IN THE EYE OF THE CYCLONE:

THE CHALLENGES OF PROVIDING HEALTH CARE FOR ROHINGYA REFUGEES DURING THE MONSOON SEASON

MedGlobal
ABOUT MEDGLOBAL

MedGlobal is a humanitarian non-governmental organization working to serve vulnerable communities by providing innovative, sustainable, and dignified healthcare in partnership with local organizations. We work in humanitarian emergencies, hard-to-reach areas, and places devastated by war, natural disasters, famine, and ethnic cleansing. MedGlobal works collaboratively with local non-profit organizations to build local capacity, train health workers, and find long-term solutions to some of the world’s greatest challenges. We send teams of doctors, nurses, and medics, along with medical equipment and supplies, to the crisis areas where we provide and support health services. To date, we have supported medical relief in and sent medical missions to the Bangladesh-Myanmar border, Puerto Rico, Yemen, Syria, and Greece. Medical missions to Sierra Leone, Lebanon, Jordan, Greece, Haiti and Pakistan are being planned.

ACKNOWLEDGEMENTS

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We are grateful for the 165 medical volunteers who have provided quality healthcare to our patients with compassion and utmost altruism.

We thank the Bangladeshi people and government for opening their border and homes to the large number of Rohingya refugees, in spite of their limited resources, and encourage all governments to follow their lead.

Above all, we would like to thank and dedicate this report to the more than 800,000 Rohingya refugees including the 20,000 patients we have treated, most of whom have survived atrocities and continue to face daily challenges in Cox’s Bazar refugee camps.

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“I CAN’T SEE VERY WELL NOW, SO HOW WILL I SURVIVE IN A MONSOON? I AM LIVING WITH MY WIFE, ALL OF OUR KIDS HAVE BEEN KILLED IN BURMA. IT IS SO HARD TO COLLECT FOOD NOW BECAUSE WE ARE OLD.

I ONLY PRAY THAT WE WILL SURVIVE THIS MONSOON SEASON.”

MOHAMMAD, AGE 50
Rohingya Refugee and MedGlobal Patient
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8. **RECOMMENDATIONS**
The refugee crisis in Bangladesh is at a critical level. In August 2017, Rohingya refugees, who have long been persecuted in Myanmar, began fleeing to neighboring Bangladesh in record numbers, seeking safety from acute violence and ethnic cleansing. According to the UNHCR, more than 671,000 Rohingya children, women, and men have been forced to flee to Bangladesh escaping violence in Myanmar since August 25, 2017. The mass displacement has resulted in a health and humanitarian emergency, which risks turning into a deadly catastrophe for refugees and host communities particularly during the dangerous summer monsoon season.

There are currently 1.3 million people, including 703,000 children, in need of health assistance in Cox’s Bazar, a district in southeastern Bangladesh now made up of the highest concentration of refugees in the world.

MedGlobal has been on the ground since the first months of the crisis, working in partnership with a local organization, HOPE Foundation for Women and Children in Bangladesh (HOPE Foundation) and in collaboration with other local NGOs like OBAT Helpers. MedGlobal sends weekly teams of health workers to provide free healthcare to Rohingya refugees and underserved populations in Bangladesh. Working within the healthcare sector, MedGlobal medical volunteers focus on providing primary medical care to adults and children, mental health care, women’s health services, and management of chronic and communicable diseases, all common within refugee populations and disaster areas.

Cox’s Bazar district is known for having one of the highest rainfalls in Bangladesh during monsoon season. The monsoon season typically occurs between May and September, and includes heavy rainfall, strong winds, and cyclones. Many new health challenges will surface from the intense rain and storms, flooding, water stagnation, and contamination of water due to the destruction of water purification units and latrines. The destruction of infrastructure will also exacerbate medical needs, particularly the destruction of roads and other infrastructure needed to safely transport patients and medical aid, health facilities and hospitals, and shelter like tents, homes, and community centers. Monsoon season risks causing mass casualties and creating landlocked refugee communities, unable to access assistance because of flooding.

The Health Sector in Cox’s Bazar, run by the World Health Organization (WHO) and the Bangladesh Department of General Health Services, coordinates monsoon preparedness and response plans to minimize the impact of cyclones and flooding. MedGlobal staff participate in the Health Sector coordination meetings and disseminate valuable information to clinic patients. Every morning, MedGlobal health workers provide cyclone preparedness training to patients, helping inform them about what to expect during the monsoons and how to prepare. MedGlobal is also adapting its health services during the monsoon season in collaboration with its local partner.

As of late June 2018, camps are experiencing near constant flooding from rains. Mudslides are already occurring and locals are reporting casualties. So far there have not been particularly heavy rains, but NGOs are bracing for a worst case scenario as monsoon season continues. The base of the camp grounds is sand, which erodes every time there is rain.

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The short-term impact of the monsoon season will most likely be loss of lives from mudslides, drowning, injuries from flying debris, crush injuries during the storms, and inability to access immediate health care and medication. With intense rains and cyclones, hills could disintegrate and makeshift housing could disappear. Entire villages could be washed away, leading to mass casualties and leaving others stranded in landlocked areas.

The intermediate and long-term impact could be even worse. With the destruction of vital roads by mudslides and flooding, transporting food and medicine could be impossible. The stagnation of water will increase the risk of vector-borne diseases like malaria. Most wells are not dug deep enough to prevent drinking water contamination, and the destruction of latrines and water purification units will very likely lead to the contamination of water. Health providers are bracing for outbreaks of water-borne diseases like cholera.

The limited number of roads that lead into the refugee camps exacerbate these risks. There are only two main roads in Cox’s Bazar district that service the refugee camps. If one or both of the roads was to be cut off by flooding or destruction, the warehouses outside of the camps that house food, tenting equipment, water purification units, and medication would be inaccessible. One of them, the Ukhiya-Balukhali Army Road, has already been impacted by the heavy rainfall and mudslides. This road has been temporarily closed just north of one of the supply hubs outside of the camps.

The situation for Rohingya refugees in Cox’s Bazar has the potential to spiral from a crisis to a catastrophe during monsoon season. Increased and sustained support for the humanitarian response is critical to save the lives of the most vulnerable refugees. MedGlobal recommends specific policies to governments, the UN, and humanitarian partners in order to deal with the expected worsening of the humanitarian situation and prevent a catastrophic outcome:

- Immediately and fully fund the Joint Response Plan for 2018, which includes all sectors of the humanitarian response - the lack of funding for any sector could have a catastrophic effect on the entire humanitarian response, especially during monsoon season.

- Scale up the critical monsoon preparedness and response work, including strengthening tents, relocating the most vulnerable families to safer areas, and stockpiling critical medicines.

- Partner with and learn from local NGOs with experience delivering services during monsoon season.

- Support host communities - it is critical to serve the needs of the host community and refugees in Cox’s Bazar.

- Prepare and adjust a comprehensive emergency evacuation plan in case a mass evacuation is needed.
**THE CRISIS**

Cox’s Bazar has among the **highest concentration** of refugees in the world.

- **200,000** refugees at immediate risk this monsoon season
- **915,000** Rohingya refugees in Cox’s Bazar
- **1.3m** people, including **703,000 children** in need of health assistance in Cox’s Bazar
- **315 days** since mass displacement began (as of July 1)

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**“My greatest concern about monsoon season is the safety of my children. We live in the hillside, and I think it will be dangerous. Now, my child is very sick. How we will be able to go to the clinic anymore if the child is sick during the rainy season?”**

**NOUR**
Rohingya Refugee

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The Rohingya, a largely Muslim ethnic minority, have faced decades of discrimination and violence in Myanmar. Until the recent displacement, an estimated 1 million Rohingya lived in Myanmar, primarily in its western Rakhine State. The government of Myanmar contends that the Rohingya are migrants from Bangladesh, though many Rohingya communities have been in Myanmar for centuries. The 1982 Citizenship Law in Myanmar denies citizenship to Rohingya, rendering them one of the largest stateless populations in the world. They are denied basic rights, such as traveling freely, practicing their religion, working as doctors, or accessing education or medical care. Particularly in the Rakhine State, Rohingya families face numerous barriers to accessing health care - a lack of health workers, badly maintained roads, poorly equipped and staffed hospitals, restrictions on movement, and discriminatory practices in hospitals, such as segregated hospital wards.

As of August 2017, there were only 5 health workers per 10,000 people in the Rakhine State, falling well below the national average in Myanmar of 16 per 10,000 people and even farther below the minimum of 22 per 10,000 people recommended by the World Health Organization (WHO) to maintain a functional health system.

Since August 25, 2017, a renewed campaign of ethnic cleansing and atrocities against the Rohingya has led to widespread death, suffering, and displacement. Myanmar Army-led attacks have killed thousands of Rohingya women, men, and children; rape and sexual violence primarily against Rohingya women and girls has been widespread; and entire Rohingya villages have been burned to the ground. Rohingya began fleeing Myanmar by the tens of thousands. In less than a year, almost 700,000 people have joined the previous 200,000 Rohingya refugees who previously fled to Bangladesh to avoid conflict and persecution.

“THE SITUATION SEEMS A TEXTBOOK EXAMPLE OF ETHNIC CLEANSING.”

ZEID RA’AD AL-HUSSEIN
UN High Commissioner for Human Rights
September 11, 2017

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The Cox's Bazar district in southeastern Bangladesh has become a mega-settlement of camps housing nearly one million refugees. Cox's Bazar was already one of Bangladesh's poorest districts, and the influx of refugees has created a further strain on the host community.

There are now 33 camps and settlements across the barren hills of Cox's Bazar, with the Kutupalong Camp and Kutupalong-Balukhali Expansion Site being the largest and most densely populated. The clinic that MedGlobal supports is on the edge of the Hakimpara Camp, or Camp 14. Living conditions inside the camps are dire - refugees face slum-like conditions, with poor sanitation, extreme overcrowding, and a lack of availability of food. Tents and houses are often built out of bamboo frames and plastic tarps. Most of the makeshift houses are built on slopes or flood-prone low-lying areas that make them particularly vulnerable to destruction with heavy rainfall. The congested camps already face overwhelming challenges, and are particularly ill-equipped to handle the monsoon and cyclone seasons.

Comprehensive health care is one of the greatest needs among refugees. The health sector, led by the Bangladesh Department of General Health Services, the World Health Organization, and numerous NGOs like MedGlobal, is responding to the needs of over 1.3 million people in this area, including new arrivals, existing refugees, and members of the host community. Some of the most acute health concerns that MedGlobal has witnessed are:

**Communicable and Waterborne Disease**

The most common illnesses seen among refugees are related to harsh living conditions. Poor water and sanitation in the camps increase the risk of the spread of communicable and waterborne diseases. Crowded conditions put children at disproportionate risk, as evidenced by recent outbreaks of measles and diphtheria in the camps. Health providers are bracing for outbreaks of cholera, which spreads through the ingestion of contaminated water and is a particular risk in the monsoon season. With the aim of prevention, the health sector has initiated large scale vaccination campaigns for cholera, measles and rubella, polio, and diphtheria.

**Non-Communicable Disease**

Non-communicable and chronic diseases, like heart disease and diabetes, are common. Comprehensive treatment of these diseases is important, especially for vulnerable populations like the elderly.

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“WITH VERY LIMITED RESOURCES, THE BANGLADESHI PEOPLE HAVE OPENED THEIR HEARTS AND HOMES TO MORE THAN 650,000 ROHINGYA REFUGEES WHO SOUGHT REFUGE FLEEING FROM UNIMAGINABLE ATROCITIES IN THE PAST FEW MONTHS.

BUT THE CURRENT SITUATION IN COX’S BAZAR DISTRICT IS A RECIPE FOR DISASTER. IF A CYCLONE HITS, AT LEAST 60% OF THE INFRASTRUCTURE MAY BE DESTROYED, MANY LIVES WILL BE LOST. THE IMPACT ON THE ROHINGYA REFUGEES WILL BE CATASTROPHIC.”

DR. ZAHER SAHLOUL
MedGlobal Co-Founder and President
**Psychological Trauma**
Local psychologists report that virtually all refugees arriving from Myanmar are traumatized. The mental health effects of experiencing and witnessing the atrocities committed in Myanmar are vast - MedGlobal volunteers witness high levels of symptoms that correspond with post-traumatic stress disorder (PTSD), depression, anxiety, and other functional disorders. Most children who fled Myanmar experienced significant trauma, from witnessing relatives being killed, fleeing military raids, being forced to leave their homes, and more. Many are living in a near constant hyper-stressed condition of “fight or flight” arousal. Women and children who are survivors of sexual and gender-based violence are among the most vulnerable.

**Reproductive Health**
Reproductive health care is particularly important and challenging in this context. Over half of the Rohingya refugees are women and girls. At least 60,000 Rohingya women in the camps are pregnant and expected to give birth in the next year; of those who will give birth in the next few months, over 1,500 are at risk of life-threatening birth complications. Particularly in camp settings, there is a higher risk of sexual and gender-based violence.

**Malnutrition**
Chronic malnutrition is seen in the camps, particularly among children. This can have a long-term impact on the physical development of children. Food aid, consisting mainly of rice and lentils, often lacks in diversity of nutrients which perpetuates malnutrition among the population.

**Increased Vulnerability**
At least 87% of Rohingya families in the camps have at least one member with an identified vulnerability, such as the elderly, pregnant or breastfeeding women, and those with disabilities or who are wounded.

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**THIS IS SARAKATU**

She is 40-year-old mother who has four sons and two daughters. Her family fled Myanmar on a three-day journey by foot. Her husband’s five brothers all died in a fire after the Burmese military burnt their entire village. When talking to a MedGlobal volunteer, Sarakatu said, “I don’t want to be a burden to Bangladesh, I just want to sleep knowing that I won’t wake up dead.”

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In Myanmar, Rohingyas continue to face acute violence, targeting, discrimination, and a lack of access to basic rights or services. Many of their communities have been destroyed and there is an ongoing lack of humanitarian access to this region. The over 900,000 Rohingya refugees in Cox’s Bazar are unlikely to be able to safely return home in the near future. With the protracted nature of the conflict, it is likely that hundreds of thousands of Rohingya children will grow up both stateless and in refugee camps. Organizations like MedGlobal are providing health services to those in the camps as well as working to strengthen health systems by supporting existing facilities and training health workers. The health challenges for Rohingya refugees are massive and evolving, and the monsoon season will likely exacerbate those challenges and their suffering.

“THESE TENTS ARE BUILT ON THE EDGE OF THE HILLS, SO FALLING AND SLIDING DOWN ARE THE BIGGEST WORRY.”

ATTAOLLAH
Camp Leader, Rohingya Refugee
Today was my first day at the refugee clinic and it was the toughest day I’ve had in a very long time. I lost count of how many patients I saw but I won’t soon forget how grateful they all were for the attention. There was a good mix of primary care concerns, urgent care issues, and OB-GYN. By far the toughest thing I had to do today was tell a recently divorced refugee girl that she was about two months pregnant. I’ll be seeing her again in the coming weeks during my assignment here, after which, my MedGlobal replacements will take over her care.

Saw a few dental abscesses that were incredibly large and painful. My amazing
MedGlobal volunteers have been on the ground in Cox’s Bazar since October 2017, sending weekly teams of physicians, nurses and public health workers to provide free and sustainable medical care for the Rohingya refugees and underserved citizens of Bangladesh. Volunteers have spanned the medical field, and have included 122 physicians, 19 nurses, 9 medical assistants and nurse practitioners, and 9 medics, as well as public health and mental health professionals. MedGlobal works with the Hope Foundation for Women and Children, a local Bangladeshi NGO with more than 20 years of experience working in Cox’s Bazar, to support the Hope Clinic. MedGlobal supplies the Hope Clinic with volunteers on a weekly basis, working to provide health consultations, medical treatment, equipment and medicine, and trainings for local medics and community health workers. Volunteers provide medical care to approximately 100 patients per day, a third of whom are children. The organization has sent 164 medical professionals on weekly medical missions and has so far provided more than 20,000 consultations to Rohingya patients. MedGlobal is one of only a handful of NGOs that sends doctors and other medical professionals on medical missions to Bangladesh every single week.

These medical volunteers have been focusing on the management of common medical problems within refugee populations following best medical practices. MedGlobal medical volunteers provide:

- Primary health care for adults, including the management of chronic diseases like diabetes, hypertension, and asthma
- Treatment of common conditions found among refugee populations including dehydration, malnutrition, infections due to crowding and poor sanitation, gastrointestinal problems due to poor quality of food, and waterborne and vector-borne diseases
- Pediatric care, including administration of deworming treatment and vitamin A to children between 6 months and 12 years old, and evaluation and referral of children for malnutrition
- Women’s health services, including screening for common health problems, family planning, and reproductive health care including antenatal and postnatal care
- Referral services to women and all people who are victims of sexual and gender-based violence
  - Free medications for patients
  - Basic laboratory tests and point of care testing like Accu-Chek, blood count and Portable Ultrasound
  - Mental health services including psychiatric first aid, management of common mental health issues like anxiety and depression, and referral services for PTSD and other psychiatric issues to partner organizations
  - Minor surgeries and wound care for patients in need
  - Stabilization of acutely ill patients with IV hydration, antibiotics, and nebulizer treatments
  - Referral services to nearby hospitals for patients who require inpatient management (about 0.5% of patients)
  - Health education for patients on common medical conditions
• Training to local medical staff
• Electronic Medical Records, data collection and analysis and quality improvement projects

So far, MedGlobal has spent more than $350,000 for procuring medications, vaccines, ready-to-use therapeutic food for malnutrition, oral rehydration therapy, medical consumables, and equipment; supporting the expansion of the Hope Clinic; building and refurbishing of a new field hospital in partnership with Hope Foundation; and the training of medical staff, interpreters, and field coordinators. **All medications and medical supplies are procured and purchased locally. Sustainability of impact is assured through training of local staff, advocacy, and increasing the capacity of local partner organizations.**

MedGlobal’s volunteers conduct trainings for local health workers to improve their technical skills and assist in scaling up the health services provided in these clinics. Training for community-based programs is especially important in this context. Because they were denied education in Myanmar, many Rohingya refugees are not literate, which affects the way they understand health needs and communicate their symptoms. Trainings include how to obtain vital signs, instruction in triage, malnutrition screenings, deworming protocols, and tropical medicine and refugee health.

MedGlobal monitors the needs of its patients, which enables it to identify specialists for medical missions and adapt its work. Initially, volunteers saw patients with more acute medical needs and injuries related to violent attacks in Myanmar or their journey to Cox’s Bazar. Ongoing priorities include a consistent supply of medications for chronic illnesses, implementation of an Electronic Medical Record System, improving data collection and conducting research projects on healthcare needs, an expansion of mental health services to include psychological first aid, and increased capacity building and training programs for local health workers.
“EVERY ONE OF OUR PATIENTS HAS THEIR OWN JOURNEY. FOR SOME, IT CAN TAKE A WEEK TO THREE MONTHS DEPENDING HOW FAR AND DEEP THEIR VILLAGE WAS INSIDE BURMA. WHAT WE WANT TO TELL THE WORLD IS THAT WE CANNOT FORGET THEM. THIS IS A CASE OF HUMAN SUFFERING IN ITS MOST EXTREME FORM.”

DR. NAVEED IQBAL
MedGlobal Board Member
Dr. Karla Fredricks is a Pediatrician in Boston. She has been involved with global health for many years and has been on several medical relief trips around the world including Kenya, South Sudan, Guatemala, and Greece. One of the most intense moments of her medical mission with MedGlobal was meeting a 3-year-old boy who was...

Dr. Saadia Memon is an Internist in Chicago. Her first medical relief trip was with MedGlobal in February 2018 and she is certain that it will not be her last. She has three children of her own, and was very affected seeing the young Rohingya children who have had to grow up too soon and assume caretaker roles for their younger siblings, grandparents, and sometimes their parents. She remembers a particular family she met in which the mother was the sole provider for four children; her husband had been killed by the Myanmar military. This mother appeared extremely weak and disoriented, and therefore could not pay attention...
thrown off a roof by a member of the Myanmar military. As a result, the child had sustained a fracture to his spine that healed improperly over time. Now he is unable to stand up straight or walk well.

to her children. Her oldest daughter who was 10-years-old was looking after her younger siblings while their mother was getting medical attention.
Dr. Aneesh Kuruvilla is an Internal Medicine Resident from Chicago. On his medical mission with MedGlobal in February, he accompanied a patient with respiratory distress to a nearby field hospital in a small tuk tuk, or an auto rickshaw. He comforted this patient and ensured that they got to the hospital safely.

TENISHA MCCASKILL, INTERNAL MEDICINE RESIDENT

Dr. Tenisha McCaskill is an Internal Medicine Resident in Chicago. She said that she had seen poverty in Chicago, but the poverty she witnessed in the refugee camps was on a scale hard to imagine. They have nothing, she said. The Rohingya refugees are considered lucky if they get one good meal a day, and an opportunity for an education seems like a far fetched reality for them.
Dr. Sarika Chopra is a Nephrologist in Chicago. Her time spent working with Rohingya refugees in Bangladesh has reignited her interest in pursuing a career in global health. Witnessing exhausted and demoralized refugees waiting in line to register at the UNHCR relocation center was a particularly difficult and sad moment for Dr. Chopra, as she saw their struggles unfolding in front of her eyes.

ANEESH KURUVILLA, INTERNAL MEDICINE RESIDENT

that an elderly woman was unable to walk any further to the clinic, so he carried her up the hill to get her to clinic. He was voted as MVP by the MedGlobal team for this medical mission.
Dr. Jesica Herrick is an Infectious Disease Physician in Chicago with a specialization in Parasitology. On her first day at the clinic she met a young mother who had brought her infant daughter with an inert and lifeless body. Dr. Herrick tried to perform a sternal rub to see if the infant would react at all, but there wasn't much movement from the baby. With extremely limited resources in the clinic it was difficult to determine what was wrong with the child. Dr. Herrick was in the process of referring the patient to the nearby field hospital when the mother suddenly disappeared with the infant and was nowhere to be found. She reflected...
AGUSTA OLAFOSSDOTTIR, HOSPITALIST

to have a lung mass and pleural effusion, fluid in his lungs. He had tested negative for Tuberculosis. Based on his history and her exam, Dr. Olafsdottir had a high clinical suspicion for cancer. She asked herself, “How do you tell a young man who has endured unimaginable loss and suffering, who escaped the horrific violence in Myanmar in the hopes to survive, that he has a disease that may take his life soon?”

on how devastating it is to deal with cases such as this because as a physician, she felt so helpless not having the resources to help patients here.
Cox’s Bazar is known for having one of the highest rainfalls during monsoon season.

The monsoon season in Bangladesh, which typically occurs between May and September each year, can include heavy rain, strong winds, and cyclones. The rainfall and monsoons often lead to flooding and landslides, which bring severe risks of casualties. Cox’s Bazar has been hit by more than three significant cyclones in the last two years.15 Last year beginning in early August, heavy monsoon rains caused intense flooding, reportedly Bangladesh’s worst floods in the last four decades.16 Over two thirds of Bangladesh was underwater.

Much of the land in the Cox’s Bazar camps is steep or low-lying, prone to flooding and landslides. Shelters are made up of weak tents, primarily built with plastic, fabric, and some branches. Impending floods risk damaging and destroying countless homes and camp infrastructure. Floods may landlock houses set on high ground, causing families to be stuck without access to food, clean water, or health care. Living and sanitation conditions will undoubtedly deteriorate.

The vast majority of these makeshift homes in this particular area are built on sand and soft dirt, most of them on hills. The dirt is so soft that our van had sunken into the ground and we had to get out and walk to the inside of the camp. When the monsoons hit, many of these “homes” will be swept away. This will lead to more overcrowding in the area less prone to mudslides and flooding. Water source will become more contaminated, contagious illnesses will spread like wildfire, shortage of supplies and medications will worsen. The incredible size of the camp means that we’ll have to secure more resources than ever if we’re going to minimize the number of deaths.”

TANVIR SHAGAR
MedGlobal Volunteer


In addition, more than 7,000 hectares were deforested in the past year to accommodate the new refugee camps. Forests diminish the power of cyclones and reduce their wind speed. With deforestation, urban areas and refugee camps will be hit with higher wind power that may cause more damage and destruction.

Monsoon season will significantly exacerbate health needs in the camps. The extreme weather could cause mass casualties and damage existing health facilities. Communities landlocked by floodwaters could be prevented from accessing health facilities, while damage to the main roads could hinder emergency transport. Acute and chronic health issues, like heart attacks, strokes, and diabetes, will become more dangerous without this access. The monsoon season brings a greater risk of outbreaks of preventable diseases, such as cholera, hepatitis E, shigella infections, and other waterborne diseases. The risk of malaria, which has already affected the area, increases during the monsoon season as well due to the stagnant water. Monsoon season could also exacerbate psychological trauma - the lack of access to ongoing mental health services could adversely affect many people, and chaotic conditions could trigger PTSD. Reproductive health concerns also become more complicated in monsoon season. There are over 60,000 women in Cox’s Bazaar who are pregnant or require basic comprehensive emergency obstetric care. Only 22% of Rohingya women in the refugee camps report using health facilities to give birth, and there is a risk that this number will further decrease with access issues during monsoon season.17

“WHAT WILL HAPPEN WITH THE WIND? I HAVE A LOT OF TENSION AND WORRY ABOUT WHAT WILL HAPPEN TO US WHEN THE WIND COMES. NO ONE IS HELPING US.”

AMINA KHATOON
Rohingya Refugee

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MONSOON PREPAREDNESS AND RESPONSE

Rohingya refugees are familiar with the dangers of monsoon season, as the Rakhine State in Myanmar also experiences cyclones. However, the living conditions in Cox’s Bazar are poor, the terrain is unstable, the camps are overcrowded, and safe structures are rare. There is a comprehensive, inter-sector response to prepare for and respond to monsoon season - however, it is currently grossly underfunded and in need of support. MedGlobal is working to implement critical trainings and health activities and has created an in-depth contingency plan ahead of monsoon season.

Monsoon and Cyclone Preparedness Training
Every morning at the Hope Clinic, health workers provide trainings for patients about how to prepare for monsoons, with advice such as keeping valuable items and records in ziplock bags, storing a ration of food in waterproof containers, and what to do in health emergencies.

Medication for Chronic Illness
MedGlobal is one of few organizations that provides care for chronic illness, like diabetes and hypertension. MedGlobal keeps track of patients who have chronic illnesses and works to ensure that their medications are resupplied.

Reproductive Health
The Hope Foundation has a particular emphasis on maternal and reproductive health. It will be even harder for pregnant women to access health facilities to give birth during the monsoon season, particularly if they are landlocked. It can be dangerous for women who deliver at home if they face complications. MedGlobal is working to adapt its reproductive health services to include more home visits.

The Bangladesh Ministry of General Health Services and the World Health Organization coordinate the health sector, which consists of over 100 local and international
organizations. Health sector partners are working to continue health services and strengthen contingency measures to minimize the impact of monsoon season:

- **Reinforce or relocate health facilities:** The health sector has assessed the 207 health facilities in Cox’s Bazar for vulnerability during rains, and is working to relocate 25% of them. Other health clinics are being strengthened or upgraded.

- **Train community health workers to address challenges:** Both Rohingya refugees and Bangladeshi members of the host community have volunteered as community health workers, who spread across all 33 camps and settlements in Cox’s Bazar and serve different functions, including giving warnings, checking that people are safe, administering first aid, and search and rescue. These health workers are trained on cyclone season message delivery and to prevent, identify, and treat common illnesses expected during the rainy season.

- **Detect and prevent epidemics:** The monsoon season coupled with poor sanitary conditions in the overcrowded camps increases the vulnerability of waterborne diseases, such as cholera and diarrhea, and vector borne diseases, including malaria, dengue and chikungunya. The health sector is taking measures to improve early detection and response to epidemic-prone diseases. In early May, the health sector completed the second round of an Oral Cholera Vaccine campaign which reached 892,604 people from both refugee and host communities.

- **Stockpile medication:** The health sector is stockpiling emergency health kits with drugs, medical devices, and equipment to meet the health needs of 200,000 people.

> “WE HAVE NOTHING, WE CAN’T DO ANYTHING, NO LIGHT, NO FOOD TO COOK, NOTHING TO EVEN BOIL THE WATER, WE DON’T HAVE ANY WATER, WE NEED TO GO FAR AWAY TO GET WATER, WE NEED HELP.”

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19 International Federation of Red Cross And Red Crescent Societies, “Going shelter to shelter to survive the monsoon in Cox’s Bazar,” April 2018, https://reliefweb.int/report/bangladesh/going-shelter-shelter-survive-monsoon-cox-s-bazar


“[IOM] TOLD US TO MOVE TO ANOTHER PLACE BECAUSE OUR HOUSE IS NOT SAFE. NEXT WEEK WE WILL HAVE TO MOVE. WE ARE SCARED BECAUSE WE WILL BE MOVED AWAY FROM OUR NEIGHBOURS.”

BIBI
Rohingya Refugee

- **Mobile clinics**: At least 16 mobile medical teams have been put together and trained to deliver immediate life-saving health services and facilitate referrals.\(^\text{22}\)

Beyond health, the inter-sector response has worked on:

- **Site improvement**: Site improvements include improved drainage, stabilizing roads to enable access, and preparing heavy machinery quickly clear emergency routes.

- **Relocating refugees**: Around 24,000 people have been identified as having the highest risk this monsoon season, and organizations are working on helping them move to safer ground.\(^\text{23}\)

- **Strengthening infrastructure**: Most refugee shelters are constructed using plastic, fabric, and branches, and highly vulnerable to the impacts of flooding and cyclones. NGOs are providing bamboo to families to strengthen their homes and other infrastructure like clinics, which is critical. Over 30,000 families have received shelter kits.\(^\text{23}\)

- **Search and rescue**: More than 650 refugees and host community members have been trained in first aid, search and rescue, and fire safety ahead of monsoon season.\(^\text{23}\)

- **Water and sanitation**: Waste from latrines on hills will flow downhill with rainwater, likely contaminating water sources and increasing the risk of disease outbreak. Efforts are being made to improve access to clean water and sanitation, including communication about safe practices.

- **Food security**: A main concern is that refugees will have issues accessing food and clean water in the floods, so NGOs are working with communities to prepare and stockpile food.

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Humanitarian Organizations
Working in the Health Sector

- Action Contre La Faim (ACF)
- Association for Socio-Economic Advancement of Bangladesh (ASEAB)
- Agrajattra
- Bangladesh Red Crescent Society (BDRCS) with implementing partners Japanese Red Cross Society (JRCS), International Federation of Red Cross and Red Crescent Societies (IFRC), and International Committee of the Red Cross (ICRC)
- BRAC
- CA with implementing partner DAM
- CBM International with implementing partner Centre for Disability in Development (CDD)
- CPI with implementing partners Prottyashi and PULSE-Bangladesh
- Center for Zakat Management (CZM)
- DoPeace with implementing partner Integrated Social Development Effort Bangladesh (ISDEBD)
- Family Development Services and Research (FDSR)
- Friendship
- Friendship & Humanitarra
- Health and Education for All (HAEFA)
- HF with implementing partner UNFPA
- Handicap International (HI)
- HelpAge International with implementing partners Young Power in Social Action (YPSA) and Resource Integration Centre (RIC)
- IHA
- IOM with implementing partner Research, Training and Management International (RTMI)
- International Rescue Committee (IRC) with implementing partners Research, Training and Management International (RTMI) and Action Contre La Faim (ACF)
- Médecins du Monde (MDM) with implementing partner Gonoshasthaya Kendra (GK)
- MI with implementing partner Gonoshasthaya Kendra (GK)
- MOAS
- MedGlobal
- Mercy Malaysia with implementing partner COAST
- PWJ with implementing partner DCHT
- Relief International (RI)
- SALT
- Syrian American Medical Society with implementing partner Gonoshasthaya Kendra (GK)
- SCI Bangladesh
- SP
- Terre de Hommes (TdH)
- UNFPA with implementing partner Research, Training and Management International (RTMI)
- UNHCR with implementing partners Handicap International (HI), Gonoshasthaya Kendra (GK), and FH/MTI
- UNICEF with implementing partners PHD and FH/MTI
- World Vision International (WVI)
**RECOMMENDATIONS**

**TO ALL GOVERNMENTS:**
Immediately and fully fund the Joint Response Plan, which includes all sectors of the humanitarian response. The JRP is currently massively underfunded, and the lack of funding for any sector could have a catastrophic effect on the entire humanitarian response during monsoon season. NGOs are working to rebuild camps in areas not predisposed to mudslides, coordinate vaccination campaigns for nearly one million people, and create contingency plans to ensure that communities are safe and healthy even if their access to medical facilities is hindered in flooding. It is critical that this work be fully supported.

**TO THE UN:**
Reiterate that there should be no forced return of refugees. The rights and safety of the Rohingya must be ensured before seriously considering plans for their return to Myanmar. International law requires the return of any refugees to be voluntary. The Rohingya have still not been granted any level of citizenship or basic rights, which is a major barrier to their safe return home.
TO UN AGENCIES AND INGOS WORKING ON THE HUMANITARIAN RESPONSE:

Scale up the critical monsoon preparedness and response work. Unless there is an urgent scaling up of preparation work, including strengthening tents and relocating of the most vulnerable families to safer areas, the monsoon season could lead to a catastrophe.

Prioritize protection of the most vulnerable, including women and children. In addition to protection challenges that may be faced during monsoon season, measures should be put in place to protect displaced Rohingya in Cox’s Bazar from sexual and gender-based violence and promote the participation of women in leadership roles.

Focus on mental health. Working with community leaders, it is important to identify culturally salient interventions to address PTSD, chronic anxiety, depression, and more. Particularly during monsoon season, coordinating with community health workers to ensure continued mental health services in the chaotic and challenging time is critical.

Partner with and learn from local NGOs. INGOS should ensure the involvement and input of smaller and local NGOs in all inter-sector coordination plans. The humanitarian response is immense, and during monsoon season it is more important than ever to learn from the creative coping strategies of local organizations and support their work.

Support host communities. As the humanitarian response works to assist refugees, it must likewise increase support to the local Bangladeshi communities in Cox’s Bazar, which have been heavily impacted by the arrival of hundreds of thousands of Rohingya. It is important to bridge the needs of the host community and refugees in Cox’s Bazar. This support can include strengthening livelihood projects or even simply buying locally to stimulate the local economy - poverty is likely to increase due to the impact of the cyclone and monsoon seasons.

Prepare and adjust a comprehensive emergency evacuation plan in case a mass evacuation is needed. This should be complemented by the strengthening of local roads and detailed contingency plans for relocation of refugees in case of destruction of infrastructure and flooding.

Without a massive and sustained increase in the humanitarian response, the situation for Rohingya refugees in Cox’s Bazar has the potential to rapidly go from a crisis to a catastrophe. During the monsoon and cyclone season, the lives of the most vulnerable Rohingya refugees remain at risk.