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In Myanmar's worsening conflict, health workers deliver care and dodge death

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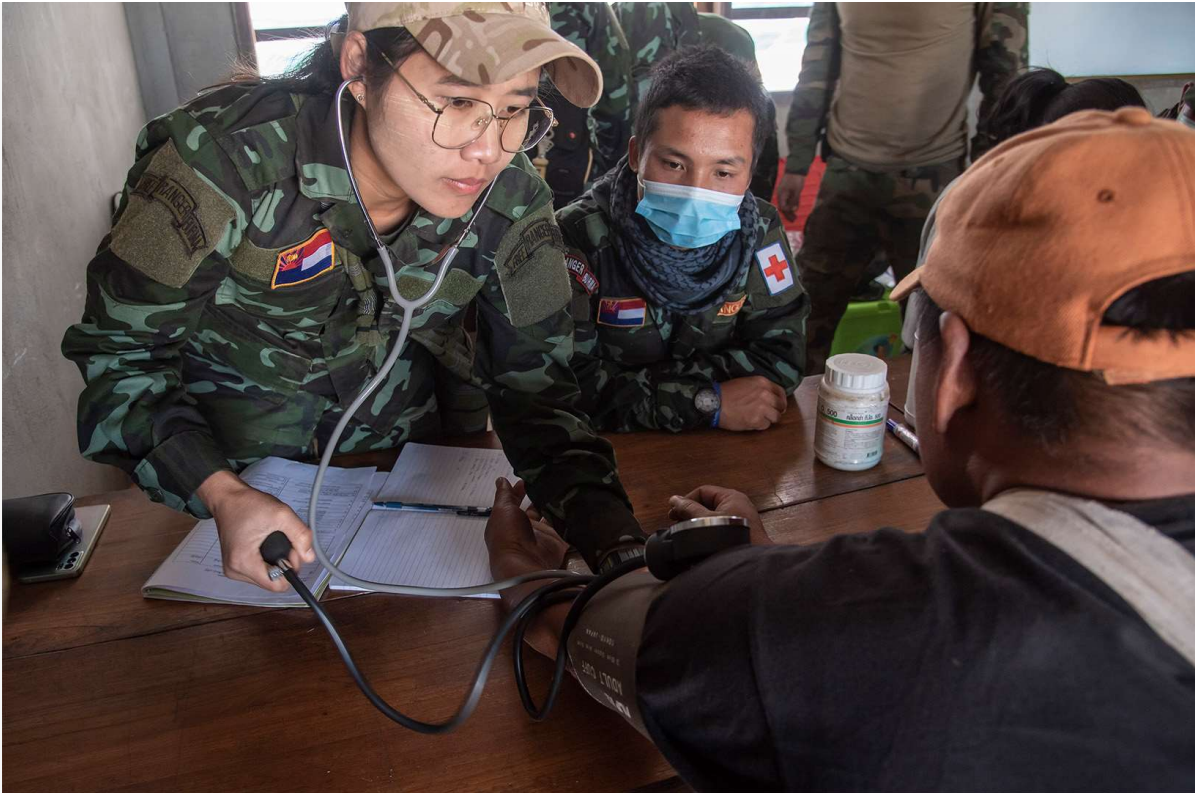
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Thierry Falise/TNH

A female medic from the Free Burma Rangers relief group examines a man in a displacement camp in Karenni state, where between 200,000 and 300,000 people have been forced from their homes since the junta seized power in February 2021.

BANGKOK, Thailand/KUALA LUMPUR, Malaysia

Emily and her colleague were driving their mobile health unit near the Thai-Myanmar border last October when military forces began pursuing them.

The two health workers had planned to deliver treatment to those in need, “but in the middle of the route, we were found out by the junta soldiers, tracked, and followed, and they started shooting,” Emily recalled.

Forced to abandon the rest of their unit, the pair ran into the jungle but got separated. Emily ended up taking a bullet to the shoulder.

Six months on, Emily, who didn’t provide her full name for security reasons, stressed that she remains committed to providing healthcare despite the dangers.

Previously a hospital director, Emily’s work, now as a nurse in eastern Myanmar’s Karenni (Kayah) state – scene of some of the heaviest recent fighting – places her at particular risk.

“They are ready to shoot you, track you down, and do terrible things,” Emily told The New Humanitarian, speaking of the military junta, which she believes is actively targeting healthcare workers.

New **data** from violence monitor Insecurity Insight shows healthcare workers are among those most often targeted in Myanmar. From February 2021 to September 2022, 750 health workers were arrested, hospitals were raided on 140 occasions, and 56 health workers were killed. The majority of incidents were attributed to the junta's State Administration Council (SAC) forces or to the junta-run police force.

"These are not isolated incidents," Christina Wille, director of Insecurity Insight, told The New Humanitarian. "They're very much part of what's going on and what's tearing Myanmar apart at the moment."

While some attacks are indiscriminate, others are a deliberate tactic designed to prevent healthcare workers from providing care, Wille explained.

They "are very specifically targeted for the important role they have within communities, the respect they get from their communities, and how important they are for mitigating the violence, the conflict, the disintegration of society", she said.



Thierry Falise/TNH

Patients – both civilians and soldiers from the armed opposition – in a field hospital in Karenni state.

Since the military takeover of Myanmar in February 2021, the junta and opposition forces have been locked in a bloody conflict that has seen thousands killed and hundreds of thousands driven from their homes.

In 2022, the country had the third highest level of violence in the world, with an **estimated** 20,000 civilians and fighters killed in political conflict. Killings, arrests, and torture have become **commonplace**, while the number of those in need of humanitarian aid stands at **17.6 million** people.

The intensity of the violence was underlined on Tuesday when up to 100 people **were killed** as Myanmar's military dropped bombs on a public gathering in northwestern Sagaing region's Kanbalu township.

Aung Kyaw Moe, a human rights adviser to Myanmar's National Unity Government (NUG), the civilian government-in-exile formed following the coup, said it was crucial that atrocities against healthcare workers continue to be documented.

"Recently, in (western) Chin state, a nurse was shot who was providing services to the internally displaced people," he told The New Humanitarian. "It's a clear violation of international humanitarian law."

Such law, according to the International Committee of the Red Cross, **dictates** that medical personnel "always be respected and protected".

Targeted attacks across the country

More than two years after the coup, representatives of the NUG hold about half of the country. Much of that is due to the strength of armed resistance groups. In total, it's estimated that around **60,000 people** make up over 250 various opposing groups – including ethnic armed organisations – many of which are associated with the People's Defence Force (PDF), the armed wing of the NUG.

Observers believe part of the military's motivation for attacking healthcare workers is to prevent care from reaching resistance forces.

Attacks are widespread across the country rather than concentrated in any one place — and appear to target the institutions themselves, not just the practitioners.

A doctor from Chin state, who asked to remain anonymous for security reasons, recounted that when healthcare workers managed to escape an assault by soldiers on the town of Matupi, the forces "burned all the medicines and medical supplies".

"We were so scared and even drove into the stream. Many people were hiding near the brick wall. We could not care, we looked for the injured people."

In another incident, "they arrested [and killed] two of our healthcare workers and another two are in prison," they said. "In Mindat, our healthcare workers were arrested. There is one nurse who was living in Falam – she wasn't doing anything, just living in her hometown. They accused her of being a [member of the Civil Disobedience Movement] and killed her."

Chaw Su Aung was a university student prior to the coup but left her studies to volunteer as a health worker with the PDF. She works in a hospital in a liberated area in the Sagaing region, which is under the NUG's command, and follows PDF soldiers into combat. Her house was burned down and her family displaced when the junta's forces learned of her involvement with the PDF.

Aware of the risks that come with her work, she told The New Humanitarian she is spurred on by the atrocities the military is committing. “They kill innocent people, rape women, and steal people’s belongings in our area. When I see that, it really motivates me,” she said, adding that although she’s afraid when she’s “running under the bullets”, she has more worry for her patients than herself.

“One time, when I was meeting near one of the villages, the military fired heavy artillery into the village and many houses were burnt,” Chaw Su Aung said. Undeterred, she and her fellow healthcare workers pressed on to treat an elderly woman who had suffered severe burns.

“We were so scared and even drove into the stream,” she said. “Many people were hiding near the brick wall. We could not care, we looked for the injured people.”

“People take refuge in caves. If there is no cave, they take refuge in deep ravines. We have to go where they are staying.”

A 58-year-old volunteer nurse from Loikaw, the capital of Karenni state, who also asked to remain anonymous for security reasons, told The New Humanitarian how she tried to deliver care under heavy artillery.

“We managed to treat him, but the military kept firing... for I think four days, then we had to relocate to another place,” she said. The patient survived.

Healthcare workers in Myanmar often work on a volunteer basis and must endure harsh living conditions as they seek out displaced people or those living in hiding who are in need of care. According to the UN’s refugee agency, UNHCR, some **982,000 people** have been displaced within Myanmar since the coup. Many more have sought refuge in neighbouring countries. Most displacement camps have only rudimentary facilities and limited infrastructure.

The nurse from Loikaw shared how she sleeps on a piece of tarpaulin and has no place to wash inside the displacement camp where she works. “The most difficult part is water. Water is a sacred thing. We ourselves have suffered from ringworm,” she said, adding that common illnesses in the camp due to the poor living conditions include cholera, diarrhoea, and skin diseases.



Thierry Falise/TNH

A man collects water from a makeshift tank made from tarpaulins in a displacement camp in Karenni state.

“People take refuge in caves,” she said. “If there is no cave, they take refuge in deep ravines. We have to go where they are staying.”

A broken system

The poor conditions many displaced people are living in creates additional health issues in the rural areas, while the conflict itself is leading to injuries from artillery fire, improvised explosive devices (IEDs), and landmines. But the most common injuries are motorcycle injuries from people attempting to flee their villages as the military moves in, according to the volunteer nurse.

With healthcare workers and their facilities under attack, civilians have increasingly limited access to the treatment they need.

“Obviously, conflict also creates additional needs, and so to see that the conflict is really affecting the whole health system is a big concern because it will... make it a much deeper and more traumatising experience for the whole society,” said Wille, adding that the longer the violence goes on the more weakened the health system will become.

In some cases, health facilities that once existed may no longer do so.

According to Insecurity Insight’s data, there were 14 reported incidents of damage or destruction of health facilities in Myanmar between April and September 2022. Airstrikes,

artillery fire, and IEDs damaged or destroyed health facilities in Karenni, Kayin, Mon, Sagaing, and Yangon, while others were torched and vandalised.

The Chin state doctor, who now lives in Mizoram on the India-Myanmar border, said that finding medical assistance in southern Chin state now entails a journey of between five and 10 days, depending on the mode of transport.

Read more: [On a remote Indian border, Myanmar's refugee doctors battle growing needs](#)

The fact that public hospitals in junta-held areas are now run by the SAC is itself a deterrent for many of those seeking treatment.

“The public hospital may still run, but it is not safe to access,” said the volunteer nurse. And so many people have joined the civilian resistance that “many public hospitals may not have enough medical workers and it may impact the running of the hospital”, she added.



Thierry Falise/TNH

Medics treat a fighter from the Karenni Nationalities Defence Force (KNDF) who was injured in the back during a military operation against junta forces.

Elsewhere, healthcare is fragmented, offered only by unofficial groups or individuals, explained Emily, while access to equipment and supplies can also be limited.

“The biggest challenge for me is when... the patient should be taking medicine but I have no medicine to prescribe. That really hits me and upsets me,” the volunteer nurse in

Loikaw said. “We had a pregnant woman who needed to deliver, but she couldn’t deliver on the due date and she suffered a lot. We cried together with her that time.”

Occasionally, health workers find donors and other organisations to send supplies. But even then, transportation costs are high and there’s a risk the military won’t allow them to pass through the checkpoints, said the Mizoram-based doctor. “If they’re allowed to pass, the soldiers demand a huge amount of money, 30,000 to 40,000 kyats (\$14-\$20),” she said.

Then there are the communication blackouts the military has been enforcing. For health workers, this means limited means of contacting one another, seeking advice, and doing research. “Our medical workers are spread out in different villages, so when we do mobile visits we have to call everywhere, [explaining where] we are going, from when to when,” explained the doctor.

The practical challenges of no supplies and equipment, coupled with the constant threat of death or arrest, places a huge burden on the health workers. The longer this situation goes on, said Wille, the harder it gets for them to look after their own mental health.

But for those delivering care, such concerns have slipped to the background.

As Chaw Su Aung, the student-turned-health worker, said: “I can be killed at any time, but I want to finish what I started.”

Edited by Abby Seiff.