

# Trepidations and Ramifications of COVID-19: Rohingya Refugees in India

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The COVID-19 refers to coronavirus disease which led the world to cope with enormous difficulties and challenges and the ramification of it demonstrated unprecedented hardships, especially for vulnerable groups, such as refugee communities. The Rohingya community, refugee victims of military persecution, and civil conflict in Rakhine, Myanmar, have been subjected to numerous problems in India's different regions. In the wake of the coronavirus outbreak, India reported its first case at the end of the first month of 2020. This essay aims to focus on the trepidations and ramifications of the COVID-19 crisis on refugees, accompanied by Rohingya refugees' critical and legal conditions in India. The essay concludes with some insights on how the COVID-19 pandemic impacts the Rohingya refugees in India.

*Keywords: Rohingyas, India, COVID-19, livelihood, fear*

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## Introduction

Millions of refugees worldwide who reside inside the camps are struggling to support themselves and their families. They often depend on inadequate humanitarian help and are forced to live in vulnerable and deplorable situations including social exclusion. Jacobsen (2014) explicitly describes the three kinds of social exclusion mechanisms that constrain refugee livelihoods. First, exclusion mechanisms at the state level, which constrain living conditions. It takes the form of restrictive laws and policies and the bureaucracies and authorities implementing such policies. Second, social exclusion mechanisms are being conducted at the civil society level through xenophobic anti-immigrant attitudes and behaviors towards immigrants and refugees. It includes discrimination (e.g., rejection from jobs, services, and social spaces) and harassment, ranging from verbal and emotional abuse to physical harassment. Third, the social exclusion mechanisms are also being conducted at the institutional and organizational levels through the provision of financial, educational, and health services, in which institutions and organizations, in the case of refugees, have created rules for accessing such services. Moreover, a legal status certificate is often required to use such services but access is often hindered by higher fees for refugees or other bureaucratic procedures such as obtaining appropriate documentation. The refugee communities are seen as one of the most vulnerable people and most impacted by the COVID-19 crisis (United Nations 2020). The COVID-19 pandemic places millions of refugee people, residing in densely packed camps, detention centers, or outside the camps, in severe conditions and worsen their livelihood situations.

## **Trepidations and Ramifications of COVID-19 Crisis on Refugees**

The COVID-19 disease originated in December 2019, in Wuhan, Hubei Province, China (Chakraborty & Maity 2020). On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic, indicating more than 118,000 corona viral disease cases in 110 countries and territories worldwide and the ongoing risk of further worldwide ramifications (Jamie 2020). The dissemination of new coronavirus (2019-nCoV) or the severely intense respiratory disease coronavirus 2 (SARS-CoV-2) caused a significant public health epidemic worldwide. Consequently, it is considered as the century's "most crucial global health calamity" since World War II, and it poses enormous social, health, economic, and environmental challenges to humankind (Chakraborty & Maity 2020, 1). The outbreak of COVID-19 has become a clinical threat to people across the world (Singhal 2020).

Because of the very high transmissibility of the virus, nations all over the world are taking restrictive steps to contain the virus dissemination, including lockdowns, to restrict individuals' movement. The immobility and confinement, such as lockdown, enforced by the local and central governments to contain the virus, proved to be a nightmare for hundreds of thousand refugees and migrant workers who lost the necessities of life. Moreover, the virus increased social and economic insecurity and health risk; many of them suffer from anxiety and fear of getting infected. WHO is calling for further attention towards refugees and migrants, who are facing difficulties in essential food supplies, medicines, and assistance. Adequate medical personnel and infrastructure are needed to cope with the pandemic.

## **The Critical and Legal Conditions of Rohingyas in India**

Rohingyas, the most persecuted ethnic minority in the world according to the United Nations, are the victims of the sectarian riots between Rohingyas and Rakhine Buddhists and state-sponsored violence targeting the Rohingya minorities in Myanmar (Sahoo 2017). However, the UN High Commissioner for Human Rights also labelled Rohingyas situation as 'deplorable' and termed the Rakhine case as 'textbook example of ethnic cleansing' (Sahoo 2017, 2). Over several years, continuously facing persecutions, discrimination, statelessness, massacre, and mistreatment, Rohingyas has fled to various countries. In 2017, the Government of India recorded 40,000 Rohingyas (mainly in Jammu, Hyderabad, Delhi, Western Uttar Pradesh, Haryana, and other locations) (South China Morning Post 2018). In India, Rohingyas are not legally recognized as refugees by the government and are continuously portrayed as 'illegal immigrants' by the government officials in the country (Rajagopal 2017). On the one hand, India does not have any legal framework to deal with refugees' issues. On the other hand, India is not a signatory of the 1951 Refugee Convention and the 1967 Protocol Relating to The Refugees' Status. The recognition of refugees in India operates in two different ways. Firstly, there are refugees recognized by the Government of India, such as West Pakistan Refugees (WPRs), Sri Lankan Refugees, Tibetan Refugees. Secondly, the refugees recognized by the United Nations High Commissioner for Refugees (UNHCR) such as Rohingya refugees and Afghan refugees. UNHCR has been active in India since 1982, pursuing the Refugee Status Determination (RSD) process. So far, 16,500 Rohingyas were able to get identity cards by the UNHCR but they are still considered illegal immigrants by India's government officials. Consequently, without legal status and support, they continue to struggle for life and liberty in their daily life in India.

## Impact of COVID-19 Crisis on Rohingyas in India

In the wake of the coronavirus outbreak, India reported the first case on January 30, 2020, in Thrissur district, Kerala (Rawat and Mukesh 2020, as cited in Chakraborty & Maity 2020). The Health Ministry of India has announced 129,813 confirmed cases and 7,471 deaths on June 10, 2020 (MoHFW 2020). In India, the National Disaster Management Authority (NDMA) announced that the country is threatened with the spread of the COVID-19 pandemic, and the Government of India called for a complete lockdown from March 25, 2020 to 31, May 2020. In addition, “prepare, but don’t panic” has been the guiding mantra for India given by the Prime Minister of India (Government of India 2020b). The Government of India (GOI) has taken several preventive measures such as the restrictions of international travel and domestic travel, universal screening of passengers at airports and seaports, suspension of visas for foreigners, public awareness campaigns on TV, print, and social media, self-quarantine measures, issue of advisories for the members of the public, setting up quarantine facilities, special efforts to reach out to the vulnerable groups, contact tracing of persons infected by the virus and various social distancing measures and self-quarantine measures to prevent, contain and manage COVID-19 effectively (Government of India 2020a). Moreover, several advisories have been issued to States and Union Territories (UTs) for taking necessary measures to contain the spread of this virus in the country. Still, very little has been done to address refugees’ concerns living in India (Shanker & Raghavan 2020). All the emergency assistance and programs, such as relief packages and alternate-livelihood assistance measures, run by the Central or State Government of India, assisted the poor and vulnerable people, but not illegal immigrants\*.

Rohingyas in India, as mentioned above, are not recognized as refugees by the Government of India; thus, they are directly excluded from relief packages by the Government and left alone to fight the coronavirus pandemic. The inefficiency in refugees’ definition in India has led to the refugees’ ill-treatment in the COVID-19 crisis (Sehgal 2020). Ali Johar, an educational coordinator at Rohingya Human Rights Initiative (RHRI), came to Delhi as a Rohingya refugee after fleeing persecution in Myanmar in 2012 said, “our people will die of hunger before the coronavirus kills them if we do not get enough assistance” (Nazeer 2020). In India, most of the Rohingya refugees (without any valid documentation except UNHCR card) work in the unorganized sector. The sudden lockdown has profoundly impacted the unorganized sector as well as Rohingya refugees during the pandemic. Due to the lack of basic hygiene in the extremely overcrowded camps with poor living and working conditions, and limited employment opportunities, it is impossible to keep the physical distance and prevent the spread of the virus for Rohingyas in India. While access to medical centers for COVID-related treatment is available, UNHCR’s persons of concern reported difficulties accessing medical care for non-COVID, non-emergency issues due to movement restrictions or limited services (UNHCR 2020). Humanitarian agencies often seem to fail to cover sufficient assistance and health care responsibilities in India.

## International Concerns on Refugees about COVID-19 Crisis

The WHO director-general Dr. Tedros Adhanom Ghebreyesus said at a media briefing that, *“this is not just a public health crisis, it is a crisis that will touch every sector, so every sector and every individual must be involved in the fights”* (Jamie 2020). Moreover, the pledge of UNHCR to *“leave no one behind”* has never felt more urgent (The Lancet 2020). The solidarity of international organizations such as UNHCR, WHO, Lancet Migration calls for the urgent inclusion of migrants and refugees in responses to the COVID-19 pandemic (Orcutt M, Spiegel P, Kumar B, Abubakar I, Clark

J 2020). Moreover, refugees face financial, legal, administrative, and language barriers to access health system services. However, many migrants are often excluded from national health programs, disease preventive, treatment and care, and financial protection schemes for health and social services (WHO 2020b). As of June 11, the WHO announced that the outbreak of COVID-19 had spread in more than 216 countries, including 7,145,539 confirmed cases, 408,025 confirmed deaths throughout the world (WHO 2020a). Moreover, UNHCR is also appealing for the protection of the most vulnerable people as they face specific challenges and vulnerabilities that must be taken into consideration when planning for COVID-19 readiness and response operations.

## Conclusion

COVID-19 undoubtedly had a significant adverse impact on the everyday existence of the entire human society. Moreover, the COVID-19 was declared a pandemic by WHO, which depicts it as a global threat, calls for a global response. However, insufficient humanitarian assistance and the government's negligibility towards refugees led the Rohingyas into critical situations. After recognizing all the problems and several severe consequences for refugees, there is an urgent need to take care of Rohingya refugees in India. They must be equipped with necessities such as safe food and water, a hygienic environment, and the essential proper consciousness of the COVID-19 crisis.

## Notes

\* Illegal immigrant is a foreigner who enters India illegally, i.e., without a valid travel document like a visa and passport or enters India legally, but stays beyond the period permitted in their travel documents.

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