

COMMENTARY

COVID-19 IN COX'S BAZAR: PANDEMIC NARRATIVES FROM THE WORLD'S LARGEST REFUGEE CAMP

YURIKO COWPER-SMITH* WITH CONTRIBUTIONS FROM SAIFULLAH MUHAMMAD**

TABLE OF CONTENTS

I	Introduction.....	148
II	Methodology.....	149
III	Findings	149
	A Food and Water	150
	B Housing and Camp Infrastructure.....	150
	C Healthcare and Other Services	151
	D Lack of Access to Reliable Information	152
	E Sexual and Gender-Based Violence	153
IV	Reflections	154

I INTRODUCTION

While well-established public healthcare systems in countries of the Global North are struggling to manage the volume of COVID-19 patients, as well as its secondary effects on all facets of society, countries of the Global South have additional unique considerations that impact how they cope, especially those that host large numbers of refugees and asylum-seekers.

Rohingyas are one of many indigenous communities in Myanmar, mostly living in the north-western state of Rakhine.¹ They comprise a stateless population that the Myanmar Government and military have persecuted for decades.² At the time of writing, the country is experiencing a violent coup d'état, which is being countered by a widespread and growing civil disobedience movement.³ In 2017, approximately 742,000 Rohingya people fled Myanmar to escape a state-

* Dr Yuriko Cowper-Smith holds a PhD in Political Science from the University of Guelph. She researches diaspora-led social movements, forced migration, statelessness and genocide.

** Saifullah Muhammad is a Rohingya human rights activist who spent much of his life advocating for refugees and persecuted minorities. He is currently pursuing a master's degree in Peace and Conflict Studies at the University of Waterloo.

¹ Maung Zarni, 'Myanmar: The February Coup and the Rohingya Genocide' *The Middle East Institute* (online, 1 April 2021) <<https://www.mei.edu/publications/myanmar-february-coup-and-rohingya-genocide?fbclid=IwAR0hf-2k6jL6hyBY-9FOeQq2DGzuvLSmzqMk6B7MHk6D7tyFMtsZqDtZkm8k>>.

² Although empirical evidence of their indigeneity exists, Myanmar's 1982 Citizenship Law excludes the Rohingya minority on the basis that they are not one of the 135 ethnic minorities that make up Myanmar's population; *Burma Citizenship Law*, Law No 4 of 1982, 15 October 1982.

³ Nicola Williams, 'Can Myanmar's Civil Disobedience Movement Restore Democracy?' *The Strait Times* (online, 18 March 2021) <<https://www.straittimes.com/asia/se-asia/can-myanmars-civil-disobedience-movement-restore-democracy-daily-star-contributor>>.

sanctioned and military-led genocidal campaign,⁴ to join around 300,000 Rohingya refugees who were already settled in the Cox's Bazar area of Bangladesh.⁵ Cox's Bazar is now home to one of the world's largest and densest refugee camps in this cross-border region.⁶

On 14 May 2020, the first official case of COVID-19 was detected in the camps.⁷ On 2 June 2020, the first official COVID-19 related death was reported by Bangladeshi authorities.⁸ Later in the year, the World Health Organization ('WHO') reported that, 'as of 11 November 2020, 348 confirmed cases and 10 deaths were reported in the Rohingya refugee camps.'⁹ Although these numbers are not strikingly high, the risk factors in refugee camps warrant particular attention.

II METHODOLOGY

A combination of desk-based research from secondary sources, both academic and grey literature, and the personal experiences of Saifullah Muhammad, a Rohingya genocide survivor, were canvassed to identify themes related to how the people in the camps are coping with the pandemic.¹⁰ Having grown up in the camps, many of Muhammad's immediate family and friends continue to live there. His current, on-the-ground observations from his contacts are thus valuable, timely insights. We collated the desk-based research with his narrative evidence to illustrate what life has been like in the camps during the COVID-19 pandemic.

III FINDINGS

Several main themes stand out in our findings. First, food and water sources are even more scarce during the pandemic. Second, housing is inadequate and insecure during the best times in the camps, let alone during a pandemic. Third, there is a lack of access to adequate healthcare and a shortage of medical supplies and testing capabilities. Other services, such as education, have also been curtailed. Fourth, due to a long-standing internet blackout, there has been a lack of access to reliable information, and misinformation is rampant. Fifth, sexual and

⁴ United Nations High Commissioner for Refugees ('UNHCR'), 'Rohingya Emergency' United Nations High Commissioner for Refugees (Web Page, 31 July 2019) <<https://www.unhcr.org/rohingya-emergency.html>>.

⁵ Assessment Capacities Project, 'Rohingya Crisis: Situation Analysis November 2017 – Bangladesh' *Reliefweb* (Report 22 November 2017) <<https://reliefweb.int/report/bangladesh/rohingya-crisis-situation-analysis-november-2017>>.

⁶ United Nations High Commissioner for Refugees (n 4).

⁷ World Health Organization, '6 Months Later: How has Covid-19 Impacted the Life of the First Rohingya Patient?' *World Health Organization* (online, 12 November 2020) <<https://www.who.int/bangladesh/news/detail/12-11-2020-6-months-later-how-has-covid-19-impacted-the-life-of-the-first-rohingya-patient>>.

⁸ The Associated Press, 'Bangladesh Confirms 1st Death of Rohingya from Coronavirus' *CTV News* (online, 2 June 2020) <<https://www.ctvnews.ca/health/coronavirus/bangladesh-confirms-1st-death-of-rohingya-from-coronavirus-1.4965114>>; Aid workers are also susceptible to the virus. See Dr Ishaat Nabila, 'Here's What It's Like to Battle COVID-19 Inside the World's Largest Refugee Camp' *Save the Children* (online) <<https://www.savethechildren.org/us/charity-stories/health-care-worker-fighting-covid-19-rohingya-refugee-camp>>.

⁹ World Health Organization (n 7).

¹⁰ Disclaimer: The on-the-ground insights from the camps are limited to the information transmitted informally to Saifullah Muhammad, a co-contributor to this article.

gender-based violence ('SGBV') has become more prevalent. We will expand on these themes in the part below.

A *Food and Water*

Médecins Sans Frontières ('MSF') notes that food and water distribution and medical care was reduced by 80% at the outset of the pandemic, to reduce the possibility of the virus spreading further.¹¹ As Muhammad points out, although the World Food Programme delivers food in the camps, it is not enough for most families during the pandemic. Before the pandemic, refugees worked in informal capacities and could supplement the food rations with their own income. However, paid work has almost entirely ceased since the onset of the pandemic. Presently, he notes that refugees are provided with a monthly meal box. If they want to procure nutritious food beyond this box, they are compelled to pay high local prices, which they cannot afford without their informal incomes. As a result, people are suffering from malnutrition and related ailments more frequently than before.

Muhammad also states that water shortages are a regular occurrence every summer, and refugees often resort to drinking non-potable water. He notes that his family, among the 32,000 refugees who have lived in Nayapara and Kutupalong refugee camps for 30 years,¹² have never had a reliable source of potable water. The short supply of potable water and running water for toilets increase the likelihood of the settlements becoming the site of a COVID-19 outbreak, due to the lack of sanitary conditions.¹³ Baths, toilets and water are communally shared, and there are open sewers in the camps. Evidently, potable water is even more crucial during the pandemic.

B *Housing and Camp Infrastructure*

The Bangladeshi Government initially banned the construction of permanent housing in the camps. The refugee influx was treated as a temporary crisis that would be resolved with future repatriation.¹⁴ For that reason, although some Rohingya people have lived in Cox's Bazar for generations, accommodations are made mainly of bamboo, rather than more durable materials, such as brick and concrete. Due to the fragile and makeshift, yet densely packed, housing which is permitted, refugees lack privacy and security.¹⁵ Their homes are prone to damage

¹¹ Médecins Sans Frontières, 'Relocations, Reduced Services Leave Rohingya Communities at Breaking Point in Bangladesh' *Médecins Sans Frontières* (online, 21 January 2021) <<https://www.msf.org/rohingya-communities-are-breaking-point-bangladesh>>

¹² This anecdotal figure was provided by Muhammad.

¹³ Michael Sullivan, 'COVID-19 has Arrived in Rohingya Refugee Camps and Aid Workers Fear the Worst' *NPR* (online, 15 May 2020) <<https://www.npr.org/sections/coronavirus-live-updates/2020/05/15/856584129/covid-19-has-arrived-in-rohingya-refugee-camps-and-aid-workers-fear-the-worst>>.

¹⁴ Victoria Milko and Clare Hammond, 'The World's Largest Refugee Camp is Becoming a Real City' *Bloomberg* (online, 27 September 2019) <<https://www.bloomberg.com/news/articles/2019-09-27/how-the-rohingya-refugee-camp-turned-into-a-city>>.

¹⁵ *ibid.*

from natural events such as monsoons and landslides. As Ram Das, who works for CARE International, stated in an interview with NPR:¹⁶

It is four times the density of New York City, eight times the density of Wuhan city. That's how packed it is...You can't just keep people inside the house 24 hours. They have to go out for food. They have to go to the community toilets. They have to go to the health centers. So it's very difficult to make sure that all the million people follow these standards.

Muhammad agrees, noting that the condition of the refugee shelters is dire. According to him, families of 10 to 15 people live in small shelters made of bamboo and covered by tarpaulin sheets. He has heard of terrible accidents caused by monsoons, flooding, fires and windstorms. When these accidents occur, refugees become homeless for indefinite periods. Due to climate change, Muhammad believes that unpredictable natural disasters will occur more frequently in the future. Furthermore, shelters that were slated for repair have been postponed due to pandemic-cited justifications. These infrastructural challenges are a significant contributing reason as to why Rohingya refugees have been made even more vulnerable by the pandemic.

C Healthcare and Other Services

The WHO engaged with the Bangladeshi Ministry of Health and Family Welfare and the Refugee Relief and Repatriation Commissioner office to plan and prepare for a COVID-19 outbreak,¹⁷ primarily focusing on reducing transmission as an early part of their strategy.¹⁸ This focus on reducing transmission allowed medical staff to prepare for cases of infection which would arise in the following months. For example, when cases were first detected, 120 healthcare workers had been trained in clinical case management, 270 beds were available and 300 healthcare workers had been trained in Infection Prevention and Control.¹⁹ Other groups, such as Save the Children, contributed to the construction of an isolation and treatment centre.²⁰

Yet, as Muhammad points out, the situation in the health sector is complicated. The health services in the refugee camps are understaffed and under-resourced to begin with. Refugees cannot access adequate treatment. In his view, due to corruption, the necessary medical supplies, treatments, medicine, drugs and healthcare products are often 'sold out'. Although statistics are unavailable, Muhammad has heard of many unnecessary deaths, caused by a lack of necessary medical care and resources in the camp-based hospitals. Additionally, the acute shortage of clean water in the camps is especially problematic during the pandemic; refugees who are already prone to water-borne diseases must also grapple with COVID-19.

¹⁶ Rohingya Refugee Camps Recorded First COVID-19 Death' *Morning Edition* (Michael Sullivan, NPR, 19 June 2020) <<https://www.npr.org/2020/06/19/880754372/rohingya-refugee-camps-recorded-first-covid-19-death>>.

¹⁷ World Health Organization (n 7).

¹⁸ *ibid.*

¹⁹ *ibid.*

²⁰ Ishaat Nabila, 'Battling COVID-19 Inside the World's Largest Refugee Camp' *Save the Children* (Web Page) <<https://www.savethechildren.org/us/charity-stories/health-care-worker-fighting-covid-19-rohingya-refugee-camp>>.

MSF also notes that reducing healthcare and other services impacts mental health and creates other spill-over effects, such as an increase in physical violence.²¹ Muhammad adds that the mental health dimension of health is critical. Particularly at risk is the mental health of the youngest generation, because they are deprived of many basic needs, including education. According to Muhammad, these youths have an understandingly bleak outlook on the future, due to the absence of alternatives and long-term opportunities.

The Bangladeshi Government has also denied Rohingya refugees access to formal education. As Human Rights Watch asserts, ‘the denial of education to Rohingya children is an entrenched policy that Bangladesh has imposed for decades.’²² The existing informal children’s centres in the camps have been closed since the beginning of the pandemic. According to Muhammad, although more than a year has now passed, no alternative has been presented and implemented to educate Rohingya refugees formally.

D *Lack of Access to Reliable Information*

In September 2019, internet and mobile phones were banned in the refugee camps.²³ In the quickly evolving scenario of a pandemic, reliable information is needed. Lack of access to vital communications channels results in people missing out on crucial information required to make informed decisions. In 2020, Fortify Rights requested that Bangladesh lift restrictions on internet and mobile communications.²⁴ The Government restored the internet in the camps at the end of August 2020.²⁵ However, fear that it could be cut at any time remains. People are worried that they will lose their lifelines to friends and family in the diaspora and access to local and international news.

The construction of a fence around the camps’ perimeter was recently completed, further limiting sources of information and freedom of movement in an already confined and congested geographic area. Fortify Rights reported that the barbed-wire fencing is restricting movement and creating psychological distress for the Rohingya refugee population.²⁶ According to Muhammad, there is a growing sense of panic among the refugees, as they are concerned that the encirclement of the camps is creating a concentration camp-like setting. Indeed, when massive fires ripped through the camps in March 2021, witnesses described that people could not physically escape the fires due to the fencing.²⁷

²¹ Médecins Sans Frontières (n 11).

²² Human Rights Watch, ‘“Are We Not Human?” Denial of Education for Rohingya Refugee Children in Bangladesh’ *Human Rights Watch* (Report 24 July 2020) <<https://www.hrw.org/report/2019/12/03/are-we-not-human/denial-education-rohingya-refugee-children-bangladesh>>.

²³ Fortify Rights, ‘Bangladesh: End Internet Blackout to Protect Public Health of Rohingya refugees and Host Communities’ *Fortify Rights* (2 April 2020) <<https://www.fortifyrights.org/bgd-inv-2020-04-02/>>.

²⁴ *ibid.*

²⁵ Humayun Kabir Bhuiyan, ‘3G, 4G Internet restored in Rohingya camps’ *Dhaka Tribune* (online, 28 August 2020) <<https://www.dhakatribune.com/bangladesh/rohingya-crisis/2020/08/28/3g-4g-internet-restored-in-rohingya-camps>>.

²⁶ Fortify Rights (n 23).

²⁷ Voice of America News, ‘Bodies recovered from site of massive fire at Rohingya refugee camp in Bangladesh’ *VOA News* (online, 24 March 2021) <<https://www.voanews.com/south-central-asia/bodies-recovered-site-massive-fire-rohingya-refugee-camp-bangladesh>>.

E Sexual and Gender-Based Violence

In October 2020, the Inter-Sector Coordination Group ('ISCG') Gender Hub outlined some of the gender-related impacts of the pandemic on Rohingya women and girls in Cox's Bazar.²⁸ In general, the ISCG found that unpaid care work increased, access to services and entitlements were reduced and new constrictions on choice made Rohingya women reportedly less able to make independent decisions.

Rohingya women and girls' considerations of protection, health and maternal health, hygiene, education and communication have changed during the pandemic.²⁹ There have been changes to safety considerations with SGBV increasing due to the curtailing of services and women/girl-designated spaces.³⁰ Muhammad adds that domestic violence has also increased due to male partners staying at home for extended periods without paid work. Similarly, health has been affected as access to essential services such as sexual, reproductive and maternal health have been reduced. Health services considered non-essential, such as justice for SGBV survivors, have been halted during the pandemic.

Additionally, menstrual material distribution has been delayed, and women and girls face challenges in washing their menstrual cloths appropriately. The lack of water storage systems and containers, compounded by wait times for water, has also put women and girls at greater risk of SGBV.³¹ As occurred before the pandemic, toilets are overcrowded during the day, but women and girls risk harassment when accessing them at night.³²

In other aspects of daily life, less access to education uniquely impacts women and girls as men and boys' education is prioritised, which has especially occurred during the pandemic.³³ Communication has changed as women and girls, who generally prefer to receive information through door-to-door visits and face-to-face interactions with people, may have differential access to reliable information during the pandemic due to the reduction of in-person activities.³⁴

According to Muhammad, the situation of Rohingya girls and women has altered during the pandemic. For instance, he has been told that child marriages have become more frequent. Although he notes that many of these marriages have ended in divorce, the young women and girls are then sold to traffickers under the pretext of offering them a 'better life'. On a related note, Muhammad has been told that drug trafficking, child kidnapping for ransom, sex slavery and labour exploitation are all escalating. In most cases, he doubts that law enforcement agencies adequately investigate the incidents.

²⁸ Inter-Sector Coordination Group Gender Hub, 'In the Shadows of the Pandemic: The Gendered Impact of COVID-19 on Rohingya and Host Communities' *Reliefweb* (14 October 2020) <<https://reliefweb.int/report/bangladesh/shadows-pandemic-gendered-impact-covid-19-rohingya-and-host-communities-october>>.

²⁹ *ibid.*

³⁰ United Nations International Children's Emergency Fund also anticipated a rise in SGBV; see Kettie Jean and Jason Miks, 'Preventing a silent crisis for Rohingya women and girls during COVID-19 pandemic' *UNICEF* (Web Page, 14 October 2020) <<https://www.unicef.org/coronavirus/preventing-silent-crisis-rohingya-women-and-girls-during-covid-19-pandemic>>.

³¹ *ibid.*

³² *ibid.*

³³ *ibid.*

³⁴ *ibid.*

IV REFLECTIONS

Conditions in the camps have changed significantly during the COVID-19 pandemic, and Rohingya refugees face intensified challenges. As outlined, the lack of sustainability regarding food and water distribution is acutely apparent. Without suitable rations or the ability to supplement rations, refugees cannot fulfil their nutritional needs. Through the new requirements which necessitate staying close to home or indoors for long periods, the existing housing has been exposed as being less than adequate. Appropriate healthcare is more critical, and other services, such as education, are needed to sustain young refugees' wellbeing. As in all communities, reliable information is vital to lessen the impacts of rumours and misinformation, which cause fear. Finally, gender-based inequities are aggravated by the tenuous situation.

Concerning the camps, the pandemic blatantly reveals that the camps urgently require a long-term political solution. Currently, Bangladesh does not issue exit visas to Rohingya refugees, and many refugees do not hold official refugee status. This means that they cannot leave Bangladesh to be resettled in a third country. At the same time, safe repatriation is not an option due to the ongoing coup d'état and the likelihood of continued persecution upon return. This impasse, heightened by the pandemic, demonstrates that the Rohingya communities in the camps need to be able to access more permanent solutions to their plight within-country or have the option to be resettled abroad.