Physicians for Human Rights

Widespread and Systematic: Forensic Evidence of Violence against the Rohingya



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Overview

Physicians for Human Rights (PHR) expert medical teams have traveled to Bangladesh four times since October 2017 to contribute to investigative and justice efforts around the attacks that took place in Myanmar in August 2017, which pushed at least 720,000 Rohingya refugees into neighboring Bangladesh.

PHR's research indicates that the grave human rights violations committed against the Rohingya should be investigated as crimes against humanity – namely murder and enforced disappearances, torture, rape and other sexual violence, and forcible transfer of populations. Below is a summary of PHR's findings to date to support the creation of an independent and impartial mechanism to collect, preserve, and analyze evidence for criminal investigations, which in turn can bring those responsible for violence against the Rohingya to justice.

PHR's Research

To document the scope, scale, and patterns of attacks, PHR conducted:

- Epidemiologic Survey: PHR surveyed leaders from 604 hamlets, encompassing more than 916,000 Rohingya, about events from end June 2017 to when residents fled.
- Qualitative Research: PHR conducted interviews with 40 hamlet leaders who reported mass killings/rapes and mass graves.
- Forensic Evidence: PHR physically examined 85 survivors to corroborate findings and published a report on the emblematic Chut Pyin massacre.

- PHR's Findings 88% of PHR's survey respondents reported incidents of violence and 91% of these leaders noted blunt force trauma such as beatings, hitting, kicking, or penetrating injuries using weapons such as machetes, knives, and sticks. Over half of these hamlets (55%) reported people shot, as well as rape and sexual assault (28%).
 - This data is supported by PHR's forensic evidence casework. Ranging from 3.5 to 74 years of age, more than 85 survivors whom PHR examined sustained injuries such as gunshot wounds (56%); injuries from explosives or projectiles (23%); blunt force trauma, including kicking and beating (13%); and penetrating injuries such as stabbings and mutilations (9%). Of the survivors, almost a quarter have a permanent disability and/or posttraumatic stress disorder.



Percentage of Rohingya leaders interviewed by PHR who said destruction occurred in their hamlet, by type of destruction reported.



Said homes were set on fire



Said mosques were destroyed or burned



Said homes were torn down or destroyed



Said fields or farms were burned

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"They yelled as they shot at us, 'You are Bengali, you have no place here.'" - 18-year-old Rohingya survivor of the Chut Pyin massacre

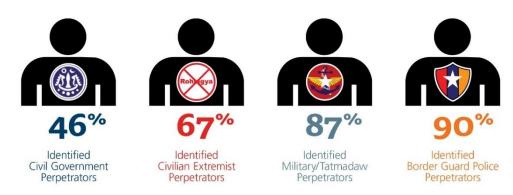
Forcible Transfer

International law defines deportation or forcible transfer as the "threat of force or coercion, such as that caused by fear of violence, duress, detention, psychological oppression or abuse of power against such person or persons or another person." In recent years, Myanmar has increasingly pressured Rohingya communities to register for National Verification Cards (NVCs), a citizenship identification process that did not allow respondents to identify as Rohingya.

PHR's survey of 604 hamlets showed that in the weeks leading up to August 2017, authorities held meetings with 91% of these hamlets. Almost all (93%) noted that they were asked about the NVC during the meetings, which were convened by Border Guard Police (89%), military (84%), and state officials (56%). Over two thirds of these hamlets reported that the meetings included threats of violence or reports of violence and restricted mobility in neighboring hamlets, and over half reported that this was one of the reasons that they fled Myanmar.

Bringing Perpetrators to Justice

The percentage of Rohingya leaders interviewed by PHR who identified attackers of Rohingya hamlets, by type of perpetrators identified.



• 77% of hamlets that reported violence noted helicopters, military trucks (70%), and tanks (22%) around or in their hamlets.

Recommendations

- Create an independent, impartial, and effective mechanism that can collect, preserve, and analyze evidence for criminal investigations, which in turn can establish individual responsibility under international law;
- Demand unfettered access to Rakhine state for independent monitors, international human rights organizations, journalists, aid agencies, and other international observers;
- Ensure that the Bangladesh-Myanmar agreement on Rohingya repatriation is not implemented without actionable guarantees and sustainable conditions for safe, dignified, and voluntary return for the Rohingya;
- Impose bilateral and multilateral sanctions, including arms embargoes against the Myanmar military and targeted sanctions against individuals responsible for crimes and serious abuses;
- Call for the UN Security Council to refer the situation of Myanmar to the International Criminal Court or other credible accountability mechanisms.

For all of PHR's research on the issue, please visit https://rohingya.phr.org.



For more than 30 years, Physicians for Human Rights (PHR) has used science and the uniquely credible voices of medical professionals to document and call attention to severe human rights violations around the world. PHR, which shared in the Nobel Peace Prize for its work to end the scourge of land mines, employs its investigations and expertise to advocate for persecuted health workers and facilities under attack, prevent torture, document mass atrocities, and hold those who violate human rights accountable.

phr.org 2