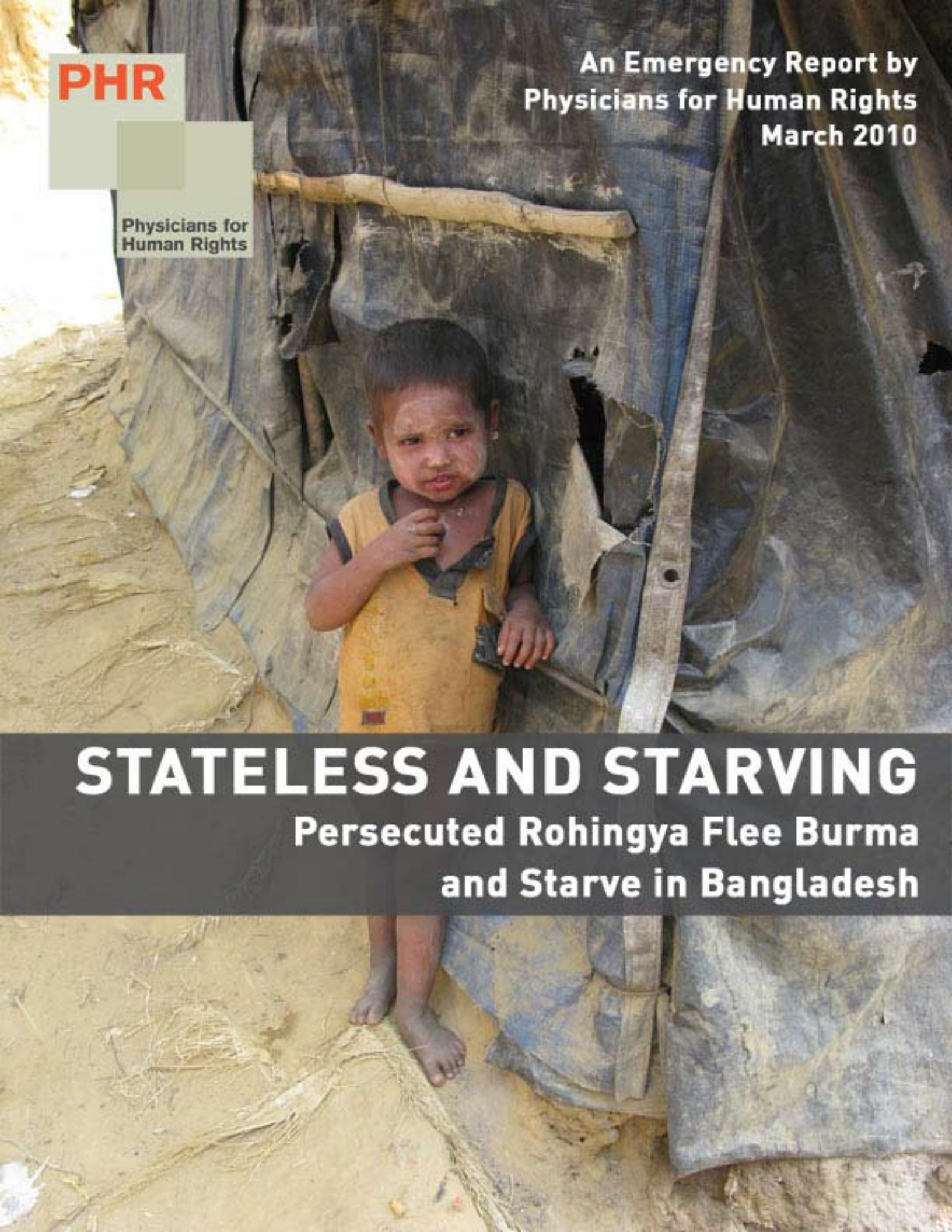

PHR

Physicians for Human Rights

An Emergency Report by
Physicians for Human Rights
March 2010

STATELESS AND STARVING

Persecuted Rohingya Flee Burma and Starve in Bangladesh

Cover Photo:

A young Rohingya refugee girl in front of her makeshift hut made of twigs and ripped plastic at the unofficial Kutupalong camp in Bangladesh. Results from a Physicians for Human Rights emergency assessment reveal that more than 18% of children suffer from acute malnutrition. One out of five of these children will die if the Bangladesh government does not allow life-saving food rations to be delivered. (Richard Sollom, PHR)

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Physicians for Human Rights (PHR) mobilizes health professionals and concerned citizens to advance the health and dignity of all people, through actions that promote respect for, and protection and fulfillment of human rights.

PHR is an independent, non-profit organization and has a track record of more than two decades documenting health rights violations around the world, including in Afghanistan, Chad, Chile, Chechnya, former Yugoslavia, Kosovo, India, Israel and Palestine, Mexico, Peru, Rwanda, Sudan, and the United States.

Since 1986, PHR members have worked to stop torture, disappearances, political killings, and denial of the right to health by governments and opposition groups, and to investigate and expose violations, including deaths, injuries, and trauma inflicted on civilians in armed conflict; suffering and deprivation, including denial of access to health care caused by political differences as well as ethnic and racial discrimination; mental and physical anguish inflicted on women by abuse; loss of life or limb from landmines and other indiscriminate weapons; harsh methods of incarceration and interrogation and torture in prisons and detention centers, and poor health stemming from vast inequalities in societies.

As one of the original steering committee members of the International Cambaign to Ban Landmines, PHR shared the 1997 Nobel Peace Prize.

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This report was written by Richard Sollom MA MPH, Director of Research and Investigations at PHR and principal investigator for PHR's work on Burma, and Parveen Parmar MD, emergency physician at Harvard-affiliated Brigham and Women's Hospital.

This emergency report is based on field research conducted by Richard Sollom MA MPH and Parveen Parmar MD, in an ongoing PHR project documenting human rights abuses against ethnic minorities in Burma, in collaboration with the Center for Public Health and Human Rights (CPHHR) at the Johns Hopkins Bloomberg School of Public Health. We are indebted in this wider research study to our colleagues at CPHHR: Chris Beyrer MD MPH, Voravit Suwanvanichkij MD MPH, Luke Mullany PhD, and Andrea Wirtz MHS, for their invaluable collaboration.

The report has benefited from review by Frank Davidoff MD, Editor Emeritus of *Annals of Internal Medicine* and PHR Board member; Jennifer Leaning MD SMH, Director of the François-Xavier Bagnoud Center for Health and Human Rights at the Harvard School of Public Health; Adam Richards MD MPH, Robert Wood Johnson Clinical Scholar at UCLA Health System and PHR Board member; Chris Beyrer MD MPH, Director of the Johns Hopkins Center for Public Health and Human Rights; and Vince Iacopino MD PhD, Senior Medical Advisor at PHR. Susannah M. Sirkin MEd, Deputy Director at PHR, reviewed and edited the report. Kelly Holz, intern at PHR, assisted with background research. Gurukarm Khalsa, PHR Web Editor/Producer, prepared the report for publication.

PHR is deeply indebted to the dozens of Rohingya refugees and humanitarian workers in Bangladesh who shared their observations and experiences with our team, and who care deeply for the lives and well being of all Burmese refugees irrespective of religious or ethnic identity. For their own protection, they shall remain nameless.

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Rohingya children are forced to live beside open stagnant sewers at Kutupalong makeshift camp. PHR documents that 55% of children suffer from diarrhea due to unsanitary conditions. (Richard Sollom, PHR)

Abbreviations

ACF	Action Contre la Faim
ASEAN	Association of Southeast Asian Nations
BDR	Bangladesh Rifles
EU	European Union
FAO	United Nations Food and Agriculture Org.
GAM	Global Acute Malnutrition
MSF-H	Médecins Sans Frontières—Holland
MUAC	Mid-upper arm circumference
NGO	Non-Governmental Organization
NLD	National League for Democracy
PEM	Protein Energy Malnutrition
PHR	Physicians for Human Rights
SLORC	State Law and Order Restoration Council
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WFH	Weight for Height
WFP	World Food Program

Cox's Bazar District, Bangladesh

http://commons.wikimedia.org/wiki/File:Cox%27s_Bazar_on_Bangladesh_Map.png

Executive Summary

In recent months Bangladeshi authorities have waged an unprecedented campaign of arbitrary arrest, illegal expulsion, and forced internment against Burmese refugees. In this emergency report Physicians for Human Rights (PHR) presents new data and documents dire conditions for these persecuted Rohingya refugees in Bangladesh. PHR's medical investigators warn that critical levels of acute malnutrition and a surging camp population without access to food aid will cause more deaths from starvation and disease if the humanitarian crisis is not addressed.

Methods

The plight of the Burmese refugees in Bangladesh came to PHR's attention while its researchers were conducting a quantitative study in the region on health and human rights in Burma. This emergency report is based on a sample of 100 unregistered refugee households at the Kutupalong makeshift camp in southeastern Bangladesh as well as in-depth interviews with 25 refugees and 30 other key informants throughout the region. Richard Sollom MA MPH, PHR's Director of Research and Investigations, and Parveen Parmar MD, emergency physician at Harvard University's Brigham and Women's Hospital, conducted the eight-day assessment from 8-16 February 2010. Both team members have considerable experience working in refugee populations throughout the world and describe the conditions for unregistered Burmese in Bangladesh as alarming.

Arbitrary arrest and forced expulsion of refugees by Bangladesh

The Burmese refugee population in Bangladesh is estimated at 200,000 to 400,000. The Government of Bangladesh and the UN refugee agency (UNHCR) jointly administer two "official" camps with a combined population of just 28,000 registered refugees. The remaining unregistered refugees are currently not protected by UNHCR because they arrived after 1993 when the Bangladesh government ceased conferring refugee status to any Rohingya fleeing Burma.

In an apparent attempt to dissuade the influx of any further refugees fleeing anticipated repression prior to elections in Burma later this year, Bangladesh police and border security forces are now systematically rounding up, jailing or summarily expelling these unregistered refugees across the Burmese border in flagrant violation of the country's human rights obligations. Although Bangladesh has not acceded to the UN refugee convention, it is minimally obligated to protect this vulnerable population against *refoulement* (forced deportation across the border).

Makeshift camp is "open-air prison"

Arbitrary arrest and expulsion by Bangladeshi authorities have acutely restricted all movement out of the unofficial camp, effectively quarantining tens of thousands of refugees in what one experienced humanitarian called "an open-air prison." Because refugees fear leaving the camp, they are no longer able to find work to buy food. This confinement, coupled with the Bangladeshi government's refusal to allow unregistered refugees access to food aid, presents an untenable situation: refugees are being left to die from starvation.

Refugee children facing starvation and disease

Tens of thousands of unregistered Burmese refugees in the burgeoning camp in Bangladesh have no access to food aid. Physicians for Human Rights researchers observed children in the unofficial camp who were markedly thin with protruding ribs, loose skin on their buttocks, and wizened faces – all signs of severe protein malnutrition. The PHR team also came across many children who appeared to have kwashiorkor, as evidenced by swollen limbs and often distended abdomens. One out of five children with acute malnutrition, if not treated, will die.

Results from the PHR household survey reveal that 18.2% of children examined suffer from acute malnutrition. In emergency settings, acute malnutrition is traditionally measured among children age 6–59 months. High rates of malnutrition in this age group correspond with high rates in the population as a whole. Child malnutrition levels that exceed 15% are considered "critical" by the World Health Organization (WHO), which recommends in such crises that adequate food aid be delivered to the entire population to avoid high numbers of preventable deaths.

In addition, PHR received numerous testimonies from families who had not eaten in two or more days. As a coping mechanism, many refugees are now forced to borrow food or money to feed their families. Results from the PHR survey show that 82% of households had borrowed food within the past 30 days, and 91% of households had borrowed money – often with exorbitant interest rates – within the previous 30 days.

Walking through the Kutupalong camp, PHR investigators saw stagnant raw sewage next to refugees' makeshift dwellings. Human excrement and open sewers were visible throughout the camp. Results of the PHR survey show that 55% of children between 6–59 months suffered from diarrhea in the previous 30 days. Such inhuman conditions presage a public health disaster.

Obstruction of humanitarian relief

PHR received reports of Bangladeshi authorities' actively obstructing the little amount of international humanitarian relief that reaches this population. Corroborating eyewitnesses report that a Bangladeshi Member of Parliament recently

rounded up four national staff of an international humanitarian organization, tied them to a tree, and beat them for providing aid to the Rohingya refugees. This environment of regular harassment by Bangladeshi authorities severely impairs the ability of NGOs to provide assistance to unregistered refugees. The UK-based organization Islamic Relief ceased its humanitarian operations in one camp on 28 February 2010 because the Bangladeshi government refused to approve the group's humanitarian activities that benefit these refugees.

Bangladeshi hate propaganda and incitement against Rohingya refugees

The Bangladeshi government's ongoing crackdown against Rohingya refugees appears to be coordinated among local authorities, police, border security forces, and the ruling political elite. Bangladeshis near the southern coastal town of Cox's Bazar have formed Rohingya "resistance committees" that demand the expulsion from Bangladesh of the Rohingya. Bangladeshi authorities threaten villagers with arrest if they do not turn in their Rohingya neighbors. Local media disseminate ominous anti-Rohingya propaganda in editorials and opinion pieces, all of which incite xenophobic antagonism among local inhabitants.

Background to the refugee crisis

Burma's de facto president, Senior General Than Shwe, seized power 20 years ago while promising free and fair elections in 1990. That year, the opposition National League for Democracy (NLD) defeated the military-backed State Law and Order Restoration Council (SLORC), garnering 59% of the vote and 80% of the seats in the People's Assembly. SLORC dismissed the results, and subsequently detained NLD's Prime Minister-elect Aung San Suu Kyi, who is currently under house arrest.

To fend off risk of a second defeat at the polls in late 2010, the Burmese military regime has stepped-up militarization and abuses against all ethnic minorities, who represent nearly 40% of Burma's total population of 50 million. Than Shwe's Tatmadaw military has locked up 2,200 political prisoners, destroyed more than 3,200 villages, and forced millions to flee, ensuring that opposition parties cannot organize prior to upcoming elections. Burmese ethnic minorities, including the Rohingya, continue to flee, seeking refuge in neighboring countries. An additional 8,000 Rohingya have fled to Bangladesh in 2009.

The Rohingya have a well-founded fear of persecution if forcibly returned to Burma. During the past five decades of continuous military rule, ethnic and religious minorities in Burma have suffered from systematic and widespread human rights violations including summary executions, torture, state-sanctioned-rape, forced labor, and the recruitment of child soldiers. These acts of persecution by the military regime have resulted in up to two million ethnic minorities fleeing Burma.

Immediate Actions Required

The plight of the unrecognized and abandoned Rohingya population in Bangladesh is untenable. Immediate steps to alleviate and prevent further malnutrition, disease, and death are critical. A comprehensive regional response to the human rights violations in Burma and the failure to protect all Burmese refugees is an urgent priority for Association of Southeast Asian Nations (ASEAN) and other regional states. It is unconscionable to leave this population stateless and starving.

Physicians for Human Rights strongly urges the Government of Bangladesh to:

- Desist immediately from arbitrarily arresting and forcibly expelling legitimate refugees who have a well-founded fear of persecution.
- Establish a national refugee and asylum administrative framework that guarantees the fundamental rights to safe-haven from persecution and *non-refoulement* and that allows access to life-saving humanitarian assistance.
- Allow international humanitarian agencies full and unobstructed access to provide relief to this vulnerable population that faces critical levels of malnutrition and disease. This assistance should include the immediate distribution of food rations to all unregistered refugees and a blanket supplementary feeding program to prevent a high number of avoidable deaths.
- Condemn immediately and prevent the campaign of ethnic hatred and incitement against Rohingya refugees.

Physicians for Human Rights calls on the Burmese government to:

- Cease immediately its campaign of widespread human rights violations against ethnic minorities, including the Rohingya, which has led to the flight of millions into neighboring countries.

Physicians for Human Rights strongly urges the Office of the United Nations High Commissioner for Refugees to:

- Assert its global mandate to protect and assist the unregistered Rohingya as a population of concern and press the Government of Bangladesh to stop the arrest and forcible *refoulement* of those Rohingya who have a well-founded fear of persecution.
- Press the Government of Bangladesh to allow immediate life-saving humanitarian assistance to this vulnerable population.
- Launch a coordinated appeal to regional and other donor nations for humanitarian relief and protection for this unrecognized and unassisted population in Bangladesh.

Background to Burma Refugee Crisis

Burma's de facto president, Senior General Than Shwe, seized power 20 years ago while promising free and fair elections in 1990. The opposition National League for Democracy (NLD) defeated the military-backed State Law and Order Restoration Council (SLORC) garnering 59% of the vote and 80% of the seats in the People's Assembly. SLORC dismissed the results, and subsequently detained NLD's Prime Minister-elect Aung San Suu Kyi, who is currently under house arrest.[1]

During the past five decades of continuous military rule, ethnic and religious minorities in Burma have suffered from systematic and widespread human rights violations[2] including summary executions, torture, state-sanctioned rape, forced labor, and the recruitment of child soldiers.[3] To fend off risk of a second defeat at the polls in late 2010, the Burmese military regime has stepped-up militarization in several ethnic states across Burma assuring that opposition parties cannot organize prior to upcoming elections.[4]

1. See generally, Charney, Michael W. A History of Modern Burma (Cambridge University Press: 2009), at 168-9.

2. The UN Human Rights Council in 2008 "strongly deplore[d] the ongoing systematic violations of human rights and fundamental freedoms of the people of Myanmar." Situation of human rights in Myanmar, Human Rights Council Res. 7/31, UN Doc. A/HRC/RES/7/31 (28 Mar. 2008). *http://ap.ohchr.org/documents/E/HRC/resolutions/A_HRC_RES_7_31.pdf* (accessed 2 Mar. 2010).

3. The Special Rapporteur on the situation of human rights in Myanmar: Human rights situations that require the Council's attention. Paulo Sérgio Pinheiro, UN Doc. A/HRC/7/18 (7 Mar. 2008). *http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G08/115/16/PDF/G0811516.pdf?OpenElement* (accessed 2 Mar. 2010).

4. See e.g., Centre for Security Analysis. Going To The Polls: Opportunity Or Setback For Myanmar's Ceasefire Groups? (Feb. 2010), at 1. Forthcoming at *http://www.csa-chennai.org/default.html.*

PHR investigator Parveen Parmar, MD, examines a 45-year-old female refugee who fled Burma in 2009 after being raped and beaten by two armed Burmese Tatmadaw military while tending her field. The bony protuberance on the ulnar side of her left wrist is sequela from being bludgeoned with a large cane stick. She and her three children arrived at the unofficial Kutupalong camp last year and now face starvation, having no access to food or humanitarian assistance. (Richard Sollom, PHR)

The Burmese military junta has leveled more than 3,000 villages by systematically destroying or confiscating crops, livestock, agricultural areas, water supplies, and all that sustains these civilian populations.[5] These acts of persecution by the military regime constitute crimes against humanity[6] and have resulted in the displacement of more than 3.5 million Burmese.[7] The country, also known as Myanmar, is the third largest source of refugees in the world[8] and has increased eight-fold over the past ten years.

Mass atrocities triggered the exodus of some 250,000 Rohingya, a Muslim minority from Arakan State in northwestern Burma, who fled to Bangladesh in the early 1990s. The majority of these refugees returned to Burma between 1993 and 1997. More than 22,000 remained in Bangladesh and received official recognition as well as ongoing humanitarian assistance. Some 300,000 other persecuted Rohingya who fled to Bangladesh have not received official recognition. As unrecognized refugees, their fate remains precarious as Bangladeshi authorities have recently begun to target them.

I. Failure to Protect

Bangladesh launched a policy to target systematically some 300,000 refugees[9] who fled persecution in neighboring Burma.[10] Several sources reported to PHR that such action by the Bangladeshi government is an attempt to dissuade a possible influx of more refugees in advance of elections in Burma later this year.

This policy appears to be coordinated among local authorities, police, border security forces, and the Awami (the ruling People's party) political elite. Bangladeshis near the southern coastal town of Cox's Bazar have formed Rohingya "resistance committees" and led protest rallies that advocate for the expulsion of Burmese refugees.[11] Bangladeshi authorities threaten villagers with arrest if they do not turn in their Rohingya neighbors.[12] Local media disseminate anti-Rohingya propaganda in editorials and opinion pieces[13] all of which incite xenophobic antagonism among local inhabitants.

Physicians for Human Rights interviewed 55 refugees and key informants[14] who report that Bangladesh police and security forces have

1. forcibly expelled more than 2,200 refugees back to Burma;
2. rounded up thousands of "self-settled" refugees and isolated them in a makeshift camp; and
3. stepped up arbitrary arrest and detention of hundreds of Rohingya.

Such concerted efforts have forced 30,000 refugees recently to settle at Kutupalong where Bangladesh authorities obstruct humanitarian organizations and deny refugees access to food aid.

Forcible return to Burma

The willful expulsion of Rohingya refugees across the Burmese border by Bangladesh Rifles (BDR) border security forces is in flagrant violation of the government's human rights obligations. Although Bangladesh has not acceded to the UN refugee convention, it is minimally obligated to protect this vulnerable population against *refoulement*. *Non-refoulement,* the principle that governments must not expel refugees to their country of origin when they have a well-founded fear of persecution,[15] applies to the unregistered Rohingya even

5. See e.g., *Threat to the Peace: A Call to the UN Security Council to Act in Burma,* a report commissioned by Václav Havel and Desmond Tutu (20 Sep. 2005), at 34.
6. International Human Rights Clinic at Harvard Law School. Crimes in Burma (May 2009) at 37.
7. Refugees International. Burma Overview. *http://www.refintl.org/where-we-work/asia/burma* (accessed 1 Mar. 2010).
8. Afghanistan is the leading country of origin of refugees with 2.8 million; Iraqis are the second largest group with 1.9 million refugees. UNHCR. 2008 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons (16 Jun. 2009). *http://www.unhcr.org/4a375c426.html* (accessed 2 Mar. 2010). Estimates for the number of Burmese refugees range between one and two million; however, only 274,041 are protected under UNHCR's mandate. Host countries include Thailand, Bangladesh, India, Malaysia, and China. See, 2010 UNHCR country operations profile – Myanmar – Statistical snapshot *http://www.unhcr.org/pages/49e4877d6.html* (accessed 3 Mar. 2010).
9. The term "refugee" apples to any person who "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his [or her] nationality and is unable or, owing to such fear, unwilling to avail him [or her]self of the protection of that country; or who, not having a nationality and being outside the country of his [or her] habitual residence is unable or, owing to such fear, unwilling to return to it." Convention relating to the Status of Refugees, (art. 1) 189 U.N.T.S. 150, entered into force 22 Apr. 1954.
10. The Arakan Project. Unregistered Rohingya refugees in Bangladesh: Crackdown, forced displacement and hunger (11 Feb. 2010). *http://www.kaladanpress.org/v3/images/stories/document/Bangladesh-Crackdown.pdf* (accessed 2 Mar. 2010).
11. For example, the Rohingya Resistance Committee and the Rohingya Repatriation and Residence Committee have formed in Teknaf and Ukhiya, respectively, Bangladeshi border towns where the majority of refugees from Burma have fled. See also, Kaladan Press Network. Local's antipathy towards lack of solution to Rohingya problems (18 Jan. 2010). *http://www.kaladanpress.org/v3/index.php?option=com_content&view=article&id=2370:locals-antipathy-towards-lack-of-solution-to-rohingya-problems&catid=115:january-2010&Itemid=2* (accessed 3 Mar. 2010) as well as, The Independent. Movement for solution to Rohingya problems (15 Jan. 2010). *http://www.theindependent-bd.com/details.php?nid=158054* (accessed 3 Mar. 2010).
12. "Announcement by the loudspeakers that all Rohingya must leave and locals who give them shelter will be arrested," The Arakan Project. Unregistered Rohingya refugees in Bangladesh: Crackdown, forced displacement and hunger (11 Feb. 2010). *http://www.kaladanpress.org/v3/images/stories/document/Bangladesh-Crackdown.pdf* (accessed 2 Mar. 2010).
13. The Daily Dainandin. Absconding Rohingyas are sheltered by locals: civil society suggests to lodge sedition case against their protectors (14 January 2010), translated from Bengali. as cited in The Arakan Project. Unregistered Rohingya refugees in Bangladesh: Crackdown, forced displacement and hunger (11 Feb. 2010). *http://www.kaladanpress.org/v3/images/stories/document/Bangladesh-Crackdown.pdf* (accessed 2 Mar. 2010).
14. Due to security concerns, names and organizational affiliations of those whom PHR interviewed are withheld.
15. "No Contracting State shall expel or return ("refouler") a refugee in any manner whatsoever to the frontiers of territories where his [or her] life or freedom would be threatened on account of his [or her] race, religion,

though Bangladesh has not recognized them as refugees.[16] The Executive Committee of the UN Refugee Agency, for example, reaffirmed "the fundamental importance of the principle of *non-refoulement* … of persons who may be subjected to persecution if returned to their country of origin irrespective of whether or not they have been formally recognized as refugees." In addition, the Government of Bangladesh is state party to numerous international human rights treaties[17] and is obligated not to deport or expel a person from its territory when that person's right to life or right to be free from torture is at risk.[18]

Despite the government's legal obligations, Bangladesh has arbitrarily expelled some 1,200 Muslim refugees back to Burma over the past six months.[19] Physicians for Human Rights received numerous reports of such actions and interviewed several Rohingya refugees whom Bangladeshi security forces have beaten and forcibly expelled. The refugees PHR interviewed returned to Bangladesh out of fear of immediate arrest, torture, or death by the Burmese military junta. Below is one such account:

> *I go to town each day and beg to feed my children. Eight days ago I got a ride to go to the neighboring town, Ukhiya. On the way, the police stopped the truck I was in. They told everyone to get out. The police said the Rohingya had to stay. There were 10 women and 2 old men. The eight Bangladeshis got back in the truck and drove off. Two armed police in uniform and two local men then forced us into their truck and drove us to the Balukali border crossing. When we got there, the police yelled at us to get out of the truck. There were old people who couldn't move fast enough, so they beat them. I was carrying my two-year old son and couldn't move fast either, so the police beat me with a big cane stick. They hit me hard on my arms and legs. My little boy fell to the ground. They kept pushing me and shouted, "Go back to your country! You don't belong in ours!" They shoved us to the edge of the river and pushed us in. It was only waste deep, so we managed to cross. The police watched us until we were inside Burma, and then they left. We were crying. When it got dark, we crossed back. We were too afraid to stay in Burma.*[20]

Enforced isolation and starvation

In early January 2010 Bangladesh authorities began to round up Rohingya, who had integrated among the local population (so-called "self-settled" refugees) over the past two decades in Cox's Bazar District. This coordinated crackdown has resulted in the flight of at least 5,000 Rohingya from their homes.[21] Refugees reported to PHR similar accounts of police who come to their homes, evict them, arbitrarily arrest some, and spread fear among all others.

In hope of finding safety, they flee to the "unregistered" camp in Kutupalong, which has now swelled to nearly 30,000.

nationality, membership of a particular social group or political opinion." Convention relating to the Status of Refugees (art. 33), 189 U.N.T.S. 150, entered into force (22 Apr. 1954).

16. Conclusions of the Executive Committee are reached by consensus among 70 international expert members, which broadly represent the views of the international community. UNHCR Executive Committee Conclusion No. 6 (XXVIII). *http://www.unhcr.org/cgi-bin/texis/vtx/search?page=search&docid=3ae68c43ac&query=UNHCR%20Executive%20Committee%20Conclusion%20No.%206%20%28XXVIII* (accessed 2 Mar. 2010). Similarly, the U.N. General Assembly has called upon States "to respect the fundamental principle of non-*refoulement*, which is not subject to derogation." See, e.g., A/RES/51/75 (12 Feb. 1997), para. 3; A/RES/52/132 (12 Dec. 1997), at preambular para. 12.

17. Convention on the Elimination of All Forms of Discrimination against Women, G.A. res. 34/180, 34 U.N. GAOR Supp. (No. 46) at 193, U.N. Doc. A/34/46, entered into force 3 Sep 1981 [acceded on 6 Nov 1984]; Convention on the Rights of the Child, G.A. res. 44/25, annex, 44 U.N. GAOR Supp. (No. 49) at 167, U.N. Doc. A/44/49 (1989), entered into force 2 Sep 1990 [ratified on 3 Aug 1990]; International Convention on the Elimination of All Forms of Racial Discrimination, G.A. res. 2106 (XX), Annex, 20 U.N. GAOR Supp. (No. 14) at 47, U.N. Doc. A/6014 (1966), 660 U.N.T.S. 195, entered into force 4 Jan. 1969 [acceded 1 Jun 1979]; International Covenant on Economic, Social and Cultural Rights, G.A. res. 2200A (XXI), 21 U.N.GAOR Supp. (No. 16) at 49, U.N. Doc. A/6316 (1966), 993 U.N.T.S. 3, entered into force 3 Jan. 1976 [acceded 5 Oct 1998]; International Covenant on Civil and Political Rights, G.A. res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 52, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171, entered into force 23 Mar. 1976 [acceded 6 Sep 2000]; Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, G.A. res. 39/46, [annex, 39 U.N. GAOR Supp. (No. 51) at 197, U.N. Doc. A/39/51 (1984), entered into force 26 Jun. 1987 [acceded 5 Oct 1998]; International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, G.A. res. 45/158, annex, 45 U.N. GAOR Supp. (No. 49A) at 262, U.N. Doc. A/45/49 (1990), entered into force 1 Jul. 2003 [signed 7 Oct. 1998]. *http://treaties.un.org/doc/Treaties/1976/03/19760323%2006-17%20AM/Related%20Documents/CN.609.2000-Eng.pdf* (accessed 15 Feb. 2010).

18. States parties to the ICCPR "must not expose individuals to the danger of torture or cruel, inhuman or degrading treatment or punishment upon return to another country by way of their extradition, expulsion or *refoulement*." U.N. Human Rights Committee, General Comment No. 20: Article 7 (Prohibition of torture, or other cruel, inhuman or degrading treatment or punishment), U.N. Doc. HRI/ GEN/1/Rev.7, para. 9 (10 Mar. 1992). Similarly, the Committee on the Rights of the Child confirmed that states "shall not return a child to a country where there are substantial grounds for believing that there is a real risk of irreparable harm to the child, such as, but by no means limited to, those contemplated under articles 6 [right to life] and 37 [right to be free from torture or other cruel, inhuman or degrading treatment or punishment]. General Comment No. 6 (2005) on the Treatment of unaccompanied and separated children outside their country of origin, U.N. Doc. CRC/GC/2005/6, para. 27, (1 Sep. 2005).

19. The Arakan Project. Unregistered Rohingya refugees in Bangladesh: Crackdown, forced displacement and hunger (11 Feb. 2010), at note 8. *http://www.kaladanpress.org/v3/images/stories/document/Bangladesh-Crackdown.pdf* (accessed 2 Mar. 2010). Additionally, 35 refugees were pushed back in January 2010. The Independent. 35 Myanmar citizens pushed back (17 Jan. 2010). *http://www.theindependent-bd.com/details.php?nid=158451* (accessed 2 Mar. 2010). See also, Kaladan Press Network. Five Arakanese Rohingyas pushed back, seven jailed (4 Jan. 2010). *http://www.kaladanpress.org/v3/index.php?option=com_content&view=article&id=2343:five-arakanese-rohingyas-pushed-back-seven-jailed&catid=115:january-2010&Itemid=2* (accessed 2 Mar. 2010).

20. PHR interview with 40-year-old female refugee from Arakan State, Burma, at Kutupalong unofficial camp (13 Feb. 2010).

21. The Arakan Project. Unregistered Rohingya refugees in Bangladesh: Crackdown, forced displacement and hunger (11 Feb. 2010), at 1. *http://refugeerightsasiapacific.org/wp-content/tmp/Arakan-Project-Bangladesh-Rohingya-11Feb10.pdf* (accessed 11 Feb. 2010).

What they find there, however, are inhuman conditions that presage a public health disaster. Walking through the camp, PHR investigators saw piles of waste and stagnant raw sewage next to families' makeshift shelters of twigs and ripped plastic.

Further, the Bangladeshi government continues to obstruct international organizations from providing humanitarian relief to this population. Some 30,000 refugees, the great majority of whom are women and children, are at critical risk of starvation as the Government of Bangladesh strictly forbids any delivery of food aid to them. All refugees whom PHR interviewed reported fear of arrest should they step outside the camp perimeter to search for food, firewood, or day labor. Arbitrary arrest and detention has acutely restricted all movement out of this camp effectively quarantining tens of thousands of refugees in what one experienced humanitarian called "an open-air prison."

The absence of an international treaty regime that enumerates state obligations regarding humanitarian access allows Bangladesh to hide behind state sovereignty while ignoring the plight of this quarantined population. The Government of Bangladesh, however, has a moral responsibility to permit humanitarian agencies to provide them life-saving assistance.

Arbitrary arrest

My husband is a rickshaw driver in Cox's Bazar, but he has not been home in 25 days. At first, I did not know where he was. The next day, the newspaper said he was arrested while walking to work with 36 other Rohingya men, in Ukhiya town. Many local people saw the Bangladeshi police round up our men and arrest them. He did not commit a crime. They say if we pay 10,000 taka [$150] per person, our husbands will be released. I am scared. I have not eaten in two days. My eight- and 2-year-old daughters are out begging for food. If they don't release my husband, how will my children eat?[22]

Bangladeshi police in Cox's Bazaar and Bandarban districts have recently stepped up arbitrary arrest and detention of Rohingya refugees presumably under the 1939 Registration of Foreigners Act.[23] While ongoing arrests in Bandarban district began in July 2009, arrests of Rohingya refugees in Cox's Bazar district began more recently in January 2010 according to local sources. Testimonies of refugee families whom PHR interviewed reveal a disturbing pattern of abuse by Bangladeshi officials. Law enforcement authorities have:

- Threatened local inhabitants with arrest for harboring "illegal migrants;"
- Conducted house-to-house raids looking for Rohingya refugees;
- Arrested refugees informally employed as rickshaw operators, fishermen, or manual laborers; and
- Mounted police road blocks outside Kutupalong camp to check ID cards and apprehend any refugee found outside.

Refugees report beatings, racial epithets, humiliation, and extortion once detained. With no resources, families are compelled to borrow money (often from registered UNHCR refugees who charge interest) to pay bail or explicit bribes to Bangladeshi authorities to have their detained family members released.

I found work fishing outside Kutupalong camp. I made 600 Taka a week [$1.25 / day]. One day last month I left early in the morning to go to work. On the main road, a group of policemen stopped me and other Rohingya. They said we were not allowed to be outside the camp and arrested us. They took us to the police station in Ukhiya and held us for 24 hours. They took turns beating me with a cane stick. My arms and legs turned dark. The police chief at Ukhiya asked, "Why are you here in Bangladesh?" I said the Burmese government persecuted me because I am Muslim. I can't go back. The police chief said he was not responsible, and the next day he sent me to the court magistrate in Cox's Bazar. The judge asked me why I was in Bangladesh. I said I am Rohingya, and my government wants me dead. I stayed in jail for 17 days until my wife borrowed 7000 Taka for bail. I am afraid what will happen when I have to go back to court next month. If they arrest me again, how will I take care of my wife? How will I feed my children? Maybe it would be better if they took us out to sea and killed us.[24]

According to humanitarian staff whom PHR interviewed, Bangladeshi authorities have stated privately to them that arrests of Rohingya in the region will increase over the coming months.[25] As of this writing, arrests of Burmese refugees continue.[26] These arrests have effectively isolated the 30,000 refugees without means to a livelihood, without a safe place to live, without access to humanitarian assistance, and without food aid.

II. Only One in Ten Receive Humanitarian Assistance

Growing numbers of Rohingya refugees continue to flee state-sanctioned religious and ethnic persecution in western Burma. The Rohingya are a Muslim minority, and some 300,000 currently seek refuge in neighboring Bangladesh. Approximately 70,000 Rohingya live in both official and un-

22. PHR interview with 45-year-old female refugee from Arakan State, Burma, at Kutupalong unofficial camp (13 Feb. 2010).
23. Government of Bangladesh, Ministry of Law, Justice and Parliamentary Affairs. The Registration of Foreigners Act, 1939, Act No. XVI (8 Apr. 1939). *http://bdlaws.gov.bd/pdf/182___.pdf* (accessed 2 Mar. 2010).
24. PHR interview with 30-year-old male refugee from Arakan State, Burma, at Kutupalong unofficial camp (13 Feb. 2010).
25. Personal communication, NGO staff, after staff spoke with Bangladeshi authorities regarding arrests of Rohinga in Cox's Bazar (11 Feb. 2010).
26. Kaladan Press Network. Kaladan News (3 Mar. 2010) email. See also, *http://www.kaladanpress.org/*.

official refugee camps between the border town of Teknaf and Cox's Bazar in southeastern Bangladesh. Despite having fled the same repressive military regime in Burma and sharing a well-founded fear of persecution if returned, only one out of ten receives humanitarian assistance and protection.[27]

Unequal status: camps for official versus unofficial refugees

The Government of Bangladesh and the UN refugee agency jointly administer two "official" camps with a combined population of just 28,000 registered refugees.[28] The remaining 41,000 are not protected by UNHCR because they arrived after 1993 when the Bangladesh government ceased conferring refugee status to any Rohingya fleeing Burma.[29] This vulnerable population has settled in two "unofficial" camps, one of which (Kutupalong) surrounds the official camp with the same name. The PHR team gained access to each of these four settlements in October 2009 and February 2010. The remaining Rohingya, estimated at more than 200,000, live throughout the region among the local population who share religious and linguistic affinities.

OFFICIAL CAMPS (Registered Refugees)	UNOFFICIAL CAMPS (Unregistered Refugees)
Kutupalong (~17,000)	Kutupalong (~28,400)
Nayapara (~11,000)	Leda (~12,500)

Official refugee camps

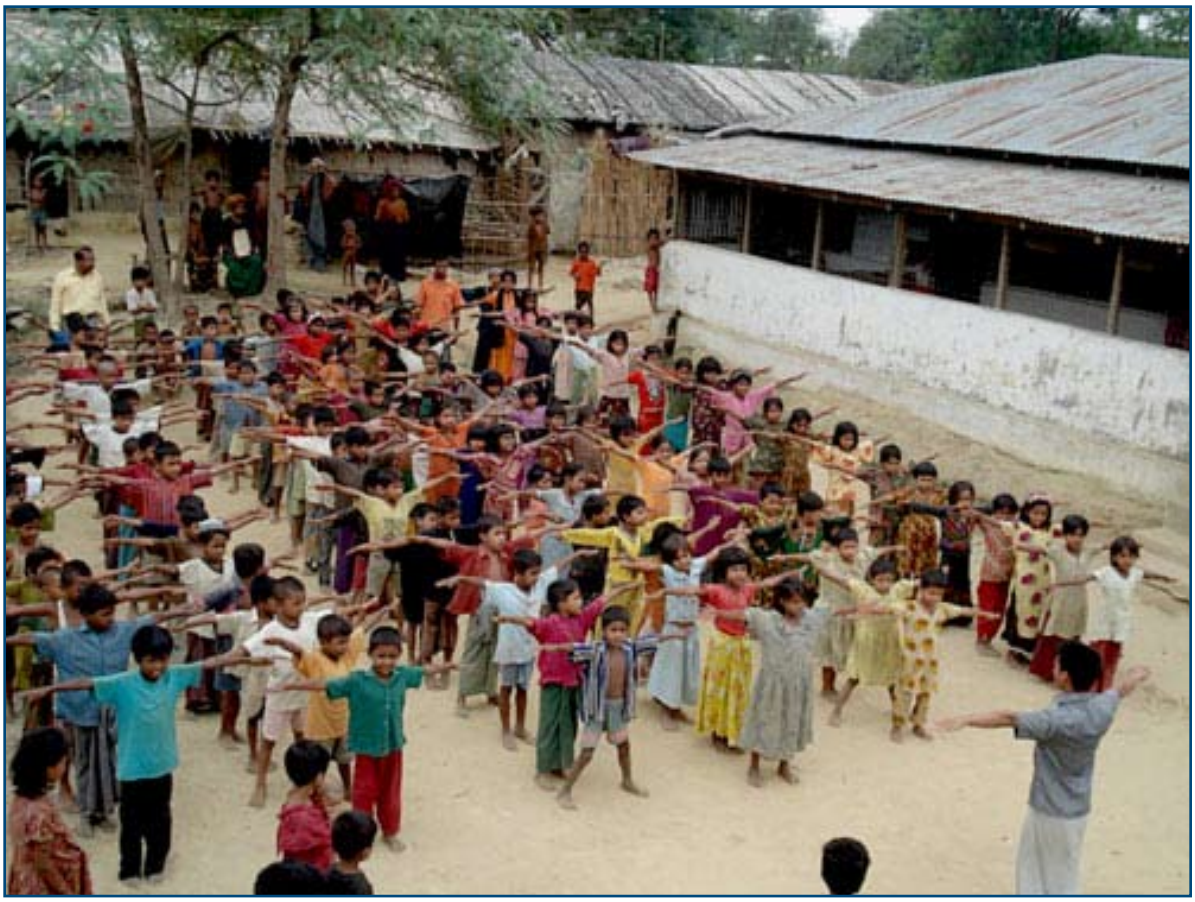
The Government of Bangladesh has allowed UNHCR access to a limited population of refugees since May 1993. Between 1993 and 2006, the Government blocked improvements to camp facilities to avoid giving these official camps a sense of permanence, though shelters had become overcrowded, and latrines and water points had fallen into disrepair. These conditions, combined with a limited and low-quality water supply, led to a Typhoid outbreak in December 2001.[30] Today, conditions still remain well below international standards.

27. Only 28,000 of the estimated 300,000 total Burmese refugees receive assistance and protection.

28. UNHCR recognizes 28,389 refugees. 2010 Regional Operations Profile – South-East Asia, Statistical Snapshot. *http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e487546* (accessed 3 Mar. 2010).

29. The Bangladeshi government implicitly recognized the persecution of the Rohingya by conferring refugee status to them prior to 1993. That persecution of Rohingya continues in Arakan State by the military junta is evidence of the Bangladeshi government's inconsistent policies.

30. MSF. 10 Years for the Rohingya Refugees in Bangladesh: Past, Present and Future (March 2002). *http://www.doctorswithoutborders.org/publications/reports/2002/rohingya_report.pdf* (accessed 2 Mar. 2010).



Registered Rohingya refugees at the official camp at Nayapara, Bangladesh receive education, humanitarian assistance, food aid, clean water, adequate sanitation, and shelter. They also enjoy protection from UNHCR, the United Nations refugee agency. (Ruben Flamarique, Austcare)

30,000 unregistered and unassisted Burmese refugees are effectively quarantined at Kutupalong makeshift camp in inhumane conditions without food. (Richard Sollom, PHR)

Nayapara and Kutupalong camps collectively host 28,389 Rohingya refugees.[31] A number of other UN agencies and intergovernmental organizations operate projects inside the two official camps[32] where registered refugees have access to services common to most long-standing refugee settlements. Though registered refugees do not have the right to work, UNHCR has provided some livelihood training activities.[33] UNICEF provides primary school education as well as adult and adolescent literacy programs. A computer center in Nayapara camp allows residents to learn basic computer applications. The UN World Food Program provides food aid, and UNCHR recently began distributing a micronutrient supplement to children, pregnant women, and adolescent girls who are officially recognized as refugees.[34] Handicap International ensures access of disabled Rohingya to facilities throughout the camp. In addition, UNHCR and the European Union recently pledged to improve the living conditions at the two official camps.[35]

Unofficial refugee camp - Kutupalong

In addition to the two official camps, Rohingya refugees are congregated in two other locations in southeastern Bangladesh. The largest settlement where unregistered Rohingya have assembled surrounds the official camp at Kutupalong; a fence

31. UNHCR. 2010 Regional Operations Profile – Bangladesh.*http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e487546* (accessed 18 Feb. 2010).
32. The UN Food and Agriculture Organization (FAO), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the World Health Organization (WHO), the United Nations Development Programme (UNDP), the United Nations High Commissioner for Refugees (UNHCR), and the World Food Program (WFP) all have operational programs inside the two official camps.
33. UNHCR. Global Report 2008. *http://www.unhcr.org/4a2d05252.pdf* (accessed 18 Feb. 2010).
34. Despite WFP food rations to registered refugee families, UNHCR has reported malnutrition among this population it serves. The rate of malnutrition, according to a 2007 UNHCR report, was at least in part due to the refusal of the Bangladeshi government to register children born to refugee families and include them in the "family book," the document that entitles refugees to food rations. Thus, limited resources are stretched to feed unregistered members of the family, most often children. UNHCR. Bangladesh: Analysis of Gaps in the Protection of Rohingya Refugees (May 2007). *http://www.unhcr.org/46fa1af32.pdf* (accessed 2 Mar. 2010).
35. Kaladan Press Network. EU, UNHCR ink deal to improve living conditions of Rohingya refugees (9 Dec. 2009). *http://www.kaladanpress.org/v3/index.php?option=com_content&view=article&id=2296:eu-unhcr-ink-deal-to-improve-living-conditions-of-rohingya-refugees&catid=114:december-2009&Itemid=2* (accessed 2 Mar. 2010).

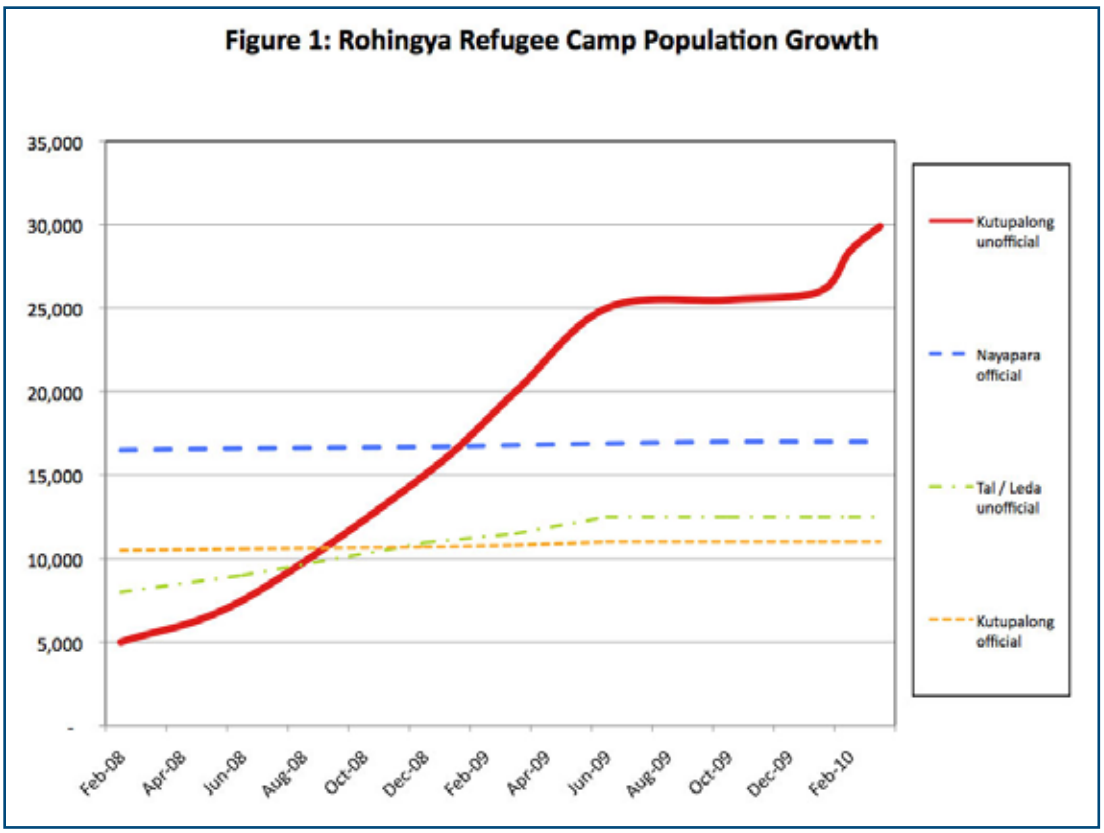


Figure 1 shows the refugee population growth for each of the four camps where Rohingya have settled in Cox's Bazar District, Bangladesh. Sources: UNHCR, MSF-H, and the Arakan Project.

delineates the boundary. This makeshift camp sprung up in 2008 and now comprises nearly 30,000 unregistered Rohingya refugees living in squalor. Since October 2009 when the PHR first visited the camp, 6,000 more Rohingya have flocked to Kutupalong as a result of the ongoing crackdown by Bangladeshi authorities.[36]

The French NGO Action Contre la Faim (ACF) provides some therapeutic feeding for severely malnourished children and limited water and sanitation facilities, but is struggling to keep up with the thousands who have recently fled to the unofficial camp. The Dutch affiliate of the NGO Médecins Sans Frontières (MSF-H) provides basic medical care outside the camp where it also assists the local population. Despite these organizations' life-saving assistance and strong efforts, the sheer numbers of affected people in this rapidly growing camp are overwhelming available resources. Significantly, refugee households at the unofficial camp receive neither protection under UNHCR's mandate, nor food rations. Thus, after acutely malnourished children are treated and discharged, they rapidly deteriorate again without food at home.

It is important to note that these unregistered refugees have been able to eke out a living until now by finding day labor outside the camp. The recent crackdown and expulsions by Bangladeshi authorities described above, however, has severely restricted refugee movement as they fear arrest. Because refugees fear leaving the camp, they are no longer able to find work to buy food. This confinement, coupled with the Bangladeshi government's refusal to allow unregistered refugees access to food aid, presents an untenable situation: refugees are beginning to die from starvation.

Unofficial refugee camp - Leda

Located several kilometers from the official camp at Nayapara, the Leda site has nearly 13,000 refugees. For three years these Rohingya sought refuge in squalid conditions along the marshy banks of the Naf River, which separates Burma and Bangladesh. This first settlement was called Tal (meaning mass gathering in Bengali), and international NGOs active in the region advocated strongly for their resettlement. In 2008 the Bangladeshi government authorized UNHCR to

36. MSF. Bangladesh: Violent Crackdown Fuels Humanitarian Crisis for Unrecognized Rohingya Refugees (18 Feb. 2010). *http://www.doctorswithoutborders.org/publications/article.cfm?id=4270&cat=special-report* (accessed 19 Feb. 2010).

resettle these 8,000 Rohingya to government land at the new Leda site, thus tacitly acknowledging their status as refugees.

Several international NGOs provide humanitarian services at the Leda site.[37] They operate in a precarious environment, however, without official sanction from the Bangladeshi government. Action Contre la Faim runs a therapeutic feeding center for malnourished refugees and a psychological counseling center. Muslim Aid runs a small, livelihood assistance project and coordinates a savings program for the Rohingya.[38] They are also responsible for camp security, coordinating with local police and government authorities. Significantly absent from these services is direct food aid.

UK-based organization Islamic Relief built and managed Leda camp, providing water, sanitation facilities, shelter and basic healthcare until 28 February 2010 when it ceased its humanitarian operations.[39] According to the organization's country director, Islamic Relief had no other choice but to pull out of Leda as the Bangladeshi government refused to approve their humanitarian activities that benefited these refugees.[40] The presence of international organizations and camp management by Islamic Relief has until now effectively limited new migration of Rohingya into Leda. There is grave concern among humanitarian workers, however, that the departure of Islamic Relief will lead to an influx of new arrivals, insecurity, deterioration of water, sanitation, and health – all of which is now occurring at Kutupalong.

Obstruction of humanitarian assistance

Physicians for Human Rights received reports of Bangladeshi authorities actively obstructing the little amount of international humanitarian relief that reaches this vulnerable population. In one recent incident, PHR interviewed two corroborating eyewitnesses who saw a Bangladeshi Member of Parliament round up four national staff of an international humanitarian organization, tie them to a tree, and beat them for providing aid to the Rohingya refugees. The NGO suspended operations for one month, but apparently did not publicize this incident for fear of recrimination or possible expulsion from the country. Despite repeated reports to the local superintendent of police and other district authorities, Bangladeshi authorities have done nothing to address this breach, and the Member of Parliament enjoys complete impunity. In a separate incident, Bangladeshi authorities beat national Leda camp staff two weeks later.

Though Leda camp appears to have sufficient water supply, this supply is highly vulnerable. Several sources told Physicians for Human Rights that a Bangladeshi official blocked Leda camp's water supply on government land earlier this year, and reinstated it only after the pay off of 1000 Euros.[41]

ACF also administers a food-for-work program in Teknaf in conjunction with WFP. This program is meant to target the local community as well as Rohingya refugees; however, as the committee, comprising only local Bangladeshis, manages selection of recipients, Rohingya refugees have not been a part of this program, despite ACF's efforts.

This environment of regular harassment by Bangladeshi authorities severely impairs the ability of international NGOs to provide assistance to unregistered refugees. Several NGO staff suggest that this harassment may lead to the departure of other NGOs from the region. All organizations providing limited aid to unregistered refugees operate without permission of the Bangladeshi government and are at risk of expulsion.

III. PHR Emergency Health Assessment

Physicians for Human Rights conducted an emergency health assessment of 100 refugee households[42] in the unofficial refugee camp at Kutupalong,[43] Bangladesh, from 11-13

37. In 2009 in partnership with ECHO, ACF- France contributed 105,402 USA for mental health and psychosocial intervention for supporting resilience of the Rohingya refugees in Leda; Muslim Aid contributed 383,632 USD for livelihood support for unregistered Rohingya refugees; and Islamic Relief contributed 816,864 towards WAT/SAN humanitarian assistance for Rohingya refugees in Leda. OCHA. Bangladesh 2009: Table A: List of all commitments/contributions and pledges as of 03 March 2010. *http://ocha.unog.ch/fts/reports/daily/ocha_R10_E15658_asof___1003031150.pdf* (accessed 3 Mar. 2010).
38. Muslim Aid runs a training center in Leda, for example on small business development, and issues grants to the Rohingya to set up private businesses. Muslim Aid. Annual Review 2008. *http://www.muslimaid.org/images/stories/pdfs/annual_review_2008.pdf* (accessed 3 Mar. 2010).
39. Islamic Relief. Bangladesh/People and Projects. *http://www.islamic-relief.com/wherewework/stories/stories.aspx?CountryID=BD* (accessed 15 Feb. 2010).
40. IRIN News. Bangladesh: Islamic Relief to withdraw from makeshift refugee camp (25 Feb 2010). *http://www.IRINnews.org/Report.aspx?Reportid=88232* (accessed 25 Feb 2010). See also, Physicians for Human Rights. Burmese Refugees Face Deeper Crisis Following Aid Group's Exit from Bangladesh Camp (25 Feb. 2010). *http://physiciansforhumanrights.org/library/news-2010-02-25.html* (accessed 3 Mar. 2010).
41. Kaladan Press Network. Water crisis in Leda refugee camp (27 Jan. 2010). *http://www.kaladanpress.org/v3/index.php?option=com_content&view=article&id=2395:water-crisis-in-leda-refugee-camp&catid=115:january-2010&Itemid=2 (*accessed 2 Mar. 2010).
42. For the purposes of this study, household is defied as a group of refugees who live in one dwelling and who share meals together.
43. The refugee settlement at Kutupalong, one hour southeast of Cox's Bazar, Bangladesh, comprises both an "official" refugee camp, which UNHCR services, and an "unofficial" settlement of some 30,000 refugees that surrounds the UNHCR camp. The PHR assessment took place in the unofficial camp. Burmese Muslim minority refugees (the Rohingya people) have flocked to the areas surrounding the official camp, fleeing persecution by Bangladeshi authorities in surrounding villages over the past year. This unofficial camp has swelled from 4000 in December 2008 to 28,400 in January 2010. ACF and MSF provide some water/sanitation and medical care, including a therapeutic feeding center—but their efforts are being overwhelmed by the rapid and overwhelming growth of this camp. No food aid is given to residents of the unofficial camp, despite appalling rates of malnutrition and disease.

February 2010. For this purposive sample[44], the team[45] selected two sections of the camp where many of the newest arrivals of Burmese refugees had settled and conducted surveys visiting each neighboring household in those two distinct areas of the site. Approximately 40% of household members fled to the camp from surrounding Bangladeshi villages within six weeks of the assessment, while the other 60% arrived within the past year.

After receiving informed verbal consent from the female head of household, the team measured mid-upper arm circumference (MUAC)[46] of all children age 6–59 months present in each household, recorded the age and sex of each child, and asked the respondent whether each child had had diarrhea[47] within the past 30 days. The team also asked the respondent whether her household had borrowed money or food within the past 30 days.

Hunger and starvation

Burmese refugees at the unofficial camps in Bangladesh are critically food insecure and are beginning to die from starvation. Physicians for Human Rights bases this assessment on having surveyed 100 refugee households, visually inspected these families' makeshift homes, witnessed the extent of their meager possessions, conducted in-depth interviews with 25 other refugees, and had unhindered access on foot throughout both unofficial camps (Leda and Kutupalong).

> *I ate yesterday a small bit of wild roots I dug up. I have nothing to sell, no animals. This is all I have.* [Crying, pointing to an empty aluminum pot.][48]

44. Young and Jaspars note that "[p]urposive sampling refers to the selection of specific survey sites or populations based on where the researchers think it is appropriate to sample. Purposive sampling using smaller sample sizes may be appropriate in this case to represent specific livelihood groups… Thus, purposive sampling should not be confused with convenience sampling." Young H. and Jaspars S. *The meaning and measurement of acute malnutrition in emergencies: A primer for decision-makers.* Commissioned and published by the Humanitarian Practice Network at the Overseas Development Institute (2006), at 15-6.
45. Two teams of two (one PHR investigator and one local translator with prior experience working with this population) conducted the assessment.
46. MUAC is the circumference of the arm at the midpoint between the elbow and shoulder. As the circumference in children remains relatively stable between age 6 months and 5 years, MUAC can be used to screen for malnutrition in this population using single anthropometric cutoff points for a wide age range.
47. For the purposes of this study, diarrhea was defined as watery stools occurring on three or more occasions during one 24-hour period.
48. PHR interview with 40-year-old female refugee from Arakan State, Burma at Kutupalong unofficial camp (13 Feb. 2010).

A young refugee boy at the unregistered Kutupalong camp, whose family has no food and is forced to borrow money at exorbitant interest rates. PHR's emergency assessment at the camp in February 2010 revealed that 91% of families had to borrow money and 82% had to borrow food over the last month in order to survive. The Bangladesh government strictly forbids international humanitarian groups from delivering food aid to this vulnerable and starving population. (Richard Sollom, PHR)

A young unregistered refugee girl at Kutupalong camp uses a machete for splitting firewood to sell – her family's only income. (Richard Sollom, PHR)

My 10-year-old son died four months ago from starvation, and now my daughters cry every night for food. I leave home twice a day to beg for food and money, and the rice in this pot is all we have.[49]

Borrowing food and money to survive

PHR received numerous testimonies from families who had not eaten in two or more days. As a coping mechanism, many of these refugees are forced to borrow food or money to feed their family. Indeed, results from the PHR survey show that 82% of households borrowed food within the past 30 days, and 91% of households borrowed money within the past 30 days. Qualitative interviews in the camp reveal that families are forced to take out small loans – often from registered refugees in the nearby UNHCR-administered camps – with exorbitant interest rates.

I don't know how I will pay back the money I borrowed from refugees in the official camp. They're charging interest, too.[50]

My neighbor gave me a 500 Taka loan, from a loan she got from a registered refugee. The interest is 30% every five days. The loan was only for a month, and the time has already passed. But we have no money, and we owe more and more every day.[51]

Resources available in the area to both registered and unregistered refugees are limited. A number of refugees stated they had not borrowed money or food in the last 30 days because there were no longer enough people who had anything to lend. As these coping strategies fail, rates of acute malnutrition and disease will increase dramatically.

Impact of recent crackdown on access to food

Tens of thousands of unregistered Burmese refugees in Bangladesh have no access to food aid. One Muslim woman told PHR:

I beg for food now on the streets. That is our only income. There is no food aid for us here. There never has been.[52]

The Rohingya refugees have no means of supporting themselves as Bangladeshi authorities strictly forbid unregistered refugees from obtaining any form of paid labor.[53] And as a result of the recent crackdown, refugees are now essentially

49. PHR interview with 50-year-old female refugee from Arakan State, Burma at Kutupalong unofficial camp (13 Feb. 2010).
50. PHR interview with 40-year-old female refugee from Arakan State, Burma at Kutupalong unofficial camp (13 Feb. 2010).
51. PHR interview with 50-year-old female refugee from Arakan State, Burma at Kutupalong unofficial camp (13 Feb. 2010).
52. PHR interview with 40-year-old female refugee from Arakan State, Burma at Kutupalong unofficial camp (13 Feb. 2010).
53. Kaladan Press. Rohingyas banned from employment in Bangladesh (10 Nov. 2009). *http://www.kaladanpress.org/v3/index.php?option=com_content&view=article&id=2262:rohingyas-banned-from-employment-in-bangladesh-&catid=111:november-2009&Itemid=2* (accessed 2 Mar. 2010). See also, IRIN. Bangladesh: Rohingya humanitarian crisis looms (18 Feb. 2010). *http://www.irinnews.org/Report.aspx?ReportId=88145* (accessed 2 Mar. 2010).

quarantined in a camp for fear of arrest should they step foot outside. Another Rohingya refugee confided to PHR:

> *Here, we are treated like dogs. We are captives. If we leave, we are caught and the police take us away.*[54]

Many families have lost their primary wage earner as a result of such arbitrary arrests, and are at risk of starvation.

> *I have not had anything to cook for three days because the police took my husband away 16 days ago. Without him, we have no money for food. I had to send my daughter to collect firewood in the forest to sell, but I worry about her safety.*[55]

Malnutrition[56]

54. PHR interview with a 30-year-old male refugee from Arakan State, Burma at Kutupalong unofficial camp (11 Feb. 2010).
55. PHR interview with a 35-year-old female refugee from Arakan State, Burma at Kutupalong unofficial camp (11 Feb. 2010).
56. Malnutrition is a generic term that includes under-nutrition, over-nutrition, and micronutrient deficiency diseases . For the purposes of this paper, it will be used to refer to under-nutrition and micronutrient deficiency.

A 50-year-old refugee mother sitting beside a pot of rice that she got from begging – all the food her family of four will have for the entire day. Her husband was arrested by Bangladeshi police for stepping outside the makeshift camp at Kutupalong. She had not seen him in 15 days. (Physicians for Human Rights)

Results from the PHR emergency assessment reveal that 18.2% of children examined (n=143) suffer from acute malnutrition.[57] For this "critical" level, the World Health Organization calls for immediate distribution of food rations to the entire refugee population and a blanket supplementary feeding program to prevent a high number of avoidable deaths.[58] One out of five children with acute malnutrition, if not treated, will die.[59] One severely wasted child whom the PHR team examined likely suffered from marasmus, a severe form of acute malnutrition.

The PHR team encountered many children who met the clinical definition of kwashiorkor or severe protein malnutrition; however, due to security concerns and time constraints, diagnostic criteria such as edema were not systematically measured in all children.

During its assessment, the PHR team also encountered clinical signs of micronutrient deficiency. Several children were seen to have xeropthlamia[60] and Bitot spots (white spots on the cornea), which are signs of severe vitamin A deficiency.[61] Clinical signs of vitamin A deficiency suggest that the population as a whole suffers from widespread micronutrient deficiency without clinical symptoms, and that population-wide supplementation is needed.[62]

The great majority of children examined by the PHR team were both visibly stunted and underweight, both signs of chronic malnutrition.

Global Acute Malnutrition[63]

57. Acute malnutrition is defined by MUAC < 12.5 cm.
58. Blanket supplementary feeding provides 1-4 additional nutrient rich meals to all children under age 5 and pregnant and lactating mothers (6 months after delivery). For guidelines see, World Health Organization. The Management of Nutrition in Major Emergencies (2000). *http://whqlibdoc.who.int/publications/2000/9241545208.pdf* (accessed 16 Feb. 2010).
59. MSF. What is malnutrition? *http://www.doctorswithoutborders.org/news/malnutrition/background.cfm* (accessed 2 Mar. 2010).
60. Xeropthlamia is caused by inadequate tear production and leads to scarring or whitening of the cornea and eventually blindness.
61. The earliest sign of vitamin A deficiency is night blindness (parents often note their children bump into things in dimly lit rooms), which is the leading cause of preventable blindness among children worldwide. Vitamin A deficiency also causes higher mortality rates from common childhood illnesses, including malaria, diarrhea, pneumonia and measles. Underwood BA, and P Arthur. The contribution of vitamin A to public health. FASEB J. (Jul. 1996); 10(9):1040-8. *http://www.ncbi.nlm.nih.gov/pubmed/8801165?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=8* (accessed 2 Mar. 2010).
62. Supplementation is typically given to all women of reproductive age and children. Vitamin A supplementation has been shown to reduce mortality from infectious disease by as much as 50%. Sommer A. Vitamin A, infectious disease, and childhood mortality: a solution? J Infect Dis. (May 1993); 167(5):1003-7. *http://www.ncbi.nlm.nih.gov/pubmed/8486934?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=17* (accessed 2 Mar. 2010).
63. Acute malnutrition occurs as a result of rapid weight loss within a short period of time. It is caused by both deficiencies of macronutrients (fat, carbohydrates, and proteins) and deficiencies of micronutrients (vitamins and minerals).

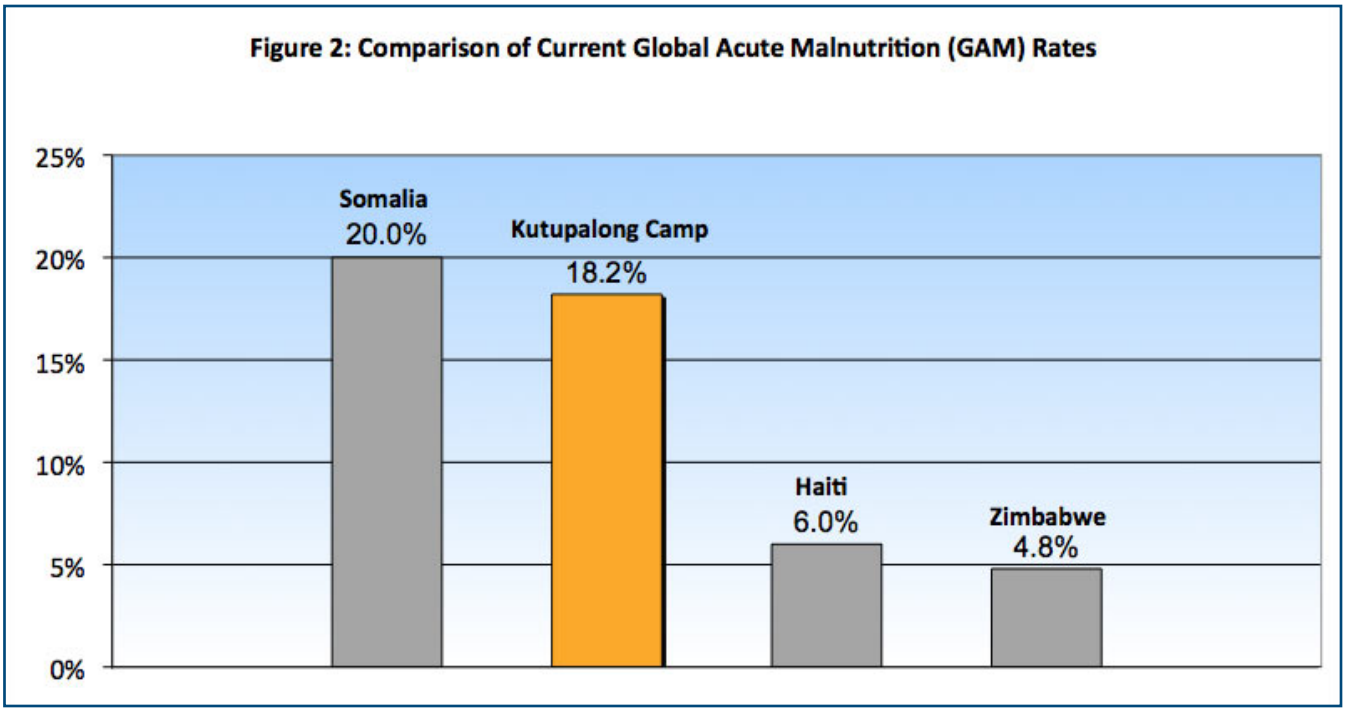


Figure 2 compares the global acute malnutrition rate in the unofficial refugee camp at Kutupalong, Bangladesh, with current GAM rates in select countries. Sources: WFP, OCHA.

The percentage of children in a population who are acutely malnourished is referred to as the Global Acute Malnutrition[64] (GAM) rate. In a healthy population, less than 5% of children meet the criteria for malnutrition. A GAM between 5-9.9% suggests poor nutritional status of the population, and a GAM greater than 10% is considered serious.

A GAM greater than 15% is critical and is associated with massive and widespread malnutrition and micronutrient deficiencies in the entire population. For any level exceeding 15% – as in Kutupalong – the World Health Organization recommends not only that adequate food aid be delivered to the entire population, but also that all pregnant and lactating women, and children under the age of five, receive nutrient-rich, high-calorie supplementary feeding to avoid high numbers of preventable deaths.[65]

In emergency settings, acute malnutrition is traditionally measured among children age 6–59 months. High rates of malnutrition in this age group correspond with high rates of malnutrition in the population as a whole. Illustrative of this fact, the PHR team heard numerous testimonies from female heads of household that parents preferentially fed their children before feeding themselves.

I live in Kutupalong camp with my wife and 10-month-old child. Since I became sick four months ago, my family has no money to buy food. I have not eaten in two days. I beg at the local mosque, and sometimes get 100 Taka, but it is not enough. Now I am dying. No one brings food to this camp. What will my wife and child do when I die?[66]

Protein Energy Malnutrition

Physicians for Human Rights encountered a number of children who suffer from Protein Energy Malnutrition (PEM) – the severest form of acute malnutrition. There are two main types of PEM: marasmus and kwashiorkor.[67] Marasmus is caused by prolonged starvation or marginal food intake in combination with recurrent or chronic infections. It is associated with severe wasting of fat and protein. PHR investigators noticed children in Kutupalong who were markedly thin with protruding ribs, loose skin on their buttocks, and wizened faces – all signs of marasmus.

The PHR team also came across many children who appeared to have kwashiorkor – children with swollen limbs and often distended abdomens. Kwashiorkor results when acutely malnourished children have metabolized their body's protein stores. Their blood becomes critically low in levels of blood

64. The term "Global Acute Malnutrition" refers to the percentage of children with acute malnutrition in the population being discussed, not among the global population. Children with measurements that are two standard deviations or more below the median of weight for height (WFH) or mid-Upper Arm Circumference are considered acutely malnourished. Median values for WFH and MUAC are the values where roughly one-half of healthy, properly nourished children (reference population) fall above and below this value.

65. World Health Organization. The Management of Nutrition in Major Emergencies (2000). *http://whqlibdoc.who.int/publications/2000/9241545208.pdf* (accessed 16 Feb. 2010).

66. PHR interview with a 25-year-old male refugee from Arakan State, Burma in Kutupalong unofficial camp (13 Feb. 2010).

67. A third type of PEM, marasmic kwashiorkor, occurs when severely malnourished children exhibit characteristics of both diseases.

protein (albumin), and due to low oncotic pressure[68] in the blood, water leaks out of the blood vessels and capillaries, and causes edema (swelling) of the lower limbs, hands, and face.

Because children appear swollen and may paradoxically have a decreased appetite, parents may underestimate the degree of acute malnutrition and not seek medical help. Children with marasmus and kwashiorkor must be fed in an inpatient, therapeutic feeding center, often with nasogastric tubes[69] until they are strong enough to eat on their own.

Chronic malnutrition

Several humanitarian health workers in the camps informed the PHR team that chronic malnutrition is also a growing problem at Kutupalong. Chronic malnutrition results from a persistently inadequate diet over a long period of time. Children who suffer from chronic malnutrition are stunted (low height for biological age) and/or underweight (low weight for height). The vast majority of children examined by the PHR team were both visibly stunted and underweight. Chronic malnutrition is associated with increased susceptibility to and death from infectious disease, as well as micronutrient deficiencies. These deficiencies also lead to poor neurological development.

Anemia (low levels of red blood cells) is a sign of chronic malnutrition. Anemia is associated with advanced iron deficiency, which causes impaired psychomotor development and coordination, decreased activity, inattentiveness, and decreased ability to learn in children, well before anemia is clinically apparent. An assessment conducted by UNCHR in 2008 showed that 45% of children in Kutupalong camp suffer from anemia.[70]

PHR interviewed one mother in her makeshift hut at Kutupalong who shared the wrenching story of how her young daughter died from chronic malnutrition:

68. Oncotic pressure is the pressure exerted by particles in fluid. When the fluid inside blood vessels (veins and capillaries) has lower levels of protein than the fluid outside, water seeps from low protein areas to high protein areas to equalize the protein/water ratio, or oncotic pressure, on both sides of the blood vessel wall. The pathology of kwashiorkor is incompletely understood.

69. A plastic feeding tube placed into nose that reaches the stomach.

70. UNHCR. Global Report 2008, Bangladesh. *http://www.unhcr.org/4a2d05252.pdf* (accessed 15 Feb. 2010). Study was conducted in Kutupalong registered refugee camps, where residents receive regular food rations. The rate is very likely much higher among unregistered refugees who have fled to the surrounding unofficial camp.

PHR investigator Parveen Parmar, MD examines a 25-year-old refugee at Kutupalong unofficial camp. He suffers from chronic malnutrition and had not eaten any food for two days: "Now I am dying. No one brings food to this camp. What will my wife and child do when I die?" (Physicians for Human Rights)

Human excrement and open sewers pervade the unofficial camp at Kutupalong, Bangladesh. (Richard Sollom, PHR)

> *My 15-year-old daughter died 28 days ago. She starved to death. I first took her to the nearby clinic, but they could not treat her because she was so weak and needed blood. The local clinic told me to take her to the hospital in Cox's Bazar. I borrowed 2200 Taka and took my daughter to the hospital where I bought two bags of blood for 1000 Taka. The doctor there told me that my daughter needed four bags of blood, but I couldn't find the other two. So he told me I should just take her home because there wasn't enough blood for her. I did, and she died the next day here at home.*[71]

Chronic malnutrition is not only a threat to these children's ability to battle disease in an acute crisis; it causes long-term impairment that limits their ability to recover fully once the acute crisis has passed.

Disease and malnutrition

Disease and malnutrition are closely linked. Poor food intake leads to deficiencies that make the body more susceptible to infectious diseases, such as measles, diarrhea, malaria, and pneumonia. These infectious diseases increase the caloric needs of the body, as ill patients require more calories to fight off infection and rapidly deplete the body's stores of vitamins and minerals.

Illness also decreases appetite and can decrease absorption of essential nutrients, particularly when patients have diarrhea. As food is digested and absorbed in the gastrointestinal tract, individuals that suffer from intestinal infections with parasites or bacteria are not able to digest and absorb food normally. This dramatically worsens the effects of starvation. Thus, the combination of inadequate food and conditions that

71. PHR interview with 40-year-old female refugee from Arakan State, Burma at Kutupalong unofficial camp (13 Feb. 2010).

lead to high rates of infectious diseases (crowding, inadequate water, lack of sanitation facilities) is often rapidly fatal.[72]

Lack of water and sanitation increase risk of disease and death

The PHR team spent three days at Kutupalong unofficial camp and accessed all areas on foot. Both team members have considerable experience working in refugee populations throughout the world and describe the camp conditions in Bangladesh as alarming. PHR investigators noticed stagnant raw sewage next to the refugees' makeshift huts where the team routinely saw unclothed children walking and crawling.[73] Human excrement and open sewers were visible throughout the camp and adjacent to dwellings.

PHR investigators noted a critical shortage of water points and access to latrines in Kutupalong camp.[74] Several households reported to PHR they no longer had daily access to clean drinking water because of the influx of new arrivals over the past two months. One female head of household shared her fears of being raped while going to the latrines or to bathe, especially after dark. The compensatory strategy of defecating close to one's dwelling exacerbates the spread of infectious disease.

PHR anticipates that such unsanitary conditions combined with a burgeoning camp population and critical levels of malnutrition – will cause high child mortality from infectious diseases if this looming humanitarian crisis is not addressed immediately.

Water-borne infectious disease

As part of the survey of 100 households at Kutupalong camp, the PHR team assessed water and sanitation and asked each female head of household about diarrhea among her children. Results show that 55% of children between 6–59 months (n=143) suffered from diarrhea in the past 30 days.

Deaths from diarrhea are preventable if populations have both adequate supply and access to clean water and sanitation facilities. When clean water is not available in sufficient supply to allow for adequate hand washing, diarrheal disease is spread by hands that are contaminated with human feces, either when touching food with unclean hands or by direct hand-to-mouth contact (as the PHR team saw among the vast majority of children). These infections include cholera, typhoid, and dysentery (bloody diarrhea caused by bacteria such as Campylobacter and Shigella). One refugee mother at Kutupalong camp reported to PHR that her family had at times been forced to drink visibly contaminated water in order to avoid dehydration.

The 30,000 unofficial refugees at Kutupalong do not have access to adequate, culturally appropriate, gender-separated latrines. As a result, defecation occurs near the makeshift huts and water sources, contaminating the water that is available. While international NGOs in the area have tried to meet international standards,[75] they lack resources and official government permission to launch a sufficient intervention.

72. Connolly MA, Gayer M, Ryan MJ, Salama P, Spiegel P, Heymann DL. Communicable diseases in complex emergencies: impact and challenges. Lancet. (27 Nov.- 3 Dec. 2004); 364(9449):1974-83. *http://www.ncbi.nlm.nih.gov/pubmed/15567014?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=10* (accessed 3 Mar. 2010).

73. These sewers not only present a serious risk of water-borne disease, they provide ideal breeding grounds for mosquitoes that carry malaria. This region of Bangladesh has endemic plasmodium falciparum malaria which has known resistance to first line anti-malarials. Human Rights Center, University of California, Berkeley and Center for Public Health and Human Rights, Johns Hopkins Bloomberg School of Public Health. Gathering Storm: Infectious Diseases and Human Rights in Burma (July 2007). *http://www.soros.org/initiatives/bpsai/articles_publications/publications/storm_20070628* (accessed 16 Feb. 2010).

74. SPHERE standards call for a minimum of 15 litres per person per day of potable water, and a latrine for every 20 people in an acute humanitarian crisis. SPHERE standards are minimum standards, based on available scientific data, for aid given in humanitarian crises. SPHERE. First Draft of the Minimum Standards in Water Supply, Sanitzation, and Hygenie Promotion (11 Jan. 2010). *http://www.sphereproject.org/component/option,com_docman/task,doc_details/Itemid,Array/gid,318/lang,english/* (accessed 16 Feb. 2010).

75. SPHERE standards for latrines mandate that a maximum of 20 people use each toilet, that latrines are at least 30 metres from any groundwater source and the bottom of any latrine is at least 1.5 metres above the water table, that use of toilets is arranged by household(s) and/or segregated by sex, that they are sited in such a way as to minimize security threats to users, especially women and girls, throughout the day and night, and that they minimise fly and mosquito breeding. SPHERE. First Draft of the Minimum Standards in Water Supply, Sanitzation, and Hygenie Promotion (11 Jan. 2010). *http://www.sphereproject.org/component/option,com_docman/task,doc_details/Itemid,Array/gid,318/lang,english/* (accessed 16 Feb 2010).

Figure 3:

Figure 3 shows a mid-upper arm circumference (MUAC) colored plastic strip, which PHR investigators used to measure acute malnutrition in 143 children ages 6-59 months at the Kutupalong unofficial camp, near Cox's Bazar, Bangladesh.

PHR also received reports from health workers of other common intestinal infections at Kutupalong. As many refugees cannot afford footwear, walking barefoot outdoors is common. Walking barefoot in areas with open defecation (defecating next to homes or outside of latrines) can lead to parasitic intestinal infections, such as intestinal hookworm and whipworm.[76] As these infections are rapidly fatal in emergencies,[77] particularly in the context of acute and widespread malnutrition, PHR warns that inadequate water and sanitation facilities will lead to high mortality in Kutupalong if the humanitarian community does not immediately address the camp's water and sanitation issues.

IV. Conclusion and Recommendations

The plight of the unrecognized and abandoned Rohingya population in Bangladesh is untenable. Immediate steps to alleviate and prevent further malnutrition, disease, and death are critical. A comprehensive regional response to the human rights violations in Burma and the failure to protect all Burmese refugees is an urgent priority for ASEAN and other regional states. It is unconscionable to leave this population stateless and starving.

Immediate Actions Required

Physicians for Human Rights strongly urges the **Government of Bangladesh** to:

- Desist immediately from arbitrarily arresting and forcibly expelling legitimate refugees who have a well-founded fear of persecution.
- Establish a national refugee and asylum administrative framework that guarantees the fundamental rights to safe-haven from persecution and *non-refoulement* and that allows access to life-saving humanitarian assistance.
- Allow humanitarian agencies full and unobstructed access to provide relief to this vulnerable population that faces critical levels of malnutrition and disease. This assistance should include the immediate distribution of food rations to all unregistered refugees and a blanket supplementary feeding program to prevent a high number of avoidable deaths.
- Condemn immediately and prevent the campaign of ethnic hatred and incitement against Rohingya refugees.

Physicians for Human Rights calls on the **Burmese government** to:

- Cease immediately its campaign of widespread human rights violations against ethnic minorities, including the Rohingya, which has led to the flight of millions into neighboring countries.

Physicians for Human Rights strongly urges the **Office of the United Nations High Commissioner for Refugees** to:

- Assert its global mandate to protect and assist the unregistered Rohingya as a population of concern and press the Government of Bangladesh to stop the arrest and forcible *refoulement* of those Rohingya who have a well-founded fear of persecution.
- Press the Government of Bangladesh to allow immediate life-saving humanitarian assistance to this vulnerable population.
- Launch a coordinated appeal to regional and other donor nations for humanitarian relief and protection to this unrecognized and unassisted population in Bangladesh.

76. Udonsi JK and VN Ogan. Assessment of the effectiveness of primary health care interventions in the control of three intestinal nematode infections in rural communities. Public Health. (Jan. 1993); 107(1):53-60. *http://www.ncbi.nlm.nih.gov/pubmed/8475245?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=10* (accessed 2 Mar. 2010).

77. Goma Epidemiology Group. Public health impact of Rwandan refugee crisis: what happened in Goma, Zaire, in July, 1994? Lancet (Feb. 1995) 11;345(8946):339-44. *http://www.ncbi.nlm.nih.gov/pubmed/7646638?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=3* (accessed 2 Mar. 2010).

We are persecuted by the Burmese government, so we came here for peace, but now we are persecuted by the Bangladeshi government.

PHR interview with a 25-year-old female refugee from Arakan State, Burma, at Kutupalong unofficial camp (11 Feb. 2010)

PHR

Physicians for Human Rights

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