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DISPLACED

CARING FOR PEOPLE ON THE MOVE
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ABOVE: An MSF health promoter visits with residents of the camp at Vathy reception center on the Greek island of Samos. Health promoters share information on available medical services, avoiding illness including COVID-19, and more. © Enri Canaj/ Magnum Photos for MSF
Dear Friends,

I will never forget my first assignment with Doctors Without Borders/Médecins Sans Frontières (MSF). I was covering labor and delivery in Aweil, near the border that would soon separate Sudan from South Sudan, the world's newest country born in 2011. Every day, we saw pregnant women arriving on foot, many with infants in arms and toddlers in tow. There was no other access to medical care for women and children within safe walking distance to the north.

By making the journey to our hospital, some of these families were de facto choosing to become South Sudanese, with no expectation of being able to return home again. I met a pregnant patient and her partner who had to leave the land where their firstborn child was buried in order to seek a safe delivery and access to care. Some women had walked for days on end, while pregnant, carrying what they could. The cruelty of having to leave their family burial ground in the hopes of not having to bury another child still sticks with me.

For these women, to give your baby a full life meant you had to give up everything.

I thought of these women again recently as we marked World Refugee Day on June 20. It has been another record-shattering year—with more than 82 million people forced from home due to violence and persecution. That's only the number of forcibly displaced people officially counted by the United Nations Refugee Agency. It does not even include all the people pushed to leave their homes and homelands for various other reasons.

"No one leaves home unless home is the mouth of a shark," writes the British Somali poet Warsan Shire. In my experience, the fear of losing another child can be the shark’s mouth for a pregnant woman.

In the United States in recent years, attitudes have hardened against refugees—the very word becoming so politicized as to lose its original meaning. A refugee is, simply put, someone seeking refuge. And seeking safety is not a crime.

In addition to providing direct medical aid to migrants and refugees, MSF also speaks out against government policies that inflict further harm on our patients. This is an essential part of our humanitarian mission.

That’s why I decided to become part of MSF’s interactive exhibition, Forced From Home, which ran from 2016 to 2018. I wanted to reach out to communities across the US and share some of my experiences working with people on the move. At the time, some people accused us of getting too political. In fact, as you’ll see in this issue of Alert, MSF’s work with migrants and refugees spans our entire 50-year history. We work in many different kinds of displacement contexts across the globe—from massive camps in South Sudan to urban settings in Mexico.

Over the past several months, we have been stepping up our advocacy efforts with the Biden administration to urge officials to make good on pledges to build a safe and humane migration policy. We called for an immediate end to expulsions under Title 42, a public health order that exploits the COVID-19 pandemic to effectively shut down the US southern border to asylum seekers. Since March 2020, the US government has carried out more than 874,000 deportations under Title 42. In this issue, you’ll meet some of the people affected by these policies.

MSF-USA also observed the Juneteenth holiday for the first time this year, a date that marks the much-belated news of freedom from slavery reaching people in Texas on June 19, 1865. MSF’s charter commits us to provide medical assistance “irrespective of race,” but that does not blind us to the impacts of racism and racial health disparities. As an organization, we are making a long overdue effort to confront structural racism and take action to promote diversity, equity, and inclusion across our work. Through our emergency response to COVID-19, we saw up close the disproportionate impact of the pandemic on people of color in the US and around the world. We are fighting now for equitable global access to COVID vaccines—calling for vaccine equity in the face of vaccine apartheid.

Thank you for standing with us and supporting all of this essential work.

Dr. Africa Stewart
President, MSF-USA Board of Directors
Refugees who fled conflict in northern Ethiopia’s Tigray region gather after being bused to Al Tanideba camp, Sudan, in January. In May and June, the camp was devastated by extremely strong winds and flooding brought on by the rainy season. Most people’s tents were destroyed, and the MSF clinic was damaged. MSF had raised concerns with authorities beforehand: the camp was built on “black cotton” soil that turns to mud when it rains. Structures needed to be reinforced and protected, but the appropriate measures were never implemented. The experience has forced many refugees to leave the camp—some going back to Tigray; some going to Al Hashaba, a town on the border with Ethiopia; and many more heading for Libya, where they plan to undertake the treacherous journey across the Mediterranean Sea to Europe.

© Ehab Zawati/MSF
Since its founding in 1971, Doctors Without Borders/Médecins Sans Frontières (MSF) has been caring for people uprooted by conflict, violence, and persecution. Over the decades our activities and strategies have evolved, but the fundamental goal remains the same: To provide lifesaving medical care and essential services to people forced from their homes, no matter who or where they are.
REFLECTING ON 50 YEARS OF MEDICAL HUMANITARIAN WORK

Two MSF experts look back on our work with displaced people around the world—and discuss the challenges of the future.

Rony Brauman, a French medical doctor who specializes in tropical medicine and epidemiology, has been working with Doctors Without Borders/Médecins Sans Frontières (MSF) since 1978 and served as the organization’s president from 1982 to 1994. As one of MSF’s earliest members, Brauman helped to establish many of the medical and logistical protocols our teams still use today.

Aurélie Ponthieu has worked with MSF since 2006 and currently leads the forced migration team in our analysis department. Her research and writing helps to inform MSF’s humanitarian action and advocacy around the world.

RONY BRAUMAN: In the early and mid-1980s, not long after I had started working with MSF, there were five “hotspots” in the world where conflict and instability had resulted in massive population displacements: Southeast Asia, Central America, southern Africa, the Horn of Africa, and Central Asia. From 1976 to 1982, there was a massive increase in the number of people displaced worldwide. If you look at the map of MSF’s work during that time you will see that most of our programs were in those five regions, most of them in refugee camps. It was our ambi-

1971
MSF is founded in the wake of war and famine in Biafra, Nigeria, to deliver independent, impartial emergency medical care based solely on need.

1975
MSF establishes its first large-scale medical program along the Cambodian-Thai border to care for Cambodian people fleeing the Khmer Rouge regime.

1979
When the Soviet Union invades Afghanistan, MSF teams make a clandestine trip into the country from neighboring Pakistan to reach injured civilians in remote regions.

1982
MSF launches a project in Nam Yao refugee camp in Thailand, where refugees who fled Laos, Cambodia, and Vietnam had been arriving since 1975.

FROM LEFT TO RIGHT: Afghanistan © MSF; Thailand © Sebastiao Salgado; Liberia © MSF; Bosnia and Herzegovina © Olivier Jobard; DRC © Henk Braam
focused heavily on development. It was widely believed that the way to address medical issues was through social betterment—improved living conditions, income, hygiene, et cetera. Doctors were considered a bit like missionaries, like a priest or a soldier, and were not prioritized by NGOs. These critiques and concerns were irrelevant in these new settings.

In 1980, a year and a half after the Khmer Rouge regime [in Cambodia] was toppled by the Vietnamese army, there was an influx of tens of thousands of refugees who crossed the Thai border in a terrible state. Malnutrition, parasites, malaria—it was a nightmare, and we were really overwhelmed. Because no one had ever done this kind of work at this kind of scale, we made many mistakes. We had needles, but they were not compatible with the threads on the syringes. We had drugs that were absolutely useless. It was improvised in the worst sense of the word.

But we built our knowledge, developed our public health approach incorporating nutrition, immunization, and water and sanitation, in addition to inpatient departments and pharmacies. It took us months to put all these in place, but it happened. Little by little things improved, and we eventually became experts in the management of [health care in] refugee camps. In many places, we provided health services to people living in the surrounding areas as well, something that is now standard MSF procedure.

In a way, MSF was one of the first nongovernmental organizations (NGOs) to realize the importance of getting involved in those camps. Previously, aid organizations were expected to be present in any place where there were refugees in need of medical assistance, and at the time two-thirds of the world’s refugees were living in refugee camps. We also crossed borders unofficially in order to start programs in areas controlled by armed groups, from Pakistan to Afghanistan; Sudan to Eritrea, Tigray, and Chad; from Zaire to Angola; from Honduras to El Salvador.

In 1990, MSF teams provide emergency care to refugees and others affected by Liberia’s civil war at the height of the conflict.

1991
MSF launches one of the largest interventions since its founding to help Kurdish people fleeing the Gulf War.

1992
MSF treats refugees fleeing ethnic violence in eastern Bosnia.

1994
MSF teams remain in Kigali throughout the Rwandan genocide and later help care for more than a million Rwandan refugees who fled to neighboring Democratic Republic of Congo.

1999
MSF provides humanitarian assistance to refugees fleeing crisis in Kosovo.
MSF has had to adapt to this new reality. We still have significant projects in camps in places like Dadaab, Kenya, and in South Sudan, but increasingly we must help refugees and other displaced people in the hostile, challenging urban environments where most of them now are.

MSF must be able to work on both fronts: In the more “traditional” humanitarian environments like in South Sudan—where people are displaced in areas where there are no resources to welcome them, access to health care is limited, and there are a lot of health risks like disease outbreaks—and in places where mortality rates might be lower but there are still massive needs, especially in terms of mental health and trauma, like at the US-Mexico border or detention centers on the Greek islands.

MSF must also be ready to respond to growing numbers of people displaced by the effects of climate change. It’s a key challenge, and I don’t think we have the full understanding yet of how it is already affecting people on the move today. It’s sometimes difficult to quantify—when you lose everything, you don’t say, “Oh, I fled home because of climate change.” That’s not how people phrase the reasons that push them to cross borders.

But we know it’s a serious and growing issue, so we’re advocating for states to extend protections for displaced people instead of continuing to tighten borders.

**AURÉLIE PONTHIEU:** When it comes to providing medical care to refugees and other displaced people, the challenges today are different than they were in the early 2000s and before. There are now fewer large refugee camps in the world, but the people who wind up living in them are staying there for much longer than they once did. But at the same time there is growing mobility, and the majority of the world’s displaced people are in urban settings, not in refugee camps.

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**2000**
MSF treats people wounded and displaced by Sierra Leone’s brutal civil war.

**2003**
Following the invasion of Iraq by a US-led coalition and resulting years of conflict, MSF cares for displaced people, both within Iraq’s borders and in other countries in the region.

**2008**
After Cyclone Nargis hits Myanmar, MSF teams already working in the country help thousands of people displaced by the storm.

**2011**
Conflict breaks out in Syria after violent crackdowns on protests against the Assad regime. In the years that follow millions of people are displaced by the spiraling conflict, both within Syria and across the globe. MSF opens projects within Syria and for Syrian refugees in neighboring countries.

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*FROM LEFT TO RIGHT: Sierra Leone © Robert Knoth; Myanmar © Robert Genest; Syria © Yuri Kozyrev/NOOR; Bangladesh © Anthony Kwan/MSF; Mediterranean Sea © Anthony Jean/SOS MEDITERRANEE*
We know that if states are not prepared to host more people that have been displaced by many different factors, then we are going to continue seeing crises at borders and we’re going to see more situations of despair.

As a result, we’ve also been pushed to talk more and more about the policies and political aspects of the crises we are responding to, because we cannot ignore the source of the harm that is being done and the causes of the suffering that we see. It’s very important for MSF—it’s part of our responsibility to do témoignage [bearing witness] and to explain the reality behind what we see on the ground.

The majority of the needs we respond to today among people on the move are the direct result of state policies that make migration more dangerous. People flee danger at home and die seeking safety. They face abuse. They face torture. They face the risk of dying at sea, because as borders tighten and close many have no choice but to attempt the risky journey to Europe across the Mediterranean. All because there are no safe, legal ways for them to reach safety and protection. So it’s very difficult for MSF to ignore the source of these problems when they could be avoided.

We’re talking about borders and state sovereignty, so it’s always a very sensitive issue. But MSF has been helping refugees for as long as we’ve existed—it’s been 50 years now. We have not become more political. We’ve always done this work. What we care about is for people to be treated with dignity, to be able to access health care, and to get the protection that they duly deserve. That’s what humanitarian action is about.

MSF MUST ALSO BE READY TO RESPOND TO GROWING NUMBERS OF PEOPLE DISPLACED BY THE EFFECTS OF CLIMATE CHANGE.

2016
In a historic move, MSF refuses funding from the European Union in protest of the EU-Turkey deal, a restrictive immigration rule that forces refugees and migrants arriving to Europe through the Greek islands “irregularly” to return to Turkey.

2017
More than 650,000 Rohingya people flee targeted violence in Myanmar, crossing the border into Bangladesh. They join hundreds of thousands more who were already living in the massive refugee camps of Cox’s Bazar. MSF expands existing projects in the area to help.

2018
In June, 630 vulnerable refugees and migrants are rescued on the Mediterranean Sea by MSF and SOS Mediterranée. Spain finally agrees to take them after they are denied entry to the nearest safe ports in Malta and Italy.

2021
MSF speaks out against the Trump-era US immigration policy Title 42, which exploits the COVID-19 pandemic to essentially close the US-Mexico border, blocking migrants and asylum seekers and expelling them directly back to Mexico or their countries of origin.
LIVES UPROOTED

Doctors Without Borders/Médecins Sans Frontières (MSF) staff members share personal stories from the long road to safety.

Migrants living in an abandoned building on the Greek island of Lesbos gather around a small fire in 2009. More than a decade has passed, and little has changed for people arriving on the Greek islands in search of asylum. © Yannis Kolesidis
EMAD, YEMEN/GREECE
“Life will not be this way forever”

Emad, 27, fled war in Yemen to seek asylum in Europe. He lived in an overcrowded refugee camp on the Greek island of Samos for two years and five months before receiving his national identity card. Only then could he finally leave the island and begin his new life. He now works with MSF on the nearby island of Lesbos where we provide medical and mental health care to the thousands of refugees stranded in inhumane living conditions. Here, Emad talks about his work as a health promoter with MSF and the people he has met in the camps.

This month in June it will be three years for me in Greece. I came from Yemen. I started working with MSF in Samos in May 2020 when I was still living in the refugee camp. For seven months, I worked as a health promoter in the camp and in the safe space MSF opened for high-risk people when the COVID-19 pandemic hit. After that, I worked as a receptionist for MSF for two months. For the last three months, I have been living and working with MSF in Lesbos. I really like the job. You come and [tell] people what you know, what you experienced. You tell them everything to give them awareness.

Maybe they’re a doctor, maybe they’re an engineer, maybe they’re someone that has knowledge—but the conditions [in the camps] kill all of that. The mind is tough, the body is tough, but you cannot think there. As a health promoter, you’re the one who is helping all of that. [This job] shows me how I am helpful in the community. I love it. I have that spirit and I have that energy to make someone happy.

It’s very important to have a former refugee, someone from the community, [in this position], because you know the culture, you know the traditions. You know what is good for this community, how to avoid what they don’t like, the best way to communicate a message. Your experience also teaches people that life will not be this way forever: People always say “we will die here,” because the conditions are so heavy on them—mentally, physically. But I know how to enter their heart and their minds, because yesterday they saw me sleeping next to them and today [I am here].

I don’t know what I’m going to do in the future, but at the moment I’m really happy. I’m working at a [job] that I really like. [Maybe] I’d like to one day work as a health promoter in another country with MSF or another organization. I’d like to learn more, study more. As a refugee, there is a limit to what you can dream for, but you have to do your best—I am doing my best.

I’m learning from my colleagues. Everyone is from different countries and everyone is [learning from each other]. Sometimes to study from a book is not enough—you have to learn from life. Everyone has experience, everyone has ideas, everyone has opinions. Give your time and give your mind to someone. When you stand next to that person, when you talk to them, they will feel happy. They will feel that love and think, “Oh, there is someone who wants to talk to me. I am again a human.”

I want to tell the people who read this: Don’t hesitate to help someone. Whatever it is—smiling, laughing, listening, shaking hands, hugging, sharing—never hesitate to do something for people that need help. Because tomorrow, who knows? You might also be in need.

“DON’T HESITATE TO HELP SOMEONE. WHATEVER IT IS—SMILING, LAUGHING, LISTENING, SHAKING HANDS, HUGGING, SHARING—NEVER HESITATE TO DO SOMETHING FOR PEOPLE THAT NEED HELP.”

ABOVE: Photo courtesy of Emad
LIVES UPROOTED

HASSAN, SYRIA
"We live as if we are in a prison"

Hassan, 47, and his family have been internally displaced multiple times since war broke out in Syria 10 years ago. He currently works with MSF in Idlib governorate, where we provide medical care, distribute hygiene items, and build latrines in camps for displaced people. Here, Hassan shares about loved ones he’s lost along the way and the challenges facing hundreds of thousands of people living in northwestern Syria today.

In 2012, I had to flee my home for the first time. [That same year] my mother passed away. But I couldn’t be there at her funeral because the Syrian army was bombing the area. I was 17 kilometers [about 10 miles] away from my village and couldn’t lay my eyes on her for the last time and say goodbye.

In 2015, I went to Iraq for work, where I was arrested and locked up for 18 days. While I was in Iraq, my family—who stayed in Syria—had to flee for a second time. So I never returned to that home.

In 2015, I took refuge in a house on a farm. We ate together with insects—the locusts were sharing our food. We remained there for one and a half months. During the month of Ramadan, the village was bombed and the houses where my brother and I lived were hit, so we moved to Idlib city.

I had to travel to Turkey for work towards the end of 2015, when Idlib came under heavy bombing. My children were at school and were traumatized because they couldn’t find each other. I was extremely frightened until they made it home. My brother lost his two children in bombings within 35 days of each other. My daughter, who witnessed that, developed nervous episodes and she started fainting constantly. Life became meaningless. This has impacted me the most.

In 2016, my son, who was still very young, couldn’t sleep and used to say, “The plane is here!” He lived in horror and fear and had psychological problems due to the bombing.

I started working with MSF in 2016 as a logistics specialist—before the war I worked for an electric company. Soon after, I moved from Idlib to Al Dana [about 23 miles north of Idlib]. There we had to go to the fields during the day to take shelter from the bombing. Sometimes we had to sleep at nearby chicken farms to escape airstrikes. My wife, my children, and I slept outside under the trees.

In 2020, just before Ramadan, the bombing became unbearable, so we moved on the first day of Eid Al Fitr. My children were supposed to enjoy Eid, but instead we had to move. We lived in two rooms underground in a place that doesn’t see the sun. We stayed for a whole month.

I currently live in Al Dana city. The biggest problem we face as a family is that, although my oldest son is studying dentistry and my two daughters are studying medicine, they will not have any certificates because their universities are not recognized. There is no support for education. When I had children, I could no longer see the future through my own eyes, only through theirs. I see them go out there to study and work hard, but in the end, what kind of a future can they plan? We live as if we are in a prison.

At work we visit the tents where displaced people are staying—mostly for two or three months, although some of them have been in the camp for seven or eight years. They live under a piece of cloth that doesn’t protect them...
from the summer heat or the winter cold. There are 400 camps without water. Bread has become a dream for many people. I’m in constant communication with the displaced people who live in the camp. They feel comfortable with me, because, who are these people? My brother, my cousin, my uncle. I consider them my family. Even when I can’t help, they still express their concerns to me.

Sometimes I feel helpless in the face of what I see. Their pain is mine. When I go to the camps and I don’t see any latrines, I imagine my family and myself there, and this breaks my heart. When I tell my managers at work about the situation in the camps, I see the tears in their eyes. I’m 47 years old, but people would think I’m 55 or 60. We’ve had a very tough life.

NUR BOSHOR*, BANGLADESH
“Treat us as human”

Nur Boshor was one among the hundreds of thousands of Rohingya people who fled to Bangladesh in 2017 following a targeted campaign of violence led by the Myanmar security forces. Four years later, nearly 900,000 Rohingya are still living in what has become the world’s largest refugee camp, in a sprawling settlement in the Cox’s Bazar district of Bangladesh. Rohingya refugees are not allowed to hold jobs, and can only earn a very small wage as volunteers with organizations working in the camp. Nur Boshor works as a daily volunteer with MSF’s outreach team. Here, he explains why Rohingya volunteers are a vital part of the team and expresses his hopes to return home in the future.

In 1962, the army took power in Myanmar and enacted martial law. From that time, gradually they started neglecting us and torturing us. In 1974, for the first time, they denied our citizenship status. Torture and ethnic cleansing increased. My family tolerated it until 2017—when we finally decided to leave. We left our belongings, land, houses—everything. The Myanmar army at that time established checkpoints on the [route] and indiscriminately fired at us. We lost many souls back there while fleeing.

The situation in the camps is getting worse day by day. People have no jobs. People depend on rations from food programs and [are given] only 1,017 Bangladeshi taka [about US$12] per month for a family. How can a family survive with this small amount? We can only afford rice and lentils—fish, meat, or much-needed medicines are far [too expensive].

I worked in the development sector back in Myanmar. A few days after [I arrived in Bangladesh], I joined MSF as a daily volunteer. Rohingya people have their own language and culture. Only a Rohingya can understand what another Rohingya says and wants. When we were in Myanmar, many pregnant women died in the hospital just because they could not express their feelings and condition properly to non-native speaking doctors. Gradually, people became afraid of hospitals and clinics. Now [in Bangladesh] Rohingya volunteers [with MSF] go door to door and discuss health issues, try to explain the importance of seeking medical assistance, and try to remove their long-held fear of doctors and hospitals. These things are only possible from a Rohingya volunteer.

Many [people I know] want to go back to Myanmar, as they face insecurity in the camps. I am also keen to go back to my soil. [But] not now, as the situation is not under control there. We would be facing horror again if we go. We are refugees, yet human. We have dreams. We need medical assistance when we are sick. We need food when we are hungry. We need shelter. I beg of everyone from the outer world to treat us as human. We want repatriation as soon as possible. We want to go home.

*Name has been changed

ABOVE LEFT TO RIGHT: © Tariq Adnan/MSF; Rohingya refugees pose for a photo in the camps of Cox’s Bazar, Bangladesh. © Robin Hammond/NOOR
FOWSIA, KENYA
“There is not one person who wants to stay in a refugee camp forever”

Fowsia, 31, is an auxiliary nurse at MSF’s 100-bed hospital in Dagahaley—one of three sites that make up the Dadaab camp complex, which hosts more than 430,000 refugees, primarily from Somalia. Like many people in Dadaab, Fowsia has lived here most of her life. In April, the government of Kenya and the United Nations Refugee Agency (UNHCR) announced plans to close the camps by June 2022, leaving many people uncertain about their future. Here, Fowsia talks about her experience living as a refugee for almost 30 years, and her thoughts on closing the camps.

I was two years old when I left Somalia. I don’t remember anything about it, but my mother has told me tales. After the civil war broke out, my uncle was killed in the fighting. So my family decided to migrate to Kenya to seek asylum. It took about four days on foot to reach Kenya. The journey was hectic. On our way to Kenya, we were robbed of our belongings. When we arrived, we were registered by UNHCR, given some food and a tent to construct, and got settled in Dagahaley camp—which, at the time, was just trees and dust.

I completed my primary and high school education here. I have a diploma in community development and am currently doing a degree in educational studies. I like what I am studying right now—education transforms societies, through education everyone’s future gets brighter—but in the camps, we don’t get to choose what we study. We don’t have resources, like school fees, so we depend on scholarships provided by organizations, and those scholarships determine what courses we can take. We don’t have a choice—we just take what comes our way.

I’ve worked with different organizations in the camp since high school—as a warehouse assistant, as a child protection officer, and now with MSF as an auxiliary nurse in the maternity department. What motivates me is serving the community. It is important to hire people from the local community. If you hire someone from a different community, they may have communication barriers. It also creates job opportunities and gives us a means to sustain ourselves.

Being in the camp is like being a bird in a cage. After being here for so many years, you don’t belong to anywhere, so I welcome the idea of closing the camps. There is not one person who wants to stay in a refugee camp forever. But the announcement [that the Kenyan government plans to close the Dadaab camps] has created a lot of concern in the community and uncertainty for the future.

There are no good options. I don’t want my children to grow up in a refugee camp. If you are resettled in a third country, you just go from one country where you don’t belong to another. If you go back to Somalia, you have to start afresh—you don’t have a place to stay; you don’t have a home. For my children, Somalia has no quality education, no medical services, no basic amenities. There are people who went back to Somalia when the first wave of repatriation started in 2016, but because of the insecurity, drought, and famine those people are coming back to the camp.

Being a refugee is not a choice, it is by circumstance. People like me are forced to flee their home countries because of civil wars. We would not like to remain as refugees forever. We cannot be stateless for any longer. I would like to be someone who has a place to call home.

ABOVE LEFT TO RIGHT: Photo courtesy of Fowsia; A market street in Dagahaley, part of the massive Dadaab refugee camp in Kenya. © Paul Odongo/MSF
MSF URGES UNITED STATES TO UPHOLD ITS COMMITMENTS TO REFUGEES AND ASYLUM SEEKERS

This year on World Refugee Day, June 20, Doctors Without Borders/Médecins Sans Frontières (MSF) called on the Biden administration to make good on its pledge to build a safe and humane migration policy. Worldwide, the number of people fleeing wars, violence, and persecution stands at a record high of nearly 82.4 million people, according to the United Nations Refugee Agency. MSF is speaking out in the US and around the world to challenge governments to live up to their commitments to protect these vulnerable people.

STATEMENT FROM DR. CARRIE TEICHER, DIRECTOR OF PROGRAMS FOR MSF-USA

We mark World Refugee Day as COVID-19 continues to claim the lives of thousands and affect the health and well-being of millions more every day. Refugees and asylum seekers have always been marginalized and excluded. Their access to health care, to housing, to water and sanitation, and to most other basic services has always been a challenge. But the COVID-19 pandemic has created almost insurmountable hardships for people forced to flee their homes. The pandemic elevated every barrier refugees and asylum seekers encounter. Among the obstacles they face, none are more detrimental than measures enacted by states to prevent them from seeking the protection they so desperately require. For those seeking protection at the southern US border, this couldn’t be more true.

For years now, MSF teams have witnessed firsthand the devastating toll of harsh US migration policies spanning several administrations on the lives and health of people forced to flee violence and extreme poverty in Central America, Mexico, and other countries.

The US government expelled more than 874,000 people from March 2020 to June 2021 under the pretense of safeguarding public health during the COVID-19 pandemic. Despite its rhetoric in support of refugees and its repeated promises to rebuild the US asylum system, the Biden administration continues to block migrants and asylum seekers at its southern border and to rapidly expel them to Mexico or to their countries of origin without due process.

We urge the US government to abandon ineffective migration containment strategies that deepen the vulnerabilities of asylum seekers and expose them to violence. The administration must immediately restart the processing of all asylum seekers along the southern border while implementing evidence-based measures to safeguard public health.

On this World Refugee Day, MSF reminds the Biden administration of its obligations toward refugees and asylum seekers under domestic and international law. Our hope is that the administration will live up to its promises and create an asylum system that truly recognizes the right of people to seek asylum and centers their health, safety, and dignity.
The Tigray region in northern Ethiopia has been convulsed by conflict since November 2020, when political tensions between the Tigray People’s Liberation Front (TPLF) and the central Ethiopian government spiraled into fighting and a massive humanitarian emergency. Hundreds of thousands of people are displaced from their homes, and millions of people are in need of humanitarian assistance.

Tigray’s health system, once relatively well-equipped and well-functioning, has been devastated. Since the conflict began, Doctors Without Borders/Médecins Sans Frontières (MSF) has been scaling up its response, supporting five hospitals and several health centers and running mobile clinics in dozens of locations.

MSF teams are also working in neighboring Sudan, where tens of thousands of refugees from Tigray have fled and many are still awaiting basic services such as adequate water, food, and shelter. At Al Tanideba camp, in Sudan’s Gedaref region, refugees have also had to contend with extreme weather during the rainy season, which has destroyed shelters, worsened poor living conditions, and prompted many to flee yet again.
An MSF health worker weighs a patient while holding a baby during a mobile clinic in Adiftaw, a village in northern Tigray. When MSF arrived here, we found looted and damaged health posts. Most medical staff had fled, and ambulances had been stolen. Such discoveries became routine as MSF entered other areas. People throughout the region are in urgent need of all kinds of health services, from pre- and postnatal care to treatment for malaria or chronic diseases like HIV and diabetes, for which there are few available medications.

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ABOVE: Refugees from Tigray board buses that will take them from Al Hashaba transit camp to one of two camps in Sudan’s Gedaref region, Um Rakuba and Al Tanideba. As of May, approximately 70,319 refugees had entered Sudan, according to the United Nations Population Fund. Around 40,000 of them are staying in camps. © Thomas Dworzak/Magnum Photos
CONFLICT IN ETHIOPIA

IN MEMORIAM

On June 24, 2021, three MSF staff members—driver Tedros Gebremariam, assistant coordinator Yohannes Halefom, and emergency coordinator María Hernández—were murdered in the Tigray region of Ethiopia. MSF condemns this attack on our colleagues in the strongest possible terms and calls for an immediate investigation into their deaths. Humanitarian aid workers must be allowed to do their jobs in safety.
The Rohingya people have lived in Myanmar for centuries but have historically been denied citizenship by the country’s government, leaving them stateless. They are one of the most persecuted minorities in the world. Though Rohingya people have been fleeing Myanmar in waves for decades, a 2017 campaign of extreme violence and persecution perpetrated by the military, police, and local militias in the country’s Rakhine state forced the largest-ever exodus.

STATELESS AND STRANDED

Four years after fleeing Myanmar, hundreds of thousands of Rohingya people are still being forced to make impossible choices.

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“The Myanmar army shot us on sight without any reason,” said Solim [name changed to protect anonymity], a Rohingya man who fled to Bangladesh with his family. “They killed us indiscriminately. They burned our houses. On August 25, 2017—a hartal day [a mass protest]—we were informed that there were plans for a massive cleansing. We understood by then that we could not live in that country. We left.”

More than 740,000 Rohingya people have fled Myanmar since August 2017, crossing the border into Bangladesh’s Cox’s Bazar district. They joined hundreds of thousands who were already living in the sprawling refugee settlements of Nayapara and Kutupalong.

**TEMPORARY SOLUTIONS FOR A PROTRACTED CRISIS**

Today, the Cox’s Bazar district hosts nearly 900,000 Rohingya people, and the massive camps have turned its hills into a sea of shelters cut off from the world by barbed wire and razor fencing. It’s the largest refugee camp in the world, but the refuge provided by the Bangladeshi government was offered as a temporary solution. As a result, most shelters are made from temporary materials such as bamboo and plastic sheeting that flood in the rain, offer no protection from intruders, and are built on top of each other. In March, a fire spread rapidly, destroying the shelters of 50,000 people and six health clinics, including one run by Doctors Without Borders/Médecins Sans Frontières (MSF). Fifteen people died.

“The camps are congested, and we are seeing a really worrying environmental impact on people living there,” said Bernard Wiseman, who was MSF’s head of mission in Cox’s Bazar from June 2020 to June 2021. “[They are] underfunded, especially for water and sanitation services—only a fraction of funding requested for these services was received in 2021. This has medical consequences—we’re starting to see a lot of skin infections and other issues related to deteriorating water and sanitation services.”

On top of this, Rohingya people are not given refugee status in Bangladesh (Bangladesh has not acceded to the 1951 international refugee convention). This means they are denied the right to education, employment, free movement, and access to social security or public assistance—just a few of the rights afforded to refugees under United Nations (UN) conventions.

“We were oppressed in Myanmar,” said Solim, who worked with MSF for 20 years in Rakhine state. “Our children did not have a chance to get proper education.
Now we have no fear of being tortured and our children are getting an education. But it has been four years, [and] we do not have any jobs.

The Bangladeshi government does allow Rohingya people to volunteer with humanitarian organizations within the camp and receive a small sum as compensation. The number of available volunteer positions dropped significantly during the COVID-19 pandemic as the Bangladeshi government imposed strict lockdown measures and cut the number of humanitarian actors allowed into the camp by 80 percent.

“This severely impacted the livelihoods of many Rohingya [people] and has forced them to make some tough decisions,” said Wiseman. Desperation brought on by the pandemic restrictions, which exacerbated a lack of opportunity and an uncertain future, has led to a spike in crime within the camps. “One of the symptoms of the COVID-19 restrictions is an increase in violence and extortion. There is a stronger prevalence of gangs, lots of violence, and we are seeing more trauma injuries in some of our hospitals. There is a stronger prevalence of armed groups that has created real insecurity in the camps.”

IMPOSSIBLE CHOICES

With no viable solutions in sight, Rohingya people in Bangladesh are forced to make impossible choices about their futures.

Some make the dangerous journey on trafficking boats across the Bay of Bengal to join the more than 100,000 Rohingya residing in Malaysia. Often these boats are caught by Malaysian authorities, but when they turn back to Bangladesh, they are blocked by Bangladeshi authorities and stranded at sea for weeks—sometimes months.

Approximately 20,000 Rohingya people have agreed to be relocated to the island of Bhasan Char, a sandbar in the middle of the Bay of Bengal that has only existed for about 15 years and has never been inhabited. The Bangladeshi government plans to eventually house 100,000 Rohingya refugees there, but the only way to reach the island from the mainland is by taking a three-hour boat ride with the Bangladeshi military. Once they arrive, people are not allowed to leave.

While the island is less overcrowded than the camps in Cox’s Bazar, MSF is extremely concerned about this temporary solution. “The relocation to Bhasan Char is a consequence of the failure of the international community to provide a solution to what has become a protracted refugee crisis,” said Wiseman. “It is just one of many issues that the Rohingya have faced for decades—an ordeal that includes state-sanctioned violence, persecution, discrimination, and the denial of their basic rights.” And with only rudimentary primary health care being provided on the island, it is unknown how emergency or specialty medical needs will be handled.

Others have made the difficult decision to return to Myanmar, “a country they fled at gunpoint that is in an even less stable situation now,” according to Wiseman. Myanmar plummeted further into crisis after a military coup in February 2021. Public health services remain severely disrupted and doctors and nurses continue to be the targets of violence, leaving people struggling to access care. In Rakhine state—an area where many people rely on humanitarian aid—health organizations are scaling back activities as they struggle to access cash and get supplies into the camps. MSF teams are seeing a spike in people seeking treatment for health problems related to poor hygiene conditions.

A MENTAL HEALTH CRISIS

The increase in violence, compounded by deteriorating living conditions and an uncertain future, has created a mental health crisis among the Rohingya people in Cox’s Bazar.

“When a group’s future is uncertain and when a population is not integrated into a society, this creates a feeling of a lack of safety,” said Kathy Lostos, MSF mental health activity manager. “Feeling that your life is under threat can lead to helplessness, believing that ‘nothing that I do will matter,’ and this can have a huge impact on people’s mental well-being.”

“FEELING THAT YOUR LIFE IS UNDER THREAT CAN LEAD TO HELPLESSNESS, BELIEVING THAT ‘NOTHING THAT I DO WILL MATTER,’ AND THIS CAN HAVE A huge IMPACT ON PEOPLE’S MENTAL WELL-BEING.”

From January to December 2020, MSF teams provided 36,027 group and 32,336 individual mental health consultations in the camps—a 61 percent increase compared to the previous year.

“We lost our belongings, our hopes, and our future,” said Solim. “But we are also human—we have [a] right to live well.”
Triton International, the world’s largest lessor of shipping containers, works with nearly every major container shipping line in the world. Since 2018, Triton has supported Doctors Without Borders/Médecins Sans Frontières (MSF) through a multi-year pledge. And in 2020, Triton stepped up its efforts by launching #Triton4MSF, a one-of-a-kind corporate charity campaign that harnesses social media to help raise awareness of MSF’s lifesaving medical humanitarian work.

Triton outfitted 30 of its refrigerated containers with large-scale photographs and art showcasing MSF’s work. When someone spots one of these containers, they can take a photo and post it to LinkedIn, Facebook, Twitter, or Instagram with the #Triton4MSF hashtag. For each tagged photo, Triton donates $100 to MSF.

In this Q&A, Triton’s CEO Brian M. Sondey discusses this unique initiative and how brands can align their work with causes they care about.

As the CEO of an international company, why is Triton’s social impact important to you?

At Triton, we are proud of our role in making global trade function more smoothly. Shipping containers connect the world through commerce, bringing different countries and cultures closer together. We exist because of the economic and social value that trade creates.

We take our obligation to be a good corporate citizen seriously. We believe it’s important to meet our customers’, employees’, and investors’ high expectations for us to make a positive impact in the communities where we operate.

How does supporting MSF align with Triton’s social impact objectives?

MSF often uses shipping containers to transport medical equipment or as temporary shelters and clinics for people in need. While we financially support several causes, as a lessor of shipping containers we’ve got a unique connection to this aspect of MSF’s operations. The #Triton4MSF effort is another opportunity for us to leverage our container fleet and industry relationships to raise awareness about MSF’s lifesaving work.

How was the #Triton4MSF campaign developed? How have your employees and customers responded?

The #Triton4MSF effort is the first time we have engaged in a campaign of this scale. This social media initiative is a creative way to connect our employees, customers, the public, and our containers in meeting Triton’s annual commitment to MSF. With many of our containers traveling across the world, we wanted to create a social responsibility effort that integrates the size, scope, and nature of our work.

Many of our customers, including the world’s major shipping lines, have been eager to carry the special edition containers and encourage their employees to participate. Our container manufacturers embraced the project and made their own direct contribution to MSF. Many are on the hunt to spot the containers, and we’ve already seen posts from Asia, Europe, and the Americas. The simple act of snapping and sharing a picture on social media can help make a difference.

What part of MSF’s work resonates the most with Triton?

MSF makes a large global impact, one life at a time, and they provide critical medical services in many locations where logistics and safety can be exceptionally challenging. Because Triton serves more than 44 countries, we appreciate the effort it takes to coordinate an effective global operation.

What advice do you have for business leaders who may question the importance of corporate philanthropy?

Well-targeted corporate philanthropy will build your franchise while changing lives and improving your communities. These initiatives can help engage employees, attract investors, build brand affinity, and differentiate your company from competitors. At Triton, we’re committed to positive impact, and we’re grateful to partner with MSF to demonstrate our resolve.
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.

DONOR-ADVISED FUND
You are a powerful resource for our vital work when you use your charitable giving account. Put your charitable dollars to work and initiate a grant recommendation today! Visit doctorswithoutborders.org/DAF or contact your charitable sponsor directly.

IRA
If you are above age 70½, you can contribute to MSF-USA directly from your IRA. Qualified charitable distributions (QCDs) may be excluded from your taxable income and qualify toward your required minimum distribution. Thanks to our partnership with FreeWill, you can make a hassle-free QCD gift by visiting www.freewill.com/qcd/doctorswithoutborders.

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 50 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, associate director of planned giving, 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 Lauren Ford, associate director of planned giving, at (212) 763-5750 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 William Donas in the Donor Services department at (212) 847-3158.

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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LEFT: Three women return to a camp for internally displaced people after fetching water from the Nile river in South Sudan’s Upper Nile state, 2014. © Anna Surinyach/MSF

FRONT COVER: When torrential rains hit the Greek island of Lesbos in 2018, thousands of people seeking asylum—including children—had no choice but to take shelter in flimsy tents near the overcrowded Moria camp. © Anna Pantelis/MSF