HUMAN RIGHTS AND COVID-19: WHAT NOW FOR THE ROHINGYA?
ARBITRARY DEPRIVATION OF NATIONALITY AT THE
ROOT OF THE STRUCTURAL DISCRIMINATION
ENDURED BY THE ROHINGYA.

Our citizenship has been stolen from us. Rohingya statelessness is not
an accident of history, it was deliberately produced by the Myanmar
military as a part of the ongoing genocide.

NAY SAN LWIN

Rohingya are an ethnic community belonging to Rakhine
State Myanmar, whose histories in Rakhine, now on the
borderlands of Myanmar, by far pre-date modern nation-
states and borders. The arbitrary deprivation of nationality
by Myanmar, which was initiated under military rule,
is a key element in the decades-long persecution of
Rohingya. The genocide of Rohingya in Myanmar and
their lack of protection as refugees outside Myanmar
are strongly linked to Myanmar’s systematic production
of Rohingya statelessness. Research conducted over
decades, indicates that Myanmar’s imposed statelessness
on the Rohingya, and serious related restrictions on a
range of fundamental human rights including freedom
of movement, right to work, access to education, right
to marry and have children, was part of a wider strategy
aimed at “deliberately inflicting on the group conditions of life
calculated to bring about its physical destruction in whole or in
part” (Article 11 of the Genocide Convention).

Myanmar’s 1982 ethno-centric and exclusionary
Citizenship Law, together with the arbitrary
implementation of citizenship rules, provided a domestic
framework that sanctioned discrimination, persecution
and expulsion. The clear exclusion of Rohingya from
access to citizenship by right - as opposed to a highly
discretionary and arbitrary naturalisation procedure
- was a deliberate next step towards the ratcheting up
of abuses against the group. Denial of citizenship - and
importantly, the group claim to citizenship by right -
reinforced state narratives that Rohingya were foreigners
– ‘illegal immigrants’ – unworthy of state protection.
This in turn, reinforced narratives which undermined
the very identity of the Rohingya as a group belonging
to the region. Powerful voices dictated that ‘there is no
ethnic group called Rohingya’ and ‘they are Bengali’,
contributing to the stripping of identity, dignity and rights
of the group.

There are now over a million Rohingya refugees in Bang-
ladesh and hundreds of thousands of Rohingya in other
countries such as Malaysia, Saudi Arabia, India, Thai-
land etc. With Myanmar deeply divided along ethno-re-
ligious and political lines, a discriminatory and arbitrary
Citizenship Law, and an international community that
has historically failed the Rohingya, there is much work
to be done to heal open wounds, demand justice and
accountability, and secure the structural change that is a
necessary prerequisite to dignity and peace for Rohingya
communities.

The COVID-19 impact

Already at crisis point before the pandemic, the human
rights of the Rohingya in Myanmar and those in refugee
situations have further deteriorated. In Myanmar, the
Government has exploited the pandemic situation to fur-
ther discriminate against minorities; violence and human
rights violations continue but have received less interna-
tional attention with COVID-19 dominating news cycles.
In refugee situations in Bangladesh, Malaysia and India,
limited access to healthcare and public health informa-
tion, sanitation, decent housing and humanitarian aid
have combined with severely limited livelihood opportu-
nities. These factors have exacerbated the vulnerabilities
of Rohingya. Border and immigration controls, tightened
in response to the pandemic, have resulted in boatloads
of Rohingya seeking refuge being pushed back into the
sea. Hundreds of lives have been lost. Undocumented
Rohingya have been arrested and detained as irregular
migrants, without access to refugee determination pro-
cedures. They remain in overcrowded facilities further
compounding the risk of COVID-19. Meanwhile, xen-
ophobic attacks and hate speech against Rohingya have
flooded social media, increasing discrimination and the
risks of further physical violence. These issues are further
explored in this Briefing Paper.

2 A full list of contributors is included at end of this paper.
INTRODUCTION, METHODOLOGY AND APPROACH

This briefing paper is part of a wider collaboration on the human rights of Rohingya living in Myanmar and in refugee situations elsewhere. This paper recognises the need for Rohingya to drive solutions for their own futures, and for international organisations and NGOs to be accountable to the Rohingya and to value Rohingya knowledge and analysis by placing it at the centre of projects and initiatives. The information and content of this paper has been provided and reviewed by Rohingya activists and compiled and drafted by the team at the Institute on Statelessness and Inclusion (ISI). The recommendations reflect the views and proposals articulated by Rohingya activists during discussions. As such the content does not necessarily represent a unified position, but rather reflects a collection of priorities and concerns of different activists relating to the impact of the pandemic on situations which were already placing unbearable strain on Rohingya communities.

Participants in this process included activists living in refugee and other diasporic situations. The group recognises refugees and diaspora as part of the same interconnected Rohingya community rooted in Myanmar. As a result of decades of persecution in Myanmar, individuals have been forcibly displaced, creating family and community connections spanning multiple geographic contexts across the globe; but all maintain a stake in Rohingya futures in Rakhine State in Myanmar.

A total of 25 Rohingya activists living in the Asia-Pacific region, North America and Europe participated in one all-Rohingya webinar and two online focus group discussions between 25 June and 08 July 2020. Participants jointly identified concerns and priorities relating to the human rights impact of COVID-19 on Rohingya communities. The group as a whole recognised the need for increased participation from Rohingya women in group and public discussions and for Rohingya communities to work towards equal participation. The webinar featured an equal number of Rohingya women and men. In discussion groups women activists made up 30% of the participants. The gendered impact of COVID-19 was explored by both women and men in the discussion groups.

This content is organised thematically to highlight four areas of human rights concern: Border closures and dangerous journeys; Detention and access to asylum; Loss of livelihoods and food security; and Access to health information and services. The issues identified impacted Rohingya populations in multiple country contexts including Myanmar, Bangladesh, Malaysia, India and Thailand. The gendered impact of COVID-19 cut across all areas of human rights concerns and geographical contexts and is incorporated into all themes.

All the human rights issues identified have occurred over decades. Vulnerabilities and risks have heightened as a result of the pandemic and associated state policies including border closures, immigration measures, lockdowns and containment. The human rights issues have resulted from decades of persecution and genocide in Myanmar, which are compounded by a deficit of justice and restitution that prevents Rohingya from returning home in safety as citizens with full and equal rights.

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We want the support and input of international organisations, but we do not want to have decisions taken out of our hands. Don’t simply add our voices to the bigger organisation’s objectives. Instead, genuinely support us to carve our own path towards the future.

JAIVET EALOM

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8 A full list of contributors is included at end of this paper.
9 Events that have taken place after 8 July 2020 are not included in this paper.
10 This paper is based on the information provided during the webinar and focus groups. It does not include desk-based research.
Beyond Myanmar, Rohingya have lived for decades in protracted displacement in Bangladesh, Malaysia, India and elsewhere without access to legal status or the legal right to work. This has prevented children and youths from accessing education and skills training and has driven men and women into precarious work in the informal sectors of the economy with few safety standards and no social safety nets. In times of pandemic or other external shocks, Rohingya families are at heightened risk of hunger, illness and violence. Dependents within households, and family members in Myanmar and elsewhere who rely on remittances from those working overseas are also increasingly vulnerable to these impacts.

The COVID-19 pandemic has highlighted the urgent need for the forms of justice that Rohingya activists and organisers across the globe have consistently called for, which will enable communities to return home in safety with their citizenship, rights and identity restored and their lands and properties returned. It also highlights the need for countries which host large Rohingya populations, to recognise and protect them as refugees, prioritise safety and dignity for Rohingya populations in situations of protracted and intergenerational displacement, and regularise their status. Priority must be given to safe migration and access to safe and decent work, education and healthcare. Then, Rohingyas will be less likely to resort to dangerous and irregular cross border journeys. They will instead be able to contribute positively to societies outside Myanmar, fill labour gaps in national economies, and to develop the vital skills needed to rebuild their communities in Rakhine when the situation is conducive to return.
We are survivors of genocide, but we are victim-blamed for making dangerous journeys to find security for our families. If Rohingya people had access to decent livelihoods and education and were able to move legally, there would be no incentive for us to turn to traffickers. The best way to combat exploitation is to provide us with the legal means to live in dignity.

ALI JOHAR

The lack of security and protection, viable livelihood opportunities and a sense of hopelessness for the future drives onward migration for Rohingya. Without access to documentation, there are no legal routes to cross borders either by sea or land. There are also few options for secure, safe and decent work. As a result, building family lives and supporting households can be a constant struggle. The closure of borders due to COVID-19 has not halted cross-border movements. Instead, the restrictions have increased the human and financial costs for Rohingya attempting the journeys.

Border closures have left travellers stranded at sea and in a situation of acute humanitarian need, lacking food, water and fuel. Hundreds have lost their lives. This crisis echoes those of 2010 and 2015, with states failing to cooperate to save lives and provide basic protections. Travellers and their families are also increasingly vulnerable to extortion and exploitation by brokers and traffickers. In June 2020, the families of Rohingya trapped on boats, were told that the set amount they had paid for the journey to Malaysia would be increased more than seven-fold and had to be paid in order for them to disembark. The lives of those onboard the boats were also threatened in order to extort money from their families.6

Additional immigration measures have also left Rohingya in South and Southeast Asia vulnerable to arrest and detention on arrival and in country. With limited access to UNHCR or asylum procedures for arrivals, there are concerns that COVID-19 measures are further eroding the rights to asylum and refugee rights for those in Malaysia, Indonesia and Thailand. Rohingya on boats that have been returned to Bangladesh have been separated from their communities in the camps and detained on Bhashan Char, a remote and unstable island. Although this is justified as a quarantine measure, there are no guarantees that they will be moved off the island and into the refugee camps. The use of Bhashan Char island has been resisted for several years. It has been described as ‘prison island’ and has been criticised by international groups.7

Meanwhile, border closures between Bangladesh and Myanmar have meant that both Rakhine and Rohingya attempting to flee fighting between the Myanmar Army and the Arakan Army (an armed Rakhine group), are unable to cross the border into Bangladesh to seek asylum. Increased restrictions on movement within Myanmar have caused Rohingya returning to their home villages from Bangladesh and elsewhere within northern Rakhine State to be arrested for illegal entry. According to information collected, 28 persons have been sentenced to six months in prison with hard labour. A total of 150 Rohingya will be charged.8

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6 Video testimony on file with Nay San Lwin from the families of those trapped on the boats. Passengers were told by agents that for a payment of a set amount the agents would take responsibility for them until they got a job in Malaysia. However, after the boat crisis, they were told the amount had increased seven-fold in order for them to disembark. They were threatened with death. Agents involved have since been arrested and sentenced in Bangladesh. See also: ASM Suza Uddin & Poppy McPherson, June 15 2020, ‘Traffickers demand payments for Rohingya stranded at sea’ https://www.reuters.com/article/us-myanmar-rohingya-idUSKBN23M2BT (Accessed 26/07/2020).

7 See also Dhakatribune, 11/03/2019, ‘UN envoy fears new crisis for Rohingya if moved to Bhashan Char’ https://www.dhakatribune.com/bangladesh/2019/03/11/un-envoy-fears-new-crisis-for-rohingya-if-moved-to-bhashan-char

8 Information compiled by Nay San Lwin.
The absence of legal documentation, exit permits, and regular migration routes for Rohingya, means that paying brokers and agents to facilitate irregular cross border and onward travel is the only option open. As such, the use and payment of agents is a normal and necessary practice in attempting to reach areas of Myanmar beyond Rakhine State, as well as India, Bangladesh, Thailand, Malaysia, Indonesia, Australia, the Middle-East, Europe and North America. These journeys are by sea, overland and by air. Within this wide-spread irregular and facilitated movement, many experience violence, deception, coercion or exploitation. Such elements are a feature of trafficking.\textsuperscript{9} Rohingya trafficking experiences include: kidnappings; extortion; the selling of Rohingya from one trafficker to another; threats to life; physical abuses such as torture and the rape of women and men; deception regarding pay and work conditions; debt bondage; labour exploitation; and commercial sexual exploitation.\textsuperscript{10} Border closures, immigration crackdowns and lack of access to asylum processes increase the likelihood of extortion and exploitation. Additionally, Rohingya in situations of labour exploitation often have no access to UNHCR. In India, for example, a large but unknown number of Rohingya families are trapped in bonded labour. Often they are bonded to their debt for around five to seven years and are confined to their places of work with no access to UNHCR asylum screening processes.\textsuperscript{11} Rohingya girls are also transported through irregular means to Bangladesh, Malaysia and India for the purpose of early marriage. The high proportion of Rohingya men living abroad having fled Myanmar, and the perception that the best way to protect Rohingya girls is through marriage, has contributed to the rising cost of dowries and increased the risks that parents are prepared to take in transporting their daughters outside of Myanmar for marriage.

The observations of Rohingya Women Development Network (RWDN) in Malaysia and Rohingya Human Rights Initiative (RoHRIngya) in India who work directly with individuals and families affected by the issues of trafficking and exploitation, are, that Rohingya who take or arrange these journeys, are most often aware of the dangers and hazards of boat and travel and of crossing international borders, but are still prepared to take the risk. However, many are not aware of the extent of the abuses and deception by the agents themselves and often place their trust in these agents.

\textsuperscript{9} Trafficking is broken down in to three elements. 1) The Act – the recruitment, transportation, transfer, harbouring or receipt of persons 2) The Means - Threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability, or giving payments or benefits to a person in control of the victim 3) The Purpose - For the purpose of exploitation, which includes exploiting the prostitution of others, sexual exploitation, forced labour, slavery or similar practices and the removal of organs.” UNODC, ‘Human Trafficking’ \url{https://www.unodc.org/unodc/en/human-trafficking/what-is-human-trafficking.html} (accessed 26/07/2020).

\textsuperscript{10} Information provided by RWDN.

\textsuperscript{11} Information provided by RoHRIngya, India.
Recommendations

The root cause of high-risk migration lies in the persecution and genocide in Myanmar. Until Rohingya have access to safe and viable futures in Myanmar, exploitation and trafficking will continue to take place. Rohingya fleeing immediate risk to their lives are less able to plan for and finance travel, increasing the risks.

States should provide immediate humanitarian assistance to people on board boats in distress. COVID-19 containment measures should be proportionate and should complement, rather than erode access to asylum and protection.

The protection of the rights of refugees in receiving countries would function to reduce the number of journeys and the risks taken. Most importantly, refugees must be provided protection and a legal status, rather than be treated as ‘illegal’ or irregular migrants. Access to safe and legal work that is available to other migrants would enable Rohingya to be integrated into the formal economies of host states and would reduce the incentive for people to turn to irregular and risky means for onward travel. Legal and safe travel options for those without access to citizenship would also help to disincentivise irregular travel. This should include the issuance of exit visas from Bangladesh, which enable some Rohingya to join family in safe third countries and facilitate resettlement options for those in situations of protracted displacement.

Where abuses and exploitation have occurred, traffickers should be prosecuted more consistently and effectively. This will act as a deterrent including to agents working inside camps and communities. Where necessary, thorough investigations should cover any involvement of state officials and security forces.

Community-level approaches are needed that tackle gender inequalities and the social norms that drive gender inequality and early marriage. Additionally, greater awareness is needed regarding the risks of abuse and extortion on the journeys and in destination countries. Rohingya community-level campaigns in India and Malaysia have, for example, had some gains in addressing marriage practices and gendered social norms among the younger generations. However, community-level approaches can only be effective where the larger structural issues above are also addressed.
Hundreds of Rohingya are detained in immigration detention centres, prisons, juvenile detention centres and other detention facilities in Malaysia, Thailand, India and Bangladesh. UNHCR operates in all of these states, although none are signatories to the 1951 Refugee Convention. UNHCR provides refugee status determination and refugee cards that can provide some protection from arrest or can help to secure release when Rohingya are detained as irregular migrants. However, refugee status is not formally recognised in any of these countries and as such, Rohingya refugees do not have a legal protection status. Over many years, Rohingya have been arrested on immigration charges or on other minor charges. Once they have served out their sentences, considered “illegal immigrants” they are unable to secure release. Unrecognised as citizens of Myanmar, most are not deported through formal channels either.\(^\text{12}\) As such many remain in indefinite detention.

Prior to the COVID-19 outbreak in Malaysia, Rohingya who were detained on immigration charges, were largely able to obtain access to UNHCR, albeit with delays of weeks or months. If they did not have UNHCR cards already, they could secure release while their asylum claims were processed, which would take approximately six to nine months.\(^\text{13}\) Since 2018 however, UNHCR have faced increasing barriers in accessing Rohingya in detention.\(^\text{14}\) Additionally, as a direct response to COVID-19, immigration sweeps took place during Ramadan. Many Rohingya were arrested and detained. New arrivals that have managed to disembark in Malaysia have also been detained. UNHCR does not have access to information about who or how many Rohingya are detained. It is a struggle to advocate for their release.

In Thailand, approximately 200 Rohingya are detained and many have been for years. At least 38 are detained at Songkhla detention centre. They do not have access to UNHCR for refugee determination procedures and as such no resettlement options are open to them. In both Thailand and Malaysia, is unclear whether detainees who have tested positive for COVID-19 have been separated from other detainees. Additionally, the overcrowded conditions in detention with limited access to hygiene facilities have raised concerns about outbreaks within detention centres.

In India, approximately 500 Rohingya are detained. Most have been arrested on route in border areas such as West Bengal, Assam and Manipur. RoHRIngya has identified 112 men, women and children in detention centres, correctional facilities or juvenile detention centres across India. Some have been detained since 2012. Three things are required in order to secure release. First, the UNHCR must provide documentation – either a Refugee Card or an ‘Under Consideration Certificate’ – to establish that the detainee is a person of concern to the Agency. However, it is difficult for detainees to gain access to UNHCR, in order to obtain such documentation. Second, the court requires UNHCR to verify this status before the court, however, UNHCR isn’t always able to intervene in such cases. Sometimes, the court may allow another organisation to take responsibility for the detainee upon release. Third, it requires a lenient judge with understanding and concern for refugee issues.\(^\text{15}\)

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\(^\text{12}\) The exception are three groups of Rohingya deported from India since 2018.
\(^\text{13}\) Information provided by Anayatullah.
\(^\text{14}\) Information provided by Hafsar Tameesuddin.
\(^\text{15}\) Information provided by RoHRIngya.
Rohingya are also detained in Bangladesh prisons. Often, they are arrested on minor offences, and sometimes without charge. They have no access to legal representation. As such they are sometimes detained for long and extended periods of time, unable to secure release on completion of their sentences.\textsuperscript{16}

Increasingly since 2018 Myanmar has been under international pressure to repatriate Rohingya. Within this context, since 2018, three groups of Rohingya have been deported from India to Myanmar through formal channels. Conditions in Rakhine State Myanmar remain unchanged and returnees are at high risk of further persecution. The deportations from India have led to concerns that Rohingya detained elsewhere including in Malaysia and Indonesia, may be at risk of deportation to unsafe conditions in Myanmar. These concerns have increased due to the increased numbers of Rohingya detained and without access to UNHCR during the pandemic.

**Recommendations**

Rohingya are refugees and they are stateless. As such, Rohingya should be protected and granted legal status, and should not be detained or subjected to related removal proceedings. The historical failure of states to protect Rohingya has resulted in numerous arbitrary detentions, which now, in the context of COVID-19, are of even greater concern.

States should desist from the practice of detaining stateless Rohingya refugees. The imperative to do so in order to reduce the spread of COVID-19, is even greater. Instead, Rohingya should be offered protection within the community.

In the interim, governments should work more effectively together with UNHCR, lifting barriers to UNHCR’s access to Rohingya populations in detention and workplaces. The administrative barriers and bureaucracy that impedes the timely release of incarcerated refugees and asylum seekers should be eased. Further, governments should ensure that Rohingya are treated as asylum seekers and refugees and protected from arrest and detention on immigration charges.

UNHCR should develop more effective dedicated teams and activities targeting hard to reach Rohingya populations that are unable to register as refugees and lack protection. This includes new arrivals, Rohingya in bonded labour and those in detention. Additionally, in the absence of consular protection, more effective multi-agency and diplomatic taskforces should be set up to negotiate for the identification, release and protection of Rohingya populations.

UNHCR, other UN agencies and non-state actors should involve Rohingya centrally in decision-making processes that impact their futures, including agreements regarding repatriation and return. They should consult with Rohingya, ensure transparency, and ensure that details of their mandates and agreements with governments are available and disseminated effectively to Rohingya and other affected populations in a timely and coordinated manner.

\textsuperscript{16} One of five Rohingya households in the camps have a family member in prison. X-Border Local Research Initiative, 2020 ‘Beyond Relief: Securing Livelihoods and Agency for Rohingya Refugees in Bangladesh.’
Lockdowns in both camp-based and urban refugee situations have resulted in the loss of livelihoods and food security within Rohingya households in multiple countries. This also has a knock-on impact on Rohingya in Myanmar and elsewhere who are reliant on remittances from their families abroad. Without legal status and work permits in Bangladesh, Malaysia, India, Thailand and elsewhere, Rohingya are generally only able to access precarious work in the informal economies. Without legal status, there are few social safety nets and no social security in situations of external shock. The COVID-19 pandemic and the resultant lockdowns have accordingly hit Rohingya families hard, resulting in loss of income, loss of homes and food shortages. Some Rohingya have been compelled to continue working despite the lockdown, putting themselves and their families at much higher risk of infection. Around the globe in times of food shortage or food insecurity, women within households tend to suffer disproportionately from hunger and malnutrition. Likewise, in the times of COVID-19, Rohingya women are more vulnerable within the household, tending to eat after children and men, and are thus more likely to go without food.

In Bangladesh, camp-based refugees are reliant on food rations. Camps have been under lock-down since March and NGO staff have had very limited access to the camps. In some areas of the camps, food shortages have been reported due to these restrictions. Meanwhile opportunities to supplement income through, for example, volunteer work in the camps, have slowed.

In India, Rohingya refugees live in a mixture of small urban-based camps and in rental apartments. They do not receive relief aid and are entirely reliant on their incomes from working in the informal and unorganised sectors of the economy. The loss of livelihoods as a result of the lockdown has had a devastating impact on Rohingya households, where they are facing food and financial insecurities. Many of those living in rental apartments are struggling to pay rent, leading to harassment from landlords or loss of their homes. Rations that have been distributed to the poorest communities in India have not always reached Rohingya. Rohingya unable to work in areas such as Jammu, Hyderabad and Haryana have become dependent on community-based donations.

In Malaysia, historically Rohingya have found relatively safe refuge with some living there for 30-40 years. Since the start of the COVID-19 outbreak, Rohingya in Malaysia are facing unemployment and homelessness. Refugees in Malaysia live mostly in urban environments and, without humanitarian aid, they are reliant on work in the informal economy for household income. Rohingya Women’s Development Network found that Malaysian employers have stopped hiring foreigners and explicitly refuse to hire Rohingya. The Malaysian Immigration Department has placed banners in public places, threatening fines or imprisonment for anyone found to be hiring, protecting or renting properties to refugees. Elom Empowerment are providing crisis support for 730 families in the Selayang area of Kuala Lumpur. All the households are facing unemployment due to these new COVID-19 associated forms of systematic discrimination against refugees. The rise of hate speech and xenophobia has led to attacks on Rohingya refugees in their workplaces or on the way to work. Government orders have banned refugees from

17 There are recorded examples of vigilantes entering workspaces and threatening Rohingya workers.
It is crucial that Rohingya women and girls are educated so that we can raise our voices, realise our rights and contribute to our communities, especially when we get our homelands back. Parents sometimes fear sending their girls to school – especially because of the violence they have faced back home in Myanmar. The fear stays with them. In India the living conditions can be overcrowded and the household income is not stable and not enough. So parents want their children to work and get married sooner because they cannot support everybody. But the greatest barrier we faced in getting education is that we do not have documents, so it’s hard to get admission. Documents are needed for everything. Because we are stateless, we have to work harder and face more barriers than others.

TASMIDA JOHAR

the wet markets during the pandemic, with ID checks being implemented on entry to the markets. This also affects livelihoods and food security since many Rohingya work in the markets. Such discrimination and the loss of income have created precarious living situations for Rohingya, many of whom face eviction from their rental homes. This has caused homeless Rohingya to move in with other families, creating conditions of overcrowding and thus increasing the risk of COVID-19.

Over one million Myanmar nationals work in Thailand. They have been able to regularise their work and legal status through joint Thai-Myanmar verification processes. They obtain certificates of identity as Myanmar nationals through consular services in Thailand, which enable them to apply for Thai work permits. Rohingya however are denied identity certificates by Burmese authorities and are therefore unable to regularise their status in Thailand. As in India and Malaysia, working in precarious work in the informal economy, they have been disproportionately impacted by unemployment and loss of livelihood with no social security or safety net to fall back on. Health insurance in Thailand is tied to work permits, which often leaves Rohingya unable to access affordable healthcare, which is of particular concern during times of the pandemic.
Recommendations

Governments should recognise the significant role that Rohingya play in various economic sectors in South and Southeast Asia, as well as the Middle East. The best solution is to work towards ensuring Rohingya have access to safe, secure and decent work. This should include granting Rohingya legal status. This would leave households less vulnerable to loss of income, food shortages and homelessness, and enable people to contribute more effectively to local and national economies.

Steps should be taken to ensure that Rohingya, regardless of their lack of citizenship status in Myanmar, are able to obtain work permits on an equal footing with other migrant and refugee workers.

Travel permits should be issued to Rohingya regardless of their citizenship status in Myanmar to enable them to travel through regular and organised channels to access work in geographical areas that would benefit from their labour.

Social safety nets that prevent hunger, homelessness and sickness should be extended to the most vulnerable communities, regardless of the legal and immigration status, especially during times of the pandemic.

Livelihood and income generation options for women would also empower them within households and the community through greater financial independence. These work opportunities should be safe, with strong mechanisms in place to safeguard against sexual harassment and sexual exploitation at work, including in camp-based settings.

Labour safety standards and protections against exploitation, harassment, and unfair dismissal should be available to all working people, including Rohingya. They should receive the same protections and redress against bonded labour and other extreme forms of labour exploitation as all workers.
Camp environments in Bangladesh and India are densely populated and overcrowded. There is often limited access to sanitation. Sometimes families occupy a single room, with water and washing facilities shared between many households. Social distancing, handwashing and following other virus prevention measures have proved difficult. Such conditions leave people vulnerable to the spread of the virus and have created environments of anxiety and fear in the face of COVID-19. In response to concerns about the spread of the coronavirus in the camps of Bangladesh, the government has put in place important health measures, including making testing extensively available and providing quarantine facilities in the camps.¹⁸ In India, the state governments have been ordered to make sure Rohingya are not left without screenings.¹⁹ These are welcomed. More needs to be done at the community-level to ensure that these services are accessed more widely.

The dissemination of public health information and virus prevention information in many settings has also been challenging. Since smart phone usage is extensive within Rohingya communities, the most effective way to provide accurate messaging and implement other prevention measures such as increased access to testing and contact tracing is through internet and mobile phone networks. However, internet blackouts remain in place in areas of Rakhine State, and in the camps of Bangladesh. In parts of Rakhine State, the restrictions have been in place for over a year. They were first implemented by the Myanmar government as a response to the increased fighting between the Myanmar army and Arakan Army. In Bangladesh, restrictions on the use of smart phones and internet restrictions covering only the camp areas were first introduced in September 2019, purportedly as a “security measure”. These restrictions have hampered efforts to make public health information available to Rohingya households in Bangladesh and Myanmar. Restrictions have also led to the spread of misinformation and rumours resulting in panic and fear.²⁰ There are ongoing Rohingya-led campaigns to reinstate the Internet during the time of the pandemic.²¹ Health and safety concerns relating to internet and mobile phone restrictions reach beyond COVID-19. Restrictions also impact Rohingya’s ability to report crime and domestic violence, and to communicate with family in Myanmar, including when needed to reach safety.²²

The lockdown in Bangladesh has further hampered efforts to disseminate accurate public health information. NGO staff have faced barriers in accessing the camps either in person or through mobile phone networks. Although some progress has been made, it has been difficult to coordinate up-to-date health information through trained health workers, and to organise community-level volunteers to provide doorstep up-to-date health information in Rohingya language.

１８ Information provided by Razia Sultana.
１９ Information provided by Ali Johar.
２０ BROUK (2020) BROUK Responds to International Development Committee Report on the Rohingya [online] available at: https://www.brouk.org.uk/brouk-responds-to-
international-development-committee-report-on-rohingya/
２１ For more information see Sirazul Islam, 27/03/2020, The Diplomat: https://thediplomat.com/2020/03/a-rohingya-coronavirus-catastrophe-looms-if-their-internet-blackout-
continues/ and Canadian Rohingya Development Initiative (2020) Joint Statement on Restrictions on Communication [online] available at: https://www.rohingya.ca/re-joint-
statement/
２２ Information provided by Rohingya Youth Organisation.
With more limited access to the public sphere, often with little mobility beyond the home, and more language barriers to overcome, women are disproportionately impacted by the restrictions on mobile phones and internet access. Women must have access to up-to-date and accurate health information delivered to their homes in Rohingya language. The safest and most effective way to do this is through the use of mobile phones. As primary carers within the household it is vitally important that Rohingya women are not just reached, but centrally included and consulted in public health and health education initiatives. This will ensure that women are able to effectively protect themselves and their household from disease and are able to seek medical advice and services when needed.

In multiple settings, Rohingya already face barriers to accessing healthcare. In Myanmar, the extreme restrictions of movement that have been in place for decades for Rohingya populations, continue to impact access to healthcare. Additionally, severe discrimination against Rohingyas within the health services, has led to deep mistrust which prevents people from seeking medical help. Lesser forms of discrimination and barriers to accessing healthcare are encountered in countries of asylum, including lack of Rohingya language interpreters and women interpreters, risks of arrest, and health care costs for undocumented and refugee populations. The lockdowns and reduction in non-COVID related health services, together with the increase in xenophobia towards Rohingya has further reduced access to health care. This has particularly impacted Rohingya with pre-existing and long-term health conditions. It has also impacted pregnant women, who have more limited to access maternity care.

Globally, there has been a rise in domestic and intimate partner violence during the pandemic. There are already high levels of domestic violence within Rohingya communities and heightened concerns about the impact of lockdown and unemployment within households. The increased time spent at home together and stresses related to loss of work and income profoundly impact the mental health of family members, which in turn increases the levels of domestic violence. The lockdown prevents victims of domestic violence from leaving their homes to seek help either through their informal networks or through services. The lack of mobile phone access can compound the isolation. Community support and services need to be adapted and extended to reach more women and children who are unable to leave their homes to ensure their safety.

Women are often the primary carers in the family. Involving women in health initiatives is crucial so they can keep themselves and other household members safe from disease. Rohingya women in the camps need services delivered in their own Rohingya language, which is not the same as Chittagonian. This means involving the community in delivering health information and health services. Lifting restrictions on mobile phones usage and internet in Bangladesh camps would ensure that women could access vital health care information from inside their homes and help to protect the whole community.

SABRINA CHOWDHURY MONA

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23 For analysis of women’s mobility outside the home, see X-Border Local Research Initiative, 2020 ‘Beyond Relief: Securing Livelihoods and Agency for Rohingya Refugees in Bangladesh.’
24 Observations by Sabrina Chowdhury Mona and Razia Sultana.
25 Observations by RWDN.
26 The high levels of domestic violence were acknowledged by both women and men in discussion groups.
Recommendations

Rohingya have historically been denied equal access or faced barriers to accessing healthcare. When the pandemic struck, Rohingya were therefore disadvantaged in accessing health service and information. The testing and quarantine facilities that have been put in place for camp-based Rohingya were vital. Priority must be given to dismantling the structural barriers which undermine access to healthcare, in order to control the spread of the pandemic, within Rohingya communities and in wider society.

The internet blackouts imposed on Rohingya and Rakhine communities in Bangladesh and Myanmar should be lifted immediately to improve access to health information and services, to facilitate communication between aid providers and communities, and to enable communities to self-organise their own initiatives.

Domestic violence and mental health services should be extended and adapted in ways that are accessible and sensitive to the needs of refugees and migrants, especially during lockdown. Governments are obligated to provide protection to all women and children, including refugees.

Rohingya community members, and women in particular, must be enabled to participate centrally in the development and implementation of services and public health initiatives. This would improve the effectiveness and scope of such measures.
CONCLUSION

The human rights deprivations endured by Rohingya over multiple decades, in Myanmar as well as elsewhere, including Bangladesh, Malaysia, Thailand, India and in the Middle East, have been well documented. These deprivations are all rooted in persecution and genocide in Myanmar. However, Rohingya are forced to continue to live precariously in the countries where they have sought refuge, or otherwise risk their lives on dangerous journeys across land and sea borders. Rohingya are still, over decades and multiple generations, existing in protracted situations of displacement, unable to access their rights and unable to live secure and dignified lives as citizens or refugees. The inability to build and take charge of their own futures, has had a profoundly damaging impact both on individuals and the Rohingya as an ethnic community. Despite decades of human rights documentation, there have been few material improvements. Additionally, Rohingya efforts to play a central role in the policy approaches which ultimately impact them, have not always been prioritised by decision-makers and international organisations. The COVID-19 pandemic is the current tragedy faced by the Rohingya community. State responses in many previous and ongoing situations have further disadvantaged Rohingya and impacted human rights in ways that are all too familiar – death on the high seas; arbitrary arrest; prolonged detention; exploitation and trafficking; access to food, livelihood and health insecurities. The causes of the disadvantages remain a constant - discrimination, persecution, statelessness, lack of legal status and lack of legal protection.

Consequently, it is not surprising that the analysis within this paper and the recommendations made, evoke previous statements and recommendations on numerous issues over decades, by Rohingya activists as well as human rights organisations. This pattern of research, analysis and recommendations, followed by indifference and inaction is likely to continue for as long as those in positions of power, fail to actively listen, include, and be accountable to the Rohingya community for inaction and policy failures. Rohingya activists and community representatives are the most vital source of information and analysis on the human rights violations endured by Rohingya populations. They also offer the most important perspective on how these violations should be addressed and mitigated. The challenge posed to states, UN agencies and NGOs by this report and other initiatives by Rohingya groups, is to listen, reflect, act and be accountable.

CONTRIBUTORS

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OTHER RESOURCES ON COVID-19 AND HUMAN RIGHTS

Contributing Organisations websites:

- British Rohingya Community (BRC)
- Burmese Rohingya Organisation UK (BROUK)
- Canadian Rohingya Development Initiative (CRDI)
- Elom Empowerment
- Free Rohingya Coalition (FRC)
- Rohingya Human Rights Initiative
- Rohingya Women’s Development Network
- RW Welfare Society
- Rohingya Youth Organisation

Webinars involving participants (English language):

- ‘Her Voices, Her Journey: The Gendered Experiences of Rohingya Women’, Moderated by Yasmin Ullah
- ‘Hunger, Exploitation, Hate Crime, and Xenophobia: Rohingyas on Land and Sea’ RMMRU and FRC

Resources authored by participants (English language):

- Lucky and Khin Maung, Rohingya Youth Association (2020) Providing access to information and healthcare for Rohingya survivors will save lives in Bangladesh [online] available at: https://docs.google.com/document/d/1NBjmqZOd5X3oIgZ3MSDFdSpJapouZFlKZiZbBQOGc/edit
- Razia Sultana (2020), video Facing a Pandemic in the Dark: An Update on Cox’s Bazar & COVID-19, with Razia Sultana
- RHRN, Essay about internet lockdown and its impact

ABOUT THIS INITIATIVE

The root causes of the depravations and marginalisation endured by the Rohingya community over multiple decades, are based on racist, discriminatory and xenophobic ideologies, laws and policies. While Myanmar is the source of these depravations, other countries have also failed to provide meaningful protection, status or rights to Rohingya, whether they fled to their country or were born there.

In this context, a principled and sustained human rights framing of the challenges, which is rooted in the information, expertise and solutions put forward by Rohingya activists, and which challenges and shapes responses to the crisis by states, UN agencies, humanitarian actors and others, is much needed. This initiative aims to provide such a framing, through the production of briefing papers and other interventions on different human rights challenges. While this first paper looks at the COVID-19 pandemic, due to the immediacy of the crisis, future papers will look at other structural human rights challenges which must be addressed.
Already at crisis point before the pandemic, the human rights of the Rohingya in Myanmar and those in refugee situations have further deteriorated. In Myanmar, the Government has exploited the pandemic situation to further discriminate against minorities; violence and human rights violations continue but have received less international attention with COVID-19 dominating news cycles. In refugee situations in Bangladesh, Malaysia and India, limited access to healthcare and public health information, sanitation, decent housing and humanitarian aid have combined with severely limited livelihood opportunities. These factors have exacerbated the vulnerabilities of Rohingya. Border and immigration controls, tightened in response to the pandemic, have resulted in boatloads of Rohingya seeking refuge being pushed back into the sea. Hundreds of lives have been lost. Undocumented Rohingya have been arrested and detained as irregular migrants, without access to refugee determination procedures. They remain in overcrowded facilities further compounding the risk of COVID-19. Meanwhile, xenophobic attacks and hate speech against Rohingya have flooded social media, increasing discrimination and the risks of further physical violence. These issues are further explored in this Briefing Paper.