I have spent nearly 30 years exposed to emergencies and humanitarian crises. Yet, standing at our ‘hospital on the hill’ in Cox’s Bazar, Bangladesh, now the world’s largest refugee camp, I was taken by the sheer scale of this makeshift setting. A jumble of humanity packed together in precarious bamboo and plastic shelters, all contained within kilometres of razor wire fencing.

As we mark five years since the brutal campaign of violence meted out at the hands of the Myanmar military, I remember a Rohingya mother of six who said, “The military were brutally killing Rohingya and burning our houses ... now, we live here in the refugee camps. It is five years of living in distress.”

The plight of the Rohingya – persecuted in Myanmar, living in containment in Bangladesh, trafficked and living as illegals in Malaysia and elsewhere – is fast becoming a pressure cooker that no one seems inclined to take off the stove.

The approach to assistance in Bangladesh, the only country to open its borders and offer sanctuary to now over one million Rohingya, is increasingly unsustainable, with funding harder to secure. Five years on, the humanitarian response must transition from a minimum provision of emergency services to one better suited to a long-term resettlement reality.

For Bangladesh, this policy shift remains unacceptable. With good reason, it wants the Rohingya to return to Myanmar, which stripped them of their
citizenship 40 years ago. This is also what nearly every Rohingya I have spoken with wants. But the country has been at war with itself since the military seized power in February 2021, and in Rakhine, tensions between the Myanmar military and Arakan army are increasing. Our teams on the ground know firsthand that the conditions for those who remain in Rakhine are unacceptable, and safe repatriation to this region is simply not a responsible option yet.

Additionally, across the region, Rohingya are treated as illegals and exploited by those who seek to benefit from their precarious status. In Malaysia and Indonesia, those who arrive by boats are turned away at sea, with some left adrift for months and others dying due to heat and starvation. In April this year, more than 500 Rohingya escaped from a detention centre in Malaysia, allegedly due to poor living conditions and lack of access to medical services.

Bangladesh feels the weight of responsibility is unfairly on them alone. I agree with Bangladesh. Regional states are becoming part of the problem, favouring securing their own borders over persevering to find solutions together. It feels like ASEAN (the Association of Southeast Asian Nations) has run out of steam, with nothing new to try and no one willing to champion what has become a fraught political problem.

The latest scabies outbreak in the camps and the increasing number of dengue fever cases are symptomatic of the emergency health needs of the population, while year-on-year increases in mental health and non-communicable disease consultations at Doctors Without Borders/Médecins Sans Frontières (MSF) facilities are indicative of the protracted nature of the crisis. In Cox’s Bazar, our mental health professionals told me how emotionally draining it is to know that they cannot change the root cause of people’s mental health conditions. At the end of a psychosocial session, our patients return to an existence devoid of prospects, in overcrowded camps that are becoming increasingly unsafe.

It is easy to argue this response has been a success. It has reduced loss of life,
alleviated the worst suffering, and created order out of chaos. But we must ask ourselves: are we becoming complicit in a system of containment (repression? apartheid even?) for a population with nowhere else to go?

The reality is, we are substituting for the failures of Myanmar to redress its wrongs. We are also trying to cope with the cost of political inaction, an impotent failure of collective progress from regional states and the international community to find durable solutions or, at least, better temporary ones.

In all of this, the Rohingya remain extremely grateful to Bangladesh for giving haven, as hopeless as their situation appears to be. They don’t consider themselves to be stateless, rather, denied the right to citizenship in a state and region they historically identify as their own. The majority say they want to return, but they will not risk a repeat of history where their children may be taken at any moment, never to be seen again.

Looking out from MSF’s ‘hospital on the hill’, I realise we must all push back against the overwhelming sense this cannot be fixed. There are things that can be done. A good start would be ending draconian refugee policies practised across the region.

Australia’s new government could set the tone for humanity and solidarity, starting with the Rohingya. They can seek to open resettlement pathways for Rohingya from Malaysia and Bangladesh. Australia could recalibrate its anti-human traffic support across the region, to be more accommodating of people who qualify as refugees and deserve extra protections.

Malaysia, Thailand and Indonesia must be more accommodating of refugees. They cannot be treated as irregular economic migrants. While both groups are extraordinarily vulnerable, refugees seek refuge from persecution and require special protection.

Diplomatic channels with Myanmar must remain open, and a stronger, coherent
regional and international approach with Myanmar must be hammered out, with China at the forefront. China can lead in negotiating the safe return of Rohingya from Bangladesh, but it must consider how Rohingya will be compensated for lost property and livelihoods within those negotiations. Returns must be more than a political façade and must solve the issues of the Rohingya themselves.

Failing meaningful and safe return to Myanmar, I worry what the future holds. How long can people live with so little basic protection and hope? Trauma is cumulative. After 40 years of statelessness and injustice, I worry the care we provide only manages to keep people alive to live in hopelessness.

Disclosure

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Who will champion the Rohingya? Draconian refugee policies must end now

By Paul McPhun
25 August 2022

When it comes to fire safety there has been something of a revolution across the developed world in the last half century. Incidents and fatalities are down, and most of this is because of prevention. So perhaps it’s time to get rid of the firefighters, and maybe have fewer police and ambulances too? If you don’t think so then perhaps you will be sympathetic to why Médecins Sans Frontières (MSF) has pulled out of participating in this week’s World Humanitarian Summit (WHS).

Close readers of the UN Secretary General’s Agenda for Humanity [pdf] – the manifesto due for endorsement at the Summit this week – will see the parallel here. The Secretary General’s vision for ‘humanitarianism’ runs to 62 pages, but only 11 lines are reserved for the kind of life saving ‘emergency services’ most people associate with the term humanitarian. Emergency response is characterised here as a last resort effort that is essential, but something of a given, and that should be subsumed by a broader development effort. Yet the Summit comes during a time of collective failure to respond to the emergency needs of millions affected by war and disease.

With more than 2.7 million people displaced, the Lake Chad basin is currently home to one of the African continent’s biggest humanitarian crises. The region is reaching breaking point due to attacks by the armed group known as Boko Haram, and a strong military response that has been launched to curb the violence. The conflict, which started in Nigeria, has expanded across borders to Cameroon, Chad and Niger, causing widespread displacement and suffering.
In March 2016, **MSF put out an urgent call**: “We need more support,” said Chibuzo Okonta, MSF emergency project manager. “We have repeatedly called on other humanitarian and aid organisations to assist displaced people in Borno state but the appeal has gone unanswered.”

This crisis should be utmost on the humanitarian agenda, and yet there are very few humanitarian actors in the region, and the response is woefully inadequate. And this is just one of many. Currently there is little assistance for Burundian refugees in Tanzania, for internally displaced people in Myanmar and Iraq, and for people affected by conflict in Central African Republic. This follows the poor international response to the cholera outbreak in Haiti and the **West Africa Ebola outbreak**, both of which had devastating consequences. Quite simply, the humanitarian response to today’s conflicts, displacement crises and epidemics is failing.

Yet the WHS glosses over this failure. Participants will be asked to agree with just one ‘commitment’ that focuses on emergency response; **Preserve and retain emergency capacity**: *to deliver predictable and flexible urgent and life-saving assistance and protection in accordance with humanitarian principle.* Not improve emergency capacity, not boost, not urgently scale up – just preserve the capacity, which is currently failing. The Summit’s agenda insists that “international providers will need to set aside such artificial institutional labels as “development” or “humanitarian” (**One Humanity, Shared Responsibility**, Clause 108), and we are told that an “emergency approach cannot be a sustainable long-term mode of operation and should be the exception” (**One Humanity, Shared Responsibility**, Clause 140). This is an agenda to which MSF simply cannot agree.

Of course MSF recognises that there are many other aspects to a broadly defined humanitarian endeavour. There is much thoughtful and important work represented in the Summit’s agenda in the fields of resilience, disaster risk reduction, peace building and gender. However, the idea that progress in these areas alone will make any serious impact on the emergencies affecting millions of
people today in Yemen, Syria, Lake Chad and the other contexts we have described is dangerously misguided.

There is also a creditable focus on the need to uphold the norms of International Humanitarian Law and devise better frameworks to improve the humanitarian response to the global displacement crisis. However, this focus underlines a fundamental contradiction in the approach of the Summit. It asks participants to reaffirm humanitarian principles, noting the deplorable attacks on civilians and medical staff, while simultaneously proposing a convergence between humanitarian action and development aid, and calling for humanitarian action to become part of “ending need”. It arguably lets states off the hook for the wilful gross failure to uphold these standards to date by not offering a space to meaningfully address this failure and debate the consequences.

This lack of space for meaningful debate has also weighed on the decision for MSF not to be present in Istanbul this week. The structure of the Summit is such that there is no capacity for dissent on these points in the official program. Potential participants were clearly informed that representation on the roundtables and special sessions would be contingent on agreement to the commitments outlined by the Secretary General and on the level of ambition each participant could bring to making supporting commitments of their own. The Summit is not a place for those that wish to push back against this agenda, or promote an alternative vision. It is not then a place for MSF.

Ultimately, the Summit is just one of many forums where the issues of humanitarian response are being considered, and, time will tell, probably not even the most important. To pull out then is not a sign of disengagement from the global debate and collaboration by MSF; we remain engaged all over the world. Instead it is an act of communication. It is an appeal to recognise the power of diversity in humanitarian response, where the main use for global coherence is not a one size fits all response approach, but rather a universal insistence on rules for states to protect the survivors of war, disease, and displacement.
Fundamentally, it is an urgent call for all humanitarian stakeholders to focus on the fires raging around us and ensure that we are building the humanitarian emergency services that remain essential to saving lives in a still dangerous world.

Paul McPhun is Executive Director of Médecins Sans Frontières Australia.

Read more on MSF’s reflections on the World Humanitarian Summit [here](https://devpolicy.org/who-will-champion-rohingya-draconian-refugee-policies-must-end-20220825/). For an opposing view on MSF’s decision not to attend the Summit, see this [Devpolicy post](https://devpolicy.org/who-will-champion-rohingya-draconian-refugee-policies-must-end-20220825/).

Disclosure

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Who will champion the Rohingya?
Draconian refugee policies must end now

By Paul McPhun
25 August 2022

As the World Humanitarian Summit draws closer, the failures of the global humanitarian system that the summit seeks to revitalise are highlighted more strongly each week in war-torn Yemen.

Médecins Sans Frontières (MSF) Head of Mission in Yemen, Hassan Boucenine, recently characterised the situation in the country, saying: “To be honest it’s worse and worse... it’s beyond despair... They struck a wedding, there were only civilians there and most of them died because the Mokha hospital is closed because of supply — no drugs, no fuel, no electricity, no nothing, so the staff left.”

It is not hard to understand his description. Many thousands of Yemenis are being killed and injured as the conflict drags into its eighth month. Over 13,000 people have been treated by MSF medical teams working on both sides of the front lines. The situation is not improving. The calls for ceasefires and peace talks have been all but ignored, despite the death toll from the past seven months matching or even surpassing that seen in Syria during the same period.

Very few Australians have been following the devastating war in Yemen. It is not easy to do. Newscasts rarely carry the story as the Yemen conflict is simply not a geopolitical priority here. It does not directly threaten the national interests of Australia, or seemingly those of its allies and our ties to the Arabian nation are very limited. That said, it is one of the greatest humanitarian crisis of our times, and one where the very lack of attention given in Australia is symptomatic of
some of the broader problems facing Yemen, and in fact the humanitarian aid system itself. Before we examine this and the questions this raises for humanitarian decision makers it’s worth recapping the context.

Yemen is currently divided between the Houthi movement, which controls substantial parts of the north and is advancing southwards, and the anti-Houthi coalition based mainly in the south. President Hadi of the transitional government (set up after widespread protests pushed the previous president Saleh to step down) left Yemen at the end of March 2015 when the Saleh-supported Houthi consolidated their power in the capital Sana’a and moved to take the southern city of Aden. A coalition of gulf states supporting President Hadi, led by Saudi Arabia, started airstrikes against the Houthis on 27 March 2015.

The last few months have seen a sustained worsening of the situation for civilians in Yemen. Forces on both sides of the conflict have frequently struck civilian targets. The Saudi led coalition attacks in Harad in April and in Beni Hassan-Harad in July, left dozens dead and injured over 100 more. Houthi shelling in June at Al-Basateen-Aden and in Dar Saad-Aden in July left hundreds more injured. The total number of civilians killed and injured is in dispute but what is not contested is that the number is high – perhaps higher than the civilian death toll in Syria during the same period. Further to this, 1.5 million people are displaced and almost 9 million lack access to even basic medical care.

The conflict in Yemen has not been ignored by the international community – quite the opposite. The UN Security Council (UNSC) debated the conflict on numerous occasions and passed UNSC resolution 2216 (in April 2015), which was the latest in a series of resolutions relating to Yemen. It seeks to limit arms flows to Houthi rebels amongst other sanctions. Tragically this resolution has, in the experience of MSF teams, done little to limit the scale or impact of the conflict. It has instead emboldened the Saudi led coalition’s imposition of a blockade of Yemeni ports and the targeting of local infrastructure that has crippled the lives of ordinary Yemenis. Supplies are hard to get in, whilst basic essentials such as
fuel, electricity, food and materials are scarce. It has also led to the collapse of many health structures for lack of life saving medical supplies and the equipment and power to operate with.

The resolution and subsequent debate has focused largely on the geopolitics of the conflict, as well as the need for combatants to respect resolution 2216 and resume UN brokered peace talks. However, as the conflict continues and the humanitarian crisis worsens the need for a decisive humanitarian emergency response, both political and material, has become acute.

This is yet to materialise. As of mid-September, the UN $1.6 billion response plan was only 38 per cent funded. At the same time MSF teams report a near-absence of implementing humanitarian agencies on the ground. This is clearly a difficult context to operate in, but for the humanitarian sector a crisis of this scale should be far more difficult to ignore.

For those like MSF who are on the ground, the provision of independent, impartial, humanitarian assistance is severely hampered by cumbersome processes, efforts to influence and enforce where assistance is provided, and blockage and confiscation of humanitarian supplies. Both warring parties in Yemen seek to control the meagre humanitarian resources available in the areas they control, and they do this with impunity.

The global humanitarian system is tragically failing the people of Yemen, because it remains vulnerable to the political motives of UN member states, donor governments, and warring parties. Unfortunately for Yemenis their country is neither important enough to galvanise decisive international humanitarian action (and have their plight televised on the nightly news) nor geopolitically sensitive enough to mobilise effective international pressure to swiftly end hostilities and resume basic services.

Expectations that the World Humanitarian Summit will offer new and stronger direction during humanitarian emergencies are also fading fast. The Summit has
not managed to propose any meaningful reform of the current aid system architecture, and has only tentatively started to address financing issues. A focus on the localisation of aid seems absurdly out of place among the horrific realities of daily life in Yemen. Nation-states along with the private humanitarian sector need to institutionalise and resource humanitarian mechanisms which can independently act to avert humanitarian crises such as we witness in Yemen. Only humanitarian mechanisms which are well resourced, swift and easily adaptable can have an effective presence on the ground, and only then if determined political protection from the international community and all warring parties is secured under International Humanitarian Law.

This will not happen in time to save Yemen. Short-term relief depends on the determination of the small number of humanitarian actors in the field, whilst responsibility rests with the UNSC and all states who are party to the conflict to put the humanitarian crisis at the top of the agenda. What is desperately needed is an end to the blockade, restoring of essential services and humanitarian access.

Paul McPhun is the Executive Director of Médecins Sans Frontières Australia.

Note: On the 26 October, airstrikes carried out by the Saudi-led coalition in northern Yemen destroyed a hospital supported by MSF. The small hospital, in the Haydan district in Saada Province, was hit by several airstrikes beginning at 10:30pm. Hospital staff and two patients managed to escape before subsequent airstrikes occurred over a two hour period. With the hospital destroyed, at least 200,000 people now have no access to lifesaving medical care. The bombing of civilians and hospitals is a violation of IHL and MSF is demanding that coalition forces explain the circumstances around the attack in Haydan.

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