

Rohingya minority: a tale of systematic oppression, violence, forced displacement and ethnic cleansing



Photo: Kutupalong Rohingya camp in Cox's Bazar, Bangladesh.

Source: UNHCR-Bangladesh, September 2017.

The recent, rapid mass exodus of the Rohingya population from Rakhine state, Myanmar to South Eastern region of Bangladesh is an important international security and political issue and has grave consequences for health. According to the United Nations High Commissioner for Refugees (UNHCR), at least 620,000 Rohingya people (updated on 17 November 2017) have fled to Bangladesh since 25th August 2017 to escape conflict, killings, rape and other serious violations of their human rights.¹ On average, 2,000 Rohingya are coming to Bangladesh every day.² The Office of the United Nations High Commissioner for Human Rights (OHCHR) experts have already identified the Myanmar Rohingya abuses as crimes against humanity, and they have requested the Myanmar military authorities to give them access to investigate the cases of violence against women and children.³

This crisis has a long history. The Rohingya, often considered the most persecuted minority of contemporary world, have lived in Myanmar for many centuries. A significant number of them were brought to Myanmar as labourers during the British period, from current India and Bangladesh.⁴ The recent crisis evolved when the Arakan Rohingya Salvation Army (ARSA), an insurgent group, carried out attacks on a dozen of police stations in late August 2017. The

¹ UNHCR (2017) UNHCR. Desperate Rohingyas flee to Bangladesh on flimsy rafts. Available at <http://www.unhcr.org/uk/news/latest/2017/11/5a0ef0af4/desperate-rohingyas-flee-bangladesh-flimsy-rafts.html>

² UNICEF Bangladesh Humanitarian Situation Report No. 9 (Rohingya Influx). Available at <https://reliefweb.int/report/bangladesh/bangladesh-humanitarian-situation-report-no9-rohingya-influx-27-october-2-november>

³ The Office of the United Nations High Commissioner for Human Rights (OHCHR) (2017) URL: <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22196&LangID=E> (accessed on 4 October 2017)

⁴ Al Jazeera (2017) Who are Rohingya. [Online]. Available at: <http://www.aljazeera.com/indepth/features/2017/08/rohingya-muslims-170831065142812.html>, (Accessed on 29 September 2017)

ARSA, considered by the Myanmar authority as a terrorist organisation, fights to “defend, salvage and protect the Rohingya community” in line “with the principles of self defence”. In response, the government forces of have justified a surge of violence and an array of human rights abuse against the Rohingya, who were forced to leave their homes for safe refuge in Bangladesh. There are claims of the murder of innocent Rohingya and the burning down their homesteads in Rakhine state, described as ‘ethnic cleansing.’⁵ According to UNHCR, many of the Rohingya women have experienced sexual and gender-based violence.⁶

The new arrivals require urgent humanitarian assistance including critical life-saving interventions. Humanitarian actors have identified water, sanitation, and hygiene (WASH), health, nutrition, food security and shelter as areas in immediate need of scaling up and strengthening. The Rohingya are currently residing in overcrowded, temporary sites with inadequate water and sanitation facilities. These sub-optimal living conditions elevate the risk of an outbreak of cholera or acute watery diarrhoea, both of which are endemic in Bangladesh.⁷ As of 11 November, 611 suspected measles cases were reported,⁸ with an estimated vaccination coverage of 35% for refugees arriving after 25 August.⁹ Malnutrition is already at emergency thresholds, worsened with the journey and dire living conditions in the camps. Preliminary data from a nutrition assessment in Kutupalong refugee camps from early November revealed a 7.5% prevalence in severe acute malnutrition, a rate double that measured in May 2017.¹⁰ Moreover, mental and psychosocial support are in acute need, as many Rohingya have experienced trauma in their home state and throughout the journey, and are not currently being sufficiently addressed.¹¹

Aid delivery has proven to be logistically difficult as much of the land allocated to host the new Rohingya refugees is inaccessible and severely lacking in basic infrastructure such as roads and bridges.¹² Furthermore, a large area of forest in the hills has been demolished in order to create makeshift shelter for the migrants. The forests in the surrounding areas in the Cox’s Bazar and Bandarban districts are indiscriminately being destroying. These two districts are highly vulnerable to rainfall-triggered landslides, flash flooding, and cyclones.¹³ Combined with high population density and inadequate draining systems, the Rohingya are now living with the threats of environmental hazard induced disasters that can worsen the situation and humanitarian context.

⁵ Pocock Nicola S, Mahmood Syed S, Zimmerman Cathy, Orcutt Miriam. Imminent health crises among the Rohingya people of Myanmar BMJ 2017; 359 :j5210

⁶ UNHCR Bangladesh: Mitigating risk of sexual and gender-based violence and responding to the survivors. Available at <https://reliefweb.int/sites/reliefweb.int/files/resources/60855.pdf>

⁷ UNICEF Bangladesh Humanitarian Situation Report No. 9 (Rohingya Influx). Available at <https://reliefweb.int/report/bangladesh/bangladesh-humanitarian-situation-report-no9-rohingya-influx-27-october-2-november>

⁸ Inter Sector Coordination Group. Situation Report: Rohingya Refugee Crisis. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/171119_weekly_iscg_sitrep_final_0.pdf

⁹ UNICEF Bangladesh Humanitarian Situation Report No. 9 (Rohingya Influx). Available at <https://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF%20Bangladesh%20Humanitarian%20Situation%20Report%20No.%209%20%28Rohingya%20Influx%29%20....pdf>

¹⁰ UN Children’s Report. Malnutrition rates among Rohingya refugee children in Bangladesh appear to be at least double earlier estimates. Available at https://reliefweb.int/report/bangladesh/malnutrition-rates-among-rohingya-refugee-children-bangladesh-appear-be-least?utm_source=Global+Health+NOW+Main+List&utm_campaign=9ce79b3f3c-EMAIL_CAMPAIGN_2017_11_05&utm_medium=email&utm_term=0_8d0d062dbd-9ce79b3f3c-2805277

¹¹ UNHCR Mental health first aid on the frontlines of the Rohingya crisis. Available at <https://www.unhcr.or.th/en/news/general/mental-health-first-aid-frontlines-rohingya-crisis>

¹² IOM Bangladesh. Rohingya Crisis Response: Site Management and Site Development. Available at <https://reliefweb.int/report/bangladesh/iom-bangladesh-rohingya-crisis-response-site-management-and-site-development>

¹³ Ahmed, B. (2015). Landslide Susceptibility Modelling Applying User-Defined Weighting and Data-Driven Statistical Techniques in Cox’s Bazar Municipality, Bangladesh. *Natural Hazards*, 79(3): 1707-1737.



Photo: Rohingya refugees are cutting hills and destroying forests to build shelters in Ukhia Upazila, Cox's Bazar. Source: Zahirul Islam Mamun, Chief Executive Editor at ATN Bangla, Bangladesh; 20 September 2017.

On this background, this daylong scenario workshop aims to explore the political and logistical complexities of the humanitarian and longer term response to the public health needs of the Rohingya when faced with both mass displacement and disaster. To achieve this goal, the workshop will focus on five thematic areas – conflict, migration, disasters, health, and rehabilitation. A wide variety of experts and relevant stakeholders are expected to participate in this workshop. The workshop findings will help to formulate a policy-brief on the current refugee crisis, refugees' repatriation process and to shape future security and stability in this region.

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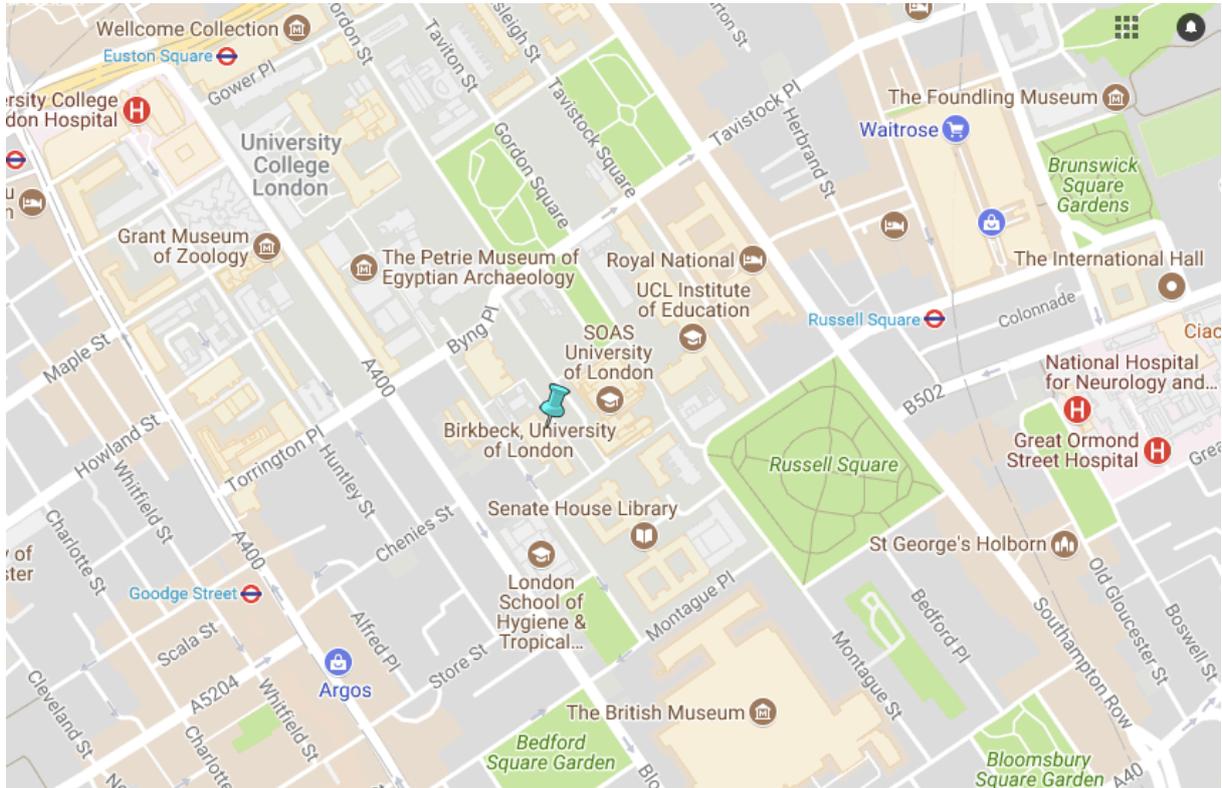
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