



A police officer points his gun at a medical worker during the crackdown on anti-regime protests in Yangon.

Article by Fabio Saini, Rosalia Sciortino and Marc van der Putten originally published in The Irrawaddy of 6 November 2021.

Since the military overthrew the civilian government in Myanmar in February 2021, the situation in the country has continued to deteriorate and people live in a state of terror that deeply affects their right to health, as well as many other human rights. At the time of writing, the Assistance Association for Political Prisoners rights group has reported that more than 9,800 people have been arrested and over 1,200 people killed since [the first reported fatality](#). Mya Thwet Thwet Khine, a 19-year-old woman shot dead by a sniper at a rally near the city of Naypyitaw in February 2021.

Nine months of resistance is taking a toll on society, with many people reporting feelings of anger, anxiety and helplessness, and the young despairing over their lost future. Affected families are overwhelmed by the loss of relatives to disease and violence. Insomnia, depression and suicide are on the rise in this context of indiscriminate violent repression.

Healthcare professionals have not remained neutral. They were among the first to join the Civil Disobedience Movement (CDM), going on strike to pressure the junta to return power to the elected government for the well-being of the country and its people. The military regime responded by announcing that they would revoke permission to provide services from any health facility employing or supporting health workers involved in the CDM, and would prosecute anyone helping those on strike.

Violent repression of public health professionals involved in the anti-coup resistance movement is but one of the ways in which the junta has weaponized public health in order to crush the civilian opposition, regardless of the wider public health, human and social costs of pursuing this strategy. The military has arrested and detained doctors and nurses simply for treating civilians who had been injured in anti-coup protests.



Yangon General Hospital staff protest against the military coup outside the emergency department on Feb. 3. / Htet Wai / The Irrawaddy

In their strong condemnation of the junta's action, the [World Medical Association](#) stated that, "the violence of the security forces is intolerable. Private clinics, medical personnel carrying out emergency treatment and ambulances have been shot at without any reason. We have reports of doctors being arrested and others fleeing from their homes to hide from the military regime." These reports have been confirmed by the Myanmar Doctors for Human Rights Network and corroborated by the World Health Organization's (WHO) Surveillance System for Attacks on Health Care, which now considers [Myanmar one of the deadliest places on earth for healthcare workers](#), with 260 documented attacks this year alone, accounting for nearly 40 per cent of the global total.

This has happened in the context of a catastrophic third wave of COVID-19 that peaked in July 2021, with the population and volunteer medics having to fend for themselves to find oxygen and treatment places amidst attacks. The increasing number of people arrested by the junta has worsened prison overcrowding, thus compounding the risks of transmission of COVID-19, and there is a lack of information about what treatment, if any, prisoners may

have received, especially political prisoners. Released detainees told Human Rights Watch that masks were often not available and sanitary conditions were abysmal.

People stand by the side of the health professionals since they all share the same motivation of seeing the coup fail as soon as possible. Many people do not trust the military and refrain from seeking healthcare for fear of being targeted. This even when concerned that they might have been exposed to COVID-19 infection or would wish to get vaccinated.

While doctors and nurses continue to assist people outside of government structures at great risk, the junta has accused them of genocide for leaving their jobs. But who is committing atrocities? The violence of the junta has spared no-one, not even children, and during the first two months alone after the coup at least [43 were reportedly killed](#) by regime forces. Sexual assault is also rife. In a country where the military is known to use rape as a tool of war against ethnic minorities, women who are bravely standing in the frontline of protests have been exposed to sexual violence, especially when in custody. LGBTI activists involved in the resistance movement have also suffered the same violent fate and experienced humiliation compounded by entrenched prejudice.



Medical Professionals staged a protest against the military regime on March 13 in Yangon. / Kaung Htet

Restoration of health and wellbeing requires a strong condemnation of the junta for the appalling violations of basic human dignity that they have committed and continue to perpetrate, of which the weaponization of health is only one tragic and inexcusable example.

As global health professionals we fail our ethical imperative to do no harm if we remain passive observers of this situation.

We believe that the military junta must be denied any form of recognition and legitimacy. It is time for organizations responsible for global health governance to take a firm stand and exclude the junta from their bodies, an action that should be taken first and foremost by the WHO. We welcome the decision to exclude the junta from the [recent 74th Annual Assembly](#) and we await more decisive and permanent actions against the military government in order for WHO to provide leadership, uphold its own principles, and realize its rights-based mandate. We echo [Sarli, D'Apice and Cecchi](#)'s call for the global health community to take a stand and support the health professionals and the people of Myanmar in their CDM because "democracy means health, and health means democracy. They are intrinsically linked, mutually becoming one precondition of the other".

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Source: <https://www.irrawaddy.com/opinion/guest-column/myanmars-military-regime-has-weaponized-public-health.html>