FORCED FROM HOME

STORIES OF DISPLACEMENT FROM AROUND THE GLOBE
Dear Friends,

This is my first letter to you, the readers of Alert, since becoming president of MSF-USA’s Board of Directors following Dr. Deane Marchbein’s tenure. It is a tremendous privilege to serve in this position and to function as, among other duties, an interface between MSF’s supporters and those we seek to assist.

My interactions with MSF began in a formal sense in 2008, when my application to work in the field as a surgeon was accepted. During the subsequent “Information Days” orientation in New York, I received both a broader sense of what field work would be like and a T-shirt linked to an MSF-USA campaign called “A Refugee Camp in the Heart of the City.” The shirt—which I still have—had printed on the back in large characters: “33 million people uprooted by war.” I thought then that it was unfathomable that so many people could be displaced by conflict and so little attention paid to their plight.

Now, just eight years later, the number of people displaced globally has almost doubled, to an astonishing 65.3 million. There seems to be a greater awareness of this unwillingly itinerant population, but the tenor of discussion around them is often degrading, demeaning, and alarmist. Worse still, some governments and others are working to turn away the displaced rather than uphold their obligations to accept them under international law.

For my part, I have performed eight surgical missions with MSF since 2008. Most were in or adjacent to conflict settings, so I’ve seen firsthand both the toll war takes on individuals—especially civilians—and the ways in which it decimates health systems, families, and the broader fabric of societies. In far too many places, people must make the most painful of choices: Do they try to endure life in a land where education, employment, food insecurity, and the safety of one’s family are in constant jeopardy, or seek respite in another region of their country, or beyond its borders?

Our teams work with people living with the consequences of these impossible decisions every day. And this fall, in an attempt to convey what we see to our supporters and the public at large, MSF-USA will launch a multi-year, multi-city exhibit called Forced From Home. This exhibit, which kicks off in New York City on September 16, personalizes the experiences of individuals fleeing conflict and other crises, illustrating in fine relief [and even in virtual reality] both the challenges they face and the nature of MSF’s emergency response.

We also hope that Forced From Home and its attendant events and discussions might counter prejudices, fear, and xenophobia to inspire dialogue about the commonality of humanity and the rights we all seek and deserve as human beings. This issue of Alert will tell you much more about Forced From Home and its various elements, as will forcedfromhome.com. We hope you will find it compelling, and we hope you will join us if and when you can.

With regards,

JOHN LAWRENCE, MD, MPH
President, MSF-USA Board of Directors
It’s shocking, given all the talk of progress in our modern age, but there are now some 65.3 million people who have been forced from home globally. That’s nearly as many people as live in all of France. It’s more than live in South Africa or South Korea. It’s roughly equal to the combined populations of Texas and California. And yet the number, while shocking, amounts to less than 1 percent of the world’s population, underscoring the degree to which the international community could, but is failing to, meet their needs and its own obligations.

Nearly a third of these people are refugees who were driven out of their countries by war, privation, persecution, or some other factor, and who cannot yet return. Almost all of the rest are “internally displaced people,” or IDPs, which is to say that they are seeking sanctuary somewhere within their own borders. In 2015, some 12.4 million people were newly displaced—most of them in or from Iraq, Syria, South Sudan, Democratic Republic of Congo, and Nigeria. This amounted to roughly 34,000 men, women, and children leaving the homes and lives they knew, under profound duress, every day.

Refugees come from a host of countries, but more than half are from Syria, Afghanistan, or Somalia. Similarly, their destinations are numerous, but the largest congregations can be found in countries neighboring those listed above—Turkey, Pakistan, Lebanon, Iran, Ethiopia, and Jordan. Half of all refugees are younger than 18.

In theory, their status as refugees, when confirmed, should afford them a raft of legal rights and protections in the countries in which they arrive. In practice, it doesn’t always work that way. They have more options than IDPs, however, who technically remain under the jurisdiction of their home governments, even if they are fleeing those same authorities.

Wherever they are from, whatever their reason for fleeing, every displaced person has a story—of fear, of a family torn apart, of a home destroyed, of mourning, of loss, of death, of dislocation. Perhaps a barrel bomb falling on their house finally pushed them out the door. Or a sectarian or ethnically motivated massacre. Or lack of food. Or simple desperation. However the decision was reached, it insured that life would never be the same.

The hope, of course, is that life might get better, or safer, or that, at the very least, an individual might put some distance between themselves and whatever they are fleeing. In some cases, that happens. Far more common, though, are uncertainty, separation, and a terrifying gauntlet of traffickers, criminal gangs, predators, corrupt border guards, and others who rob, beat, or sexually abuse people during their journeys.

There are medical consequences to all this. Our teams see them every day in countries like South Sudan, Syria, Colombia, Mexico, Afghanistan, Pakistan, Central African Republic, Lebanon, Jordan, Iraq, France, Greece, and elsewhere. Broken limbs to respiratory tract infections, fuel burns to skin diseases, sexual abuse to post-traumatic stress disorder—many afflictions are directly related to their flight.

ABOVE: Refugees crossing from Greece into Macedonia. © Borja Ruiz Rodriguez
65.3 million people have left their homes due to violence, persecution, war, and human rights violations, the highest number since World War II.

40.8 million are displaced within their own country

21.3 million are refugees

3.2 million are awaiting asylum decisions*

*in industrialized countries.

Source: UNHCR

12.4 million people were newly displaced in 2015.

1.8 million were newly displaced refugees

8.6 million were displaced within their own country

60% are from Iraq, Syria, Nigeria, South Sudan, and DRC.

Countries that together make up 56.6% of the global GDP host just 2.1 million refugees, only 8.9% of the world’s total. Of these, roughly a third are hosted by Germany.

8.7 million refugees worldwide in 2015 came from just three countries:

2.7 million

1.1 million

4.9 million

Source: Oxfam
WHERE REFUGEES COME FROM AND WHERE THEY ARE GOING

DEFINITIONS

UNHCR: The United Nations High Commissioner for Refugees (UNHCR) is a UN agency mandated to protect and support refugees at the request of a government or the UN itself. It assists in their voluntary repatriation, local integration, or resettlement to a third country.  

1951 Refugee Convention: The 1951 Geneva Convention, the main international instrument of refugee law, spells out who is a refugee and the legal protections, assistance, and rights he or she should be afforded from the countries that signed the document. The Convention also defines a refugee’s obligations to host governments. The Convention initially focused on European refugees in the aftermath of World War II, but later addendums expanded its scope globally.

Refugee: A person who has crossed a national border to another country to escape conflict or persecution due to their race, religion, nationality or membership of a particular social group and “is unable or unwilling to return to their country of origin owing to a well-founded fear” of further persecution or harm.  

Legal Status/Rights: Signatories to the Geneva Conventions are obligated to take in refugees who arrive at their borders. They should not be expelled or sent back to their country of origin.

IDP (Internally Displaced Person): A person who has been forced to flee home for the same reason as a refugee but remains in their own country.  

Legal Status/Rights: IDPs are not eligible for protection under international refugee law or eligible to receive many types of aid since they still remain within jurisdiction of their own national government.

Economic Migrant: A person who voluntarily leaves their home country to live in another country with ostensibly better working or living conditions.  

Legal Status/Rights: Economic migrants are not eligible for protection under international refugee law or eligible to receive many types of aid since their journeys are considered voluntary.

Asylum seeker: A refugee who seeks longer-term legal harbor in another country, applying for sanctuary (asylum) in hopes that that country will grant it.  

Legal rights: It depends to a degree on the country in which one applies, but countries are obligated to review asylum applications in due time—although “due time” is a very subjective measurement, and asylum seekers are often held in detention until their applications are reviewed.
Wherever they are from, whatever their reason for fleeing, every displaced person has a story—of fear, of a family torn apart, of a home destroyed, of mourning, of loss, of death, of dislocation.

and the conditions they endure. They must also cope with the loss of whatever medical care they had before—the maternity services, particularly when it comes to complicated pregnancies, the pharmacy that provided heart medications; the hospital that provided dialysis; the emergency rooms that tended to acute crises. All that they were forced to leave behind.

MSF provides emergency medical and psychological services people cannot otherwise access. We also care for malnourished children and, if need be, distribute shelter materials and provide clean drinking water. As the numbers have risen and the movement patterns have changed, MSF has tried to adapt projects accordingly. This has meant launching search and rescue boats in the Mediterranean, pushing pharmaceutical companies to make crucial vaccinations more affordable for people in crisis zones, and designing projects to be responsive to the needs teams see on the ground, from emergency obstetrics to mental health counseling to vaccinations to chronic disease care, and everything in between.

But MSF must also serve as witness and advocate, not least because the response of many governments to the uptick in displacement has been disappointing, to say the least. International order and solidarity mechanisms born of the post-World War II era, while still in place on paper, are fraying badly. The European Union, for example, contracted with Turkey to prevent refugees from reaching its shores. Numerous countries have shut their borders for fear (justified, in some cases) of being overwhelmed by more people than their resources can accommodate. Others have ignored their responsibilities under longstanding conventions on refugees, failing to provide safe harbor for people who are, by international law, entitled to it. Some lecture others on what they should do, without following through themselves.

Oftentimes, it seems a question of will and intent, not resources. Poorer countries, in fact, shoulder most of the burden, as a recent Oxfam report pointed out, and the six richest countries in the world—the US, China, Japan, France, the UK, and Germany, which collectively comprise nearly three-fifths of the world’s economy—have welcomed less than 9 percent of the world’s refugees (and Germany has taken in a third of those).

The outcome is a massive, moving population with little access to crucial, even lifesaving services. In addition to its medical work, therefore, MSF launched its “Safe Passage” campaign, calling on European governments to assist people fleeing war and oppression, as they are obligated to do. We have protested the EU-Turkey deal vociferously, destroying a cynical, dehumanizing compact that threatens to send people back into the very war zones from which they escaped.

In the US, we are taking a much closer look at the political and humanitarian dynamics around migrants and refugees—and people who should be designated refugees but are not—in Central America, where the US and Mexico have worked together to prevent Hondurans and Salvadorans from fleeing forced gang recruitment and violence that has resulted in death tolls on par with full-fledged civil wars in other countries. And to bring all of this together, we are launching a three-year, nationwide exhibition called Forced From Home this fall in New York City, an exhibition conceived of and designed to convey as immediately as possible the experiences of displaced people the world over, along with the experience of our staff members who have worked with them.

The time and place of the launch—September 16, in Queens, New York—will coincide with a United Nations summit on refugees. It will then move to Manhattan the following week, before traveling onwards to Washington, DC, Boston, Pittsburgh, and Philadelphia this fall. Panel discussions and other events will be staged in each city to further examine the issues. And Forced From Home will visit other regions of the US in the spring and fall of the following two years. (See page 13 and forcedfromhome.com for more information.)

Visitors will be led through the exhibition by experienced MSF staffers. They will see 360-degree and virtual reality video filmed in displacement settings over the past two years. They will learn about the “push factors” that drive people from their homes, the choices people have to make—what to take, who to take, where to go—when they leave, and the logistics of providing medical care to populations on the move.

You can read much more about the exhibition in the pages that follow. We hope you will join us in whatever capacity you can.
INSIDE FORCED FROM HOME

Presented by MSF, Forced From Home is a traveling outdoor interactive exhibition designed to raise public awareness of the world’s 65 million-plus displaced people. With an experienced MSF aid worker as their guide, visitors to the exhibition will see, hear, and engage with images, stories, and materials gathered from refugee camps, rescue missions, and emergency medical projects around the world.

WHY ARE YOU FOCUSING ON DISPLACEMENT?
Some 65 million people are currently fleeing conflict or persecution worldwide. Due to their race, religion, or nationality, these people’s homes are no longer safe places to live and their governments cannot or will not provide protection or assistance.

MSF works around the world to provide refugees and IDPs with urgently needed assistance, from psychological care to lifesaving nutrition. Among other services, MSF sets up hospitals in refugee camps, helps women give birth safely, vaccinates children to prevent epidemics, and provides access to safe drinking water.

WHY AN EVENT LIKE THIS?
While delivering emergency medical care across a wide range of countries and continents, MSF sees firsthand the horrific conditions and suffering that drive people to risk their lives for the chance of a better and safer future.

Forced From Home provides MSF an opportunity to speak out on behalf of our many beneficiaries around the world who may not have a way to speak for themselves.

WHERE IS FORCED FROM HOME GOING FIRST?
Forced From Home is visiting New York, Washington, DC, Boston, Pittsburgh, and Philadelphia in 2016, with more cities and events to be announced in 2017. Visit www.forcedfromhome.com to plan your visit and sign up for updates.

BETWEEN: An Afghan family prepares to cross from Macedonia into Greece in 2015. © Alessandro Penso
FORCED FROM HOME: CONTEXTS

Though displacement is a global issue, the Forced From Home exhibit focuses on five contexts in particular—Afghanistan, Syria, Central America, South Sudan, and Burundi—to illustrate the broader themes MSF teams see around the world.

AFGHANISTAN

“My dream is peace in Afghanistan, but I know that is not possible now. So we left to live somewhere without fighting.”

—Haseeb, 13, fled Afghanistan with his mother

SOUTH SUDAN

Brutal, indiscriminate conflict across Afghanistan, along with a wholesale lack of hope in a better future, has displaced more than one million people internally and forced millions more to flee the country. Many seek refuge in neighboring Iran and Pakistan, but tens of thousands of Afghans have also risked their lives, paying thousands of dollars to travel in airless vehicles and dangerously unstable boats, in a desperate bid to reach Europe. Many who survive end up stranded at closed borders, deprived of basic services, with little or no information about what comes next.

Years of sustained conflict across South Sudan has killed tens of thousands of people, displaced more than a million, and driven many beyond the reach of humanitarian assistance. While MSF has scaled up programs in numerous locations, access to aid has been repeatedly disrupted by fighting, attacks on medical facilities and other civilian centers, and drug shortages that have caused, among other things, grave gaps in care and huge spikes in deadly diseases such as malaria.

“We stayed at home for eight hours when the fighting was strong and then left as soon as we could. We have been sleeping outside ever since. How am I going to feed my family? How will we live? Everything is gone.”

—Cicilia, a displaced mother of five, at MSF’s clinic at St. Theresa Church in Juba
More than a year after an initial influx of Burundian refugees arrived in Tanzania in Spring 2015, some 1,000 people were crossing the border each week, fleeing political unrest and violence. By the end of May 2016, approximately 140,000 Burundians were living in Tanzania, most of them in the overcrowded and ever-expanding Nyarugusu, Nduta, and Mtendeli refugee camps.

“I cried and ran for my life, together with my children.”
— Anonymous Burundian refugee in Tanzania

Many Central American migrants in Mexico cite the dire security situation in their countries of origin as their impetus for leaving home. They also report extremely high levels of violence during their journey north. More than half of all patients treated by MSF teams in Mexico suffered at least one episode of violence along the way. The majority of migrants are men between 18 and 25, but MSF has also seen a surge in the number of women and unaccompanied minors risking the journey.

“I fled my country because of the threats of the gangs. I didn’t leave because of poverty but because of security, and I am applying for refugee status here in Mexico.”
— Miguel Ángel Reyes, asylum seeker from El Salvador after reaching Mexico

Syria’s catastrophic war has killed hundreds of thousands of people, driven nearly 5 million from the country, and displaced some 6.6 million internally (as of July 2016). Civilian areas and hospitals are bombed routinely, and the provision of even basic aid is severely restricted by administrative obstacles, insecurity, and outright threats. Where and when possible, MSF provides care for displaced people inside Syria, supports hospitals and other emergency medical projects run by Syrian medical professionals, and works with Syrian refugees in surrounding countries.

“It was hell. I didn’t think I would survive such a journey. But I had no choice. I accepted everything [in return] for my safekeeping and that of my family.”
— Bahar, Syrian refugee and former MSF aid worker, Domiz Refugee Camp, Iraq
1. 360-DEGREE VIDEO DOME
Get a 360-degree view of some of the places where displaced people are trying to survive—and where MSF is providing assistance.

2. PUSH FACTORS
From armed conflict to persecution to privation, learn about the circumstances that force people to make the wrenching decision to leave their homes.

3. ON THE MOVE
From Kabul to Berlin, or Tegucigalpa to Kansas City, the journey is long and fraught with danger. Learn more about the challenges refugees face.

4. LEGAL STATUS
Learn more about the complex legal and political barriers refugees and asylum seekers face even after they arrive in destination countries.

5. BASIC NEEDS
Food, clothing, safe water, medicines—where do displaced people find these necessities? Learn how MSF meets these needs and about the gaps that must still be filled.

6. MEDICAL NEEDS
What kind of medical risks do displaced people face? Learn about the aid MSF provides to displaced people around the world and the unique challenges involved with providing care to people on the move.

7. DESTINATIONS
For refugees, IDPs, migrants, and asylum-seekers, the journey is never easy. Learn what happens when displaced people reach their destinations, how they adapt to new surroundings, and what you can do to help.

8. VIRTUAL REALITY EXPERIENCE
Using state-of-the-art virtual reality headsets, experience one of three immersive documentaries that will introduce you to a Honduran family that has just fled to Mexico to escape extreme violence; a Syrian refugee in Iraq’s Domiz Camp; and a 21-year-old Burundian refugee in Tanzania.

9. TAKE ACTION: LEARN HOW YOU CAN HELP
Learn more about MSF’s humanitarian aid initiatives, and get involved.
VIRTUAL REALITY AND 360-DEGREE VIDEO

Two exciting features of the Forced From Home exhibition are the immersive video experiences that bookend the tour.

The event begins when guests are escorted inside an enclosed dome where video and sound are projected in 360 degrees around them, transporting them to places where some of the 65 million displaced people around the world are trying to survive. From Lebanon, they’ll see how Syrian refugees live in plastic dwellings that can barely withstand strong winds. They’ll feel like they are standing in the middle of a camp in Tanzania where Burundians displaced by political violence are trying to adjust to the strange limbo their lives have become.

After guests have completed the full 45-minute tour, they’ll have the opportunity to enter the virtual reality (VR) tent where MSF staff will set them up with VR headsets to watch one of three short immersive documentaries. They can get a sense of what life is like for Pedro and Diana, a Honduran family who fled to Mexico with nothing but their children after experiencing extreme violence; they can see life through the eyes of a young Syrian refugee named Mashallah as she goes through her day and reflects on her family’s struggle to start anew in Domiz Camp in northern Iraq; and they can meet Aline, a 21-year old Burundian refugee who escaped the violence in her country and is now helping other women and girls in Nduta Camp in Tanzania.

MSF is using 360-degree video for the Forced From Home exhibition because it offers the ability to get as close as possible to the reality of displacement without actually being there. MSF is always working to bring donors and the public closer to our beneficiaries, to shed light on the difficulties that people in developing countries face as a matter of little more than circumstance, through no fault of their own.

It’s challenging to break through the notion of displaced people as a large, distant, and faceless mass—the way it often comes across in much of the coverage—and to get people to recognize them as individuals, each with their own story and experience. We hope we can do so by using this new technology, along with the first-hand experiences of our field workers.

Visitors will feel like they are standing in the middle of a camp in Tanzania where Burundians displaced by political violence are trying to adjust to the strange limbo their lives have become.
MEET YOUR GUIDES

Each Forced From Home tour will be led by an experienced MSF aid worker who knows the issues and the challenges first hand. Here are just a few of the MSF team members working to bring the exhibition to life:

HOPE WALL
Hometown: New York, NY
Occupation: Nurse
Age: 57
MSF Assignments: Tanzania, Kenya, Central African Republic, Liberia, Myanmar, South Sudan, Democratic Republic of Congo, Nigeria, Libya, Tunisia, Cameroon, Haiti, Sudan, Sri Lanka

I am a nurse and have worked with MSF for 10 years in many different contexts, usually as a field coordinator or a medical team leader.

Populations on the move are highly vulnerable, not just in terms of losing access to their basic needs but also often experiencing traumatic events on their journeys, the likes of which would incapacitate even some of the strongest people I know! Because the needs of these populations are even more exaggerated on the move and upon arrival, and because these movements often take place in insecure settings, there are simply few other groups willing and able to render the necessary assistance in good time.

My interest in working with these populations is multifaceted: it’s important to me to be part of an organization that is capable of meeting their needs, and it is part of a moral imperative. I value the humanity and the real connection with people facing monumental challenges. I have had the privilege to keep in contact with a number of the refugees and IDP staff who worked with us, which, for me, is kind of like a mostly happy ending to the story of their journeys.

People should visit Forced From Home to see and hear about the human experience behind the headlines; to help them understand what it means to be on the move, what compels someone to leave, to face the enormous dangers on the road, and to risk their lives and the lives of their children. At the end of the day, they are all human beings with a story to tell.

AHMAD ABDALRAZAG
Hometown: Dearborn Heights, MI
Occupation: Doctor
Age: 33
MSF Assignments: Tunisia

I hold a degree in medicine and surgery; I graduated from Tripoli University Faculty of Medicine in Tripoli, Libya. After the conflict that took place in Libya, I was displaced with my family as a refugee to Tunisia in 2011. I was staying in Choucha Camp; the clinic near me had no physicians, so I volunteered there. In the camp, I eventually met people from MSF. One of the psychologists from MSF approached me and asked if I wanted to volunteer, and I said, “I can help!”

At first I filled in for another international staff member who hadn’t arrived yet. I was only supposed to work for three days, but three days became weeks, and weeks became months! I eventually became the team leader of the whole project.

My asylum application took three years, after which I came to the United States and reconnected with some of my old MSF team. I can remember the days in the refugee camp when all the MSF staff members would come to work on their days off—they liked to work, be connected, and help. It showed me that working with MSF is not a job. It’s more than this.

I hope people who visit Forced From Home will learn that the refugee experience is not what it seems. It’s not easy being a refugee and living in a camp. I want to convey the process—the exams, the expenses required—to gain asylum. I want them to learn about these human beings, what they’re suffering, and what makes them take to the sea to reach safety.

SARAH KHENATI
Hometown: Verdun, France
Occupation: Psychologist
Age: 33
MSF Assignments: Central African Republic, Occupied Palestinian Territories

I have worked with MSF for two years. My first experience was in Central African Republic, where I managed a team in charge of caring for survivors of sexual violence and creating a mental health program to accompany a surgical project. My second mission was in Nablus, in the Occupied Palestinian Territories, working with refugees in the West Bank. The world’s system for protecting refugees is broken. It is obvious—from Australia to South Sudan’s vast camps; from Istanbul’s cold streets to the European Union’s heavily fortified walls. Governments have a duty to help them. But most rich countries are still treating refugees as somebody else’s problem, hiding behind closed borders and fears of being “flooded.”

MSF cares for refugees, but what’s even more important for me is that MSF does everything it can to make sure the world does not forget them. Over the past two years, I came to realize how many refugee camps MSF is working in around the world, and that bearing witness is an important part of the organization’s mission.

Bringing back people’s dignity is also a major part of MSF’s interventions with refugees. Most displaced people live on the fringes of society [sometimes their own society] in miserable conditions. They feel excluded. Giving them basic care is a way for MSF to restore basic human dignity. This is MSF’s fundamental message: everyone should have access to basic care, no matter who they are.

That’s why I’m glad to be participating in the Forced From Home exhibition. Telling the world about what we’ve seen and done with MSF is a way to prevent refugees from being forgotten by the world. I’d like people to be concerned—as citizens of the world, we should not consider refugees a threat to our societies, but neighbors in need.

“People should visit Forced From Home ... to help them understand what it means to be on the move, what compels someone to leave, to face the enormous dangers on the road, and to risk their lives and the lives of their children.” —Hope Wall
DATES, CITIES, AND EVENTS

Below is the Forced From Home schedule for this fall. In addition to the exhibition, in each city we visit, MSF is staging free events featuring aid workers and senior staff, local and international nongovernmental organizations, and policy experts who will discuss topics such as the refugee emergency in Central America, the migration crisis in Europe, and refugee resettlement in the US.

Visit forcedfromhome.com for more information, including directions, and to register, or to watch live simultaneous webcasts of the events.

NEW YORK, NY:
EXHIBITION:
NEW YORK HALL OF SCIENCE
September 16 – September 20, 2016
Forced From Home opens in the most diverse borough of the most diverse city in the United States, at the New York Hall of Science in Corona, Queens.

BATTERY PARK CITY ESPLANADE
September 23 – September 27, 2016
Take in the views of the Statue of Liberty as Forced From Home moves into Manhattan, just south of North Cove Yacht Harbor, a short walk from Brookfield Place.

EVENTS:
What We See: Stories from the Global Refugee Crisis
September 13, 2016: 7:30 p.m.
Tishman Auditorium at The New School
Aid workers discuss the ways displacement has affected MSF patients, and MSF-USA executive director Jason Cone explains why it is vitally important for MSF to speak out on these issues. Additionally, the crisis will be brought back to the local level: how do we see the impact in New York City? Hosted by The New School.

The Global Refugee Crisis: Humanitarian Needs and International Policy
September 21, 2016: 7:30 p.m.
The Great Hall, Cooper Union
The Special Advisor for the UN Summit on Refugees and senior leaders from other international NGOs join MSF for a high-level discussion on the state of the global response to the refugee crisis. Hosted by Cooper Union Office of Continuing Education & Public Programs.

WASHINGTON, DC:
EXHIBITION:
WASHINGTON MONUMENT
October 1 – October 9, 2016
Visit Forced From Home in the shadow of the Washington Monument, just south of the Smithsonian’s National Museum of African American History and Culture and directly west of the National Mall.

EVENTS:
Reporting from the Frontlines of the Global Refugee Crisis
October 3, 2016: 2:00 p.m.
Knight Studio at Newseum
Journalists and MSF staff examine the ethics and challenges of reporting on the largest displacement crisis in modern history.

Migrant or Refugee? Central America’s Migration Reality
October 6, 2016: 7:30 p.m.
National Geographic Grasvenor Auditorium
Parts of Central America are marred by extreme violence that forces residents to flee and undertake a treacherous journey through Mexico. MSF aid workers, project coordinators, and outside experts discuss this crisis, along with the challenges facing those who reach the US.

BOSTON, MA
EXHIBITION:
LONG WHARF
October 15 – October 23, 2016
Visit Forced From Home at Boston’s historic pier, steps from historic Faneuil Hall and Christopher Columbus Waterfront Park.

EVENTS:
BostonTalks Investigates: Health Care for Refugee Women
October 12, 2016: 7:00 p.m.
WGBH Studios
In partnership with WGBH BostonTalks Investigates, MSF midwives and a mental health counselor will discuss the unique and pressing health challenges facing the nearly 30 million women currently forcibly displaced from their homes.

Meeting the Unique Medical Needs of Migrants and Refugees
October 18, 2016: 7:30 p.m.
Old South Meeting House
MSF has long treated displaced people along every stage of their journey. What’s new is the massive numbers of displaced people and the scope of their medical conditions. Hear aid workers discuss how this has challenged MSF’s time-tested methods of providing emergency medical supplies and treatment.

PITTSBURGH, PA
EXHIBITION:
SCHENLEY PLAZA
October 27 – October 31, 2016
Forced From Home comes to Pittsburgh’s community green space, between the Carnegie and Hillman Libraries, the Cathedral of Learning, and the Frick Fine Arts Building.

EVENTS:
The Global Refugee Crisis: Flight and Resettlement
October 26, 2016: 7:30 p.m.
Carnegie Library [Oakland], Lecture Hall
How do refugees arrive in the US, and what happens when they get here? Local resettlement agencies join MSF to discuss the pressing needs and challenges in the Pittsburgh area, issues that are mirrored in communities throughout the country.

PHILADELPHIA, PA
EXHIBITION:
INDEPENDENCE MALL
November 5 – November 13, 2016
Forced From Home comes to America’s most historic square mile. Visit our exhibit in Philadelphia’s famous national historical park.

EVENTS:
Frontline Doctors: Winter Migrant Crisis
November 10, 2016: 7:30 p.m.
The Academy of Natural Sciences
MSF presents a special BBC One documentary that examines the migration crisis in Europe, sharing the stories of patients treated by MSF and other NGOs. The screening will be followed by a discussion with MSF staff.
Marjorie Smith of Seattle, WA, is a mother, grandmother, cancer survivor, and self-proclaimed feminist and activist with a background in early childhood development. She loves learning new things, dancing, reading poetry, gardening, and singing.

What made you first decide to give to MSF?
I first heard of you on the news—what you were doing and how you were doing it. It seems like now I hear more and more about you, maybe because I’m paying attention. At first, I thought of the group as running programs just in hospitals, but now I realize you’re doing so much more.

I am moderately middle class. I know I am okay financially and will continue to be okay, but I started thinking about how I might stretch a little bit. How could I share what I have? I’m a grandmother, so at this point in my life, I look for quality in whatever I care about. With MSF, it’s the integrity I see over and over again. These doctors, they know what they’re doing! I was particularly moved by the images I saw of nurses with patients—they just spoke to me.

You are offering comfort backed up by really smart know-how. I can trust your organization because I don’t have to worry about the things that one normally worries about with charities. I feel like my money goes straight through to the people in need. You have your feet on the ground.

Why do you give monthly?
I don’t think of it as a monthly donation, I think of it as a membership in a community.

I decided to give monthly because mortal danger is seemingly everywhere. The rules of the game seem to have gone out the window. More and more, the message is that no one is safe. You’d like to think that the people who are doing good would be safe but they’re not, because they are moving toward the problem, not away from it.

I came across several giving examples in the mailings you sent me, particularly how much it costs for the little foil packets of food you use to treat malnutrition [Plumpy’nut] and bundles of bandages for wound care. It occurred to me how quickly they would be used up. Thinking about how my monthly donations would purchase those items really convinced me I was part of the solution.

What is most important to you about supporting MSF?
You’re neutral. You treat everybody—you don’t care what side they’re on, which is maybe why you’re also a target. My husband died in a plane crash in 1971 when my children were very young. He totally believed in neutrality—of having identities but not borders. He was my education.

My health took a turn several years ago, but as I started to recover I learned so much about taking care of myself. I’m realizing I can learn new things and find resources when it seemed there were none. So many things that could be a detriment turn out to be an advantage if you don’t panic.
**INCREASE YOUR IMPACT**

Does your employer have a matching gift program? Many companies have matching gift programs that will double or even triple the impact of your gift. Companies will sometimes also match donations made by spouses, retirees, and board members.

And if you make a donation through our website, the gift matching process can be automated and digitized! When making a gift at [www.doctorswithoutborders.org/donate](http://www.doctorswithoutborders.org/donate), look for your opportunity to enter your employer’s name and your professional email address to begin increasing the impact of your donation.

If you or your company are interested in learning more or have questions about our matching gift program, please call (212) 763-5745 or email corporate.donations@newyork.msf.org.

**STOCK DONATIONS**

Did you know you can donate gifts of securities to MSF-USA? Making a stock gift is simple and offers a number of valuable financial benefits. You can donate appreciated stocks, bonds, or mutual funds, and the total value of the stock upon transfer is tax-deductible. Also, there is no obligation to pay any capital gains taxes on the appreciation.

MSF-USA currently maintains an account with Morgan Stanley Smith Barney to offer donors an easy way to transfer securities hassle-free. For more information on how to make a security donation, please visit [doctorswithoutborders.org/support-us/other-ways-give/stock-gifts](http://doctorswithoutborders.org/support-us/other-ways-give/stock-gifts). You can also call (212) 679-6800 and ask to speak to our Donor Services Department.

**SUMMER GAMES DONE QUICK**

**MSF’S Top Fundraising Event of the Year Raises $1.3 Million!**

Summer Games Done Quick (SGDQ) brings together a collection of highly skilled gamers, or “speedrunners,” who attempt to beat video games as quickly as possible while encouraging donations for MSF.

Raising nearly $1.3 million for MSF in just eight days, many of the gaming world’s fastest players gathered in Minneapolis in July to display their skills, while dedicated livestream viewers were treated to impressive feats of speed-running games such as *Super Mario Bros* and *Tetris*. Some even completed the games blindfolded!

More than 30,000 donations were received from viewers streaming the week-long marathon. This is the fourth year that SGDQ has set fundraising records for MSF, and we are grateful for the philanthropic effort of the staff and volunteers, the speedrunners, and all the viewers involved in this event. Your efforts will have an impact in the field!

**PLAN AN EVENT FOR MSF**

At MSF, your support makes our lifesaving work possible. By taking the initiative to fundraise on our behalf, you give our medical and logistical staff the ability to reach people in need around the world and provide them with critical medical care. Humanitarian action starts with you.

Organize your own fundraising event or campaign by creating a personal fundraising page to support our mission, whether it is by running a marathon, hosting a bake sale, encouraging your friends to give in lieu of gifts for your birthday, organizing a community event, or hosting a house party.

Please visit [events.doctorswithoutborders.org](http://events.doctorswithoutborders.org) to read more about organizing fundraising events. We support you with your own online fundraising page, helpful guidelines, materials, tips, and ideas to help you reach your goal.

**JOIN OUR LEGACY SOCIETY**

Naming MSF-USA as a beneficiary on a retirement or other account is a simple way to leave a legacy without writing or re-writing your will or living trust. Please ask your IRA administrator or institution for the appropriate form.

If you have already named MSF-USA as a beneficiary of your estate, please tell us so we can welcome you to our Legacy Society.

To learn more about beneficiary designations to MSF or other legacy giving opportunities, please contact Lauren Ford, planned giving officer, at (212) 763-5750 or [lauren.ford@newyork.msf.org](mailto:lauren.ford@newyork.msf.org).
Doctors Without Borders/Médecins Sans Frontières (MSF) works in nearly 70 countries providing medical aid to those most in need regardless of their race, religion, or political affiliation.