

Burma

## **Death Toll Underreported on Myanmar's COVID-19 Frontline: Charities**

Friday 9 July 2021, by [The Irrawaddy](#) (Date first published: 8 July 2021).

**COVID-19 deaths mount with alarming speed in Myanmar's Kale Township in Sagaing Region where social workers and philanthropic groups leading the response say at least 207 people are believed to have died from coronavirus from July 1 to 6.**

But the junta-controlled Ministry of Health and Sports reported only six deaths. The estimated death toll in the area since June is nearly 600 but the ministry has reported 16.

Philanthropic groups said around 400 have died in the township in the last month.

The death toll includes coronavirus-positive patients receiving treatment at centers, those diagnosed with COVID-19 who have stayed at home as the centers are overstretched and those with symptoms who died before being diagnosed.



*A community center test and oxygen supplier. / KP Diary*

Ko Ye Thiha Aung, chairman of the Karyakanmyitta charity, said the ministry only recorded the deaths at COVID-19 centers, while the majority of people were dying at home.

Social workers and philanthropic groups in Kale said the regime's numbers do not reflect the actual situation while some suspect the regime is intentionally attempting to cover it up.

A volunteer with Central Chin Pawlpi (CCP) said their organization has helped arrange 42 COVID-19 funerals since late May.



*Majority of those infected isolate at home. / KP Diary*

A social worker with another group said: “It is not a surprise as we already know they only tell lies. Here the situation is far worse. Even the funeral services cannot cope some days.”

Kale is one of five areas in Myanmar where the more transmissible and severe coronavirus variants, Alpha, Delta and Kappa, were first detected. The virus variants are the same as those found in India, the USA, France, Germany, Spain, Ireland and Switzerland.

Kale has a public hospital, a traditional medicine hospital and a center set up by philanthropic organizations with all reporting staff shortages and excessive demand, Ko Ye Thiha Aung said.

He said under the civilian government the township could cope with earlier outbreaks better because there were sufficient medical staff, volunteers, donors and treatment centers.

“Before the hospital operated for 24 hours but not now,” he added.



*A swab test at a community center. / KP Diary*

Following the coup, thousands of striking doctors, nurses and other staff at public hospitals went into hiding to avoid being jailed on incitement charges. Several charities were raided and faced arrests for helping wounded anti-regime protesters.

*In dire need of oxygen*

The CCP volunteer said the medical oxygen supply issue is the greatest difficulty in the township.

Sources said Kale’s high number of COVID-19 deaths is largely due to shortages of oxygen.

“We are in dire need of medical oxygen as the infection cases are sharply increasing,” the volunteer said. The township at times can only meet 40 percent of demand, leading to long queues for oxygen cylinders.



*Queues for oxygen. / CJ*

Cylinders often failed to arrive because trucks broke down or were stranded by monsoon rains.

An oxygen production plant, funded by donors under the civilian government, recently opened in Kale but it could not operate properly because of the unstable power supply.

The overnight curfew enforced by junta troops who shoot on sight has also prevented patients from reaching the hospital or obtaining oxygen, the volunteer said.

## **The Irrawaddy**

• *The Irrawaddy* 8 July 2021:

<https://www.irrawaddy.com/news/burma/death-toll-underreported-on-myanmars-covid-19-frontline-charities.html>

---

## **Myanmar Hospitals Run Out of Beds Amid COVID-19 Surge**

**Myanmar's hospitals and COVID-19 centers cannot accept more patients in some areas, including Yangon, as people seek treatment at home, according to activists.**

A volunteer at a free ambulance service in Tamwe Township, Yangon, said: "Those affected are in trouble as hospitals and clinics are refusing to treat patients. We take patients from hospital to hospital but there are no beds so we have to take them home."

Dr. Khin Khin Gyi, the director of the Emerging Infectious Diseases Epidemiology Unit at the junta-controlled Ministry of Health and Sports, posted on Facebook that public hospitals have no beds for patients who arrive of their own accord.

She asked COVID-19 patients to report to health departments in their townships so the authorities can arrange beds.

Depending on their severity, patients will be treated at ordinary quarantine centers, oxygen-equipped quarantine centers and hospitals, she said, warning that patients who stay at home are at a greater risk of dying.

In reality, the authorities are asking patients with mild symptoms to stay at home in Yangon and other cities.

A volunteer from Mandalay said: "As there is a large gap between the numbers of COVID-19 infections and the capacity of care centers, patients with mild symptoms are only given prescriptions and asked to stay at home."

A volunteer from Patheingyi in Ayeyarwady Region said: "If a patient's oxygen level is good and they have no other health problems, the health authorities note down their address and ask them to isolate at home. They can contact the health department in case of emergency if the oxygen level drops. Hospital beds are running out."

Meanwhile, military hospitals are also short of doctors and medicines and are only providing treatment to personnel and their relatives.

A female COVID-19 patient said: "After enquiring at all the hospitals, I was taken to a military hospital. At first they refused to treat me. One of my relatives has close ties with military officers and I had asked him for help. My condition becomes unstable once I take off my oxygen mask so I keep it on."

She said her infected husband is also receiving treatment at the military hospital but she has to buy his medicine.

Since late May, Myanmar has seen a rapid rise in COVID-19 cases after the junta relaxed restrictions and allowed pagodas, beaches and other venues to reopen following their closure in April 2020.

Sagaing Region, which borders India, has seen the largest outbreak with over 4,000 cases, followed by Bago Region with over 3,900 cases, Yangon Region with over 3,400 cases, Shan State with over 2,800 cases, Chin State and Mandalay Region with over 2,000 cases each, and Ayeyarwady Region with over 1,700 cases.

Last month, the health ministry announced that the new, more virulent coronavirus strains, including the Delta variant first identified in India, have been detected in Myanmar, warning that this will increase hospital admissions and deaths.

Many COVID-19 patients are staying at home, without seeking treatment at hospitals and COVID-19 centers.

Their main problem is oxygen supplies and some towns are experiencing shortages.

Volunteer groups providing oxygen said they receive daily requests and cannot meet demand.

The number of daily COVID-19 infections exceeded 1,000 on June 28 and on Wednesday the ministry reported a record number of 3,947 cases.

More than 25,000 new infections with 297 deaths have been recorded since late May, the ministry said.

The military regime has imposed stay-at-home orders in 45 townships, Tamu, Kale and Homalin in Sagaing; Tongan, Hakha, Thantlang, Falam and Tedim in Chin; Letpadan, Phyu, Thayawady, Minhla, Taungoo, Bago and Pyay in Bago; Chanmyathazi, Chanayethazan, Pyigyitagon, Maha Aung Myay, Aungmyaythazan, Patheingyi, Amarapura and Pyin Oo Lwin in Mandalay; Lashio and Nawnghkio in Shan State, Laukkai in Kokang Self-Administered Zone; Pathein, Myaungmya and Thabaung in Ayeyarwady; Zabuthiri and Pyinmana in Naypyitaw; Gangaw in Magwe; Mawlamyine and Thanbyuzayat in Mon State; and 10 townships in Yangon.

## **The Irrawaddy**

• *The Irrawaddy* 8 July 2021:

<https://www.irrawaddy.com/news/burma/myanmar-hospitals-run-out-of-beds-amid-covid-19-surge.html>

---