Village Health Defense: Self-Protection Framework

Village Health Defense:
Health Self-Protection Framework for Rural Villages in Militarized, Ceasefire, and Conflict Zones

by Moe Gyo, June 12, 2018, *SOF News*

Background

Village Health Defense is a health self-protection framework to be employed by rural villagers in militarized, ceasefire, and conflict zones. The framework aims to anticipate, avoid/contain, and/or mitigate adverse health outcomes resulting from hostile/detrimental interactions between villagers and armed state actors. It seeks to strengthen the holistic relationship between armed non-state actors and their popular support base.

Village Health Defense has been designed and is presented within the context of the ongoing ethnic-based insurgencies inside Burma (aka Myanmar). The armed state actor is the Burma military who is arrayed against twenty armed non-state actors – ethnic armed organizations (EAOs). The framework further builds upon, and extends health to, the rural village self-protection techniques identified as Village Agency by the Thai-based Karen Human Rights Group (KHRG) and used by ethnic villagers in the militarized, ceasefire, and conflict zones of Karen State in Burma.

While a Burma-situated framework and non-state actor perspective, the Village Health Defense framework is modifiable to fit insurgencies elsewhere involving armed state and/or non-state actors.

Counter-Insurgency and Human Rights Abuses

Armed conflicts began in Burma shortly after its independence in 1948 between the dominant Bamar people from central Burma and the non-Bamar ethnic people from the peripheral hill and delta areas. These conflicts have been continuous since then through successive military, quasi-military, and civilian governments. The key issues are related to the ethnic people's social, economic, and political aspirations for the self-autonomy and ethnic equality promised to them when they joined with the Bamar people to establish the Union of Burma. Consequently, over the subsequent seventy years, many ethnic people formed EAOs to initially fight for independence and later for self-autonomy as manifested in some equitable form of political and resource power sharing. Counter-insurgency operations by the Burma military in areas controlled by the EAOs have resulted in numerous human rights abuses including war crimes and crimes against humanity.

Human Rights Abuses (including War Crimes and Crimes against Humanity) Committed by Burma Military Units

Soldier Violence / Repression

Individual war trauma:
- Beatings
- Shootings
- Shelling
- Stabbings
- Torture
- Executions
- Landmine injuries and deaths
- Rape and other sexual violence

Deliberate destruction of villages, houses, schools, clinics, markets, and places of worship
Landmines planted in villages and fields, and on roads/trails
Kidnapping and disappearances
Arbitrary arrest and detention
Seizure/theft of money and valuables
Punitive curfews
Deprivation in health care, education, and access to humanitarian assistance
Religious, language, cultural, and livelihoods restrictions/discrimination
Checkpoints and restrictions on movements
Arbitrary checkpoint fees and other monetary payments

Food Insecurity

Seizure/theft/destruction of food, cooking supplies, food storage containers, crops, and livestock
Forced agricultural cropping programs
Forced selling of property or incurring of debt to meet arbitrary monetary demands
Uncompensated land confiscation
Arbitrary crop payments-in-kind

Forced Labor

Military conscription
Human minesweepers
Portering weapons and other war-related supplies
Guiding patrols
Sentry and messenger duties
Arbitrary gathering and delivering building materials to soldiers' camps
Constructing roads and soldiers' camps

Forced Displacement/Relocation

Conflict-induced displacements
Counter-insurgency relocations to "peace villages"
Refusal to allow reconstruction of/return to village

Human Rights Abuses and Adverse Health Outcomes

Such human rights abuses by Burma military units, in the form of soldier violence/repression, food insecurity, forced labor, and forced displacement/relocation, have been associated, through research* and anecdotally, with one or more of the following adverse health morbidity and/or mortality outcomes in Eastern Burma: *

Acute respiratory infections
Anemia
Diarrhea
Dysentery
Gunshot wounds/deaths
Infant/child deaths
Landmine injuries/deaths
Malaria
Malnutrition
Maternal deaths
Night blindness
Worm infestations
Other diseases, injuries, and deaths

* *Chronic Emergency: Health and Human Rights in Eastern Burma,* Back Pack Health Worker Team, 2006; *Diagnosis Critical: Health and Human Rights in Eastern Burma,* Back Pack Health Worker Team, et al., 2010; and, *Health and Human Rights in Karen State, Eastern Myanmar,* PLOS One, William W. Davis, et al., 2015.

These human rights abuses may cause adverse health outcomes either directly (e.g., trauma) or indirectly through changing conditions to those that lead to adverse health outcomes. Thus, the anticipation, avoidance/containment, and mitigation of the effects of these hostile/detrimental interactions with Burma military units are necessary components in protecting the health of ethnic villages in the militarized, ceasefire, and conflict zones in Burma.

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Village Health Defense

The KHRG identified multiple effective techniques/activities used by rural ethnic villagers in the militarized, ceasefire, and conflict areas of Karen State in Burma to protect themselves from human rights abuses perpetuated by Burma military units. These villagers' resistance techniques/activities are diverse and contextual. They have largely functioned to reduce or evade compliance with demands and restrictions. To these ends, villagers have employed techniques/activities including negotiation, bribery, lying, refusal, confrontation, false compliance, delayed response, evasion, counter-narratives, fleeing, displacement, preparation of hide and hidden food sites, advanced warning systems of approaching soldiers, and other self-protection techniques/activities. *Village Agency* is the term given by the KHRG to these rural village-level resistance initiatives villages in the militarized, ceasefire, and conflict areas of Karen State in Burma.

Building on *Village Agency*, *Village Health Defense* utilizes the value of villagers' own collective knowledge, expertise, capacity, and insights as well as their pre-existing *Village Agency* techniques/activities to strengthen and extend collective villagers' skills, abilities, techniques, and confidence necessary to also protect themselves from adverse health outcomes which may be associated with hostile/detrimental interactions with Burma military units. *Village Health Defense* seeks to intervene to modify/disrupt the relationship between the human rights abuses by Burma military units, and associated adverse health outcomes with actions over which villagers have more control and a lower probability of catastrophic effects despite the obvious power disparities, especially in the use of violence. Thus, *Village Health Defense* tries to carefully integrate those health self-protection techniques/activities which are less dangerous and over which villagers have more control.

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Village Health Defense addresses three contact phases:

- Pre-contact with Burma military units
- Contact with Burma military units
- Post-contact with Burma military units

Village Health Defense: Pre-Contact with Burma Military Units

Pre-Contact Expected Outcome:
Village is less vulnerable to adverse health outcomes from hostile/detrimental interactions with Burma military units.

Pre-Contact Phase Objective – *ANTICIPATE:*
Assert the probability, extent, and possible impact of human rights abuses which may result in adverse health outcomes; and make the necessary preparations and precautions.

Village Agency* Pre-Contact Phase Techniques/Activities:

- Negotiating:
  Designate elderly women as village heads to act as "mother figures" to young Burma military unit leaders
  Designate dual village heads to deal with different Burma military unit leaders
  Develop the ability to size-up Burma military unit leaders
  Construct counter-narratives
- Bribing:
  Designate/collect communal money, food, crops, and animals to bribe Burma military unit leaders
- Lying:
  Prepare to underreport village populations, family members, acreage tilled, crops harvested, populations of draught animals, and other resources
- Advanced location and preparation of displaced hide sites
- Cultivate several, geographically-dispersed, covert agricultural fields
- Establish covert trade and "jungle market" capabilities with local villages
- Establish and implement, in agreement with other villages, early warning systems of troop movements
- Secure local armed non-state actor(s) and/or religious mentor(s) patronage/protection
- Direct some individual family members to move to/secure employment in secure areas including urban areas and cross-border labor locations
- Develop evacuation plans and kits, and displacement site living skills
- Establish a rotating duty system to spread the burden of forced labor

***Village Health Defense* Pre-Contact Phase Techniques/Activities:**

- Pre-position/hide food, shelter materials, insecticide-treated nets (ITNs), and environment-appropriate healthcare resources in the jungle near pre-designated hide sites
- Locate sources of adequate clean water, locally-available food, proper sanitation sites, and traditional remedies/medicines near pre-designated hide sites
- Obtain agreements with other villages to support each other in displacement with water, food, shelter, and medicine
- Establish healthcare assistance relationships with the health department/medical branch of the local armed non-state actor(s)
- Network with local and international aid groups, including those cross-border, which can provide healthcare and nutritional support
- Train, where and to the extent possible, skilled local village health workers, traditional birth attendants, and traditional medicine practitioners
- Develop village First Aid and emergency obstetric care skill sets
- Obtain, where and when possible, necessary and appropriate immunizations and prophylactics
- Address any outstanding medical and dental issues
- Conduct public health education, especially good personal hygiene practices and health in displacement

- Educate women of child-bearing age about family planning techniques and offer contraceptives to minimize maternal and child mortality during possible displacement
- Provide mine risk and unexploded ordinance education
- Prepare healthcare evacuation kits including regular medicine, herbal medicine medical supplies, and ITNs

* *Village Agency: Rural rights and resistance in a militarized Karen State,* Karen Human Rights Group, 2008

Village Health Defense: Contact with Burma Military Units

Contact Phase Expected Outcome:
Adverse health outcomes from human rights abuses are minimized from hostile/detrimental interactions with Burma military units.

Contact Phase Objective – *AVOID/CONTAIN:*
Establish conditions to prevent and/or lower the probability and possible impact/extent of human rights abuses which may result in adverse health outcomes.

Village Agency* Contact Phase Techniques/Activities:

- Ignoring
- Refusing
- Confronting
- Evading
- Delayed responding
- Negotiating:
  Size-up Burma military leaders and respond accordingly
  Use elderly women as "mother figures" to young Burma military unit leaders
  Use dual village heads to deal with different Burma military unit leaders
  Don't offer as much money, food, animals, and/or labor as could
  Use counter-narratives
- Bribing:
  Use communal money, food, crops, and animals, as necessary, to bribe the Burma military unit leaders
- Lying:
  Underreport village population, family members, acreage tilled, crops harvested, populations of draught animals, and other resources
  Exaggerate resource poverty and the inability to comply
  Claim to comply with similar demands from a related Burma military unit
  Feint illness
  False compliance
- Fleeing/displacement to, and sustainability in, prepared hide sites:
  Monitor further troop movements with pre-established warning systems
  Carry evacuation kits including important documents to hide sites
- Employ the rotating duty system to comply with and spread the burden of forced labor

***Village Health Defense* Contact Phase Techniques/Activities:**

- Minimize exposure time to Burma military units
- Immediately protect, stabilize, and treat or transport victims of human rights abuses

* *Village Agency: Rural rights and resistance in a militarized Karen State,* Karen Human Rights Group, 2008

Village Health Defense: Post-Contact with Burma Military Units

Post-Contact Phase Expected Outcome:
Functional health is restored and there is a return, as much as possible, to a normal healthy life after human rights abuses from the hostile/detrimental interactions with Burma military units.

Post-Contact Phase Objective – *MITIGATE:*
Treat and recover from the adverse health outcomes caused by human rights abuses.

Village Agency* Post-Contact Phase Techniques/Activities:

- Displacement site sustainability:
  Cultivate covert agricultural fields
  Harvest at night
  Use pre-established overt trade and "jungle markets" with other villages
  Villages continue to support each other with early warning systems and monitoring of troop movements
  Secure local armed non-state actor(s) and/or religious mentor(s) patronage/protection
  Obtain and maintain assistance from individual family members who moved to/secured employment in secure areas

***Village Health Defense* Post-Contact Phase Techniques/Activities:**

- Village sustainability:
  Mark land, fields, roads, and trails in respect to landmines/unexploded ordinance
  Access healthcare assistance from the health department/medical branch of the local armed non-state actor(s)
  Access healthcare and nutritional support from local and international aid groups, including those cross-border
- Displacement site sustainability:
  Construct and maintain proper sanitation and clean water sites
  Share water, food, medicine, and shelter with fellow villagers
  Promote good personal hygiene practices
  Use hidden food stores, locally-available food, and traditional remedies/medicines
  Access health care assistance from the health department/medical branch of the local armed non-state actor(s)
  Access health and nutritional support from local and international aid groups, including those cross-border
  Establish health services appropriate to the displacement conditions
  Prioritize treatment, especially of children, pregnant women, and elderly
  Immediately respond to malnutrition, typhoid, diarrhea, dysentery, measles, cholera, and other diseases with epidemic potential with the resources at hand

* *Village Agency: Rural rights and resistance in a militarized Karen State,* Karen Human Rights Group, 2008

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Village Workshops

Village workshops are facilitated by the local armed non-state actor or associated community-based/civil society organization to develop a locally-derived Village Health Defense capability. The workshops utilize the collective capacity and analytical ability of villagers to assess and respond to their specific situation through anticipating, avoiding/containing, and/or mitigating any adverse health outcomes from human rights threats posed to them by interactions with Burma military units. In these workshops, villagers:

1. Identify and understand the probable human rights abuse threats, faced by them, which may result in adverse health outcomes and that the village requires protection;
2. Identify and understand the health vulnerabilities and possible adverse health outcomes that the village may have from the revealed human rights abuse threats;
3. Identify and evaluate the existing self-protection techniques/activities and capacities which the village has to protect against human right abuse threats which may result in adverse health outcomes;
4. Consider and evaluate the self-protection techniques/activities and capacities within the Village Health Defense template and otherwise offered by the workshop facilitators which the village should utilize to protect themselves against human right abuse threats which may result in adverse health outcomes;
5. Prioritize resultant self-protection techniques/activities according to the anticipated severity of particular adverse health outcomes, probability of the occurrence of associated human rights abuses, and what is most appropriate and achievable to address, given the capacities of the village so as to determine where to place emphasis;
6. Incorporate the resultant self-protection techniques/activities into the Village Health Defense's three-phase framework; and,
7. Assign roles and responsibilities for self-protection techniques/activities in each of the Village Health Defense's three phases with appropriate timelines for any preparatory activities.

The final *Village Health Defense* framework must accurately reflect, as much as possible under the circumstances, the village's specific human rights abuse threats, health vulnerabilities, and self-protection capacities/resources, and seek to realistically reduce the:

- Incidences and severity of human rights abuse threats which may possibly result in adverse health outcomes;
- Health vulnerabilities through building self-protection capacity by identifying and developing appropriate health self-protection techniques to anticipate, avoid/contain, and/or mitigate possible adverse health outcomes from human rights abuses;
- Exposure time to human rights abuses so as to avoid, control and/or mitigate the worst potential morbidity and mortality effects of particularly risky moments; and,
- Adverse health outcomes – morbidity and/or mortality – resulting from human rights abuses from hostile/detrimental interactions with Burma military units.

Conclusion

Village Health Defense provides a framework for rural villages in militarized, ceasefire, and conflict zones to utilize augmented village-derived and contextual-based self-protection techniques/activities to anticipate, avoid/contain, and/or mitigate adverse health outcomes resulting primarily from hostile/detrimental interactions with armed state actors. It is important for all armed non-state actors to protect their popular support base. The protection of the population's health is a key aspect of that vital holistic relationship.

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Author: *Moe Gyo serves with various ethnic organizations in the Thai-Burma borderlands.*

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