



“No one was left”

Death and Violence Against the
Rohingya in Rakhine State, Myanmar

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Rohingya refugees from Myanmar, awaiting permission to continue their journey to the refugee camps near Cox’s Bazar, seek shelter from the monsoon rains in a rice field on the Bangladeshi side of the border with Myanmar where Bangladeshi border guards have order them to stay.

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Introduction

In the early hours of 25 August 2017, the Myanmar military launched “clearance operations”¹ in Rakhine State, ostensibly in response to coordinated attacks by Rohingya armed groups on Border Guard Police outposts.

This resulted in an estimated 688,000 mainly Rohingya people from Rakhine State fleeing into neighbouring Bangladesh.² The speed and scale of displacement resulted in a critical humanitarian emergency; together with previously displaced people, this took the total number of Rohingya in Bangladesh to more than 900,000.³ The majority of these people are now living in extensions to pre-existing camps and pre-existing makeshift settlements, in spontaneously-formed new settlements, and amongst the host community in Cox’s Bazar district.

Since 25 August, a number of patients from different areas of Rakhine State have shared with MSF accounts of widespread violence targeting Rohingya, including raids on houses and villages, random and indiscriminate shootings, the deaths of relatives or neighbours after being shot or stabbed, dead bodies littering their escape route, widespread destruction and sexual violence.

In November 2017, MSF conducted a total of six health surveys in Cox’s Bazar district which aimed at quantifying the current scale of the emergency by assessing factors including levels of mortality over time.⁴ Findings show that the Rohingya have been targeted, and are the clearest indication yet of the widespread violence that started on 25 August. MSF has also routinely collected accounts by refugees⁵ who recently arrived in Bangladesh to better understand the circumstances of their flight and the patterns of violence to which they have been exposed.

MSF estimates that at least 9,400 people lost their lives in Myanmar between 25 August and 24 September, of whom at least 6,700 died due to violence. At least 730 children under the age of five are estimated to have been killed.⁶ While the speed and scale of displacement alerted the international community to the severity of events, MSF mortality data indicates that violence reached an unprecedented level in the month following 25 August 2017. This contrasts sharply with official statements from the Myanmar authorities denying any wrongdoing in Rakhine State,⁷ and underestimating casualties caused by the so-called clearance operations.⁸

1 As named by Myanmar authorities.
2 Inter Sector Coordination Group (ISCG), Situation Update: Rohingya Refugee Crisis, 11 February 2018. Available at: https://www.humanitarianresponse.info/system/files/documents/files/180211_weeklyiscg_sitrep_final.pdf
3 Ibid.
4 For more details, see methodology in annex and health survey reports, available at: http://www.msf.org/sites/msf.org/files/coxs_bazar_healthsurveyreport_dec2017_final1.pdf and <http://www.msf.org/sites/msf.org/files/report-rohingyas-emergency-17-vf1.pdf>
5 A total of 81 testimonies collected since August 2017 were used to produce this report. See methodology in annex for more details.
6 The surveys are representative of 503,698 people who arrived from Myanmar’s Rakhine State during the recent mass displacements. The survey shows that 2.26% of the people died in Myanmar between 25 August and 24 September. By applying this proportion to the total represented population, it suggests that at least 9,400 Rohingya died during this first month after the start of the violence,

among them at least 1,000 children under the age of five. If we detail the findings of the results and consider the confidence interval (the smaller the confidence interval is, the more representative the sample is), the number of estimated deaths is between 9,425 and 13,759, and for children under five between 1,008 and 2,896. Of these, between 6,759 and 9,867 deaths were due to violence, including 734 to 2,109 children under the age of five.
7 See public statement published by the Tatmadaw True News Information Team with the results of the investigation led by the Inspector General of the Defence Services into wrongdoing by the armed forces in response to the attacks of 25 August. Available at: https://web.facebook.com/search/top/?q=Tatmadaw+True+News+Information+Team&_rdc=1&_rdr. See also Human Rights Watch, Burma: Army Report Whitewashes Ethnic Cleansing – International Inquiry, Accountability Needed for Justice for Rohingya, 14 November 2017, available at: <https://www.hrw.org/news/2017/11/14/burma-army-report-whitewashes-ethnic-cleansing>



Injuries treated by MSF staff, accounts from newly arrived refugees and results from MSF health surveys all point to the excessive use of force by Myanmar security forces, by groups affiliated to the security forces and by Rakhine mobs, and to the widespread use of violence against the Rohingya population. This violent persecution has resulted in high mortality amongst the Rohingya population in Myanmar, and has led to the forced displacement of those who survived it.

This report is primarily based on the results of the six health surveys that MSF conducted in Cox's Bazar district in November 2017. The survey results are complemented by the qualitative analysis of testimonies routinely collected by MSF since August, including accounts by MSF patients and their caretakers. Medical data from MSF's Kutupalong clinic,⁹ as well as accounts by patients told to MSF doctors, nurses and midwives, are also included in this report to corroborate findings by direct medical observations. The methodology used for the health surveys and collection of testimonies is detailed in an annex to this report.

8 "[...] the Myanmar government claims about 400 people have been killed so far, though others say the number is much higher". See The Guardian, 6 September 2017, available at: <https://www.theguardian.com/global-development/2017/sep/06/who-are-the-rohingya-and-what-is-happening-in-myanmar>
9 MSF has had a presence in Cox's Bazar district through its Kutupalong clinic since 2009. This clinic has received most of the

patients with violence-related injuries, including gunshot wounds, as well as most of the sexual violence survivors treated by MSF since the beginning of the influx. This is largely due to it being the only MSF medical facility running in the first month of the influx. MSF has opened several additional medical facilities in the area since the end of October, but the medical data reflected in this report is from patients at Kutupalong clinic only.

Yassin Tara, 20, and her 10-month-old daughter Asma have been refugees in Bangladesh since September. Tara's food and pots were stolen, leaving the already desperate family with even less to get by on. She bought damaged pots to replace the ones she had, and she is trying to clean them, so she can cook for her family. Her husband is trying to find work but it is very hard. Her daughter has pneumonia and high fever. "I hope my children go to school, so that they can make a living and help us," she says. Back in her village in Myanmar, she had three cows. She accuses the army of burning her house down and stealing her livestock.



“They were slaughtered”

– DEATH BY THOUSANDS

While the speed and scale of displacement since 25 August alerted the international community to the severity of events, the lack of access to Rakhine State by virtually all independent humanitarian organisations has led to a deficit of information about what really happened in late August.

MSF mortality data shows that violence reached extraordinarily high levels from 25 August 2017. **MSF estimates that at least 9,400 people lost their lives in Myanmar between 25 August and 24 September, of whom at least 6,700 died due to violence, including at least 730 children under the age of five.**¹⁰

2.1 SPIKE IN MORTALITY

Mortality was more than 13 times higher between 25 August and 24 September than between 27 May and 24 August.¹¹ **Mortality related to violence from 25 August onwards emphasises the excessive use of force against the Rohingya population in Rakhine State, with 71.7% of the total deaths reported between 25 August and 24 September caused by violence.**¹² There was a spike in violent deaths in the 10 days following

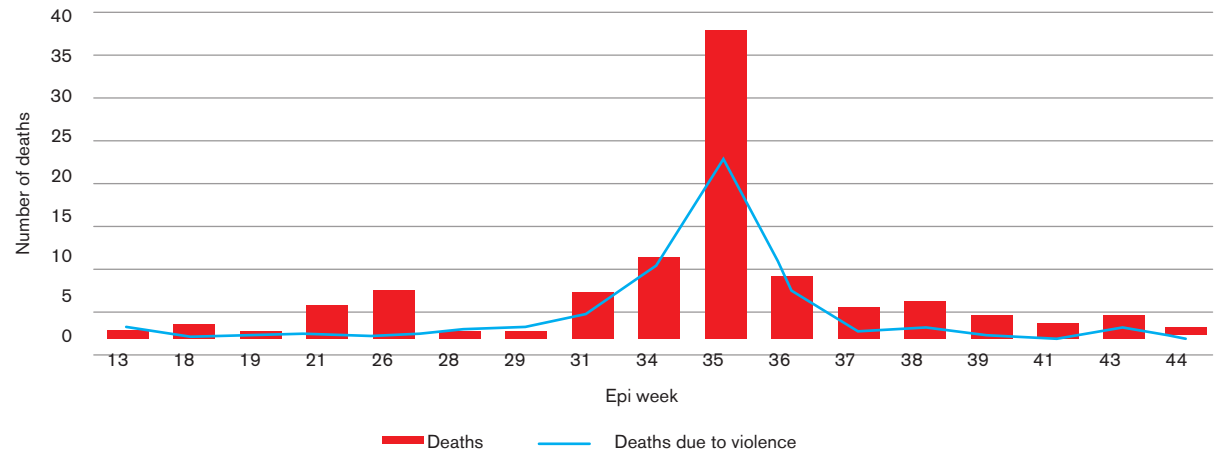
25 August: 43.8% of the total reported deaths occurred during this period.¹³

Accounts from MSF patients and other refugees confirm the ferocity of the crackdown, especially during the first weeks. They describe similar patterns, including house raids, arson, the widespread use of violence, including sexual violence, an excessive use of force, extrajudicial executions, random shootings, and indiscriminate killings of villagers.

“My house was burned, and all the other houses too. Some of the villagers went to fight the military with machetes, but the military shot them all, all the men are dead. I wouldn’t have left if I didn’t have to, I’m too old. [...] It took us 13 days to get here, this is the 14th day and we arrived this morning. I came with my daughter. On the way from Buthidaung through Maungdaw I saw at least 300 people dead, they were slaughtered. All the villages are burning, including the big houses.”

– Female, 65 years old, Taung Bazar, Buthidaung Township, 11 September 2017

10 Figures based on pooled results from the six mortality surveys, extrapolated to the total represented population.
11 Figure based on pooled results from the six health surveys.
12 Weighted average of reported deaths due to violence amongst all refugees surveyed across all locations (Kutupalong, Balukhali, Balukhali 2 and Tasnimarkhola).
13 Information available for Kutupalong and Balukhali only.



Distribution of mortality among recently displaced refugees by reported cause of death and week, Kutupalong and Balukhali, Cox’s Bazar district, Bangladesh

The main cause of violence-related deaths reported by the recently displaced population between 25 August and 24 September was gunshots (69.4%),¹⁴ including for children under five (59.1%).¹⁵ Of those who died violently, 8.8% were burned to death in their homes; this proportion reaches 14.8% for children under the age of five who died violently.¹⁶ Five percent of people who died violently between 25 August and 24 September were beaten to death.¹⁷ Other types of violence resulting in death were sexual violence (2.6%)¹⁸ and landmines (1%).¹⁹ A further 12.3% of violence-related deaths were due to “other” causes, a majority of which were identified by surveyed refugees in Kutupalong and Balukhali as “killed by military”, with no further information provided by respondents. In Balukhali 2 and Tasnimarkhola, surveyed refugees also mentioned death by “cutting the throat”²⁰

Refugees who gave their testimonies to MSF talked chiefly about the large number of deaths and described how people had been killed. References to slaughtering were numerous, as well as to mass killings.

“They killed my husband and children. Around 60 people died in this attack. Many people were slaughtered. After this the military put them in a big hole in the ground.”

– Female from Sain Dee Prang/Sein Nyin Pya, Buthidaung Township, 26 November 2017

Some people witnessed neighbours – and sometimes their own family members – being burned to death in their houses.

“My mother is blind, she couldn’t run, and she burned inside our house. I could only grab my baby [20 days old] and run.”

– Female, from Rathedaung Township, 13 September 2017

“The military is burning houses and mosques. [...] They burned my house with my infant child in it. I don’t know if there are still people in my village.”

– Female from Buthidaung Township, 21 October 2017

14 Figure based on pooled results from the six surveys (69% of violence-related deaths amongst newly arrived refugees surveyed in Kutupalong and Balukhali; 68.7% of all violence-related deaths amongst the population surveyed in Balukhali 2 and Tasnimarkhola).
15 Figure based on pooled results from the six surveys.
16 Figures based on pooled results from the six surveys. People burned to death in their homes account for 11.9% of all violent deaths, according to information collected in Kutupalong and Balukhali. This rises to 20% for children under five.
17 Figure based on pooled results from the six surveys. People beaten to death account for 19.5% of all violence-related deaths, according to information collected in Balukhali 2 and Tasnimarkhola. This rises to 26.1% for children under five.
18 Figure based on pooled results from the six surveys.
19 Figure based on pooled results from the six surveys. People killed by landmines account for 3.6% of violence-related deaths according to information collected in Balukhali 2 and Tasnimarkhola. No information available for Kutupalong and Balukhali.
20 People killed by having their throats cut account for 1.5% of all violence-related deaths according to information collected in Balukhali 2 and Tasnimarkhola.

	Total pop	<5 years
Violence (% of all deaths)	71.7 %	72.8 %
Cause of violent death		
Beating	5.0 %	6.9 %
Sexual violence	2.6 %	0.0 %
Gunshot	69.4 %	59.1%
Burned in home	8.8 %	14.8 %
Landmine	1.0 %	2.3 %
Detained/kidnapped	0.3 %	0.0 %
Throat cut	0.2 %	0.0 %
Unknown	0.4 %	2.3 %
Other	12.31 %	14.8 %

Most people who died since 25 August lost their lives either in their homes in Myanmar,²¹ in their villages in Myanmar,²² or on the journey to Bangladesh.²³

While violence was particularly intense in the month immediately following 25 August, it also continued after that period. Of deaths reported between 25 September and the end of the recall period (between 30 October and 12 November), 11.1% were due to violence.²⁴ Testimonies from newly arrived refugees corroborate the fact that violence, including indiscriminate killings of villagers, continued throughout October and November in various locations across Rakhine State.

“There is still violence in Myanmar. The day we left, they were killing people. [...] We arrived today after having travelled for 12 days.”

– Male from Buthidaung Township, 19 October 2017

**2.2 “I SAW LOTS OF DEAD BODIES”
– WITNESSING DEATH**

“For four days long we walked across hills, fields and rivers. We walked through many villages that were burned down. No one was left. There were dead bodies along the way and the children were scared. We had to walk in front of them to keep them away from the bodies.”

– Male from Nua Para/Ywar Thit, Buthidaung Township, 29 October 2017

Many refugees reported seeing dead bodies on their journey to the border, sometimes dozens of them. These reports were most common amongst refugees from Buthidaung Township; this could be explained by the length of their journey to the Bangladeshi border, which takes at least seven days on foot. A few refugees reported having buried bodies themselves before leaving their villages.

“After the military left, my husband, together with other villagers, buried 20 bodies together in a grave. Then everyone from the village left. We went from village to village; we did this for about

a week. It took two weeks in total to come here, one week we walked through the hills. One hill was full of bodies, more than 40, and we couldn’t even walk there.”

– Female from Buthidaung Township, 11 September 2017

Some refugees reported seeing beheaded bodies, or body parts, on their way to Bangladesh. Others said they saw dead bodies being burned.

“Next to my village I saw burning houses. I don’t know how they make the houses burn. Then we came to Bangladesh with all our family. [...] We saw many bodies on the way, many were beheaded, even the women.”

– Female, 40 years old, from Buthidaung Township, 21 October 2017

“We saw people on the way, they were beheaded, and there were body parts in the river. I smelled burned bodies in the villages we passed through. For two months I cannot sleep.”

– Male from Zoe Parang/Phet Leik, Rathedaung Township, 4 November 2017

“They cut the little children’s bodies into pieces and took the men aside and killed them all. Then they took all the dead bodies and threw them into the fire. We lived near where this happened so we saw it all from our houses.”

– Female from La Ba Daung/Pa Ran Kyi, Buthidaung Township, 26 November 2017

21 People who died in their homes in Myanmar account for 39.7% of deaths according to information collected in Kutupalong and Balukhali. No information available for Balukhali 2 and Tasnimarkhola.
22 People who died in their villages in Myanmar account for 71.4% of deaths according to information collected in Balukhali 2 and Tasnimarkhola. No information available for Kutupalong and Balukhali.
23 People who died on the journey to Bangladesh account for 41.3% of deaths between 25 August and 24 September according to information collected in Kutupalong and Balukhali. For the population surveyed in Balukhali 2 and Tasnimarkhola, 10.7% of deaths reported between 25 August and the end of the recall period occurred on the Myanmar side of the border and 6% on the Bangladesh side.
24 Information available for Kutupalong and Balukhali only.

“They Were Shooting Randomly Into The Crowd”

– WIDESPREAD VIOLENCE

“We always have been tortured by the Myanmar authorities, but since the day of Eid [25 June] I have not been to my house, nor have I seen my family. I have been hiding in the jungle for this long with my two daughters to save them from the military. We were not able to tolerate what they were doing to us. We had to leave the country.”

– Female, 30 years old, from Kya Maung/Kyun Pauk Pyu Su, Maungdaw Township, 16 August 2017

3.1 BACKGROUND

The Rohingya in Myanmar have historically been subject to persecution and entrenched discrimination, both in law and in practice, which have led to their displacement throughout Rakhine State and neighbouring countries for years. In October 2016, the Myanmar military launched a major crackdown on the Rohingya, ostensibly in response to an attack by the Arakan Rohingya Salvation Army (ARSA) on a number of police posts and an army base; since then, many hundreds of Rohingya have been killed, and many more have fled to Bangladesh.

The situation in Rakhine State has been tense and volatile for some time. Several MSF patients reported that their villages were attacked prior to 25 August, with reports of increased violence from May onwards. Accounts also suggest that the Myanmar authorities increased their security operations from June 2017.

MSF surveys show that people who reported experiencing violence between 25 February and the date they were interviewed suffered an average of 3.7 violent incidents.²⁵ Taken alongside the high proportion of respondents who experienced violence, this indicates that the violence faced by the Rohingya in Rakhine has been persistent.

Deadly outcomes of violence were already high between 25 February and 24 August, with 28% of reported deaths in Rakhine State during that period caused by violence.²⁶Accounts from MSF patients corroborate recurrent violent events prior to 25 August.

25 Information available for Kutupalong and Balukhali only.
26 Information available for Kutupalong and Balukhali only.

3.2 EXTREME LEVELS OF VIOLENCE
“The military would come every 15 days. Sometimes they would enter the houses and beat the men and rape girls. Previously they only came in the village to take beautiful girls. Now they rape everyone, old women and young girls. They tortured us.”

– Female from Kwanse Baung/Kwan Thi Pin, Maungdaw Township, 22 October 2017

MSF data shows that at least 21.5% of the recently displaced population experienced violence between 25 August and 24 September. The vast majority (84.8%) of violent events experienced in Myanmar by recently arrived refugees happened during that period. This spike in violent incidents confirms the intensification of violence in Rakhine State from 25 August onwards.

Amongst the 224 patients with violence-related injuries treated by MSF in its Kutupalong clinic²⁷ since the beginning of the influx,²⁸ 29% came to MSF clinic the first two weeks of the influx.²⁹ The very first refugees to arrive in Bangladesh during the recent influx were those living in border areas in Maungdaw Township, where the 25 August attacks claimed by ARSA took place. Their proximity to the border with Bangladesh enabled them to seek care in a timely manner. In early September, people progressively started to arrive from townships located further inland, several days’ walk from the border.

27 MSF’s Kutupalong clinic has been operating since 2009 and was the only existing MSF facility at the beginning of the influx in August 2017. At the time of writing, several new MSF facilities are open and able to treat violence-related injuries, but medical data included in this report includes patients treated in MSF’s Kutupalong clinic only.
28 These figures reflect Rohingya refugees who sought post-violence care in MSF’s Kutupalong clinic only. MSF also provides care to the host community in Bangladesh, including for violence-related injuries.
29 Data includes epidemiological weeks 34 and 35, ie 21 August to 3 September.

“Compared to patients we treated after the October 2016 violence outbreak in Rakhine, injuries are more recent this time, sustained in the last one or two days; it’s not like last year.³⁰ Last year, we had patients coming weeks and even months after the incidents.”

– MSF nurse supervisor in Kutupalong clinic, 28 August 2017

The number of people coming to MSF’s Kutupalong clinic with gunshot wounds started to decrease only after 25 September, which suggests that violence continued throughout that month. MSF medical teams continue to see people in its facilities with violence-related injuries, both in Kutupalong clinic and in new facilities opened since the end of October. Some of these people have gunshot wounds, most of which are old wounds requiring follow-up care.

3.3 TYPES OF VIOLENCE EXPERIENCED

“There had been shooting all night, I heard the sounds of the bullets. In the morning, we couldn’t endure it any longer. Everyone was in a crowd confronting the military, my brothers were there too. There was no one with weapons. The military left, but came back with more; they were shooting randomly into the crowd. [...] One of my brothers was shot dead. Helicopters were torching the houses and continued when we left, we all ran into a field. I was running when I was shot.”

– Male, 23 years old, from Bolibazar/Diyol Toli, Maungdaw Township, 30 August 2017

Gunshots (76.2%) and beatings (60%) were the most common types of violence experienced between 25 August and 24 September by male and female refugees who recently arrived in Bangladesh.³¹ Violence-related injuries treated by MSF teams since the beginning of the influx include gunshot wounds, blast injuries, burns, blunt trauma, bruises and broken bones. Of the 224 refugees with violence-related injuries that MSF treated in its Kutupalong clinic between 21 August³² and 3 December, 163 had gunshot wounds.³³

“In my eight years here, this is the worst we’ve seen. Similar to last year, many patients have bullet injury entry points in their backs, which are consistent with testimonies gathered by MSF stating that they were shot whilst fleeing.”

– MSF nurse supervisor in Kutupalong clinic

The majority of refugees who gave their testimonies to MSF teams were either directly exposed to³⁴ or witnessed shootings. The majority of shooting incidents refer to random gunfire in villages, sometimes directly at houses, and to people who were shot while fleeing.

“We maintained distance but we could see what was happening in the village from the mountains. They were shooting at the people, even the ones on the ground that were begging for help.”

– Male from Zoe Parang/Phet Leik, Rathedaung Township, 4 November 2017

Testimonies from refugees also include many incidents of physical violence; most of these were beatings and stabbings, sometimes with fatal outcomes.

“The military then took groups of women to the houses and stabbed them and beat them. Some died who were not able to endure it. One military stabbed me on my throat and chin. One hit me on my hand; I don’t remember with what it was.”

– Female, 35 years old, from Tula Toli/Min Gyi Ywa, Maungdaw Township, 14 September 2017

30 This is a reference to the mass influx of Rohingya refugees in October 2016 following clearance operations by the Myanmar military, ostensibly in response to a series of armed attacks on the Border Guard Police (BGP) in northern Rakhine State which caused nine deaths among security forces and triggered a complete lockdown of the area while joint BGP/military operations were conducted.
31 Information available for Kutupalong and Balukhali only.
32 Epidemiological weeks 34 to 48.
33 These figures exclude host community patients with violence-related injuries that MSF treated over the period.
34 These include testimonies from some of the patients (or their caretakers) treated by MSF for gunshot wounds.

“Mogh³⁵ often come to the village to take girls; if they refuse, they are tortured. Many women are tortured [reference to sexual violence³⁶] – I know of at least four or five neighbours. I was treated better than that. In the village many women are tortured but we don’t tell. If you are unmarried, nobody will want you anymore.”

– Female from Mey Rullah/Myinn Hlut, Maungdaw Township, 30 August 2017

The majority of surveyed refugees who experienced “other” types of violence (28.1%) between 25 August and 24 September reported having their houses burned (8.5% of all violent events), witnessing other people being shot (2.2%) or having their money taken or extorted (1.4%). Other types of violence included witnessing or experiencing beatings, or being arrested or abducted.³⁷

The testimonies heard by MSF staff are consistent with the finding of the surveys about arson.³⁸ Most refugees reported having their houses torched, witnessing houses and villages being set on fire, or walking through burnt out villages on their journey to Bangladesh.

“We left the village two days later because the army started burning the houses in our village. We left when we saw them arriving, I saw them torching the houses. Everyone from my village left, some took their animals. All the villages we saw on the way to the sea were burning.”

– Female, 26 years old, from Ludang Para/Wa Ra Kyun, Buthidaung Township, 10 September 2017

Among surveyed refugees who experienced violence in “other” places, some reported that violence occurred in what they referred to as “Border Guard Police camps”. The location and exact nature of these camps is unknown as no further details were provided by respondents.

“My son had to go two times to the military camp to work without payment. He went for two days, then came back home for a week, then they took him again for two days of work.”³⁹

– Female from Buthidaung Township, 19 October 2017

Accounts from MSF patients and refugees who gave testimonies are consistent with reports of people being taken away to what are often referred to as “camps” or “military camps”. There were several references to men and boys being taken for forced labour, as well as numerous reports of disappearances. Girls and young women were also reportedly taken; refugees often remain evasive about the reasons, but some of them suggested sexual abuse and exploitation.⁴⁰ Many also reported disappearances and arbitrary detentions, including specific targeting of men, but also disappearances of women and children.

“Before the attack and military killing, the police searched and arrested Muslims from the villages, just for having machetes in the house. We use those kinds of machetes to cut logs in the woods. People that were arrested were taken to jail and they never came back, we never know what happened to them. Were they killed or imprisoned, I don’t know.”

– Male, 22 years old, from Tula Toli/Min Gyi Ywa, Maungdaw Township, 20 September 2017

35 Word used by the Rohingya population to describe non-Muslim Rakhine population and which can be perceived as derogatory.
36 The word “torture” seems to be regularly used by refugees as a generic word to describe a full range violence including physical and sexual, but also to describe an ongoing campaign of harassment and exploitation. Understanding whether torture, as defined in the Article 1.1 of the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, was exerted against the Rohingya population was beyond the scope of the testimony collection exercise.
37 Information available for Kutupalong and Balukhali only.
38 Defined as intentionally, deliberately and maliciously setting fire to buildings, wildland areas, or other property with the intent to cause damage.
39 The interviewee’s son was present during the interview; he described forcibly “digging soil” and “planting rice”.
40 See section on sexual violence.

Rohingya refugees cross the Naf River from Myanmar into Bangladesh. For eight days in early October, Magnum's Moises Saman travelled to the Bangladeshi border with Myanmar, where tens of thousands were fleeing ethnic violence in Myanmar's northern Rakhine State. The camps that have been there for several years are struggling with the sudden, massive, influx of population as locals hurriedly attempt to build extensions.



“Everyone Was a Target”

– INDISCRIMINATE VIOLENCE

“First, the military started killing the men. They were beaten, shot and stabbed. Then the military took women and children in groups to different houses inside the village. I was taken into a house with seven others.”

– Female, 18 years old, Tula Toli/Min Gyi Ywa, Maungdaw Township, 20 September 2017

In the first 48 hours after 25 August, most patients arriving at MSF’s clinic were young men, although one child under the age of five was admitted. From 27 August onwards, women, children and older people with injuries also arrived at MSF clinics.

4.1 VIOLENCE AGAINST BOTH GENDERS

Extreme violence has been exerted against the Rohingya population, both male and female. Between 25 August and 24 September, 75% of male deaths and 55.6% of female deaths were due to violence.⁴¹

MSF surveys reveal that levels of violence experienced by both genders are similar, with 28.4% of men and 23.3% of women who were recently displaced having experienced violence.⁴² The type of violence from which refugees suffered does not appear to be gender-specific, with the notable exception of sexual violence, which affected a higher proportion of women than men.

Testimonies corroborate these findings, with both men and women suffering violence. **However, accounts from refugees suggest that the patterns and circumstances of violence experienced in Myanmar are gender-specific.** There are multiple instances of women and girls being separated from men and boys, with groups being “taken away” to separate locations. Reports of sexual violence against women and girls are particularly numerous.

40 Data from Kutupalong and Balukhali. In Balukhali 2 and Tasnimarkhola, the figures are 82% for male deaths and 68.2% for female deaths reported between 25 August and 12 November.

42 Information available for Kutupalong and Balukhali only.

43 Word used by the Rohingya population to describe non-Muslim Rakhine population and which can be perceived as derogatory.

Women and girls were also exposed to other forms of physical violence, such as beatings.

“I came out of my house on 25 August at night. There were Mogh⁴³ who attacked me and my family, one of them slaughtered my old mother. They beat me on my back as hard as possible. Now it’s very difficult and painful for me to walk. My seven-year-old son was screaming out of fear. He was taken by the group together with another boy of about the same age. Anybody can guess that they are not alive anymore. I hope his death was not painful.”

– Male, 35 years old, from Fwairar Bazar/Kha Mon Seik, Maungdaw Township, 27 August 2017

MSF surveys show lower population figures for men and women between 20 to 24 years of age compared to the surveyed population as a whole, and fewer men compared to women between the ages of 15 to 44. This under-representation of male adults is difficult to analyse as there is no comparable population data for the Rohingya in Rakhine State. Whether this reflects historical events, more recent events, or conforms to the population distribution prior to the recent crisis is unknown.

Analysis of the testimonies collected since the beginning of the influx reveal a number of instances of **specific targeting of men, including encampment for forced labour, male detention and groups of men being killed at the same time.** These reports would require further research to provide a substantial basis that could explain this demographic deficit.

“I had heard news from other villages where Muslims were killed, and men were the first target. Together with some other men we swam to other side of the canal and hid ourselves in the jungle. From there, I saw with my own eyes what happened to the people. The men were killed; they were slaughtered, and shot and stabbed to death. The military killed two thirds of the people from Tula Toli village.”

– Male, 22 years old, from Tula Toli/Min Gyi Ywa, Maungdaw Township, 20 September 2017

4.2 VIOLENCE AGAINST CHILDREN AND OLDER PEOPLE

Violence against the Rohingya in Myanmar was exerted irrespective of age. MSF estimates that at least 730 children under the age of five died from violence between 25 August and 24 September. Of the estimated 730 children under five killed since 25 August, 59.1% were shot, 14.8% were burned to death in their homes and 6.9% were beaten to death.

Mortality of older people was also extremely high: 5.47% of people aged 50 or above died between 25 August and 24 September,⁴⁴ the majority of whom died violently.⁴⁵

Deaths caused by violence affected people of all ages, including the very youngest, with 72.8%⁴⁶ of deaths in children under five between 25 August and 24 September being due to violence. Stories from refugees and patients emphasise the particularly brutal way in which children were killed.

“I lost my six children, three girls, three boys. The smallest one was three months old. When I was fleeing from the military, I took one baby of the size of my own baby. I thought it was mine. But after a while I realised that it’s not my baby, this is another dead baby. Its tummy was slashed apart.”

– Female, 35 years old, from Tula Toli/Min Gyi Ywa, Maungdaw Township, 14 September 2017

“They hit my baby with something heavy. It hit his head and he died, I saw how his scalp split open, his brain came out. I lost my baby.”

– Female, 25 years old, from Tula Toli/Min Gyi Ywa, Maungdaw Township, 16 September 2017

Children and older people who survived were not spared violence: 15.3% of children under five and 22.6% of people aged five or above who recently arrived in Bangladesh experienced violence between 25 August and 24 September.⁴⁷ Since the beginning of the influx, staff in

MSF’s Kutupalong clinic have treated five children under the age of six for violence-related injuries, including one with a gunshot wound.⁴⁸ In the same clinic, MSF has also provided care to 37 sexual violence survivors under the age of 18, some of them as young as nine.

4.3 “WE ARE SAFER HERE” – PLACES OF VIOLENCE

Findings from the surveys conducted by MSF show that **violence took place mostly at home (68.7%) or on the journey (62.8%).**⁴⁹ Findings also show that incidents took place in a variety of other locations reported by surveyed refugees: at work (18.1%), in the village, in the market, in the shop, at school.⁵⁰

“When I went to my house to find my son, suddenly I got shot. A bullet penetrated one side of my left leg and came out the other side. In a few seconds, another bullet hit my other leg and penetrated the same way as the left leg. I was at that time inside my house. The bullets crossed through the wall [made out of bamboo] of my house and then into my legs.”

– Female, 40 years old, from Bossara/Tha Win Chaung, Maungdaw Township, 6 November 2017

Analysis from the testimonies confirm that the Rohingya have experienced violence in multiple locations, including in their own houses and villages. Their accounts also highlight that violence has taken place across multiple villages throughout the three main townships of northern Rakhine State (Maungdaw, Buthidaung and Rathedaung).

44 Figure based on pooled results from the six surveys.

45 Information available for Kutupalong and Balukhali only, where 81.3% of reported deaths in the population aged 50 or above between 25 August and 24 September were due to violence.

46 Figure based on pooled results from the six surveys.

47 Information available for Kutupalong and Balukhali only.

48 Epidemiological weeks 34 to 48.

49 Information available for Kutupalong and Balukhali only.

50 Information available for Kutupalong and Balukhali only.

“They Rape Everyone”

– WIDESPREAD USE OF SEXUAL VIOLENCE

“The torture started more than three months ago. The military came in one group each time, with around 80-100 men. When they came they wouldn’t say anything. They didn’t talk but just took gold and some girls. They would shoot elderly women. The girls were raped, we saw it. First they pressed their breasts, and they cut their clothes to search for money. After that they raped them in front of everyone. They often took the beautiful girls away from the village, we don’t know where. Some were released or managed to escape. We don’t know what happens to those that manage to survive because they are ashamed and afraid. Maybe some of the girls are here too but they don’t talk about it. They don’t want to share their stories because if they get into an argument, people will use the rape to shame them, to use it against them. They are unmarried and poor and it is difficult to get married after you are raped.”

– Female from Buthidaung Township, 22 October 2017

Even prior to the recent crisis, Rohingya women and girls were exposed to sexual violence in Myanmar. During the 2016 military campaign that forced tens of thousands to flee, many women reported being raped. After the so-called clearance operations were said to have concluded in February 2017, sexual violence appeared to have reduced but did not end. A number of sexual violence survivors who have sought medical care in MSF’s Kutupalong clinic since 25 August were raped several months prior to seeking care.

“Before this, the military would often come and take women. Many women disappeared. They raped them in the mountains or in the jungle, or took the women to their camp. Sometimes we would hear the screams. We were always afraid. If the men would ask about their women or resist, the military killed them immediately. They would take the beautiful ones and their families cannot say anything, they can only cry.”

– Female from Buthidaung Township, 26 November 2017

51 This figure includes around 10% of sexual and gender-based violence survivors from the host community in Bangladesh.

Findings from MSF health surveys corroborate the widespread use of sexual violence against Rohingya women and girls in northern Rakhine State. Sexual violence was experienced or witnessed by 3.3% of the recently displaced female population between 25 August and 24 September, and did not appear to be limited to any age group. This figure may be an under-representation, given that sexual violence is often under-reported due to associated stigma and shame. Sexual violence occurred almost exclusively in Myanmar, with 97% of incidents reported to have taken place prior to their arrival in Bangladesh.

“They took all the beautiful girls away, a big group of maybe 100 girls. One of the girls was my niece. We waited there. We were scared to protest, we knew they would kill us if we tried to get them. Then in the afternoon, the girls came back. We didn’t ask the girls; we could see they were tortured. Their clothes were ripped. As a man I cannot tell you what happened, but I understand. They didn’t have to explain, we understood. Some were so weak that they couldn’t walk anymore, some became unconscious.”

– Male from Wari Young/Say Oh Kya, Buthidaung Township, 26 November 2017

MSF has treated 113 survivors of sexual and gender-based violence since 25 August, aged from nine to 50 years old.⁵¹ The majority are rape survivors. Amongst recently displaced Rohingya women and girls, many reported being abused between August and October, the majority by multiple perpetrators.

“Two weeks before I left the military came at night. They were wearing uniforms, green, that’s how I know. They did it to me first. Then Mogh⁵² came to my house, maybe eight or nine, and also raped me. I don’t know how many did this, I passed out, but I am certain of at least three. Then they came to my house two times more, each after a few days.

– Female, 18 years old, from Mey Rullah/Myinn Hlut, Maungdaw Township, 30 August 2017

Based on testimonies and the accounts from sexual violence survivors seen by MSF, there are numerous incidents of women and girls being “taken away” and gathered in groups in unknown locations, sometimes referred to as “camps” or “military camps”, where they were raped.

“The military has declared that 10 girls per village have to go to the camp as well. I think it is to abuse them. Girls who were taken are teenagers, maybe aged between 12 and 20 years old.”

– Female from Buthidaung Township, 19 October 2017

Testimonies do not provide details about the number of perpetrators, but descriptions consistently suggest that women and girls were either gang raped, or raped multiple times by individual perpetrators in the same location. MSF provided care to several rape survivors who reported being raped either by multiple perpetrators, or on multiple occasions, after being taken away, either to a “camp” or to another unnamed location.

“The military came and started burning our houses. They took women from the street and raped them and cut their breasts, and killed them after.”

– Female from Buthidaung Township, 26 November 2017

Several refugees witnessed groups of women and girls being raped; in one instance, a family group, including children, was forced to watch the rape of a female family member.

“Three military men came to the house. They told my husband to stay in the house; there was no need to go to the mosque. They threatened him by holding a knife against his throat and I was scared they would kill him. They told me to lie down. They opened my blouse and they raped me in front of my husband, my children and my parents. They

stayed in the house almost five hours. One raped me, it took one hour. Then the second, it took half an hour. The third one raped me for one and a half hours. I couldn’t open my eyes.”

– Female from Kwanse Baung/Kwan Thi Pin, Maungdaw Township, 22 October 2017

Sexual violence is one of the reported causes of death amongst the recently displaced population surveyed by MSF in November 2017. MSF estimates that at least 2.6% of women and girls died from or after sexual violence between 25 August and 24 September.⁵³

“They looted the houses and three women (two of them teenagers) were raped. After that we found them dead, we buried them. I saw the dead bodies with my own eyes.”

– Female from Buthidaung Township, 23 August 2017

Accounts from rape survivors treated by MSF since 25 August, as well as from other refugees, point towards the deliberate use of rape and other forms of sexual violence against women and girls as part of a widespread attack against the Rohingya population, sometimes with fatal outcomes. Testimonies from refugees include reports of women and girls being killed after being raped.

“They tortured the women inside the school. I know that because I could hear the screams, and some people saw what happened. After one hour they killed all the women. I heard the gunshots. Curious people went to look what was happening inside the school, but then the military started shooting at them. They killed more than 100 people that day.”

– Male from Zoe Parang/Phet Leik, Rathedaung Township, 4 November 2017

52 Word used by the Rohingya population to describe non-Muslim Rakhine population and which can be perceived as derogatory.
53 Figure based on pooled results from the six surveys.

More than 412,000 Rohingya have fled to Bangladesh from Rakhine State in Myanmar following an escalation in violence on 25 August. The most recent wave of Rohingya refugees has added to the hundreds of thousands of Rohingya who fled across the border in previous years. Most of the newly arrived refugees have moved into makeshift settlements without adequate access to shelter, food, clean water, or latrines. With little potable water available, people are drinking water collected from paddy fields, puddles, or hand-dug shallow wells which are often contaminated with excreta. At MSF's clinic in Kutupalong, 487 patients were treated for diarrhoeal diseases between 6 and 17 September. Food security in and around the settlements is also incredibly fragile: newly arrived refugees are completely reliant on humanitarian aid, prices in the market are skyrocketing and the lack of roads is compromising access to the most vulnerable populations. A massive scale-up of humanitarian assistance in Bangladesh is needed to aid the Rohingya refugees and avert a wider public health disaster.

“We prefer to die here”

– FEAR TO RETURN

Between 16 and 26 October 2017, MSF collected a further 215 testimonies from Rohingya refugees in Unchiparang makeshift settlement. **Almost all intended to stay in the settlement for the time being.** When asked more precisely if they wanted to stay in Bangladesh for the long term, most respondents declared their intention to stay. Most said this was due to Bangladesh being safer than Myanmar, while some stated that it was better for them or did not offer a clear reason for their preference.

Some refugees said that they had nothing left in Myanmar – with most citing destroyed properties, having no place to return to, or that their relatives were all dead. A minority was adamant that they could never return, mainly citing feelings of loss and mourning: *“I have lost everything so why would I go back?”*; *“If I need to, I will die here, but not in Myanmar”*.

Certain prerequisites were mentioned as conditions for returning to Myanmar. These included the need for their Rohingya identity or citizenship to be in place or recognised; the need for their rights and freedoms to be in place; for peace to be restored; for justice to be upheld; for *“demands to be accepted”*; and the need to *“find a solution to their problems”*. “We came here after lots of pain, please don’t force us to go back there without any justice being done.”

Some argued that fear for their safety prevented their return. Some were afraid of violence in general, while others specifically mentioned the fear of being killed or persecuted if they went back. Some referred to their fear of returning without giving a specific cause. Some said they did not want to go back at all: *“Even if they forced us to go back to Myanmar, we would not go. We prefer to die here. We will feel very insecure. You cannot understand our pain.”*

Some expressed mistrust against the Myanmar government, saying that it would take time for the scars to heal: *“The Myanmar government is like an actor. They tell lies. If they invite or accept us back, it is only fiction and a plan to kill the rest of us [Rohingya].”* Others expressed their feelings of statelessness, asking: *“We are the people of which country?”*

Conclusion

The Rohingya in Myanmar have historically been subjected to decades of persecution and entrenched discrimination, both in law and in practice, which have affected all aspects of their lives. The brutal crackdown, ostensibly in response to attacks by the Arakan Rohingya Salvation Army (ARSA) on police and military posts on 25 August, took their suffering to an unprecedented level, leaving thousands of people dead and forcing those who survived the violence to flee to Bangladesh.

MSF’s surveys indicate that at least 9,400 people died in the first month following the upsurge of violence in Rakhine State, including at least 6,700 killed, among them at least 730 children under the age of five. Accounts from MSF patients and other refugees confirm the severity and brutality of events. Given the methodology of MSF surveys, estimates of the total number of deaths are conservative. But they leave no doubt that the Rohingya have suffered a range of gross violations of international human rights law in Rakhine State, and have been the targets of violence, including murder, rape and other forms of sexual and gender-based violence.

The recent wave of violence and killings was not an isolated event. MSF has witnessed a consistent effort to use multiple forms of violence against the Rohingya in Rakhine State over the years. There has been a pattern of active discrimination, persecution, land grabs, killings and widespread destruction of villages and of livelihoods.

The violence has taken place with complete impunity, in spite of evidence provided by a number of independent organisations. Myanmar state forces have repeatedly condoned and downplayed the violence – when not directly participating in it themselves. Governments dealing with Myanmar have chosen to lift sanctions imposed on the country, while turning a blind eye to its treatment of ethnic minorities, and without putting in place any real mechanisms to assess progress, or otherwise, of how minorities are treated.

While the speed and scale of the recent influx of Rohingya into Bangladesh alerted the international community to the severity of events, the absence of access to Rakhine State for independent international humanitarian organisations means that these events have yet to be properly investigated and the full truth revealed. Meanwhile, those Rohingya who remain in Rakhine State are in dire need of humanitarian assistance.

While most reported deaths occurred in August, MSF data emphasises that the violence was not limited to the month immediately following 25 August. Accounts from refugees confirm that the violence continued throughout October, while recent interviews with refugees suggest that violence, entrenched discriminatory policies and practices and human rights violations are still ongoing.

The signing of an agreement for the return of the refugees by the governments of Myanmar and Bangladesh is premature. Despite outlining the fundamental guiding principles on the refugees’ return, the agreement signed by Myanmar and Bangladesh⁵⁴ undermines respect for these principles by not detailing safeguards or recognising contextual risks. Rohingya refugees should not be forced to return to Myanmar. Before any plans for their return can be seriously considered, their safety and rights must be guaranteed.

MSF in Bangladesh

MSF first worked in Bangladesh in 1985. Since 2009, MSF has run a clinic near Kutupalong makeshift settlement in Cox’s Bazar district, providing comprehensive basic and emergency healthcare, as well as inpatient and laboratory services, for Rohingya refugees and the local community. In response to the recent influx of refugees into the Cox’s Bazar area, MSF has significantly increased its presence, expanding its operations to include additional medical facilities and water and sanitation for the refugee population. Elsewhere in Bangladesh, MSF works in Kamrangirchar slum in the capital, Dhaka, providing mental healthcare, reproductive healthcare, family planning and antenatal consultations, as well as an occupational health programme for factory workers.

MSF in Myanmar

MSF has worked in Myanmar for 25 years, working with the Ministry of Health and Sports (MoHS) to provide primary healthcare and care for patients with HIV/AIDS, tuberculosis (TB) and drug-resistant TB. Prior to August 2017, MSF ran four mobile clinics in villages and camps for internally displaced people (IDPs) in Maungdaw district, providing primary healthcare and organising emergency referrals to MoHS hospitals. Three out of four of those clinics have been burned down since 25 August 2017. In Sittwe district, MSF provides primary healthcare services with mobile clinics in the IDP camps in Pauktaw, Sittwe town and several Rakhine villages. MSF’s other programmes include HIV and TB programmes in Yangon, Shan, Kachin and Thanintharyi as well as a primary healthcare programme in Chin.

54 Arrangement on Return of Displaced Persons From Rakhine State Between the Government of the People’s Republic of Bangladesh and the Government of the Republic of the Union of Myanmar, 23 November 2017

Annex 1: Methodology

QUANTITATIVE ANALYSIS

MSF conducted a total of six health surveys in different refugee settlements in Cox’s Bazar, Bangladesh, just over the border from Myanmar. The full survey reports are available on MSF websites, including their detailed methodology,⁵⁵ as well as a summary of the pooled findings from the six surveys.⁵⁶

The primary objective of the surveys was to estimate the crude mortality rate (number of deaths per 10,000 people per day in a given area) and the mortality rate in children under five years of age. The secondary objectives were: 1) to describe the population in terms of age, sex and household composition; 2) to determine vaccination coverage; 3) to determine the prevalence of severe and global acute malnutrition in 6-59 month olds; 4) to identify the most prevalent morbidities in the population in the two weeks preceding the survey; 5) to describe health-seeking behaviour in terms of access to primary and secondary care; 6) to estimate the crude mortality rate for the total population and for children under five years of age for the recently displaced population before and after the crisis in Myanmar and for the pre-existing population in the Bangladeshi settlements; 7) to identify major causes of death, by age group and sex; 8) to gain knowledge of violence-related events.

55 Available at: http://www.msf.org/sites/msf.org/files/coxsbazar_healthsurveyreport_dec2017_final1.pdf and <http://www.msf.org/sites/msf.org/files/report-rohingyas-emergency-17-vf1.pdf>
56 Available at <http://www.msf.org/en/article/myanmarbangladesh-rohingya-crisis-summary-findings-six-pooled-surveys>

Four of the six health surveys were conducted between 30 October and 12 November 2017 in the two main settlement locations: Kutupalong and Balukhali. A total of 905 households were surveyed across Kutupalong makeshift settlement, Balukhali makeshift settlement, Kutupalong makeshift settlement extension and Balukhali makeshift settlement extension, representing a total of 4,627 participants.

An additional two health surveys were conducted in Balukhali 2 (formerly Mainnerghona) and Tasnimarkhola (formerly Burmapara) between 8 and 12 November 2017. A total of 1,529 households were interviewed across these locations, representing a total of 6,799 participants.

These surveys are representative of 503,698 Rohingya who arrived from Rakhine State in Myanmar during the recent mass displacements, and 104,410 already living in the settlements in Bangladesh prior to 25 August. At the time the surveys were conducted, approximately 626,000 Rohingya were estimated to have arrived in Bangladesh since 25 August, and therefore the MSF surveys represent 80.4% of the total newly-arrived population in Bangladesh from Myanmar by November 2017.

The recall period for the surveys conducted in Kutupalong and Balukhali included the period from 25 February 2017 until the date of the interview (comprised between 30 October 2017 and 12 November 2017). For the surveys conducted in Balukhali 2 and Tasnimarkhola, the total recall period covered 27 May 2017 until the survey date (between 8 and 10 November 2017).

Informed verbal consent, recorded by survey teams, was obtained from all participants in the survey. All participants had the survey explained to them in a language with which they were familiar. Each household was offered the opportunity to decline participation in the survey at any time without adverse consequences. Participation was voluntary and it was made clear that no incentives or inducements would be provided to respondents.

QUALITATIVE ANALYSIS

A total of 81 semi-structured individual interviews were conducted by MSF’s humanitarian affairs team in Bangladesh with 31 MSF patients and caretakers and 50 refugees, all but two of whom arrived in Bangladesh after 25 August. All interviews took place between 16 August and 27 November in Kutupalong and Balukhali makeshift settlements.

Because of the densely populated nature of the settlements, some refugees were interviewed in the presence of family or community members. In these instances, the testimony was considered as given by the main respondent, and interjections from other participants were inserted into transcripts.

Interviews conducted by MSF international staff were carried out in local languages with the help of a trained interpreter. Where possible, both male and female interviewers facilitated interviews to respect local cultural sensitivity. Some interviews were conducted directly in local languages by Bangladeshi humanitarian affairs staff members and then transcribed into English.

Verbal informed consent was provided by all respondents. They were advised of the purpose of the research, of the voluntary nature of the interview, and that they could refuse to be interviewed, decline to answer any questions, or terminate the interview at any point. Patients and caretakers interviewed in MSF clinics were duly informed of the non-medical nature of the testimony collection process, and that it would under no circumstances affect their ability to continue seeking medical and/or psychological care in MSF facilities.

Quotes from testimonies used in this report include the location of origin of the interviewee. Villages in northern Rakhine State are named differently depending on the language used. As such, both Rohingya and Rakhine names are included in the report, as well as the township where they are located. Some village names provided by refugees could not be verified by MSF teams; in these instances, only the township of origin is mentioned in the quote reference.

ADDITIONAL SOURCES

Medical data from MSF health facilities, as well as accounts heard from patients by MSF doctors, nurses and midwives, are also included in this report to corroborate findings with direct medical observations.

MSF has had a presence in Cox’s Bazar district through its Kutupalong clinic since 2009. This clinic has received most of the patients with violence-related injuries, including gunshot wounds, as well as most sexual violence survivors, since the start of the influx, mostly because it was the only MSF facility running during the first month of the influx. Several additional facilities have been opened by MSF since the end of October but, for the sake of accuracy, the medical data reflected in the report only accounts for patients for MSF’s Kutupalong clinic.

