DEMIC

HOW STATES SHAPED NARRATIVES DURING COVID-19

Country Reports on

INDONESIA BURMA/MYANMAR PEOPLE'S REPUBLIC OF CHINA THE PHILIPPINES

Thematic Reports on **Migrants and COVID-19 Disinformation SINGAPORE**



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GAGGING, FLAILING, AND FAILING:

BURMA/MYANMAR'S[†] ATTEMPTS TO CONTROL THE NARRATIVE AROUND COVID-19

by **Dan Goode**

INTRODUCTION

Burma has long stifled freedom of information. Until the past decade, the country was in many ways closed to the outside world, and the military dictatorship put little value on democracy or human rights. Burma began in 2011 to slowly open up, with greater information access through internet connectivity, greater press independence, and eventually a legitimate election process in 2015. But the State continued to exercise a heavy hand, through the dissemination of state-driven narratives and the harassment and prosecution of those who challenged these, including journalists and ethnic minority activists.

[†] In 1989, the SLORC junta changed the name of the country from Burma to Myanmar, at the same time it changed location names nationwide in a massive Burmanization campaign. In recognition of this history, and the fact that many ethnic minority civil society members continue to use "Burma," this author prefers "Burma." Therefore, this report will use "Burma" unless in a quote or name.

The government's attempts to control the narrative around the COVID-19 pandemic continued these trends, by attempting to silence alternative narratives and gagging free speech. However, what changed was that the government—in an environment of poor access to information and little public trust—felt the need to communicate pressing public health information. Burma's leadership has long sought to prevent alternative narratives; it found out during the pandemic that it could not effectively deliver its own.

Burma acknowledged its first COVID-19 case on 23 March 2020. The official case count remained low for several months, with only 374 documented infections, six documented deaths, and the last first-wave local transmission documented on 16 July.¹ Then, in August, cases started to increase rapidly in a second wave. The virus allegedly arrived through Rakhine State, spread to Yangon, and from there outward, aided by limited government messaging, lax rules, and the complacency these engendered.

Since COVID-19 arrived in Burma, the internet—and in particular, social media—has helped to keep people safe, by enabling some dissemination of prevention strategies and upto-date information on the pandemic (to the extent testing has been possible). At the same time, it has enabled and amplified the spread of bad information, undermining COVID-19 prevention and preventing communities from controlling outbreaks. As well, limited government information and weak messaging led to confusion and public non-cooperation with health guidelines.

Particularly for vulnerable communities, who have less access to information and to basic health resources and interventions, information gaps have meant failure to address pandemic control and assistance. Some of these same communities have also been targeted by misinformation, blamed for the pandemic's arrival and/or spread, and subject to harmful measures.

On 1 February 2021, Burma's military (Tatmadaw) seized power, imprisoned elected politicians, conferred all legislative, executive, and judicial powers unto Commander-in-Chief Min Aung Hlaing, and unleashed a wave of nationwide violence against protesters. Faced with overwhelming opposition to its power grab and a return to full military dictatorship, the junta has reverted to old strategies of repression—enacting laws that stifle speech, engaging in information warfare, and targeting those it thinks threaten its power.

MALINFORMATION DURING THE FIRST YEAR OF COVID-19

The government's COVID-19 messaging was weak, and it remains unclear from publicly available information whether it had a strategy. The Ministry of Health and Sports (MoHS) relied primarily on its own website and Facebook to disseminate pandemic-related information, but many people were unaware of the information and/or could not access it. Furthermore, many in Burma speak a language other than Burmese; almost all interviewees of the Alternative ASEAN Network on Burma (ALTSEAN-Burma) in Burma's ethnic minority states were unaware of resources translated into their languages, or were unable to find them.²

Even the rules and restrictions imposed during these waves were not clear. As recently as January 2021, people in Yangon were unsure of whether rules applied to them, and whether the rules remained in place.³



The government's pandemic guidelines were often unclear and inconsistent.

Source: "Patients, medical workers battle discrimination as well as disease," Frontier Myanmar (4 May 2021) Furthermore, the government undermined public health by giving reassurances based on faith and false hope, rather than useful guidance based on science. The state-run newspaper *Global New Light of Myanmar* reported in April 2020 that senior Buddhist monks had fought the pandemic by chartering a special flight around Burma: "They recited Pali verses

and extended loving-kindness on the flight around the country to prevent and stop outbreak of Covid-19 pandemic."⁴ Meanwhile, a government spokesperson claimed that lifestyle and diet prevented people in Burma from getting infected, and that limited use of credit cards stopped the virus from spreading.⁵

Weak messaging was accompanied by a weak overall strategy around the pandemic. No case was acknowledged before 23 March; this was attributed locally to luck or skill, but almost certainly the result of inadequate testing.

A week earlier, MoHS announced its goal to keep the number of citizens infected or killed by COVID-19 at zero.⁶

The government did eventually set up additional treatment facilities, and sought to address the pandemic through stay-at-home orders and increased testing. However, its messaging, at best, told people to report to health authorities if they knew of cases.

Information-sharing through pamphlets, loudspeaker announcements, or community-level gatherings were almost entirely the work of civil society organizations (CSOs), particularly in rural areas. Even in Yangon, one interviewee reported, labor groups had to distribute COVID-19 pamphlets that the government had written but did not have the resources to disseminate.⁷

A survey, conducted by MoHS in Yangon and Bago Regions and published in April 2020, reflected people's understanding of how to deal with the situation. It showed that only around half of respondents knew that hand-washing and avoiding crowds could help prevent the virus, 11 percent understood the idea of social distancing, and there was a generalized fear of health workers.8 Interviewees in northern Shan State explained that village heads, in their effort to control the spread of the virus, prevented entry into and

exit from their villages, even when residents required essential medical procedures such as newborn delivery.⁹

The government's cover-ups were also accompanied by state violence. While MoHS tried to address the pandemic, Tatmadaw operations actively undermined public health. During April–June 2020, the Tatmadaw destroyed or ordered the shutdown of seven Karen National Union (KNU) health screening posts, despite the KNU being a party to the Nationwide Ceasefire Agreement (NCA). In June, the Tatmadaw burned down a Kachin Independence Organization health screening post, despite having declared a ceasefire in Kachin State. A Rakhine State COVID-19 checkpoint was burned down, and shelling and restrictions on movement and information in Rakhine and Chin States prevented basic safety measures. The Tatmadaw also undermined humanitarian aid corridors and attacked health workers.

The negative effects of the pandemic—and lack of helpful information—were more significant for already-marginalized groups, as well as some new ones. The former set includes internally displaced persons (IDPs), who live in densely-populated camps and lack resources to address even basic health concerns; ethnic minorities, who largely live in areas untouched by the government's resources; and women, whose work is often more precarious and who experienced a spike in domestic abuse while entire households were out of work. The latter set includes migrant workers, whose work abroad dried up, and their families, who could not receive remittances; and those in particularly hard-hit sectors, such as tourism. This is not a full list of those most seriously affected; nor is it a full list of the reasons these populations were affected.

CREATING AN ENVIRONMENT FOR DISINFORMATION, MISINFORMATION, AND COVER-UPS

Burma's COVID-19 response is contextualized in a legal and political environment of misinformation and suppression of information.

Persecution of journalists and activists

Legal ambiguities and selective prosecution by the State often means that those producing hate speech are not tried, while those who publicly complain about harmful laws and practices are sent to prison (see **Discrimination and hate speech** on page 10).¹⁴ Laws used to prevent free speech include Telecommunications Act Article 66(d); Electronic Transactions Law Articles 33 and 34(d); The Unlawful Associations Act of 1908; The Official Secrets Act of 1923; The Peaceful Assembly and Peaceful Procession Law; and Myanmar Penal Code Sections 124A (sedition), 295A (insulting religion), 499-500 (defamation), and 505 (incitement).¹⁵

Destruction of evidence, harassment, and reprisals have long undermined accountability, and are common tactics for suppressing information. For example, security forces took extensive measures in 2013 to cover up evidence of crimes committed in Rakhine State. More recently, government and military actors have tried to stop people from speaking up about atrocities, including through:

- Judicial harassment, as in the case of Brang Shawng, a Kachin man charged with defamation and taken to court 45 times after saying that the Tatmadaw killed his daughter and injured him;¹⁷
- Imprisonment, as in the case of two Reuters journalists sentenced to two years for reporting about the Inn Din massacre in Rakhine State;¹⁸ and
- Threats, as in the case of Jamalida Begum, a Rohingya woman who fled Burma for fear of reprisal after reporting her rape and torture by soldiers.¹⁹

Reporting from late February 2020 showed that villagers were only allowed to speak to journalists after being carefully coached on what they can and cannot say.²⁰

In Kachin State, three artists were charged on 3 April 2020 for painting an anti-COVID-19 mural showing a grim reaper, which nationalist Buddhists said resembled a monk.²¹

Government orders to shut down speech

State-enforced internet blackouts across nine townships in Rakhine and Chin States, from June 2019 to February 2021, prevented around one million people from accessing or sharing information.²² These areas were continued battlegrounds between the Arakan Army and the Tatmadaw, with frequent shelling and terrorizing of local communities, and hundreds of thousands of Rohingyas living in IDP camps since 2013. The blackout meant that these communities could not access critical health information or communicate with anybody outside their immediate surroundings.

In late March 2020, the government ordered internet service providers in Burma to block access to websites it accused of spreading fake news about COVID-19. The list allegedly contained 230 websites, including ethnic news outlets in Rakhine State and elsewhere.23 This, along with the internet shutdown in Rakhine State, increased concerns that health information was not reaching communities



there, while human rights documentation was not getting out. In August it blocked the website of Justice for Myanmar, which exposes military economic interests.²⁴

In June 2020, Burma required all phone users to re-register their SIM cards, threatening a vital source of information and communication for people nationwide. According to Myanmar Now, 34 million SIM cards were deactivated by October 2020 because they were

Burma's government cut off internet access in Rakhine and Chin States and blocked ethnic news media websites. Above, a cell tower in Mrauk U, Rakhine State.

Photo credit: Ed Legaspi

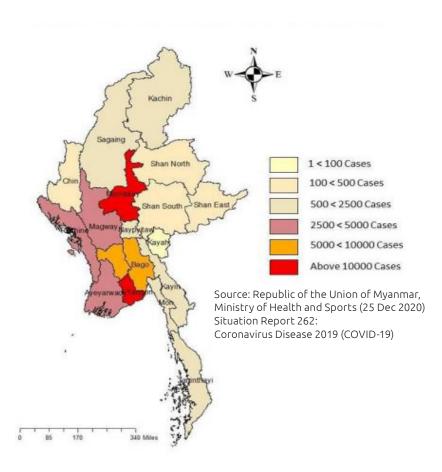
not properly re-registered. SIM registration requires a National Registration Card, so the measure particularly hurt those with barriers to citizenship (e.g., Rohingya people).²⁵

In 2020, the government proposed amendments to the Prevention and Control of Communicable Diseases Bill that threatened people's rights to freedom of expression and access to information, despite the importance of information during the COVID-19 pandemic. The draft bill would allow local officials to prohibit speaking, writing, receiving or publishing news on contagious and communicable diseases that could "cause panic." First-time offenders would face a fine of up to MMK100,000 (~USD65), and repeat offenders would face imprisonment of up to six months and a fine of up to MMK500,000 (~USD324).²⁶

Restrictions on CSO activity

Government restrictions made it difficult for local groups to engage in community-strengthening efforts. CSO representatives in Myitkyina explained that they could not conduct training or awarenessraising because COVID-19 restrictions required prior consent from the military-controlled General Administration Department (GAD) to gather 0-20 people.27 A Rohingya respondent reported that NGOs in Sittwe were instructed by the government not to engage in "unnecessary" programmatic activities such as trainings.28

NGOs were also prevented from delivering humanitarian aid, reported interviewees in Shan and Kachin States.²⁹ A Kayah State interviewee said that civil society groups there were prohibited from providing aid—including related to COVID-19—without prior government consent.³⁰



Burma's case tracking shows either case distribution or weaknesses of testing.

This map shows the number of cases in each state and region, as counted by the government. With much of the population living in rural areas without testing available, it is difficult to verify how low the case count is for areas outside central Burma.

Poor infrastructure for tracking and reporting on the pandemic

Tracking of COVID-19 was poor in 2020 because of limited testing facilities and materials, poor infrastructure for travel, and a fragmented healthcare system.

A 1 December 2020 report from the Brookings Institute explained that in early October 2020 (i.e., during the second wave of infections) Burma was conducting 10,000 tests per day, but given that the positivity rate was around 10 percent, confirmed cases were likely to represent a small fraction of infections.³¹ As of November 2020, Burma had conducted

1,998.7 tests per 100,000 people.³² However, even this rate of testing is misleading, since testing was not available in most of the country. In September 2020, over 10 percent of confirmed infections were health staff.³³

Widespread testing was only ever available in three cities (Yangon, Mandalay, Mawlamyine), home to roughly 17 percent of Burma's population. While it was possible for people elsewhere to get tested, have the tests shipped to one of these sites, and then receive results, this could take days and was not possible for those outside urban areas. An interviewee in Dawei (Tanintharyi Region) explained that the nearest testing facility could only be reached by 10–12 hour drive.³⁴ For most of the country, access was practically impossible.

A decades-long failure to develop widespread, reliable health infrastructure was compounded by a severe public trust deficit and lack of coordination and information flow between MoHS and ethnic health departments. All decisions are made in Naypyidaw, without input from health agencies on the ground, and bottlenecks in the distribution of funds starve grassroots communities of health resources. An interviewee explained: "For 20-30 years in many places, civil society has run the health program [...] Where there is still conflict, lack of access to healthcare, unrecognized services and lack of coherence between programs, the risk [of rampant COVID-19 transmission] is still there."³⁵

In January 2020, The Committee for Preventing, Containing and Treating Pneumonia caused by COVID-19 was formed, involving the state counsellor, union cabinet ministers, and permanent secretaries. On 30 March, the Coronavirus Disease 2019 Containment and Emergency Response Committee was formed in parallel, led by Vice President Myint Swe (a military appointee). The latter included representatives from the Ministry of Defense, Ministry of Home Affairs, Ministry of Border Affairs (three Tatmadaw-led ministries), and Office of the Commander-in-Chief; it had no representative from MoHS. The existence of these two committees reflected the ambiguous division of authority between the civilian government and the military, their differences in approach, and the power struggle between the two. It undermined streamlining and consistency of COVID-19-related guidance, and efficiency of state response generally.

COVID-19-RELATED HARASSMENT, DISCRIMINATION, AND HATE SPEECH

Arrests for speaking out during COVID-19

Laws already in existence were used to selectively prosecute people during the COVID-19 pandemic. Between March and December 2020, authorities penalized at least 3,501 people for not wearing masks; charged, convicted, or arrested at least 1,759 under Penal Code Section 188 for breaking curfew; and charged, convicted, or arrested at least 1,236 for contravening specific pandemic-related orders under the Emergency Provision Act, Foreign Registration Act, Immigration Act, Natural Disaster Management Law, Peaceful Assembly and Peaceful Procession Law, Penal Code, Police Act, Prevention and Control of Communicable Diseases Law, Public Property Protection Act, and Telecommunications Law.³⁸

Journalists and social media users allegedly spreading false information about the pandemic were among those prosecuted. Below are some examples:

- On 28/29 March, police charged a man in Maubin Township (Ayeyarwaddy Region) under Peaceful Assembly and Procession Law Section 19 for organizing a protest, without permission, against the use of a high school as a quarantine center.³⁹
- On 3 April, the Yedashe Township (Bago Region) Administrative Officer charged a man under Natural Disaster Management Law (NDML) Section 27 after he claimed on Facebook that COVID-19 had been found in his township.⁴⁰
- On 5 April, police arrested and charged a person in Kanbalu Township (Sagaing Region) under NDML Section 26 for verbally abusing members of the local COVID-19 committee.⁴¹
- On 14 April, authorities filed a case against two men in Tatkone Township (Naypyidaw Union Territory) under NDML Sections 25 and 27 for spreading false information, after the two claimed that quarantined villagers had COVID-19.
 Deputy Mayor of Naypyidaw Ye Min Oo said he was planning to sue those who spread fake news and rumors related to COVID-19 on social media.⁴²
- On 27 April, a village tract administrator charged a man in Sintgine Township (Mandalay Region) under NDML Section 25 for protesting the use of a school as a quarantine center. On 29 April, the man was sentenced to six months imprisonment.⁴³
- In May, authorities prosecuted a Facebook user under Penal Code Section 124A (sedition)—threatening twenty years' imprisonment and a fine—after the user claimed that the government was not following its own COVID-19 measures.⁴⁴
- In May, police charged three Bago Region residents under Telecommunications Act Section 66(d) and Penal Code Section 505(b) for "verbally abusing" (online) the Region's Chief Minister about the closure of factories for conducting medical examinations of workers.
- In May, a court convicted the chief editor of the Dae Pyaw news agency (based in Hpa-an, Karen State) under Penal Code Section 505(b) after the agency's news update about a COVID-19 death proved false; he is now serving a two-year prison sentence.⁴⁵
- On 30 June, the Sagaing Township Deputy Administrative Officer charged a Sagaing Region politician under Penal Code Section 505(b) after he circulated a letter critical of the regional government's response to the pandemic.⁴⁶
- In July, police filed a case against an Eleven Myanmar journalist under Telecommunications Act Section 68(a) for allegedly spreading misinformation with intent to harm the State, after he posted on Facebook criticizing MoHS's underreporting and delayed news releases on COVID-19.47

Discrimination and hate speech

All ALTSEAN-Burma interviewees raised concerns about discrimination toward, and fear of, returned migrants. Comments on Facebook painted returnees to Burma as criminals and accused them of intentionally spreading the virus. One user said, "The virus started [in Burma] because it was spread by people coming from abroad. If they weren't here, neither would the virus."⁴⁸ According to multiple respondents, Rohingya people were blamed for bringing cases into the country, and a Rakhine politician called for the sealing of the Bangladesh border and the segregation of Rohingya people in Sittwe (Rakhine State) (i.e., those not already living in IDP camps).

After a Yangon church service was identified as a source of spread in April, online comments targeted Christians.⁴⁹ The pastor who led the service, David Lah, was sentenced to three months in prison with hard labor.⁵⁰ A Yangon interviewee said that when the government relaxed restrictions for religious gatherings, it excluded Muslim gatherings. A Tamu interviewee said that on 27 March a Burmese couple had a wedding celebration, and was not punished; but on 29 March a Kuki couple had a wedding celebration in a church, and was jailed for three months. One respondent said: "in Yangon, [...] If anything happens, people look first to [...] where Muslims/Rohingya live, like they are to blame." ⁵¹

Hate speech during COVID-19 follows a long-running pattern of discrimination and hate speech in Burma. Discrimination and hate speech against the Rohingya, which played a significant part in the group's 2018 persecution, is best known, but Facebook—the main source of information and the town square of Burma's internet—has hosted discrimination against religious and ethnic minorities for years. In 2018, Facebook came under fire for its role in Rohingya persecution, leading it to hire additional Burmese language content moderators. ⁵²

[Before the pandemic,] Social media became a fertile ground for ultranationalists to spread dangerous hate speech and conspiracy theories around the Rohingya. It has shown flashes of the same during the coronavirus crisis. For example, when the British Embassy urged citizens to leave Myanmar because the health care system wasn't able to handle a large outbreak, the Facebook post went viral among an army of nationalist zealots. One user suggested that people in Myanmar have particularly strong immune systems, and another urged Myanmar citizens to avoid British citizens.

- Southeast Asia journalist (article published in Foreign Policy)53

Facebook has identified numerous "influence operations," which it defines as "coordinated efforts to manipulate or corrupt public debate for a strategic goal," in Burma since 2018. From 2018 to 2020, Facebook identified and removed 367 accounts, 639 pages, 37 groups, and 30 Instagram accounts linked to coordinated inauthentic behavior, or a total of 1,073 assets. ⁵⁴ Assets involved in coordinated disinformation were linked to the Tatmadaw, Tatmadaw officials such as Commander-in-Chief Min Aung Hlaing, and Tatmadaw-run news sources; ⁵⁵ MyTel (a Tatmadaw-linked telecommunications company); ⁵⁶ and Openmind, a public relations agency in Burma, whose posts focused on promoting the Tatmadaw-linked USDP and criticizing the civilian NLD in the lead-up to the November 2020 elections. ⁵⁷

Hate speech was common in 2020. Facebook removed 280,000 items it categorized as hate speech in the second quarter of 2020—preceding the November 2020 elections in Burma—compared to 51,000 in the first quarter. ⁵⁸ Burma Human Rights Network released a report in November 2020, documenting 39 cases of hate speech and disinformation related to the election, some of which were shared over 2,000 times. ⁵⁹ Already existing discrimination against Rohingya people led to the implementation of the 1982 Citizenship Law, which prevents Rohingya people from voting.

MISINFORMATION IN THE COUP ERA

Since the Tatmadaw's power seizure on 1 February 2021, the situation has rapidly deteriorated. The junta has engaged in more flagrant suppression of information while severely undermining pandemic response, including by attacking health workers and ambulances, and even turning hospitals into military posts.

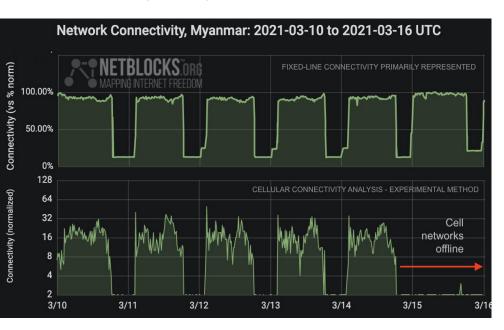
50 years of previous military rule failed to develop our health system and instead enshrined poverty, inequality, and inadequate medical care. [...] Reversion to military rule and subsequent expected financial neglect [...] are likely to result in critical deterioration of both public health measures and clinical services.

- Burma medical professionals (letter published in The Lancet)60

New laws and orders that stifle freedoms

On 15 March, the junta placed six Yangon townships under martial law and enumerated 23 causes of action that could be punished with the death penalty, including online speech.⁶¹ It has charged several people with treason, punishable by death, for statements made online.⁶²

In February, the junta's State Administration Council amended provisions of Burma's Penal Code and Code of Criminal Procedure, as well as three other laws: The Ward or Village Tract Administration Law; The Law Protecting the Privacy and Security of Citizens; and The Electronic Transactions Law. The amendments to the Privacy and Electronic Transaction laws were made to accommodate key provisions of a proposed Cyber Security Law that was shelved after significant outcry by the business community. These amendments introduce vagueness that allows the Council to punish anybody perceived as an enemy; and they violate human rights including freedom of expression, assembly, association, privacy, and those related to arrest and trial. They allow harsh punishments for an extensive list of acts, including online speech.⁶³



Connectivity was pushed down through Wifi and cell network cuts and blocking social media.

Source: NetBlocks (via Twitter) (16 Mar 2021) https://twitter.com/netblocks/status/1371626792692375552/photo/1 On 8 February, the junta placed 90 townships under 8pm–4am curfew and banned gatherings of more than five people, 64 a day after nationwide COVID-19 curfews were lifted. 65 Similarly, it imposed rules restricting local travel, but removed COVID-19 checkpoints between townships, states, and regions. 66

The junta temporarily shut down cellular data access nationwide on 1 February while it launched its coup.⁶⁷

The following week it blocked Facebook, Instagram, Twitter, and WhatsApp.⁶⁸ On 7 February, internet connectivity was pushed down to just 14 percent of its pre-coup level. It shut down the internet 1–9am every night from 15 February to 28 April.⁶⁹ On 15 March, it cut all cellular network data.⁷⁰ On 1 April, it cut public wireless internet access, leaving only fiber lines for internet connection.⁷¹

The result is a population without access to the little information MoHS is producing, and without access to useful information from civil society groups available online. In particular, the loss of Facebook—which is a common means of even the most mundane communication in Burma—has impacted information access, even at the community level.

Ministry of Health tracking stopped

Before the coup, MoHS used its website and Facebook page (now Facebook is blocked within Burma). However, following 1 February, there was no government information about COVID-19, according to interviewees.⁷² And while the MoHS page tracking the pandemic was eventually revived, the degree of tracking was not. Situation updates reappeared in late May (including those backdated to each day since 1 February), but tracking is only disaggregated by area, rather than time, meaning there is not clear information on numerical trends.

The effect of this has been that people in Burma have no knowledge of either the prevalence of the pandemic or the areas that are of particular concern. Public health authorities also do not have good data with which to make policy or intervention decisions, due to a disintegrating MoHS.

On 14 May, Burma reported a total of 143,035 cases and 3,212 deaths from COVID-19,⁷³ as compared to 140,145 cases and 3,131 deaths on 31 January,⁷⁴ meaning that there were roughly 29 new cases and 0.1 new deaths per day since the coup began. The May information is difficult to reconcile with the 31 January 7-day average of 367 new cases and 10 new deaths per day,⁷⁵ the gutting of the health system, and large-scale street protests since that date.

The junta has banned media sources, and only uses controlled outlets such as *Myanmar Radio TV*. With roadblocks to media reporting and CSO travel, there is no existing channel for health information or assistance for rural communities.⁷⁶

Vaccine program changes and scapegoating

The NLD government secured 1.5 million doses of the Covishield vaccine from India in late January 2021.⁷⁷ MoHS had a plan for vaccination in phases, first for health workers and then proceeding to the general public, with priority for the elderly, those with underlying conditions, and people in high-density areas.⁷⁸ However, since 1 February, testing, prevention, and treatment services have been suspended.⁷⁹

There are also concerns that the military junta framed and targeted Htar Htar Lin, the former director of Burma's COVID-19 vaccination program, with spurious corruption charges over procurement of vaccines, in an attempt to legitimize its coup and intimidate medical staff into returning to work.⁸⁰ She went into hiding for her safety, as the military was watching and searched her house.⁸¹ On 10 June the junta arrested Htar Htar Lin and charged her (and 26 other doctors) with incitement and violating the Unlawful Association Act by communicating

with the civilian National Unity Government.⁸² It also charged her with high treason, which carries the death penalty.⁸³

Businesses and individuals that previously donated to the government for the COVID-19 vaccine,⁸⁴ and those who hoped to get vaccinations according to the government's scheduled rollout, are now devastated by the junta's silence about vaccine costs, prioritization, and even how many vaccines were procured.⁸⁵

Targeting the people and institutions fighting the pandemic

The military is the one that urgently needs to be removed, more than the virus, for now. The coup made people—especially young people—hopeless. They see this as their chance to get the military out of politics, and open a new chapter, though they risk their lives, jobs, futures, and everything.

-Civil society representative86

Security forces have targeted civil society for their role in protests and countering state narratives. On 15 March, the junta seized Open Society Foundation's Burma bank accounts and issued arrest warrants for staff members.87 On 21 March, security forces raided the offices of We Love Yangon association, where it was keeping medical supplies for CDM members.88 Nationwide violence, along with the Tatmadaw's history of human rights violations, has



forced civil society members to flee, to avoid being detained.89

Security forces have targeted health workers, who were among the first to join CDM and many of whom believe the junta cannot run the health system. On 3 March, in North Okkalapa Township (Yangon), security forces viciously beat four volunteers from a Mon Myat Seik Htar Elderly Care Charity vehicle—one of whom died of serious injuries—at gunpoint.⁹⁰

Security forces have targeted medics trying to help the wounded, viewing them as an unacceptable part of the protest movement.

Source: "'The Military is Hunting Us': Volunteer Medics in the Crosshairs," Frontier Myanmar (22 Apr 2021)

On 5 March, security forces stormed the Tachileik District People's Hospital (Shan State) and raided every room in the hospital.⁹¹ On 6 March, security forces fired tear gas into the ward near the North Okkalapa Hospital (Yangon); and Tatmadaw Battalion 77 set up a base in May Darwe hospital in North Okkalapa Township.⁹²

Security forces have targeted journalists for their efforts to report on the current crisis. Journalists have been beaten, and their equipment destroyed, even while signed as press or wearing media insignias. 93 Myanmar Press Council members and media staff left their

jobs in February after the junta issued directives not to use the word "regime" or "junta," or otherwise report in a way it views as "instigating public unrest."⁹⁴ As of 17 June, security forces had detained at least 88 journalists, in all but three of Burma's 15 States/Regions/ Union Territory.⁹⁵ On 8 March, security forces raided the office of independent media outlet *Myanmar Now*, shortly before the junta revoked its license (and the license of four others); the following day, they raided the office of *Mizzima*, another of the five banned the day before.⁹⁶

Ideological resistance to the coup and military dictatorship have outweighed fears of COVID-19. Medical staff who received the first dose of the Covishield vaccine on 28 January have refused to get their second dose, fearing that the junta will force them to work for it if they return to the hospital.⁹⁷ People and organizations that refrained from demonstrating or doing programmatic activities in 2020 (including preceding the November 2020 elections) have protested the coup despite fears of COVID-19.⁹⁸

Doctors' role in the CDM raises an important question: how can the country address COVID-19 if doctors are in the streets? The coup has created a landscape in which medical professionals are providing services in sometimes-makeshift clinics, and cannot provide quality COVID-19 treatment. The only place to receive COVID-19 treatment is in government hospitals, now run by the military, to which people are largely unwilling to go. Nonetheless, doctors and nurses feel, for practical, ideological, or other reasons that they must protest the coup and not return to work.

The cumulative effect of the junta's persecution of these groups is that vital sources of health information and means of delivering health information and services to communities are cut off.

CONCLUSION AND RECOMMENDATIONS

The arrival of COVID-19 and the government's and military's responses to it have been devastating for Burma. COVID-19 has killed and sickened people, and exposed the health system's inability to respond to serious health crises. Business closures and reduced demand, both internal and external, have left people starving and poor. The Tatmadaw has used the pandemic as a pretext for stepping up offensives, both before and during its ongoing attempted coup.

On top of extremely limited access to life-saving information, state attempts to control the narrative around the pandemic also penalized people for exercising their right to free speech. At the same time, it allowed hate speech and discriminatory speech to go unchecked.

This is particularly true in conflict-affected areas, typically outside of central Burma, where the Tatmadaw holds sway over daily life. Though civil society groups are the only ones providing COVID-19 guidance and assistance in these areas, the government and military have undercut their ability to do so, by attacking communities, shutting off access to information, cutting funding opportunities, and restricting movement.

Since the military seized power on 1 February, the situation has gone from bad to worse. The junta has tried to cut off all access to information, and it has lost the ability to track

the pandemic, or even continue the previously weak response. At the same time, it has also stepped up attacks on civilians nationwide, including by: targeting medical workers, politicians, journalists, and civil society members with killings and arrests; introducing extremely repressive laws; and launching air strikes and shelling (mainly rural, ethnic minority) communities. The economy—and with it, people's well-being—has tanked: the World Bank forecasted that Burma's economy was expected to shrink by 10 percent in 2021;99 and an April 2021 UN report said 48 percent of Burma's population—or 25 million people—could be living in poverty by 2022.100

In the context of the coup and destruction of Burma's health system, economy, and social fabric, there is little hope for the treatment, containment, or prevention of COVID-19. The opportunity for an effective response can arise only after reinstatement of a civilian government. For this reason, recommendations here are split into: (1) recommendations for turning around the coup and reinstating a legitimate government; and (2) recommendations for when such a government arrives.

Since 1 February 2021, the COVID-19 pandemic situation has been overshadowed by the disintegration of Burma's public health system, medical care, civil space, freedom and safety; and by the specter of a return to the military dictatorship that ran the country into the ground for five decades before the transition to democracy began. Thus, in the immediate term, the essential aim is reversing the coup and reinstating a legitimate government. To that end,

- Regional governments and the international community must not recognize or legitimize the junta.
- All countries must impose targeted sanctions against the Tatmadaw, its businesses, and cronies, including in particular a global arms embargo.
- The UN Security Council must send a delegation to Burma, to ensure a peaceful resolution of the violence and prevent further violence.
- International finance institutions must immediate halt and prevent financial support to the junta.

When a legitimate, inclusive, and democratically-elected government is reinstated, it must focus on:

Allowing the free flow of information

- Codify, under domestic law, provisions that uphold rights to freedom of expression, assembly, association, and all other civil rights under international human rights law.
- Repeal laws that facilitate selective prosecution of journalists and others who speak out in Burma; stop selective prosecution of these people; and release those detained for exercising these rights.
- End internet restrictions so that people can access and transmit information essential to protection from threats to health and human rights.

- Ensure transparency of government-provided information regarding
 COVID-19 and otherwise, including by disclosing content, sources, and gaps in data collection.
- Counter genuine hate speech through clear legal provisions and prosecution.

Health services

- Reorganize the composition and delivery of health and social services so that
 they are linguistically and culturally appropriate. Prioritize communities
 historically marginalized by language, culture, physical location, conflict or
 exploitative development, to ensure that these services are equitably distributed.
- Ensure that everybody in Burma can take basic steps to prevent coronavirus transmission, including by: (1) supplying masks, soap, and hand sanitizer; (2) supporting volunteers who help address the pandemic locally; (3) cooperating with CSOs in providing these materials and public education materials locally, especially in IDP camps, that are linguistically and culturally sensitive; and (4) supporting regional/local governments, including ethnic administrations, to manage their areas.
- Work with ethnic health departments to develop a coordinated, decentralized health approach, and allocate funds accordingly.
- Widely disperse translated/accessible information on COVID-19 and its transmission. Maintain consistent and transparent messaging to ensure that people remain vigilant.
- Take greater measures for monitoring and testing for the pandemic, nationwide.

In addition, once a legitimate, inclusive, and democratically-elected government is reinstated, regional governments and the international community must focus on the following:

- Drive decentralization of healthcare by supporting local ethnic administration and health systems, including by prioritizing cross-border support to CSOs, ethnic authorities, and communities.
- Ensure that COVID-19-related aid to the government of Burma maximizes equity and human rights, by requiring that its use include specific measures for:
 - Decentralization and inclusiveness, such as by designating funds for specific recipients who can ensure effective local responses. This includes civil society and ethnic administrations;
 - Greater inclusion of civil society;
 - Empowerment of MoHS to work with community organizations, including some that may not be legally recognized but have provided health services for decades;
 - Greater gender equity in the country; and
 - A more effective, rights-based peace negotiation.

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PANDEMIC X INFODEMIC

HOW STATES SHAPED NARRATIVES DURING COVID-19

