ALERT

RESPONDING TO THE CORONAVIRUS PANDEMIC
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ABOVE. Inside a facility set up by MSF to treat COVID-19 patients in Leganés, Spain. © Olmo Calvo
Dear Friends,

I hope you all are staying safe and healthy in the midst of this coronavirus pandemic. I urge those of you who can stay home to do so, in order to keep everyone safer. And for all the health workers and other essential workers out there who are carrying the weight of the world on their shoulders right now, thank you.

Our teams at Doctors Without Borders/Médecins Sans Frontières (MSF) are used to dealing with emergencies, but we’ve never experienced anything on this scale. This pandemic affects nearly all our medical projects around the world, whether directly or indirectly. We are adapting to meet the extraordinary challenges presented by COVID-19. We are also fighting to sustain our lifesaving medical projects and care for tens of thousands of patients with other urgent needs.

As you’ll see in this special issue of Alert, our response to the new coronavirus began in February with the delivery of vital personal protective equipment to China’s Wuhan Jinyintan hospital, at the epicenter of the outbreak. We recognized right away that the most marginalized communities are likely to be among those most at risk. A team in Hong Kong got to work providing health education and mental health support for vulnerable groups, including refugees, asylum seekers, street cleaners, and the visually impaired.

We also provide psychosocial support to our teams to help them get through these stressful times. We are confronting many impossible dilemmas—including how to move our staff and supplies when countries are closing their borders, what projects may have to shut down to make space for this new emergency, and how to ensure the safety of refugees who don’t have access to clean water or enough room to breathe, let alone the luxury of social distancing.

Staff at our New York headquarters began working remotely on March 10, as community transmission in the area became more widespread. MSF stopped all non-essential travel, but we were forced to cancel much that was essential too. Our field human resources team has been working around the clock to take care of staff members suddenly stranded by travel bans and new regulations. Many international staff are staying on in projects with no expectation of coming home anytime soon. But without access to widespread testing here in the US, we could not responsibly continue to send staff based in this country out on assignments overseas. That decision still hurts. But if it means we can keep coronavirus out of our projects for just a little while longer, it is absolutely worth it. We are now working to beef up our telemedicine program and find creative ways to continue to support our colleagues around the world—the vast majority of whom are locally hired.

Even as we are grappling with this new pandemic, we are dealing with measles, malaria, and malnutrition. And, of course, babies are still being born. War wounds still need attention. People living with HIV or tuberculosis, or both, need longer-term support.

COVID-19 is a scary disease, affecting rich and poor, young and old, from Asia to the Americas. It reminds us how intertwined we are, how our health and well-being depend on those around us. We are truly all in this together now. And we will get through this crisis, thanks to the tireless efforts of health care workers around the world.

To my friends and colleagues who chose a stable position in their local community instead of the rough unknown of work abroad with MSF, I understand that you did not sign up for this assignment. Doctors and nurses in some of the richest countries in the world are now facing ethical dilemmas around access to health care and scarcity of supplies, familiar problems in many of the countries where MSF works. We will get through this together.

We have always been an organization committed to finding a way to go, or stay, where we are most needed and do what needs to be done. Thank you for supporting us as we confront this unprecedented emergency.

Be well.

Sincerely,

Dr. Africa Stewart
President, MSF-USA Board of Directors
Since the arrival of the novel coronavirus in the United States, and with each successive blow to our sense of normalcy and way of life, many Americans have turned to Doctors Without Borders/Médecins Sans Frontières (MSF). Can we—as one of the world’s largest medical humanitarian organizations—stop this pandemic? 

The stark truth is, unfortunately, no. Not on our own—and not without the treatments and vaccines we need to end the outbreak. But there is a lot that we can do together to slow down the spread of this disease and protect those who are the most vulnerable to infection. With some 47,000 staff spread across more than 70 countries, MSF realized early in this pandemic that we need to share our experience and expertise in managing infectious disease outbreaks with frontline responders here and around the world. We need to multiply our efforts exponentially.

In this special edition of Alert, we’re showing you the early stages of our global effort to pivot toward partnerships and collaborations with local and national health authorities and other nongovernmental organizations. In some ways, this is how we always work when confronting a major epidemic—whether that’s Ebola or measles. Today, our teams are reaching out to conduct trainings and share best practices on vital infection prevention and control measures, building on some of the work we started in order to combat the growing long-term threat of antibiotic resistance. But the coronavirus emergency challenges us all, worldwide, to find new ways of working individually and collectively to flatten the curve of the epidemic.

In the US, and across Europe, many of our most seasoned aid workers have been grounded because...
MSF realized early in this pandemic that we need to share our experience and expertise in managing infectious disease outbreaks with frontline responders here and around the world.

of travel restrictions and precautions to avoid the spread of coronavirus from countries with high rates of transmission. (On March 26, the US became the new epicenter of the outbreak, as the country with the highest number of confirmed cases of COVID-19.) So we’re starting to go local and respond to the needs in our home communities. We urged doctors and nurses in our association to make themselves available to their area hospitals, especially in the overstretched emergency departments. We shared blueprints for field hospitals and patient flow charts; passed along digital training manuals to strengthen infection prevention and control; and disseminated instructions on how to don personal protective equipment. We coached a union representing farm workers, many of them migrants, on how to set up handwashing stations in agricultural fields. We advised managers of homeless shelters on how to safely isolate individuals who have mild symptoms of COVID-19. As this magazine goes to press, we are exploring the possibility of launching limited operations in New York, focusing on supporting infection control measures in facilities serving the homeless and housing insecure.

Yet the greatest needs remain elsewhere—in countries whose health systems cannot withstand the devastating impacts of this disease. Some 90 percent of the staff in our medical projects around the world are locally hired, and we are working to sustain our other lifesaving work even as we must adapt to the new realities. We always prioritize the safety of our staff, especially those in direct contact with contagious patients. If we cannot protect health workers, they cannot help others. That’s why our global procurement experts are trying to ensure that masks, gloves, and face shields are pre-positioned in some of the places likely to be hardest hit in the next wave of this pandemic.

We’ve received many questions about triage, and which life to save when we cannot save everyone’s. MSF specializes in resource-poor settings that force our clinicians to restrict admission criteria for inpatients. We understand how to prioritize lifesaving efforts in the midst of an epidemic raging in a war zone. We know how to manage an overflow of patients while also minimizing the risk of contagion. MSF teams around the world are sharing this expertise with authorities at health ministries, refugee camps, and prisons, and with staff working in non-MSF clinics and hospitals. We also acknowledge that these are agonizing choices, and they never get easier no matter how much experience you have. But it helps to have clear clinical and ethical guidelines, as well as a commitment to providing mental health support for our staff.

We also promote an open and frank learning culture, internally for our own improvement and externally so that other health workers may benefit. We’ve been looking at how ventilators in short supply can be put to best use, such as putting more than one patient on each machine if necessary. We’re tracking the research on off-label treatments, such as using malaria medications to treat those with COVID-19. We are constantly assessing whether and how diagnostics, vaccines, treatments, and even staffing models can be adapted to low-resource settings and harsh conditions.

We are working to anticipate future needs. Our experience with rapid point-of-care testing for HIV and TB using GeneXpert machines compelled us to immediately place a huge order for the cartridges for coronavirus as soon as they were announced. More broadly, MSF is calling for no patents or profiteering on the tests, drugs, or vaccines used in the COVID-19 pandemic. We are urging governments and pharmaceutical companies to ensure the availability of essential medical tools, reduce prices, and help save more lives from this disease. There is no other way to end this outbreak.

COVID-19 is so big that it threatens to overwhelm us all. But we must keep in perspective that each life we save is worth the effort. There are measures we can take—whether as individuals, governments, or corporations—to steer our way out of this crisis. By working together, we can collectively stand up to a virus that knows no borders.
RESPONDING TO THE CORONAVIRUS PANDEMIC

Over three short months, a newly discovered coronavirus has spread around the world threatening the lives of millions—as well as entire health systems, economies, and the nature of society itself. By late March, more than 300,000 cases of the new coronavirus disease, known as COVID-19, have been reported from almost every country and region in the world. The World Health Organization (WHO) declared that “the pandemic is accelerating.”

Much remains to be understood about the new coronavirus. Unlike influenza, there is no known preexisting immunity to the virus, no vaccine, and no proven treatment for COVID-19. Everyone is presumed to be susceptible.
“This epidemic is very different from those—such as measles, cholera, or Ebola—in which Doctors Without Borders/Médecins Sans Frontières (MSF) has developed our expertise over the last few decades,” said MSF medical director Clair Mills. “This pandemic requires solidarity—not only between countries but at all levels, based on mutual aid, cooperation, transparency, the sharing of resources—and, in the affected areas, with caregivers and the most vulnerable people.”

For most people, COVID-19 will be a mild or moderate respiratory illness. However, compared to the flu, it has a higher rate of quite severe complications for vulnerable people, including the elderly and those suffering from other infections or ailments. According to a February report by the WHO-China joint mission on COVID-19, as many as 20 percent of confirmed cases will be severe and require hospitalization for monitoring and supportive treatment. The report indicates that 6 percent of total confirmed cases (or about 30 percent of people hospitalized) will become critical and require special intensive care, such as the use of mechanical ventilators.

The sudden surge in demand for intensive care threatens to overwhelm some of the most well-resourced health systems in the world, including in the United States and across Western Europe. Essential supplies and equipment, including ventilators for critically ill patients as well as personal protective gear for health workers, are already running dangerously low. “In [countries] such as Central African Republic, South Sudan, and Yemen—where fragile or war-torn health systems are already struggling to meet the health needs of people—protecting health care personnel and limiting the risks of spreading the disease as much as possible are needed,” warned Mills.
Teams are working across our medical projects to fight the spread of coronavirus, strengthen infection prevention and control measures, and sustain other lifesaving care for communities that are further threatened by this pandemic. MSF is extremely concerned about how the spread of this coronavirus could affect people living in already precarious conditions, such as those who are homeless, or living in refugee camps in Greece or Bangladesh, or in conflict-affected countries like Afghanistan or Syria. In many of the places where we work, there are very few medical actors able to respond to a sudden explosion of cases. We want to make sure that we can continue to care for all patients where we work today—and that our medical teams are prepared to manage potential cases of COVID-19.

**HOW MSF IS MOBILIZING**

Our teams are tackling the coronavirus emergency on multiple fronts: Caring for patients, offering health education and mental health support, and providing training for vital infection control measures in health facilities around the world.

MSF is coordinating with both the WHO and local authorities in most of the countries where we have existing medical projects to help prepare for the impact of COVID-19. A key priority is keeping our regular medical programs running for the tens of thousands of patients and extremely vulnerable communities that we support.

“In countries where MSF has a longstanding presence, we want to contribute to efforts against COVID-19 while ensuring continuity of care against malaria, measles, respiratory infections, and other illnesses,” said Mills. In countries like Italy or France, which have robust health care systems that are nonetheless struggling to manage the volume of cases, MSF staff will focus on supporting or relieving national medical staff when needed.

In February, we sent 3.5 metric tons of medical protective equipment to China’s Wuhan Jinyintan hospital, which was then at the forefront of treating patients suffering from COVID-19. We also sent

**ABOVE:** The crown-like spikes on the outer edge of the coronavirus give the pathogen its name. © NIAID-RML
one metric ton of personal protective equipment to the Hong Kong St. John Ambulance service, and we are still running a project in Hong Kong to provide health information and mental health support to vulnerable people.

In mid-March, we began supporting three hospitals in northern Italy, which has become the epicenter of the coronavirus outbreak in Europe. The MSF team working in the region is composed of Italian infectious disease specialists, anesthetists, nurses, and logisticians, who bring their experience managing epidemics in the many and diverse countries where MSF operates. These staff are working with local health authorities and Italian hospital personnel on a number of lifesaving activities, including disease prevention and care for patients.

**FACING THE CHALLENGES**

MSF’s international medical programs are severely impacted by current travel restrictions aimed at slowing the spread of the virus, but which limit our ability to move staff between countries. Despite these constraints, we can still rely on locally hired staff, who represent around 90 percent of employees in our medical projects around the world.

Another challenge is dealing with the consequences of global shortages of medical supplies, particularly personal protective equipment for health care staff. So far, MSF teams are able to continue medical activities, but securing future supplies of essential items—such as surgical masks, swabs, gloves, and chemicals used to diagnose COVID-19—is a matter of deep concern.

MSF’s regular health care programs around the world are also preparing to deal with cases of COVID-19. We must be able to safely receive people with the virus while ensuring that no one else is consequently infected in our facilities—including both other patients and staff. This means ensuring that infection prevention and control measures are in place, setting up screening at triage, maintaining isolation areas, and providing health education.

This unprecedented crisis will require all the skills and expertise we have developed over decades of medical humanitarian work—as well as bold new ideas to adapt to the new realities. As the world scrambles to develop new tools to fight the coronavirus, we also call on both governments and private companies to ensure that new vaccines, diagnostics, and therapeutics be made accessible to all who need them. So far, Germany, the United States, the European Union, and others have collectively committed more than a billion dollars of public funds to develop a new vaccine. Given the massive scale of these contributions—and the urgent public health needs—governments must ensure that the return on these investments comes in the form of lifesaving health services that are free for patients and affordable for health systems—not in the form of high profits for private companies.

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**FACING PAGE, TOP:** Inside Moria camp on the Greek island of Lesbos, where thousands of people are stranded in dire conditions. © Anna Pantelia/MSF

**BOTTOM:** People sleep on cots inside an emergency shelter erected for vulnerable populations, including migrants and the homeless, near Paris, France. MSF teams are working in these facilities to provide health evaluations and identify cases of COVID-19. © Agnes Varraine-Leca/MSF
THIS UNPRECEDENTED CRISIS WILL REQUIRE ALL THE SKILLS AND EXPERTISE WE HAVE DEVELOPED OVER DECADES OF MEDICAL HUMANITARIAN WORK—AS WELL AS BOLD NEW IDEAS TO ADAPT TO THE NEW REALITIES.
**COVID-19: A GLOBAL EMERGENCY**

Doctors Without Borders/Médecins Sans Frontières (MSF) teams in our medical projects around the world are working to prevent the spread of the new coronavirus disease, known as COVID-19. We are improving epidemic preparedness, including by strengthening infection prevention and control (IPC) measures at our facilities and providing technical advice and support to other health workers. **This map highlights just a few of the places where we’re adapting our activities to meet the challenges.** For more information about our response to this pandemic, visit doctorswithoutborders.org/covid19.

**MEXICO**
MSF is assessing the medical needs of asylum seekers and migrants trapped in overcrowded conditions where they are at risk of catching the virus. We are calling for an end to the US “Remain in Mexico” policy which sends vulnerable people back to unsafe and inhumane conditions.

**EL SALVADOR**
MSF is working with the Ministry of Health to adapt health services for a potential outbreak. We are also assessing the health needs of quarantined people deported from the US and Mexico.

**GREECE**
Teams support activities including health education and care for local residents and asylum seekers with COVID-19. MSF is calling for the evacuation of the refugee camps on the Greek islands, now all the more urgent with these people vulnerable to the spread of the coronavirus.
ITALY
MSF currently supports three hospitals in the Lombardy region, at the epicenter of the outbreak in Europe. The team works with local health authorities and hospital personnel on activities including disease prevention and care for patients. We are also supporting a network of nursing homes in the central Marche region.

FRANCE
Teams are assisting vulnerable groups, including migrants, homeless people, and unaccompanied minors. Many of these people are forced to live in unsanitary and cramped settlements that can foster the spread of infectious diseases such as COVID-19.

BANGLADESH
MSF is preparing medical facilities in Rohingya refugee camps for cases of COVID-19, adding new waiting areas in outpatient departments and a dedicated ward and isolation rooms to a hospital.

LIBYA
MSF teams have provided trainings on infection control and case management to nurses and doctors in hospitals in Tripoli.

BURKINA FASO
Teams are in contact with the authorities to assess how to help contain the COVID-19 outbreak and detect and manage cases. We are urging that health workers be protected against the risk of coronavirus infection and receive adequate medical care when needed.

HONG KONG
In February, MSF sent one metric ton of medical personal protective equipment (PPE) to Hong Kong, where we provide health information and mental health support to at-risk communities. We also sent 3.5 metric tons of PPE to China’s Wuhan Jinyintan hospital—then at the forefront of treating patients with COVID-19.
A doctor takes a patient’s temperature at a COVID-19 screening point set up at an MSF-supported hospital in northwestern Syria. © Omar Haj Kadour/MSF
As the war in Syria enters its tenth year, Idlib is currently the area most affected by the ongoing conflict. Daily bombing and shelling in the northwestern region of the country have displaced almost one million people in the last four months, many of them now crowded along the Turkish border.

Medical facilities and structures housing displaced people have not been spared; since January 2020, 80 hospitals have been put out of service due to the relentless attacks. Here, Cristian Reynders, a field coordinator for Doctors Without Borders/ Médecins Sans Frontières (MSF) projects in northwestern Syria, talks about the additional threats posed by the spread of the new coronavirus—and what needs to be done to prevent an already catastrophic humanitarian situation from becoming worse.

Last week, Syria confirmed its first case of COVID-19. Since then, the number of cases has risen slightly, but so far, no positive cases have been identified in Idlib. However, our teams do not want to wait for this to happen before bracing themselves for it, because we know how concerning a spread of the disease in such a place could be. Before the COVID-19 pandemic, Idlib was a humanitarian emergency. Today, it still is; and the COVID-19 pandemic has added another layer of complexity to a situation that was already catastrophic.

In countries such as Italy, Spain, and the United States, we are seeing public hospitals on the verge of collapse because of the spread of COVID-19. How, then, will Idlib’s health system cope? Health care in northwestern Syria has been badly affected by the conflict and was already stretched to its limit before the spread of the new coronavirus was declared a pandemic.

**NO PROTECTION**

Most recommendations for protecting people against the virus and slowing down its spread simply cannot be implemented in Idlib.

How can you ask people to stay at home to avoid infection? They no longer have a home. We are talking about almost one million displaced people—about one-third of Idlib’s total population—most of them living in tents in camps.
When a person shows symptoms of COVID-19, they are asked to self-isolate. Where is the space to do this in Idlib? Many families have to share tents with other families. People are also asked to practice good hygiene measures and wash their hands frequently. But how can you practice good hygiene when you live surrounded by mud? If you develop serious symptoms, you need to go to a hospital. But when only a handful of hospitals are open, and these hospitals are already overstretched and are completely unequipped to deal with a public health emergency, where can you actually go?

IMPOSSIBLE CHOICES

While preparing for a potential spread of COVID-19 in northwestern Syria, medics too are faced with impossible choices. They need to prioritize constantly: to choose between getting trained and ready in case the pandemic reaches Idlib or focusing on the never-ending flow of patients coming for treatment [for other conditions]. Medical staff in Idlib are doing their very best with the little means at their disposal. I will never cease to be impressed by their capacity to stand firm in the face of so many difficulties, by their resilience, by their commitment to keep on working in these unbelievable conditions.

Humanitarian organizations also have to make impossible choices. What measures should we take to prevent a potential spread of the virus? Should we stop our work in the camps to prevent people gathering in front of our mobile clinics or during our distributions of essential items? Are we protecting people if we stop our activities, or are we depriving them of essential services and therefore potentially putting their health at greater risk? This dilemma is being faced constantly by those in our field of work.

MSF has decided to keep our activities running. This is because we know that the assistance we provide, even if it does not cover all the needs, is vital for tens of thousands of people across Idlib. And because more than 35 percent of the patients we see in our mobile clinics are already suffering from respiratory infections, and a potential spread of the virus could quickly lead to complications.

People need our help, and we don’t want to stop providing it. But we are also adapting our activities and trying to act responsibly in the face of a potential spread of COVID-19.

ADAPTING OUR RESPONSE

In the camps, we’ve started implementing measures of social distancing when providing our regular services. When running mobile clinics, we now only allow small groups of people to gather around our trucks while waiting for consultations. During distributions of essential items, we ask people to keep a certain distance between each other. This way, we are still helping displaced people, but we are also decreasing the risks of them getting the virus when coming for assistance. Of course, we also want to protect our own teams and have equipped them with protective equipment, so they can continue working in the camps.

We’ve been working on getting ready at the hospital level too. The medical facilities that remain open in Idlib province play a vital role for the population, and we need to focus on supporting them in getting prepared. We’ve set up hygiene committees in three different hospitals already supported by MSF. We’ve also set up new triage systems in these facilities to better identify and isolate patients with suspected COVID-19. And we are conducting trainings in patient-flow management in coordination with local health authorities and the World Health Organization (WHO).

WHAT IT WILL TAKE

We are putting everything we can in place, but pragmatically speaking it probably won’t be enough if COVID-19 starts spreading tomorrow in Idlib province. What is happening in northwest Syria today is a humanitarian emergency. A public health emergency in the midst of all this could quickly become catastrophic. Unless….

Unless there is immediate international mobilization. Unless medics and humanitarian organizations are given the means to tackle this potential catastrophe properly before it happens. Unless hospitals are given the supplies and equipment they need to face this “crisis on top of a crisis.”

But the answer to this situation cannot only be medical. Health care is of course key, but it is not the only need in Idlib. People still need food, people still need shelter, people still need sanitation. When facing a pandemic, all of these things are essential.

COVID-19 is touching everyone around the world. Whether people are in Syria or in Italy, they are all connected. This virus affects everybody. And just as this virus has no borders, I hope that solidarity will have no borders either.

CLOCKWISE FROM TOP LEFT: A young patient is examined at a health center in the Deir Hassan camp for displaced people in northwestern Syria. © Abdul Majeed Al Qareh; A girl walks with crutches in Deir Hassan. © Abdul Majeed Al Qareh; An aerial view of the camp. © Abdul Majeed Al Qareh; A displaced family sits outside their tent. © Abdul Majeed Al Qareh; An MSF data officer records a woman’s information as she arrives at a mobile clinic in Idlib. © Mohammed Homidan/MSF
“COVID-19 IS TOUCHING EVERYONE AROUND THE WORLD. WHETHER PEOPLE ARE IN SYRIA OR IN ITALY, THEY ARE ALL CONNECTED. THIS VIRUS AFFECTS EVERYBODY. AND JUST AS THIS VIRUS HAS NO BORDERS, I HOPE THAT SOLIDARITY WILL HAVE NO BORDERS EITHER.”
How are you supposed to wash your hands regularly if you have no running water or soap? How can you implement “social distancing” if you live in a slum or a refugee camp? How are you supposed to stop crossing borders if you are fleeing from war? How are those with pre-existing health conditions going to take extra precautions if they already can’t afford or access the treatment they need?

Everyone is affected by the coronavirus pandemic, but the impact may be felt by some more than others.
The spread of novel coronavirus and the disease it
causes, known as COVID-19, will continue to expose the
inequalities that exist in our health systems. It will expose
the exclusion of certain groups from accessing care,
either because of their legal status or because of other
factors that make them a target of the state. It will expose
the under-investment in free public health care for all,
which means that access to quality care will for some be
based on purchasing power and not medical need. It will
expose the failure of governments—not just health servic-
es—to plan for and deliver services that meet the needs
of everyone. It will expose the life-threatening vulnerabili-
ties caused by displacement, violence, poverty, and war.

The people who will especially suffer will be those al-
ready neglected, due to government austerity measures,
because they have fled conflict, or because they don’t
have access to treatment for existing conditions under
privatized health care. This pandemic will also dispropor-
tionately affect those who can’t stock up on food because
they already can’t afford a meal every night of the week;
those who are underpaid, overworked, and deprived
of sick leave, or unable to work from home; and those
trapped in conflict zones under bombing and siege.

And how are you supposed to treat patients without
all the materials that you need? Many health systems
bracing for the impact of COVID-19 have already been
hammered to the breaking point by war, political mis-
management, under-resourcing, corruption, austerity,
and sanctions. They are already barely able to cope with
normal patient loads.

COVID-19 is demonstrating how policy decisions of
social exclusion, reduced access to free health care, and
increased inequality will now be felt by all of us. These
policies are the enemy of our collective health.

As MSF scales up its response to the pandemic, we will
focus on the most vulnerable and neglected. We started
working with at-risk communities in Hong Kong earlier
this year in response to the first cases of the virus, and
we now have medical teams deployed to respond in the
heart of the pandemic in Italy. We will continue to scale
up as much as is feasible as this crisis spreads.

However, there are decisions that can be taken now that
can ease the impending disaster that many communities
may soon face. The congested camps for refugees and
asylum seekers on the Greek islands need to be evacuated.

That doesn’t mean sending people back to Syria, where
war still rages. It means finding a way to integrate people
into communities where they will be able to practice safety
measures such as social distancing and self-isolation.

In addition to this, supplies must be shared across
borders according to where the needs are greatest. This
must start with states in Europe sharing their supplies
with Italy. It will soon need to extend to other regions that
will be hit by this pandemic and whose ability to cope is
already compromised.

As MSF, we also need to manage the gaps we will face
in staffing our other ongoing emergency projects. Our
response to the measles epidemic in Democratic Republic
of Congo needs to continue. So too does our response to
the emergency needs of war-affected communities in
Cameroon and Central African Republic. These are just
some of the communities we cannot afford to let down. For
them, COVID-19 is yet another assault on their survival.

This pandemic is exposing our collective vulnerability.
The powerlessness felt by many of us today, the cracks in
our feeling of safety, the doubts about the future. These
are all the fears and concerns felt by so many in society
who have been excluded, neglected, or even targeted by
those in positions of power.

I hope COVID-19 does more than teach us to wash our
hands. I hope it makes governments understand that
health care must be for all.

ABOVE: MSF head of humanitarian analysis Jonathan Whittall talks on the phone at the MSF field trauma clinic south of Mosul, Iraq. © Alice Martins

FACING PAGE: Inside Moria camp on the Greek island of Lesbos, these relatives sit in the tent they share with four other refugee families. © Anna Pantelia/MSF
SUPPORT AND SOLIDARITY

A message from Dr. Christos Christou, international president of Doctors Without Borders/Médecins Sans Frontières (MSF)
As a medical humanitarian organization with projects and teams around the world, MSF finds itself in the midst of a pandemic that will touch each and every one of us, our families, our friends, our communities, and, of course, the people we serve. As we plan our response, it is vital that we take time to look out for each other and offer support and solidarity.

As I write, COVID-19 has already impacted many countries all over the world and will continue affecting more communities in the coming weeks and months. As this crisis unfolds, we must both bear witness to and support the response where we can and how we can, building on our long experience as an emergency organization and our expertise in responding to major epidemics.

A key priority is to keep our regular medical programs running for the hundreds and thousands of patients we care for and for the extremely vulnerable communities we help around the world.

In most countries where MSF works, we are coordinating with the World Health Organization and ministries of health to see how we can help, both with preventing the spread of the coronavirus and caring for potentially large numbers of COVID-19 patients.

Additionally, we are providing training and increasing efforts on infection prevention and control measures for health facilities and the protection of health staff and patients. We are doing our best to maintain services and prepare teams in our programs for what may come. Of particular concern are people who live in precarious conditions where there may be overcrowding, little access to water and sanitation, and a lack of health care services.

We face massive challenges. Travel bans will complicate the travel and placement of experienced international staff where we need them. Ensuring available medical supplies—especially personal protective equipment—for both our regular medical programs and any COVID-19 responses will be difficult. There are also uncertainties about how this crisis will impact the world’s economies, our own finances, and the capacity of some donors to continue supporting us. But with our energy and the continued support of the MSF community, I am convinced we will find solutions to these issues.

As we rise to meet these challenges, we must also raise our voices publicly even louder than usual to ensure that vulnerable and invisible populations are not forgotten while COVID-19 grabs all the attention. Even as the Ebola outbreak in Democratic Republic of Congo (DRC) appears to be coming to an end, there are still multiple crises—including a massive and ongoing outbreak of measles. Even worse, there are people in DRC and many other countries who have no access to health care at all—and who we can’t reach.

We also have to use our influence to promote actions of solidarity. As the virus knows no borders, the collective reaction to this pandemic must also be managed without borders. Supplies must be sent to those most in need. Health workers must be protected so they can sustain the response over weeks and months. Sharing of data, knowledge, resources, and health personnel can be game changers in enabling national health services to cope.

“IN THE STRUGGLE TO CONTAIN THIS PANDEMIC, NO ONE SHOULD BE LEFT BEHIND.”

In the race to provide new tools to deal with the disease, the need for diagnostics, effective treatments, and a vaccine cannot become the latest auction for the pharmaceutical industry, sold to the highest bidder. In the struggle to contain this pandemic, no one should be left behind.

COVID-19 is a global health emergency and responding to emergencies is in MSF’s DNA. Taking care of those in need, the sick and vulnerable—that’s what MSF does best. We have brilliant and dedicated teams around the world. With your support, we’re getting down to work and making sure we play our part.

FACING PAGE. Children are immunized as part of an emergency measles vaccination campaign in Democratic Republic of Congo, where a massive outbreak of the highly contagious disease is still raging. © Samuel Sieber/MSF
On behalf of everyone at Doctors Without Borders/Médecins Sans Frontières (MSF), we hope that you and your families are safe and healthy amid the coronavirus pandemic.

This pandemic will touch each of us—our families, our friends, our communities, and, of course, the people we serve. A global pandemic of this scale presents us with enormous challenges that we must face together.

Your support has made our rapid response to the outbreak possible. Unrestricted contributions and general support grants give us the flexibility to act without delay.

From Italy to Ivory Coast, from Cambodia to Haiti, MSF is adapting existing projects and opening new ones, including emergency programs across Western Europe. Our direct response to COVID-19, the disease caused by the coronavirus, is evolving daily and is based on our experience managing outbreaks of Ebola, measles, meningitis, and many others.

We’re making every effort to protect our staff and patients by increasing infection prevention and control, ensuring that our staff have effective masks and other supplies, setting up isolation wards, and training our staff and others that work with them to prepare for and treat COVID-19. However, the pandemic is presenting MSF operations with exceptional challenges, including travel restrictions, shortages of personal protective equipment, and an ever-increasing burden on fragile health systems.

We are making it a priority to continue to provide lifesaving care to extremely vulnerable communities worldwide. Our teams in 73 countries are making sure that babies are delivered safely, and that malaria treatments and other urgent medical care remain available to those who need them most. We are expanding our telemedicine capacity to support our medical staff and make use of our specialists who cannot currently go to the field.

Here at home, we are, first and foremost, encouraging our aid workers to reach out to hospitals where they live if they are not already part of a local response. We are sharing our expertise in infection control with departments of health and organizations serving high-risk populations. And we are exploring the potential of launching programs in the US, including in New York City, where the virus is spreading rapidly and overwhelming the health system.

Much will change in the coming weeks and months. Health systems strained by COVID-19 will need our help caring for patients with other illnesses. At the same time, we remain prepared to respond to other disease outbreaks and natural disasters. It is your support that makes this possible. Thank you.

### 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. Because conditions and criteria for gift matching vary by employer, please check with your company’s human resources department for details.

MSF-USA is happy to confirm your gift or to satisfy any other requirements your company may have.

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

### THE MULTIYEAR INITIATIVE

MSF-USA would like to thank all of our donors who have made commitments towards the Multiyear Initiative. With annual commitments of $5,000 or more, these generous supporters help provide MSF with a predictable revenue stream that better serves our ability to respond rapidly to emergencies and ensure the continued operation of our programs. To date, we have received commitments totaling more than $33 million towards the initiative.

To find out how you can participate, please contact Mary Sexton, director of major gifts, at (212) 655-3781 or mary.sexton@newyork.msf.org, or visit doctorswithoutborders.org/multiyear.

### JOIN OUR LEGACY SOCIETY

MSF is able to provide independent, impartial assistance to those most in need thanks to the dedication, foresight, and generosity of our Legacy Society.
members. Every day, legacy gifts help us keep our commitment made more than 40 years ago to assist people in distress regardless of race, religion, creed, or political affiliation.

To learn more about joining MSF-USA’s Legacy Society by making a gift through your will or other legacy gift that will save lives for years to come, please contact Lauren Ford, planned giving officer, at (212) 763-5750 or lauren.ford@newyork.msf.org.

SET UP A GIFT ANNUITY WITH MSF
MSF’s charitable gift annuities make it easy to provide for our future as well as your own. When you set up a gift annuity with MSF you will receive fixed payments for life and an immediate income tax deduction. The minimum age when payments begin is 65. We follow the ACGA suggested rates.

For more information, including a personalized proposal showing how a gift annuity can work for you, please contact Beth Golden, senior planned giving officer, at (212) 655-3771 or plannedgiving@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 our website doctorswithoutborders.org/support-us/other-ways-give.

You can also call (212) 679-6800 and ask to speak to our donor services department.

SHOP FOR GOOD
Did you know you can generate a donation to MSF every time you shop at Amazon? When you register with and shop through AmazonSmile, the company donates 0.5 percent of the price of your eligible purchases to MSF. Simply go to smile.amazon.com, type “Doctors Without Borders” into the search bar, and start shopping! Once you have signed up, remember to go to AmazonSmile for all future Amazon purchases.

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ALERT
is a quarterly newsletter sent to friends and supporters of Doctors Without Borders/ Médecins Sans Frontières (MSF). As a private, international, nonprofit organization, MSF delivers emergency medical relief to victims of war and disaster, regardless of politics, race, religion, or ethnicity.

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