The Rohingya genocide and lessons learned from Myanmar's Spring Revolution

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On Aug 25, 2017, Myanmar military forces under army General Min Aung Hlaing launched a military campaign in northern Rakhine State. In a survey by Physicians for Human Rights (PHR) shortly after the attacks,[1] village leaders shared stories of what happened to them. Between June 24, 2017, and the day of the attacks, 555 (92%) of 604 village leaders described meetings convened by military, border guard police, or government representatives that included direct threats to villagers and descriptions of violence in other villages.[1] 74% of village leaders reported widespread arrests of Rohingya individuals without due cause.[1] The descriptions of the attacks are also similar. High proportions of village leaders recounted burning of fields (84%), farms (80%), and mosques (69%) and reported government forces beat (91%), raped (28%), and shot (55%) villagers and continued to shoot and assault them as they fled to Bangladesh.[1] About 750 000 Rohingya fled in just a few short weeks after the Aug 25 assault, most settling in what is now the largest refugee camp in the world.[2] On one day, 10 000 individuals crossed the border.[3] Our PHR research team included forensic examiners trained in the Istanbul protocol who documented the scars, disabilities, and trauma that resulted from this violence.[4]

5 years later, about 1 million Rohingya refugees remain in the Kutupalong and Nayapura camps in Bangladesh. They face continued limitations with regards to employment, education, and health-care access. The Government of Bangladesh has provided sanctuary for the Rohingya, but has more recently placed barbed wire around the camps and limited access to the internet inside the camps.[5,6] In late 2020, the Government of Bangladesh began relocating refugees to a flood-prone island, Bhasan Char, in the Bay of Bengal, despite safety concerns. A report by the World Food Programmes in July, 2022, found that 92% of Rohingya households in Bhasan Char are highly vulnerable to flooding and food insecurity and are entirely dependent on humanitarian assistance, with only 35% of households consuming adequate nutritional foods.[7] Security in the refugee camps is also a concern. Our PHR partner in conducting health and rights assessments among the refugees was the Rohingya peace activist Mohib Ulla, who was assassinated in his office in the Kutupalong camp in September, 2021, silencing a key voice for peace and for the return of the Rohingya to their homeland in Myanmar.[8] The Rohingya remain effectively stateless with limited rights, safety, and no durable solutions for a return to their homeland in sight.

For the majority Buddhist Bamar population of Myanmar, the Muslim Rohingya were perceived as immigrants with uncertain or unwarranted rights of citizenship in Myanmar.[9] Notably, the 2017 attacks occurred during Myanmar's semi-democratic period, led by the National League for Democracy (NLD) whose prevailing party platform historically centred on human rights and national reconciliation. Yet the NLD's leaders, including now imprisoned leader Aung San Suu Kyi, failed to denounce the violence against the Rohingya and,

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indeed, spoke in support of the military's actions in the Hague in 2019.[10] After another NLD victory in Myanmar's elections in November, 2020, the military staged a violent coup on Feb 1, 2021, orchestrated by the same General Min Aung Hlaing who authorised the Rohingya genocide. The days following this coup saw an overwhelming civilian uprising, now known as the Spring Revolution. Although the Revolution was first characterised by a non-violent nationwide civil disobedience campaign, the situation quickly turned violent as Myanmar's armed forces, the Tatmadaw, unleashed its most lethal troops on all dissenting civilians, irrespective of their ethnic or religious identity.[11] Systematic and targeted military attacks on health-care personnel and services were also widespread, as documented in a joint effort by PHR, Johns Hopkins University, Insecurity Insight, and the Safeguarding Health in Conflict Coalition, even as the Spring Revolution collided with a COVID-19 delta wave across Myanmar, resulting in the preventable loss of civilian lives.[12]

In the wake of the coup, and the realisation that all ethnic groups were now under threat from the military, sympathy for the Rohingya—and the Karen, Chin, Kachin, and other military-persecuted minorities across the nation—has increased inside Myanmar.[13]

A lesson from Myanmar's Spring Revolution is one of solidarity across the country's often divided ethnic and religious communities. 5 years since the 2017 attacks, with the evidence and brutality of Myanmar's current civil conflict, the global community must not forget the Rohingya, who still face hunger, violence, and trauma daily in Bangladesh. All who are concerned about the fate of the Rohingya must collectively remain committed to moving towards durable solutions to restore dignity for the 1 million displaced Rohingya peoples who live in the refugee camps in Bangladesh and in the widening diaspora in Malaysia, Indonesia, and beyond, and for the 600 000 Rohingya who remain in Rakhine State.[12] These actions could include an effort on the part of the democracy forces to reinstate Rohingya citizenship in Myanmar as a policy objective; efforts to allow all Rohingya refugee children to attend school in the camps; and a reversal of the Bangladeshi policy of resettlement on Bhasan Char. The violence in Myanmar is mirrored in conflicts across the world, most recently in Ukraine, but also in Tigray, Yemen, Afghanistan, and beyond. Global solidarity is needed now more than ever, and the international community must support accountability mechanisms for perpetrators of violence against civilians, including General Min Aung Hlaing, who has been accused of crimes against humanity at the International Criminal Court.[14] A welcome step towards accountability has been the US Biden Administration's formal recognition of the attacks on the Rohingya as acts of genocide in March, 2022.[15,16] Although a recognition of genocide may do little to ease the current plight of the Rohingya, it is nevertheless a step towards restorative justice. A leader like General Min Aung Hlaing, accused of crimes against humanity, a genocide, and a violent coup, should have no quarter or safety and must be brought to justice if any of Myanmar's people are to know peace.

PP and CB contributed to the PHR survey discussed in this Comment and PP led the forensics investigations. SHHM led the documentation of attacks on and obstructions of health care in Myanmar in collaboration with PHR, Insecurity Insight, and the Safeguarding Health in Conflict Coalition. CB is a Co-Chair and SHHM is a Commissioner of the International AIDS Society–*Lancet* Commission on Health and Human Rights. We declare no other competing interests.

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