

The logo for Physicians for Human Rights (PHR) consists of the letters 'PHR' in a bold, red, sans-serif font. To the right of the text are two overlapping, light-colored squares. The background of the entire page is a photograph of a young child standing in front of a makeshift shelter made of tattered blue and grey fabric and wooden poles. The child is wearing a yellow and grey shirt and is looking directly at the camera with a somber expression. The ground is sandy and uneven.

**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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**EXECUTIVE SUMMARY**  
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**Physicians for Human Rights**  
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# PHYSICIANS FOR HUMAN RIGHTS

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 Campaign to Ban Landmines, PHR shared the 1997 Nobel Peace Prize.

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## Acknowledgements

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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# 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, (United Nations High Commissioner for Refugees, 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.