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IGNITING A CRISIS: THE DEVASTATING IMPACTS OF COVID-19 ON DISPLACED POPULATIONS GLOBALLY

**Report of the Standing Committee on Foreign Affairs
and International Development**
Sven Spengemann, Chair

Subcommittee on International Human Rights
Peter Fonseca, Chair

APRIL 2021
43rd PARLIAMENT, 2nd SESSION

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Chair**

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NOTICE TO READER

Reports from committees presented to the House of Commons

Presenting a report to the House is the way a committee makes public its findings and recommendations on a particular topic. Substantive reports on a subject-matter study usually contain a synopsis of the testimony heard, the recommendations made by the committee, as well as the reasons for those recommendations.

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THE STANDING COMMITTEE ON FOREIGN AFFAIRS AND INTERNATIONAL DEVELOPMENT

has the honour to present its

SIXTH REPORT

Pursuant to its mandate under Standing Order 108(2), the committee has studied the impact of COVID-19 on displaced persons from Venezuela and Myanmar and has agreed to report the following:

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LIST OF RECOMMENDATIONS

As a result of their deliberations committees may make recommendations which they include in their reports for the consideration of the House of Commons or the Government. Recommendations related to this study are listed below.

Recommendation 1

The Subcommittee recommends that Global Affairs Canada undertake a review of Canada’s sanctions against the Government of Venezuela, imposed under the *Special Economic Measures Act*, to assess the impact on the deteriorating human rights and humanitarian situation in Venezuela. Subject to the outcome of this review, the Government of Canada should also work with allies to find methods of persuasion that do not exacerbate the already desperate humanitarian situation in Venezuela..... 12

Recommendation 2

The Subcommittee recommends that the Government of Canada, in coordination with international allies, condemn damaging acts perpetrated by the Government of Venezuela against humanitarian organizations. Global Affairs Canada should also coordinate an international campaign to help humanitarian organizations gain safe access to Venezuela for the provision of desperately needed aid. Additionally, Global Affairs Canada should work with Canadians and Canadian non-governmental organizations focused on helping Venezuelans to strengthen Canada’s commitments to humanitarian aid organizations operating in and around Venezuela. 14

Recommendation 3

The Subcommittee recommends that the Government of Canada bring international awareness to the plight of displaced Venezuelans, particularly women and girls, when it hosts the “International Donors Conference in solidarity with Venezuelan Refugees and Migrants” in 2021. 16

Recommendation 4

The Subcommittee recommends that Global Affairs Canada support humanitarian organizations in their efforts to collect accurate information on human trafficking where challenges have been noted. Global Affairs Canada should ensure that the information collected on human trafficking is used to help survivors and inform efforts to address the root causes of this crime..... 17

Recommendation 5

The Subcommittee recommends that Global Affairs Canada work with international allies, humanitarian organizations and host countries to find ways to encourage increased labour market access for displaced Venezuelans. 20

Recommendation 6

The Subcommittee recommends that Global Affairs Canada ensure that it is adequately supporting efforts to help displaced Venezuelans access health care including, resources and supplies to humanitarian organizations and host countries. 21

Recommendation 7

The Subcommittee recommends that Global Affairs Canada advocate for humanitarian access to camps for internally displaced persons in Rakhine state and Rohingya refugees in Bangladesh. Emphasis should be on organizations providing health care, particularly those that can address the urgent needs of women and girls..... 30

Recommendation 8

The Subcommittee recommends that the Government of Canada support the United Nations Refugee Agency in its advocacy efforts with national governments and the global vaccination initiative, COVAX, to prioritize the vaccination of displaced populations worldwide..... 31

Recommendation 9

The Subcommittee recommends that Global Affairs Canada work with the Government of Bangladesh and humanitarian organizations in the region to eliminate barriers to education projects for children in the refugee camps, with an emphasis on ensuring the equal participation of girls..... 33

Recommendation 10

The Subcommittee recommends that Global Affairs Canada work with international allies, humanitarian organizations and the Government of Bangladesh to find ways to encourage increased labour market access for Rohingya refugees..... 34

Recommendation 11

The Subcommittee recommends that the Government of Canada make clear to the governments of Myanmar and Bangladesh that humanitarian organizations must be provided with unhindered access to camps for displaced persons and refugees in order to prevent the further deterioration of health care, education programs and the harmful spread of disinformation..... 35

Recommendation 12

The Subcommittee recommends that Global Affairs Canada encourage the Government of Bangladesh to establish transparent and rights-based policies outlining the framework of refugee participation in the relocation agreement. The United Nations and other international humanitarian organizations should have access to Bhashan Char island to determine its suitability for habitation..... 36

Recommendation 13

The Subcommittee recommends that the Government of Canada continue to condemn the genocidal violence perpetrated against the Rohingya population in Myanmar. The Government of Canada should more vigorously engage international allies and multilateral organizations to end the persecution of Rohingya in Myanmar. Working through international channels, the Government of Canada should work to establish a mechanism for the safe and dignified repatriation of Rohingya to Rakhine..... 38

Recommendation 14

The Subcommittee recommends that Global Affairs Canada, in accordance with its Feminist International Assistance Policy, support local Rohingya women’s rights organizations in Myanmar as well as consultation efforts with women and girls by humanitarian organizations operating in Bangladesh in order to ensure that marginalized voices are heard in designing durable solutions. 39

Recommendation 15

The Subcommittee recommends that Global Affairs Canada lead efforts to establish more stable funding mechanisms that enable long-term planning for international humanitarian aid efforts, particularly for programs that address the specific needs women and girls. 40

Recommendation 16

The Subcommittee recommends that the Global Affairs Canada, in responding to the emerging needs of refugees and displaced persons globally, conduct a gender-based analysis plus of the programs it is funding that also considers the impacts of COVID-19 as a factor that influences the way that they experience policies and programs. 41



IGNITING A CRISIS: THE DEVASTATING IMPACTS OF COVID-19 ON DISPLACED POPULATIONS GLOBALLY

EXECUTIVE SUMMARY

Armed conflict, persecution, oppression, insecurity and extreme poverty are only some of the reasons prompting people to flee their countries in record numbers every year. According to the latest figures from the United Nation High Commissioner for Refugees, over 79.5 million people globally are forcibly displaced. More than two-thirds (68%) originate in just five countries: Syria, Venezuela, Afghanistan, South Sudan and Myanmar.

The vast majority of displaced people are being hosted in developing nations. Despite the generosity of these countries, displaced populations face numerous challenges. Often relegated to the informal work sector where they receive meagre salaries, many displaced people struggle to afford basic necessities like food and shelter. Their precarious status often means that they are denied access to services like health care, education and social security. Others live in squalid, overcrowded refugee camps, unable to leave, work or obtain an education. In addition, they are completely reliant on humanitarian aid for food, shelter and health services.

Not only do these conditions make displaced populations extremely vulnerable to food insecurity and health issues, it also opens them up to exploitation, violence and other forms of human rights abuses. Women and girls, who are the most disenfranchised of this already marginalized population, are susceptible to some of the worst forms of human rights abuses such as gender-based violence and human trafficking.

In November and December of 2020, the Subcommittee on International Human Rights of the House of Commons Standing Committee on Foreign Affairs and International Development (Subcommittee) studied the impact of the COVID-19 pandemic on displaced persons, with a focus on Rohingya refugees and Venezuelan migrants and refugees. During this time, it held three meetings and heard from 14 witnesses with intimate knowledge of the situation of refugees and displaced persons from Venezuelan or Myanmar both before and during the outbreak of COVID-19.



The Subcommittee learned that restrictions put in place to curb the spread of COVID-19 have exacerbated the many difficulties experienced by these already vulnerable populations. Displaced Venezuelans, for instance, are overrepresented in the informal work sector, and have consequently experienced sudden and widespread unemployment as a result of lockdowns, causing ripple effects like food insecurity, homelessness and increased gender-based violence. International border closures have caused migrants fleeing Venezuela to opt to use irregular crossings, making them vulnerable to armed groups and other criminals.

Measures to curb the spread of COVID-19 have further isolated Rohingya refugees as well as those internally displaced in Myanmar. The pandemic-related restrictions prevent them from leaving camps, preventing them from finding employment within host communities and perpetuating the cycle of dependence on humanitarian organizations. These organizations, however, have faced barriers to entering the camps, impeding their ability to provide desperately needed programs and services, such as education and health care, which are critical for finding long-term solutions to these refugee situations.

It is with these challenges in mind that the Subcommittee makes 16 recommendations to the Government of Canada. Some of the recommendations are aimed at addressing the needs of displaced and refugee populations from Venezuela and Myanmar specifically. However, four of the recommendations address Canada's response to the global refugee crisis. The Subcommittee is concerned that these already vulnerable and marginalized populations are being pushed further into destitution by measures adopted to curb the spread of COVID-19. While the Subcommittee understands that stringent measures are required to prevent the spread of this deadly disease, it is of the view that vulnerable populations, especially the forcibly displaced and refugees, need to be protected and not excluded by them.

INTRODUCTION

On 27 October 2020, members of the Subcommittee on International Human Rights of the House of Commons Standing Committee on Foreign Affairs and International Development (the Subcommittee) agreed to study the impact of the COVID-19 pandemic on displaced persons, with a focus on Rohingya refugees and Venezuelan migrants and refugees. It subsequently held three meetings and heard from 14 witnesses with intimate knowledge of the situation of internally displaced Rohingya and refugees or Venezuelan migrants and refugees both before and during the outbreak of COVID-19.

From the outset, the Subcommittee wants to underscore that the Rohingya and displaced Venezuelans face vastly different situations and are living in very different realities. The Subcommittee does not wish to compare the two groups. Rather, in tabling this report, the Subcommittee wants to shed light on the impact that measures to prevent the spread of COVID-19 are having on refugees and migrants across the globe. The Subcommittee recognizes that each situation is unique and requires its own response.

For these reasons, the report is divided into two sections: Displaced Venezuelans and the COVID-19 Pandemic; and the Situation of Rohingya Refugees and those Internally Displaced in Myanmar.

Displaced Venezuelans and the COVID-19 Pandemic

Venezuelans have been leaving their country in large numbers since 2014. Witnesses informed the Subcommittee that their reasons for leaving are multilayered. Some Venezuelans are escaping a spiralling economy and hyperinflation, some are fleeing an oppressive political regime, while others are leaving a deepening humanitarian crisis. Whatever their reason, most displaced Venezuelans are searching for a better life for themselves and their families. To date, more than five million Venezuelans have fled to other Latin American countries, including Argentina, Brazil, Chile, Colombia, Costa Rica, Ecuador, Mexico, Panama and Peru. Some have gone further abroad to the Caribbean, Europe and the United States and Canada.

Though displaced Venezuelans have been generously welcomed by their host countries, the Subcommittee heard that finding the necessary resources to build a life outside Venezuela has proven difficult. Many lack regular status in host countries, making legitimate employment and access to essential services like health care, out of reach. Consequently, many displaced Venezuelans live in precarious situations, struggling to meet their basic needs.



The Subcommittee was informed that these challenges were exacerbated when host countries began implementing measures to curb the spread of COVID-19. Lockdowns and border closures created new difficulties for those fleeing Venezuela as well as those already settled in a neighbouring country. Witnesses reported that the measures have had particularly harsh effects for women and girls who were already more vulnerable before the COVID-19 pandemic.

Rohingya Refugees in Bangladesh and Internally Displaced Rohingya in Myanmar

Rohingya Muslims in Myanmar are subject to xenophobia, violence and genocide. Since 2017, more than 740,000 have fled as refugees to neighbouring Bangladesh and are living in camps in the Cox's Bazar region. An estimated 600,000 remain in Myanmar, of whom 130,000 are living in camps for internally displaced persons (IDPs). Camps for refugees and IDPs are described as overcrowded, unhygienic and underserved. Restrictions put in place to control COVID-19 have exacerbated these conditions and further isolated Rohingya people, as they impede access to humanitarian aid and restrict the Rohingya from leaving.

These ill effects have been much more acute for Rohingya women and girls who already occupy a greater position of vulnerability. Witnesses described the detrimental effects of pandemic restrictions that have limited or halted women and girls' access to health services for reproductive and maternal care as well as increases in rates of child marriage of girls as families face increasingly desperate conditions.

While everyone agrees that repatriation is the best solution for Rohingya refugees, without serious changes in Myanmar, the safety of any returning refugees remains precarious. Their situation is even more uncertain in light of the recent military coup in Myanmar that has destabilized the entire country. As the Rohingya refugee situation is likely to be a protracted one, the Bangladesh government has invested in constructing a new refugee camp on the island of Bhashan Char. Multiple humanitarian organizations have expressed serious concerns about the manmade island's suitability and safety from natural disasters, but their urgent calls for an independent assessment of the island by the United Nations (UN) have been repeatedly denied. In late 2020, relocation of Rohingya refugees from Cox's Bazar to Bhashan Char began.

The Subcommittee understands that countries around the globe hosting forcibly displaced populations and refugees are facing their own challenges. Many were in fragile political and economic states before the arrival of forcibly displaced populations and refugees. Though most of these countries are helping these vulnerable populations,

their capacity is being exceeded. As a result, forcibly displaced populations are living in desperate situations, completely dependent on the generosity of host countries and humanitarian aid to meet their basic needs.

The arrival of the COVID-19 pandemic deepened this crisis. As countries around the globe are implementing measures to protect their populations from this deadly pandemic, forcibly displaced persons are being left behind. Host countries must not be left to bear the brunt of this challenge alone. The international community must step up. Countries like Canada need to devote more attention to the needs of these vulnerable populations. By implementing the Subcommittee's 16 recommendations, Canada would be making a more meaningful contribution in efforts to help forcibly displaced and refugee populations.



DISPLACED VENEZUELAN AND THE COVID-19 PANDEMIC

Since 2014 Venezuela has been facing a political crisis and a freefalling economy, contributing to widespread human rights violations and a deepening humanitarian crisis. More than five million Venezuelans have sought sanctuary in neighbouring countries.¹ The Subcommittee heard, however, that those who left Venezuela were faced with serious challenges. Many struggled to secure legitimate employment, leaving them unable to pay for basic necessities – security and dignity were still out of reach for many.²

The Subcommittee heard that the pandemic has only amplified these existing difficulties for Venezuelans at home and abroad and given rise to new human rights and humanitarian challenges. Because of measures adopted to curb the spread of COVID-19, an increasing number of displaced Venezuelans are faced with joblessness, homelessness and food insecurity. Access to health care is tenuous. Moreover, the pandemic has increased the scarcity of resources and social services for Venezuelans and host communities alike, fuelling prejudice and xenophobia. As stated by Rema Jamous Imseis, Representative of the Office of the UN High Commissioner for Refugees in Canada, “COVID-19 has exposed refugees and migrants from Venezuela to even greater hardship and a heightened risk of destitution, homelessness, exploitation and abuse.”³

Human Rights Violations in Venezuela and the Cycle of Needs Dependence

Democracy, civil rights and the rule of law in Venezuela are in a dire state of disrepair. The Government of Venezuela is an oppressive regime intent on staying in power through “severe repression, social control and systemic impunity.”⁴ The Subcommittee was told that the country’s political crisis has given rise to a worsening humanitarian emergency, one that the Government of Venezuela is using to further its own objectives.

1 SDIR, [Evidence](#), 26 November 2020, Marten Mylius (Country Director for Colombia, CARE International); SDIR, [Evidence](#), 3 December 2020, Carolina Jimenez (Research Director for the Americas, Amnesty International); SDIR, [Evidence](#), 3 December 2020, Gabi Garcia (President, Canadian Venezuelan Engagement Foundation).

2 SDIR, [Evidence](#), 26 November 2020 (Mylius).

3 SDIR, [Evidence](#), 3 December 2020, Rema Jamous Imseis (Representative in Canada, Office of the United Nations High Commissioner for Refugees).

4 SDIR, [Evidence](#), 3 December 2020 (Jimenez).

For years, Venezuelans have faced “widespread shortages of essential goods and services—food, health care, water—and high levels of extreme poverty.”⁵ According to some witnesses, 96% of the country is living in poverty while two-thirds of the population “are said to be hungry in a situation of food insecurity.”⁶ Some families do not have internet access and many children do not have access to education.⁷

Rema Jamous Imseis informed the Subcommittee that the Government of Venezuela has played a significant role in causing “serious economic contractions and episodes of hyper inflation” that precipitated the current crisis.⁸ Gabi Garcia, President of the Canadian Venezuelan Engagement Foundation, told the Subcommittee that

Venezuela used to be a very rich country, a very, very, very rich country, but the problem is all the funding. They get it into the pockets of the politicians, so they didn't invest anything in the industries in Venezuela. They don't invest any money in the hospitals, in the schools, in any structures or infrastructure that we will need as a country. So right now we are suffering the consequences of the 20 years of no investment.⁹

The Government of Venezuela’s mismanagement has not gone unnoticed by the international community. A number of countries, including Canada, have imposed sanctions on the country’s government in an attempt to change its behaviour. In response, the Government of Venezuela has blamed international sanctions for the country’s economic demise and humanitarian crisis. Witnesses, however, pointed out that Venezuela’s difficulties pre-date these punitive measures.¹⁰ Carolina Jimenez, the Research Director of the Americas for Amnesty International, underscored that “it’s important to look at the timeline of the humanitarian crisis and to the developments of the human rights crisis in general. It is very clear and has been very well established that the human rights crisis in Venezuela preceded the sanctions.”¹¹

Nonetheless, some noted that the sanctions have not achieved their objective and are possibly exacerbating the humanitarian situation. One witness, for example, stated that

5 SDIR, [Evidence](#), 3 December 2020 (Jimenez).

6 SDIR, [Evidence](#), 3 December 2020 (Garcia).

7 SDIR, [Evidence](#), 3 December 2020 (Garcia).

8 SDIR, [Evidence](#), 3 December 2020 (Imseis)

9 SDIR, [Evidence](#), 3 December 2020 (Garcia).

10 SDIR, [Evidence](#), 3 December 2020 (Garcia); SDIR, [Evidence](#), 3 December 2020 (Jimenez).

11 SDIR, [Evidence](#), 3 December 2020 (Jimenez).



the sanctions have made the situation worse. Sanctions have done little to really affect the Maduro government but it has affected people's access to food and medicines, especially because of over-compliance which tends to be the case with most sanctions. In that case, it's very hard to support the sanction regime.¹²

The Subcommittee is concerned that Canadian sanctions enacted against the Government of Venezuela under the *Special Economic Measures Act* are contributing to the humanitarian situation in Venezuela. As such,

Recommendation 1

The Subcommittee recommends that Global Affairs Canada undertake a review of Canada's sanctions against the Government of Venezuela, imposed under the *Special Economic Measures Act*, to assess the impact on the deteriorating human rights and humanitarian situation in Venezuela. Subject to the outcome of this review, the Government of Canada should also work with allies to find methods of persuasion that do not exacerbate the already desperate humanitarian situation in Venezuela.

Exploiting Basic Needs

Witnesses not only attributed the humanitarian crisis in Venezuela to government mismanagement, but went further, informing the Subcommittee that the country's administration is deliberately exploiting the situation to entrench its stronghold on power. The result is that "the cycle of the crisis basically recycles itself."¹³ For instance, Jimenez explained how the Government of Venezuela maintains tight controls over access to food shortages and healthcare supplies, exploiting shortages to exercise power over the population. As such, "it is very difficult for citizens to express themselves to demand changes or to even propose changes..."¹⁴

12 SDIR, [Evidence](#), 3 December 2020 (Jimenez).

13 SDIR, [Evidence](#), 3 December 2020 (Jimenez).

14 SDIR, [Evidence](#), 3 December 2020 (Jimenez).

Witnesses also informed the Subcommittee that the pandemic has emboldened the Government of Venezuela to empower itself and further repress the population, exacerbating the existing humanitarian crisis.¹⁵ As stated by Garcia,

COVID is like a weapon for the government. They use the COVID situation to repress and control the population. They even control the food and the gas... We may have a lot of gas for a few months, but there are long lines of people... They use the COVID situation for new, special laws that they apply to the economy. They use it for themselves to control the population. This is a fact.

For a time, it's [sic] may become more difficult to control the migrants. They don't say anything about the migrants. For them, that problem doesn't exist. It's only in the minds of the people who fled Venezuela; in Venezuela, everybody is happy. Everybody has food. This is their point of view.

For them, I think that they're getting stronger because they have motivation and some excuse for controlling the population.¹⁶

The Subcommittee was also informed that the Government of Venezuela is likewise hostile to humanitarian aid organizations, which it perceives as competitors.¹⁷ As explained by Jimenez:

The role of an agency like the World Food Programme is very important, but they're not getting any access to the country. We have seen in the last two months or so an increase in attacks against humanitarian workers and humanitarian organizations. That worries us very much. They have frozen bank accounts of some key NGOs. They have actually raided their headquarters.¹⁸

The Government of Venezuela's resentment of humanitarian organizations not only makes it more difficult for Venezuelans to receive desperately needed aid, but also intensifies an already challenging situation for these organizations. The Subcommittee was informed that "this is a very underfunded humanitarian response... the UN Office for the Coordination of Humanitarian Affairs, OCHA, which is the office that co-ordinates all of the agencies operating in Venezuela requested \$762 million for 2020 to operate in Venezuela. It received \$146 million."¹⁹ The Subcommittee was informed that the same applies "for every country where they operate and co-ordinate the response to

15 SDIR, [Evidence](#), 3 December 2020 (Imseis); SDIR, [Evidence](#), 3 December 2020 (Jimenez); SDIR, [Evidence](#), 3 December 2020 (Garcia).

16 SDIR, [Evidence](#), 3 December 2020 (Garcia).

17 SDIR, [Evidence](#), 3 December 2020 (Garcia).

18 SDIR, [Evidence](#), 3 December 2020 (Jimenez).

19 SDIR, [Evidence](#), 3 December 2020 (Jimenez).



Venezuelan refugees: an 80% deficit from what they request to what they receive at the end in Colombia and Peru.”²⁰ As such,

Recommendation 2

The Subcommittee recommends that the Government of Canada, in coordination with international allies, condemn damaging acts perpetrated by the Government of Venezuela against humanitarian organizations. Global Affairs Canada should also coordinate an international campaign to help humanitarian organizations gain safe access to Venezuela for the provision of desperately needed aid. Additionally, Global Affairs Canada should work with Canadians and Canadian non-governmental organizations focused on helping Venezuelans to strengthen Canada’s commitments to humanitarian aid organizations operating in and around Venezuela.

Silencing Human Rights Defenders

Witnesses informed the Subcommittee that the Government of Venezuela’s efforts to silence opposition is multifaceted. It learned that a UN fact-finding mission to Venezuela (the Mission) found reasonable grounds to believe that the Government of Venezuela had committed crimes against humanity.²¹ The significance of this finding was underscored by Jimenez:

[I]t is not every day that a UN independent commission establishes that crimes against humanity have been committed in a country, and a fact-finding mission of Venezuela has said so and it is something for history.²²

The Mission found that the Government of Venezuela targeted those who expressed dissenting opinions, including elected officials, human rights defenders, activists, demonstrators and social media users. The crimes against humanity documented by the Mission included murder, imprisonment and other severe deprivations of physical liberty, torture and other inhumane acts of a similar character intentionally causing great suffering or serious injury to body or to mental or physical health, rape and other forms of sexual violence, enforced disappearance of persons and the crime against humanity of persecution.²³

20 SDIR, [Evidence](#), 3 December 2020 (Jimenez).

21 SDIR, [Evidence](#), 3 December 2020 (Jimenez).

22 SDIR, [Evidence](#), 3 December 2020 (Jimenez).

23 United Nations Human Rights Council, [Report of the independent international fact-finding mission on the Bolivian Republic of Venezuela](#), 15 September 2020, para. 161.

Access to Health Care in Venezuela

The Venezuelan health care system is one of the country's sectors hardest hit by the pandemic. Already struggling to serve the population, the Subcommittee was informed that during the course of the pandemic, "almost 90% of the hospitals had a critical shortage of supplies and more than half of Venezuela's doctors left the country."²⁴ Moreover, some witnesses reported that the Government of Venezuela does not adequately test for COVID-19. Consequently, the number of infected Venezuelans is unclear, calling into question the country's ability to mount an adequate response. Gabi Garcia stated that many people are dying from the virus, especially the aging population in rural areas who are already weak from severe food insecurity.²⁵

The Subcommittee also learned that the declining health care system presents particular challenges for women and girls, especially with respect sexual and reproductive health.²⁶ According to Jimenez, "[e]arly pregnancy and many things related to the lack of access to contraception, are affecting women in a very negative way. Many have to flee because of the lack of health services, specifically for women."²⁷

Rema Jamous Imseis reminded the Subcommittee that this year Canada will be hosting the "International Donors' Conference in Solidarity with Venezuelan Refugees and Migrants." The first conference of this kind was held in May 2020. It was convened by the European Union and Spain, with the support of Canada, Norway, the UNHCR and the International Organization for Migration. In total, the conference helped raise US\$2.79 billion, including US\$653 million in grants.²⁸ The Subcommittee notes that Canada was an important contributor during the last campaign. While it encourages Canada to continue its support, it also believes this would be an important opportunity to bring international attention to the plight of Venezuelan women and girls who are disproportionately affected by the humanitarian crisis in Venezuela at home and abroad. As such,

24 SDIR, [Evidence](#), 3 December 2020 (Garcia).

25 SDIR, [Evidence](#), 3 December 2020 (Garcia).

26 SDIR, [Evidence](#), 26 November 2020 (Mylius); SDIR, [Evidence](#), 3 December 2020 (Jimenez).

27 SDIR, [Evidence](#), 3 December 2020 (Jimenez).

28 United Nations High Commissioner for Refugees, [UNHCR and IOM welcome donor pledges for Venezuelan refugees and migrants](#).



Recommendation 3

The Subcommittee recommends that the Government of Canada bring international awareness to the plight of displaced Venezuelans, particularly women and girls, when it hosts the “International Donors Conference in solidarity with Venezuelan Refugees and Migrants” in 2021.

Displaced Venezuelans

Since 2014, more than 5.4 million Venezuelans have been “driven out of their country by an unprecedented political, social and economic collapse.”²⁹ Many Venezuelans, especially “the young, don’t see any future for them or for their children” in Venezuela.³⁰ As such, many have left in of search of security, stability and a steady source of income to support themselves and their family members left behind.³¹ Outside of their country, however, Venezuelans continue to “find themselves embroiled in a daily struggle for basic human dignity, shelter, food for their children or health services for the sick.”³²

Moreover, the Subcommittee was informed that the journey outside Venezuela is fraught with challenges. As neighbouring countries have closed their borders in recent months to prevent the spread of COVID-19, the trip has only become more precarious.³³

Precarious Travel

As many South American countries tighten and close their borders to prevent the spread of COVID-19, displaced Venezuelans are forced to use irregular border crossings to enter neighbouring countries.³⁴ Between Colombia and Venezuela alone there are more than one hundred unmonitored border crossing areas across the 2,000 kilometre boundary.³⁵ In using them, many Venezuelans “encounter armed groups, paramilitary groups... human traffickers and smugglers who profit from their misery and their desperation.”³⁶

29 SDIR, [Evidence](#), 26 November 2020 (Mylius).

30 SDIR, [Evidence](#), 3 December 2020 (Garcia).

31 SDIR, [Evidence](#), 3 December 2020 (Garcia); SDIR, [Evidence](#), 3 December 2020 (Imseis).

32 SDIR, [Evidence](#), 26 November 2020 (Mylius).

33 SDIR, [Evidence](#), 26 November 2020 (Mylius).

34 SDIR, [Evidence](#), 26 November 2020 (Mylius); SDIR, [Evidence](#), 3 December 2020 (Imseis).

35 SDIR, [Evidence](#), 26 November 2020 (Mylius).

36 SDIR, [Evidence](#), 26 November 2020 (Mylius); SDIR, [Evidence](#), 3 December 2020 (Imseis).

The Subcommittee was informed that displaced Venezuelans are vulnerable to the nefarious activities of these groups, including recruitment into armed conflict, smuggling, exploitation or trafficking.³⁷ Witnesses told the Subcommittee that women and girls are particularly vulnerable in these situations.³⁸ Carolina Jimenez explained that:

Tight border restrictions to curb the spread of the virus have forced many Venezuelans to resort to irregular means of crossing borders in search of safety, thereby increasing the risk of sexual exploitation and abuse, especially for women and girls... Increased irregular movements have increased as well the risk of abuse, neglect, recruitment by armed groups and labour and sex trafficking of children.³⁹

Rema Jamous Imseis further added that:

We know children as well have also been victims to human traffickers and smugglers and have themselves been bought and sold and used in the underground labour market and for other much more unspeakable breaches and things that none of us would ever want to see children subjected to.⁴⁰

Though there is “agreement that human trafficking is a common reality for many women and girls from Venezuela,” the scope of the problem is unclear and there “are very few protections in place.”⁴¹ As reported by one witness, “We don’t have clear statistics. Laws are different across the region. It is not an issue that is being properly addressed.”⁴²

The Subcommittee is of the view that a key component to helping those susceptible to human trafficking is understanding the full scope of the issue. As such,

Recommendation 4

The Subcommittee recommends that Global Affairs Canada support humanitarian organizations in their efforts to collect accurate information on human trafficking where challenges have been noted. Global Affairs Canada should ensure that the information collected on human trafficking is used to help survivors and inform efforts to address the root causes of this crime.

37 SDIR, [Evidence](#), 26 November 2020 (Mylius); SDIR, [Evidence](#), 3 December 2020 (Imseis).

38 SDIR, [Evidence](#), 3 December 2020 (Jimenez).; SDIR, [Evidence](#), 3 December 2020 (Imseis).

39 SDIR, [Evidence](#), 3 December 2020 (Imseis).

40 SDIR, [Evidence](#), 3 December 2020 (Imseis).

41 SDIR, [Evidence](#), 3 December 2020 (Jimenez).

42 SDIR, [Evidence](#), 3 December 2020 (Jimenez).



Host Countries

In addition to exploitation and abuse, many Venezuelans who manage to safely relocate to another country experience many of the same challenges they faced at home, such as unemployment, food insecurity and homelessness. They also have difficulty accessing essential services such as health care. The Subcommittee heard that these challenges have only increased since the start of the pandemic. Some witnesses also noted a rise in xenophobia and discrimination perpetrated by citizens of host countries, sometimes fueled by political figures.

Joblessness

The Subcommittee was told that before the COVID-19 pandemic, 70 to 90% of Venezuelan migrants and refugees across Latin America worked in the informal sector of the economy, where they earned lower wages and did not have access to social security.⁴³ In Colombia, for example, citizens of that country “were earning about 43% more than Venezuelan refugees on average,” with the wage gap being even wider for Venezuelan women.⁴⁴

Additionally, Jimmy Graham, a Consultant for the Centre for Global Development, informed the Subcommittee that displaced Venezuelans worked in sectors that were more vulnerable to pandemic related closures, such as the food and retail industries.⁴⁵ Accordingly, when host countries implemented measures to curb the spread of COVID-19, displaced Venezuelans were disproportionately affected, with devastating consequences. According to Marten Mylius, CARE International Country Director for Colombia, “hundreds of thousands” lost their employment.⁴⁶ Many could no longer pay for basic necessities, increasing their risk of “hardship... destitution, homelessness, exploitation and abuse.”⁴⁷

Witnesses informed the Subcommittee that the restrictive measures have had a compounding effect on displaced Venezuelan women. Since they work for lower wages than Venezuelan men in the same situation and in more vulnerable sectors, they experienced greater rates of job loss and joblessness. The Subcommittee heard that the

43 SDIR, [Evidence](#), 3 December 2020 (Jimenez).; SDIR, [Evidence](#), 3 December 2020 (Imseis).

44 SDIR, [Evidence](#), 3 December 2020, Jimmy Graham (Consultant, Centre for Global Development).

45 SDIR, [Evidence](#), 3 December 2020 (Graham).

46 SDIR, [Evidence](#), 26 November 2020 (Mylius).

47 SDIR, [Evidence](#), 3 December 2020 (Imseis).

desperation for income to cover their basic needs and those of their dependents “really drives rates of sexual exploitation and survival sex.”⁴⁸ Moreover, the Subcommittee learned that households can become dangerous for women when measures to curb the spread of the pandemic are imposed. As explained by Graham, “domestic abuse, which is often driven by economic distress, is on the rise.”⁴⁹

Witnesses also underscored that pandemic-related closures are having a detrimental impact on the citizens of host countries as well, which is influencing their willingness to continue helping displaced Venezuelans. In Colombia, for instance, millions “lost their jobs and 15% of the population had to cut down the number of meals to one in a day.” Colombians were dangling red cloths from their “windows across the country as a desperate plea for help.”⁵⁰ Consequently, many “are afraid and are increasingly unwilling or unable to host another wave of migrants.”⁵¹

Amidst the “growing political discontent and the deteriorating socioeconomic situation,” measures to curb the spread of COVID-19 have exacerbated existing tensions.⁵² In some countries, Venezuelan “refugees and migrants are being scapegoated, increasing the risk of stigmatization.”⁵³ In describing his experience delivering humanitarian aid to displaced Venezuelans in Colombia, Mylius said:

Because of the sheer amount 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.⁵⁴

The Subcommittee heard that, in extreme cases, the increasing xenophobia and discrimination have led to attacks against Venezuelans refugees and migrants.⁵⁵

48 SDIR, [Evidence](#), 26 November 2020 (Mylius).

49 SDIR, [Evidence](#), 3 December 2020 (Graham).

50 SDIR, [Evidence](#), 26 November 2020 (Mylius).

51 SDIR, [Evidence](#), 26 November 2020 (Mylius).

52 SDIR, [Evidence](#), 3 December 2020 (Imseis); SDIR, [Evidence](#), 26 November 2020, Joe Belliveau (Executive Director, Doctors Without Borders).

53 SDIR, [Evidence](#), 3 December 2020 (Imseis).

54 SDIR, [Evidence](#), 26 November 2020 (Mylius).

55 SDIR, [Evidence](#), 3 December 2020 (Garcia).



The Subcommittee is concerned that the situation of displaced Venezuelans is a protracted one, but that few resources are made available for a long-term solution. Host countries need to be able to host this population for years to come. This means Venezuelans need to be able to gain meaningful employment to support themselves and their families and to contribute to their new communities.⁵⁶ As explained by Mylius,

[t]he 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.⁵⁷

The Subcommittee agrees with witnesses in advocating for fewer labour market restrictions.⁵⁸ It understands that this could contribute to a long-term solution for both displaced Venezuelans and host countries. The Subcommittee applauds recent policy changes in Colombia that will increase labour market access to displaced Venezuelans. Much work, however, remains to be done in other countries of the region hosting displaced Venezuelans. As such,

Recommendation 5

The Subcommittee recommends that Global Affairs Canada work with international allies, humanitarian organizations and host countries to find ways to encourage increased labour market access for displaced Venezuelans.

Health Care

A number of witnesses reported that the COVID-19 pandemic has intensified an already significant challenge for displaced Venezuelans: access to health care. The inability to access treatment has been devastating for this already vulnerable population and poses an additional public health risk to host countries. The Subcommittee was also informed that displaced Venezuelans who are able to reach medical establishments suffer xenophobia, prejudice and suspicion from health care workers. Mylius explained that:

56 SDIR, [Evidence](#), 26 November 2020 (Mylius).

57 SDIR, [Evidence](#), 26 November 2020 (Mylius).

58 SDIR, [Evidence](#), 26 November 2020 (Mylius); SDIR, [Evidence](#), 3 December 2020 (Graham).

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.⁵⁹

The Subcommittee, however, was informed that the fear that displaced Venezuelans are contributing to the spread of COVID-19 is unfounded. Witnesses from Doctors Without Borders (MSF) stated that their doctors have seen “very few COVID cases among migrants in Colombia,” but that displaced Venezuelans faced more hardships like exclusion from the health care system.⁶⁰

Witnesses also told the Subcommittee that the lack of access to health care has been particularly devastating for displaced Venezuelan women. A much larger percentage of Venezuelan women fleeing across Colombia, compared to the average population, are pregnant women and breastfeeding mothers who are at high-risk of experiencing complications. The result is that maternal death along the Colombia border has been much higher than in the rest of Colombia, in part because Venezuelan migrants and refugees are unable to access the health care system.⁶¹

The Subcommittee is troubled that many displaced Venezuelans living in precarious situations and vulnerable to diseases and health complications are unable to access health care in the midst of a global pandemic. While significant changes have been made in Colombia, giving displaced Venezuelans greater access to health care in that country, the same cannot be said for other countries in the region. For this reason,

Recommendation 6

The Subcommittee recommends that Global Affairs Canada ensure that it is adequately supporting efforts to help displaced Venezuelans access health care including, resources and supplies to humanitarian organizations and host countries.

59 SDIR, [Evidence](#), 26 November 2020 (Mylius).

60 SDIR, [Evidence](#), 26 November 2020 (Belliveau).

61 SDIR, [Evidence](#), 26 November 2020 (Mylius).



Repatriation

In response to the mounting challenges posed by the COVID-19 restrictions, thousands of Venezuelans began returning home. Some even walked all the way from Chile. According to Jimenez, from “mid March to October, it is estimated that over 135,000 people have returned to Venezuela.”⁶² Upon returning, however, many discovered that the situation in Venezuela had deteriorated even further. Access to essential services and basic needs had significantly decreased.⁶³ Additionally, those returning were forced to stay in state-run quarantine centres. Many of these are converted warehouses, sports stadiums and other facilities that are reported to be unsanitary and lacking supplies.⁶⁴

Faced with this situation, humanitarian organizations are documenting another wave of departures. As explained by Garcia:

The problem is that when people come back, they find that Venezuela has worsened in the numbers in terms of lack of medicine, food and everything... Because of the COVID, most of them are without jobs. They are informal workers and they are the ones who left the jobs. They return to Venezuela looking for family support, because when they left, most were young adults and they left their children and their parents.⁶⁵

62 SDIR, [Evidence](#), 3 December 2020 (Jimenez).

63 SDIR, [Evidence](#), 3 December 2020 (Garcia).

64 SDIR, [Evidence](#), 3 December 2020 (Jimenez).

65 SDIR, [Evidence](#), 3 December 2020 (Garcia).

THE SITUATION OF ROHINGYA REFUGEES AND THOSE INTERNALLY DISPLACED IN MYANMAR

A combination of natural disasters, ethnic tensions, armed conflict, statelessness, institutionalized discrimination and chronic displacement have created a humanitarian crisis for the Rohingya of Rakhine state, Myanmar.⁶⁶ Conflict has persisted for decades throughout the region, resulting in the displacement of over 360,000 people internally, most of them members of ethnic minorities like the Rohingya. In August 2017, military campaigns involving killings, sexual violence, arson and forced eviction forced more than 700,000 Rohingya to flee to Bangladesh.⁶⁷

The Rohingya continue to face extraordinary challenges, both in Myanmar and in Bangladesh. With many struggling to meet their daily needs, the measures to prevent the spread of COVID-19 have presented them with additional hardships – access to services has been reduced, humanitarian aid has been limited, camps are overcrowded and unsanitary and access to basic needs, such as water, is scarce. These additional challenges have compounded the daily difficulties that Rohingya already face. Describing this situation to the Subcommittee, Bob Rae, Ambassador and Permanent Representative of Canada to the UN and Canada’s former Special Envoy to Myanmar said:

While COVID-19 has led to further restrictions on movement and access to services for these persons and highlighted the vulnerabilities of very highly congested living conditions, we have to recognize the reality that these are hardships that are simply continuing. COVID has made things worse, but we need to understand how bad they were at the beginning in order to appreciate the circumstances.⁶⁸

On 1 February 2021, after the conclusion of the Subcommittee’s hearings on this topic, the Myanmar government was ousted in a military coup. It has not yet become clear how this change may affect the Rohingya still living in Myanmar and those who have fled elsewhere with hope of returning. However, given that it was the Myanmar military who

66 SDIR, [Evidence](#), 10 December 2020, David Mueller (Country Representative, Myanmar and Laos, Lutheran World Federation).

67 SDIR, [Evidence](#), 10 December 2020, Manny Maung (Myanmar Researcher, Human Rights Watch).

68 SDIR, [Evidence](#), 10 December 2020, Bob Rae (Ambassador and Permanent Representative of Canada to the United Nations (UN) in New York, Global Affairs Canada).



led the attacks on the Rohingya that forced them to flee in 2017, many observers are not optimistic that the situation will improve for this vulnerable population.⁶⁹

Internally Displaced Rohingya in Myanmar

In 1982, Myanmar adopted legislation amending its citizenship law, which essentially rendered the Rohingya stateless.⁷⁰ Having lost their official status in Myanmar, the Rohingya suffered intensifying discrimination and persecution which escalated to genocide in 2017.⁷¹ As stated by Shujaat Wasty, founder and board member of OBAT Canada:

To say that the Rohingya are a persecuted people is a gross understatement...What can I say to someone who witnessed her husband and young children viciously killed and 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.⁷²

While the majority of the Rohingya have fled the country, some have stayed behind, despite the destruction of most of their homes and villages by Myanmar's military. Without citizenship, however, they are unable to move freely through the country and struggle to access a range of essential services such as education, health care and the Internet.

Witnesses reported that these existing challenges have been amplified by restrictions put in place to curb the spread of COVID-19.⁷³ Manny Maung, Myanmar Researcher for Amnesty International, noted that the additional pandemic response restrictions on movement disproportionately affect the Rohingya due to their statelessness, as they are

69 Arafatul Islam, "[Myanmar coup stokes fear among Rohingya refugees in Bangladesh](#)," *Deutsche Welle*, 4 February 2021.

70 SDIR, [Evidence](#), 10 December 2020 (Maung).

71 For more information on the background to the Rohingya situation in Myanmar, please see House of Commons, SDIR, [Sentenced to a Slow Demise: The Plight of Myanmar's Rohingya Minority](#), First report, June 2016.

72 SDIR, [Evidence](#), 26 November 2020 (Shujaat Wasty, OBAT Canada, founder and board member).

73 SDIR, [Evidence](#), 10 December 2020 (Mueller).

more vulnerable to extortion, arbitrary arrest and violence at the pandemic-related checkpoints that have been set up.⁷⁴

Camps for Internally Displaced Persons

With their homes and livelihoods destroyed by conflict and looting, and subject to ongoing violence, an estimated 130,000 Rohingya have sought refuge in camps for IDPs.⁷⁵ Here, they are detained by the same government that has repeatedly turned a blind eye to the violence perpetrated against them.

Witnesses informed the Subcommittee that the IDP camps resemble “open-air prisons”⁷⁶ where the Rohingya are subject to “squalid and oppressive,” conditions. Their treatment amounts to “crimes against humanity of persecution, apartheid and severe deprivation of liberty.”⁷⁷ Another witness described the multiple barbed-wire and guarded gates enclosing the camp at Sittwe in Rakhine state as reminiscent of Nazi concentration camps.⁷⁸

The Subcommittee was also told that Rohingya women and girls are particularly vulnerable in IDP camps. Both Rae and David Mueller, the Country Representative in Myanmar for the Lutheran World Federation, discussed how pandemic-related restrictions are raising tensions within families and communities and increasing rates of gender-based violence.⁷⁹

Access to Health Services

Given that the conditions in IDP camps are ripe for the spread of disease, witnesses expressed concern that COVID-19 is an imminent threat to residents. Though the number of infections in camps is reportedly low (29 confirmed as of mid-December), Maung expressed skepticism at the veracity of this number. She explained that a lack of

74 SDIR, [Evidence](#), 10 December 2020 (Maung).

75 SDIR, [Evidence](#), 10 December 2020 (Mueller).

76 SDIR, [Evidence](#), 10 December 2020 (Rae).

77 SDIR, [Evidence](#), 10 December 2020 (Maung).

78 SDIR, [Evidence](#), 26 November 2020, Zaid al-Rawni (Chief Executive Officer, Islamic Relief Canada).

79 SDIR, [Evidence](#), 10 December 2020 (Mueller); SDIR, [Evidence](#), 10 December 2020 (Rae).



testing resources and services, combined with a sense of fear and distrust of officials may be artificially repressing reported cases.⁸⁰

The Subcommittee was not only informed that the camps are uninhabitable, but that the Rohingya are prevented from leaving because of their lack of citizenship. Most health facilities, however, are located outside of the camps, making them unreachable even during a public health emergency.⁸¹ For women and girls, this reduced access to health services has been far more acute. Just 7% of Rohingya women in Myanmar were accessing maternal health care prior to the pandemic. That number has almost certainly decreased as a result of the COVID-19 restrictions, again compounding an existing poor situation.⁸² Additionally, Mueller noted that it is women and girls who shoulder the burden of care for families and individuals with the low and reduced access to health care experienced by everyone in the camps.⁸³

None of the witnesses who appeared before the Subcommittee were aware of plans to vaccinate the Rohingya population in Myanmar. Mueller noted that the Ministry of Health and Sports is working closely with the World Health Organization, adding that the latest estimates predict that just 40% of the country's population will be vaccinated by the end of 2021.⁸⁴ Rae emphasized the need for significant increases in funding overall for global vaccination requirements.⁸⁵

Access to Camps

Witnesses also informed the Subcommittee that measures put in place to slow the spread of COVID-19 have affected not only the ability of the Rohingya to leave the camps but also that of humanitarian workers to enter. Maung told the Subcommittee that numerous aid agencies reported difficulties in delivering aid adequately. She stated:

Prior to COVID-19, humanitarians were already stressing that they had such problems getting access... we expect that the government needs to put measures in place to curb infection rates, but some of these are being applied arbitrarily, unfairly.⁸⁶

80 SDIR, [Evidence](#), 10 December 2020 (Maung).

81 SDIR, [Evidence](#), 10 December 2020 (Mueller).

82 SDIR, [Evidence](#), 10 December 2020 (Maung).

83 SDIR, [Evidence](#), 10 December 2020 (Mueller).

84 SDIR, [Evidence](#), 10 December 2020 (Mueller).

85 SDIR, [Evidence](#), 10 December 2020 (Rae).

86 SDIR, [Evidence](#), 10 December 2020 (Maung).

Witness also reported that internet services in Rakhine state have been blocked since June 2019 due to security concerns in the region.⁸⁷ As a result, humanitarian organizations are unable to easily communicate COVID-19 safety measures to the Rohingya in IDP camps.⁸⁸

Rohingya Refugees in Bangladesh

While part of the Rohingya population stayed in Myanmar, more than 750,000 (the majority of the Rohingya population) have fled to the Cox's Bazar region of Bangladesh since 2017. They are largely confined to 34 camps that occupy approximately 26 square kilometres of land.⁸⁹ Even after escaping what some members of the international community recognize as genocide, they continue to face significant challenges as refugees.⁹⁰

Though many Rohingya wish to return home, there is little hope that the Myanmar government will guarantee them a safe return.⁹¹ As such, many witnesses reported that the Rohingya in Bangladesh are in a protracted refugee situation.⁹² Wasty warned of the consequences that a continued failure to accommodate either integration or a safe return will have, comparing the situation of Rohingya refugees to that of the now 50 year-old camp for the internally displaced Urdu-speaking population in Bangladesh.⁹³

Many witnesses emphasized the generosity of Bangladesh in hosting such a large and unprecedented influx of refugees.⁹⁴ However, despite the protracted nature of the Rohingya refugee situation, Bangladesh has resisted their integration. With no long-term solution in sight, Rohingya refugees are living in camps that are overcrowded and fraught with infrastructure issues. Access to health care is extremely limited and education is largely unavailable. Since the Government of Bangladesh imposed lockdown measures to curb the spread of COVID-19, these challenges have been exacerbated. Refugees have been barred from leaving the camps, eliminating the few existing opportunities for

87 SDIR, [Evidence](#), 10 December 2020 (Rae).

88 SDIR, [Evidence](#), 10 December 2020 (Maung).

89 SDIR, [Evidence](#), 26 November 2020 (Saad Hammadi, South Asia Campaigner, Amnesty International).

90 Canada recognized that acts of genocide had been committed against the Rohingya in Myanmar in 2018. See House of Commons, [Journals](#), 20 September 2018.

91 SDIR, [Evidence](#), 26 November 2020 (al-Rawni).

92 SDIR, [Evidence](#), 26 November 2020 (Wasty); SDIR, [Evidence](#), 26 November 2020 (Hammadi).

93 SDIR, [Evidence](#), 26 November 2020 (Wasty).

94 SDIR, [Evidence](#), 26 November 2020 (al-Rawni); SDIR, [Evidence](#), 26 November 2020 (Hammadi).



employment. Moreover, barriers to entry by outsiders have hindered international humanitarian workers from providing desperately needed aid and services.

Conditions in the Refugee Camps

The Cox's Bazar region is characterised by its precarious terrain and "unforgiving climate" that make it vulnerable to hazards like monsoons and cyclones.⁹⁵ Witnesses reported that the refugee camps are extremely overcrowded.⁹⁶ Adding to this, the Subcommittee was informed of the poor infrastructure and dearth of sanitary stations. Zaid al-Rawni, Chief Executive Officer, Islamic Relief Canada, described how "latrines are haphazardly dropped here, there and everywhere."⁹⁷

The impact of restrictions designed to control the spread of COVID-19 in the camps have been severe. Rae told the Subcommittee that the "restrictions on movement and serious problems with respect to communication and access to the Internet" has meant that the camp is essentially in a total lockdown. He described the barbed wire surrounding the camp as a visual sign that "it is a place that's very difficult to get into and very difficult to get out of," asserting that such restrictions have caused a widespread general deterioration of conditions.⁹⁸

These restrictions have had devastating consequences for Rohingya refugees. Limited humanitarian access to the camps has resulted in even further decreased refugee access to services like physical and mental health care and education. Prevented from leaving the camps, refugees face lowered employment prospects, which correlate with increased rates of gender-based violence. Rae also warned the Subcommittee of backsliding in areas where former progress had been made, such as the discouraging uptick in early forced marriages.⁹⁹ He attributes this to families losing employment opportunities as a result of the pandemic and seeking additional sources of income.¹⁰⁰

95 SDIR, [Evidence](#), 26 November 2020 (Wasty).

96 SDIR, [Evidence](#), 26 November 2020 (Wasty).

97 SDIR, [Evidence](#), 26 November 2020 (al-Rawni).

98 SDIR, [Evidence](#), 10 December 2020 (Rae).

99 SDIR, [Evidence](#), 10 December 2020 (Rae).

100 SDIR, [Evidence](#), 10 December 2020 (Rae).

Access to Health Care

Witnesses informed the Subcommittee that access to health services within Rohingya refugee camps before the COVID-19 pandemic were insufficient. Al-Rawni, for example, whose organization, Islamic Relief Canada, funds health care projects for the camps, described the pre-COVID-19 health services as “creaking,” emphasizing that the term was being used “generously.”¹⁰¹

With the implementation of measures to curb the spread of COVID-19, access to health care has been even further reduced. Al-Rawni reported that

[H]ealth 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.¹⁰²

Though it was noted that these measures may have helped prevent the spread of the virus within refugee camps (348 confirmed cases as of 11 November 2020 from approximately 15,600 conducted tests, and 10 deaths),¹⁰³ both Rae and Wasty pointed out potential problems with the reported numbers, include low testing rates and the general difficulty of collecting reliable data in the camps.¹⁰⁴

Others agreed with al-Rawni that restrictions on the movements of medical professionals working with non-governmental organizations have had grave implications for the lives of the Rohingya in the camps. Wasty reported that the OBAT health post in Kutupalong camp had, prior to the pandemic, relied on international volunteers to treat 250 Rohingya patients per day. The new restrictions limited the post to local workers only, and at its worst, capacity fell to just 40 patients per day. He told the Subcommittee that “not being able to see as many patients leaves the refugees vulnerable to poor health conditions being untreated or worsening...or even the potential of other outbreaks.”¹⁰⁵ Likewise, Joe Belliveau, Executive Director of MSF Canada, explained that

101 SDIR, [Evidence](#), 26 November 2020 (al-Rawni).

102 SDIR, [Evidence](#), 26 November 2020 (al-Rawni).

103 SDIR, [Evidence](#), 26 November 2020 (Wasty); SDIR, [Evidence](#), 26 November 2020 (Hammadi).

104 SDIR, [Evidence](#), 26 November 2020 (Wasty); SDIR, [Evidence](#), 10 December 2020 (Rae).

105 SDIR, [Evidence](#), 26 November 2020 (Wasty).



[e]veryday 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 continue to 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.¹⁰⁶

Deprioritizing routine care has also significantly impacted mental health care. Belliveau reported that between April and July 2020, the number of suicide attempts treated by MSF's facility in Kutupalong camp doubled.¹⁰⁷

Health Services for Women and Girls

The Subcommittee learned that more than half of the Rohingya refugee population are women and children.¹⁰⁸ They have suffered more acutely from the reduction and loss of health services in the camps. Belliveau noted that the rate of complex pregnancies dealt with in MSF's facilities in Cox's Bazar increased from 3.7% last January to 19% in October. He attributed this and similar trends to delayed health-seeking behaviour because of reduced sexual and reproductive health activity in the camps.¹⁰⁹ Al-Rawni emphasized that the reduction sexual health information and resources left women and girls with further reduced family planning choices available to them.¹¹⁰

The inadequacies in health care services faced by Rohingya is distressing to the Subcommittee, particularly the fact that women and girls are disproportionately affected. Therefore,

Recommendation 7

The Subcommittee recommends that Global Affairs Canada advocate for humanitarian access to camps for internally displaced persons in Rakhine state and Rohingya refugees in Bangladesh. Emphasis should be on organizations providing health care, particularly those that can address the urgent needs of women and girls.

106 SDIR, [Evidence](#), 26 November 2020 (Belliveau).

107 SDIR, [Evidence](#), 26 November 2020 (Belliveau).

108 SDIR, [Evidence](#), 26 November 2020 (Hammadi).

109 SDIR, [Evidence](#), 26 November 2020 (Belliveau).

110 SDIR, [Evidence](#), 26 November 2020 (al-Rawni).

The COVID-19 Vaccine

The Subcommittee was informed that the camps' conditions create an increased vulnerability among the Rohingya refugees to a serious COVID-19 outbreak, which presents a potential health risk to Bangladesh. Witnesses pointed out that there is therefore a strong case to be made for giving the refugees priority when a COVID-19 vaccine is available.¹¹¹

Witnesses told the Subcommittee, however, that no plans are currently in place for distributing a vaccine to the Rohingya refugees. One witness suggested that the speed and timing of a vaccination campaign in the camps would likely “depend on the level of infection and the number of infections detected within the camps” and that, since those numbers are so far low, access to a vaccine is largely dependent on the efforts and commitment by humanitarian actors.¹¹²

Concerned for the health and safety of the Rohingya refugees, and attentive to the public health implications of an uncontrolled outbreak in the camps, the Subcommittee firmly stands behind efforts to distribute the COVID-19 vaccine in the refugee camps. As such,

Recommendation 8

The Subcommittee recommends that the Government of Canada support the United Nations Refugee Agency in its advocacy efforts with national governments and the global vaccination initiative, COVAX, to prioritize the vaccination of displaced populations worldwide.

Access to Programming

Humanitarian organizations deliver a broad range of services and programs to Rohingya refugees.¹¹³ Because many have been shut out of the camps since the start of the pandemic, however, the Subcommittee was informed that some have been forced to cancel certain programs. For instance, the Subcommittee was told that the following programs have been canceled or significantly modified:

111 SDIR, [Evidence](#), 26 November 2020 (al-Rawni); SDIR, [Evidence](#), 10 December 2020 (Rae).

112 SDIR, [Evidence](#), 26 November 2020 (Hammadi).

113 SDIR, [Evidence](#), 26 November 2020 (Hammadi).



- several non-COVID-19 medical projects;¹¹⁴
- a research project targeting gender-based violence against women and girls;¹¹⁵
- routine medical health care, and;¹¹⁶
- work by international humanitarian partners (thereby reducing capabilities for food delivery and health interventions).¹¹⁷

Education Programs

Many of the Rohingya refugees arrived in the camps with little to no education, as access to education for this population in Myanmar is tenuous and inconsistent. Rae described the “crisis” currently unfolding in Myanmar where “most young Rohingya...do not have access to education, particularly women,” and declared that the denial of education to the Rohingya in Rakhine state by the Myanmar government is “serious discrimination.”¹¹⁸

Given the protracted nature of this refugee crisis, the Subcommittee was especially disappointed to learn that an education pilot program in the refugee camps in Cox’s Bazar that was years in the making and finally approved in 2020 was then cancelled due to the pandemic prevention measures. The pilot program planned to grant Rohingya refugee children access to education under the Myanmar curriculum. However, the Government of Bangladesh ordered all schools in the country to close at the advent of the pandemic and the pilot has been delayed, sparking fears of a Rohingya “lost generation.”¹¹⁹ Wasty reflected that the closure of the refugee camp education centres has also meant the elimination of a “safe space” for Rohingya children, who are among the most vulnerable in the camps.¹²⁰

114 SDIR, [Evidence](#), 26 November 2020 (al-Rawni).

115 SDIR, [Evidence](#), 26 November 2020 (al-Rawni).

116 SDIR, [Evidence](#), 26 November 2020 (Belliveau).

117 SDIR, [Evidence](#), 10 December 2020 (Rae).

118 SDIR, [Evidence](#), 10 December 2020 (Rae).

119 SDIR, [Evidence](#), 26 November 2020 (Hammadi).

120 SDIR, [Evidence](#), 26 November 2020 (Wasty).

Conscious of the essential role that education plays in the flourishing of people and communities, the Subcommittee is concerned by the absence of education programs in the Rohingya refugee camps. As such,

Recommendation 9

The Subcommittee recommends that Global Affairs Canada work with the Government of Bangladesh and humanitarian organizations in the region to eliminate barriers to education projects for children in the refugee camps, with an emphasis on ensuring the equal participation of girls.

Employment and Livelihoods

The Subcommittee was informed that an important component to the refugees' sense of human dignity is employment.¹²¹ Even volunteering can make a tremendous difference. As explained by al-Rawni:

If you look at the way the refugee camps are organized, the central pillar in Cox's Bazar are these volunteers from within the community themselves. I know Saad was talking about empowering and giving people opportunities to lead and understand, find their voice and their leadership, and they're doing quite a superb job, I think.¹²²

Before the COVID-19 pandemic, Rohingya refugees had the option to leave the camps to seek work in the informal sector of the economy. Closing the borders of the camps, however, has resulted in the loss of employment for many refugees who previously held casual jobs in the host community. Consequently, refugees are now completely reliant on humanitarian aid for food and other basic needs. The reduced presence of humanitarian aid organizations within the camps has also eliminated much of the volunteer and paid work done by refugees for them.¹²³

The Subcommittee also learned of the link between the loss of livelihood and gender-based violence. Saad Hammadi, South Asia Campaigner for Amnesty International, detailed how

121 SDIR, [Evidence](#), 26 November 2020 (al-Rawni).

122 SDIR, [Evidence](#), 26 November 2020 (al-Rawni).

123 SDIR, [Evidence](#), 26 November 2020 (al-Rawni).



[i]t 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 were not allowed in some places to go out of their homes and they are not able to share this with anyone.¹²⁴

Similarly, al-Rawni informed the Subcommittee that there has been a rise in “the confined pressures that the Rohingya find themselves in” and the “inability of families and people to work.” He explained that the increased levels of idleness, tension and stress in households cause the most vulnerable in the households – women and girls – to shoulder the brunt of the effects, often in the form of gender-based violence.¹²⁵

The Subcommittee agrees that employment can provide some independence from humanitarian organizations as well as contribute to the economy of the host community. For these reasons,

Recommendation 10

The Subcommittee recommends that Global Affairs Canada work with international allies, humanitarian organizations and the Government of Bangladesh to find ways to encourage increased labour market access for Rohingya refugees.

Accessing Information: A Challenge for Refugees and Humanitarians

The Subcommittee learned that camp residents and humanitarian workers alike have had limited access to information as a result of restrictions to prevent the spread of COVID-19. Humanitarian organizations' data-gathering abilities have been affected by both the loss of refugee volunteers as well as lost access to the camps by international workers.¹²⁶ Without data, humanitarian work becomes very difficult. Al-Rawni said that for Islamic Relief Canada, “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” could not be understated.¹²⁷

Similarly, disseminating information in the camps has been difficult. Humanitarian workers trying to circulate information related to COVID-19 faced problems through the

124 SDIR, [Evidence](#), 26 November 2020 (Hammadi).

125 SDIR, [Evidence](#), 26 November 2020 (al-Rawni).

126 SDIR, [Evidence](#), 26 November 2020 (Hammadi).

127 SDIR, [Evidence](#), 26 November 2020 (al-Rawni).

spring and summer because of Internet restrictions that had been imposed because of security concerns.¹²⁸

Fighting rumour and countering disinformation has proven difficult even when the Internet has been available. Al-Rawni described the situation as “fraught,” telling the Subcommittee how the refugees “aren’t sure who to believe, what to believe...they’re suspicious about everything,” compounding the already difficult work of health care workers in the camps.¹²⁹

The Subcommittee recognizes the damage caused by restricting access to IDP and refugee camps by humanitarian workers. As such,

Recommendation 11

The Subcommittee recommends that the Government of Canada make clear to the governments of Myanmar and Bangladesh that humanitarian organizations must be provided with unhindered access to camps for displaced persons and refugees in order to prevent the further deterioration of health care, education programs and the harmful spread of disinformation.

Bhashan Char Island – Long-Term Solution?

The Government of Bangladesh has proposed to ease the overcrowding in the camps by relocating 100,000 of the Rohingya refugees to Bhashan Char, a remote manmade island in the Bay of Bengal that was built by the Bangladeshi navy. The Subcommittee was told that 300 refugees were relocated there in May 2020.¹³⁰

A number of witnesses expressed serious reservations about this plan. The area is known for its vulnerability to natural disasters and the island’s ability to withstand them is still unknown. One witness stressed the need for the UN to conduct a “full technical and protection assessment” of the island before more Rohingya refugees are relocated.¹³¹ The Subcommittee, however, was informed that the Government of Bangladesh is resisting efforts to inspect the island. Rae stated that, as Special Envoy to

128 SDIR, [Evidence](#), 26 November 2020 (Hammadi).

129 SDIR, [Evidence](#), 26 November 2020 (al-Rawni).

130 SDIR, [Evidence](#), 26 November 2020 (Hammadi).

131 SDIR, [Evidence](#), 26 November 2020 (Hammadi); SDIR, [Evidence](#), 10 December 2020 (Rae).



Myanmar, his own past efforts to convince the Government of Bangladesh to allow the UN access to Bhashan Char similarly fell on deaf ears.¹³²

Some witnesses also informed the Subcommittee that a clear and transparent process to determine how and whether refugees want to be relocated to Bhashan Char has not been established. Hammadi told the Subcommittee that some refugees had relayed fears about relocation but felt compelled to go for various reasons – he noted specifically two refugees who faced resistance from authorities to conducting repairs on their shelters and who were offered relocation as an alternative. He emphasized that the relocation should follow “a due process comprising of refugee leadership and consultation” that would ensure a safe, voluntary and consensual transfer.¹³³

The Subcommittee shares these concerns. As such,

Recommendation 12

The Subcommittee recommends that Global Affairs Canada encourage the Government of Bangladesh to establish transparent and rights-based policies outlining the framework of refugee participation in the relocation agreement. The United Nations and other international humanitarian organizations should have access to Bhashan Char island to determine its suitability for habitation.

132 SDIR, [Evidence](#), 10 December 2020 (Rae).

133 SDIR, [Evidence](#), 26 November 2020 (Hammadi).

Repatriation

For the authorities in Bangladesh and the Rohingya themselves, repatriation is the preferred durable solution to the refugee situation. Despite facing unspeakable brutality and inhumanity in Myanmar, al-Rawni recounted to the Subcommittee that “every Rohingya... in Cox’s Bazar said the same thing: ‘We want to go back home’.”¹³⁴

The Subcommittee learned, however, that there is no clear path to repatriation.¹³⁵ Mueller put it bluntly, saying:

Well, the situation is not conducive for any return, either from the local IDPs or from the refugees outside the country to return at this time. The primary thing that’s blocking it is that there is a war going on. The AA and the Tatmadaw are fighting in the home areas of the Rohingya, and they can’t go back. Unless the fighting stops, they can’t go back. Then there are the other aspects. Villages were bulldozed and there’s no place for them. Their homes are not even recognizable anymore in northern Rakhine, and properties have been confiscated. They’ve moved people in to settle in areas, and I don’t think there’s a genuine interest for anybody to come back. The other problem is that a lot of the problems are political in nature, and it’s not a matter of fixing something technical. It’s a political will that needs to be changed.¹³⁶

The Subcommittee was informed that for repatriation to be attainable, the involvement of the international community is required. Hammadi explained the importance of outside countries in this process, stating that “[a] conducive condition for safe, voluntary and dignified returns of the Rohingya to Myanmar is also contingent on 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.”¹³⁷ Al-Rawni underlined this statement, telling the Subcommittee that “it won’t be safe until and unless there’s a mechanism to guarantee their safety, leveraged by the international community.”¹³⁸

Cognizant of its position as an international leader, the Subcommittee urges the Government of Canada to work towards a peaceful solution for the Rohingya in Myanmar. Therefore,

134 SDIR, [Evidence](#), 26 November 2020 (al-Rawni).

135 SDIR, [Evidence](#), 10 December 2020 (Mueller); SDIR, [Evidence](#), 10 December 2020 (Maung).

136 SDIR, [Evidence](#), 10 December 2020 (Mueller).

137 SDIR, [Evidence](#), 26 November 2020 (Hammadi).

138 SDIR, [Evidence](#), 26 November 2020 (al-Rawni).



Recommendation 13

The Subcommittee recommends that the Government of Canada continue to condemn the genocidal violence perpetrated against the Rohingya population in Myanmar. The Government of Canada should more vigorously engage international allies and multilateral organizations to end the persecution of Rohingya in Myanmar. Working through international channels, the Government of Canada should work to establish a mechanism for the safe and dignified repatriation of Rohingya to Rakhine.

Empowerment

Another component that the Subcommittee was informed could play a critical role in an eventual successful repatriation is the empowerment of Rohingya refugees. As explained by Hammadi, the Rohingya are “among the most disempowered people in the world.”¹³⁹ As such they have been persistently marginalized for decades “at home and in the places where they have sought refuge.”¹⁴⁰ Many “are afraid of repercussions for speaking out or sharing reservations about decisions forced upon them by authorities.”¹⁴¹

Some witnesses suggested that empowering women and girls, who are the most vulnerable of all, would be a good place to start. Rae informed the Subcommittee that empowering women will help to generate solutions in Bangladesh and Myanmar. He stated that Rohingya women in the camps “are demanding a place at the table and are demanding to be involved. We see it in the effective leadership of the camp in Cox’s Bazar as well as in the larger camp in Sittwe.”¹⁴²

The Subcommittee was informed that education is an important path to empowerment. According to Wasty, “[t]he way to definitely help them get out of this and for them to be empowered and be able to be their own advocates definitely requires the Rohingya children to be educated,” but that because of the pandemic’s effect on curtailing education efforts in the camps, “we are now even further from that reality to actually come into being.”¹⁴³

139 SDIR, [Evidence](#), 26 November 2020 (Hammadi).

140 SDIR, [Evidence](#), 26 November 2020 (Hammadi).

141 SDIR, [Evidence](#), 26 November 2020 (Hammadi).

142 SDIR, [Evidence](#), 10 December 2020 (Rae).

143 SDIR, [Evidence](#), 26 November 2020 (Wasty).

The Subcommittee is mindful of the role that empowerment can play in the long-term stability and growth of a community and is conscious of the ripple effects generated by empowering women within communities. As such,

Recommendation 14

The Subcommittee recommends that Global Affairs Canada, in accordance with its Feminist International Assistance Policy, support local Rohingya women’s rights organizations in Myanmar as well as consultation efforts with women and girls by humanitarian organizations operating in Bangladesh in order to ensure that marginalized voices are heard in designing durable solutions.



CONCLUSION

Displaced persons and refugees are among the most vulnerable populations in the world. Having fled conflict, persecution or been otherwise forced to leave their homes, they live in precarious situations, often with little to no access to employment and are frequently dependent on humanitarian aid to meet their basic needs. In some of the worst circumstances, both their lives and those of their children are at risk. Measures to curb the spread of COVID-19 have not only exacerbated existing difficulties but have created new challenges that are insurmountable without intervention and assistance.

It is therefore essential that the international community step up and provide humanitarian organizations with the much-needed resources required to meet the needs of these vulnerable populations. While the Subcommittee recognizes the importance of responding to their immediate needs, it wants to emphasize that resources for long-term planning are also urgently needed. Without contributing to this second component, these vulnerable populations will continue to be dependent for their most basic needs, protracting their situation.

It is also critical that the international community not only recognize that women and girls are particularly vulnerable in these situations, but that they are essential for lifting these vulnerable communities out of despair. Humanitarian organizations, however, need resources to develop comprehensive programs that meet the specific needs of women and girls both in the short and long-term. As such,

Recommendation 15

The Subcommittee recommends that Global Affairs Canada lead efforts to establish more stable funding mechanisms that enable long-term planning for international humanitarian aid efforts, particularly for programs that address the specific needs women and girls.

Finally, the Subcommittee underscores that displaced persons, migrants and refugees throughout the globe live in desperate situations. Every year, millions leave their homes behind in response to conflict, economic deprivation, persecution and human rights abuses. These vulnerable populations experience a host of challenges as they become dependent on humanitarian aid and host countries for basic needs and services such as food, water, shelter and health care. In response to the COVID-19 pandemic, governments across the globe have imposed measures to prevent the spread of the disease. These measures, however, have had a disproportionate effect on these vulnerable populations, making their already precarious situation much worse. It is for this reason that,

Recommendation 16

The Subcommittee recommends that the Global Affairs Canada, in responding to the emerging needs of refugees and displaced persons globally, conduct a gender-based analysis plus of the programs it is funding that also considers the impacts of COVID-19 as a factor that influences the way that they experience policies and programs.

APPENDIX A LIST OF WITNESSES

The following table lists the witnesses who appeared before the committee at its meetings related to this report. Transcripts of all public meetings related to this report are available on the committee's [webpage for this study](#).

Organizations and Individuals	Date	Meeting
Amnesty International Saad Hammadi, Regional Campaigner South Asia	2020/11/26	5
CARE Colombia Marten Mylius, Country Director	2020/11/26	5
Doctors Without Borders Joe Belliveau, Executive Director Jason Nickerson, Humanitarian Affairs Advisor	2020/11/26	5
Islamic Relief Canada Zaid Al-Rawni, Chief Executive Officer	2020/11/26	5
OBAT Canada Shujaat Wasty, Founder and Board Member	2020/11/26	5
Amnesty International Carolina Jimenez, Research Director for the Americas	2020/12/03	6
Canadian Venezuelan Engagement Foundation Gabi Garcia, President	2020/12/03	6
Center for Global Development Jimmy Graham, Consultant	2020/12/03	6
Office of the United Nations High Commissioner for Refugees Rema Jamous Imseis, Representative in Canada	2020/12/03	6
Department of Foreign Affairs, Trade and Development Hon. Bob Rae, Ambassador and Permanent Representative of Canada to the United Nations in New York	2020/12/10	7

Organizations and Individuals	Date	Meeting
Human Rights Watch	2020/12/10	7
Farida Deif, Canada Director		
Manny Maung, Myanmar Researcher		
Lutheran World Federation	2020/12/10	7
David H. Mueller, Country Representative Myanmar and Laos		

MINUTES OF PROCEEDINGS

A copy of the relevant *Minutes of Proceedings* of the Committee ([Meeting No.27](#)) is tabled and copies of the relevant *Minutes of Proceedings* of the Subcommittee on International Human Rights ([Meetings Nos. 5-7, 9, 13, and 14](#)) are tabled.

Respectfully submitted,

Sven Spengemann
Chair

