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Human rights situations that require the Council's attention

Written statement* submitted by Physicians for Human Rights, a non-governmental organization in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[4 February 2022]

* Issued as received, in the language of submission only. The views expressed in the present document do not necessarily reflect the views of the United Nations or its officials.



Attacks on Health Care Workers, Facilities, and Services in Myanmar

Physicians for Human Rights (“PHR”) thanks the Special Rapporteur on the situation of human rights in Myanmar, Tom Andrews, for his longstanding work to promote and uphold human rights in Myanmar. February 1 marked the one-year anniversary of the 2021 coup d’état and the military’s ensuing crackdown on civilians, which has been characterized by targeted violence against health workers and obstruction of health care services in gross violation of international law.

Since February 2021, researchers from the Center for Public Health and Human Rights at Johns Hopkins University, Insecurity Insight, and Physicians for Human Rights, as part of the Safeguarding Health in Conflict Coalition, have monitored open-source digital materials, including local, national, and international news outlets, social media reports, and communications from local partners to identify reports of incidents of violence against health workers, facilities, and transport as well as obstruction of health care in Myanmar. This open-source methodology adheres to a protocol informed by the Berkley Protocol on Digital Open Source Investigations. Our report, “Our Health Workers Are Working in Fear”: After Myanmar’s Military Coup, One Year of Targeted Violence against Health Care,” documents and analyzes trends in violence against health workers and facilities since February 1, 2021, highlighting the following:

- 415 attacks on health care;
- 286 health workers arrested or detained;
- 128 health facilities attacked;
- 30 health workers killed.

These figures and the report’s analysis of trends at this time are based on a compilation of data from February 1, 2021 to January 10, 2022, though we note that these figures are continually updated and may change. While the highest number of incidents were documented in March 2021, there has been a gradual increase in documented incidents from September 2021 through early January 2022. Incidents have occurred all over the country, with notable clusters of events in the major urban areas of Mandalay and Yangon; Magway and Sagaing regions; and Chin, Kachin, Karen, and Karenni states. As powerfully stated by our partner, Mandalay Medical Cover, “Our healthcare workers are working in fear. We are being oppressed, we are forcefully arrested – as are our family members if we cannot be found – and are being prevented from providing proper medical care, resulting in permanent damage to patients and the loss of many lives.”

Attacks on Health Care Workers

Health care workers have been under attack since the beginning of the coup d’état. Attacks on health care workers include arbitrary arrests, detentions, and violence committed against all types of health care workers, ranging from doctors and nurses to emergency medics and volunteers. A total of 125 incidents of arrest or detention, with a total number of 286 health care workers affected, have been documented. The difference between the number of arrest or detention incidents and the number of people affected reflects the fact that health care workers are often arrested en masse.

Thirty health care workers have been killed since February 1, 2021. The reports of health care workers arrested in our dataset include arrests that have been made with or without warrants, as well as other incidents of health care workers being detained. It is often difficult to differentiate between arrests and detentions, as routine procedures are often not followed. Arbitrary arrests and detainments of all types and lengths have a harmful impact on health care workers and the provision of health care, so all such reports are included in our dataset.

Our partner, Mandalay Medical Cover, has explained these impacts on health care workers and their families: “Many of our team leaders and members are still being searched and some are charged with irrelevant accusations for helping the CDM [Civil Disobedience Movement]

medical professionals. Many of us are still staying away from our homes and known properties including our own medical facilities in which we make a living for our families. So, we are facing an economic and financial backlash. Our families are struggling to survive while many people are working normally.”

Attacks on Health Facilities

A total of 128 incidents of attacks on health care facilities have been documented since February 1, 2021. Hospitals and other health care facilities have been occupied, raided, and shot at by Myanmar security forces. During the nationwide protests, Myanmar security forces were stationed at public health facilities to wait for injured protesters seeking medical care in order to arrest them. Security forces also raided private hospitals to find and arrest health care workers participating in the CDM as well as protesters receiving treatment. Security forces have occupied hospitals in urban areas before major protests and have used health facilities in remote areas as shelter. They have taken supplies, damaged health facilities with indiscriminate shooting, and arrested health care workers, forcing patients to seek care elsewhere. Ambulances have also been used by Myanmar military for transport of forces and attacks on civilians. Myanmar security forces have raided and taken medical supplies from private clinics and charity organizations focused on providing voluntary medical and social assistance, including those associated with religious organizations, and have warned them not to provide care to civilian protesters. These incidents have disrupted the delivery of medical services, hindered access to medical care and the ability of people to seek health care services without fear.

Attacks on Health Care Services Exacerbate COVID-19 Third Wave

The military coup d'état has exacerbated the dire COVID-19 situation in Myanmar by disrupting vaccination rollout and hospital capacity improvement, destroying public trust and support for the implementation of prevention measures, and obstructing public access to lifesaving medical supplies and health facilities. Local media reports documented the devastating impacts of the COVID-19 “third-wave” (July – September 2021), which featured an unprecedented surge in deaths, overwhelming crematoriums and cemeteries. Thousands of people died – mostly at home, without access to any health care facility or provider – due to the collapse of the public health care system and obstruction of health care access.

Incidents of the military restricting access to lifesaving medical supplies, raiding charity organizations providing supplies and treatment, and blocking access to public facilities emerge as common themes during the COVID-19 third wave timeframe. Multiple reports indicate that the Myanmar military appropriated private oxygen plants in Yangon and began requiring citizens to apply for oxygen at State Administration Council (SAC) offices. Similar actions were taken in other parts of the country. On July 25, 2021, the military seized an oxygen production facility in Hpakant township, Kachin state and ordered the facility to only refuel oxygen tanks provided by the military. At the time of the seizure, this facility was the only facility capable of refilling tanks in Hpakant township and more than 70 patients being treated for COVID-19 required oxygen. On July 31, SAC troops told some 1,000 civilians queuing for medicines to treat COVID-19 to go home. These attacks on health care service delivery limited access to lifesaving medical supplies and treatment even during the height of a COVID-19 spike, thus contributing to the high rates of mortality reported.

As stated by Mandalay Medical Cover, “We still need safe and secure environment[s] to practice anywhere in the country including our hometowns... [T]argeting medical professionals [with] manhunt[s] should be completely stopped to restore the necessary health settings around the country during this new pandemic wave.”

Conclusion and Recommendations

The impacts on the people of attacks on health care over this past year are incalculable and will continue to have implications for many years to come – especially as these attacks

continue unabated. As stated by our partner, Myanmar Doctors for Human Rights Network, “One day without adequate health care is one more day with unnecessary and preventable deaths. The people dying are not just nobodies. They are our country’s future generations.”

Health care workers have the obligation and right to treat those in need – regardless of politics, race, or religion – under all circumstances of peace and conflict. Attacks on health care workers violate human rights and are grave breaches of international law. Members of the international community have made commitments to carry out the requirements of UN Security Council Resolution 2286, which strongly condemns attacks on medical personnel in conflict situations. Many states have formally reiterated their commitments to principles of the Geneva Conventions, including through the July 2019 Call for Action to strengthen respect for international humanitarian law and principled humanitarian action, which was signed by more than 50 states.

PHR calls for the following:

The United Nations Human Rights Council (HRC) and the General Assembly Credentials Committee should not recognize members of the Myanmar military authorities as the country’s UN representatives in any forum.

The HRC should pass a resolution on attacks on health care workers and infrastructure, and the widening humanitarian crisis in Myanmar, referring the situation to the UN Security Council for further action.

The HRC should continue to mandate and support mechanisms to gather information on the human rights situation in Myanmar which can be shared with the Council and with international justice and accountability mechanisms.
