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A dissection of the dislocation of refugee communities amidst the COVID crisis

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Abstract

One must not shut eyes to heartbreaking episodes of refugees and asylum seekers travelling on a twine of last-chance journeys. For one, 'being stranded' renders a float or sink situation, if neither, the individual or community gets washed ashore to inaccessible borders or corridors. Their statelessness transforms them into alienated beings with fragments of hope. Enter COVID-19 pandemic and the noose tightens by presenting the ways in which the refugees are amongst the most disadvantaged by challenging areas of their human rights and security in addition to how they have virtually been forgotten with only a few countries providing it support in the international arena.

Keywords: Refugees, asylum, human rights, COVID - 19, border, marginalization

Introduction

By April 2020, 219 countries had imposed border restrictions owing to blanket bans and over 46,000 travel restrictions rendering them not only maskless and susceptible to displacement and identity crises', racism, stigmas or the White man's ideologies, a failed American Dream or salvation but also to COVID, wherein there has been lack of, or rather absolutely no healthcare support or awareness, housing, hygiene, basic amenities, education, security, mental health and even food and water. They are at the mercy of entire countries or nations. This comes even after the UN and WHO issued mandates in support of them; that they could be in quarantine and then enter but only a few countries altered their policies following this. An aggravating area of concern that still persisted, as long as they couldn't enter through a border for a home or a shelter, is the danger of being targeted by the very conflicts and its torchbearers that had endangered their survival and rights to a livelihood in the first place.

The relationship between States and the event rendered communities to unheard voices, lack of agency and a marginalization even farther from the existing margins. They are threatened by the colossal trauma of whatever they have sought to escape from in addition to human trafficking, attacks or robberies as long as they are not in a protected territory. The paper aims to study the social conditions of Rohingya refugees owing to how their Rights have been rendered with denial during the pandemic.

From Arakan king to Refugees

The struggle of the Rohingyas refugees' does not become a poem about hope. Words will not translate pained eyes that know not when, a tomorrow will come that would not be about pleas for food and water or the bare necessities to make a livelihood. Pictures emerge of them with eyes closed and hands open to the skies, some crying and extending their hands forward and some looking at the people they love. Even a still moment captures pain screaming out from the beings – they too have rights, most fundamentally a Right to a Life. The gap between this and their lifeless void like passage of life is enough to stir ordinary breaths to a pause. They flee from the persecutions of yesterday and today to an undignified nowhere. World needs to be aware of the exodus of their journeys, in the Bible of their sorrows and helplessness. Their interviews can shake one's grip on life with their dreary past of pain, bullets, being thrown into the fires, binaries of dizziness and sleeplessness, episodes of breasts being cut, shivering, rapes, dead bodies being carried away in sacks and it goes on. (Human Rights Watch, 2017) ^[2]

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The Rohingyas are an ethnic group from Myanmar's Rakhine State (north western state of Arakan) who have been subjected to terrible abuse.

Rakhine has a border with Bangladesh. They claim to have lived there since the 12th century, but Myanmar would not grant them citizenship. According to them, this is due to their opinion that the Rohingyas migrated under the British period, and the fact that their language is close to Bengali. As a result, Myanmar's Buddhist majority marginalizes them. Rohingyas have attempted to migrate to a variety of nations. The historical evidences proves that Rohingyas were the kings in Arakan and Rohingya language was used in the courts. Later, for centuries Myanmar was under the colonial rule and people lost their own identity and tradition. However, in 1949 Myanmar got independence, within two decades the administration was under the control of military juntas. During the military junta Rohingyas lost their national identification.

Bangladesh for the Refugees

The registered and unregistered Rohingyas in Bangladesh are sheltered mainly in camps known as Leda at Cox's Bazaar, Kuttupalong and in Ukhiya upazila. Among these, there are registered and unregistered, thereby resulting in binaries when it comes to access to supplies. Bangladesh was ranked 15th in the world in terms of COVID transmissibility rate, despite massive figures being reported. The level of testing was low, both in terms of the healthcare assistance provided to them and in terms of the community's support for the same. Despite the Rohingyas' failed attempts to enter Southeast Asian nations such as Malaysia, Bangladesh has taken considerable measures to limit their entrance. Bangladesh has always been welcoming to this population and currently accommodates the largest number of these refugees. Bangladesh had previously attempted to alleviate the overcrowding at Cox Bazaar by relocating the migrants to Bangladesh's Bhasan Char Island. The UN, on the other hand, had rejected the idea, citing the location's vulnerability to natural calamities. Surprisingly, the situation shifted, and the island became a quarantine camp for migrants from Malaysia who were denied admission into Bangladesh. Rohingyas had expressed their joy upon relocating to Char Bazaar. The buildings on the remote island are made of brick. Each Rohingya household has been assigned a residence. They even claim that they have never seen something like this before and that they are being provided with all necessary amenities. They prefer it here than Cox's Bazaar.

An initial step was funds from the World Bank's IDA18 regional sub – window for refugees and host communities – Emergency Multi- Sector Rohingyas Crisis Response Project which aids the government to provide even the basics needed for the community to thrive and just be – food, water and as 'disaster – resilient infrastructures. The World Bank, the Government of Bangladesh, and other partners participated during the pandemic lockdowns as well. The Bangladeshi government gave "improved water to nearly 20,000 people and better sanitation to 1,500 individuals." (World Bank Group, 2022) ^[3].

The Disease and the Displaced

A refugee status is a conundrum within itself; it is a state of being stateless and an identity of an identity crisis. COVID juxtaposed the vulnerably moulded, gated communities of

refugee communities within peripheries and margins with a virus that knew no margins or boundaries. In terms of quality and quantity, there is food insecurity. Everything became a question mark for them; help and assistance, jobs and livelihood, safety and security, healthcare, lifestyle, poverty, and the COVID literature goes on. Their constraints became amplified, the narrative became that of nuanced subaltern realities haunting us with respect to the word 'space becoming constrained post COVID. The pandemic had a profound societal influence on race, ethnicity, and gender, which has received little attention. Abuse becoming more accessible too as abuser was coming in close contact. The dramaturgy of the periphery and everydayness has shifted. The customary laws were tightened. Concerns about social inclusion grew. Through the lens of pandemic, space became contested. In the case of Rohingyas too, there is xenophobia and discrimination involved. The gated communities were pushed into a protracted refugee situation and compassion fatigues emerged. Risk of viruses' spreading in camps and Detention Centres persisted as well as violence police and authorities.

The themes for Refugee Week during the Pandemic years during 2020 and 2021 (refugeeweek.org.uk, 2021) were 'Imagine' and 'We cannot walk alone' respectively. These ignite the sparks of inclusivity and of responsible governance. Displacement of these refugees and their settlement and its corresponding tales of adaption were all challenged by COVID protocols and behaviours of social distancing and isolation, healthcare services and access to water, sanitation and hygiene measures.

Social Distancing or a Home?

One of the safety protocols for COVID was Social Distancing and this was obviously challenged with their overcrowded cramped up condition hosting 880,000 refugees and a population density of 40,000 people per sq km (Kayshar, 2021) ^[5] This challenged isolation and quarantine requirements. Moreover, a dire tragedy took place on 22nd March 2021, that incinerated 10,000 camps, while also killing 11 refugees, injuring thousands. The whole situation grills the humanitarian crisis because of the fight for survival whilst having rights. In any given case, refugees find it so difficult to start or resume a life on basic grounds or the bare minimum and sometime, with nothing. UNHCR reported of refugee volunteers who were very much aware of the vulnerable margins within the margins and rendered support for the same. Among the refugees who volunteered were also skilled community health workers. They used to go to each door and check if anyone had symptoms. There were 14 isolation and treatment centres (ITCs) and 1,200 beds had been arranged for them by the end of 2020 (UNHCR, 2021). HPM Sheikh Hasina's government claimed to keep the Rohingyas at the core of their action plans during COVID. However, regionally, there have been voices that the government prioritizes other initiatives over this. This is the formidable reality between plan and action whether it comes to Governments or other Bodies.

The camps are congested brutally with hygiene and social distancing being a far-off reality. This obviously shows how hygiene is a privilege for a portion of the world. At a time when the world didn't have stocks of vaccines, Foreign Minister Momen had spoken out on how the majority of the people in Bangladesh who had taken the 1st shot of their

vaccines hadn't taken the second. Bangladesh had asked for 1.6 million Astra Zeneca vaccines from the UK (The Daily Star, 2021)^[7].

Any country would always have a prioritized people on its list, which renders a refugee population to the brims of this immunization race.

The Vaccine Administration

In the lack of a legal framework and in the face of a pressing need to fulfill the health requirements of the displaced people, WHO formed a health coordination structure under Bangladesh's Ministry of Health to oversee the response of a vast network of humanitarian actors, including UN organizations. According to UNHCR.org, the first round of vaccinations for around 34,000 migrants aged 55 and above began on August 10th. Flooding and fires had a significant impact on them, as well as COVID (UNHCR, 2021)^[6, 8, 11, 18].

In healthcare, there was a 14% rise for the general population. However, the Rohingyas are also exposed to too much violence and there has been at least eight deaths in southeastern Bangladesh (The New York Times, 2021)^[9]. A report according to The New York Times states that, limited access to clean water and sanitation (Md Nuruzzaman Khan, 2020). Most of them sleep on plastic paper spread over muddy floor in their tents. In these circumstances, maintaining even minimum hygiene is challenging and any infectious disease outbreak has a potential to kill hundreds of people. Overcrowded conditions coupled with low literacy level, lack of sanitation facilities, face masks and gloves and limited communication made the camps ideal place for virus spread. Humanitarian organizations due to internet base enforced by Government of Bangladesh since 2019 are prevented to dissemination of vital information and delivery of updated knowledge on COVID 19 inside camps leading to misinformation of facts.

Fear among refugee communities

The World Food Program had stated that by the end of 2020, 86% of the Rohingyas were highly vulnerable to poverty and hunger from 70% in 2019 (UNHCR, 2021)^[6, 8, 11, 18]. The UNHCR had launched 'vertical gardening' using bamboo frames to make the gardens. In the year 2020, over 1000 households have received seeds and instructions pertaining to training (UNHCR, 2021)^[6, 8, 11, 18]. Most of the community is impoverished, especially among the adolescents and within this framework, girls are severely being impacted. Youth were briefed about the pandemic and wellbeing through Gender and Adolescence: Global Evidence (GAGE) Surveys were conducted through phones, though we can understand the underlying impacts of this, since many wouldn't have access to these (Silvia Guglielmi, 2020)^[12]. The resulting verdict was that of food insecurity being the sharpest consequence.

Another major challenge was the lack of resources (masks, gloves, and medicine), limited testing and lack of fund to humanitarian agencies. A report by UNHCR states that health facilities in Cox's Bazaar have been treating both Rohingya refugees and native Bangladesh COVID patients under the same camps (Silvia Guglielmi J. S., 2020)^[12]. Food and water are in insufficient supply in certain camps, according to Human Rights Watch's observations and research. According to 17 refugees from four settlements camps 7,9,11, and 18 - food rations haven't been replenished

and are running out, and some portions lack drinkable water (Human Rights Watch, 2020)^[13]. Violence against women and girls is a typical occurrence in the camps. It increased throughout the lockdown. Reuters has reported on a UN led study of a trend among the Rohingyas that was seen among other similarly impacted groups as well, with child marriages increasing due to lack of measures that could avert it (Reuters, 2020). There was also a reported increase in child labour and violence which showed that more workers were needed for support. Relief workers were harassed at checkpoints near the camps during the pandemic. Human trafficking of the Rohingyas increased during the pandemic as sex slaves and for organ donation (Marlene Spoerri Y. U., 2020)^[15].

According to the UN Migration Agency, more than 350 Rohingya trafficking instances have been documented, with 15% of them including minors. In accordance with COVID 19 Impact on Quality of Life (COV19-QoL), the mental health of Rohingyas was evaluated before and throughout the epidemic. The refugees' mental health had deteriorated as a result of the epidemic, according to the findings (Somen Palit, 2022)^[16]. As is the condition of these people, they are never certain about the next morning. They can never look at the skies and believe that they are free.

Temporary relief in the form of the UN

The UN Refugee Agency, United Nations High Commissioner for Refugees (UNHCR), while recognizing the sovereign right of states to restrict the entry of non-nationals to protect public health, said in a statement that imposing a blanket measure to preclude the admission of refugees or asylum-seekers, or of those of a particular nationality or nationalities, without evidence of a health risk and without measures to protect against refoulement, would be discriminatory and would not meet international standards, in particular as linked to the principle of non-refoulement.

Maritime Migration (MM) is a conundrum in itself because it poses threats and is also taken as one due to it being viewed as a hazard to national security. However, UN Convention on the Law of the Sea (1982) resolves to aid anyone facing dangers at sea. Again, this mode of migration was perceived as concerns to countries regulating their borders with precautions of the pandemic. In the latest boat incidents under COVID-19, human smugglers were involved and there were even reports of them asking for more money by holding stranded Rohingyas at sea as hostages (Al Jazeera, 2021)^[17].

Nonetheless, the principle of non-refoulement, which states that a refugee should not be repatriated to a nation where they face substantial dangers to their life or freedom, should apply to Rohingyas arriving on Malaysian shores, even if they have left secure refugee camps in Bangladesh. Returning Rohingyas to dangerous international waterways or placing them on a flood-prone island where they face grave danger is nothing more than indirect refoulement. The boat disasters are terrifying because it's impossible to channel a life that's been thrown into so many different directions. Many refugees continue to escape borders and wars years later, only to realize that their freedom of movement has exacerbated their existential crisis.

The population density of these Boat People's camps has a population density 40 times greater than Bangladesh's average density per square kilometer. This meant that they

were extremely vulnerable to being infected by COVID 19. This became their hurdle when initially, there weren't vaccines and social distancing was a distant reality. The refugee community due to a lack of internet and communications connections in the camps, the community was cut off from the outside world. They felt the lack of effective communication and awareness in the initial stages. Other reasons include limited (hygienic) access to clean water with dozens of people sharing hand pumps. There were a lot of concerns territorially, geographically, situationally, knowledgeable Rohingyas had a lot of negatives for the spike of C-19 in their region.

Conclusion

The measures taken by Bangladesh have been somewhat compromisingly satisfactory during the pandemic. One will certainly agree that a country's foreign policy must be its rational guide, however with the precarious and sorrowful conditions of refugees, states must adopt and provide better access to education, healthcare, welfare schemes and legislature to form a more inclusive and prejudice free environment to these souls who like anyone else in this world did not have a choice on where to be born.

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