Borderline

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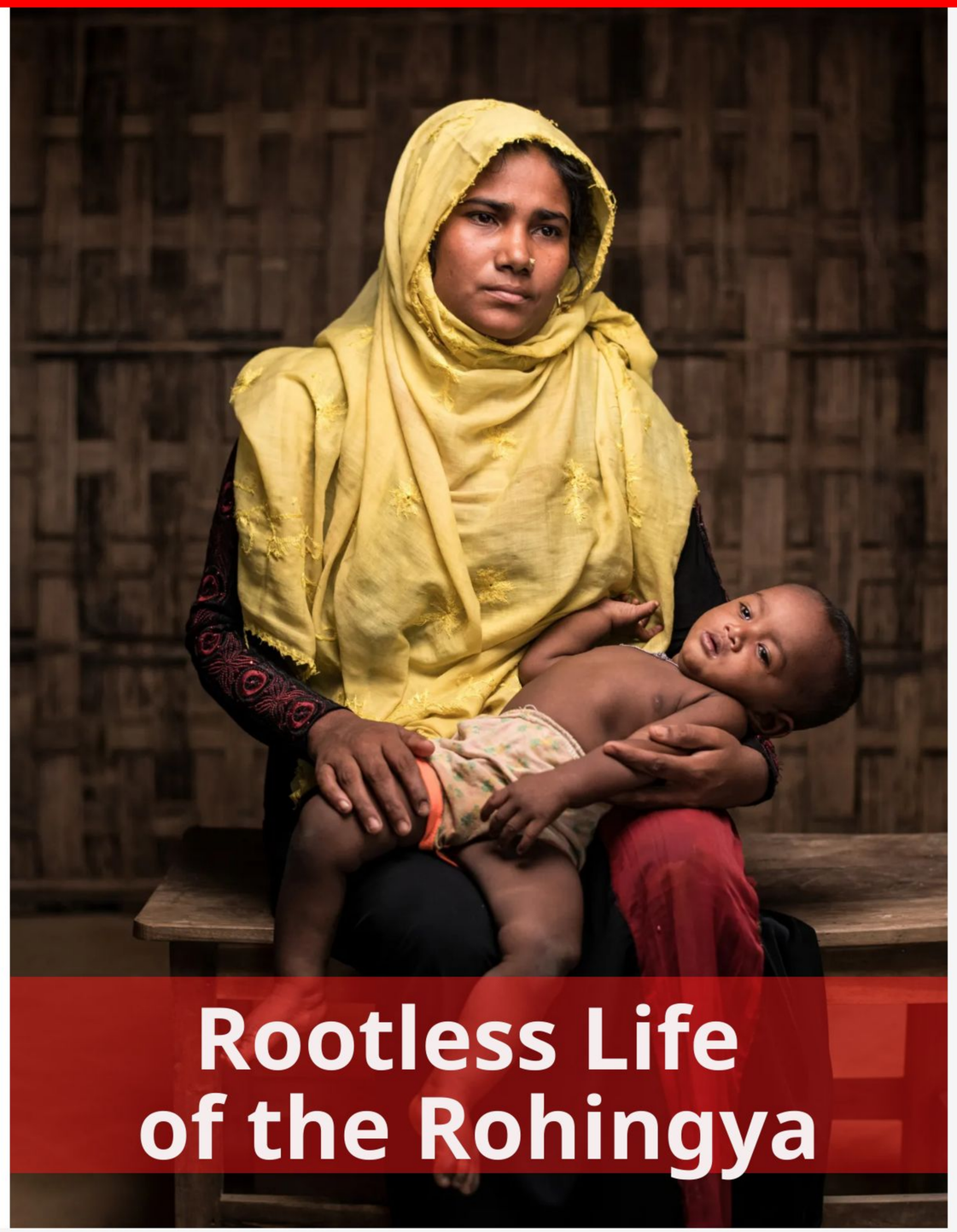

Rohima Story

Rohima Khatun, Rohingya refugee, fled her village and arrived in Bangladesh in September 2017. The military surrounded the village and set fire to the houses. Military men went to rape her, she said, but when they saw she was seven months pregnant and carrying a four-year old child they left her. The child was terrified and started screaming: “The four-year-old was crying so they took the child from me and threw him in the fire. They also shot my husband in front of me in the yard of our house.”

From the Executive Director

The Rohingya need to have a long-term solution and permanent settlement plan.

Stories about Rohingya people are usually very heavy. They were persecuted in Myanmar, being trapped, stranded in Bangladesh, trafficked to Malaysia and other counties, and became illegal immigrants. Myanmar deprived the Rohingya of citizenship status 40 years ago. They were not recognised as citizens by any country, and all civil rights were taken away, including almost every fundamental daily activity like education, healthcare, employment, housing, and even marriage, and freedom to travel. Living under these restrictions makes it impossible to imagine how vulnerable their situation can be.

Over 700,000 Rohingya refugees fled to Cox's Bazar, Bangladesh, since the most recent Myanmar military violence to Rohingya in Rakhine State five years ago. Even though the world understands more about their difficulties in the past 5 years, the Rohingya population in Bangladesh refugee camps, Rakhine State and other parts of Myanmar still face precarious situations. For instant in middle of this month, one or more boat(s) carrying some 160 refugees, most likely Rohingya people, had been floating at sea near Malaysian waters for days. Some people on board have reportedly died due to lack of food or water. Trying to find a glimmer of hope in their lives, many of the Rohingya made deadly journeys to flee violence in Myanmar and the increasingly unsafe and difficult living conditions in the refugee camps in Bangladesh.

From this issue of Borderline, I hope you can understand there is a group of people waiting to return to their homes and regain their statuses. Each and everyone of them is just like the ones on our cover: they are living humans with flesh and blood and have their names and stories. Despite the many years of unfair treatment, we still see a glimmer of hope in their eyes. The international must strengthen and cooperate in fighting for the legal status of this vulnerable group. The Rohingya need to have a long-term solution and permanent settlement plan. I sincerely hope you can join us to support them for getting back their basic human rights.

Jenny Tung
Executive Director, MSF Hong Kong

The Rohingya: They long to go back home

The Rohingya: They long to go back home

Who are the Myanmarese people called the Rohingya? They were stripped of their citizenship. They got no refugee status or bright future. In the past decades, the identity problem for Rohingya in Myanmar and neighboring regions derivates many humanitarian crises.

Myanmar Military unleashed large-scale violence against Rohingya in Rakhine State in August 2017. As a result, over 700,000 Rohingya were displaced to Bangladesh. Over the past 5 years, over 900,000 Rohingya refugees are still stranded in Bangladesh camps. Life in the refugee camp is miserable. They can only rely on humanitarian aid to survive, and it is challenging to have education and employment opportunities. Until today, they neither have their Myanmar citizenship reinstated, nor are recognised as refugees. Their future is uncertain.

About the Rohingya

They are an ethnic minority group native to Rakhine State in Myanmar who were stripped of their citizenship and basic rights by Myanmar in 1982.

In 2017, the Myanmar national security troops leashed the most extensive scale of violence against Rohingya in history, claiming revenge for an attack by a Rohingya armed group. MSF recorded 6,900 Rohingya deaths after the violence. Bangladesh has taken in the Rohingya yet has not granted them refugee status.

Today, there are still around 600,000 Rohingya in Myanmar. No matter living in a refugee camp or village in Rakhine State, their freedom of movement is restricted; they cannot look for a job or have access to propereducation or medical treatment. Hundreds of thousands of Rohingya live in Malaysia, India, Pakistan, Saudi Arabia and other countries, and over 900,000 stay in refugee camps in Cox's Bazar, Bangladesh.

Life in the refugee camp

l According to the report by MSF in August 2022 in the Cox's Bazar refugee camp on the water, sanitation, and hygiene (WASH) situation, although the current water quality has improved, and the water and sanitation facilities are more adequate compared with the survey results from nearly 5 years ago, now there is a lack of maintenance and monitoring of some of the infrastructure. For example, more than half of the hand pumps in one of the camps need repair. Meanwhile, more than half of the respondents said that the water supply was insufficient. Since 2019, many of the camps have only had water supply twice daily, reducing the water each household uses. Many people have to save the rationed water for more than one day and use it sparingly. This habit may increase the chance of water contamination and cause health problems.

Based on the aforementioned report, only two of five solid waste management indicators met the targets. Others performed poorly, like having at least one garbage bin covered by a lid and recycling/reusing practices.

While better equiped latrines (e.g. with lockable doors and covers) increased, overall sanitation conditions have significantly deteriorated. In 2018, 70% of respondents indicated no visible faeces in the latrine, but that dropped to 42% in 2022. Furthermore, nearly 80% of latrines are overflowing.

Detail report

The temporary bamboo shelters are usually built on the hillside. These shelters are very close to each other, and even cooking with fire could become a hazard; careless actions can lead to massive fire. The roads outside are not entirely paved, and mudslides occur frequently, especially during hurricane and monsoon season in June. Massive rainfall would cause flooding and landslides and seriously damage the infrastructure and roads that are already worn off. After 5 years, there is still no street lighting at night. In case of any medical emergency, it is very difficult for them to visit the doctors.

The medical service for refugees in the camps is limited, and under security restrictions on refugee movements it is difficult and dangerous for refugees to move both within the camp and outside the camp. This makes life difficult for patients with chronic illnesses or mental health issues. Sometimes they are not allowed to leave the camp to receive on-time treatment or refill medication.

The needs have changed but are still huge

Many Rohingya have been living in the refugee camp for years, without knowing when they can return to their home. The emergency medical needs they had when they reached Bangladesh have evolved into long term physical and mental health issues caused by the living environment inside the camp. Besides providing medical treatments, MSF staff also talk to them to understand their thoughts about their lives after being forced to leave Myanmar. We believe their voices need to be heard.

Fundamental Rights Being Deprived of

Anwar, a 15-year-old student from Myanmar, currently lives in a refugee camp in Jamtoli, Bangladesh. He still clearly remembers fleeing Myanmar with his family 5 years ago.

"It was one afternoon when the army attacked our neighbourhood, and we had to flee to a nearby area. They torched our houses and forced us to run further. We survived, but many relatives and neighbours were murdered. It took almost 12 days to flee to Bangladesh on foot. The journey was dangerous. We walked unfamiliar roads, climbed mountains and crossed water. We saw a lot of dead bodies on the way.

I was a student at school when we fled Myanmar, and my education was interrupted. The only chance to learn is when teachers in our community gather all the Rohingya children to teach together."

The Rohingya people are considered "stateless" under international law after what happened in 1982. They are not a citizen under the law of any country, have no legal protection, and basic rights are denied, like rights to education.

"My dream was to become a doctor, to be useful to the community. I have seen doctors who strive their best in helping others since I was a kid. But I think this dream might never come true. "

Nowhere to stay

The 45-year-old Hasimullah fled to a refugee camp in Kutuparang, Bangladesh, with his family in 2017. At first, they didn't have any materials to build a shelter. They cannot start the construction until the Bangladesh government provided the resources.

"We are suffering from many diseases here. Our shelters are the same temporary ones as we first arrived in Bangladesh, that they have endured extreme weather. We need more materials, but with movement restrictions in the camp, finding the things we need is difficult. Fences were put up around the camp and we cannot go around like we used to.

Even if our hearts yearn to go back, how can we if our safety is not ensured? If the world decides that we can be [safely] repatriated, only then will we go. My only need is the right to live with dignity in Myanmar, as we are doing here."

The falling apart mental health

"No one wants to be a refugee, the life we have here is not easy. It seems like we live an open prison, cannot travel outside without special authorisation or under special occasions, such as seek for medical care or emergencies." He continues, "Sometimes I would bite myself to see if I can feel something, and I attempted to commit suicide."

In the past few years, Rohingya refugees cramped in the camp in Cox's Bazar. They feel hopeless about their future, and without legal status, cause affects their psychological health.

MSF Mental Health Activity Manager Kathy Lostos said, "When a group's future is uncertain, and a population is not integrated into a society, this creates a feeling of lack of safety. Feeling that your life is under threat can lead to helplessness, believing that 'nothing that I do will matter,' and this can hugely impact people's mental wellbeing."

Full story

The situation the Rohingya find themselves is impossible. With ongoing violence in their native country of Myanmar, solutions for safe and legal return are grim. While the difficult conditions in the Bangladesh camps, as well as in Rakhine, force many to make the difficult choice to take risky journeys by sea and land in search of a future with hope. Journeys that often end in death, detention or abuse.

Countries in the region need to do more to find solutions for the Rohingya that include the most basic rights and opportunities. We cannot expect an entire people to live life without hope in such conditions indefinitely.

Learn more

" A precarious life for the Rohingya"

Five years of the Rohingya crisis

“ The infinite loop of pain”

(Original articles was written by Midwife Activity Manager Krystal So at a refugee camp in Cox’s Bazar, Bangladesh and edited by our copy writers.)

A torrential rain hit as I was writing this journal, the communication system is spreading the news of a Category 12 Storm alert. A nearby refugee camp got hit by landslide, houses collapsed. The loud noise in the evening was gunfire in the refugee camp, everyone seemed to be used to it.

The Rohingya people came here 5 years ago. Today, there are still 1 million people living in this refugee camp, one of the largest in the world. This area used to be a forest, having trees, elephants and all kinds of other animals and plants.

Environment and hygiene of this refugee camp are worse than I expected. All the shabby bamboo shelters cramped in a narrowed area. There is no facility inside these buildings, sultry, and stuffy in the summer. Rohingya families lives in this environment everyday coping with a stench of sewage, along with regional epidemic outbreak, safety and refugees’ emotional problem.

I am the Sexual and Reproductive Health Department Head of the area, in charge of the management of Hospital on Hill and Goyalmara Mother and Children Hospital, including services like maternity wards, obstetrics and gynecology wards and clinics, family planning, sexual violence support and regional outreach services, etc. Besides management, staff training and 24/7 on-call for maternity and gynecology wards, my daily duties also included home visits in refugee camp, education and promotional activities.

This is my first mission in MSF. Despite the challenges, “surprises” and learnings, I am grateful for having a great team to tackle all the difficulties together.

One of the challenges here is that the home birth rate here is very high and giving birth in refugee camp is very dangerous. Without professional midwifes and equipment, in case of emergency occurs during childbirth, such as excessive blood loss or respiratory distress syndrome (RDS), both the mother and baby will die. We visit the families one by one and noticed most of the roads are rough and difficult to get through. We arranged for ambulances and traditional birth attendants to help transfer the maternities to the hospital.

I still remember we visited Fatima* in the refugee camp. When she arrived here a month ago, she had to go to the far end of the camp to get clean water at a dark night for an emergency, and she was sexually assaulted and violently treated on her way. Lack of sufficient clean water sources and sexual assault are only some of the problems the refugees faces every day. She had a miscarriage, we were able to treat her and stop the bleeding, as well as provide psychological counseling and family planning support. Today when we visited her again, there were still some bare parts on her head, but the wounds on her limbs are mostly recovered.

Fatima’s father told us, he doesn’t even dare to go out now, because of gun shots being heard recently and people assaulting others with knife and setting fire. The whole family cannot sleep well, he showed us the psychiatric medication given by the MSF out-patient clinic to help him improve his sleep.

These living humans are suffering from the endless loop of pain and tragedies.

If you ask them where home is, they will answer Myanmar. If you ask them who they are, they will say, “Arakan.”. They were not stateless, they used to have their nationality, community and culture, citizenship, and civil rights. However, now in the refugee camp without international recognition, they lost their citizenship, no legal status and just wait without dignity.

We should all believe that every human being deserves the same treatment, the same respect, and the same chance for medical assistance. In these endless painful tragedies, let us give our support to relieve, cure and heal all the wounds.

Perhaps one day, we will have the ability and chance to put an end to all these tragedies.

**Name changed to protect patient’s identity*

MSF in Bangladesh

MSF first provided medical assistance in Bangladesh in 1972. We sent doctors to the country to support medical projects run by a range of charities, including hospitals in Khulna and northwest Bangladesh, and a blood bank in Dhaka. We currently manage 10 health facilities in the Cox’s Bazar refugee camp, covering in-patient and out-patient services such as emergency and intensive care, pediatrics, obstetrics, sexual and reproductive health, etc. Recently we provide more treatments for skin infections, water-borne diseases, and chronic diseases such as diabetes and hypertension. Our team also provides mental healthcare to the Rohingya in the camp.

Solidarity Run for the Rohingya refugees

To raise the awareness of the plight of the Rohingya refugees, and to provide a platform for the public to experience the life-saving journey of MSF field workers on the front line, we launched “On Track to Save – MSF Virtual Orienteering Competition 2022”. Participants will act as field workers on an assignment in Bangladesh bringing humanitarian aid to Rohingya refugees. There are 60 checkpoints and each checkpoint has a “frontline mission”. It requires cooperation and communication between teammates to plan a route and strategies to get the maximum points within 2 hours.

On Track to Save