



Doctors Without Borders/Médecins Sans Frontières (MSF)

Press Teleconference Transcript:

TRAPPED SOMALI POPULATIONS NEED IMMEDIATE LIFE-SAVING ASSISTANCE

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Sandra Murillo:

Good morning, everyone, and thank you for joining us today. As you know, we will be discussing the deteriorating humanitarian and medical conditions in Somalia. On the call this morning are Doctors without Borders/Medecins Sans Frontieres U.S.A. Executive Director, Nicolas de Torrente; Dr. Greg Elder, Deputy Operations Manager for Somalia; and Benoit Leduc, Operations Manager for Somalia. Dr. Elder and Mr. Leduc oversee MSF's programs in Somalia and have recently visited and spent time in the country.

At this point, I'd like to hand the conversation over to Nicolas de Torrente. And, after the three brief presentations, we will open this up to your questions. Thank you.

Nicolas de Torrente:

Good morning, everybody, and thanks for being with us today. Thanks for your interest in this topic.

I was just going to start by saying a few words about why we are speaking out today - why we've issued a press release that I'm sure you've gotten and why we're reaching out to you and speaking out to the media today.

We've been working in Somalia since 1991, and it's certainly not the first time that we've spoken out and raised our concerns - raised the alarm about the deteriorating situation. Just a year ago, in August, we spoke out about the very difficult and limited access for civilians in Mogadishu, the capital, and their difficult and limited access to medical and surgical care as the violence was escalating. But, as we've continued to work in Somalia and provide medical care there, we've seen the situation really continue to deteriorate.

And we're placing ourselves as a humanitarian medical organization from the point of view of the Somali population and looking at the humanitarian situation. Every time we think that it can't get much worse, it does. And, at this point, we feel that we've reached, really, a new low and that we're no longer on the verge of a catastrophe but that the disaster really is happening now. And this is really an increasingly deteriorating situation, particularly over the last 18 months, which is really a turning point where we've seen a real internationalization of the conflict in Somalia. Members of the international community are getting much more involved politically and militarily. And that has led to an escalation and intensification of the conflict, with violence perpetrated against civilians by all sides involved. So, really, it's this internationalization and intensification. And, when you look back at it 18 months on, you can only conclude that the situation really has become catastrophic for the Somali population.

So we're really concerned about two main issues here: the first one is the effect of the situation on the civilian population; of course, with two main points - the direct violence that is affecting civilians and the nutritional situation. It's become increasingly worrisome. And Dr. Greg Elder will speak to that in a second. That's the first main issue and main concern. And the second one is really the effect of this conflict and increasing insecurity on our ability and the ability of aid organizations to help. Aid workers are increasingly targeted in Somalia, kidnapped, killed, and it's made it increasingly difficult for us to deploy the kind of aid program that would be necessary to address the deteriorating humanitarian conditions there. And Benoit Leduc will, in just a second, speak to that.

So I'm going to turn it over to Greg to explain how things are going on the nutritional and the medical front. And then Benoit will speak, and we'll be happy to take your questions after that.

Dr. Greg Elder:

Thanks, Nicolas. Good morning, everyone. As Nicolas introduced, I'm just going to pick up on a couple of the issues about how the situation and particularly the insecurity around Mogadishu is affecting the civilian population. And the two main issues that we're picking up is the impact of the direct violence and the nutrition situation, which is described in the press release.

The numbers are quite frightening. We've got nearly 3,000 children in the nutrition program at the moment in the Afgooye Corridor. And those numbers don't appear overnight. We're seeing 500 new admissions every week. And I just want to describe a little bit about where those numbers come from, because it's really the culmination of a number of factors that have evolved and coalesced over several months to the last one year.

The first one is some environmental factors. There have been some poor rains and poor harvests, and that, of course, just reduces the total amount of food that's available for the population. That's something that occurs intermittently in the region. And there are numerous coping mechanisms in place in the communities to try to adjust to that and adapt to that. Over the last year, of course, the fact that there are some gaps in production unable to be filled is, quite simply, because those coping mechanisms no longer function.

The security, which is probably the main reason for that, has multiple effects. Firstly, it has collapsed some of the markets. There are wide regions of Somalia and, particularly, the urban population of Mogadishu that are dependent on markets and imported food. So these markets have collapsed. There's been a major inflationary effect and a small contribution from the global food crisis and fuel crisis, of course. But, principally, it's to do with the local markets collapsing and also the fact that transport mechanisms are not functioning within the country because of that insecurity.

Finally, the food aid. Food aid normally plugs those gaps. There are a lot of organizations that are able to distribute food at different times to meet the emergency needs of the population, but, at the moment, those food aid mechanisms are very, very difficult for functioning. It's very difficult for those agencies to be able to distribute the food and get the food where it is needed, on the plates and in the stomachs of the children.

So the consequences of that are many. And, essentially, what the people try to do at a household level, because, you know, as doctors, we end up seeing patients, not populations. And, finally, we try to understand what happens to the family. They sell everything that they have to try to buy extra food. Then they drop out the expensive food items that are usually the most nutritious. Finally, they start to ration what they do have. They go from three meals a day to one meal a day and then one meal every two days. And, finally, they are in a very difficult situation of having to decide which members of the family are expendable. And the consequences are what we see today in Afgooye, where we have these 500 new admissions of children, the most vulnerable appearing every week in the feeding center.

So these people are trapped in this corridor of internally displaced camps, this corridor of misery, where they have very, very poor access to food, where they have poor access to water. We're having to truck water and provide water to nearly 300,000 people on a daily basis. There is poor sanitation. There is poor shelter. All of these factors compound the medical situation. We are seeing cholera. We will see respiratory tract infections in the coming months. And the mortality rates will be catastrophic for that population. But it doesn't occur overnight. It's a consequence of several months of cumulative problems. It was quite well described, I think, by our colleagues in ICRC a couple of weeks ago when they talked about the perfect storm.

The overcrowding and the poor sanitation in this IDP (internally displaced persons) corridor are compounded by continuing influx of new IDPs. And this is where we start to discuss the consequences of the security situation and the violence in Mogadishu. It's estimated that 700,000 people fled Mogadishu in 2007. In just April-- Just last April, another 30,000 fled. I was in Mogadishu with the team in April during this period, and we saw the local consequences of yet another cycle of violence.

Infrastructure and social services are not functioning in Mogadishu at the moment. The primary healthcare is very, very poor. MSF runs one of only three functioning surgical units still working in Mogadishu. In that center, over half of the patients that we see are women and children who have been wounded by blasts or gunshot wounds. This is a very telling statistic that describes the way in which this war is being fought in Mogadishu. A disproportionate number of what we would consider as civilians are caught in the crossfire, if you like - attacks and counterattacks which involve explosions in urbanized population-dense areas. And the consequences that the population are obvious to us in our hospital.

Each time we have a new round of violence in Mogadishu we think that it's sunk to an all-time low, and we have to reassess our own security and the security of our national team and try to understand if we can find a new way of working to readjust to the situation. We have continued to do that over the last 18 months. But, finally, in April, we did have to pull the team out - the international staff out of Mogadishu.

So, with each of these rounds of violence we get another flood of people - a new section of the population saying that we cannot stand it anymore. Their houses are destroyed, or members of their family are killed. And they move either north into Somaliland and Yemen or south into Kenya. Or most of them move locally into these IDP camps to try to stay close to their home, hoping that, when peace is restored, they will be able to return to their lives. But what ends up happening is they get trapped in these grossly overcrowded camps, where people are sharing their resources. And, really, right now, we need to massively scale up our operations, but we are unable to do so. So we are left just able to report what is happening to you.

So, to talk a bit more about why we are having to withdraw our teams, I hand over to Benoit. Thank you.

Benoit Leduc:

Good morning, everybody. Thank you, Greg. Well, first of all, I would like to share with you the frustration we have towards the situation in Somalia and why we talk in the press release of the dwindling assistance in terms of quality and quantity.

In any other context in Africa or elsewhere with such needs—the numbers of displaced people, the cholera outbreak, the nutrition situation, the lack of health care—we would have huge operations and big teams and have lots of activities putting up clinics, building centers, or doing vaccination campaigns. So the needs are there. They're pretty obvious. They're increasing every day. And we're not able to respond. We're trying our best.

We are committed to help the Somali population, but we are limited. We are limited, basically, by the fear. And I think that journalists also fear going to Somalia, and there's very few of them on the ground. I'm talking about the Western journalists. Fear that the incident in Kismayo—last January, we had three colleagues killed—be repeated. Each time we go in a car to go to the hospital in Somalia, we fear that we might be caught in

crossfire. This happened in March. One of our drivers was killed just in crossfire. We fear to be hit by a roadside bomb. This is how our colleagues were killed. We fear to be kidnapped. We had last December two people kidnapped in Bosaso, which is in Puntland. So this is the frustration. We're not able to respond adequately to the needs.

If you look at the statistics, if I may call these statistics, today, we have eight aid workers being abducted. And, just in June, ten aid workers—I'm talking about Somali aid workers—have been killed. So this simply hampers all our efforts and limits our movement. We would like to have big activities. We would like to have bigger teams. We'd like to send in doctors, surgeons, and nurses because most of the medical Somali staff -- a lot of them have been killed. A lot of them have fled the city. And the needs are there. So, basically, this is what I want to share.

It has always been difficult to work in Somalia. We've been struggling since '91. A lot of MSF staff-- I mean, a lot of MSF staff has been killed. Lots of NGO workers or aid workers have been killed in Somalia. Today, and this is why we speak out -- and, as Greg said, we had to pull out our team. MSF was one of the only organizations with permanent staff on the ground. Now we are reduced to do flash visits, after very careful assessment location by location. So this is, basically, the frustration. This insecurity is stopping us from doing what we should do as a relief organization.

Sandara Murillo: Now we'll send the conversation back to Nicolas.

Nicolas de Torrente: I just want to make one point of clarification to be clear on what both Greg and Benoit have said about withdrawal of staff and our ability to work. The withdrawal of the staff that Greg talked about at the end of April was international staff. So we continue to have national Somali staff running our project. They are also affected by the insecurity, as Benoit mentioned. They are also taking risks by working and delivering aid in the country. But the measures of withdrawing staff have been, for the moment, limited to international staff. And the flash visits that we do in the country are international -- the visits of the international staff. So the insecurity affects all aid workers, but right now it's limiting our ability to really place international staff permanently in Somalia, which is what we would like to do to be able to operate to scale and would affect the level of quality that we would like.

Sandra Murillo: Now we will open this up to questions. If anyone has any questions, Nicolas, Greg, and Benoit can answer them.

Question: Before you withdrew the international staff in April, how many international staffers were there?

Benoit Leduc: MSF was like the main actor in Somalia in terms of assistance. Before the killing in January of Kismayo—I'll give you the exact figure—it was 97 international staff within the country. At that time, we had 14 projects in most of the region -- I think 10 out of 11 regions. After Kismayo, we reduced the staff, and it was fluctuating because we had to evacuate, and we tried to go back. We assess location by location. It was in April something between 30 and 40, fluctuating. But, last year, we had almost 100. And, after the killing, there was the decision to evacuate everybody. And, in January, we had to evacuate 97 people, which was a huge logistic issue.

Question: And how many local staff do you have now?

Benoit Leduc: I don't have the exact figure, but it's pretty huge. There are something like 600 staff throughout all the projects. And, now that they are running the hospitals, the clinics, we're trying to support them. If you want, we can give you the exact figure and look for it and send it to you.

Question: My other main question is if someone can help break down the contributions to the local inflation in the food market versus-- in terms of how much is it caused by the international increase in commodity prices? We understand, of course, that the situation on the ground is very dire. But I'm wondering if you can put into human terms how much additional hardship is coming from the worldwide increases in commodity prices. Is there any way to quantify or characterize, say, what additional burden that places on a typical household?

Dr. Greg Elder: I don't think it's easy to quantify the contribution of the global food prices and energy crisis and to try to measure that against the local context issues in Mogadishu. We do see regional inflation in east Africa in the markets in Kenya and Uganda, for sure, but certainly nowhere near the scale that we've seen in Mogadishu. Inflation has been over 200 percent. So, for sure, it has contributed a little bit.

Rather than trying to focus on how to quantify what is related to the local insecurity and what is related to the global effect, one of the consequences of the international food price rise has been that the food aid industry has not been able to respond in the same way. The availability of commodities for international food aid actors and the cost for transport and purchase of those commodities has also limited the ability to respond to major food shortages in the region, including Somalia.

Benoit Leduc: Just to add on what Greg said, the United Nations estimate that 3 million people throughout Somalia—one-third of the population—are relying on external assistance. Due to security, WFP, the World Food Program, is not able to ship in or to proceed to the distribution. Due to security also, the main market-- it's called Bakaara Market-- in Mogadishu, which is the economic lung of Somalia, supplying the whole of Somalia. This market is being closed, it's opening, and it's being closed again. So this affects, for sure, the economy. And transport is not running. Trucks are not able to supply the different towns. People are not able to move to go to the market. So also this contributes to this food/security problem for the Somali people.

Question: I was wondering if maybe you could tell us what you think-- If there's anything more the international community can do. You've pointed out these problems, which are very dire, but I'm wondering if you have any specific message to world leaders or anyone else outside your organization as to what they can do to help relieve the suffering.

Nicolas de Torrente: I think that a bit of a paradox that we have, or the troubling feature that we have, is that the situation has deteriorated, even though the international community's involvement has increased over the last 18 months or so. Our main message is that we would very much stress that the humanitarian aid agenda, which is to provide assistance to people, irrespective of who they are and of the political circumstances -- that that be kept very much separate from the political efforts, the conflict resolution efforts, the peacekeeping agenda that is being discussed and that all sides involved in this conflict, and there are many -- take measures to respect the presence and the work of independent humanitarian aid organizations on the ground, like ourselves, who are really just there to try to alleviate the suffering of the people who are affected by this.