Opinion: The generals in Myanmar are waging war on doctors and nurses

Myanmar soldiers walk along a street during a protest against the military coup in Yangon, Myanmar, on Feb. 28. (Stringer/Reuters)

Opinion by Leonard Rubenstein and Sandra Mon

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The Feb. 1 military coup in Myanmar triggered a wave of popular protest that has yet to abate. Since then, security forces have reportedly killed more than 800 demonstrators.

Yet even amid the slaughter, one particular cruelty of the junta stands out: its deliberate targeting of health-care workers.

On Feb. 27, the military launched its first violent attack against health care, dispersing peacefully protesting nurses and doctors with live rounds and smoke grenades. By early April it had committed more than 100 attacks on health-care transport, facilities, and personnel, killing at least 10. Soon thereafter, the

military began charging medical staff with "attempts to deteriorate peace and stability of the State." According to our research, the authorities have so far issued arrest warrants for more than 500 health-care workers.

The junta's attacks on health care have a perverse logic. Mere days into the coup, Myanmar's health professionals, still in the throes of the country's covid-19 response, launched a nationwide strike to protest the coup, galvanizing the pro-democracy civil disobedience movement. For that, the authorities have designated them enemies of the state. In April, a junta spokesperson absurdly accused protesting medics of committing genocide.

Regime violence has extended beyond doctors and nurses who are pro-democracy activists. Since March, the military has occupied at least 36 hospitals across the country. Security forces have attacked and hijacked ambulances, directed private facilities not to treat wounded demonstrators, obstructed medics from reaching protest areas and looted medical equipment from organizations offering emergency care.

In one harrowing account, a doctor in Mandalay told one of us that on May 1, security forces raided a local clandestine clinic, then severely beat and detained rescue workers nearby.

The brutal assaults on health care in Myanmar have parallels elsewhere. The regime of Syria's Bashar al-Assad has assaulted health care as a strategy of war. In Turkey, doctors have been harassed and punished for reporting the torture of prisoners. In many countries, new laws criminalize providing health care to alleged terrorists.

In Myanmar, the recent assaults continue a long-established military strategy of denying health care to communities that challenge the junta and punishing the doctors and nurses who seek to offer it.

Ten years ago, one of us conducted research on access to health care during a lengthy war waged by the regime against ethnic groups seeking autonomy. The military junta at the time deemed these communities to be enemies and forbade international humanitarian organizations from operating among them. Soldiers burned clinics, stole supplies and medicines, and arrested, kidnapped and murdered medical staff. One medic recalled, "Because we are health workers for our people, if [the soldiers] know this, they will kill us." To offer basic services such as delivering babies and teaching malaria prevention, doctors had to travel furtively through the jungle to avoid encounters with security forces.

The military's cruelty against people with medical needs and their caregivers, then as now, breached fundamental protections of health care under international law that date back to the 1860s. The rules are straightforward: Wounded and sick people and their caregivers may not be attacked or denied care based on their affiliations, and no health provider may be punished for providing it. Five years ago this month, the U.N. Security Council adopted a resolution condemning the alarming violence against health care in conflict and calling on governments to take concrete actions to stop it and hold perpetrators to account.

The violations in Myanmar are taking place in a country that, according to the World Bank, spends $60 a year per capita on health care, near the bottom of global rankings. The violence in recent months has interrupted essential services for HIV, tuberculosis, emergency obstetric care and chronic illnesses, in addition to protest-related injuries.

Myanmar's covid-19 vaccination program, the third to be launched in Southeast Asia, has stalled thanks to widespread distrust of the military-commandeered health ministry. Coupled with a quickly diminishing health workforce and the rapid emergence of new SARS-CoV-2 strains in the region, a surge in cases in Myanmar could destabilize health security even beyond its borders.

The international community must act firmly to restore democratic governance in Myanmar. It must also end the military's lack of accountability for crimes against health and humanity by prosecuting perpetrators. It should support aid to restore Myanmar civilians' right to health care.

The civilian National Unity Government (NUG), standing in opposition to the junta, is poised to respond to people's most critical needs in health and beyond. Toward that end, international health mechanisms, such as the World Health Organization's Covax program, should partner with the NUG to address the country's most urgent medical needs.

Those responsible for the assaults on health-care workers in Myanmar, as elsewhere, have long enjoyed impunity. This cannot be allowed to continue. The world must take a stand.