

HEALTH AND CRIME THREAT IN COX'S BAZAR: A SECONDARY ANALYSIS ON ROHINGYA REFUGEES IN BANGLADESH

Written by *Md. Reazul Islam*

*Lecturer, Department of Sociology, Jatiya Kabi Kazi Nazrul Islam University, Trishal,
Mymensingh, Bangladesh*

ABSTRACT

Rohingya refugees, a Muslim ethnic minority group from the Arakan state of Myanmar found their ways several times to Bangladesh to escape state-sponsored persecution. More than one million Rohingyas have migrated to refugee camps in the Bangladeshi district of Cox's Bazar. While there is no inadequacy of studies on refugees, Rohingya has so far received very little research attention. This article tries to understand the crime and health threats in Cox's Bazar. This study is based on qualitative research. In order to achieve the objective of this research, mainly content analysis method was obtained. Data were collected directly from secondary sources. This is a personal research project with limited fund. The Rohingya influx has transformed the district and the life of the people of the district in a nasty manner. A number of Rohingya refugees are committing various crimes like- robbery, kidnapping, rape, drug peddling and human trafficking. Rohingya refugees are threat to both local and Rohingya refugees. The health security of the Rohingya people and the host community is also a matter of concern. The Rohingya are in the risk of suffering from various contagious diseases like cholera, measles, HIV' AIDS, rubella and diphtheria which might affect the people of Cox's Bazar also. The research article analyses the crimes committing by the Rohingya refugees and discusses the ongoing health threats in Cox's Bazar.

INTRODUCTION

Geographically Bangladesh is an important country. Although, geographically Bangladesh is an important state but it has many crises. Recently, Rohingya crisis is the biggest crisis in Bangladesh. The Rohingya people are a Muslim community who have lived in the Rakhine

State of Myanmar for many years. The Rohingya were evicted from their homes, their land confiscated, and their villages and houses attacked by Myanmar's military.ⁱ In August 2017, a massive crackdown in Myanmar killed thousands of Rohingyas and triggered the mass exodus of around three-quarters of a million of them to Bangladesh.ⁱⁱ Amongst the world's most heavily persecuted minority communities are the Rohingyas, whose mass exodus from Myanmar in 2017 led to more than 712,179ⁱⁱⁱ of them seeking asylum in neighbouring Bangladesh.

To escape persecution in Myanmar, hundreds of thousands of Rohingya have been fleeing to other countries for refuge since the 1970s. The Rohingya has been entering Bangladesh in various ways since the seventies. At present, the number of Rohingya refugees in Bangladesh is about 01 million (10 lakh). Millions of Rohingyas are suffering from various health problems. Those health problems are a serious threat not only Rohingya community but also to the entire Cox's Bazar. The Rohingya are suffering from various health complications even after giving health service to various local and foreign institutions.

The Rohingya are in the risk of suffering from various diseases like cholera, measles, rubella, HIV' AIDS, malaria, diphtheria and others so on. The Rohingya community are not only affected in health problems but also involved in various crimes like- robbery, kidnapping, rape, drug padding and human trafficking and other so on. This study attempts to look at the health and crime threat in Cox's Bazar on Rohingya refugees in Bangladesh.

REVIEW OF THE LITERATURE

The Rohingya are a minority Muslim community who have lived in the Rakhine State of Myanmar for centuries. In recent years, they have become a brutally oppressed, "stateless" community as the state of Myanmar continues to deny them citizenship under the country's nationality law of 1982^{iv}.

The Rohingya influx has put pressure on the district's Bangladeshi community, particularly in the upazilas of Teknaf and Ukhia where the Rohingya now constitute at least one third of the total population. The vast majority are women and children. Cox's Bazar is located in the south-east part of Bangladesh within Chittagong division, bordering Myanmar. After 700,000

Rohingyas migrated from the military persecution in Myanmar's Rakhine State starting August 25 last year, the total number of the community in the Ukhiya-Teknaf area rose to 1.1 million. These people currently live in 30 camps spread over 6,000 acres in the region^v.

The current Rohingya refugee crisis in Bangladesh poses security threats and challenges on the full spectrum of security landscape. The challenges will range from human or non-traditional security, transnational security, internal security, militancy and terrorism, border security etc. Due to humanitarian concerns, the Bangladesh government, as well as local and international NGOs, are providing them with many facilities including rations, supplies, healthcare, and education^{vi}.

More than hundreds of Rohingya refugees have been injured in internal skirmishes. Rohingya refugees have internal conflicts over dominance in camps, communities, families, and old rivalries from their Rakhine days. These lead them to crimes of all sorts, including murder. This tendency for quarrelling is especially prevalent among majhis (leaders) and head majhis of Rohingyas camps. The occurrence of such undesirable incidents within our community, especially in a foreign country is disappointing. Instead of focusing on returning to their homeland, a group of Rohingyas are carrying out criminal acts. They are not shy about assaulting people at the slightest provocation. Some registered Rohingyas cannot stand unregistered newcomers, and are physically assaulting them at every chance. This is leading to an increase in violent crimes^{vii}.

The pattern of the crimes in the camps changes with time. Some troublemakers among the Rohingyas are now more into extortion and abduction. Many Rohingyas abducted and even murdered other Rohingyas over previous enmity. The abductees were kept in deep forests or remote hilly areas, according to locals, police and local administration^{viii}. Some Rohingyas aligned to Bangladeshi drug and human trafficking gangs have been selling Rohingya women into the sex trade and for use as yaba mules. The rape and prostitution cases are not reported, because social stigma leads the Rohingya families to settle matters themselves. Law enforcers are on high alert and Cox's Bazar has been marked as a high-risk crime zone^{ix}.

Food, water and sanitation infrastructure has struggled to keep pace with the refugee population's health needs, leaving them vulnerable to infection. Some camps lack roads to carry in vital supplies and latrines to safely dispose of human waste. Few refugees have proper housing or protection from Bangladesh's frequent floods. Inadequate water and sewage

infrastructure drives refugees to drink from pools contaminated by waste, spreading waterborne diseases like cholera^x. The absence of the safe drinking water might contribute to Diarrhea and Cholera that could spread to the local population.

Crowded living conditions, inadequate water and sanitation (WASH) facilities and low vaccination coverage present significant risks of communicable disease outbreaks. Refugees arriving in the camps in Bangladesh are living in subhuman conditions without access to adequate hygienic facilities. The health conditions of thousands of migrants in the camps are not documented^{xi}.

Among the refugees, 720 000 are children, 14 740 orphan Rohingya children have been identified since September 20, 2017 in the settlements in Ukhaia and Teknaf^{xii}. An estimated 250 000 children under the age of 8 require life-saving interventions through community-based activities such as vaccination campaigns whereas 240 000 children under-five years need malnutrition prevention and treatment support through nutritious supplementary food. 16 965 children with severe acute malnutrition (SAM) require inpatient and outpatient treatment. 204 000 adolescent girls need nutritional support and 237 500 children from 6 months to 15 years need to receive measles-rubella (MR) vaccine^{xiii}.

Flooding and limited shelters expose refugees to a booming mosquito population that can spread malaria. Widespread malnutrition will exacerbate risks of contracting diseases. These communicable diseases and health threats will drive down the number of tourist arrivals in Cox's Bazar^{xiv}.

FINDINGS

Health Threat

Wash concerns in the camps

Access to water, sanitation and hygiene—known collectively as WASH—includes the provision of safe water for drinking, washing and domestic activities; the safe removal of waste (toilets and waste disposal); and the promotion of healthy behavioural practices^{xv}.

A significant WASH indicator is the reliability of tube-wells to supply an adequate quantity of safe drinking water. Reports indicate that the shallow tube-wells in the Rohingya camps supply unclean water, which the refugees have no choice but to use for drinking and other uses report indicate that As of January 2018, more than 30 percent of latrines were located less than 10 m away from water sources. Seventeen percent of emergency latrines were either full or not functioning ^{xvi}.

The report reveals that Inadequacies in WASH are responsible for a huge number of health problems amongst the Rohingyas living in camps, including diarrhea, hepatitis, cholera and typhoid. Cholera and diarrhoea are endemic in Bangladesh and can prove fatal amongst the Rohingya populations, given their high malnutrition rates. Diarrheal diseases are the second biggest cause of death amongst children under five^{xvii}.

WHO's Reports shows that there are more than 70 weekly alerts for cases suspected of Acute Watery Diarrhoea, Acute Jaundice Syndrome, Bloody diarrhoea etc. Each of these cases, if confirmed, has the potential to turn into an outbreak, infecting hundreds and thousands of people, claiming lives that can be saved by early actions. All alerts are rapidly assessed to determine if they pose any risk of causing an outbreak. "Detectives" collect more information from health facilities and if the suspicions are still present, epidemiological teams are rapidly deployed in the camps to personally assess the cases and take immediate actions^{xviii}.

Refugees and affected community require 9 million liters of safe water daily, and water, sanitation and hygiene (WASH) services are reaching only 30% of the Rohingya people in need. Thus, leaving them with no other option than to fetch dirty water from muddy streams^{xix}.

The largest oral cholera vaccination was held in the refugee camps and even though it was able to reach 100% of the targeted population, the risks of waterborne and other infectious diseases are still exceptionally high due to their unhygienic living conditions^{xx}.

Even though both Myanmar and Bangladesh have low prevalence of HIV among the South Asian countries, however the Rakhine state had the highest prevalence of HIV in 2015. In addition to this, the current predicament makes the victims of sexual violence more predisposed to the risks and transmission of HIV (WHO, 2017)^{xxi}. There have also been 21 cases of HIV patients reported among the refugees until Oct 8, 2017^{xxii}.

There is an inadequate supply of essential reproductive along with maternal, child and newborn health services. Furthermore, there is insufficient clinical management of rape survivors, family planning as well as adolescent friendly health services, especially in the provision of these services in hard-to-reach areas. Moreover, there are no extensive HIV and TB services, although there have been cases of HIV reported among the refugees^{xxiii}.

Refugees are reported to suffer from the flashback of the massacre, anxiety, acute stress, recurring nightmares, sleep deprivation, eating or even speaking disorder^{xxiv}. Methodical rape on women and girls and violent deaths of family members have compounded the mental health situation of the survivors of this physical violence. Women and children reported facing sexual violence including gang rapes which resulted in vaginal tears, infections and posttraumatic disorders^{xxv}.

In addition, the overall situation and health risks will be exacerbated when the monsoon season arrives as flooding will adversely affect the latrines, tube wells and health facilities built in the camps^{xxvi}.

In emergency and crisis settings, water and sanitation, food and nutrition, shelter and non-food items, access to health services, and information are the five crucial domains securing the health and survival of the affected population^{xxvii}.

As Rohingyas were underprivileged citizens in Myanmar, most of their children were not vaccinated. Many of the arriving refugees are already carrying a number of diseases, including TB, skin diseases and HIV/AIDS etc. These epidemic diseases could overwhelm the health service resources in the refugee camps, also poses a risk of spreading among the general population within Bangladesh as refugees continue to move from one place to another for work. This is an extremely vulnerable population with low vaccination coverage, living in conditions that could be a breeding ground for infectious diseases like cholera, measles, rubella and diphtheria^{xxviii}.

Crime Threats

A number of Rohingyas are engaging in different criminal activities inside the refugee camps of Cox's Bazar since their basic needs have almost been met. The Rohingyas are not concerned

about their food and accommodation as the aid agencies are providing them with everything they need. So a big portion of Rohingya youths remain idle and become engaged in domestic violence, internal feuds, and gender-based violence^{xxix}. Rohingyas are misusing donations and facilities given to them and committing crime after crime, with even guns and yaba tablets being recovered from the possession of some^{xxx}.

After sunset, the criminals among the Rohingyas start their illegal activities. Police arrested more than 1,000 Rohingyas for various crimes which also include smuggling, human trafficking, and prostitution. Some Rohingyas are involved in various offences and get used by local criminal syndicates^{xxxi}. The cases filed against Rohingyas so far involve robbery, kidnapping, rape, drug peddling and human trafficking.

It has emerged that many Rohingyas are smuggling yaba pills from Myanmar's border areas into the camps for storage, before they can be moved on to Cox's Bazar and other parts of Bangladesh.

The smugglers hand yaba pills to the mules in the deeper parts of the camps, who carry them to Cox's Bazar. Security forces have seized more than 10 million yaba pills from Rohingyas and local drug peddlers since the beginning of the latest refugee influx. About 90% of yaba pills are being smuggled into the country via Cox's Bazar's Teknaf and Ukhia border crossings. Some Rohingyas are storing yaba pills in the camps. Nearly 1,000 of the Rohingyas are involved in drug-peddling. Some of the Rohingyas involved in drug-peddling work for NGOs or independent workers^{xxxii}.

The Rohingya refugees who are completely marginalized are most vulnerable to the human trafficking. It has been reported that international human trafficking gangs are actively looking at this situation to exploit the vulnerability of the Rohingya for profiteering. It is also known that many Rohingya families arriving in Bangladesh are without any male family members. Therefore, many young women and children will fall victim of the trafficking gangs and end up in international markets for prostitution and slave labour. Trafficking and drug rings that include Rohingya men have become notoriously active in these camps, adding to the lack of security. And it goes without saying that the most vulnerable groups in these camps are the Rohingya women and girls who fall victim to violence either inside their makeshift homes by their partners or outside by other Rohingya men^{xxxiii}.

Soon after the start of the Rohingya influx, security experts warned that some of the Rohingyas might become engaged in crime. Bangladesh is facing many social and security threats from the refugees.

The massive exodus of Rohingya refugee might alter the internal security scenario of Bangladesh. It is quite likely that refugees will get out of the camps and mingle with the local population in the vicinity and beyond. These are vulnerable people in dire need of a living and are likely to be involved in petty crimes for their survival. Criminal groups will also exploit the vulnerable migrants coming over the borders. This will have a severe negative impact on the law and order situation of the country. Rohingya population will also pose a number of transitional security threats to Bangladesh and the region^{xxxiv}.

Large scale study is needed to prevent the threats causes by the Rohingya Influx. The host community have to develop intercommoned approaches and try to build up and increase tourism police capacity. Increase human resources in all corresponding sectors should be ensured. The host community should try to Strengthening the health surveillance system. Need more focus on containment of any further outbreak. Early preparedness should be taken for upcoming cyclone season. Adequate and timely funding is required to make sure humanitarian needs are met. Platforms such as UN and ASEAN should play a role in addressing the crisis. The government of Bangladesh has already started its diplomatic lobbying to solve the refugee crisis. However, it needs more energetic diplomacy, particularly with the regional partners to solve the problem.

DISCUSSION AND CONCLUSION

The Rohingya situation is urgent and complex. There are a number of states and non-state actors that might try to exploit the security situation in this country. The Bangladesh Government and development partners such as UNHCR, UNICEF, UNFPA, WHO, as well as several national and international development organizations are working jointly to provide humanitarian assistance to the Rohingya people. Past experience of Rohingya refugees indicate that this crisis is likely to persist for years. The uncertainty over the repatriation has left the Rohingyas in despair. In this situation, tensions were growing among nearly a million refugees and the host communities of Cox's Bazar. The Rohingyas are divided in opinion over

the issue of repatriation; one group wants to return while the other wants to stay in the camps as they fear further persecution in Myanmar. With no real progress made, many of them have become frustrated. At times, some of them become unruly. Rohingyas are becoming desperate every day, getting involved in various crimes including robbery and murder. Bangladesh must find a comprehensive solution to the refugee crisis and must work out a cohesive security strategy to deal with all the potential threats. Otherwise, this situation will threaten the security of the state. There is need to scale up health services and increase access to essential reproductive health and child newborn care, especially for Rohingyas living in hard-to-reach areas. Scaling up of mental health service provision in primary health care settings is needed. Furthermore, in the case of epidemics, rapid response is necessary and to ensure that reliable health statistics remain paramount. Thus, organizations need to give more attention to the collection and dissemination of data. As refugees, their condition has aggravated because of limited financial aids and overcrowded unhealthy living conditions in settlements and camps. All of which will exacerbate their access to health care services, predisposing them to numerous health risks and increase the chance of disease outbreak. Thus along with the government, private sectors and international communities must collaborate to assist the refugees in their dire condition for the improvement of their health status.

RECOMMENDATIONS

1. The security sector in Bangladesh should continually undertake baseline surveys to collect and analyse information on safety and security.
2. More research is needed to identify the causes of crimes.
3. The bureaucratic impediments should be removed to prevent operational organisations and donors from engaging in longer - term responses like visas, work permits etc.
4. Community health workers need to be effectively trained to ensure adequate health promotion, promotion of hygiene and home visits to pregnant women
5. The crisis needs to be portrayed as a humanitarian support.
6. More diplomatic pressure must be brought to bear towards a political solution to persecution and discrimination that is at the heart of the crisis.
7. The Bangladesh Government should improve the law and order. It is also needed to ensure proper investigation of gender-based crimes and vandalism.

8. The assistance from a neutral organization like the United Nations would help achieve a political situation.
9. The solution to this crisis ultimately rests with Myanmar. We need to categorically point out to Myanmar and the outside world that we cannot offer a permanent home to the Rohingyas. Myanmar will need to change their citizenship laws.

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