



# Violence Against or Obstruction of Health Care in Myanmar

## January 2023 update

Total incidents: 1 February 2021-31 September 2022



**671**

Reported Incidents



**750**

Health Workers Arrested



**140**

Raids On Hospitals



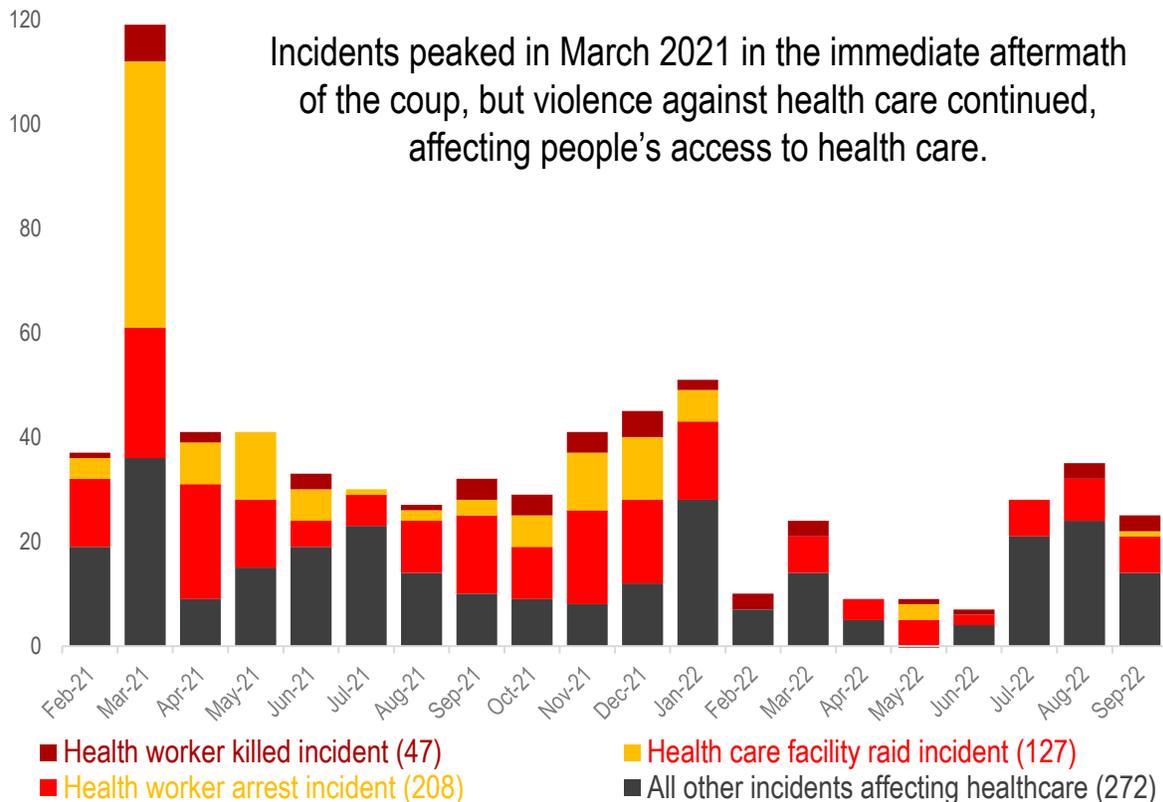
**56**

Health Workers Killed

Source: Insecurity Insight

In the period from the coup on 1 February 2021 to 30 September 2022, 671 incidents of violence against health care were reported in Myanmar. During this time at least 750 health workers were arrested, hospitals were raided on 140 occasions, and at least 56 health workers were killed. **Between April and September 2022, 111 incidents affecting health care were reported, highlighting the extent to which the Myanmar health system remains under attack despite a small overall decrease of reported incidents.** This report focuses on these 111 incidents (previous reports covered the periods 1 February 2021 to 10 January 2022 and 1 January to 31 March 2022).

### Reported incidents affecting health care in Myanmar, February 2021-September 2022\*



Source: Insecurity Insight

\* Changes in internet access in Myanmar may affect reporting.



Over these six months at least 42 health workers were arrested in 33 separate incidents as part of the military government's continued attack on any opposition to the coup, which included at least four reported incidents of raids on health facilities. Health workers continued to be targeted because of the care they provided to injured protesters and their leadership role as carers within communities, including rural communities and clandestine networks opposed to the military government.

Ten health workers were killed in eight separate incidents ranging from air strikes to landmine detonations and shootings, as well as deaths in detention following arrests or kidnappings, highlighting the diverse contexts in which lethal violence takes place in Myanmar.

A total of 72 other reported incidents impacted health care during this period, including abductions and the vandalising of health-care facilities. From June to September 2022 there were three cases of abductions, with one attributed to the Kachin Independence Army and two to unidentified perpetrators. In the period July-August there were five cases of arson reportedly carried out by State Administration Council (SAC) (i.e. military government) forces in which they torched health-care facilities, ambulances, medical supplies and residential housing. In June the burned bodies of three Civil Disobedience Movement (CDM) health workers were found in Magway following their torture by military forces.

## **Notable developments between 1 April and 30 September 2022**

- **The humanitarian space continued to shrink across Myanmar**

Over this period SAC forces made it increasingly difficult for health workers, humanitarian organisations, and local NGOs (LNGOs) throughout the country to access patients and community members. Since July 2022 there has been a rise in incidents specifically targeting LNGOs. In September 2022 two ambulances belonging to an LNGO were attacked with small arms.

In Kayah state at the end of April 2022 it was reported that health workers were unable to provide care to 70% of the civilian population due to roadblocks and restrictions imposed by SAC forces. Furthermore, in Rakhine state in July 2022, following tension and clashes between ethnic militias and SAC forces, the military imposed movement restrictions requiring NGOs to seek approval from the Minister of Security and Border Affairs for their staff to travel. This resulted in delays and cancellations of planned humanitarian activities.

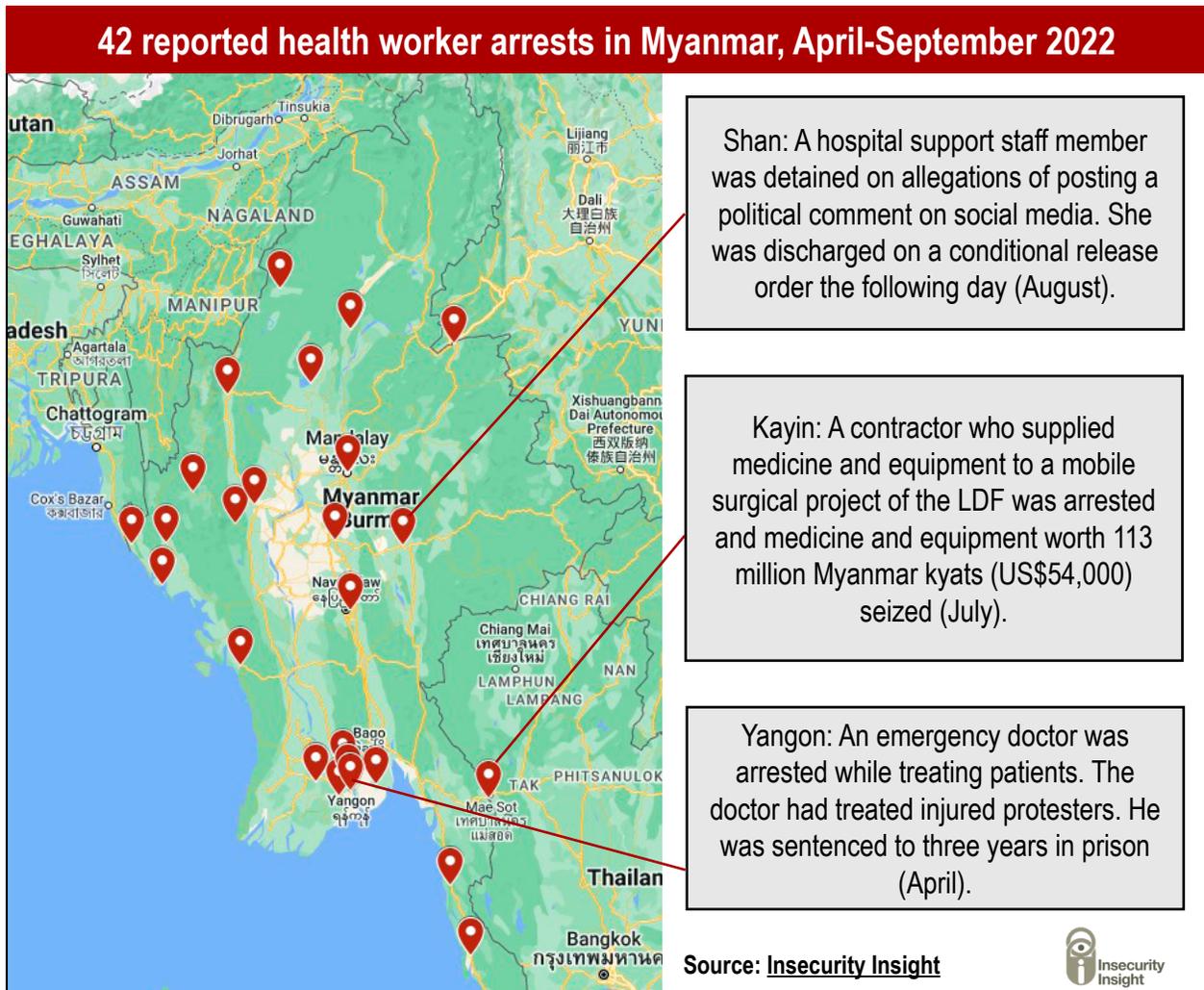
Incidents affecting the health-care providers not associated with registered NGOs were most frequently reported from Sagaing region, but there were also reports from Kayin state, Magway region, Rakhine state and Yangon. These incidents affected health workers working in private clinics and government-run health services, in support of clandestine health networks, and as volunteer health-care workers in rural communities and alongside local defence forces (LDFs). The incidents included a raid on a hospital, the seizure of a health worker's home, access denials at checkpoints for ambulances, and thefts and confiscations of ambulances. In one case a confiscated ambulance was later attacked with landmines by an LDF, damaging the vehicle and killing two soldiers. These events illustrate how the provision of health care is often interpreted as a manifestation of the right to govern a particular territory or population group. When the military perceive health workers as embodying such claims to power in contested territory they are often singled out as key targets.

- **Health worker arrests, killings, and hospital raids have continued.**

### Health workers arrested

Between April and September 2022 at least 42 health workers were arrested. In one particularly violent instance in Magway in May, military forces arrested a health worker and tortured him to death during interrogation. In other cases health workers were stopped while travelling in ambulances and arrested, and the ambulances were then set on fire.

Over time, the reasons for arrests have shifted from a security forces clamp down on health workers treating injured protesters to arrests in response to assisting or being affiliated to an LDF (providing supplies, medical care, etc.) and arrests for political activism on social media. This shift reflects the changing contexts of violence from the violent suppression of demonstrations to army counter-offensives against territories held by LDFs and the attempt to silence any kind of political opinions on social media. Such violence occurs in different places at different times and usually in areas under SAC control. In areas under the control of LDFs, health workers provide care in difficult conditions, but do not usually face the risk of arrest by the forces that control a particular area.



## Health workers killed

Between April and September 2022 at least ten health workers were killed in eight incidents in Magway, Sagaing, and Tanintharyi regions and in Kachin, Kayah, and Shan states. Health workers, including ambulance drivers, doctors and health-care volunteers, were killed while delivering medical care, during detention and interrogation, following their abduction and in air strikes. In all but two cases these health workers were killed individually.

These incidents highlight the wide-ranging forms of violence that target health workers perceived to support protesters or work for government-run health programmes and the impact of indiscriminate violence against civilians, usually with explosive weapons of some kind, that reduces the health workforce through direct loss of skilled personnel.



### Damage to health facilities

Air strikes (4), artillery fire (2), an improvised explosive device (IED) (1), arson (6) and vandalism (1) were reported to have caused damage to health facilities. All six cases of arson were attributed to SAC forces and impacted both health facilities and other health infrastructure such as pharmacies. For example, in August 2022 SAC forces torched a health centre and over 200 homes.

### Raids on health care facilities

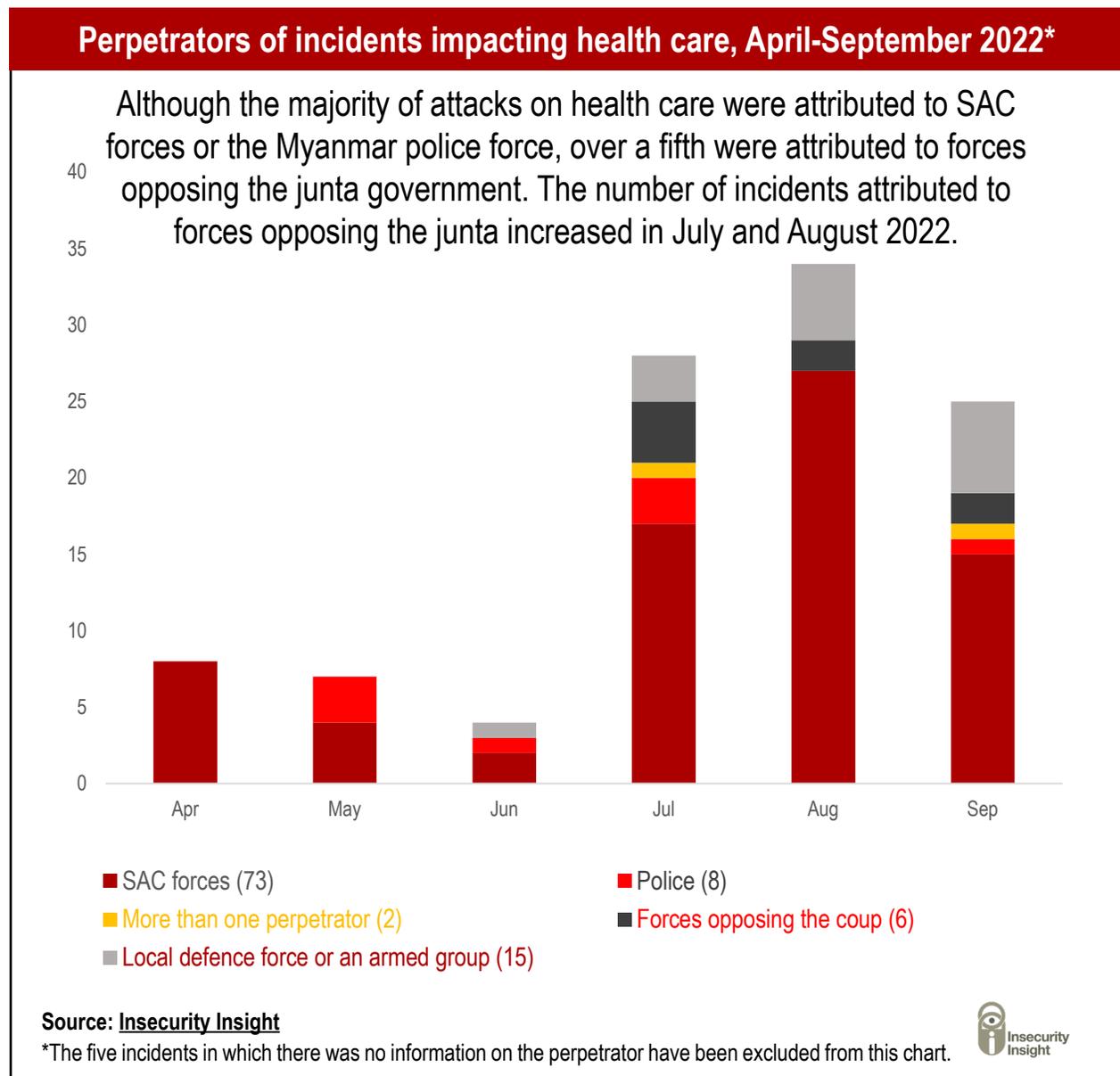
Between April and September 2022 SAC forces raided health-care facilities on at least four occasions. Public and private clinics in Mon state were raided twice in May in search of CDM-affiliated doctors, while over 30 SAC troops raided a hospital and arrested a nurse in Yangon. Health workers in Magway were forced to sign a document stating that they would not offer medical care to LDF members following a hospital raid by SAC forces in September. (It is likely that not all raids are reported.)



## Perpetrators of violence against health care

During the period April to September 2022 the majority of attacks on health care were attributed to SAC forces (73) or to the Myanmar police force (8). In 21 events the reported perpetrator is referred to as an LDF or armed group. Of these, some were attributed to the People’s Defence Force (PDF) (3), the Kachin Independence Army (2), the Arakan Army (1) and the Karen National Union (1), as well as unnamed groups. In one instance in Kachin state in July 2022 an armed group in a vehicle bearing the Kachin Independence Army logo kidnapped a male volunteer.

At least two incidents took place during clashes between SAC forces and LDFs in Chin and Magway during which a nurses’ house was damaged by artillery fire in Chin and an ambulance was set on fire as part of a wider attack by local militia and Myanmar military forces in Magway. Three events described health workers being forced to affiliate with the CDM by identified perpetrators, leading them to resign from their roles (September). The perpetrators of five incidents were not identified.



## Weapons used in the conflict and their impact

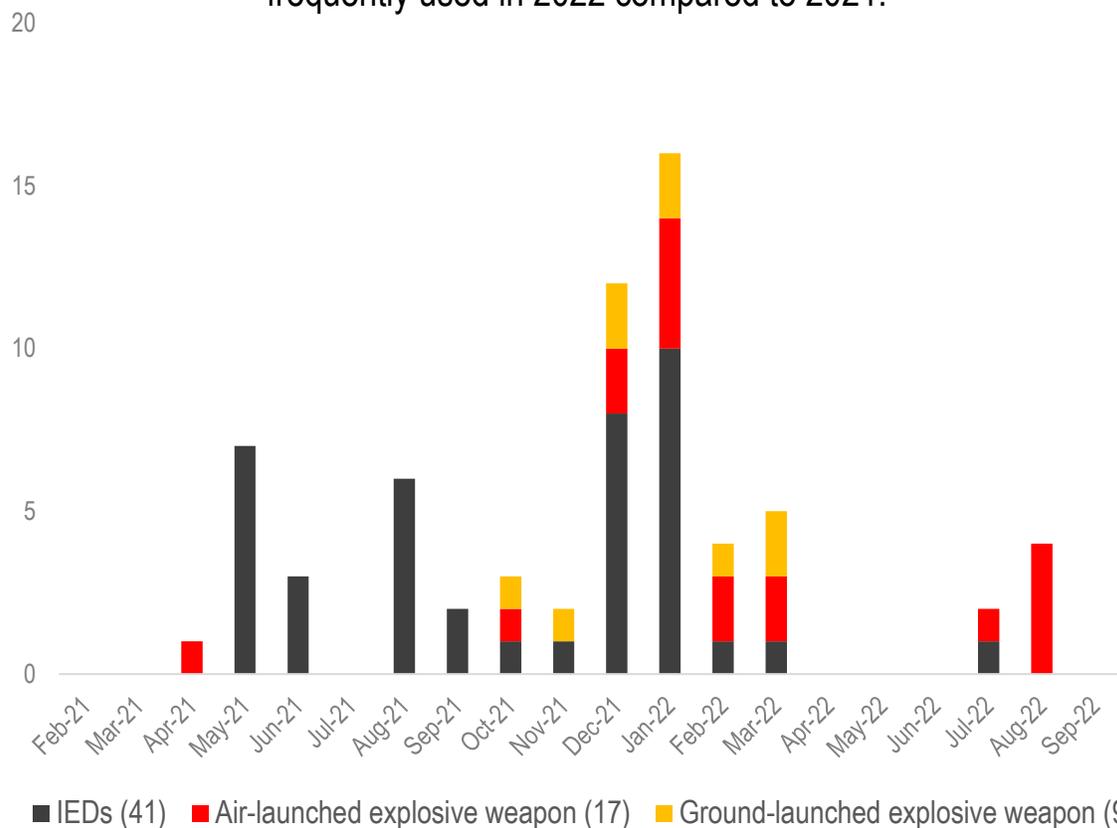
In April 2021, for the first time since the coup, reports of violence against health workers and health-care facilities included information on the use of military explosive weapons, when a locally run prosthetic clinic was destroyed in an air strike. In the aftermath of the coup most reported incidents had taken the form of firearms violence, arson and threats.

The impact of IEDs on health care was frequently reported between May 2021 and January 2022, when forces opposing the SAC government attacked the military’s presence in and around health facilities. Since then, reports of the use of IEDs in and around health facilities have been rare. One exception is an attack in July 2022, when the local PDF in Sagaing used an IED to target a traditional medicine hospital. The report gave the Myanmar military as the intended target.

Throughout 2022 air strikes increasingly affected health care. In July and August alone SAC forces carried out at least two air strikes that directly affected hospitals. Air-dropped explosive weapons usually have a wide-area effect and cause death and destruction beyond the intended target, thus creating reverberating effects for the health sector.

### Explosive weapons use impacting health care, April-September 2022

Use of ground-launched explosive weapons peaked between December 2021 and January 2022. Air-launched explosive weapons were more frequently used in 2022 compared to 2021.

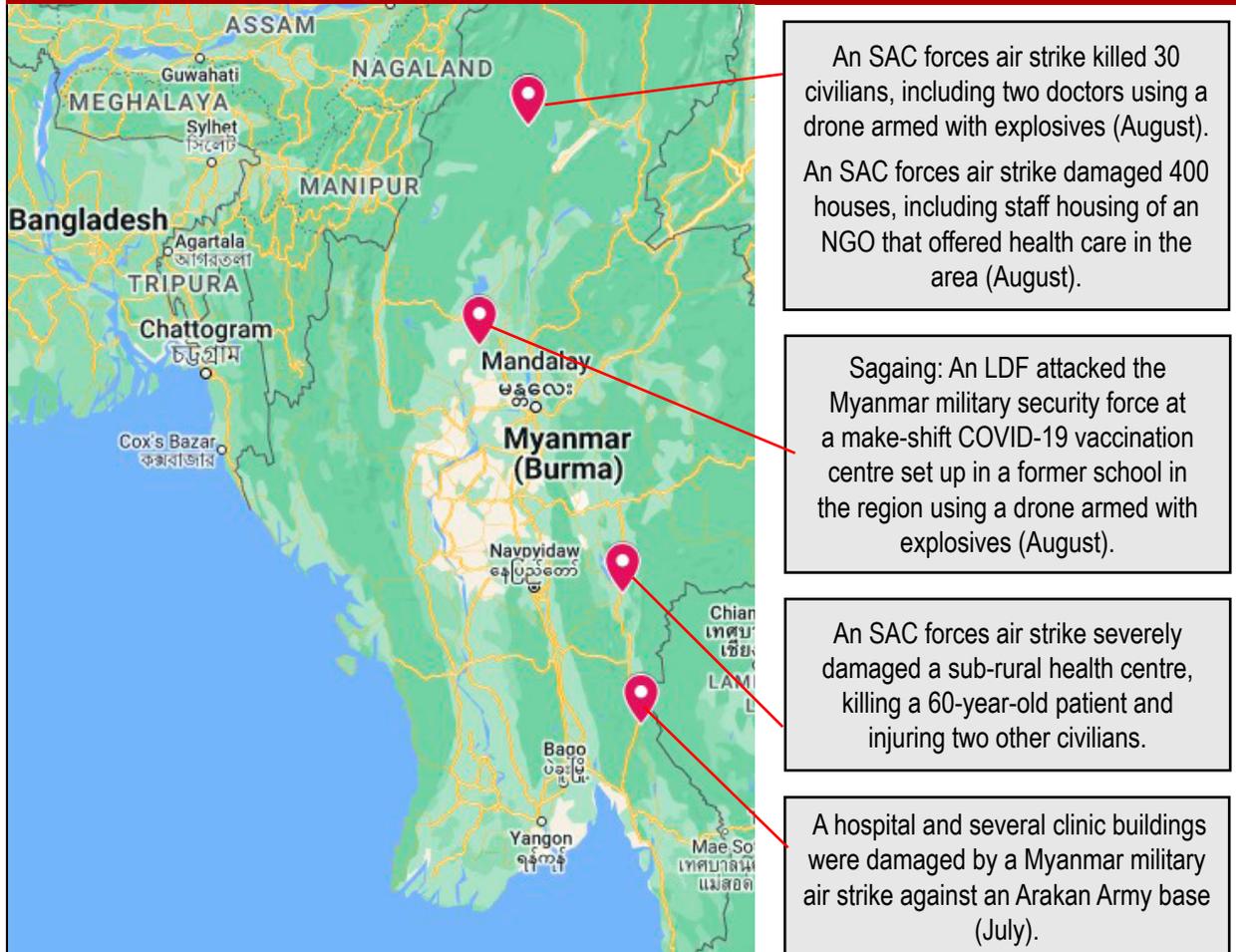


Source: [Insecurity Insight](#)

In Kayin in July 2022 a Myanmar military air strike against an Arakan Army base damaged a hospital and several clinic buildings. In August the first air strike carried out by SAC forces in Kayah severely damaged a sub-rural health centre, killing a 60-year-old patient and injuring two other civilians. In addition, air strikes with devastating effects on the civilian population also affected health care by killing qualified staff. In Kachin an air strike by SAC forces killed 30 civilians, including two doctors (husband and wife). Another SAC forces air strike in Kachin damaged 400 houses, including staff housing of an NGO that offered health care in the area, undermining the capacity of health staff to provide care.

In addition, the local LDF in Sagaing reportedly used a drone to carry out an attack using an air-launched explosive. LDF drone use during the conflict was first reported in December 2021, when an LDF used a drone-delivered bomb in Pale township, Sagaing region. Two incidents of drone bombs affecting health care were subsequently reported. In August 2022 LDFs attacked the Myanmar military security forces at a make-shift COVID-19 vaccination centre set up in a former school in Sagaing using a drone armed with explosives. This resulted in the deaths of five individuals and injuries to four. All the victims were civilians. From the available information it appears that the drones delivered homemade explosive devices rather than military-grade munitions.

### Five documented cases of air-delivered munitions impacting health care in Myanmar, April-September 2022



Source: [Insecurity Insight](#)

## Conclusions

Health workers play a key role in societies experiencing violent conflict. They save lives by providing care for those injured by conflict-related violence, while a functioning health system also prevents many indirect conflict-related deaths through the continued provision of maternal and child health services, immunisation, and general care. If conflict-related pressures lead to the breakdown of health services, societies are very badly affected. Also, many health workers are important role models in their local communities who provide leadership in times of crisis by offering care and compassion when violence threatens to destroy the fabric of society. Health workers are, of course, civilians, and together with other community leaders are pivotal in helping societies through challenging violent times. Good health-care services strengthen societal coping mechanisms. Health workers are needed to help the most vulnerable, such as small children, pregnant women, the elderly and people with disabilities.

International humanitarian law (IHL) protects the provision of health care in conflict-affected contexts. In practice, however, IHL is often not respected and there is next to no accountability when laws are ignored. Better practical mechanisms for prevention, protection and accountability are needed.

In Myanmar, attacks on health care can mainly be attributed to SAC forces. Such attacks are likely part of a wider strategy to crush a population refusing to submit to SAC control. Increased targeting of LNGOs and a crackdown on health workers associated with LDFs suggest that the SAC government is seeking to establish control over all facets of the health sector as part of its overall strategy to control the entire country. Furthermore, an increase in air strikes carries the risk of widespread destruction of health facilities, with wide-ranging impacts for access to health care that will inevitably result in deteriorating public health throughout Myanmar.

LDFs or other non-state actors reportedly carry out some incidents. Many such reported events are linked to attacks on SAC forces when they have occupied health services for their own use or offer health services as part of their claim to authority. The objective of attacks on health care by forces opposing the junta government is to inflict harm on the SAC and its forces. However, the extent to which civilians are also harmed during such attacks suggests insufficient care on the part of the attackers, possibly caused by an underlying intention to drive civilians away from using government-provided health services.

Violence has devastating mental health impacts on surviving health workers. There is increasing evidence that high levels of stress resulting from such violence limits the ability of individual health workers to care for others, causing many of them to abandon the work they love. Over time, such violence has a devastating impact on the quality of care provided by a health-care system. In Myanmar, attacks on health workers have resulted in the collapse of the health-care system. As a consequence, basic public health care cannot be carried out safely and Myanmar is at risk of outbreaks of multiple diseases that could devastate the country, and also have adverse regional and international consequences. Moreover, this could lead to more refugees leaving the country, putting a burden on the health systems of surrounding nations such as Bangladesh, India, Malaysia and Thailand.

## Data Collection

- This document was prepared from information compiled by Insecurity Insight. It is drawn from credible information that is available in local, national, and international news outlets, online databases, and social media reports.
- 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 on-the-ground verification by Insecurity Insight.
- All decisions made on the basis of or in light of such information remain the responsibility of the organisations making them. Data collection is ongoing and data may change as more information becomes available.
- To share information about further incidents or report additional information or corrections, please contact [info@insecurityinsight.org](mailto:info@insecurityinsight.org)

## Further resources

- Explore the '[Attacked and Threatened: Health Care at Risk](#)' interactive global map for reported incidents (select Myanmar by clicking on it on the map and selecting a time frame. Use the filters on the left to show different contexts).
- Data on attacks on health care in Myanmar between 2016 and 2022 is available to download on the [Humanitarian Data Exchange](#) (HDX).
- The 2021 'Violence Against or Obstruction of Health Care in Myanmar' [SHCC Factsheet](#).
- The '[Attacks on Health Care](#)' news brief includes information on incidents in Myanmar with links to sources. Available since October 2017.
- Visit our [website](#) for our latest and past analysis reports.

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