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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.

[22 August 2022]

* Issued as received, in the language of submission only.



Human Rights Situation in Myanmar

Physicians for Human Rights (PHR) is an international human rights organization that works at the intersection of medicine, science, and law. For more than 35 years, PHR has used medical and scientific expertise to document and redress severe human rights violations around the world.

For more than 15 years, PHR has documented, exposed, and denounced human rights abuses in Myanmar, with a focus on the persecution of and violence against ethnic minorities such as the Rohingya. PHR submits the following information related to the 21 September debate on Myanmar by the UN Human Rights Council, with deep concern over the ongoing attacks on health care perpetrated by military forces in Myanmar, as well as atrocities committed against the Rohingya. PHR calls for the Council to:

- Reject members of the Myanmar military authorities as the country's UN representatives in any forum
- Pass a resolution under Item 4 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
- Continue to mandate and support mechanisms to gather information on the human rights situation in Myanmar which can be shared with the Council, as well as with other international justice and accountability mechanisms; and
- 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.

PHR welcomes the opportunity on 21 September for the UN Human Rights Council to be informed of the special rapporteur on the situation of human rights in Myanmar's oral progress report, and the 22 September report of the OHCHR on Myanmar (HRC res. 46/21). This is part of the Council's crucial work in raising awareness about the human rights abuses perpetrated by military forces for over the last decade in Myanmar, especially since the attempted coup d'état in February 2021, and the persecution of the Rohingya.

Attacks on Health Care

Health care in Myanmar has been under attack since the February 2021 attempted coup d'état. PHR health care partners in Myanmar have stressed that Myanmar is still under siege. Most of all, they have stated, the health care system is being destroyed and many patients around the country lack basic health support. Health care workers have been arrested, tortured, and even killed by military forces. Medical professionals in Myanmar have reported to PHR that they do not know how much longer they can keep working under current conditions, as the lives of health care workers are being torn apart. If the situation continues in its current state, the entire health care system will break down to an irrecoverable state soon, and there will be no turning back to standard health care for a very long time.

PHR's partners in Myanmar stated:

We urge the rest of the world and their leaders to take necessary actions and

some effort to, at least, make a change in our current political situation, which is dictated by the military, for the sake of humanity. Otherwise, it will lead to a more severe crisis that would be unimaginable for the young and innocent population of Myanmar.(1)

From February 2021 to January 2022, 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 independent Safeguarding Health in Conflict Coalition, monitored open-source digital materials, including local, national, and international news outlets, social media reports, and communications from local partners to identify reports of violence against health

care 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 care workers and facilities since February 1, 2021. (2) Insecurity Insight has continued to track attacks against health care in Myanmar (3) using this methodology and from February 1, 2021 to March 31, 2022 has highlighted reports of the following:

- 492 incidents of attacks on health care
- 564 health workers arrested or detained
- 126 health facilities attacked
- 36 health workers killed

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.

Justice for the Rohingya

Five years ago, 720,000 Rohingya fled their homes in Myanmar’s Rakhine state, following extreme acts of violence by the armed forces of Myanmar (Tatmadaw). (4) Accountability and justice for the crimes committed against the Rohingya, including burning of entire villages, beatings, rape, mutilation, and slaughtering of children, are critical to any hopes for a sustainable peace in Myanmar and beyond.

In an April 2022 peer-reviewed journal article, “‘Most of the cases are very similar.’: Documenting and corroborating conflict-related sexual violence affecting Rohingya refugees,” health care workers corroborated previous reports that “the Rohingya experienced [conflict-related sexual violence] at the hands of the Myanmar military and security forces.” Survivors often revealed their experiences of sexual violence while seeking care for a variety of physical and psychological conditions. Stigma, cultural pressure, and trauma created barriers to disclosing experiences of sexual violence and likely resulted in an underreporting of the prevalence of sexual violence. (5) The findings of this research emphasize the importance of offering universal, comprehensive, and trauma-informed services to all refugees with the presumption of high rates of trauma in this population and many survivors who may never identify themselves as such.

PHR supports the recent ruling by the International Court of Justice in the case concerning Application of the Convention on the Prevention and Punishment of the Crime of Genocide (The Gambia v. Myanmar). PHR calls on authorities in Myanmar to grant unrestricted access to United Nations agencies, officials, and international humanitarian and human rights organizations to provide essential services and conduct investigations into alleged human rights violations in Myanmar, especially in Rakhine state.

In June 2022, PHR’s researchers and partners published a peer-reviewed journal article on access to services for sexual violence survivors in Rohingya refugee camps in Bangladesh since the start of the Covid-19 pandemic.(6) The article is based on interviews with health care workers who were providing care to survivors of sexual violence at the outset of the Covid-19 pandemic in 2020. The data collected through these interviews showed how the government of Bangladesh’s prevention and containment policies at the outset of the pandemic led to the deprioritization of comprehensive, survivor-centered care for survivors of sexual violence. While PHR acknowledges that since publication of this paper, efforts

have been made to ease access to these resources for survivors, more remains to be done, including giving the Rohingya in Bangladesh official status as refugees in the country.

- (1) Statements were provided by PHR partners in Myanmar, who have asked to remain anonymous.
- (2) Lindsey Green, ““Our Health Workers Are Working in Fear”: After Myanmar’s Military Coup, One Year of Targeted Violence against Health Care,” Physicians for Human Rights, January 2022.
- (3) “Violence against or Obstruction of Health Care in Myanmar,” Insecurity Insight, May 2022. <https://insecurityinsight.org/wp-content/uploads/2022/05/Violence-Against-Health-Care-in-Myanmar-May-2022-update.pdf>
- (4) Shahanoor Akter Chowdhury, MA, MSS; Lindsey Green, MA; Linda Kaljee, PhD; Thomas McHale, SM and Ranit Mishori, MD, MSH, “Sexual Violence, Trauma, and Neglect: Observations of Health Care Providers Treating Rohingya Survivors in Refugee Camps in Bangladesh,” Physicians for Human Rights, October 22, 2020.
- (5) Lindsey Green, Thomas McHale, Ranit Mishori, Linda Kaljee and Shahanoor Akter Chowdhury, ““Most of the cases are very similar.’: Documenting and corroborating conflict-related sexual violence affecting Rohingya refugees,” BMC Public Health, April 9, 2022.
- (6) Shahanoor Akter Chowdhury, Thomas McHale, Lindsey Green, Ranit Mishori, Chloe Pan and Isabel Fredricks, “Health professionals’ perspectives on the impact of COVID-19 on sexual and gender-based violence (SGBV) and SGBV services in Rohingya refugee communities in Bangladesh,” BMC Public Health, June 4, 2022.