

The Daily Star

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Refugees more at risk than before

International community must take a stance against Myanmar's autocratic regime

IN recent weeks, we have watched with growing alarm as the civil war in Myanmar continued to intensify and spill over into our borders. There have been incidents of mortar shelling, indiscriminate aerial firing and airspace violations along the Myanmar-Bangladesh border, a result of the breakdown of a ceasefire between the Myanmar military and the Arakan Army. Over the past month, the landing of mortal shells within Bangladeshi territory sparked diplomatic protests, with the foreign ministry summoning the Myanmar ambassador to Bangladesh to lodge a strong protest for the third time in two weeks. Now, there are reports of fresh violence in Myanmar's Rakhine and southern Chin, triggering fears within the local population – especially the Rohingya – of once again being on the receiving end of the junta's military campaign against minority communities.

Almost two years into the Myanmar military's illegal takeover of power that ended all hopes of a democratic transition for the country, it is unacceptable that the international community has made so little effort to hold Myanmar's autocratic regime to account. And now, as before, it is Bangladesh that has to pay the price for this apathy. With over a million refugees already being hosted in the country, it is impossible for Bangladesh alone to bear this huge responsibility. Yet as fresh violence in Rakhine threatens to force more Rohingya families to leave their native land for safety, there is a deafening silence from neighbouring countries and allies on what solutions might be offered to these refugees when they are faced with such a crisis.

A recent report in this daily shared that there were already more refugees amassing near the Bangladesh border. This puts us in a very difficult position. While acknowledging that Bangladesh does not have the capacity for more refugees, we must also acknowledge that these refugees are in an even more difficult position – trapped between life and death, we have seen them risk everything to reach safer shores. Only last week, Myanmar authorities seized a boat with 65 Rohingya refugees and four traffickers off its southern coast. Of them, seven people had already died of hunger and thirst. In May, more than a dozen Rohingya individuals, including children, died under similar circumstances.

It is incomprehensible that other nations have not only failed to provide shelter to these refugees in the same way that Bangladesh has, but have also failed to hold Myanmar accountable in any way for the atrocities committed within its borders. This is despite the fact that its oppressive regime has continued to crack down on civilians, execute pro-democracy activists, and imprison political opponents. It is high time the international community came together for a final resolution on the issue of Myanmar and its treatment of its own nationals. They must take immediate steps to host refugees in their own countries and take the disproportionate pressure off Bangladesh's shoulders.

A roadmap without concrete solutions

EC has to move mountains to overcome its crisis of confidence

THE Election Commission has unveiled a roadmap to the next parliamentary election identifying key objectives, challenges and solutions, basically giving us a bird's-eye view of what to expect in the next 15 months leading up to the election. We have to give credit where credit is due, and in this case, it is in the EC's acknowledgement that it is part of the problem. It has identified 14 challenges to holding a fair election. And at the top of the list is the crisis of confidence it faces among opposition parties. While acknowledging a problem is the first step to solving it, whether this will be the case in this respect remains to be seen.

As well as the crisis of confidence, two other key obstacles that have been identified are the impartiality of administrative and police officials in performing their duties and the distrust of Electronic Voting Machines (EVMs). Among other challenges are controlling money and muscle power, law and order, ensuring compliance with the electoral code of conduct, a level playing field for all parties, prevention of voter fraud, ensuring unrestricted access of candidates, polling agents and voters to polling stations, etc. The EC has also laid out 19 solutions to tackle these challenges to ensure what it underlined as its five objectives – "a participatory, transparent, impartial, acceptable and fair election".

But the most important question is, how to resolve its crisis of confidence? The EC was rather vague and at times contradictory on this front. At the unveiling ceremony on Wednesday, an election commissioner said the crisis will be resolved if the workplan they adopted can be implemented. But then he said: "Sometimes many parties do not participate in elections as part of their political strategy. What can the EC do if a party does not participate?" Another commissioner also said that you cannot "force-feed" a party if it does not have the will. "The will is important." Such dismissive comments are precisely why the opposition camp thinks the EC doesn't have what it takes to create the ideal environment for a fair election.

The EC is also making it harder for them to accept it. It has arbitrarily decided to use EVMs despite opposition from at least 19 out of the 39 registered political parties. It has been totally silent on the ongoing assaults on BNP leaders and activists in their protest programmes. In its roadmap, it made no mention of what drastic measure it will take to ensure neutrality from the administration. From resolving its crisis of credibility to building confidence in EVMs to protecting the rights of political activists and voters, it will have to largely rely on the "will" of the government. So the question of will goes both ways, and shifting the burden only on the opposition is both impractical and irresponsible.

We urge the EC to develop a more practical and result-oriented roadmap to solve its challenges.

Left to fend for themselves

Health vulnerability of migrant workers in destination countries



ON THE SHORES OF (IN)JUSTICE

Dr CR Abrar is an academic and human rights expert.

CR ABRAR

"I put in more than 10 years of service and believed that my company was my world. I have never been sick before. In 2015 when I fell ill and was hospitalised, my employer refused to cover the costs. My work associates pooled resources for my treatment and family had to sell land to pay for my hospital bills. I never thought my employer would do this to me." – Atiq Mia, 34, Tangail, worked in a southeast Asian country.

"We didn't have health cards and thus could not go to the hospital when we fell sick. We simply took medicines that some of us had carried along from home, hoping we would get well." – Masum Billah, 31, Cumilla, worked in a Gulf state.

"There were restrictions on how much water we could use." – Mamun Sheikh, 28, worked in a Gulf state.

The above statements of three returnee migrant workers capture and convey the stark insecurity of the healthcare needs of migrant workers in the Gulf states and even elsewhere. The health vulnerability of this cohort of workers has thus far received scant attention in policy discourses of the countries of origin (CoO) and destination (CoD).

While the origin states' primary focus remains national security



The pandemic has exposed how migrant workers' access to healthcare remains severely restricted, even if it is acknowledged on paper.

FILE PHOTO: REUTERS

The men and women can only fly abroad if they are assessed as being medically fit. However, instances are replete in which migrants are sent back home for failing the second health screening conducted after their arrival in the CoD. The question therefore arises: Should not the destination countries be liable for the consequence, as the primary test was done in facilities that they had authorised?

and the workers' immigration and employment status, it is the workers' remittance flow that dominates the policy agenda of the origin states with dissemination of information on safe and regular migration, skills development and remittance utilisation patterns gradually creeping up in the policy agenda. With their focus on none-the-less issues such as information dissemination, financial literacy, access to justice and the like, the non-governmental sector's engagement with migrants' health issues in the CoOs is also minimal and almost non-existent in the CoDs. Likewise, the matter is yet to gain traction in the celebrated regional and global processes such as the Global Forum on Migration Development, the Colombo Process, and the Abu Dhabi Dialogue.

The experiences of short-term migrant workers after the outbreak of the Covid-19 pandemic have clearly brought to light the precarious nature of healthcare structures that exist for this group of workers, who build and maintain the edifice of national economies for many host states. The pandemic also exposed that their

access to healthcare remains severely restricted, even if it is acknowledged on paper.

As a necessary condition of their employment, short-term contract workers are subjected to a formal health check-up before they can secure their work visa. In most instances, they are required to undergo such tests at diagnostic centres that are approved by the embassy concerned. The young men and women can only fly abroad for work if they are assessed as being medically fit. However, instances are replete in which migrants are sent back home for failing the second health screening that is conducted after their arrival in the CoD. The question therefore arises: Should not the destination countries be liable for the consequence, as the primary test was done in facilities that they had authorised?

A pertinent question arises as to why a section of motivated young men and women, who had successfully passed medical tests in both CoOs and CoDs, would suffer from various ailments (that are not generally associated with their age group) and require medical services.

The answer perhaps lies in the long working hours, absence of rest periods during extended shifts, exposure to heat, unsafe work conditions, etc. Workplace accidents, inadequate health and safety measures, and lack of safety gear and training are also important contributing factors. Unhygienic living conditions, often in cramped dormitories, lead to infections. Ill and degrading treatment including physical, verbal, and sexual abuse, not being placed in promised jobs, non-payment or irregular payment of wages and other entitlements, and lack of access to any redress mechanism subject our workers to mental harm and are likely to take toll on their physical wellbeing as well.

The health vulnerability of female domestic workers is particularly acute. Restrictions imposed on their movement make it difficult for them to secure medical services and products such as sanitary materials. Many suffer from a feeling of isolation. Lack of privacy exacerbates their feeling

of insecurity. It is the migrants in irregular status who suffer the most. In addition to their limited financial capacity to pay for medical services, the fear of getting reported by the hospital authorities precludes them from securing such services from formal institutions even in life-threatening conditions. In the ongoing Vital Signs-RMMRU study on migrant workers' access to healthcare services, it was found that: (a) Migrant workers have little knowledge about the availability and entitlement of healthcare services in destination countries; (b) Most migrant workers are not covered by insurance and thus are constrained when accessing healthcare services; (c) There is a palpable absence of employers taking responsibility if workers fall sick; (d) Absence of medical coverage may lead to situations in which migrant workers have to sell property at home to clear medical bills in the CoDs; (e) The missions have little capacity to ensure employers bear the responsibility of workers' health needs or render any form of support or advise in this regard; (g) There is a propensity of migrant workers to self-medicate by taking medicine they or their peers have brought along from home.

A recent RMMRU dialogue on the healthcare needs of migrant workers, the participants underscored that the CoOs should insist that the CoDs enter into bilateral agreements containing provisions for protection of migrant workers, including those on accessing healthcare. Such provisions should ensure that workers in the CoDs are employed in decent work (including eight-hour workdays with adequate rest, leisure, and a safe workplace) and living conditions (with hygienic facilities and access to adequate water). It should also stipulate that employers are responsible for meeting the healthcare needs of the migrant workers they employ and that the work contracts should include adequate (not only nominal) insurance coverage. Provisions should be kept so that employers do not abuse the illness of workers as an excuse to terminate their contacts. The CoOs should also empower and strengthen the offices of labour wings for their missions to monitor compliance with these provisions. The missions should also actively ensure that companies that are at the top of the global supply chain engaging migrant workers are responsible for the actions of all, including that of labour supply companies.

One of the key challenges destination countries. Such a situation calls for providing incentive and support to the registered recruiting agents to help them procure company visas for skill-based labour markets and ensure fair and ethical recruitment. The issue of high charges that migrants are subjected to for their pre-departure health check-up at embassy-approved medical facilities also figured in the dialogue. Concerns were expressed about the quality of equipment used for such tests (that may partly explain the variation in test results at two ends) and the unethical practices of many of these centres in which results are tampered to overcharge the service recipients. During the workers' pre-departure orientation and also in the countries of destination, migrants should be adequately briefed on having a balanced diet of nutritious food, adequate sleep, regular hydration, wearing safety gear while working in hazardous conditions, etc. The CoOs must consider setting up a separate fund and disbursement system to meet the needs of sick, abused, and traumatised migrant workers, who often return with health and mental conditions that demand immediate attention. Many CoDs are currently pursuing reform agendas that will impact their migrant workforce. The abolition of the Kafala (sponsorship) system by some states has been a welcome development. While those states rightly celebrate their successes in addressing the healthcare needs of their nationals, it's time they pay due attention to large deficits that exist in the healthcare services for their migrant workforce. Such a move will not only portray them to be caring destination countries for migrant workers, but will also help meet their obligations and commitments under the ILO labour standards, the Sustainable Development Goals agenda, and the Global Compact for Migration.

identified has been the pervasive nature of "free visa" that facilitates migrant workers' engagement in undefined, insecure, and exploitative employment relationships – without any entitlements, including that of healthcare coverage. It was felt that, while "free visas" shore up the flow of workers, they also account for many of the ills that beset workers in the

destination countries. Such a situation calls for providing incentive and support to the registered recruiting agents to help them procure company visas for skill-based labour markets and ensure fair and ethical recruitment. The issue of high charges that migrants are subjected to for their pre-departure health check-up at embassy-approved medical facilities also figured in the dialogue. Concerns were expressed about the quality of equipment used for such tests (that may partly explain the variation in test results at two ends) and the unethical practices of many of these centres in which results are tampered to overcharge the service recipients. During the workers' pre-departure orientation and also in the countries of destination, migrants should be adequately briefed on having a balanced diet of nutritious food, adequate sleep, regular hydration, wearing safety gear while working in hazardous conditions, etc. The CoOs must consider setting up a separate fund and disbursement system to meet the needs of sick, abused, and traumatised migrant workers, who often return with health and mental conditions that demand immediate attention.

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The author acknowledges the insights drawn from the RMMRU organised *Obhibashon Alochona on Labour Migrants' Health on August 8, 2022* that was attended by senior state functionaries, researchers, civil society activists, media representatives and medical practitioners.

LETTERS TO THE EDITOR

Send us your letters to letters@thedailystar.net

Rain makes traffic unbearable. Why?

Why does a little bit of rain bring the entire city to a standstill? On Tuesday, it took me 2.5 hours to go from my house to my college, when usually this route takes me 40 minutes at most. I find it so difficult to understand how this city can have a metro rail and giant flyovers in development, but it is unable to clear up clogged drains and

solve a water-logging problem that has been plaguing ordinary citizens for years on end. Do the people in charge have any idea what it is like to sit for hours on the road, using a public transport system that by now must be decades old? Do they even care?

Priyoti Farin, Tejgaon



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