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The COVID-19 Pandemic and the Travails of Rohingya Refugees in the Largest Bangladeshi Refugee Camp

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Introduction

COVID-19 has been labeled a ‘pandemic’, which turned out to be one of the most terrifying diseases causing an impending crisis the world has not witnessed in the recent era (Chatteraj, 2021). Before the development of successful vaccines, the World Health Organization’s (WHO) recommendations such as quarantining, wearing masks, self-isolating, maintaining social distance, and lockdown were the only measures available to combat COVID-19 (Ullah et al, 2021). However, these are not always feasible for all communities (see Lemanski and de Groot, Chapter Ten); for the refugees living in small and overcrowded tiny shacks that are found in refugee camps, a major challenge lies in maintaining social distance and lockdown measures. Rohingya refugees in Bangladesh, who were

forced out of the Northern Rakhine State of Myanmar in the face of brutal persecution, rapes, and killings are no exception (Ullah and Chattoraj, 2018).

There are an estimated 1.2 million Rohingya refugees staying in 34 camps (Bhuiyan, 2021) outside Cox's Bazar, a district of southeast Bangladesh (Ullah and Chattoraj, 2021). They face a heightened risk of COVID-19 owing to poor, cramped conditions and densely populated camps. They lack access to adequate health care, shelter, water, and sanitation, which pose major challenges in their efforts to protect themselves from the virus. Therefore, the main objective of this chapter is to provide details about these challenges, and the experiences of the Rohingyas in these refugee camps due to the sudden emergence of the pandemic.

During the initial phases of the outbreak, health experts from the United Nations High Commissioner for Refugees (UNHCR) and International Organization for Migration (IOM) warned that if the virus reached the world's largest refugee camp, it would spread like wildfire and Bangladesh might become devastated by COVID-19 due to the arrangements of camp settlements. The population density in the Rohingya camp is more than 100,000 people per square mile and sanitation options are scarce. Groceries, kiosks, health centers, and schools are all located within the camps, making congestion worse (Ullah et al, 2020). These camps are overcrowded as many families have more than ten members living in one room. Severely substandard health care and inadequate access to proper sanitation have made them incredibly vulnerable to this virus.

The context

The virus first hit the Rohingya camp in Bangladesh in March 2020. By April, 2021, around 507 Rohingyas had tested positive, eleven of whom had died (Sakib, 2021). While this number is low, one must realize the grave situation that these camps are facing. Rohingya refugee camps are located

outside the town of Cox's Bazaar and are clearly demarcated – fenced – defining a distinction between the refugees on the inside and the locals on the outside. Having been established to prevent the contamination of Bangladesh and its citizens by the Rohingya refugees, it is important to the government to establish and maintain this distinction between the inside and the outside. In practice, the camps allow exchange of goods, ideas, and movement of people in and out of the camp. Despite these transgressions of the limits of the camp, the perimeter remains an important defining characteristic and shapes the lives of those who remain inside. Living inside a refugee camp – however invisible the line between the camp and its surroundings, and despite ongoing contact between the inside and the outside – marks one's life and defines one's position: a position that is simultaneously excluded from and included into host society, excluded spatially and legally while simultaneously being defined and contained by the surrounding society (Turner, 2015).

Hence, refugees and the host society are related. The new COVID-19 slogan 'Stay Home, Stay Safe' (Ullah et al, 2021) is a double-edged sword for the refugees as most of them are engaged in daily labors outside the camps. Also, maintaining social distance is an impossible task where families share toilets and handwashing facilities. Due to limited mobility and transport opportunities, they are also deprived of accessing hospitals in times of need (Ullah et al, 2020). This leads their health status to remain extremely fragile.

Therefore, the national government and its partners need to look after these refugees. If refugees are left in this precarious condition, it could lead to the increased risk of locals contracting COVID-19 as they come in direct contact with them.

Methodology

For this study, we depended mostly on an 'Internet search' (Chattoraj, 2017) including a wide range of online reports,

documents, and newspaper articles. Informal interviews were conducted remotely via telephone with 57 Rohingya refugees, aged between 18 and 55 years, residing in the Kutupalong camp in Bangladesh. We were in touch with one of the research groups in Chittagong, Bangladesh and through them, we obtained the contacts of our respondents. Because the Chittagong research group was working closely with the Rohingyas in the camps, we did not face many problems in establishing a rapport and building up trust with them. Being Bengali native speakers, language did not create any issues. All the interviews were conducted in Bengali and then translated into English. In addition to these refugees, a number of volunteers, health workers, and representatives of local and international organizations were also interviewed.

This pandemic created new challenges in collecting data, as we were not allowed to roam freely and talk with whoever we wanted to speak with. We needed special permission from Security to enter the camps, which was not granted, so we were not allowed to enter, and thus had to solely depend on our phone interviews with the refugees. This can also be considered as a limitation of this study.

Rohingya camps and COVID-19: the challenges

With the current COVID-19 pandemic affecting innumerable livelihoods and plunging the global economy into a recession, questions have arisen as to the well-being of the Rohingyas who are languishing in overcrowded refugee camps. Their camps comprise an area of about 40,000 people per square kilometer (103,600 per square mile) where refugees live in tiny shacks side by side (Ullah et al, 2020). Each of these shacks is barely ten square meters (107 square feet). Thus, these jam-packed camps have made their lives incredibly vulnerable to this virus.

‘We witnessed and experienced heart wrenching and inhuman violence, and brutalities (in the form of killings, lynching, rapes, beatings) perpetrated on us and our families in Rakhine. Those memories haunt us all the time. Was it not enough that this COVID-19 has to haunt us now? How can we survive?’

This was one of the most common sentiments that we heard from the Rohingyas during our interviews. They had already seen quite a lot, but it seems that was not enough. Most of them were still suffering from past traumas. With COVID-19, now they have lost all hope of surviving.

Challenges involving mobility

To stem the COVID-19 pandemic, on March 26, 2020, the entire Cox’s Bazar district, including the camps, began their lockdowns for an indefinite period (Ullah et al, 2020). As one respondent noted: “Lockdown has become a nightmare. We are dependent on the inflow of supplies, medical services and materials from outside, and also many among us routinely go out for work.” Only emergency health services and distribution of foods are allowed in the camps and the refugees are banned from roaming about unnecessarily. Another respondent said, “These days, we had to wait for more than four hours in the queue to get food and materials. [...] we had to wait until we were called.” Vehicles moving into the camps for emergency reasons are only allowed with proper permissions from higher authorities (Ullah et al, 2020). Schools, learning centers, and social places have been shut over fears of the virus. COVID-19 has changed everything in the camp, said the respondents in a frightened tone: “The mosques are empty; children, instead of playing in the streets, are now confined to their huts and the bustling markets are quiet. Families are forced to ration food and spend all day together in cramped spaces.”

Health challenges

The cramped and overcrowded camps are generally dangerous and unsanitary as aid agencies struggle to keep pace with the needs of the ever-growing Rohingya (Ullah and Chatteraj, 2021). As their number grows, their living space becomes more congested in the camps, which in turn increases their health risks. About 85 percent of the Rohingya still have no access to latrines, exposing them to increased risk of communicable diseases (Ullah and Chatteraj, 2021). “So you see, there is not enough running water for every one of us to wash our hands.”

Rohingyas suffer from several diseases like TB, malaria, malnutrition, measles, diphtheria, diarrhea, dysentery, and so on (Ullah and Chatteraj, 2021). At least 60 percent of water wells in the camps are contaminated with fecal matter from latrines that have been dug too close to drinking sources, leading to these diseases.

The UN, together with partner organizations, has constructed isolation and treatment centers inside the camps. They have started promoting hygiene activities, training health care workers, and ensuring social distancing across the camps. Self-isolation and social distancing have become new normals. However, the large crowds of refugees are not interested in paying attention to the social distancing guidelines (Anik, 2020). Nor are they keen to wear face masks, which have become one of the daily essentials in today’s world.

The Bangladesh Government’s new directive protects ‘critical’ services including health, nutrition, water, food, gas, hygiene, sanitation, waste treatment, identification of new arrivals, and ‘ensuring quarantine’. However, internet restrictions have facilitated the spread of misinformation, deterring refugees from seeking urgent medical care in times of COVID-19. In addition, a reduction in the number of aid workers in the camps is causing another threat to refugees because this has halted other vaccination programs, such as against measles and rubella. While the national government has partnered with the COVAX Facility to allocate 5% of its COVID-19 vaccines for

refugees, it is yet unclear when Rohingya camps will receive doses (IRC, 2021).

The Rohingyas have expressed serious concerns about the rainy season causing a deterioration in camp roads, paths, and stair networks thereby impacting access to necessary services and amplifying a multitude of protection issues such as physical and sexual abuse. Annual monsoon preparations in the camps were made more challenging with the risks posed by COVID-19. Though the number of cases in the camps are low, there is evidence of large-scale spread of the disease among them (Anik, 2020). Instead of going to the testing centers, several refugees are flocking to pharmacies, seeking treatment for cough or fever – primary symptoms of the deadly virus. Also, the poor quality of medication and equipment used in treatment centers are also part of the reasons refugees are against getting tested (Anik, 2020).

Economic challenges

Pre-COVID-19 days saw some of the refugees having set up several stalls on roadsides throughout the camps. On the one hand, girls were sent to work as maids for the locals, or in the local garment industry (Ullah and Chatteraj, 2021). On the other hand, boys used to work in tea stalls or would provide manual labor for construction sites and road crews (Ullah and Chatteraj, 2021). The lockdown has restricted their movements. Because of this, they are suffering economically. They are scared, tense and hapless and are worried about their uncertain future, as summarized by one respondent: “If we cannot go out, we cannot work and if we cannot work, who will give us money? We will die of hunger!”

Conclusion

Despite attempts to separate refugees from the locals, Darling (2017: 181) argues that ‘the continuing attraction of the

town/city for the refugees is clear, as the city can represent a site of independence and safety not necessarily found in camps'. Following Darling (2017), we can observe that several studies have explored the livelihood opportunities of refugees, highlighting both the integration of individuals into an informal economy of casual labor and the continued vulnerability of such individuals to abuse, arrest, and harassment. This tension, as portrayed by Darling (2017), between the prospects of temporary safety and opportunity, and the risks of exploitation and marginalization is an often-repeated one in explorations of urban refugee experiences, evident in the works of Jacobsen (2006), Crawley et al (2019), Chatteraj (2018), Chatteraj and Gerharz (2019), and several others.

In pre-COVID-19 days, they were often referred to as Barmaiya by the locals which means 'from Burma' in an offensive manner. Thus, they were socially excluded from locals because of their 'refugee' status. Their experiences of social exclusion and the process of 'othering' kept on increasing due to the pandemic. They became more isolated from locals as they were no longer allowed to intermingle with the outsiders.

Because of the uncertainties prevailing in the camps, several young refugees, desperate with their situation, used to risk their lives and seek out illegal and dangerous ways to get themselves to third countries (Ullah and Chatteraj, 2021). Due to COVID-19 they are left with no other choice other than to stay in the camps and suffer economically and socially. The locals in Cox's Bazar demand the repatriation of the refugees to Myanmar. To them, 'the Rohingya pose a threat to the locals' as they are stealing jobs from the locals. In this chapter, we have shown the existence of urban inequities among the locals and the Rohingyas in the age of COVID-19. The pandemic exacerbates the gap between the two protagonists as the Rohingyas remain in complete isolation from the rest of the country.

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