**EDITORIAL**

**Disability and the Rohingya Displacement Crisis: A Humanitarian Priority**

The United Nations estimates that close to 900,000 Rohingya refugees have fled violence and persecution in Myanmar and now live within displacement camps in Bangladesh. The Rohingya are among the world’s most persecuted population because even though they have lived in the Rakhine State of Myanmar for centuries, they are denied citizenship under law. Given their precarious status they began a gradual exodus from Myanmar (then known as Burma) to Bangladesh in the 1970s; however, the pace of this movement changed rapidly on August 25, 2017, as violence erupted within Myanmar targeting the Rohingya. Overnight, tens of thousands fled toward Bangladesh, where they are now precariously posted in temporary shelters on the edge of Cox’s Bazaar, and the deforested surrounding hillsides. The lethal concoction of rapid displacement of people, wedged into close quarters in a location not designed for this population bulge, has created a complex humanitarian predicament. Add into the dynamic seasonal monsoon rains and an acutely underfunded humanitarian agenda, and the result is the anchoring of a humanitarian catastrophe that holds the potential to politically destabilize the region.

The Rohingya are by no means the only globally displaced or marginalized population. At the close of 2017, violence, conflict, and persecution displaced 68.5 million people worldwide. It may be sobering to consider that this mass global displacement means that 1 in every 110 global citizens is considered a displaced person, that 44,500 people are displaced on a daily basis, or still that 1 person is displaced every 2 seconds around the world. Given the numerous locations of population displacement, including but not limited to South Sudan, the Democratic Republic of Congo, Yemen, and Syria, there are important concerns being raised about the degree to which scarce financial resources can or will be made available to support multiple humanitarian emergency scenarios. For instance, in May 2018, the World Health Organization reported that among the $950 million of funding required for the Rohingya displacement camps, only 6.3% of the targeted health funding has been met.

**Life in a displacement camp**

Life in a displacement camp is precarious and unsettling at best, enormously dangerous at worst, and the camps burrowed in Bangladesh are no exception. Rohingya refugees in Bangladesh are now completely dependent on humanitarian aid for basic needs; and displacement camps, formerly known as refugee camps, provide only temporary infrastructure to ensure safety, security, and basic needs. Unsafe housing, hazardous environments for women and children, food and nutritional insecurity, poor hygiene, and lack of meaningful occupation are only some of the challenges of life in the Rohingya camps. Once in the overcrowded camps, the Rohingya become exposed to new environmental factors that place them at further risk for water and airborne diseases including cholera with few mechanisms to reduce the spread. The World Health Organization estimates that 15% of the global population lives with a disability. The estimate of people with disabilities (PWD) increases when other disability related risk-factors, such as poverty, food insecurity, lack of education, and underemployment are present in a population. Among refugee populations, other factors need to be accounted for in any projections due to persistent exposure to violence in their home communities, unsafe and perilously dangerous journeys of exodus, alongside acquired disabilities while living in the displacement camps. Even using conservative projections of somewhere between 15% to 18% would place the likely number of Rohingya living with a disability in Bangladeshi displacement camps between 130,000 and 180,000 people.

These are ominously large numbers of PWD, especially when considering that relatively few humanitarian agencies focus on disability and rehabilitation in displacement camps. A 2017 report by the German relief organization Arbeiter-Samariter-Bund and Bangladesh’s Centre for Disability in Development suggested that “in general, beside some notable inclusion actors, the needs of persons with disabilities and older persons are not sufficiently being taken into account in the response.” The report also indicates that minimum standards of disability and inclusion criteria were not being met in Rohingya displacement camps. The report might be interpreted as an indictment of poor performance among humanitarian actors; however, the situation is much more complex. Non-governmental organizations (NGOs) that are active in the camps are functioning at capacity and working to implement emergency relief under extreme austere environments. The grand...
challenge is really about the NGOs’ financial ability to deliver programming to meet enormous disability needs. Moreover, humanitarian funding agencies rarely prioritize disability before, during, or after complex emergencies, and as a result, disability and rehabilitation initiatives have suffered from perpetual underfunding, especially when compared to other humanitarian priorities. Attempting to meet the multifaceted needs of PWD in complex emergencies, without a stable and proportionally funded humanitarian emergency agenda, creates desperate challenges in meeting expectations.

In a 2011 TED Talk, International Committee of the Red Cross physiotherapist Alberto Cairo reflected on his decades in Afghanistan’s protracted conflict and remarked that “physical rehabilitation is a priority; dignity (for persons with disability) cannot wait for better times.”21 It may be our instinct, or at least operative conditioning, to assume that humanitarian priorities in complex emergencies should rest at the level of shelter, food, water, and safety. There is clearly no denying their importance to support and sustain life; however, priority setting in complex emergencies should not be a zero-sum game wherein allocation of resources to one priority results in less for other priorities. Priority setting should become more nuanced and balanced and must include disability as an equal humanitarian priority if we are to achieve the Sustainable Development Goals agenda of leaving no one behind.

Complex emergencies disproportionately affect PWD and their families; and the worst time to plan a response for an emergency situation is during an emergency situation. Thus, we call upon the international community of rehabilitation and disability stakeholders to: (1) support financially, or otherwise, the existing disability-related NGO community as they continue their courageous work under perilous circumstances in complex emergencies; (2) engage in meaningful discussions, debates, and lobby efforts at the local, national, and international levels to position disability as a humanitarian priority; (3) not wait for a future emergency to ignite our innate (and sometimes temporal) passion to help others in challenging situations. All things being equal, perhaps our ability to accomplish the last suggestion will be the criteria on which we will be judged by future generations.

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**List of abbreviations:**
- NGO: non-governmental organization
- PWD: people with disabilities

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**Fig 1** Jamtoli Camp, Bangladesh. Courtesy: Mohammad Morshedul Quadir, CRP.
Fig 2  Jamtoli Camp, Bangladesh. Courtesy: Mohammad Morshedul Quadir, CRP.

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