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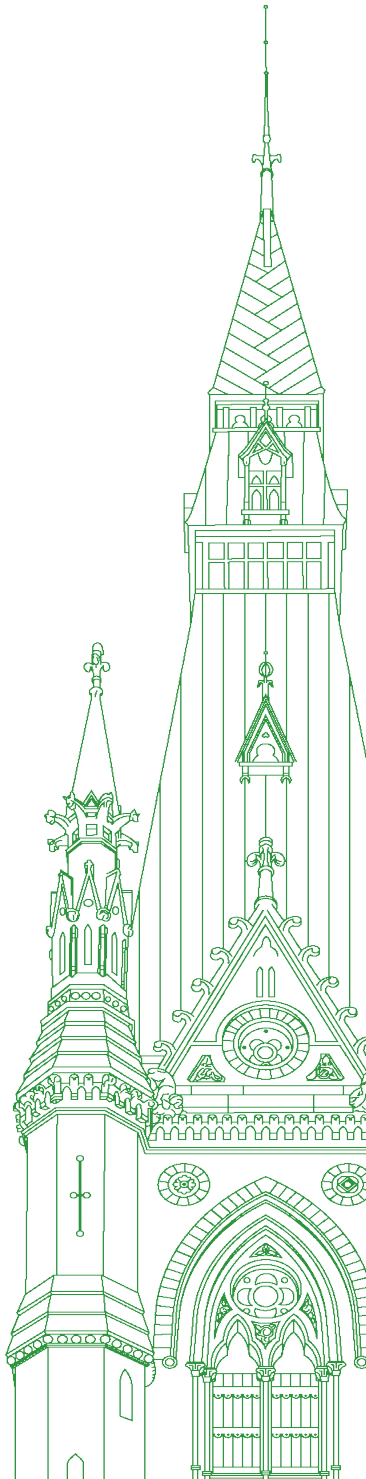

Chair: Mr. Peter Fonseca

Subcommittee on International Human Rights of the Standing Committee on Foreign Affairs and International Development

Thursday, November 26, 2020

● (1830)

[*English*]

The Chair (Mr. Peter Fonseca (Mississauga East—Cooksville, Lib.)): Welcome, everybody. This is meeting number five of the Subcommittee on International Human Rights of the Standing Committee on Foreign Affairs and International Development.

Pursuant to the order of reference of October 27, 2020, the subcommittee will begin the study of the impacts of COVID-19 on displaced persons, particularly in Venezuela and Myanmar.

To ensure an orderly meeting, I would encourage all participants to mute their microphones when they're not speaking and to address all comments through the chair. When you have 30 seconds left in your questioning time, I'm going to raise a card to indicate that you have 30 seconds left.

Also, for interpretation purposes, at the bottom of your screen you'll see a globe icon, which you'll be able to click and pick English or French, or if you are bilingual, you can just leave it as is.

I'd now like to welcome our witnesses for our first panel.

From Amnesty International, we have Saad Hammadi, who is the regional campaigner for South Asia; and from Islamic Relief Canada, we have Zaid Al-Rawni, who is the chief executive officer.

Saad Hammadi, you have five minutes for your opening statement, please.

Mr. Saad Hammadi (Regional Campaigner, South Asia, Amnesty International): Thank you very much for the opportunity to discuss the human rights situation of the Rohingya refugees in Bangladesh during COVID-19.

I would like to begin by stating that Bangladesh has demonstrated commendable generosity in hosting nearly a million Rohingya refugees since 2017.

In January this year, the Government of Bangladesh announced that it would allow Rohingya children, who constitute almost half of the refugee population, access to education under the academic curriculum followed in Myanmar. Unfortunately, because of COVID-19, the introduction of the pilot program under the new curriculum was delayed. We hope that the Bangladeshi government will gradually reopen the learning facilities, as this is important to protect the children from becoming a lost generation.

We must acknowledge that despite limited testing and isolation capacities, Bangladesh has managed to keep the outbreak of the virus in the refugee camps in Cox's Bazar low and under control so far, with the support of international humanitarian assistance.

During this time, Bangladesh has also allowed nearly 700 Rohingya men, women and children to disembark after they were stranded at sea for several months when other governments in the region actively pushed away boats carrying them.

We cannot but emphasize that Rohingya refugees in Bangladesh are among the most disempowered people in the world. In our interviews with the refugees, we have time and again heard that they wish to return to their homes when it is safe for them to do so, when they can exercise their rights as anyone else in Myanmar can.

A conducive condition for safe, voluntary and dignified return of the Rohingya to Myanmar is also contingent upon the role that Canada and other members of the international community play. Until the situation changes in Myanmar, they remain confined to the camps in Bangladesh.

What they need is that their voices be heard in shaping the decisions that affect them. In September 2020, Amnesty International released a briefing, "Let us speak for our rights", which highlights the sentiments of Rohingya refugees about their access to health care, education, justice, information and freedom of expression, peaceful assembly and movement. The words in the title, borrowed from a young Rohingya refugee, reflect the community's message to the world: they must be allowed to speak for themselves.

In the absence of a clearly outlined refugee consultation process, what we have witnessed is that the concerns of refugees are sometimes not recognized by the authorities. For instance, in the case of health care, which is key during the pandemic, refugees have been constrained by language barriers, disrespectful behaviour from some medical staff, and lack of access to information about available health care services in the camps.

Because of the persistent marginalization that the Rohingya people have experienced for decades at home and in the places where they have sought refuge, we see that they are afraid of repercussions for speaking out or sharing reservations about decisions enforced upon them by authorities.

In May 2020, Bangladeshi authorities took more than 300 Rohingya refugees to Bhashan Char, a remote island in the Bay of Bengal that has been developed by the country's navy. More Rohingya refugees have shared with Amnesty International that they could be relocated to the island very soon. They have also said that they are afraid to relocate to an island that they know very little about, but they have signed up for it out of compulsion rather than choice.

A Rohingya woman, for instance, has said that she has registered to go to the island because her husband is there. Two others have cited lack of co-operation from camp authorities in having their shelters repaired and being advised to relocate to the island instead.

A due process consisting of refugee leadership and consultation, as well as a technical and protection assessment by the United Nations, is critical to ensure that the relocation is safe and voluntary and that it follows informed consent.

It is therefore important that Bangladesh's government adopt a publicly accessible, transparent and rights-respecting policy that outlines a framework of refugee participation in the decisions that affect them.

International humanitarian aid is crucial to support the Rohingya refugees, but Canada and other members of the international community must encourage Bangladesh's government, work with the government, and offer their technical assistance and expertise in developing the policy.

The Rohingya refugee situation in Bangladesh requires the local, international and Rohingya community to work together to find a sustainable solution.

Thank you.

● (1835)

The Chair: Thank you, Mr. Hammadi.

Now we'll hear from Mr. Al-Rawni, for five minutes, please.

Mr. Zaid Al-Rawni (Chief Executive Officer, Islamic Relief Canada): Thank you. It's a pleasure to see some familiar faces on this little Zoom call. It's great to see you all.

The first thing I will say is that I was part of the first deployment to Cox's Bazar when refugees started streaming out of Myanmar's Rakhine State into Cox's Bazar. The conditions have only worsened since they first fled from Rakhine State to Cox's Bazar.

We have to imagine that in the best-case scenario in which many of us live, with regular handwashing, with the capacity for most of us to socially distance, with the kind of government support many people have had, COVID-19 has still been a huge problem. It has brought major economies to their knees, and the effects on the most vulnerable in those societies have been quite severe.

Concerning the Rohingya refugees in Cox's Bazar specifically, where you have 890,000 or maybe a million people confined in 26 square kilometres across 32 or 38 different camps, that is a huge number of people. Latrines are haphazardly dropped here, there and everywhere. There's no actual sewage facility that you would recognize, living in a city in Canada.

It's a very difficult position for many of those refugees. Before COVID-19, the Bangladeshi authorities already, in trying to contain.... They already had their own challenges, and we have to acknowledge—I agree with Saad—that the Bangladeshis have been very generous in hosting this many people. That has to be acknowledged, as well as the generosity of Canada.

Canada has played a hugely progressive role vis-à-vis.... Bob Rae's report and Bob Rae's interactions with the Rohingya file have been quite impressive. Despite all of that, the challenges for the Rohingya community were quite severe already.

After COVID became a global pandemic and so many governments were grappling with what to do, how to respond, how to reduce the risks, stop the spread, contain the spread, etc., the number of people allowed into the camps was reduced even further. The number of vehicles into the camps was reduced even further.

Some people have said they've found really creative ways of distributing aid, but some of our colleagues have said that actually, there are a few families who have been left out or they're not getting as much support as they need.

Add to that the creaking—and I say "creaking" generously—health services that are offered to the Rohingya refugees pre-COVID. Post-COVID, those health services are a lot less accessible at best and are totally inaccessible in many cases, simply because the movement in and out is restricted, as are the types of medical professionals, the medical personnel you would normally see from NGOs like ours or from such others as Doctors Without Borders, etc.

It's quite a challenge for many of these families, and so you have that issue permeating or adding a complex layer to an already complex situation.

Then you have the issue—most of this information I took from our field team, who are on the ground—of rumour in Cox's Bazar and what people are hearing, how they're hearing it, how information flows in and out about what COVID-19 is, how you prevent it and these types of things.

If we think of what's happening south of the border with the various communities who are anti-maskers or whatever name you want to label them with—people who have been resistant to scientific data because of the way it's served or how it's presented, and this in one of the most progressive countries, one of the most scientific nations on earth—the situation in Cox's Bazar is fraught. People aren't sure whom to believe, what to believe, where information comes from and goes to. They're suspicious about everything, actually. That constrains the capacity of the few health workers who are trying to do things.

● (1840)

In my final minute, I will say this. I think the actual effects of COVID-19 upon the Rohingya refugees from Myanmar are yet unknown and untold. That is the actual truth, because we do not have enough actual data, facts, surveys, and so on to say this is where we are, and this has been the consequence of thing *x*, which in this case is the COVID pandemic.

With that, I'll concede the floor.

Thank you, Peter.

The Chair: Thank you very much for your opening statements.

This brings us to our first round of questions. Each member will have seven minutes to ask questions of the witnesses before us.

We're going to start with the Liberals and Mr. Zuberi for seven minutes.

Mr. Sameer Zuberi (Pierrefonds—Dollard, Lib.) : Witnesses, I want to thank both of you for being here and for sharing your testimony, your experiences and the very, very important work that you do.

You're both experts in what's happening in the Rohingya refugee camps, which is why you're here today. I want to ask you a question around long-term planning.

In your opinion, how has long-term planning been impacted by COVID-19? Have there been adjustments? Have you seen any adjustments happen on the ground? Can you enlighten us on that?

Mr. Zaid Al-Rawni: I'll comment very briefly.

We're still grappling. Definitely there have been several adjustments in the ongoing projects. We had a project specifically targeting violence against women and girls, gender-based violence, in the camps. The first phase of the project was a data-gathering segment. We had to pause the project because our researchers couldn't access the camps. They had no way of accessing the camps to do the research.

We know from existing research and anecdotal research that incidents of violence against women and girls had increased, and that's a result of many factors, including the pressures of confinement that the Rohingya refugees find themselves in as well as the inability of families and people to work. The livelihood issue is a complete.... Everyone relies on food aid and humanitarian aid from organizations like UNHCR, Islamic Relief, World Vision, etc. Nobody can go out and work. You have a few volunteers who are paid cash for their volunteer work, but the actual idea of having a job doesn't exist. So we've postponed that project.

We've postponed a few medical missions we had planned to help with more chronic health issues. They've had to be put on pause. We've already mentioned the last time we sent medical physicians from Canada to Rohingya and how the traumas they came back with or the stories they came back with were quite extensive. This elongated period in which health professionals haven't been able to gain access for non-COVID-related issues can only, I assume, have made things worse. That's something that has to be looked at.

Mr. Saad Hammadi: I think to add to what he has said very rightly is the fact that this is a protracted refugee situation. More than 750,000 refugees have arrived since August 2017 and have added to an existing group of Rohingya refugees who were in Bangladesh. There is no clarity with regard to how and when this repatriation will happen, and that is the eventual interest as has been agreed by Bangladesh and the international community, that the Rohingya refugees should have a safe, voluntary, dignified and sustainable return to Myanmar.

That is the end goal for Bangladesh, but until that happens, there are various concerns in the current setting in which the refugees live. It's about six and a half thousand acres of land in Cox's Bazar that have been brought up by cutting hills and forests, and you have a million refugees in 34 camps within that space. Now the Bangladesh government has created a space on a remote island, as I have mentioned, in Bhashan Char, where they propose to take about 100,000 Rohingya refugees to sort of ease the space—

● (1845)

[*Translation*]

Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Mr. Chair, I have a point of order.

Unfortunately, I think there is an issue with interpretation.

[*English*]

The Chair: We have an issue with translation.

[*Translation*]

Mr. Alexis Brunelle-Duceppe: It seems to be working well now.

[*English*]

The Clerk of the Committee (Ms. Erica Pereira): Yes, it's going okay.

Mr. Hammadi, could you move the microphone a bit closer to your mouth, please?

Thank you.

Mr. Saad Hammadi: Sure.

As I was saying, Bangladesh's government has proposed to relocate 100,000 Rohingya refugees to Bhashan Char, which is a remote island in the Bay of Bengal. What we are suggesting, and what the refugee community itself as well as the international community time and again have said is that due process is important to ensure that their relocation is voluntary, that it is safe, that it has all the other components to make moving the refugees to the island feasible, and that humanitarian assistance and operations will be able to be shared between the mainland Cox's Bazar and Bhashan Char.

All of these considerations really depend on refugee leadership and their participation in these decisions. Clearly, even if you're talking about repatriation, which is what Bangladesh is interested in doing to ease the pressure on it, that will have to come from the refugees themselves, and given the marginalization that the refugees have faced over decades, it's important that they be empowered.

This is a group of people who have not had access to adequate education and who have not been able to participate in many decisions for many years. It is important that they be groomed to make those conscious decisions, whether with regard to the service provisions of the camps or a relocation or a repatriation.

In all of these cases, what is really important is that there be a clear policy outlined to ensure refugee participation and wider consultation with the host community, which has been affected as well, with the other communities and with the humanitarian agencies.

At this time, however, I'm afraid that no clear policy on that has been outlined.

Mr. Sameer Zuberi: Thank you.

In the 30 seconds left, please tell us what Canada can do to ameliorate the situation.

Mr. Saad Hammadi: I think it would be important that this discussion about the refugee participation be pursued in a transparent way and that there be a policy mechanism to ensure that there is clarity on how refugees are involved in each of the decisions.

Mr. Sameer Zuberi: Thanks.

The Chair: Thank you.

Now we'll move to Mr. Chiu from the Conservatives for seven minutes.

Mr. Kenny Chiu (Steveston—Richmond East, CPC): Thank you, Mr. Chair.

My first question is for Mr. Hammadi.

Based on Mr. Al-Rawni's testimony about the sealing off of Cox's Bazar, do you think there is any reason to believe that the Bangladeshi government is trying to build a COVID bubble for the refugee camp?

Mr. Saad Hammadi: The restrictions that have been put in place have proved to be relatively good for the refugee community, because clearly in Bangladesh, as we have seen, the spread of the virus has been quite large. It is a large population and it's difficult to control. I think it was somewhat essential to create that space to sort of restrict some of the access into the camp during this time to limit the spread of the virus, and it has done quite well in this time.

That being said, there are other concerns that have emerged as a result of the restrictions. For instance, for quite a period of time the humanitarian and protection services have been limited to only remote case management, which has meant that if there are issues of gender-based violence, those have to be dealt with over the phone, and that's not always comfortable. Many refugees have not felt comfortable speaking about the issues they have faced during this time.

It has also affected the livelihood of some of the refugees who have volunteered in the documentation process and other sorts of activities, which they haven't been able to do during this time. That relates particularly to the areas of gender-based violence and discrimination, because we have noticed that in some places women in particular have told us that they have not been allowed to go out of their homes and they are not able to share this with anyone.

● (1850)

Mr. Kenny Chiu: Thank you.

My next question is for Mr. Al-Rawni.

Previously we heard from Mr. Hammadi that the goal is to repatriate the refugees to Myanmar. Do you think they would have a safe home to be repatriated back to?

Mr. Zaid Al-Rawni: Every Rohingya refugee I spoke to when I was in Cox's Bazar said the same thing: “We want to go back home.” When I went to Rakhine State and to Sittwe, I spoke to IDPs, internally displaced people, who've been kind of herded into what look like camps—these really horrific spaces—and all of them want to stay in Rakhine State, to go back to their farms.

To your question as to whether it's safe for them to do so, it won't be safe until and unless there's a mechanism to guarantee their safety, leveraged by the international community. Back to Sameer's question on what Canada can do, Canada has done quite well, but this needs a wider coalition of international actors, who can say to the Government of Burma—the Government of Myanmar—that this group has to be afforded their rights.

Is it safe to do so now? I don't think so.

Mr. Kenny Chiu: I'm sorry. I guess I didn't qualify my question further. I was actually referring to COVID situations. In their homeland, where they came from, how has the COVID situation been? If they were to be repatriated back there, are they facing a worse situation in terms of COVID?

Mr. Zaid Al-Rawni: I think COVID will be the least of their concerns. I don't think any of them are concerned too much about COVID in the scheme of things, because the persecution and the violence they have faced, and that they feel they are likely to face, will have a much wider or a much more direct impact.

Mr. Kenny Chiu: Right.

I have a couple of questions about Islamic Relief Canada's effort. Our research has shown us that Islamic Relief was actually being barred from servicing and providing aid to Rohingyas in the the Cox's Bazar region. Is that still true? How is that impacting your ability to help them?

Mr. Zaid Al-Rawni: Islamic Relief Canada is part of a global federation called Islamic Relief. Locally in Bangladesh they're very active, and they continue to be active. There are a few online rumours that say we are not allowed, that we're banned and we're not allowed to work in Bangladesh. We absolutely are. We have an office in Dhaka and sub-offices throughout Bangladesh.

However, to operate with the Rohingya community directly in Bangladesh, you need something called an FD 7 licence. All of our work in Bangladesh has been with local partners, so we are able to operate. We are able to support the Rohingya community, and we are able to go in and out. We have sent delegations and can continue to work, but we don't have this very important document, an FD 7 licence, that allows us to work directly with the Rohingya community as our own agency.

However, funds that are generated by Islamic Relief Canada can reach the Rohingya community in Bangladesh.

Mr. Kenny Chiu: That's wonderful. Thank you. I'm glad to hear that.

I want to follow up on a media report. On this question, I would like to have both you and Mr. Hammadi respond.

The media report says that the Rohingya refugee camps in Bangladesh, Cox's Bazar and Myanmar—the Rakhine area—have had cellular and Internet connections blacked out from the outside world. Have the IRC or other service providers been impacted by this? How do you guys contact and reach out to the refugee population in there?

● (1855)

Mr. Zaid Al-Rawni: I haven't heard anything related to the blackout of cellular services. For our method of communication, mobile phones are very important, and that's how we talk, especially now, when restrictions are increased and enhanced. They are—

Mr. Kenny Chiu: Thank you.

Mr. Hammadi.

Mr. Saad Hammadi: The Internet restriction has been lifted since August 24 of this year. It certainly has had an impact, particularly during COVID-19 in terms of getting information at the right time. Right now in Bangladesh in the refugee camps, the Internet restrictions have been lifted.

Mr. Kenny Chiu: Thank you, Mr. Chair.

The Chair: Thank you, Mr. Chiu.

Now we'll move to the Bloc and Mr. Brunelle-Duceppe for seven minutes.

[*Translation*]

Mr. Alexis Brunelle-Duceppe: Thank you very much, Mr. Chair.

I want to begin by thanking the witnesses for joining us today. I also thank them for the essential and necessary work they are doing and the dedication they have shown.

Thank you very much for being with us this evening, gentlemen.

Even before the COVID-19 crisis, refugees, migrants and displaced persons were already among the most vulnerable populations. We know that already. You have both talked about women and girls, and about gender-based violence. I would like you to go in more detail, if you can. I'm speaking to both of you, and you can decide who will comment first.

How has the COVID-19 crisis affected Rohingya women and girls in refugee camps?

[*English*]

Mr. Saad Hammadi: Zaid, do you want to go first?

Mr. Zaid Al-Rawni: Sure.

Unfortunately, we're dealing with communities that are the most vulnerable, and of the most vulnerable communities globally, the most vulnerable segments are women and girls. Their exposure to domestic, gender-based violence is unfortunately quite high. You can attribute that to many different factors. Amongst them is idleness, the fact that the family members, whoever is with them, have nothing to do. Along with that there's the tension and stress. There are a bunch of factors, so they're more vulnerable.

There is also access to sexual and health-based rights, which is, unfortunately, even more restricted. Women and girls in a normal society like ours here in Canada have access to all the hygiene equipment they need. It's accessible. They have access to planning their families, when and how they will have children, or whether they will have children. They have so many choices. Many of those choices, unfortunately, do not exist. They simply aren't available for many women and girls. All of these things compounded make this segment the most vulnerable group in the refugee context. That means that as humanitarian actors we have to be conscious of these high vulnerabilities and be responsive in our interventions to ensure that the most vulnerable segments in that community are serviced in the best way possible.

One of the ways to do that is through a needs assessment. That was part of the research we were planning to do this year. We wanted to see how bad this situation is and what can be done by humanitarian organizations like ours, especially since we bring unique value to the table in our shared faith values. How can we leverage that shared faith to educate men about the harmful effects of violence against women and girls and make sure that women and girls have access to sexual and reproductive health rights as a community?

The short answer is that it's a dire situation. It's very difficult, but humanitarian agencies like ours are aware that this is the most vulnerable group and a large portion of our efforts are targeting that segment as well as young children.

● (1900)

Mr. Saad Hammadi: To add to what Zaid has said, the gender component is very sensitive, particularly in the refugee camps, because women and children represent more than half of the refugee population. In various situations, including when there were hundreds of these refugees stranded in the sea, we saw that when they arrived in Bangladesh, when they were allowed to disembark, there were predominantly women and children who were on those boats trying to go to other countries in Asia per se but who had failed and had to come back.

As Zaid said, there is a tension within the camps, particularly among women with regard to the discrimination they face and their discomfort with sharing and who they will share with. Again, while UNHCR has set up some protection mechanisms, it does seem as though they are not adequate at times, something we have seen in our interviews with some of the refugees.

When I say they are inadequate, it's not because of the violence they face. What I should say is that it's not always the sexual harassment per se, but there are also smaller things, such as when they're trying to access health care and they don't know how to reach that or where to go. The information barriers, for instance, sometimes present serious constraints for families led by women when the, let's say, mother of the family has to deal with this situation.

[*Translation*]

Mr. Alexis Brunelle-Duceppe: Thank you, Mr. Hammadi.

You are on the ground and have contacts everywhere. So you are in a better position to tell us.

Over the long term, what will be the impact of COVID-19 on Rohingya refugees and migrants in refugee camps?

[*English*]

Mr. Saad Hammadi: I think it all goes to that area about how you empower the refugees to speak about their concerns, and that goes for all the genders, for men and women, for old and young, for all groups of the population.

The Chair: Thank you.

Now we'll move to the NDP and Ms. McPherson.

Ms. Heather McPherson (Edmonton Strathcona, NDP): Thank you, Mr. Chair.

I want to thank the witnesses for joining us today. It's nice to see some of you who I have had the opportunity to work with before. Thank you for your eloquent interventions today. It's very concerning and very worrying, of course.

I'd like to start by giving Mr. Al-Rawni a bit more time to explain. He didn't get to answer the last question which my colleague from the Bloc asked. In particular, I'd also like him, if he could, to touch a bit on the cause of the displacement in Myanmar and the factors that are exacerbating the number of displaced people who we see in places like Myanmar.

Mr. Zaid Al-Rawni: Yes. Thanks so much, Heather.

The easy answer, unfortunately, is that it's directly because of Islamophobia. When we talk about hate towards minority communities, the consequence of that hate is manifested quite brutally in Rakhine today and in what's happened to the Rohingya community specifically.

Before I travelled to Myanmar, I thought it was a question of race and ethnicity. I thought that in the Rakhine communities it was the colour of their skin that was the primary issue, because of the derogatory words I saw that officials had used—"look at their skin; look at these disgusting people"—stuff which is just abhorrent to us, to our ears.

I thought that this is really a race issue disguised as an Islamophobia issue, but when I arrived and was in Rakhine State, I saw several different communities that weren't that different in their physical appearance to the Rohingya community in Rakhine State. I travelled to different parts of Rakhine State when I was there, and the only distinguishing feature of this specific community was their religious makeup, so that was quite disappointing to see.

Even inside Rakhine today, they're kind of herded into camps across Rakhine State. They've had all their farms, fishing boats and homes confiscated, and their mosques closed. They're living in these camps that, from the outside, have barbed wire and triple entry. To get to them, you have to go through a guard gate, then a second guard gate, and then a third guard gate, and I thought, "What is going on?" I've visited concentration camps in different parts of Europe as part of my own education, and they definitely had that feel. It was very horrible, with the barbed wire everywhere and guards everywhere. It was quite horrific to see.

● (1905)

Ms. Heather McPherson: Yes. It's very terrible.

We know that what's happening there with the Rohingya is not new. This is not something that started during COVID but is simply being exacerbated by COVID.

One of the things that both of you have spoken to is the fact that there will be a long tail on this, that there is a long-term impact of COVID that I think will go much further than the coming months or years.

One of my big concerns is with regard to vaccines and how we are getting the vaccines out to these camps. Right now Canada is contributing to the Covax program, but not enough. In my opinion, it's vastly underfunding what we need to be contributing to make sure that those are happening. We have heard that there is an increased morbidity of around 30% if we are not able to distribute the vaccines equitably. Can either of you talk about the need or how you would envision the vaccines getting out to areas that are so challenging to get vaccines to, areas like Cox's Bazar?

Perhaps, Mr. Hammadi, you could begin.

Mr. Saad Hammadi: I think it's still a little too early to determine how this will be distributed, but certainly the point you raise is going to be of major concern because of Bangladesh being a South Asian country and, on the other end of receiving the vaccines, there will be constraints because of its own challenges and limitations to address and to cater to its own population and at the same time meet the demands of the refugees and in the refugee camps.

It will also depend on the level of infection and the number of infections detected within the camps. As we have seen, that number so far is very low. It would certainly depend on the access that has been arranged by the humanitarian agencies in this situation.

Ms. Heather McPherson: Mr. Al-Rawni, do you have any comments on that?

Mr. Zaid Al-Rawni: I think if we move out of Cox's Bazar, which is the traditional refugee situation, and think of refugee situations like the Venezuelan refugees or the Syrian refugees, it's important to look at this through the lens of self-interest. If you have a densely populated community or group that is working in some of the most, what we call, essential services.... Now we've decided that essential services.... In many parts of the world, refugees are servicing communities through essential services, often unfortunately in the black market with no protections, but if they're not protected, the spread will just be.... It's a very good community to start from right there and from a self-interest perspective, say, "All right, let's get these guys vaccinated and looked after so the rest of society...." They're the groups who have the least capacity to social distance, to wash their hands often because they have no access to clean water, or as much clean water as you need to do the 20-second handwashing, which we're advised to do all the time.

That's the lens I would look through.

Ms. Heather McPherson: I have one last question. I hope I have time for it.

In terms of Islamic Relief and of the work that you do, I was incredibly impressed with civil society organizations in Canada that were able to pivot so very quickly when COVID-19 hit. They were so innovative, so creative in how they changed their programming, really on a dime. Can you talk a little about how Islamic Relief was able to do that, and whether or not Global Affairs Canada has been able to keep up with that, and whether you have felt that they have managed that need for urgent action well enough?

Mr. Zaid Al-Rawni: Thankfully we have quite an agile team, and it was very easy for us to pivot both our programming and our engagement with Canadians quite quickly.

From a Global Affairs Canada perspective, if I'm being totally honest, their responsiveness has been solid. They've been listening, talking, happy to have conversations with the section, with the space. The minister has been solid, and Karina Gould has made herself available to the NGO space, to the international development actors.

However, I think we have to increase the commitment Canada is making to international development generally. I still don't think there's enough there. We're often told that's on us as people in the sector to increase awareness of the importance of this so there is more support for this across Canada, and across party support across Canada. While that's true, I still think it's important that the government take the step to meet our obligations to the OECD.

● (1910)

Ms. Heather McPherson: Thank you.

The Chair: Thank you, Ms. McPherson.

Now we're moving to our second round of questions, and these will be for five minutes.

Members, we only have time for two questioners, and the first will be the Liberals with Ms. Khalid, and the second will be the Conservatives with Mr. Reid.

Ms. Khalid, please, you have five minutes.

Ms. Iqra Khalid (Mississauga—Erin Mills, Lib.): Thank you very much, Chair.

Thank you, Zaid and Saad, for all your amazing work throughout the years with all that you do.

I would like to follow up on a number of things you've spoken about.

Mr. Hammadi, you spoke about data and the lack thereof. I ask you, and maybe Mr. Al-Rawni can pitch in a bit later, what the role is of the UNHCR and of Amnesty International in collecting data and understanding how COVID is spreading through internment or refugee camps like Cox's Bazar, among many others across the world. What do you think the role of data collection could be in curbing that spread, but also in administering vaccines?

Mr. Saad Hammadi: I think UNHCR is the central agency for refugee management in the camps in Bangladesh. Certainly, they have their own dataset in identification of the refugees. Each of the refugee families has their own identification numbers, and that's used to determine the different sets of information that is required, whether it's with regard to protection, whether it's required to be vaccinated, or for health needs. That is also done in coalition with other UN agencies such as the World Health Organization.

It really depends on the service you're looking at. If it's about children, then of course UNICEF comes in, but then there are all these agencies that work together.

Different sectors have been created in the camps, such as health, education, gender and other areas. These sectors have multiple humanitarian agencies working together to determine the problems and needs assessments, so that arrangement is there.

Amnesty looks at the rights component and sees what is more important. For instance, at the beginning of 2018, our campaign was focused on access to education for the Rohingya children, but with the emergence of COVID the priorities shifted to the participation of refugees in the different areas where they don't have a voice. We realized this is a central component in determining the concerns.

I'll end there so Zaid can speak.

Ms. Iqra Khalid: Go ahead, Zaid.

Mr. Zaid Al-Rawni: Yes, I think data is absolutely crucial in the role of UNHCR and Amnesty International. Amnesty has a slightly different lens, and their work is really important for us and for you as legislators in terms of giving us data on the commitment to human rights and the respect of human rights by governments, both for their populations and refugees.

You can't do the work you do without the data they provide from the UNHCR's perspective, and with a refugee lens, they're the biggest player. Anybody who pretends anything else with refugees specifically is, in our colloquial English, having a laugh. It's really important that we recognize the importance of that data. On the importance, sure, it sounds really stupid, but it's the importance of data and facts and how essential they are for us in making the appropriate decisions for the people we're trying to serve, both here and in refugee communities.

Ms. Iqra Khalid: How do you think that data should be collected? We've talked about a number of different agencies collecting data for their own separate purposes, but we're talking specifically about COVID-related data and how we're going to eradicate COVID on the short-term basis within these refugee camps. What is the best way to collect data and to ensure we're being proactive with the health and safety of the most vulnerable of populations?

● (1915)

Mr. Zaid Al-Rawni: Speaking to people right on the ground is absolutely crucial: the health workers, the volunteers. If you look at the way the refugee camps are organized, the central pillar in Cox's Bazar is these volunteers who are from within the community themselves. I know that Saad was talking about empowering and giving people opportunities to lead and to understand, to find their voice and their leadership, and they're doing quite a superb job, I think. That's what I have in mind.

I think Saad wants to come in before the 30 seconds are up.

Mr. Saad Hammadi: Thanks.

I think that's very important. As Zaid said, refugee volunteers play a crucial role in giving us this data, but at the same time, I think humanitarian agencies such as MSF/Doctors Without Borders also have a role, as well as the UN agencies. All those different datasets help us determine the needs.

Ms. Iqra Khalid: Thank you.

The Chair: Thank you, Iqra.

Now we have Mr. Reid for five minutes.

Mr. Scott Reid (Lanark—Frontenac—Kingston, CPC): Thank you, Mr. Chair.

For our two witnesses, have either of you visited Bhashan Char?

Mr. Zaid Al-Rawni: I haven't. I know the place, but I haven't visited.

Mr. Saad Hammadi: We've made the request to the Bangladeshi government. Not just Amnesty but a group of international human rights organizations made this request after August of this year, but no, we haven't had the chance to visit the island. It has been off limits.

Our call has been to ensure unfettered access for rights organizations and development, and for all the organizations, to do their independent assessment before the refugees are able to relocate. It's important and crucial not just for the safety and the voluntariness, but also for the feasibility of running an operation in this shared area between the mainland, Cox's Bazar and Bhashan Char island.

Mr. Scott Reid: I think you're right to be concerned. While you were giving your testimony earlier, I looked up Bhashan Char. It is a mud flat that was not in existence 14 years ago; it was essentially silt washed down during a flood. It strikes me, all other considerations aside, that if there were a cyclone, I assume that the lives of every person on that island would be at risk. It doesn't appear to me, from looking at the island—I've got it up on Google Earth on my computer right now—that it would be possible to evacuate a significant population in the short time that would be involved.

Perhaps I'm overstating things, but leaving other considerations aside—such as sanitation issues, which would be very difficult in a place that's a mud flat—it strikes me that lives are being put at risk by the very fact that they are being sent to that island.

Am I exaggerating the seriousness of the situation? I haven't raised the issue of isolation. Everybody there would be very isolated, which is a separate concern with regard to them being able to express concerns about their treatment, being able to leave if necessary and their access to emergency or health services.

I've given you a lot there. Perhaps I can ask you to respond.

Mr. Zaid Al-Rawni: No, you haven't exaggerated your concerns at all, Scott. It's really not a feasible idea. Bob Rae mentioned it when he was speaking as Canada's special envoy to the Rohingya crisis, and he concluded with almost exactly your conclusions. It's not suitable at all.

Mr. Scott Reid: Right.

Mr. Saad Hammadi: I would just add that a cyclone has not directly hit the island. That is exactly the reason, as you mentioned, it's important that the UN gets to carry out a full technical and protection assessment before this relocation happens. We don't have the scientific information you were talking about in terms of what would happen in case a cyclone hit the island. Relocation before that would be of grave concern for us as well.

Mr. Scott Reid: Is it the intention to place all refugees on the island or just a portion of them?

Mr. Saad Hammadi: Right now the government's proposition is for about 100,000 refugees to be relocated there. As I mentioned, about 300 refugees were already moved in May. There are plans to relocate more in the coming weeks and months.

Mr. Scott Reid: Looking at it, there are hundreds of symmetrical buildings laid out in a very tight grid. This could not have been done inexpensively. How is it being funded?

Mr. Saad Hammadi: At this time, based on the Bangladesh government's claim, it's their own funding. The Bangladesh navy has developed the island.

The concern we have been expressing for this island is that it's made solely for the refugees at this time, whereas on the mainland you have the coexistence of both the host community and the refugees. There's isolation on the island. We should have those considerations as well about the accessibility of different groups of people—humanitarian agencies, rights organization, civil society. It would really make sense to have that coordination for the refugees and for other groups of people to have that access to the island. How this would be arranged is not clear to us.

● (1920)

Mr. Scott Reid: I have only 15 seconds left, so I want to ask a very brief question.

I have the impression that a well-functioning refugee camp is one that is not a camp in the manner we think of it. It's actually a place with porous borders where people can go back and forth, interact with the community around it, potentially do work, provide services, and have some kind of independent means as a result of that. That won't happen on the island. However, does that exist to some degree in Cox's Bazar?

Mr. Al-Rawni.

Mr. Zaid Al-Rawni: Post-COVID, definitely it doesn't. Pre-COVID, it existed to a certain extent. There was some coming and going and there was some interaction between the host community and the refugee community, albeit limited. There were a lot more limits placed when the Government of Bangladesh took control.

Post-COVID, no, it's a lot less. I think I heard the word “bubble”. There's a lot less interaction, as there is in most of the world. Lockdown is really real.

The Chair: Thank you, Mr. Reid.

That concludes our first panel.

I want to thank you, Saad and Zaid, for coming before us. Thank you so much for all the information you were able to share with the committee.

We will suspend now while the new panel is set up. It shouldn't take too long.

Again, thank you, gentlemen.

Mr. Zaid Al-Rawni: Thank you, everyone. Take care. Thanks for your time.

Mr. Saad Hammadi: Thank you.

The Chair: I see a point of order from Alexis Brunelle-Duceppe.

[*Translation*]

Mr. Alexis Brunelle-Duceppe: Thank you, everyone.

Mr. Chair, I would like to speak to you once the witnesses have left the meeting.

I see that the witnesses are no longer online.

I may be wrong, but I understood that everyone in this committee had the same amount of time to ask questions. According to what I have seen, Conservatives and Liberals have had more time. I am not blaming anyone, and I don't want this to be seen as an affront. I am just wondering.

Shouldn't it have been one question per party in the second round?

I know we have rules to follow and that it's five minutes. I'm new to the House of Commons and maybe naive, but I thought that all the parties had the same amount of time to speak in this committee. That is what I was told.

[*English*]

The Chair: I'll look to the clerk for that information, although I just followed what we had set out for the first round and second round.

Yes, the second round would move to five, five, five, and five minutes. We just didn't have the time. We had decided we would conclude at 7:20. We went a minute or two over that just to get ready.

[*Translation*]

Mr. Alexis Brunelle-Duceppe: That is why I was wondering about this. This committee has members from all four parties on it. When there was only 10 minutes left, shouldn't the speaking time per party have been two and a half minutes? Would it be possible to proceed in this way? Perhaps the clerk could answer my first question. Do our rules prevent us from doing this? I want to be clear that I am not blaming anyone. I am really just asking a question.

[*English*]

The Chair: I will answer first. I believe it is possible that it could have been done. If that is something the members would like me to do going forward, whenever we're in a situation like this—to break it down equally in terms of the number of minutes and leave the order as we had set it up—I would be happy to do so.

● (1925)

[*Translation*]

Mr. Alexis Brunelle-Duceppe: This may potentially happen at the next meeting. As we have often said here, there is no partisanship on this committee. So all the parties should have the same amount of time to speak. That is what I am proposing to my honourable colleagues. If everyone is okay with that, so much the better.

[*English*]

Mr. Kenny Chiu: Mr. Chair, we have no problem. We would agree with Mr. Brunelle-Duceppe's request.

The Chair: I think we have agreement from everybody.

[*Translation*]

Mr. Alexis Brunelle-Duceppe: Thank you very much.

[*English*]

The Chair: Thank you.

We'll set up for the next panel.

● (1925)

_____(Pause)_____

● (1930)

The Chair: Welcome to our second panel of witnesses. We wish you were here with us in person, although we are all virtual.

Welcome to all of you. I think we've all been introduced through the sound check process we've just gone through, but I will name all of you.

From CARE Colombia in Bogota we have Marten Mylius, country director. From Doctors Without Borders we have Mr. Joe Belliveau, executive director, as well as Jason Nickerson, humanitarian affairs adviser. From OBAT Canada we have Dr. Shujaat Wasty, founder and CEO.

Gentlemen, if you need interpretation, at the bottom of your screen you'll see a globe and you'll be able to pick English or French, or if you are bilingual, you won't have to change anything.

Make sure that you mute your mikes when you are not speaking.

I will give you a 30-second warning when the time is coming to an end for the particular member who is asking questions.

On that note, we're going to start with Marten.

Marten, you're going to have the floor for five minutes for your introductory statements, and then the others will also get five minutes.

Marten, the floor is yours.

Mr. Marten Mylius (Country Director, CARE Colombia): Thank you very much.

Refugees and migrants keep pouring out of Venezuela. In about five years more than five million Venezuelans were driven out of their country by an unprecedented political, social and economic collapse. The vast majority of those who were uprooted now reside in South American host countries. However, they find themselves embroiled in a daily struggle for basic human dignity, shelter, food for their children or health services for the sick. It is the largest exodus in recent memory in South America and it has not stopped.

Colombia, which shares a 2,000 kilometre long porous border, bears the brunt of the burden. Today Colombia holds 1.8 million Venezuelans. Like other countries in the region, Colombia has demonstrated incredible generosity, though it begins to wear thin. The pandemic has hit Colombia hard. It is among the 10 worst affected countries globally. Its aggressive measures to curb the spread has left a severe economic dent. Millions of Colombians lost their jobs and 15% of the population had to cut down the number of meals to one a day. Red cloths were dangling from the windows across the country as a desperate plea for help.

The pandemic not only worsened this humanitarian need; it created a whole new dynamic. Venezuelans across the region had been working mainly in informal and unregulated work. Strict quarantine measures imposed in late March had cut hundreds of thousands off their income sources. The ripple effect rocked the region. Suddenly, thousands found themselves without a roof as they could no longer pay their rent. In Bogota, informal camps sprang up. A trek began as thousands ventured back to Venezuela from across the region. Some walked all the way from Chile. By September, more than a 100,000 Venezuelans had returned.

As many restrictions in Colombia were lifted in September, the tide turned again. Thousands crossed the border again on a daily basis. Nowadays though, they only have *trochos* to get to the other side, exposing them to narco-traffickers, guerrilleros, paramilitaries or criminal gangs. The tragedy of disappearances in the border region is a symptom of an unacknowledged and unattended crisis causing displacement, confinement and a mounting wave of threats and assassinations of civil society leaders. We're talking about a resurfacing armed conflict raging wherever illegal economies thrive in Colombia.

CARE works along the so-called routes of the *caminantes*. These are Venezuelans working along the main arteries of Colombia seeking to get to urban centres or neighbouring countries. Due to the impact of the pandemic, they now find a reduced support infrastructure as many had struggled to meet sanitary standards. We find compared to an average population *caminantes* have a much larger percentage of pregnant women and breastfeeding mothers. Almost all of them are considered by CARE and our local partners, doctors and nurses at high-risk of experiencing complications.

As the health system in Venezuela has been crippled, antenatal or postnatal care has never been provided to these women or adolescent girls. Maternal death has been much higher in the border region than in the rest of Colombia. This is due to the added burden of refugees and migrants, but also due to the lack of access. This means that being undocumented is the major factor here influencing vulnerability. More than half have no legal status and are thus excluded from the labour market or health services. This really drives rates of sexual exploitation and survival sex that we found to be rampant in the border region. Survivors of sexual abuse and violence are frequently attended to by our teams.

Turning to our main recommendations, first, the international community needs to recognize that the Venezuela refugee migration crisis is in full swing, and that it is coming up now against host populations in South America that are already suffering from the pandemic. These people are afraid and are increasingly unwilling or unable to host another wave of migrants.

● (1935)

Second, the international community needs to acknowledge and address the ways that migration is changing dynamics in areas affected by internal conflict along the border with Venezuela and Ecuador.

Finally, women and girls require gender sensitive humanitarian attention that supports and enables them to identify and address the protection needs brought about by displacement, conflict and the pandemic.

Thank you very much.

The Chair: Thank you, Marten.

Now we'll hear from Mr. Belliveau and Mr. Nickerson.

Mr. Joe Belliveau (Executive Director, Doctors Without Borders): Thank you, Mr. Chair, and thank you to the subcommittee for the opportunity to present to you this evening.

The COVID-19 pandemic is disproportionally impacting the world's most vulnerable. For many of the men, women and children who live in formal and informal camps, receptions centres and detention centres, COVID has been used as a justification to further impose restrictions on their ability to access the services they need.

In September, with only one case reported at the time, Greek authorities imposed a quarantine on the people living in Moria camp on Lesbos island, trapping 13,000 people in a camp that long before COVID was an overcrowded public health disaster, one that ultimately burned to the ground a few weeks after the quarantine was imposed.

On the central Mediterranean, European governments citing COVID-19 as a justification have failed to respond to overloaded dinghies in distress in their search and rescue zones and declined a place of safety for disembarkation of NGO search and rescue vessels.

COVID has direct medical and public health impacts that we all know, and which disproportionally impact the most vulnerable, but our primary message to this subcommittee is about the secondary or the ripple effects of this pandemic on migrant refugees and other people on the move.

In Cox's Bazar, where more than 850,000 Rohingya refugees are crammed into 26 square kilometres of land, these secondary effects are being felt through the reduced presence of humanitarian personnel and agencies. Medical and humanitarian activities have been deprioritized, leading to devastating consequences for the camp's residents.

Despite a lack of any significant number of COVID-19 cases, humanitarian [*Technical difficulty—Editor*] in Cox's Bazar remains stuck in the containment at all costs mode of operation, and a humanitarian presence is still reduced in much the way that it was during the critical phase of the outbreak.

These restrictions have very real consequences. The health impact of nearly eight months of restrictions cannot be underestimated. MSF has seen an increase in the acuity of patients at health facilities, indicating delayed health seeking behaviour. For example, the percentage of complex pregnancies in one of MSF's health facilities in Cox's Bazar has risen from 3.7% in January to 19% in October, undoubtedly a consequence of reduced sexual and reproductive health activity.

There has also been an escalation in the severity of clinical presentations for mental health problems, again, likely related to the widespread deprioritization of preventive psychosocial care. For example, between April and July, the number of monthly suicide attempts doubled at MSF's Kutupalong facility.

We also witness a deprioritization and general absence of protection services on the ground, such as safe spaces, access to justice, education activities and others.

There needs to be a safe return to regular humanitarian activities in the camps, including health services. Everyday health needs do not go away in the face of the pandemic. People continue to need access to emergency obstetric care to manage complicated deliveries. People need access to anti-malarials to prevent and treat malaria. Children need routine vaccinations to help prevent measles, polio and other diseases. Antiretrovirals are still needed for people living with HIV, and the list goes on.

We need to resume services, but we also need to close gaps that have been created. For example, we need vaccination catch-up campaigns to recover significant lost ground in immunization over the past eight months.

In Colombia, where MSF has worked since 1985, we witnessed a similar dynamic. Beginning in March of this year, the COVID crisis increased [*Technical difficulty—Editor*] between host communities and migrant Venezuelans who were seen as breaking the quarantine and spreading the disease. These tensions were not new, but they were certainly exacerbated by COVID.

MSF continued to provide assistance to Colombians as well as to Venezuelan migrants in Colombia throughout the COVID crisis in our projects in Tibú, Norte de Santander, and Arauca.

MSF saw very few COVID cases among migrants in Colombia, but those migrants faced more hardships, such as more exclusion from the health system. Overall the pandemic has had a devastating impact on the livelihoods of migrants in the country. COVID led food halls and shelters to close, causing huge distress to people who face mass evictions from cheap accommodations as incomes disappeared, and had to camp out and sleep on the streets or rely on cheap food to survive.

With lockdown measures in place and restrictions on medical services to focus on COVID-19 care taking effect, access to primary health care was limited and in-person consultations declined.

● (1940)

Today the ripple effects of this pandemic continue to be felt. MSF teams continue to see and respond to thousands of suspected and confirmed COVID cases in our projects every month. We know from experience that migrants and people on the move are often excluded from accessing health services through health systems, leading to the devastating impacts that our teams witness on the ground.

Looking ahead, significant questions remain about how and when COVID-19 vaccines will reach people outside of formal health systems who lack access to routine and preventative health services, and who most certainly risk being excluded from COVID vaccination. [*Technical difficulty—Editor*] needed to prepare for and respond to COVID. However, this vigilance and response cannot come—

The Chair: Mr. Belliveau, you froze on us.

Mr. Joe Belliveau: Oh, I'm sorry.

● (1945)

The Chair: Also, your time is just about up, so perhaps you can conclude.

Mr. Joe Belliveau: Yes, I'll conclude here.

A high level of vigilance is needed to prepare for and respond to COVID. However, this vigilance and response cannot come at the expense of ensuring a safe, dignified and high-quality routine health service.

The Chair: Mr. Nickerson, do you have remarks?

Dr. Jason Nickerson (Humanitarian Affairs Advisor, Doctors Without Borders): No.

The Chair: No. Okay.

We'll move to Mr. Wasty from OBAT Canada.

Dr. Shujaat Wasty (Founder and Board Member, OBAT Canada): Mr. Chair, members of the subcommittee and fellow members of the panel, good evening. *Bonsoir*.

As someone who has volunteered internationally over the past 13 years, I'm here this evening in my capacity as founder and board member of OBAT Canada, a volunteer-based charity. Our primary focus has been on helping the largely neglected Urdu-speaking displaced population in Bangladesh living in squalid camps for almost 50 years now, but through that work in Bangladesh, I was brought to the suffering of the Rohingya people when the crisis escalated in 2017.

I've personally been to the Rohingya refugee camps multiple times. To say that the Rohingya are a persecuted people is a gross understatement. I was well aware of the harrowing details of the genocide prior to going to the camps, but nothing could have prepared me for meeting with survivors face to face. What can I say to someone who witnessed her husband and young children viciously killed and who then was raped repeatedly by numerous armed men?

There are hundreds of thousands of Rohingya men, women and children, each with their own individual stories of unfathomable cruelty. Many aid workers working with Rohingya refugees have admitted to being left shaken by what they have heard and seen. I can only describe it as a tsunami of misery.

Yet even in the bleakest of situations, the resilience of the Rohingya people is awe-inspiring. The courage of the Rohingya women in particular is unparalleled. Having faced the worst of the worst and now enduring the misery of their new reality, they are trying to survive against the most difficult of odds.

As is our tradition, many Canadians have selflessly responded by giving generously or volunteering on the ground or through advocacy efforts. Early on, our OBAT team worked all around the clock to build and repair shelters, distribute food and other basic items, and establish and operate our health initiatives, as well as safe learning spaces for children.

On that note, I'd just like to take a moment to acknowledge the unanimous vote by our Parliament in 2018, which recognized the crimes committed against the Rohingya people as genocide and thereby brought more international attention to their plight.

The refugee camps in Bangladesh remain overcrowded, the terrain is precarious, there are serious hygiene risks and an unforgiving climate and, of course, there are real risks posed by the COVID-19 pandemic. As of November 11, there have been over 15,600 COVID tests conducted in the camps, with 348 confirmed cases and 126 others either in isolation or in quarantine. There have been 10 deaths, unfortunately.

While these numbers appear to be significantly better than those of the host community in nearby Cox's Bazar, it's important to consider the numbers of tests being conducted with respect to the overall population of the refugee camps. Also, the camps had entry-and-exit restrictions even before the pandemic. Since then, access has been reduced further. While these measures may have helped in the prevention of major COVID-19 outbreaks, they've unfortunately had other adverse effects.

One such example is our OBAT health post in Kutupalong, which used to be reliant on international volunteers to be able to treat 250 Rohingya patients daily before the pandemic. However, we have since had to rely solely on reduced local staff. Our capacity diminished to as low as only 40 patients per day earlier this year. More recently, it has increased to over 100, but not being able to see as many patients leaves the refugees vulnerable to poor health conditions being untreated and worsening, or even the potential of other outbreaks.

The threat of the pandemic has also suspended all schools for months now in Bangladesh, including our learning centres in the camps. These centres otherwise provide a safe space for Rohingya children. We have tried to employ alternate strategies, such as distributing learning material to students to take home and having our educators meet with them one-on-one at their homes, but it hasn't been easy and the quality is undoubtedly not the same.

The large number of Rohingya refugees in Bangladesh can be difficult to grasp, but I want to stress that this enormous population is made up of individuals. Each of them deserves safety, peace, to love and be loved, to laugh and live with dignity and the right to a better future.

Thank you.

● (1950)

The Chair: Thank you, Dr. Wasty.

Now we're going to commence with questions. We'll only have time for one round, members, so each party is going to have seven minutes to question the witnesses.

We're going to start with the Liberals. The honourable Judy Sgro is our first questioner.

Judy, please unmute.

Hon. Judy A. Sgro (Humber River—Black Creek, Lib.): No matter how many times a day we do that, we still get stuck sometimes, so thank you, Mr. Chair.

Witnesses, there aren't words enough to be able to share my sincerity and gratitude to all of you for the important work that you do. You're the unsung heroes for so, so many people around the world. We're all wound up here with our own issues with COVID, and we have to be reminded that there are millions of people who are suffering and who will have a much harder time ever getting access to vaccinations and to the medication and so on, if they get any of it.

Can any of you mention to me what are you doing regarding COVID? Are they getting tested? How many people are actually able to get tested, whether it's in Colombia or in Bangladesh? I'm sure you don't have access to a lot of testing equipment, do you?

Whoever would like to lead off on that....

Mr. Belliveau?

Mr. Joe Belliveau: Sorry. Same as you, I had to find that unmute button.

Thanks for the remarks. Yes, we do do testing. I can't give you data or figures, and testing has been an issue. It has been a problem—getting access to testing and getting real visibility on how extensive the problem is and how it's been evolving. Even bigger than the testing problem, though, are the secondary impacts, the stigmatization that has gone along with certain groups, especially migrant groups. We've seen that in the Mediterranean. We've seen it in the camps in Cox's Bazar and in Colombia amongst Venezuelans. We've also seen the justification of COVID as a way to restrict movement—movement of people who may get stuck at borders and put in quarantine, movement within camps to health facilities, or movement of the humanitarian responders themselves to be able to get access.

While testing is important and we do it, we see that the bigger issues that we're facing, the bigger humanitarian crisis that we're [*Technical difficulty—Editor*] a secondary effect.

Hon. Judy A. Sgro: Dr. Wasty.

Dr. Shujaat Wasty: I would echo what Mr. Belliveau just said.

As I mentioned in the opening statement, our capacity had to be diminished. What also we've had to do to adapt our health post to the new COVID reality is designate an isolation corner, as we call it. Our space is obviously already limited in our health post—we offer a lot of services—but we've had to designate space at the health post as an isolation corner. If there is any suspected case of COVID, what would happen would be that we would immediately transfer the patient to that isolation corner and then immediately contact the relevant isolation centre and have them come and transport the patient to the isolation centre. It has required some level of procedural changes. With the space being constrained, we've had to be a bit more efficient with our space, so there have been some health-related changes that have had to be implemented for our health post.

Hon. Judy A. Sgro: From what you all have said and from what our previous panel mentioned as well, the coronavirus is probably just one more of those awful things that everybody is having to deal with, and this is probably secondary to a lot of people.

Mr. Mylius, could you talk a little bit more about the Venezuelan issues and what's continuing to happen over there? How are the states handling immigration controls? How are they dealing with immigration in those particular areas that you mentioned? How is that affecting the rights of migrants?

● (1955)

Mr. Marten Mylius: The thing at the moment is that since March the borders have been closed. There's basically no way to enter the country in any kind of regularized way, such as going through migration. In the area that we work in, Norte de Santander, and along the routes of the *caminantes*, there were big crossings. There were thousands of people every day crossing in a regularized fashion. That's not happening anymore. The borders are closed.

We are not sure; there was some expectation that in November it might open again, but yesterday the president announced that the sanitary emergency was extended until the end of February next year. We don't really expect any kind of border to reopen now. But the border is porous, as I mentioned. There are the *trochas*, the illegal crossings—it's estimated there are a little more than one hundred—that people are using. There's a huge presence of non-state armed actors, so it raises incredibly the risks of crossing. People are being asked to pay.

There's another pandemic of disappearances in the border region. There's forced recruitment into those groups. We talk about guerrilla groups, but there are also narco-trafficker and paramilitary groups. There are all kinds of groups, because it's also the second-highest region for coca plantations. The large presence of coca plantations of course attracts a lot of these groups. The migrants, not aware of the situation, are being drafted into the groups in human trafficking.

Hon. Judy A. Sgro: Thank you very much, Mr. Mylius. My time is up.

Thank you, all, for the information.

The Chair: Thank you.

We will move to the Conservatives for seven minutes with Mr. Reid.

Mr. Scott Reid: Thank you, Mr. Chair.

Mr. Mylius, I have some additional questions for you.

First, your expertise is with regard to Venezuelans in Colombia. I gather that a majority of the five million Venezuelans who've had to leave their country are actually in Brazil. Is that right, that about a million and a half are in Colombia and most of the rest are in Brazil?

Mr. Marten Mylius: No. The 1.8 million—that's an official figure—are actually in Colombia. The other countries are Chile, which has a very large number, Peru and Ecuador. There's a smaller number in Brazil.

Mr. Scott Reid: Okay. I stand corrected. Thank you.

You've described in considerable detail the treatment in Colombia and the dangers in Colombia. Is it less bad or equally bad in other countries?

Mr. Marten Mylius: We have had a long-standing presence and programs in Peru and Ecuador. In our experience, I think the main difference that's very important is that, for example, in Ecuador there is access to the health system. You don't have to be regularized. You don't have to be a legal documented migrant in order to have access to the health system and other public services. In Colombia that's the case. That's a huge structural problem for the refugees and migrants here.

Mr. Scott Reid: One of the problems with COVID, of course, is that it causes the health care system to be beyond capacity. We've all heard—even in Canada it's news—how bad the pandemic has been in Ecuador in particular. In a situation like that, are the non-nationals sent to the back of the line?

Mr. Marten Mylius: That's a good question. I would say, yes, there's a huge problem. I think one of the panel members mentioned that there is xenophobia. There's hostility. People are being rejected. They don't have the same access to services.

In our program experience, many people working in the health system share the same prejudices: Venezuelans are lazy; they bring guns; they bring drugs. There's a whole xenophobic narrative. That is now also coupled with fear: We don't know what's happening inside Venezuela; their health system has collapsed; we don't trust any of the figures of the government there; they're probably spreading the virus to us.

All of that together, yes, makes it very difficult, incredibly difficult. That's why we cannot really trust official figures here regarding the coronavirus spread in the refugee and migration community.

● (2000)

Mr. Scott Reid: Right. That's very easy to believe.

Looking at the numbers quickly, because we're comparing the Rohingya in Bangladesh to the Venezuelans in Colombia and elsewhere, I observed that in Colombia the rate of COVID, if we can trust official figures, is about seven times as high as a percentage of the population as it is in Bangladesh.

It sounds like they don't believe they've got it under control. Are they experiencing a second wave of the sort we have here in Canada where things are seen as getting worse? Here there's a public policy response that we should be trying to shut down economic activity. Is something like that going on?

I ask this in part because I assume many Venezuelans literally must work in order to be fed. They don't have the option of going home and living off their savings or off some kind of government relief.

Mr. Marten Mylius: We saw the peak here at the end of August. Because of all the aggressive measures that were taken very early, it took longer to reach that first peak. Since we don't have seasons here, we don't have winter. It's on a high level but it's stable. At the moment it fluctuates between 6,000 to 8,000 new cases on a daily basis.

It's a very fragile situation, so everybody's expecting there might be a second wave. We are seeing it's more regionalized. You'll find spikes in certain regions, but the general picture looks stable at the moment.

Mr. Scott Reid: Thank you.

Mr. Belliveau, I get the impression that of all our witnesses you're the one who has the widest range of international experience at your fingertips. For example, you mentioned the situation in Lesbos, which is outside the area that we're studying. Looking at best and worst practices, it's relevant to look at other places.

When you look at the different situations in the world where, among other things, refugees and migrants are dealing with issues associated with COVID and the other health effects that are caused by the existence of COVID, where would you say that it's being done better than elsewhere? That is the public policy response, the response from the authorities.

Mr. Joe Belliveau: I'm going to ask my colleague Jason Nickerson to respond to that one.

Mr. Scott Reid: Sure.

Thank you.

Dr. Jason Nickerson: Unfortunately, I'm not sure I have an answer immediately at my fingertips.

I think that what we're seeing around the world is a really complex set of circumstances. I'm not sure there's necessarily one place that has hit it out of the park, so to speak. We've seen a lot of countries that have done a lot of things right in procurement systems to circumvent or get ahead of some of the stockouts of PPE and that sort of thing. I think that certainly places it within health programs that continue to focus on maintaining the emergency and the essential services that Mr. Belliveau spoke about earlier.

These are the things we have learned over decades of being in an emergency medical response organization. By and large in our projects we've managed to sustain our emergency and essential programs. It's difficult to do that across an entire health system and across health systems and services that are set up for different populations and so on. It's a very complex global response.

I'm not sure I have the exact answer that I think you're looking for where, if you look at this one place and put your finger on it, it's been exemplary across the board.

● (2005)

The Chair: Thank you.

Thank you, Mr. Reid.

We're now going to move to the Bloc and Mr. Brunelle-Duceppe for seven minutes.

[*Translation*]

Mr. Alexis Brunelle-Duceppe: Thank you, Mr. Chair.

My questions will be for Mr. Mylius, who is currently in Bogota. As I filmed a documentary there in 2004, this is a city I am quite familiar with.

Mr. Mylius, you talked earlier about armed groups, paramilitary groups, cartels. How is the relationship between those groups and the Venezuelan refugees in Colombia? What are you seeing on the ground?

[*English*]

Mr. Marten Mylius: In Norte de Santander, there is an area called Tibú, which was also mentioned by another panel member, and Catatumbo north of Norte de Santander in the border region. That is a zone for coca plantations, and there's a presence of at least five different armed groups. It is an area that sits right on the border and has an official border crossing. It is one of the zones where refugees and migrants are coming in. It's an increasing concern.

There are disappearances. People are telling us what has happened. Women were kidnapped. People had to pay, and they lost all their luggage. Basically, the border is not controlled by either of the two governments. There was also a Human Rights Watch report a few months ago stating that the entire border region is controlled by the ELN, one of the oldest guerrilla groups in South America.

[*Translation*]

Mr. Alexis Brunelle-Duceppe: Thank you for your answer.

You have also talked about xenophobia toward Venezuelans on Colombian soil. How does that affect security and, more specifically, services provided to Venezuelans in Colombia, including those related to COVID-19?

[*English*]

Mr. Marten Mylius: Absolutely. We have our office in a place called Pamplona. It's on the route of the *caminantes*. It's a hill town not far from the border. It's one and a half hours by car. As an example, there were four *albergues* where *caminantes* and Venezuelans were allowed to stay overnight. They got food. It was an initiative by the local civil society.

There was so much backlash during the pandemic against providing these services that all four *albergues* were forced to close. When we tried to open an alternative spot, the whole community rioted. There were riot police. This was three or four weeks ago, when I was there with my team.

COVID is interfering tremendously with our ability to provide services to those groups. It has escalated in the last month because of the pandemic, because of the fear people have. There is a xenophobic narrative that's been going on already in the last four or five years. It preceded the pandemic.

[*Translation*]

Mr. Alexis Brunelle-Duceppe: You are on the ground and you are witnessing those types of situations. Could measures be implemented to fight that anti-refugee sentiment?

I am asking for your personal opinion, as you seem to be an expert in the area.

[*English*]

Mr. Marten Mylius: It is a priority of our program, as well. That's one of our strengths. CARE does humanitarian work, but we have a dual mandate. We have a lot of development experience, so we bring both approaches together. We work with the local community. We have women leaders in an emergency program where we work with the local communities, with Colombian women, Colombian returnees from Venezuela, and Venezuelans. They work together on projects. We build groups that are comprised of both groups.

It's not something we could solve with a few projects. It's very prevalent all over the country. Because of the sheer number of people, they feel overwhelmed. The economy is not going well, and millions have lost their jobs. This dynamic drives the xenophobic narrative. They come and tell us that because we are providing these services, that's why the people are coming, that they're lazy, they're Venezuelans, and they just want these services. It's a very complex situation, but we approach that as an integral part of our program.

● (2010)

[*Translation*]

Mr. Alexis Brunelle-Duceppe: I assume Venezuelans currently on Colombian soil have a tremendous need for food resources. How could Canada contribute to food assistance?

[*English*]

Mr. Marten Mylius: The main thing people are asking for, and that we also totally support, is an approach to dignity. That is, basically, regularize and integrate an access to the labour market rather than food handouts. That would be my short answer. That's probably what almost everybody will ask for.

[*Translation*]

Mr. Alexis Brunelle-Duceppe: That is an excellent answer, Mr. Mylius.

Do I have any time left, Mr. Chair?

[*English*]

The Chair: You have about 25 seconds, so maybe we should move on.

Thank you. That was a great question to end with.

[*Translation*]

Mr. Alexis Brunelle-Duceppe: Thank you, Mr. Chair.

[*English*]

The Chair: Thank you, Mr. Brunelle-Duceppe.

We're going to move now to the NDP and Ms. McPherson for seven minutes.

You'll be our last questioner.

Ms. Heather McPherson: Thank you, Mr. Chair.

I want to thank all three witnesses for joining us. If I have time, I hope to get in a question for each of you.

I was sitting in on the foreign affairs committee today just before this, and we were looking at very similar issues.

My first question I'd like to put to Mr. Belliveau.

In the beginning stages of COVID-19, High Commissioner Bachelet called on governments to ensure human rights were not violated under the guise of exceptional or emergency measures. You've touched on this and discussed this slightly. Can you talk a little about to what extent COVID-19 has increased human rights violations? What would have been the most common types of human rights violations that observers witnessed during the pandemic? What would you like to see Canada do as a response to that?

Mr. Joe Belliveau: Thanks for that question.

I'll start, and then I'll ask Mr. Nickerson to round it out.

Thinking of human rights through our lens of humanitarian response, we're concerned about access to health care. We're concerned about access to food and water. Yes, we have very real, very tangible examples where restrictions on people's movements—forced quarantine, or being forced to stay in confined locations—have diminished people's access to those three things. It's that two-way...in terms of people's access to move around to access such services and in terms of humanitarian actors, such as MSF, being able to move around to deliver those services.

I'll ask Mr. Nickerson to round that out.

Dr. Jason Nickerson: Absolutely.

One of the first messages we had at the beginning of this was that it's absolutely essential that public health measures that effectively curtail people's abilities to move around need to be proportionate and respectful of people's human rights and their ability to access things, such as health services, health systems and basic necessities.

A recurrent theme that we've seen is that the measures that are often imposed in the name of public health can be quite severe when you're effectively talking about quarantining an entire population of people somewhere.

The example given earlier of the Moria camp, is a good example of that. In the early days of identifying cases in the camp, the whole camp was effectively quarantined. This is self-defeating when you have people being quarantined in a camp that is already a public health risk scenario. It was overcrowded and there were a number of different things. Now you're quarantining people because there is a communicable disease among that population. These are not decisions that are justifiable from a public health perspective.

● (2015)

Ms. Heather McPherson: Of course, we think of quarantine from our own perspectives, and this is a very different reality that we're seeing in some of these situations.

I would like to ask Mr. Wasty a question about his experience within the Rohingya camps.

You spoke about education and how that was lacking. We know right now that the government has promised an education program for refugees and displaced children. It has not come out. Can you speak to the urgency of supports for education programming to come out as fast as possible?

Dr. Shujaat Wasty: I don't think it can be understated. On the experience that we had, for example, I'm just going to draw a comparison with the Urdu-speaking displaced population camps, which have been in Bangladesh for 50 years. That's 50 years. Multiple generations have been living and languishing in these camps. We don't want the Rohingya to become another similar situation.

The way to definitely help them get out of this and be empowered and be their own advocates definitely requires that the Rohingya children be educated. There are challenges, obviously, as you mentioned. Those challenges have now increased because of the COVID situation. The Government of Bangladesh had a change of opinion and had allowed us, NGOs...for schools and a curriculum to be set up. Of course, from my understanding that was still a few months away. Now because of the COVID situation, we are even further from that reality to actually come into being.

What we have right now are temporary learning centres. We're not talking about a full curriculum. However, they do provide for a safe space for the children, a place where they can come, take refuge from the refugee camps, to see each other, to sing songs, to learn basic education skills. Even that is now being taken away from them so—

Ms. Heather McPherson: It's really quite urgent.

Sorry to interrupt you. I just want to make sure I get to my next question. I hear the urgency there and I understand that.

My last question would be for Mr. Mylius from CARE.

I know that CARE has done phenomenal work around the world in terms of poverty alleviation. What I'm interested in is that dynamic where we see the immediate humanitarian response but the need in the long term for international development support. We know that Canada has not played a strong enough role in international development. Our ODA is very low. I would ask you to talk about how humanitarian aid is important right now, but how, if we don't have development, then we're not actually going to be helping COVID. It's not going to work in the long run.

That's a very inelegant way of asking you that question. I apologize.

Mr. Marten Mylius: Yes, now the word we are using is the “nexus" programming. There is a recognition in the industry that you cannot just focus on the humanitarian, immediate life-saving, emergency type of assistance, but also on what is needed here after people arrive. I'm saying that we are supporting the *caminantes* on their route. That is a life-saving, emergency intervention. But they will reach other cities. They will reach Bogota, Medellin, Cúcuta and they will be left to their own devices.

There's a real gap here in that kind of programming because the regional crisis in Venezuela is underfunded. When you compare that with the Syria crisis, you talk about the investment being around $200 for every Venezuelan and $2,000 for every Syrian. You find the real gap here is that most of the donors are saying, no, they just want to focus on the emergency, the life-saving part. The other part is left.

Everybody talks about that gap. It's in all the UN reports. Everybody has it as a strategy, but to get funding for livelihood programs, let's say, for integration support, has been so difficult. I worked for eight years in the Middle East, and now here I find it mind-boggling that we have a situation like this.

● (2020)

Ms. Heather McPherson: Thank you for taking the time.

I'm sure that was my time.

The Chair: That was.

Thank you, Ms. McPherson. Thank you, Mr. Mylius.

I want to thank all of our witnesses on behalf of our committee. You are, as the honourable Judy Sgro said at the outset, our unsung heros. We feel it. We heard it through the questions here. Thank you for the tireless work that you do around the world for those in need.

Members, we are going to suspend and resume in camera. I think everyone should have those details. If we could do that as quickly as possible, we can conclude.

Thanks.

[*Proceedings continue in camera*]