



Submission to CEDAW regarding Myanmar's Exceptional Report on the Situation of Women and Girls from Northern Rakhine State

May 2018

Human Rights Watch and Fortify Rights welcome the opportunity to provide joint input into the November 2017 request by the Committee on the Elimination of Discrimination against Women (CEDAW) for an exceptional report from the Myanmar government on the situation of women and girls from northern Rakhine State.

This submission outlines the findings of our organizations through several separate on-the-ground investigations in 2016, 2017, and 2018 that documented widespread human rights violations committed against ethnic Rohingya women and girls by Myanmar security forces. We have included an appendix of relevant publications by our organizations.

Our organizations have documented numerous mass atrocity crimes—including widespread killings, torture, rape and other sexual violence, arbitrary arrests, and mass arson—committed by Myanmar's army and other state security forces. Human Rights Watch has found that these atrocities against the Rohingya amount to crimes against humanity.¹ Fortify Rights, along with the United States Holocaust Memorial Museum and the Allard K. Lowenstein Clinic at Yale Law School, found strong evidence of genocide being committed against the Rohingya.² In November 2017, Pramila Patten, the United Nations special representative on sexual violence in conflict, said the Myanmar army's widespread use of sexual violence against Rohingya women and girls was "a calculated tool of terror aimed at the extermination and removal of the Rohingya as a group," adding that she documented the basis for characterizing the crimes as genocide.³ In December, UN High Commissioner for Human Rights Zeid Ra'ad Al Hussein said that one "cannot rule out the possibility that acts of genocide have been committed."⁴ In March 2018, UN

¹ Human Rights Watch, "Crimes against Humanity by Burmese Security Forces against the Rohingya Muslim Population in Rakhine State since August 25, 2017," September 26, 2017, https://www.hrw.org/sites/default/files/supporting_resources/burma_crimes_against_humanity_memo.pdf. Human Rights Watch previously determined that the Myanmar government was responsible for crimes against humanity against the Rohingya in 2012 and 2016 when ethnic Rakhine villagers supported by Buddhist monks carried out killings with help from state security forces. Rohingya women and girls have been subjected to rape in past persecution by Myanmar authorities, for example in 1978 when attacks drove 200,000 Rohingya out of the country. See Human Rights Watch, "All You Can Do Is Pray": Crimes against Humanity and Ethnic Cleansing of Rohingya Muslims in Burma's Arakan State, April 2013, <https://www.hrw.org/report/2013/04/22/all-you-can-do-pray/crimes-against-humanity-and-ethnic-cleansing-rohingya-muslims>.

² Fortify Rights and the United States Holocaust Memorial Museum, "They Tried to Kill Us All": Atrocity Crimes against Rohingya Muslims in Rakhine State, Myanmar, November 2017, http://www.fortifyrights.org/downloads/THEY_TRIED_TO_KILL_US_ALL_Atrocity_Crimes_against_Rohingya_Muslims_No_v_2017.pdf; Allard K. Lowenstein International Human Rights Clinic at Yale Law School and Fortify Rights, *Persecution of the Rohingya Muslims: Is Genocide Occurring in Myanmar's Rakhine State? A Legal Analysis*, October 2015, http://www.fortifyrights.org/downloads/Yale_Persecution_of_the_Rohingya_October_2015.pdf.

³ Serajul Quadir, "UN Official Says Will Raise Sexual Violence against Rohingya with ICC," Reuters, November 12, 2017, <https://af.reuters.com/article/worldNews/idAFKBN1DC0MW>.

⁴ BBC, "Myanmar: The Hidden Truth," December 18, 2017, <https://www.bbc.co.uk/programmes/b09kdnwb>.

Special Rapporteur Yanghee Lee said the crimes against Rohingya in Myanmar “bear the hallmarks of genocide.”⁵

This latest campaign of violence against Rohingya comes in the context of a long history of abuse and discrimination against Rohingya women by Myanmar authorities. These include sexual harassment and violence as well as denial of access to sexual and reproductive health care for women and girls protected under international law.

We have organized key findings of our research in response to some of the questions posed by CEDAW to the Myanmar government.

- ***Information concerning cases of sexual violence, including rape, against Rohingya women and girls by state security forces, and details on the number of women and girls who have been killed or have died due to other non-natural causes during the latest outbreak of violence.***

In December 2016 and January 2017, Human Rights Watch researchers in Bangladesh interviewed 18 women, of whom 11 had survived sexual assault, as well as 10 men, all of whom had fled military-led “clearance operations” in northern Rakhine State in late 2016. Altogether, Human Rights Watch documented 28 incidents of rape and other sexual assault.⁶ In September and October 2017, Human Rights Watch interviewed 52 Rohingya women and girls, including 29 survivors of rape, who fled to Bangladesh since the 2017 “clearance operations” began.⁷ Rape survivors were from 19 different villages in Myanmar’s Rakhine State, mostly in northern Buthidaung and Maungdaw townships.

In December 2016 and March 2017, Fortify Rights spoke to eight Rohingya women who were raped and gang raped by Myanmar army soldiers in October and November 2016 in seven villages in Maungdaw township.⁸ Six of these cases were gang rapes; two were rapes followed by attempted gang rapes. All but one rape survivor who spoke to Fortify Rights witnessed soldiers rape other Rohingya women and girls as well. Fortify Rights also documented and analyzed the testimony of more than 17 witnesses to rapes in October and November, and from 14 Rohingya who provided additional information related to rape committed by Myanmar army soldiers in the above villages and other villages during that period.⁹ Five medical doctors and physicians treating Rohingya rape survivors in Bangladesh and three international aid workers provided further information to Fortify Rights on the rape of Rohingya women during

⁵ “Statement by Yanghee Lee, Special Rapporteur on the Situation of Human Rights in Myanmar at the 37th Session of the Human Rights Council,” March 12, 2018,

<http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22806&LangID=E>.

⁶ Human Rights Watch, “Burma: Security Forces Raped Rohingya Women, Girls,” February 6, 2017,

<https://www.hrw.org/news/2017/02/06/burma-security-forces-raped-rohingya-women-girls>; see also Human Rights Watch, “Burma: Rohingya Recount Killings, Rape, and Arson,” December 21, 2016, <https://www.hrw.org/news/2016/12/21/burma-rohingya-recount-killings-rape-and-arson>.

⁷ Human Rights Watch, “*All of My Body Was Pain*”: Sexual Violence against Rohingya Women and Girls in Burma, November 16, 2017, <https://www.hrw.org/report/2017/11/16/all-my-body-was-pain/sexual-violence-against-rohingya-women-and-girls-burma>.

⁸ Those seven villages are Kyet Yoe Pyin, Pwint Hpyu Chaung, Kyar Goung Taung, Ngan Chaung, Yae Khat Chaung Gwa Son, Wapeik, and U Shey Kya villages. See Fortify Rights interviews with individuals 48, 04, 42, 41, 55, Cox’s Bazar District, Bangladesh, December 2016 and March 2017.

⁹ Fortify Rights interviews with 19, 22, 37, 08, 11, 12, 25, 32, 30, 64, Cox’s Bazar District, Bangladesh, December 2016 and March 2017.

“clearance operations” in Maungdaw township in October and November 2016.¹⁰ Fortify Rights also documented rape and sexual violence in August and September 2017 in all three townships of northern Rakhine State, including through interviews with nine witnesses to rapes, gang rapes, and post-rape body mutilation by Myanmar army soldiers.¹¹

Witnesses and survivors of rape described to Fortify Rights how Myanmar army soldiers gang raped Rohingya women and girls in homes, schools, paddy fields, forested areas, and other community buildings, often in plain view of other soldiers and civilians.

Human Rights Watch found that Myanmar security forces raped and sexually assaulted women and girls both during major attacks on villages following August 25, 2017, as well as in the weeks prior to these major attacks, sometimes after repeated harassment. In every case described to Human Rights Watch, the perpetrators were uniformed members of security forces, almost all military personnel.

Rape survivors described brutal circumstances of the rapes. All but one of the rapes reported to Human Rights Watch were gang rapes, involving two or more perpetrators. In eight cases, women and girls reported being raped by five or more soldiers. They described being raped in their homes and while fleeing burning villages. Human Rights Watch documented six cases of “mass rape” by the Myanmar military, including in Tula Toli village, officially known as Min Gyi, in Maungdaw township. In these instances, survivors said that soldiers gathered them together in groups and then gang raped or raped them. Ethnic Rakhine villagers, acting alongside and in apparent coordination with government security forces, were also responsible for sexual harassment, often connected with looting.

The rapes were accompanied by further acts of violence, humiliation, and cruelty. Security forces beat women and girls with fists or guns, slapped them, or kicked them with boots. In two cases, women reported that their attackers laughed at them during gang rapes, and more frequently attackers threatened their victims either verbally or through actions like putting a gun to their heads. Some attackers also beat women’s children during the attacks. Fortify Rights documented instances of soldiers killing Rohingya women and mutilating their bodies after raping them, including cutting off breasts and cutting vaginas and stomachs with long knives.

Rape survivors spoke of enduring numerous abuses at once. In addition to being gang raped, three women described with great distress seeing security forces murder their young children. Other women and girls said they witnessed killings of their elderly parents, their husbands, other family members, and neighbors. Many reported witnessing cruelty toward those especially vulnerable, such as a soldier killing a 5-year-old girl who could not keep pace with her fleeing family, or security forces pushing older persons who could not flee back into burning houses.

None of the rape survivors interviewed by Human Rights Watch or Fortify Rights received post-rape care in Myanmar. Survivors did not receive urgent interventions that must take place within days of the rape, such as emergency contraception (within 120 hours) or prophylaxis against HIV infection (within 72 hours). The Myanmar government continues to obstruct humanitarian access to much of Rakhine State.

¹⁰ Fortify Rights interviews with 1, 27, 35, 36, 54, Cox’s Bazar District, Bangladesh, December 2016.

¹¹ Fortify Rights interviews with 5-2, 9-2, 11-2, 23-2, 25-2, 33-2, 38-2, 43-2, 45-2, Cox’s Bazar District, Bangladesh, August 27 – September 4, 2017.

Humanitarian actors in Bangladesh have said that they have received and treated or provided support to dozens or, in some cases, hundreds of women who survived rape or other attacks. The UN reported that humanitarian organizations had provided support to 2,756 survivors of sexual and gender based violence.¹² These likely represent only a small proportion of the actual number of women and girls raped, given that they do not include those who were raped and subsequently killed, that survivors may be reluctant to seek assistance due to the stigma attached to sexual assault, and that various other factors discourage reporting, including concern about paying fees for medical care and lack of confidence in future criminal investigations. Of the survivors interviewed by Human Rights Watch, almost two-thirds had not reported their rape to authorities or humanitarian organizations. Most of the survivors with whom Fortify Rights spoke had not reported their rape to anyone at the time—even members of their families.

UN humanitarian reports indicate that sexual violence has been widespread in the recent attacks against Rohingya, with a cumulative total of 6,097 incidents of gender-based violence reported from late August through late March, including, but not limited to, sexual forms of violence.¹³ Between October 22 and 28 alone, 306 gender-based violence cases were reported, 96 percent of which included emergency medical care services.¹⁴ These UN figures aggregate different organizations' cases. One Bangladeshi organization that does outreach work with survivors of sexual violence told Human Rights Watch in September 2017 that they had received hundreds of new cases of rape and other sexual violence since the August 25 attacks. Another organization said they had provided services to 58 survivors of rape and 12 survivors of sexual assault that had arrived since August 2017. A third organization said they had identified 50 recent rape survivors as of September 2017.

Rohingya women and girls were also raped and subjected to sexual harassment by Myanmar security forces during security operations in late 2016. Human Rights Watch documented 28 incidents of rape and other sexual assault in this period. Some incidents involved several victims.¹⁵

Fortify Rights met a local physician in December 2016 in Cox's Bazar who had treated 13 Rohingya women and girls who survived rape and sexual violence in villages in Maungdaw township between October and December 2016. When Fortify Rights met him again in March 2017, he had treated more than 60 Rohingya women and girls, ages 13 to 30, for rape and sexual violence.

Rohingya women and girls told Human Rights Watch they had been afraid of rape for many months prior to these events, and had often experienced sexual harassment and assault from security forces and civilians aligned with those forces as part of their lives beforehand.

Women continued to suffer even after reaching Bangladesh. Human Rights Watch spoke to 10 women who continued to experience physical injuries, including vaginal tears, bleeding, or infections as a result of rape, without accessing care. Many women interviewed by Human Rights Watch and Fortify Rights

¹² UN Security Council, "Report of the Secretary-General on Conflict-Related Sexual Violence," S/2018/250, March 23, 2018, http://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s_2018_250.pdf, p. 17.

¹³ Inter Sector Coordination Group, "Situation Report: Rohingya Refugee Crisis, Cox's Bazar," March 25, 2018, https://reliefweb.int/sites/reliefweb.int/files/resources/180325_iseg_sitrep.final_.pdf.

¹⁴ Inter Sector Coordination Group, "Situation Report: Rohingya Refugee Crisis, Cox's Bazar," October 29, 2017, https://reliefweb.int/sites/reliefweb.int/files/resources/171029_weekly_iscg_sitrep.pdf.

¹⁵ Human Rights Watch, "Burma: Security Forces Raped Rohingya Women, Girls," February 6, 2017, <https://www.hrw.org/news/2017/02/06/burma-security-forces-raped-rohingya-women-girls>.

reported symptoms of post-traumatic stress disorder (PTSD) or depression, including suicidal ideation. Despite donor governments' important contributions to the humanitarian crisis, Rohingya rape survivors still lack access to long-term post-rape care.¹⁶ Access to safe abortion care, including for rape survivors, has also been in short supply.¹⁷

- ***Information on investigations, arrests, prosecutions, convictions, and sentences or disciplinary measures imposed on perpetrators, including members of the armed forces, found guilty of such crimes.***

As best as we have been able to ascertain, there have been no meaningful, impartial investigations into sexual violence committed by Myanmar security forces, nor arrests, prosecutions, or convictions since the security force operations began in August 2017. On the contrary, Myanmar authorities have on multiple occasions offered wholesale denials of allegations of rape and sexual violence against Rohingya women and girls by state security forces. During an April 2018 meeting with UN Security Council members in Naypyidaw, Commander-in-Chief Sr. Gen. Min Aung Hlaing responded to concerns from the delegation about sexual violence by the armed forces by stating “that the representatives need to consider the fact that it is a nature to exaggerate the rape case any country does not accept,” according to his office.¹⁸

- ***The findings of the final report of the Tatmadaw investigation team led by Lt. Gen. Aye Win concerning the conduct of the armed forces during the security clearance operations.***

The Myanmar armed forces, or Tatmadaw, issued a report on Facebook on November 13, 2017, laying out the key findings from the investigation headed by Lt. Gen. Aye Win.¹⁹ The report claims that state security forces committed no wrongdoing, including that “security forces did not commit shooting at innocent villagers and sexual violence and rape cases against women.” The wholesale denial contradicts considerable evidence to the contrary, including photographic evidence and testimony of thousands of witnesses, as well as satellite imagery collected by Human Rights Watch that shows the partial or complete destruction of 362 Rohingya villages.²⁰ The military has stated that “all the findings [from the Tatmadaw investigation] are true and correct” as recently as April 30.

The Myanmar government has established several separate commissions to investigate the patterns of violence beginning in Rakhine State in 2016, none of which have been credible or impartial.²¹

¹⁶ Inter-Agency Working Group on Reproductive Health in Crisis, “Women and Girls Critically Underserved in the Rohingya Humanitarian Response,” February 22, 2018, <http://iawg.net/wp-content/uploads/2018/02/IAWG-Statement-on-Rohingya-Humanitarian-Response.pdf>.

¹⁷ Ibid. See also Anu Kumar and Sayed Rubayet, “Rohingya Women Have Suffered Enough. They Don’t Deserve Discriminatory Health Care,” *Ipas*, December 14, 2017, <https://www.devex.com/news/opinion-rohingya-women-have-suffered-enough-they-don-t-deserve-discriminatory-health-care-91751>.

¹⁸ “Discussions Between Senior General Min Aung Hlaing and Permanent Envoys of UNSC,” Commander-in-Chief of Defense Services, May 4, 2018, <http://www.seniorgeneralminhlaing.com/2018/05/discussions-between-senior-general-min.html>.

¹⁹ Commander-in-Chief of Defense Services (CINCDS) Facebook post, November 13, 2017, <https://www.facebook.com/Cincds/posts/1511217488999111>.

²⁰ Human Rights Watch, “Burma: Scores of Rohingya Villages Bulldozed,” February 23, 2018, <https://www.hrw.org/news/2017/12/17/burma-40-rohingya-villages-burned-october>.

²¹ On August 6, 2017, the National Investigation Commission on Rakhine State, headed by Vice President Myint Swe, held a news conference on its findings into alleged abuses against ethnic Rohingya, following a nine-month domestic inquiry. Myint Swe told journalists that there was no evidence of crimes against humanity or ethnic cleansing. However, in Human Rights Watch’s view, the 13-member commission used investigative methods that produced incomplete, inaccurate, and false

- ***Whether instructions have been or are being issued to all branches of the state security forces that torture, gender-based violence including rape and other forms of sexual violence, expulsions, and other human rights violations are prohibited and that those responsible will be prosecuted and punished.***

Myanmar authorities have repeatedly said that their forces are aware of and have followed Myanmar law, military codes of conduct, rules of engagement, and international law, and that forces will be held accountable for any breaches.

Our organizations are troubled by the authorities' denials of attacks on women. In September, the Rakhine State border security minister denied the reports of sexual violence. "Where is the proof?" he said. "Look at those women who are making these claims—would anyone want to rape them?"²² When Human Rights Watch, Fortify Rights, and others documented widespread rape of women and girls during military "clearance operations" in late 2016 in northern Rakhine State, the Myanmar government crudely rejected these allegations as "fake rape."²³

- ***The gender-specific measures taken by the state party to rehabilitate and compensate Rohingya women and girls who are victims/survivors of such violence.***

Our organizations are unaware of any such measures taken by the Myanmar government. Nor has the government claimed to have taken such action. Rather, the government has maintained its wholesale denials of any assault perpetrated against Rohingya women and girls. In a May 2018 statement on his meeting with the UN Security Council delegation, the military commander-in-chief claimed that "he heard refugees who fled to Bangladesh said they were raped by the Myanmar Tatmadaw.... If rape cases happen, the victims need to inform the committee [on Rakhine State, led by Aung San Suu Kyi] which will take action against all complaints.... However, there is no complaint till today."²⁴

- ***The number of Rohingya women and girls who have died during childbirth.***

We do not have estimates on how many women and girls died in childbirth.

information. A previous army-led investigation into allegations of abuses against Rohingya communities in late 2016 by Tatmadaw forces led by the same general, Lt. Gen. Aye Win, found that only two minor incidents of abuse occurred during security operations. One of the documented crimes was the theft of a motorbike. Human Rights Watch documented killings, sexual violence including rape, and destruction of civilian property in the attacks that forced tens of thousands of people to flee during the same period under investigation. An investigation into allegations of rape in Maungdaw township in Rakhine State by Myanmar authorities found that no rapes had taken place, but was conducted in a highly problematic way that does not meet basic standards and would not have provided opportunity for women and girls to speak freely. Myanmar authorities announced in April 2018 that seven soldiers had been sentenced to 10 years in prison for their involvement in the killing of 10 Rohingya men and boys in Inn Din village in Maungdaw, Rakhine State. Meanwhile, authorities have been destroying evidence of attacks against Rohingya villages. Since late 2017, the Myanmar government has cleared at least 60 villages of all structures and vegetation using heavy machinery. Most of these villages were among the 362 villages completely or partially destroyed by arson since August 25.

²² Jonathan Head, "Rohingya Crisis: Seeing Through the Official Story in Myanmar," BBC, September 11, 2017, <http://www.bbc.com/news/world-asia-41222210>.

²³ Human Rights Watch, "Burma: Security Forces Raped Rohingya Women, Girls," February 6, 2017, <https://www.hrw.org/news/2017/02/06/burma-security-forces-raped-rohingya-women-girls>.

²⁴ "Discussions Between Senior General Min Aung Hlaing and Permanent Envoys of UNSC," Commander-in-Chief of Defense Services, May 4, 2018, <http://www.seniorgeneralminhlaing.com/2018/05/discussions-between-senior-general-min.html>.

In September 2017, Human Rights Watch documented three cases in which Myanmar security forces obstructed women from accessing emergency maternal health care. For example, one 40-year-old woman from Maungdaw township told Human Rights Watch that she knew of two neighbors who had died during childbirth after soldiers guarding her village would not allow them to leave the village to get medical help. Another woman, also from a village in Maungdaw township, said that her cousin died “on the road” because soldiers at a checkpoint refused to allow her to travel to a hospital. In a third example, highlighting restraints on Rohingya prior to the late 2017 “clearance operations,” a woman from Buthidaung township said her sister died in childbirth around May 2017: “My sister Mumena died giving birth... We had to wait to get money for a bribe. We needed to get money by phone from outside and then get cash and then go bribe the military. Then we knew we would need to bribe the nurse too. But she died before we got the money.”

The “clearance operations” and violence against Rohingya in late 2017 made no exceptions for pregnant women, including those who were heavily pregnant during the attacks on villages. Women in late stages of pregnancy described fleeing from their homes—walking up and down steep hills slippery from monsoon rains, through rivers and dense vegetation, often with little to eat and on sore hips and swollen legs. Several interviewees told Human Rights Watch that six weeks after having fled, they still felt pain that they believed was linked to their forced migration. Human Rights Watch also interviewed three women who gave birth on their journey to Bangladesh without any medical support.

Human Rights Watch collected testimony from women and girls about their lack of access to sexual and reproductive health care in their home villages in Rakhine State. Of the 52 women Human Rights Watch interviewed, only two knew what a condom was, and only one had received prenatal care when she was pregnant. Humanitarian aid workers and Bangladeshi health officials working to provide health care to Rohingya women and girls who had arrived since August 2017 said that they generally found knowledge and experience of maternal and sexual care to be extremely low.

For many years, the Myanmar authorities subjected Rohingya women to a strict two-child policy. Rohingya found to have violated restrictions on childbirth were prosecuted under Criminal Law section 188, which could result in imprisonment for up to 10 years, fines, or both.²⁵ For several years, Rohingya women told Fortify Rights they feared repercussions from authorities for unauthorized childbirth. This fear, compounded by lack of access to safe, modern birth control options to prevent unwanted pregnancies, forced pregnant Rohingya women to either flee the country or resort to illegal and unsafe abortions. Clandestine efforts to terminate pregnancies rather than face government retaliation for unsanctioned childbirth resulted in death and harmful medical repercussions.²⁶ Abortions among Rohingya women in northern Rakhine State have traditionally been conducted using the “stick method,” whereby a stick is inserted into the uterus to terminate the pregnancy. Women report being afraid to seek necessary medical attention for subsequent health complications.

²⁵ Fortify Rights, *Policies of Persecution: Ending Abusive State Policies against Rohingya Muslims in Myanmar*, February 2014, http://www.fortifyrights.org/downloads/Policies_of_Persecution_Feb_25_Fortify_Rights.pdf. See addendum to regional order 1/2005, “Population Control Activities,” point number 3, original on file with Fortify Rights; see also Chris Lewa, “Two-Child Policy in Myanmar Will Increase Bloodshed,” *CNN*, June 6, 2013, <http://edition.cnn.com/2013/06/06/opinion/myanmar-two-child-policy-opinion>.

²⁶ Fortify Rights communications with representatives of an international organization, January 2014.

- ***The number of clinics providing obstetric services and the ratio of doctors and midwives to the Rohingya population.***

We do not have precise figures detailing the number of clinics and doctors available to provide obstetric services, or the ratios. However, several contextual features and figures should be considered with respect to the provision of, and access to, these services. The Rohingya population in Rakhine State has extremely poor access to health care of any kind in all parts of the state due to multiple factors, including the limited number of health care facilities and restrictions on freedom of movement that make routine access to any facilities or care difficult. Prior to the violence in northern Rakhine State beginning in October 2016, UN sources estimated that there was one physician per 75,000 persons and one physician per 83,000 persons in the Rohingya Muslim-majority townships of Buthidaung and Maungdaw, respectively, whereas in Sittwe, the Rakhine Buddhist-majority capital of Rakhine State, there was one physician for every 681 persons.²⁷ Additionally, Rohingya in northern Rakhine State have for years been subjected to a network and series of checkpoints where they were often forced to pay bribes, and frequently faced harassment or arbitrary detention, further decreasing the odds of their seeking or receiving health care.²⁸ Currently, humanitarian access to northern Rakhine State is severely restricted, including lifesaving medical care.

Throughout Rakhine State, access to health care is extremely limited, particularly for Rohingya. Outside of northern Rakhine State, the government confines more than 124,000 Rohingya to dozens of internally displaced persons (IDP) camps located in five townships. Access to health facilities for these displaced people is mostly limited to in-camp provisions by nongovernmental organizations whose access is needlessly restricted by the authorities. Rohingya in IDP camps in Sittwe township may be referred to Sittwe General Hospital, but only for life-threatening cases, and they are treated in a Muslim-only ward. Referrals are difficult to acquire, and Rohingya in these camps told Human Rights Watch and Fortify Rights in 2017 that they are required to pay for their own security and transportation to the hospital, which is cost prohibitive. Rohingya women in Sittwe township camps reported in 2017 to Fortify Rights that access to health care is the most common reason for taking out loans, and some Rohingya women explained that they elected not to seek medical help in order to avoid acquiring debt that they would be unable to pay off.²⁹

In general, state security forces require all Rohingya confined to IDP camps to obtain permission to travel, and Rohingya must also pay a fee to authorities. Moreover, once permission is granted and a fee is paid, Rohingya can only travel in the presence of security forces, if the security agents on duty agree to escort them. This escort “service” is not considered a right but a privilege, and it is not always forthcoming—for example, the authorities only escort Rohingya in the morning or afternoon, regardless of the situation.³⁰ These restrictions have impacted women’s health and maternal mortality.

²⁷ Republic of the Union of Myanmar, “Final Report of Inquiry Commission on Sectarian Violence in Rakhine State,” citing UN reports, July 8, 2013, http://www.burmalibrary.org/docs15/Rakhine_Commission_Report-en-red.pdf, p. 41.

²⁸ See Physicians for Human Rights, “Myanmar’s Rohingya Continue to Suffer Systematic Extortion, Abuse,” October 12, 2016, <http://physiciansforhumanrights.org/press/press-releases/myanmar-rohingya-phr-report.html>; Fortify Rights, *Policies of Persecution*.

²⁹ Fortify Rights interviews with Rohingya women, Sittwe township, Rakhine State, Myanmar, 2017; see also CCCM Cluster, Danish Refugee Council, and UNHCR, *Sittwe Camp Profiling Report*, 2017, https://reliefweb.int/sites/reliefweb.int/files/resources/sittwe_camp_profiling_report_lq.pdf, p. 7.

³⁰ Several Rohingya in the camps explained to Fortify Rights how they are unable to travel anywhere in the evening. For example, a resident in Dar Pai camp said: “After the conflict of 2012, if anyone has an emergency case in the nighttime, then

- *The number of Rohingya families displaced by the violence, disaggregated by sex, and measures taken by the government to ensure their voluntary and safe return, economic reintegration, and compensation for loss of land or property.*

According to the UN Office for the Coordination of Humanitarian Affairs (OCHA), an estimated 94,500 people were displaced in northern Rakhine State in October and November 2016, including more than 74,500 men, women, and children who fled to neighboring Bangladesh.³¹ Since August 2017, more than 717,000 have fled to Bangladesh.³² In addition, untold numbers of Rohingya have fled Myanmar steadily since 2012, including from violence, draconian restrictions, and avoidable deprivations in humanitarian aid. The UN Refugee Agency (UNHCR) estimated that from 2013 to 2015, more than 200,000 fled by sea toward Thailand and Malaysia from the Myanmar-Bangladesh border area. Many ended up in the custody of transnational human trafficking syndicates who held Rohingya women in conditions of enslavement and, in many cases, sold women and girls to the highest bidder.

The Myanmar government has announced plans for the repatriation of refugees, including hastily built processing centers and transit camps, yet has failed to establish any means of ensuring that returns are safe, dignified, and voluntary, as provided by international standards. Photos of the transit camps reveal buildings enclosed by high barbed-wire perimeter fencing.

The Myanmar government has a poor record of treating Rohingya displaced by past abuses or providing sustainable conditions for their return, such as in the case of the confinement of more than 124,000 Rohingya who fled ethnic cleansing in 2012 and remain in supposedly “temporary” camps in central Rakhine State. Humanitarian conditions in central and northern Rakhine State remain abysmal, with access for aid agencies reduced since August 2017, according to the UN and aid groups. Protecting returning refugees will not be possible without significant monitoring efforts by international observers. The Myanmar government has largely rejected international demands to allow free access for international aid agencies, the media, and rights observers, allowing only a small number of humanitarian agencies to deliver aid in northern Rakhine State, and denying genuine access to independent journalists and rights monitors.

We recommend that CEDAW call upon the government of Myanmar to:

- Ensure unimpeded access for humanitarian aid organizations in Rakhine State, including organizations assisting sexual violence survivors and providing sexual and reproductive health care.
- Ensure unimpeded access for journalists and human rights monitors in Rakhine State.
- Cooperate fully with international investigations into alleged crimes in Rakhine State, including the UN Fact-Finding Mission established by the Human Rights Council.
- Comply with the UN Security Council November Presidential Statement, which called on the Myanmar government to “implement measures in line with UN Security Council resolution 2106

there is nowhere for us to get treatment during the nighttime. We cannot go outside in the nighttime.” Fortify Rights interview with 136, Sittwe township, Rakhine State, September 2, 2015.

³¹ UN OCHA, “Asia and the Pacific: Weekly Regional Humanitarian Snapshot, February 28 – March 6, 2017,” March 6, 2017, http://reliefweb.int/sites/reliefweb.int/files/resources/ROAP_Snapshot_170306.pdf.

³² UNHCR, “Refugee Response in Bangladesh,” May 15, 2018, https://data2.unhcr.org/en/situations/myanmar_refugees.

(2013) to prevent and respond to incidents of sexual violence and ... work with the Special Representative on Sexual Violence in Conflict.”

- Immediately repeal all discriminatory laws, regulations, and local orders and cease practices that restrict the marriage, movement, childbirth, and livelihoods of Rohingya. Communicate to central, state, and local governments and the general public that the relevant authorities are to immediately cease all official and unofficial practices related to discriminatory restrictions against Rohingya.
- Amend the 1982 Citizenship Law to end discriminatory provisions against Rohingya and reduce statelessness by providing Rohingya equal access to citizenship rights.
 - In accordance with the universal prohibition of racial discrimination, amend the 1982 Citizenship Law to use objective criteria to determine citizenship, such as descent, through which citizenship is passed through one parent who is a citizen or permanent resident.
 - Revise the Citizenship Law in accordance with article 7 of the Convention on the Rights of the Child to ensure that Rohingya children have the right to acquire a nationality where otherwise they would be stateless because they have no relevant links to another state.
- Ensure full access to quality sexual and reproductive health care, including prenatal care and emergency obstetric care. This includes making sure such services are available and accessible to Rohingya populations and lifting restrictions on travel and movement.
- Take appropriate measures and provide means to allow women victims and their families willing to return to their original homes to return in safety and with dignity, and take effective and adequate measures to rebuild the homes and basic infrastructure destroyed.
- Facilitate the safe reintegration of women victims and their families. Special efforts should be made to ensure the full participation of returned victims and their families in the planning and management of resettlement, reintegration, and rehabilitation programs. Myanmar has the duty and responsibility to assist returned victims and their families to recover, to the extent possible, their property and possessions that they left behind or were dispossessed of. When recovery of such property and possessions is not possible, competent authorities should provide or assist these people in obtaining appropriate compensation or other forms of just reparation.
- Repeal the four so-called race and religion protection laws, which are discriminatory and violate the rights of religious minorities and women.
- Ensure that the draft Prevention and Protection of Violence Against Women Law includes measures for accountability for sexual violence, in particular conflict-related abuses, with provisions for military perpetrators to be tried in civilian courts. Publicize the draft law to solicit input from all civil society prior to its tabling in parliament.

Appendix of Publications

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Human Rights Watch, "Burma: Rohingya Recount Killings, Rape, and Arson," December 21, 2016, <https://www.hrw.org/news/2016/12/21/burma-rohingya-recount-killings-rape-and-arson>.