,000 MMK (US\$15) at the entry points of the town.”

There is evidence that military-run hospitals have been selling fake vaccination records. A TPV member reported paying a local bus company 25,000MMK (US\$15) for a fake vaccination record to enable them to travel out of Tanintharyi Region. The bus company got the fake vaccination record from a nearby military hospital.

6) Junta orders against mask wearing violate COVID-19 prevention standards

The junta’s militarized approach to mask wearing mandates in Tanintharyi Region is another example of the extent to which its COVID-19 response has been tailored to its military objectives of cracking down on and retaliating against the opposition movement. In November 2021, posters started appearing ordering people not to wear masks in certain areas of Dawei City as well as when approaching checkpoints and when crossing the Kamyawkin and Pauk Taing Bridges. These rules are clearly contrary to COVID-19 prevention standards, and are a part of the junta’s new security rules for people in Dawei City which also included the outlawing of two men riding on a motorbike or wearing motorcycle helmets with face shields.³¹

The new rules on not wearing masks were taken advantage of by some junta forces as a way to extort money from local people. As one respondent explained: “The soldiers/police at the checkpoint at the Kamyawkin Bridge announced that for their security nobody can wear a mask there, under threat of a 5,000 MMK (US\$3) fine for those that disobey.” When people want to enter Dawei City they need to remove their masks and helmets and

³⁰ Tanintharyi Times Facebook page, 16 February 2022.

³¹ “Junta officials in some townships say men risk being shot if they ride the same motorcycle together” 16 Nov 2021 <https://www.myanmar-now.org/en/news/junta-officials-in-some-townships-say-men-risk-being-shot-if-they-ride-the-same-motorcycle>

walk their motorbike. Those who forgot and continue to drive are threatened by soldiers “do you want to die! You need to walk” and people have been forced to pay 30,000MMK (US\$18) as a fine.

People are harassed for not wearing masks, and people are harassed for wearing masks. Our surveys found that 45% of respondents reported that in the past 12 months they have received official announcements or orders to both wear masks and not wear masks.

These rules are enforced by military and police checkpoints throughout the city, and sometimes interactions at these checkpoints turn violent. Local media reported that on 25 February 2022, 40-year-old Ko Thein Htike Oo of Maung Mae Shawng village was shot dead at a checkpoint near his house.³²

7) COVID-19 used a pretext for junta nighttime household inspection raids

Our survey found that 18% of respondents have experienced household guest registration inspections under the military junta. While the re-imposition of such nighttime inspection raids – a hangover from previous military dictatorships – is clearly a junta strategy to crack down on its opposition, the practice also has COVID-19 related implications.

The inspections are a potential vector for COVID-19 transmission, as soldiers and police may be entering dozens of residences on any given night.

In Tanintharyi Region, it has been common for the junta to use COVID-19 regulations as an excuse to make these nighttime searches for opposition activists. Among our survey respondents who reported experiencing inspections, 16% said that junta forces mentioned enforcement of COVID-19 rules as the justification for the inspections.

In Dawei City in the first week of December, junta forces increased nighttime registration inspections stating they were checking for unvaccinated people. One young man broke his leg jumping from the second floor to evade the inspection because he was not vaccinated. To make matters worse, he felt that he could not go to the local clinic for treatment because those doctors were not joining the CDM and he feared that they would report him.

8) Community-led COVID-19 response initiatives disrupted by junta

Survey respondents who reported engaging in community-led volunteer COVID-19 response activities highlighted significant challenges to their work under the junta. The challenges that community volunteers reported included the threat of arrest by junta forces; an inability to transport urgent patients to hospital at night due to curfews; inattentive service at hospital and clinics; high cost of having doctors or nurses make home visits; difficulty convincing

32 Tanintharyi Times Facebook page, 16 February 2022.

CDM doctors or nurses to make home visits because they are afraid of being arrested; high cost of medicine and oxygen tanks; requirement to wait in long lines to purchase medicine and oxygen tanks due to limited supplies; and oxygen tanks not available at all.

In Tanintharyi Region, the junta has actively blocked access to medical supplies, oxygen and PPE. Oxygen distribution has been unfair, with military hospitals taking all or most of the available supply. For example, during the 3rd wave all oxygen tanks were removed from the Dawei Public Hospital and from the public health care team, and were taken to the military hospital. Anyone who wanted to access the oxygen needed to provide a reference recommendation letter from a township health administration department or from the junta-appointed village tract leaders.



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