

Humanitarianism & Medicine

Hierarchies of Control in the Rohingya Crisis

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AFFILIATIONS

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03 IS Roadmap

- The Rohingya are an indigenous ethnic minority in Myanmar
- Deeply historical roots despite being framed as a contemporary humanitarian emergency
- Formation of the Rohingya identity
- UNHCR (United Nations High Commissioner for Refugees)
- Political expediency over refugee protection
- Reliance on long-term aid services to retain institutional legitimacy
- Western-standardized biomedical frameworks verses Rohingya women's understanding of health, community, and identity
- Childbirth, contraception, and NGO-run female empowerment workshops

04 Timeline

- 1430 Rise of Mrauk-U Arakanese Kingdom
- 1785 Mruak U conquered by Burmese Konbaun Dynasty
- 1794 Establishment of Cox's Bazar by Hiram Cox
- 1824-85 First, Second, and Third Anglo-Burman War
- 1886 Burma becomes an official province of British India
- 1942-45 Japanese Occupation of Burma during WWII
- 1948 Burma gains independence from British Empire
- 1962 General Ne Win military coup
- 1978 Operation Nagmin (Dragon King)**
- 1982 Ratification of Myanmar Citizenship Act
- 1991 Operation Pyi Thaya (Clean and Beautiful Nation)**
- 2017 Largest Rohingya exodus into Bangladesh**

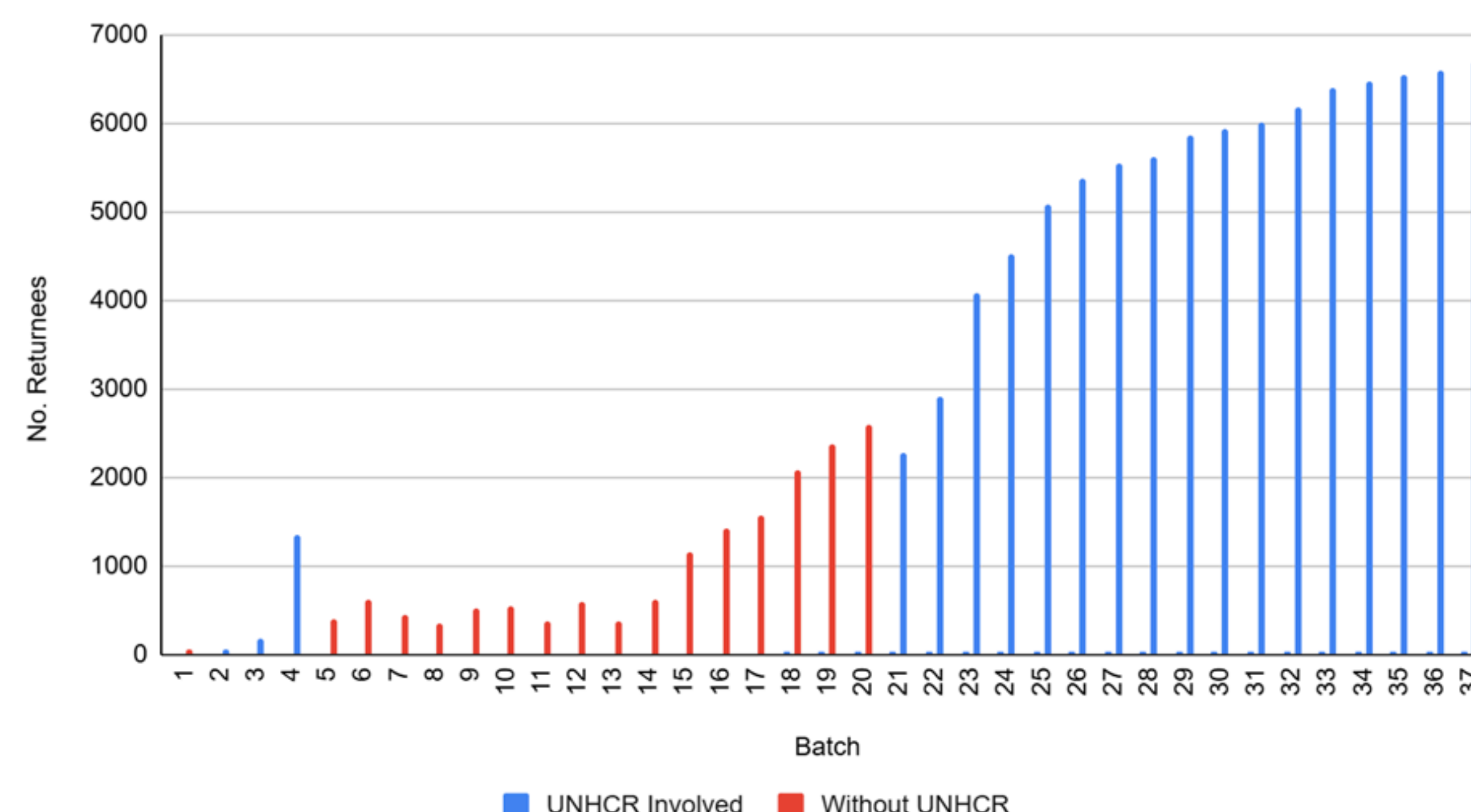


01 Historical Question

In what ways does the relief provided to the Rohingya, by international organizations, governments, and NGOs, simultaneously sustain and harm them?

05 Results/Findings

Repatriation Movements [September 1992 - March 1993]



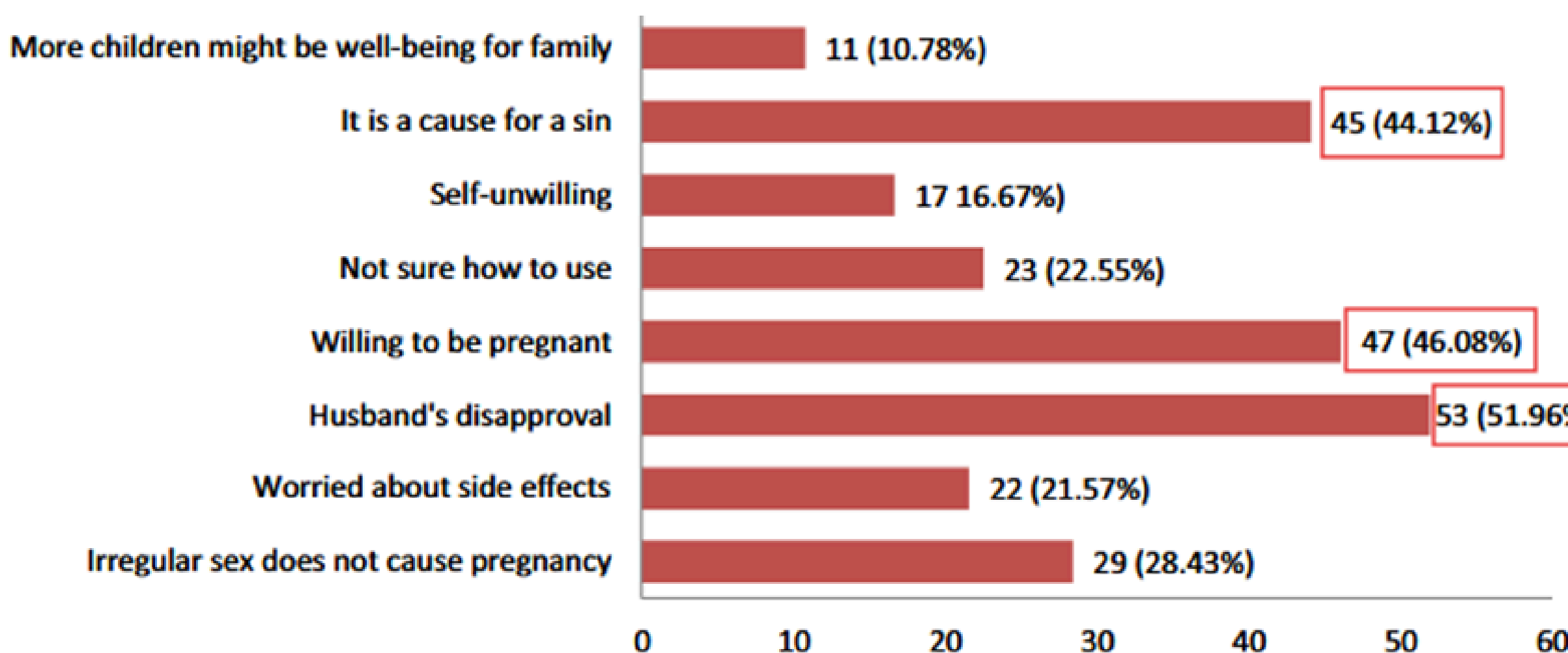
Continued exponential increase of repatriations pointing to the diminished role and influence of the UNHCR

06 So What?

- The Rohingya Crisis was recognized by international law as a genocide in 2018
- Despite this it remains largely unknown in global public discourse
- Case study of the consequences of genocide and resulting identity negotiation

02 Argument

The Rohingya crisis demonstrates how humanitarianism operates within a paradox; the alleviation of suffering while continuing to reproduce systems and hierarchies of control.



Distribution of the causes for not adopting contraceptive measures among the respondents (N = 102) who were given the option

