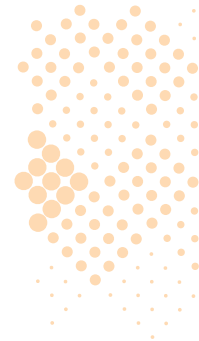


Nowhere to Run:

Deepening Humanitarian Crisis in Myanmar





Introduction

This briefing paper will provide an overview of the devastating humanitarian crisis in Myanmar, focusing on Kachin, Karen, Shan, Karenni, Chin, and Rakhine States, covering the nearly seven month period since the coup d'état attempt by the Myanmar military on 1 February, 2021. The attempted coup has severely compounded the existing humanitarian crises, straining the lives of vulnerable communities in ethnic regions, built on decades of civil war at the hands of the Myanmar military and unremedied policies and structural barriers by previous governments allowing for the safe, dignified and voluntary return of internally displaced persons. The Myanmar military's fierce warmongering and persecution of those within the Spring Revolution has left over 3 million people food insecure, hundreds of thousands of people displaced and an economy in ruins.¹ The attempted coup has precipitated a near collapse of the banking system and has fueled the uncontrolled spread of the Delta variant of COVID-19, which the military has weaponized for its own gain.

The research methodology of this briefing paper is focused predominantly on desk research due to the rapidly changing humanitarian situation in Myanmar and challenging circumstances in conducting field research in the country due to security concerns per the ongoing violence by the Myanmar military. Limited and short-form interviews were conducted with those in secure locations, providing firsthand accounts of the unfolding humanitarian crisis from different regions of Myanmar, with specific insights into how humanitarian aid can be effectively distributed within the ethnic regions and with local actors. Due to security risks, as outlined in this paper, we were unable to cover all ethnic areas and access all potential interviewees. This briefing paper revisits ethnic areas discussed in the detailed joint report "There is No One Who Does Not Miss Home" published in 2019 by 15 Myanmar civil society organizations and reiterates and builds on the continuing calls to the international donor community to support local organizations, empower their agency and decision-making and for the provision of cross-border aid.²

This briefing paper is predominately limited to ethnic regions, as these regions have suffered historically from decades of conflict, humanitarian crises and shortages of aid. At the same time, it should be stressed that many of the issues and themes discussed therein apply nationwide, including central and southern Myanmar, as the devastation in the wake of the coup is not limited to tightly drawn geographical boundaries. In aid of this, recommendations given at the end of the paper will predominantly focus on ethnic regions but can be applied beyond these regions. This briefing paper covers a period from 1 February, 2021 until the beginning of August 2021, encapsulating nearly seven months since the military junta attempted to unlawfully capture power by preventing the duly elected parliament from opening its first session since the November 2020 elections. A detailed list of recommendations accompanies the findings of this briefing paper, aimed at expediting the humanitarian response to the people in ethnic regions and beyond.

Key Messages:

- » The current human rights and humanitarian crises are a direct result of the military junta, whose craven search for power has manifested in an all-out war in the ethnic borderlands of Myanmar. There are serious failures in response to the humanitarian crisis since the coup, as provisions of aid are not being able to be delivered to those most in need. One of the root causes of this is the Myanmar military, which has weaponized and blocked humanitarian aid to ethnic regions. One Karenni community representative said roadblocks are set up by the military junta at all major arterial routes into the state, preventing food and medical supplies from entering – some of which have been burned or destroyed by the military junta.³
- » The military junta must be excluded as a partner or conduit in the distribution of aid, as time and again they have weaponized humanitarian aid for their own ends. Calls for provision of cross-border humanitarian aid and direct support to local community-based organizations (CBOs) and civil society organizations (CSOs), particularly from and based in ethnic communities, have persisted for years and are detailed in a joint report “There is No One Who Does Not Miss Home” published in 2019 by 15 Myanmar CSOs.⁴ These calls have become more urgent as the junta continues to use denial of humanitarian aid as a weapon to pressure the members of the Civil Disobedience Movement (CDM), strike committees, and the wider Spring Revolution who continue to oppose the military junta. In Kachin State, CSOs, CBOs, local church groups and faith-based organizations have assisted internally displaced persons (IDPs) for decades, continuing through the coup period but need a redoubling of international support to continue their tireless work.⁵ In Mon and Karen States, local charities and CBOs have assisted their communities to coordinate rescue missions, shelter and food for those displaced due to floods.⁶ All interviewees for this briefing paper are calling for donors to be flexible, fast track applications and remove bureaucratic barriers to accessing funds during this humanitarian emergency.⁷
- » The deadly third wave of COVID-19 precipitated by the Delta variant that is spreading throughout Myanmar, has further deepened the humanitarian crisis leaving the most vulnerable without adequate healthcare. One Ta’ang community representative reports that medical supplies and medicine are not reaching communities in Shan State as aid is being blocked by the military junta and people are unable to access Chinese medical supplies due to the Chinese border closing.⁸ Humanitarian aid should be distributed through the COVID-19 Task Force established by the interim government of Myanmar – the National Unity Government (NUG) – and Ethnic Health Organisations (EHOs) through cross-border channels, local humanitarian networks, ethnic service providers, community-based and civil society organizations.

- » The orthodox humanitarian aid model of distributing aid through a central state authority, placing importance on state sovereignty, neutrality and independence, cannot function to adequately address the crisis in Myanmar. The military junta has attempted to destroy structures of the state and weaponized aid for political means and blocked it from reaching ethnic areas. For international donors to sign a Memorandum of Understanding (MoU) with the military to allow aid through central Myanmar, this would lend legitimacy to the junta, allowing them to dictate terms of aid distribution and prevent ethnic communities from receiving the aid.

- » The decision that international donors and aid organizations make must be guided by the people of Myanmar, who have overwhelmingly rejected the military junta. This means focusing on principles of solidarity and 'do no harm', placing the people of Myanmar at the center of decision making – rather than the overstated principle of neutrality. One Karen community representative said this should come in the form of support for existing local structures to provide humanitarian aid directly to CSOs, rather than creating new structures. These are the structures built by the local community, which could be eroded if an INGO overrides their functions through a top-down approach in the distribution of aid. Thus, donors and INGOs must listen to communities, ensure conflict sensitivity and support local communities to be the driving agents in their own humanitarian aid solutions.

Overview of the humanitarian situation in ethnic areas



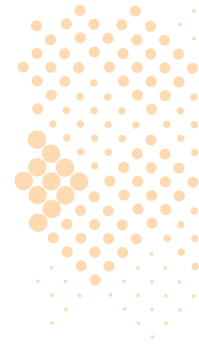
“The humanitarian needs have never eased in conflict affected areas, even during the ceasefire period, as the Tamadaw has stationed themselves where villagers are living.”

– Karen CSO Representative

Over a quarter million people have been displaced since the coup attempt, adding to the over half a million people in protracted displacement as a result of conflicts prior to the coup.⁹ Fierce attacks, including aerial bombings have been perpetrated by the Myanmar military in Karen, Karenni, Kachin, Shan and Chin States leading to large-scale displacement, death of civilians including children, destruction of property and religious buildings and other violations of human rights and humanitarian law, many of which amount to war crimes and crimes against humanity. Tragically, these events add to a litany of historic human rights abuses against ethnic communities over decades of conflict perpetrated by the Myanmar military, resulting in protracted displacement and a long list of unresolved humanitarian needs including food, water, healthcare, shelter, and livelihood.¹⁰ Additionally, ethnic communities have faced and continue to face discrimination, Burmanization, confiscated and stolen land,

exploitation of ethnic land for natural resources, denial of land and restitution for property destroyed or lost due to conflict, and marginalization from decision making and governance structures.¹¹ While the coup has overshadowed many of these historic grievances, it is pressing to remind ourselves of the context from which it manifested. Additionally, it is important to be mindful of the CSOs and CBOs that continue to valiantly push ahead with serving their communities to remedy current and historic wrongs.

As of 28 August, 2021, the horrific violence against peaceful protests within the Spring Revolution has resulted in 1,026 killed, 7,627 arrested, 6,005 still in detention and 1,984 arrest warrants issued, 118 sentenced in absentia, 39 sentenced to death in absentia and 104 children in detention.¹² Tragically, at least 75 children are among those who have been killed since the coup began, and this number is likely to be higher than the number reported.¹³ The military continues to arbitrarily arrest, kill, torture and commit sexual violence against those who stand in defiance of their attempted coup. When unable to locate an intended target, the military junta will abduct or even sentence to imprisonment family members of protesters or CDM members who are evading arrest. These violations include children as young as four who have been detained and children as young as one who have been killed.¹⁴ Other vulnerable groups, such



as women, elderly, ethnic communities, religious minorities, disabled and LGBTQI have been targets of discrimination and have experienced different challenges in the wake of the coup – especially in detention and during displacement.¹⁵ As time has marched on since February 1, the extreme violence committed by the military junta, both in the cities, urban, rural and in ethnic border areas, has left a humanitarian crisis, COVID-19 crisis and trauma to communities in its wake. Below we will examine the lasting impacts and the needs specific to populations in ethnic areas, as well as briefly addressing the needs of those in central and southern Myanmar.

Rakhine State

The ravages of conflict in Rakhine State between the Myanmar military and Arakan Army from 2018-2020, as well as the prior clearance operation and the Rohingya genocide have had lasting humanitarian impacts which remain unaddressed.¹⁶ Pinin Yip IDP camp in Mrauk-U, Rakhine State is currently under lockdown, and the IDPs are unable to leave the camp to seek work, while the camp itself is inundated with flood water and the World Food Programme payments have not reached the camp since June.¹⁷ Additionally, the camp has not received provisions of soap, hand sanitizer, face masks and other PPE since the second wave of COVID-19 in September 2020.¹⁸ For Rohingya and other Muslims in Rakhine State, their situation has additional hardships, including discrimination and the denial of basic human rights, such as freedom of movement, healthcare and citizenship rights. Rakhine State is littered with IDP camps where temporary and makeshift dwellings are not fit to withstand the elements, without proper sanitation, drainage, and hygiene measures making the spread of communicable diseases and COVID-19 unstoppable.¹⁹ The remanence of war is ever-present, with 38 injured or killed by landmines or unexploded ordinances in Rakhine State in the first five months of 2021, with 100 killed or injured nationwide.²⁰ For Kaman IDPs in Kyauktalone IDP Camp who fled their homes due to violence in 2012, their situation is utterly despairing as the monsoon season has brought high flood waters to the camp, squalid living conditions without livelihood opportunities, and current aid not able to sustain IDPs.²¹ They have also been repeatedly denied basic human rights, such as freedom of movement, right to healthcare and their right to return to their homes in downtown Kyauk Phyu, based on their religious beliefs.²²

Chin State

Currently, in Mindat, Chin State the Myanmar military has laid seige on the town, clearing nearly all of the 11,000 inhabitants through aggressive artillery shelling and the deployment of ground troops, who have perpetrated sexual and gender-based violence.²³ At present, 10,000 people are displaced in makeshift jungle camps and cut off from Mindat, needing food, water, adequate shelter from the torrential rain, medical attention and communication devices. Recently, a displaced pregnant woman, two infants and three elderly people have died from lack of medical care in Chin State.²⁴ This attack on Mindat is indicative of the “four cuts” strategy (Phyet-Lay-Phyet), a brutal method employed over decades by the Myanmar military, which cuts off food and aid, funds, intelligence and recruits for ethnic armed organizations, which includes clearing an area of civilians.²⁵ For IDPs, aid has been scarce apart from that provided by local community, and the United Nations High Commissioner for Refugees (UNHCR). However, the UNHCR has been blocked by the junta from distributing aid outside Mindat to the vast majority of those displaced by the junta’s siege of the town, with the junta impeding the distribution of aid to those most in need, even though IDPs in desperate need are mere kilometers away.²⁶

The northern part of Chin State shares a large border with India's Mizoram and Manipur States, and since the coup, an estimated 16,000 people have fled from Myanmar to India to avoid persecution from the military junta.²⁷ Instead of receiving refugee status, many have been detained under the Foreigners Act for entering India without travel documentation, and in detention are denied adequate food and healthcare. Two female refugees from Myanmar arrested in Manipur State, Ma Myint (46) and Mukhai (40), died of COVID-19 and were only taken to hospital once their condition was critical. Officially, under the Foreigners Act, authorities have to deport those without travel documentation back to Myanmar; however, this would be in contravention of the principle of non-refoulement – so many languish in prisons or with the help of civil society are bailed to an old quarantine facility.²⁸ Ultimately, they are stuck until there is outside intervention to advocate for these people or it is safe for them to return to Myanmar. These refugees are in desperate need of support and rely totally on aid, which has only been provided by the local Chin community in India and by CSOs on the ground.²⁹ A Chin community representative has asserted these humanitarian needs can be eased through international cooperation with Indian authorities and direct support for local CSOs on the border.³⁰

Karenni State

In Karenni and southern Shan States, an estimated 177,000 are displaced and effectively cut off from aid due to aggressive attacks by the Myanmar military, targeting homes, churches and civilians with shelling and airstrikes – committing war crimes at will.³¹ This includes blocking access to Karenni State from outside, restricting the free flow of humanitarian aid and burning rice and destroying medicine, a tactic of starvation which has resorted some to eating tree trunks for food – which has no nutrients.³² “Willfully impeding relief supplies” as a tactic of starvation is considered a method of warfare and is a war crime.³³ In addition, eight churches have been damaged or destroyed by artillery shells in Loikaw and Demawso Townships (Karenni State) and Moebye and Pekhoh Townships (southern Shan State). Military troops have also set up camps in church compounds, further violating their role as sanctuaries for people in need.³⁴ In the two months since the heinous attacks in Karenni and southern Shan States, aid has not been able to reach those in need, while some is trickling through to Shan State – it goes to the IDPs and bypasses those who are displaced outside the camps.³⁵ Those CSOs, CBOs and charity groups attempting to support IDPs with humanitarian support risk their lives and their liberty, as the military junta is arresting and targeting those assisting IDPs and human rights defenders.³⁶ On 12 June, two volunteers assisting a local aid organization were arrested by the junta at the Loikaw Bus Station transporting aid to IDPs from outside state. Due to this situation, and supplies being seized by the junta before entering Karenni State, local groups have to source aid on their own or from local merchants, but limited cash withdrawals are hampering these efforts and they risk being a target of persecution by the junta for assisting IDPs.³⁷

The junta's brutality has continued throughout June and July, even after attempts by the Karenni ethnic armed organizations to broker an end to conflict in the region.³⁸ As of 22 July, nearly 119,000 people are estimated to be displaced, with over 10,000 new displacements between 5 July and 18 July.³⁹ On 12 July, the Myanmar military conducted a clearance operation in northern Loikaw Township, killing livestock, burning homes, destroying property and displacing 8,000 people from 20 villages.⁴⁰ On 18 July, the military junta, after bringing in more troops, launched an artillery attack on Nan Peh displacing around 2,600 people.⁴¹ On 3 August, Myanmar military 66 Division perpetuated a clearance operation between Pruso and Bawlakhe Townships,

triggering 3,000 people from six villages to flee despite heavy rains and treacherous conditions.⁴² On 4 August, a 16 year-old girl was hit in the leg with an artillery shell in her home in Loikaw Township, indiscriminately launched by the Myanmar military.⁴³ On 12 August, nearly 700 villagers were displaced around Pruso Township as the military junta launched a ground attack and artillery shelling, adding further to those displaced and severely injuring two villagers.⁴⁴

“Psychologically it is tough, not having enough food and not being able to work.”

– Kachin CSO Representative

The total number of IDPs as of 15 August in Karenni State was 120,449 according to Karenni Civil Society Network, and this number continues to rise as the military junta ruthlessly pushes its clearance operation further into Karenni State.

Kachin State

In Kachin State, the Myanmar military has conducted indiscriminate shelling and airstrikes in civilian areas, deployed elite Light Infantry Divisions 77, 88 and 99, which has notoriously committed serious war crimes and crimes against humanity in other ethnic areas including Rakhine, Kachin, Karen and Shan States in previous conflicts and have routinely been wreaking havoc on civilians through torture, sexual and gender-based violence, extra-judicial executions and arbitrary arrests.⁴⁵ The junta has increasingly arrested and tortured youth, accusing them of having links to the Kachin Independence Army (KIA). In Hpakant Township, three boys under the age of 18 were arbitrarily arrested on 15 April and tortured while detained at a military base. In retaliation to the KIA recapturing Alaw Bum mountaintop base on 25 March, as well as other military gains by the KIA, the military escalated its shelling along the Dawhpumyang-Momauk highway in Kachin State killing nine villagers and injuring fifteen, including three children. As a result of these attacks, 6,000 new IDPs have fled to Momauk and Bhamo Townships. Attacks by the Myanmar military have persisted throughout June, July and August, with IDPs unable to return as the military have now occupied their homes and have looted the villagers' property, livestock and food.⁴⁶ On 4 August in Waingmaw Township, villagers fled for their lives and took shelter in nearby farms, but were unable to sleep as the Myanmar military undertook light and heavy artillery shelling near their villages in the early hours.⁴⁷ In another disturbing incident in Waingmaw, a woman, Lang Pyung, was shot and killed in cold blood on her motorbike by a group of military personnel from the 58th Infantry Battalion, while innocuously returning home from buying groceries on 13 August.⁴⁸

Kachin communities face a dearth of livelihood opportunities due to COVID-19 lockdowns, the closure of the Chinese border effecting trade and the wanton destruction of villages by the Myanmar military resulting in mass displacements.⁴⁹ Those who work in China have been pushed back to Myanmar due to COVID-19 restrictions, affecting their ability to provide for themselves and their families.⁵⁰ International humanitarian organizations do usually provide IDPs with support, but currently they are unable to distribute this as transportation is being blocked at the main trading checkpoints by the military junta.⁵¹ Some IDPs are given cash instead but the price of basic commodities, food and medicine has increased dramatically since the coup, so this is insufficient to fulfill their needs.⁵² Currently, the World Food Programme provides IDPs with 15,000–20,000 Kyat (\$10 USD), which is not sufficient to support one person for one month, and would normally be supplemented with other sources of income, such as day laboring. Yet, this support has not been received for two months due to barriers in receive the cash due to the faltering bank system, COVID-19 travel restrictions and the military junta's restrictions.

Local organizations, church grounds and CSOs have been assisting IDPs in Kachin State where possible, but the needs far outstrip the demand.⁵³ Additionally, the cash shortage is affecting the ability of CSOs and CBOs to buy food, supplies and medicine for IDPs.

The military junta has raided the government bank accounts, ordered the Myanmar Central Bank to cap cash withdrawals, and eroded market confidence through the reckless upheaval of the economic system, contributing to the devaluing of the Myanmar Kyat by twenty percent against the US Dollar.⁵⁴ In a recent report, the Independent Economists for Myanmar has characterized the management of the banking system after the military junta illegally commandeered it as “incompetent”, with a full collapse of the banking system only narrowly avoided.⁵⁵ The report also concluded military leadership’s heavy-handed attempts to stabilize the banking sector through market coercion have failed, because without access to cash people cannot spend to drive the economy, feed themselves, get money for investments and be paid wages.⁵⁶ The World Bank has projected 16% downturn in GDP caused by the military junta’s attempted coup which, with internet shutdown, martial law and waging war in ethnic areas, has made it impossible to conduct business.⁵⁷ The fallout has hit ethnic border communities particularly hard, as many still function on a cash based economic system, and are reliant on border trade with China, India and Thailand to get commodities, for work and agricultural exports. The military junta has

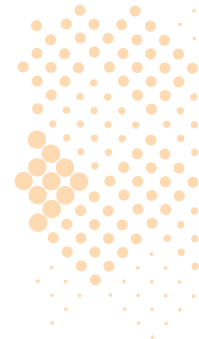
“The international humanitarian organizations should consider providing emergency support to the local CSOs and CBOs, those people are the ones working with the displaced communities and know the situation the best and can give them support affectively.”

– Ta’ang CSO Representative

caused hyperinflation, currency depreciation and exacerbated the COVID-19 pandemic, all having a devastating effect on border trade. In Muse, Shan State, thousands of trucks with rotting crops sit stranded at the closed border with China due to the out of control COVID-19 pandemic - a trade route that accounts for 70 percent of Myanmar’s over land exports.⁵⁸ Further, to a devaluing currency, the cost of transporting goods has doubled, demand for local farmers’ produce has fallen and the costs of commodities and medicine from China are out of reach.

Shan State

In Shan State, the situation facing IDPs, Shan and Ta’ang communities is very challenging, as aid has not reached due to blocked roads by the military junta. Additionally, this has affected most trading routes, as these are monitored with checkpoints by the military, preventing goods reaching many ethnic areas.⁵⁹ Local organizations that provide aid have been forced into hiding or operate low key, unable to serve their communities effectively to due fear of persecution by the military junta. Coupled with the lockdowns due to the spread of COVID-19, the ability to access work and the necessities of life has resulted in an almost impossible situation. On the border towns like Namkham, Kye Hkaung and Muse, there were many jobs for people prior to the coup and COVID-19, as they are trading areas but these jobs have completely dried up.⁶⁰ Additionally, in Muse District, IDPs are running out of food and medicine due to blocked supplies and 170 villagers from Mogkoe sub township being deported by the Chinese authorities after seeking refuge across the border.⁶¹ These compounding issues have torn away at the fabric of these communities and social interactions, which has been halted due to conflict and COVID-19.⁶²



Karen State

In Karen State, a reignition of conflict by the Myanmar military beginning in December 2020 has devastated local communities, through airstrikes from jets and helicopters, ground based mortar shelling and ground attacks aimed at civilian areas and non-military targets, including villager's homes and schools.⁶³ The Myanmar military are arresting and torturing civilians and have used women as porters and human shields as they intensify attacks.⁶⁴ During an intense six-day period of airstrikes at the end of March, the Myanmar military killed 16 people and injured 20 others.⁶⁵ In Mutraw (Hpapun) District, northern Karen State, ninety percent of the rural population was forced to flee into the jungle due to fierce air and ground offensives by the Myanmar military, forcing IDPs to build makeshift underground bunkers.⁶⁶ Another constant fear is the Border Guard Forces' placement of landmines around the villages and threats to the villagers not to go outside, thereby cutting them off from their farms and access to food.⁶⁷ In Day Bu Noh, airstrikes by the military junta devastated homes, killed five people including children, and destroyed Ler Htoo Poe High School. These series of airstrikes were also undertaken near Ei Htu Hta IDP camp, retraumatizing many who have fled previous attacks over decades of conflict – triggering many to attempt to seek asylum in Thailand.⁶⁸

The Myanmar military continued aggressive airstrikes and shelling offensives into April and May, displacing 7,600 people in Butho, Dwelo and Luthaw, with a total of approximately 70,738 IDPs displaced in Karen State.⁶⁹ In Shwe Kyin Township, 11 workers were killed and 5 were injured at a gold mine, sending thousands fleeing to seek safety.⁷⁰ Between 27 April to 7 May, the Myanmar military unleashed another intense assault using jets and helicopters to bomb civilian areas along the Salween River very close to the Thai border.⁷¹ On 1 June, shelling of Kaw T'Ree Township, Dooplaya District forced 400 villages to flee and take refuge near the Thai border or riverside, in forests and other villages.⁷² The Myanmar military has made other provocations towards the Karen National Union (KNU), breaking the National Ceasefire Agreement through the abovementioned acts and by entering KNU controlled areas and trying to building a strategic road through Karen land without KNU consultation.⁷³ This is part of a larger and continued plan to increase the militarization of Karen State, through expanded deployment of soldiers, new bases established in and around villages, constant fly-overs with drones and helicopters, and destroying and burning homes.⁷⁴ These ever-present dangers posed by the Myanmar military and the restrictions on travel due to COVID-19 have created significant obstacles to the

“We have approached many donors, but strict regulations makes it extremely difficult to access funds.”

– Karen CSO Representative

distribution of humanitarian aid. Furthermore, most IDPs are in hiding, and there is a real risk that leaving their makeshift bunkers and shelters to tend to crops will result in them being shot, killed or injured by landmines or killed from indiscriminate shelling.⁷⁵ It is extremely dangerous for them, as they need food but if they are seen by the military junta they will be shot.⁷⁶ Additionally, on Myanmar's

eastern border, inside Thailand, nearly 90,000 refugees from previous conflicts remain inside refugee camps, unable to sustain themselves on dwindling aid and with prospect of return shattered by the attempted coup and intensifying armed conflict.⁷⁷

“When big donors and INGOs engage with us and who are also working with the military, we really worried about our security and the security of IDPs if we work with these donors too.”

– *Kachin CSO Representative*

Karen community-based organizations are helping to meet their needs with very limited resources. Due to the rainy season, it is very difficult for people to travel from one place to another to get COVID-19 or treatment or other healthcare services. There are many challenges involved as multiple crises worsen civilian livelihoods. A coordinated humanitarian relief effort in Karen State is needed to respond to this crisis, as the fighting

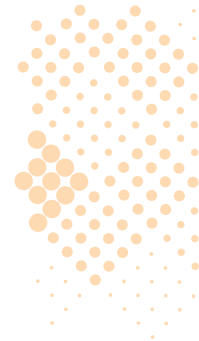
has spread, so have the IDPs, making it difficult to access IDPs.⁷⁸ Currently, there is very limited amounts of aid reaching IDPs in Karen State, and the gap between the supply and demand is widening.⁷⁹ One Karen community representative said this should come in the form of support to existing structures to provide humanitarian aid directly through CSOs, rather than creating new structures.⁸⁰ These are the structures built by the local community, which could be eroded if an INGO overrides their functions through a top down approach in the distribution of aid.⁸¹ Thus, donors and INGOs must listen to communities, ensure conflict sensitivity and support local communities who are driving their own humanitarian aid solutions.⁸²

For those wishing to flee conflict and seek refuge in a bordering country, the obstacles are almost insurmountable. Thailand has refused entry of at least 5,500 refugees who trekked across the Salween River to seek asylum and pushed them back to Myanmar, in contravention of the principle of non-refoulement.⁸³ Likewise, it is not possible for many to cross into India as refugees due to the COVID-19 situation, and refoulement of Myanmar refugees – a situation that is particularly affecting Rohingyas as India remains determined to push back Rohingya refugees to Myanmar.⁸⁴ In addition, fences have been erected along the border areas of China and Kachin State, where the Chinese government have taken to warn people not come close to the fence areas due to security reasons, using recorded announcements in both in Burmese and Chinese languages. Such announcements act as a deterrent, and denies people refuge, particularly when conflict intensifies.

Central and Southern Myanmar

Many of the humanitarian impacts discussed above are also applicable to states and regions in central and southern Myanmar, which has been subject to the wrath of the Myanmar military and suffered humanitarian consequences including, displacement, shortages of food, job losses, livelihood hardships, and lack of adequate healthcare to combat COVID-19.⁸⁵ The military junta has been aggressively persecuting any dissents throughout all regions and cities in Myanmar, especially Yangon, Mandalay, Sagaing, Magwe and Bago.

In the central areas of Myanmar, the military has set ablaze entire villages and attacking people, leading entire village populations to flee into nearby jungles. In Kin Ma, Magwe Region, the fires set by the military junta resulted in the burning of two elderly people to death and the displacement of over 1,000 people.⁸⁶ In Bago, the military junta massacred 80 peaceful protesters in one day in April using heavy artillery and contributing to the 16,000 people displaced due to persecution and conflict.⁸⁷ In Kani, Sagaing Region, the 44th and 99th Light Infantry Division based in Kalay committed a series of four massacres in July resulting in 43 people being murdered, with bodies showing signs of torture and mutilation.⁸⁸ Kani is an area that has been prominent in the resistance, and the Myanmar junta has grievously laid siege to the villages in the township,



by shooting, arresting and raiding homes, triggering many to flee for safety in the jungle and nearby villages.⁸⁹ Many of those persecuted have been forcibly displaced to ethnic areas of Myanmar to avoid arrest and many have lost livelihood opportunities for their involvement in the pro-democracy movement. The UN Office for the Coordination of Humanitarian Affairs says an estimated 1.7 million in urban areas are vulnerable and in need of humanitarian assistance, including in now fully militarized Mandalay where tanks and military personnel comb the streets for any signs of resistance.⁹⁰ The humanitarian needs from the fall out of the coup, banking crisis and COVID-19 are great, with the World Food Programme assessing 3.3 million people as food insecure and providing 800,000 people in Yangon and surrounding urban areas with door-to-door food deliveries.⁹¹ The horrors inflicted by the Myanmar military are widely felt and support is needed for these communities, as well as in ethnic areas.

CDM in Hiding in Ethnic Regions and Floods

The humanitarian needs as a result of this unrelenting conflict are many, including nutritious food and clean water, medicine and healthcare for communicable diseases and COVID-19, shelter and other life sustaining needs. Additionally, other IDPs, journalists, human rights defenders, CDM members and other activists have taken refuge in ethnic areas, including Karenni, Kachin and Karen States, where local communities have taken them in and supported them, but these communities need support to continue to assist these people, while they face challenges themselves as host communities due to lack of livelihood, COVID-19 and oppression by the junta.⁹² In Karenni State, there are 7,000 CDM members who have fled urban areas to avoid arrest, in addition to 320 police officers and 3,000 education workers who have joined the Spring Revolution.⁹³ Local Karenni civil society and church groups are assisting IDPs, but this is nowhere near enough, with continued calls to donors for direct assistance to support their community.⁹⁴

At the end of July and beginning of August, flooding as a result of heavy rainfall has devastated many regions of Myanmar, including Rakhine, Mon, Karen, and Kachin States. These communities have had bridges destroyed, washing away of homes and ruined crops at a time when food, water and livelihood opportunities are scarce.⁹⁵ Yet, local communities, grassroots civil society and volunteers are banding together as best they can to alleviate the disaster. In Mawlamyine, Mon State food has been distributed to flood victims and rescue missions have saved those who were stranded by floodwaters.⁹⁶ In Myawaddy, Karen State, more than 3,000 homes have been affected by the floodwaters, with local communities setting up 10 schools and temples as displacement camps and have transported COVID-19 patients to alternative facilities.⁹⁷ Support for these local groups, and ones operating in other states and regions, is essential in ensuring those in need receive the support they need to continue their invaluable work.

The other crisis: COVID-19

“Cash is king, without it we cannot buy oxygen and medical supplies.”

– Chin CSO Representative

Myanmar is in the midst of a catastrophic third wave of COVID-19 adding to the humanitarian woes, which is ravaging most of the country. Myanmar was reporting less than 500 new COVID-19 cases per day until 19 June, and then breached 7,083 new cases on 19 July according to data from Johns Hopkins University.⁹⁸ As of

7 July, 20 townships in six states and regions have been placed under stay-at-home orders by the junta due to COVID-19.⁹⁹ On 22 July, the Myanmar military junta-controlled Ministry of Health and Sports (MoHS) reported a total of 6,133 deaths and 253,364 infections, including detecting the Delta strain. Test positivity rates have consistently stayed at 37%, while testing remains significantly limited to 12,000 to 15,000 people per day in a country of 55 million.¹⁰⁰ Thus, the number of infections is likely to be far higher as testing has largely collapsed since the coup.

In Kalay Township in Sagaing Region, where some of the fiercest fighting between the military and the People’s Defense Force has taken place, aid workers and local residents estimate a death toll of over 500 people between 6 June to 6 July due to COVID-19.¹⁰¹ There is limited supply of oxygen and while residents were previously able to access oxygen from Mandalay or Yangon, this is no longer possible.¹⁰² Those with COVID-19 have been turned away by hospitals, including a pregnant women, Myat Thuzar, who tragically died during labor after being repeatedly refused treatment at every clinic and hospital.¹⁰³ Sagaing Region shares a border with India which has also been ravaged by the Delta variant.¹⁰⁴ One interviewee described the situation in Kalay as inhumane, where the medical professionals, volunteers and communities have been forced to decide who can get life saving treatment, and those who cannot due to the scarcity of oxygen, medical supplies and medical staff.¹⁰⁵ The military junta issued a decree sequestering all oxygen supply and monopolizing production to service their personnel, hospitals and COVID-19 centers, effectively cutting off the supply to civilians who are no longer able to purchase it.¹⁰⁶ For many people, there is no access to vaccines without requiring travel to India, and this would cost around 60,000 Kyat (\$36 USD) in transportation costs alone from Kalay, plus increased risks to personal safety traveling through conflict zones and junta checkpoints.¹⁰⁷ For ethnic communities, the ability to access vaccines is very challenging, especially for Rohingya in Rakhine State, where the military junta is outrightly denying the provision of COVID-19 vaccinations.¹⁰⁸ Many Rohingya in Rakhine State remain in vulnerable conditions, such as densely packed internal displacement camps, without adequate healthcare, making them acutely susceptible to communicable diseases and COVID-19.

COVID-19 containment strategy and contact-tracing systems have completely broken down along with quarantine measures and treatment.¹⁰⁹ The number of COVID-19 cases before the coup on 31 January was 11,942.¹¹⁰ After the coup the number of new cases per day dropped to 21 cases on 9 February and stayed relatively low until 26 May. These low numbers during the first few months of the coup does not entail containment, but rather points to the junta’s inability to carryout testing at the capacity that is needed.¹¹¹ Doctors and other medical workers have

been at the forefront of the CDM since the start of the coup and no longer work at state hospitals, opting instead to work out of makeshift clinics to assist those in need of medical care. However, such clinics are often attacked by the junta. The Myanmar Doctors for Human Rights Network has documented 240 attacks on healthcare personnel and facilities, which involved at least 17 deaths as of 1 July.¹¹² Troops have not only destroyed medical supplies and equipment, and have occupied dozens of medical facilities, which has prompted the people to stay away from medical facilities for fear of being detained or shot. These attacks not only violate international humanitarian law but have hampered efforts to provide comprehensive care and response to COVID-19.



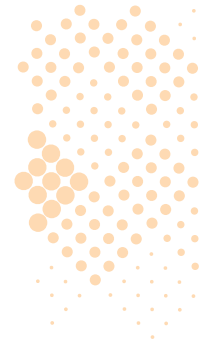
Prior to the coup, the military had been weaponizing COVID-19 to crack down on pro-democracy activists, human rights defenders and journalists.¹¹³ In keeping with this pattern, on 10 July, the junta detained Dr Htar Htar Lin, former Director and Program Manager of Myanmar's Expanded Program on Immunization (EPI), who led Myanmar's COVID-19 vaccine, along with her husband and their seven-year-old child.¹¹⁴ She has been falsely accused of high treason for her participation in CDM. Shockingly and cruelly, in Yangon on 19 July, the junta resorted to calling a community organization of local healthcare workers, pretending to be civilians in need and asking them to come to a private home to treat someone for COVID-19.¹¹⁵ Upon arrival, junta troops arrested the three medical workers, and subsequently raided their office, arresting two more doctors and confiscating their oxygen.

In addition, the junta has leveraged the administration of vaccines to crack down on CDM. In Hpa-an Township, Karen State, doctors were urged to leave the CDM in order to receive their second dose of vaccines.¹¹⁶ Many of the medical workers had received their first dose prior to the coup, but have refused the second dose under such conditions to signal their rejection of the junta. There remains a deep lack of trust in the junta by the public in administration of vaccines. Rather than doing all that it can to protect its people from the pandemic and ensuring that people of Myanmar receive vaccines, the junta is instead targeting health workers, immunization officials, and medical facilities, compounding the already dire humanitarian crisis unfolding in the country. In order to assist those in dire need of treatment and provide a legitimate alternative to the junta, the NUG and Ethnic Health Organisations have joined together to form the COVID-19 Task Force, aimed at preventing the spread of COVID-19 and administering vaccinations through local health networks.¹¹⁷

The displaced population face additional challenges, including the inability to practice social distancing in overcrowded IDP camps, undersupply of PPE, masks and sanitation, putting them at higher risk of contracting COVID-19. Meanwhile, insufficient humanitarian aid, clean water and tropical diseases also threatens their lives. For those with other health issues, the price of medical care and medicines has increased dramatically due to scarcity of supplies, with pharmacies not being able to receive goods due to the coup, high cost of transport and border

closures.¹¹⁸ In Ta'ang and Shan communities in Shan State, people are being turned away from hospitals and clinics due to the amount of COVID-19 cases and people are lining up outside pharmacies to get medicine which are running low on supplies.¹¹⁹ However, the needs of the community are great, such as in Lashio where more than 1,000 people have been infected with COVID-19 in June, while 80 people have died.¹²⁰ In Hpa-an, Karen State pharmacies have been forced to close due to massive hikes in drug prices, economic conditions making it impossible to make a living for pharmacy owners.¹²¹ This leaves many vulnerable to contracting normally easily curable ailments. Furthermore, over one million children have not received their immunizations since the attempted coup, leaving them vulnerable to diseases like measles, polio and tetanus.¹²² Thus, those who are displaced face multiple, compounded threats without sufficient assistance from donors and the international community.





The role of humanitarian aid in the crisis

“It is clear that INGOs need to conduct conflict sensitivity and keep to the ‘do no harm’ principle not to create more tension.”

– Karen CSO Representative

Despite the dire situation on the ground, humanitarian aid is not reaching those in need. Currently donors and international humanitarian organizations face a crucial choice of exclusively sticking to the orthodox humanitarian principles of “neutrality”, “impartiality” and “independence” and partnering with the illegitimate and ruthless military junta in providing assistance, or

choosing a more progressive route, that is to support and work with the local and ethnic CSOs, democratic forces and the interim NUG, the legitimate representative of Myanmar. In case humanitarian organizations choose to justify working with the junta, they will face a plethora of restrictions and controls that will likely prevent them from reaching IDPs, particularly in areas controlled by ethnic armed organizations.¹²³ Several glaring examples have already been reported. In June, in Pekon, southern Shan State, junta troops seized and burned supplies of food, cooking oil and medicine that was being stored before distribution to IDPs, thereby weaponizing relief aid to punish populations who are in the proximity of those who dare to resist.¹²⁴ The junta has also blocked aid and assistance to those displaced by the fighting between local Chin self-defense groups and the junta in Chin State.¹²⁵

The junta is weaponizing and will continue to weaponize humanitarian aid to its advantage by withholding, restricting or even destroying the delivery of aid and instrumentalizing assistance to further its own narrative as protector of the people. Delivery of humanitarian assistance by international aid organizations will likely be accompanied by military troops under the guise of security. This will not only instill further fear among those displaced, but also promote a narrative that the junta is “helping to provide essential aid to those in need”, while in reality intensifying its terror campaign to tighten their control over the population using humanitarian aid and weaponizing COVID-19 to further suppress the people. Under the current conditions, proposing to cooperate with the Myanmar military junta, who are orchestrating a nationwide campaign of terror is completely counter intuitive and will only further endanger the very victims of the military’s atrocity crimes, while further deteriorating public confidence and trust in the INGOs.

The decisions that international donors and aid organizations make must be guided by the people of Myanmar, who have overwhelmingly rejected the military the military junta. They must engage meaningfully with those CSOs and CBOs on the ground that are fully capable of providing aid to the communities they serve, and strengthening these services through bottom-up agency and decision-making.¹²⁶ Donor funding must not sideline ethnic communities from key decisions or through bureaucratic obstacles but be equal partners in aid programs and services.¹²⁷ It is not the moral mountaintop to profess ‘neutrality’ when there is nothing neutral about engaging with the military junta in the provision of aid – it is inherently politicized.¹²⁸ Thus, the pretense of neutrality must be thoroughly re-examined in the context of Myanmar, as

it obscures the undeniably political nature of humanitarian aid and ignores the human rights abuses of the military junta.¹²⁹ An approach that places more emphasis on solidarity with the people of Myanmar, in full acknowledgement of their human rights and the do no harm' principle is imperative.¹³⁰

While the UN and many actors within the international community have deferred the crisis in Myanmar to ASEAN, including the humanitarian response through their ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre), no swift implementation of humanitarian aid have been made.¹³¹ ASEAN devised a Five Point Consensus at the ASEAN Leaders' Meeting on 24 April, 2021, to address the multiple crises in Myanmar, which invited the military junta and excluded major stakeholders - the NUG, local civil society and humanitarian organizations, and ethnic armed organizations. Additionally, there is a real risk the AHA Centre would have to seek and partner with the military of the military junta, thereby strengthening their own self-aggrandizing and perceived legitimacy. The AHA Centre, which is actually mandated for disaster response as opposed to "man-made" crisis, has a track record of serving the aims of the Myanmar military during its responses to the Rohingya Crisis in 2018.¹³² Furthermore, ASEAN's Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations allows Myanmar as a receiving party to "exercise the overall direction, control, coordination and supervision of the assistance within its territory", which the junta will attempt to use as a justification for dictating the distribution and and weaponization of aid.¹³³ It is deeply problematic to consider those that remain the root cause of the humanitarian crisis as a partner in the distribution of aid. The military junta has already signaled to ASEAN that it will only adhere to the Five Point Consensus, after "stabilizing the country."¹³⁴

Conclusion

The current unprecedented challenge in Myanmar calls for an urgent shift in the orthodox humanitarian paradigm, placing at the center of its response the local CBOs and CSOs that have the expertise, agency and legitimacy and have operated under the most difficult circumstances over decades of military rule, rather than the military that is the cause of the human rights and humanitarian crisis. For decades, ethnic CBOs operating in jurisdiction of ethnic armed organizations (EAOs) have provided essential health and education to conflict-affected populations. While they were supported by international donors to deliver cross-border assistance to the most vulnerable in the past decades during the era of previous military regimes, misplaced trust in the democratic transition led by the NLD and faith in the sincerity of the military to share power resulted in devastating cuts to this cross-border assistance. Since the attempted coup, members of the CDM, general strike committees and the NUG as well as others who stand in defiance of the junta are receiving sanctuary in ethnic areas and rely on these local humanitarian networks and CBOs – but they are already limited in resources and severely stretched. Thus, donors and international humanitarian aid organizations must not overlook local CBOs and cross border humanitarian groups that have been conducting humanitarian aid delivery effectively for decades – trusted by the people they provide the aid to, as they are part of these communities. They are the solution to the current urgent human rights and humanitarian crisis, and they deserve nothing less than the international community's full confidence and support in meaningful partnership.

Recommendation

To UN agencies, Donors, and International Humanitarian Organizations:

- » Disengage from working with the junta in the provision of humanitarian assistance, preventing them from weaponizing humanitarian aid in their campaign of terror against the people;
- » Redirect humanitarian aid through cross-border channels, local humanitarian and medical networks, ethnic service providers, community-based and civil society organizations, including for those fleeing the junta's crackdown and sheltering in ethnic-controlled areas to provide protection and assistance;
- » Reduce restrictions and complex requirements for CBOs and CSOs, working in conflict-related humanitarian service provision;
- » Consult and sign MoUs with the NUG and EAOs to address the unfolding humanitarian crisis across the country;
- » Provide information through transparent dialogue and consultation with CBOs and CSOs to ensure communities are included in the process of decision making and the distribution of aid, including how funds and aid is being allocated;
- » Provide humanitarian aid through local organizations, regardless of their registration status, using a merit-based approach and focusing on organizations with a track record of providing aid to local communities and IDPs;
- » Maintain close and regular communication, consultation and collaboration with the NUG, EAOs and the COVID-19 Task Force, to address the spread of COVID-19 infections and other diseases, including to provide technical support, financial assistance, and humanitarian aid;
- » Urge the governments of Thailand, India and China to ensure that authorities do not deny anyone crossing the border seeking refuge. Security agencies must facilitate the entry of refugees fleeing from danger based on the grounds of humanitarian and human rights principles. No one should be persecuted, arrested, deported or extradited;
- » Engage with the Thai and Indian authorities to ensure the passage of aid to Myanmar, and aid organizations and local civil society organizations are allowed to access areas where IDPs are on both sides of the Thai/Myanmar and India/Myanmar borders. This access is currently being restricted for aid organizations, including the UN and the Red Cross;
- » Provide neighboring countries with necessary resources and technical assistance to provide humanitarian aid, including for COVID-19, for the people from Myanmar who are fleeing the military violence; and
- » Provide assistance to the COVID-19 Task Force for the distribution of PPE, medical supplies and vaccines, including donations of vaccines from the international community.



To the International Community:

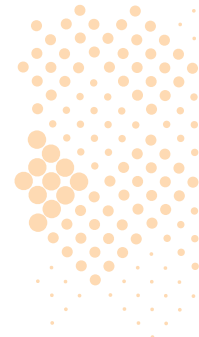
- » Support a UN Security Council resolution on a global arms embargo, to refer the situation of Myanmar to the International Criminal Court and for an urgent Un-led humanitarian intervention to address the COVID-19 pandemic; and
- » Support the call by the UN Secretary General for a global ceasefire to combat the COVID-19 pandemic.

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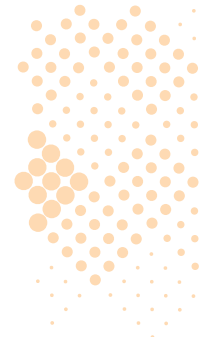
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