

## Nazrul Islam: The international medical community must act to help Rohingya refugees in Bangladesh

March 12, 2018



The forced displacement of the Rohingya population has a historical root since the late 1970s. Approximately 200,000 Rohingya were displaced to neighbouring Bangladesh in 1978, and about 260,000 in 1991-92. [1] The recent displacement of 400,000-420,000 Rohingya, of which about 240,000 were children, made it by far the largest displacement of Rohingya population. [2] The total Rohingya population living in Myanmar-bordered-Cox's Bazar peninsula has been estimated to be about 950,000. [3]

However, despite this, the global public health research community appears to have been embarrassingly silent in this case. A PubMed search between 01/01/2015 and 05/01/2018 with the keyword "Rohingya" yields only 14 articles while a much lower influx of refugees in Europe was featured in almost all major health research publishing outlets. With this apparent *selective humanism*, *The BMJ* and the *Lancet* clearly stand out with their praiseworthy responses to either of these cases.

Bangladesh, a densely populated country with its own population of over 160 million, has exhibited unprecedented sensibility and warmth in accommodating further refugees despite the practical fear of overcrowding, and food and social crises. Bangladesh must have recalled their own history, when in 1971 more than 1,000,000 of its own people were forced to take refuge in India. [4] There is always a way to give back to the rest of humanity, no matter how poor your GDP is.

Rohingya refugees in Bangladesh are subject to a multitude of health concerns, making it one of the worst syndemics, referred to as "co-occurrence of health burdens in transitioning populations," that any population can experience. [5] A host of health concerns, including a lack of safe drinking water, a lack of proper sanitation, malnutrition, overcrowding, and respiratory tract infections, a diphtheria outbreak, poor mental health conditions including post-traumatic stress disorder, and HIV/AIDS have been reported. [3 6-9] Horrendous social forces such as systematic "ethnic cleansing," crimes against humanity, homelessness, and rape of Rohingya women and girls are further worsening the overall health condition of the population, including their mental health. [2] This is made worse by inadequate access to healthcare services, social/material deprivation, and widespread trafficking of drugs including methamphetamine (locally known as "Ya Ba"). [10]

At least 83 cases of HIV have been reported in the camp so far. [7] There is a high background prevalence (0.8% of the population; second highest in South East Asia) of HIV in Myanmar with an estimated 200,000-260,000 people living with HIV in 2016. The total number of Rohingya living with HIV has been estimated to be about 5,000. [7, 11, 12] While this portrays an example of classic syndemics around infectious diseases, there are also syndemics of non-communicable diseases, such as diabetes. [5] It is imperative to

join the call to extending maximum support to the local health infrastructure in Bangladesh. [9] A well-designed syndemics approach to this crisis is necessary to address both the short- and long-term consequences for this population.

**Conflict of Interest:** *I declare no competing interests.*

**Nazrul Islam** is a clinician-epidemiologist and a graduate student at Harvard University. He is currently working as a Research Associate at the MRC Epidemiology Unit, University of Cambridge.

Twitter: [@Twitty\\_Naz](#)

## References:

1. Mahmood SS, Wroe E, Fuller A, et al. The Rohingya people of Myanmar: health, human rights, and identity. *The Lancet* 2017;**389**(10081):1841-50 doi: [https://doi.org/10.1016/S0140-6736\(16\)00646-2](https://doi.org/10.1016/S0140-6736(16)00646-2)
2. Beyrer C, Kamarulzaman A. Ethnic cleansing in Myanmar: the Rohingya crisis and human rights. *The Lancet* 2017;**390**(10102):1570-73 doi: [https://doi.org/10.1016/S0140-6736\(17\)32519-9](https://doi.org/10.1016/S0140-6736(17)32519-9)
3. White K. Rohingya in Bangladesh: an unfolding public health emergency. *The Lancet* 2017;**390**(10106):1947 doi: [https://doi.org/10.1016/S0140-6736\(17\)32677-6](https://doi.org/10.1016/S0140-6736(17)32677-6)
4. Toole MJ. Refuge for the selected few. *The Lancet* 2001;**357**(9266):1425-27
5. Mendenhall E, Kohrt BA, Norris SA, et al. Non-communicable disease syndemics: poverty, depression, and diabetes among low-income populations. *The Lancet*; **389**(10072):951-63 doi: 10.1016/S0140-6736(17)30402-6
6. Riley A, Varner A, Ventevogel P, et al. Daily stressors, trauma exposure, and mental health among stateless Rohingya refugees in Bangladesh. *Transcultural Psychiatry* 2017;**54**(3):304-31 doi: 10.1177/1363461517705571
7. Chaity, A.J., Mahmud, T. World AIDS Day: Rohingya influx triggers fears of disease spreading. *The Dhaka Tribune*. December 01, 2017.
8. World Health Organization. Diphtheria is spreading fast in Cox's Bazar, Bangladesh. Secondary Diphtheria is spreading fast in Cox's Bazar, Bangladesh. December 06, 2017. <http://www.who.int/mediacentre/news/releases/2017/diphtheria-spreading-bangladesh/en/>.
9. Pocock NS, Mahmood SS, Zimmerman C, et al. Imminent health crises among the Rohingya people of Myanmar. *BMJ* 2017;**359** doi: 10.1136/bmj.j5210
10. Stoneberg DM, Shukla RK, Magness MB. Global Methamphetamine Trends: An Evolving Problem. *International Criminal Justice Review* 2017 doi: 10.1177/1057567717730104
11. Pendse R, Gupta S, Yu D, et al. HIV/AIDS in the South-East Asia region: progress and challenges. *Journal of Virus Eradication* 2016;**2**(Suppl 4):1-6
12. UNAIDS. Country Factsheets: Myanmar 2016. Secondary Country Factsheets: Myanmar 2016. 2017. <http://www.unaids.org/en/regionscountries/countries/myanmar>.