



#G20RomeSummit

G20 Summit Side Event (27th October 2021)

"AVERTING CATASTROPHE IN MYANMAR: COVID19, ECONOMIC COLLAPSE AND AN EFFECTIVE INTERNATIONAL RESPONSE"

This event explores practical responses to the humanitarian catastrophe of post-coup Myanmar. It draws the attention of the international community to health system collapse, economic failure, a mounting refugee crisis and an absence of political solutions as a consequence of the attempted coup of 1 February 2021. COVID and economic failure imperil Myanmar's neighbors, and the coup presents an acute crisis for ASEAN. Witnesses will describe the current situation. Panelists will offer practical options for an effective international response.

An event promoted by Senate of the Italian Republic – an initiative of Senator Pier Ferdinando Casini

from the "Caduti di Nassirya" Room, Piazza Madama, Rome, Italy

27th of October 2021

Myanmar time: 18:30–19:30

Italian time: 14.00–15.00

Question by Moderator, Michael Marett-Crosby, CEO, Suu Foundation:

Dr Cynthia, thank you for joining us from the Mae Tao Clinic, which is at the forefront of the battle against the pandemic on the Thai-Myanmar border. Given your experience of civil society and the needs of ethnic communities, can you speak to what they and you need from the international community in the struggle against COVID?

Answer by Dr Cynthia Maung, Founder of the Mae Tao Clinic:

Thank you very much.

Myanmar faces multiple humanitarian crises whose roots lie in widespread human rights violations against civilians, particularly of ethnic peoples and other minorities. Longstanding impunity and decades of unchecked abuses have already resulted in extensive displacement, poverty, and food insecurity, along with a protracted health emergency. The February 1st attempted coup has exacerbated and expanded these crises. Myanmar is now in dire need of humanitarian aid, perhaps more so than at any time in her recent history. Yet those who are primarily responsible for creating these disasters, through abuse and neglect, have also, time and time again, demonstrated that their priority is not the welfare of the peoples of Myanmar.

In this environment, all humanitarian assistance coming into Myanmar must be especially politically sensitive. It must take special care not to fuel discrimination, increase distrust, and support the military-directed administration of the country, a system that has for decades shut out many of the country's most vulnerable. The process of delivering aid as well as the aid itself must not be allowed to be used for political gain, particularly for the perpetrators of the crises driving the very disasters the aid was designed to assuage.

Aid must listen to the voices of vulnerable communities. For the first time in history, the vast majority of Myanmar now recognize the root causes of the country's crises, seeing the country's own security forces as a terrorist cartel. Any aid cannot partner with or lend legitimacy to the regime or its agents, who have repeatedly been accused of war crimes. But they also cannot be involved if humanitarian services are to truly be effective, equitable, and efficient, working in partnership and with the trust of community partners. This is especially true for COVID-19 control measures, where public engagement is essential for interventions such as vaccination campaigns, contact tracing, and more to succeed.

In these unprecedented times, aid must also be flexible and adaptable, including pursuing and scaling up alternative routes of aid delivery if it is to be done based on the principles of humanity, impartiality, independence, and neutrality. One approach is

crossborder assistance through Myanmar's neighbors, tapping existing community channels which have always spanned national borders. For over three decades, these networks were the primary source of assistance to some of the most vulnerable communities of Myanmar. Adaptability, flexibility, and cultural sensitivity has and continues to be at the core of these efforts, which now must be supported to address the growing humanitarian emergencies, including COVID-19, in displaced populations of Myanmar, which poses a threat to not just Myanmar and her neighbors but also far beyond.

As assistance is increased, efforts must be redoubled to address the military's impunity for abuses, which also manifests as repeated violations of medical neutrality. As more communities are displaced and driven into desperate conditions, aid blockades and restrictions continue, resulting in preventable suffering, sickness, and death, especially for women and children. In addition, there have been multiple attacks on aid providers, including healthcare staff working on COVID-19, destruction or confiscation of aid supplies, occupation of hospitals, and persecution, torture, and killings of medical workers. This greatly compounds the suffering of the peoples of Myanmar under this military regime. All aid and health staff working to preserve the lives and livelihoods of the peoples of Myanmar must be protected, and those waging war against the very people desperately working to address Myanmar's health and humanitarian crises must be held to account.

Finally, I would like to reiterate again that Myanmar's humanitarian disaster, including the impact of COVID-19, is not simply conflict. It is about impunity, not only in the commission of abuses that drive the disasters we have been struggling to address but also weaponizing many of the very tools that could help alleviate the sufferings of the people. Aid must quickly be increased but also adapted in order to effectively, equitably, and efficiently respond to what has been called Myanmar's longstanding "chronic emergency". The international community must also realize, as the vast majority of the peoples of Myanmar now do, that the only sustainable way to address and ultimately end these crises is to end the impunity of the military. Now is the time to stand in solidarity with all the peoples of Myanmar as they build resilient communities, resist militarization and abuse, and realize their right to health.