

ALERT

CONNECTING THREADS

DISPLACEMENT, CONFLICT, AND THE
HUMAN STORIES THAT LINK US





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ABOVE: Children play with bubbles after crossing the US-Mexico border into Arizona. In April, our teams worked with local nonprofits to assess the medical humanitarian needs of asylum seekers. United States 2024 © Christopher Lee

DEAR FRIENDS,



When I began my journey with Doctors Without Borders/ Médecins Sans Frontières (MSF) in 2011, I had no idea where it would take me.

My first assignment was as an ob-gyn in the city of Aweil, in what was then Sudan. It was a difficult

time in Sudan—war had been raging for years, and the needs were massive. When I left on my assignment, I expected to be working amid conflict and violence.

What I found when I arrived were mothers ready to do anything to get health care for their babies. “OK,” I thought, “I know this story.”

I was elected to MSF USA’s board of directors in 2017, and two years later, in 2019, I became president of the board. I could not have imagined the chapter that followed in early 2020, when the world was overwhelmed by the COVID-19 pandemic, forcing MSF to respond to a new global contagion. We made the unprecedented decision to launch temporary medical humanitarian operations in the US, serving some of the communities hardest hit by the disease—mostly communities of color. I joined our team in Puerto Rico, where community outreach and local partnerships played a vital role in containing the outbreak.

In May 2020, the murder of George Floyd by police in Minneapolis sent shockwaves through the US and around the world. As MSF USA’s president, I was proud to speak out to unequivocally state that racism is a public health crisis—and to foster important conversations about antiracism within our movement.

In 2022, Russia’s invasion of Ukraine escalated a long-simmering conflict and required us to adapt our operations to a dangerous and uncertain new context. In 2023, massive earthquakes struck Türkiye and northwestern Syria, where our teams had long been working to assist people struggling to survive years of conflict.

Today, violence is once again spiraling in Sudan, where a new civil war erupted in April 2023. And MSF continues to respond to a massive and worsening humanitarian catastrophe in Gaza.

In the years that have passed since my first assignment, the world has changed a lot, and MSF USA has had to change to continue providing high-quality medical care to the people who need it most. I’ve changed a lot, too. But through the years, it’s always been the human stories—the human connections—that have kept me coming back to this challenging, essential work.

It’s these human threads—the stories that link mothers and children, friends and neighbors, doctors and patients—that stretch across borders and form the fabric of our humanitarian movement. In this issue of *Alert*, and as we mark World Refugee Day on June 20, we’re sharing some of these stories with you. You’ll meet a Sudanese colleague who journeyed across his country as it was plunged into conflict once again, and how he and his team continued providing care to the communities they met even under the most dire circumstances. You’ll hear from members of our staff who worked in Gaza, caring for children affected by the conflict and calling for a safe space for them to heal. And you’ll hear from MSF USA executive director Avril Benoît, who shares her reflections after a visit to Old Fangak, in South Sudan, where flooding fueled in part by the climate emergency has pushed people already displaced by war into even more precarious conditions.

We share these stories to remind you—and ourselves—of the human threads that connect all of us. Your support connects you to MSF teams, our patients, and their communities in so many different parts of the world. As I conclude my term as board president, I’ll carry these stories with me as I continue my own.

It is now my pleasure and privilege to introduce Dr. Rasha Khoury as the newly elected president of MSF USA’s board of directors. Dr. Khoury is a valued colleague and a trusted friend who has completed six assignments as a surgeon with MSF in Sierra Leone, Lebanon, Ivory Coast, Iraq, and Afghanistan. She brings to her role a wealth of experience as an ob-gyn, a history of tireless advocacy for her patients, and her own unique stories.

Thank you, as always, for your generosity and steadfast support.

Sincerely,

Dr. Africa Stewart

President, MSF USA Board of Directors

THE MOST DANGEROUS WORLD TO BE A CHILD

**“IN PALESTINE, THERE’S NEVER A “POST”
IN POST-TRAUMATIC STRESS SYNDROME.
IT’S ONGOING TRAUMA, IT’S PROTRACTED TRAUMA,
IT’S ONE WAR AFTER THE OTHER.”**

—Dr. Audrey McMahon, child psychiatrist

PLACE IN THE



Content warning: This article includes graphic descriptions of violence.

The current war in Gaza has upended the lives of more than 1 million Palestinian children, who represent a significant percentage of the more than 35,000 killed, 79,000 injured, and 1.9 million people displaced under intense, ongoing Israeli bombardment and siege.

And as Israeli forces' operations have intensified in the south of the Strip, where the majority of the population had sought refuge, children are being uprooted yet again as families flee attacks on Rafah. But this reality is all too familiar in Gaza, where many children have never known life with sustained peace or free access to basic needs like food, water, and electricity. By the time the current war started last year, a 10-year-old in Gaza had already lived through four military assaults.

Doctors Without Borders/Médecins Sans Frontières (MSF) has been caring for Palestinian children since 1989, and we continue to work in Gaza and the West Bank. Even before the current war started in October 2023—when the militant group Hamas launched an attack on various sites in Israel, leaving about 1,200 people dead and taking more than 200 hostage—many years of instability had already taken a toll on the

physical and mental health of Gaza's children, leaving many with life-changing injuries, amputated limbs, and the trauma of losing parents and other loved ones along with their homes and schools. Any one of these experiences on its own is traumatic. Compounded, they have resulted in a massive and spiraling crisis.

In Gaza, MSF is providing children and their families with surgical and mental health care, physiotherapy, and vaccinations; and treating wounds, burns, and malnutrition, which has become a serious threat despite having never been documented by our teams in our 36 years of medical and humanitarian work there. Among our staff who have worked in Gaza over the years are pediatrician Dr. Tanya Haj-Hasan and child psychiatrist Dr. Audrey McMahon, who have seen firsthand how the realities of life in Gaza have impacted its children and have led UNICEF to call it the most dangerous place in



the world to be a child. Here, they explain the unique risks children face in Gaza and what they need from the international community.

What is the reality children are facing in Gaza right now?

TANYA: In Gaza, children's senses are exposed repeatedly to all sorts of trauma that most adults will not experience in their lifetime. Many of the children I met in Gaza recently are expressionless, often with a vacant look on their faces. They sit in the emergency department as the scenes of horror play out in front of them, watching silently.

I am an intensive care doctor. I am trained to receive and care for traumatic injuries, but the scenes in Gaza are on a different level. You see things that make you want to pass out. Children in Gaza are being forced to see these horrific things daily, often inflicted on the adults who protect them, on their siblings, and on their own bodies.

Beyond the medical trauma, if you are a child in Gaza today, you have most likely been displaced multiple times, are living in a tent, don't have food security, have lost multiple members of your close community (family, neighbors, friends), and have fallen asleep every single night for over seven months to the sound of drones and bombs falling from the sky. Many children in Gaza can

"WE ARE SEEING SOMETHING COMPLETELY UNPRECEDENTED ... THE ENTIRE POPULATION OF CHILDREN AND TEENAGERS IN GAZA—MORE THAN 1 MILLION PEOPLE—WILL NEED MENTAL HEALTH SUPPORT."

distinguish the type of bombs based on the sound. Nobody should know that difference. You should not have that much experience with weaponry at any age—and certainly not as a child.

Every mechanism of child protection has been destroyed and has been targeted—homes, family structures, schools, community centers, and clinics. Every specialized pediatric hospital has essentially been put out of service. Then there are all the children with chronic diseases—with cancer, with medical needs, who now can't access care.

AUDREY: We are seeing something completely unprecedented ... The entire population of children and teenagers in Gaza—more than 1 million people—will need mental health support.



FROM LEFT: Palestinians wait in line for food in Gaza, where the total blockade has resulted in malnutrition, to which children are particularly vulnerable. Palestine 2023 © MSF

A Palestinian man carries an injured child to the MSF clinic at Rafah Indonesian Hospital in southern Gaza. Palestine 2023 © MSF



“YOU WONDER WHO WILL BURY THE CHILD; WHO WILL MOURN THEIR DEATH. AND THEN DARKER THOUGHTS INFILTRATE: IS DEATH A MORE MERCIFUL OUTCOME FOR THIS CHILD WHO LOST EVERYONE THEY LOVE AND WHO COULD CARE FOR THEM?”

At the MSF clinic we see a lot of children that are not only alone, but need an amputation, sometimes without medication or sedation. Many of them will not only grieve the loss of limbs and learning how to live with a disability, but also losing their family members, their home, their toys. It's several circles of grief—to be honest, it's unbearable grief. Many children are going to be affected their whole life because they were already living in a very abnormal context. And for those that are physically disabled, now their body is, and will be, another reminder of what happened.

In Palestine, there's never a “post” in post-traumatic stress syndrome. It's ongoing trauma, it's protracted trauma, it's one war after the other. And when there's some sense of calm, people make the most out of it, but they never know when it's going to happen again.

What should people know about what's happening to children in Gaza?

AUDREY: Numbers are numbing. Seeing this on the news over and over again, there is a kind of normalization that happens because people feel helpless. But these children are human beings that have the same right to have a life lived in peace, to have access to good food, to grow healthy. They should have a right to have dreams and hope for the future. Children are born where they're born, and it doesn't make them belong to any type of group. They are just children.

TANYA: The first thing is to humanize people in Gaza. If you even spend 10 seconds imagining that you were in their place, you would do everything in your power to make sure that this stops and to relieve the suffering. The second thing is to recognize that this is a reflection of our humanity globally. Even if it happens on the other



FROM LEFT: MSF water and sanitation specialist Youssef Al-Khishawi helps children carry water to their tent in the Tal Al-Sultan area of Rafah in January. Palestine 2024 © MSF

Razan lost her whole family in a bombing that left her injured. Palestine 2023 © MSF

side of the world, it has very important repercussions for similar injustices. It's not as foreign as you think it is. Whatever we accept in Gaza will one day be used as an excuse to accept it somewhere else, and it's going to set a precedent.

What do Palestinian children need?

TANYA: There needs to be an immediate ceasefire, the immediate opening of unhindered humanitarian corridors to let in all the things that are indispensable to human life and to the protection of children—including shelter, food, water, and medicines. And the health care system needs to be rebuilt. There has to be a massive international humanitarian effort to make sure that structures and systems are put in place to provide everything that children need.

AUDREY: You cannot heal in an unsafe environment. They'll need physical safety, a home for warmth, not being outside in the rain without food or water. The body needs to have a sense of security. And of course, they need emotional safety. If they lost their parents, they will need adults that are protective. They need to be protected, to have people who love them, who care for them, who help them grow, who help them go back to school, who support them. It will take time.

I think that there are things that we don't even know now that we will learn from them with time, unfortunately. They will teach us what they need the most, how they want to be helped, because nobody has been through what they have. It goes beyond anything that we know.

What kinds of injuries and illnesses are we seeing in Gaza's children?

TANYA: In addition to the thousands of children who've been killed, you have thousands of children who have been maimed. And when you have a war injury like an amputation, it's not just that your leg comes off, somebody sews up the stump, and that's it, you can walk again. On average, these complex war-related injuries will need 8 to 12 surgeries in the person's lifetime. A lot of those surgeries must happen early on in recovery. If they don't, the wound could become infected and they might lose their limb—or their life, if that infection spreads to their bloodstream.

So a lot of these children who are wounded may actually get sicker or die if they don't receive the very intense and long-term medical care that they need as soon as possible. The prosthetics will also have to be resized as the children grow. These children need physical rehabilitation, physical therapy, occupational rehabilitation, occupational therapy. These things are impossible in Gaza right now.

There are also hundreds of thousands who are starving without appropriate shelter. That will have long-lasting implications for both their physical growth potential and their cognitive or brain development potential, which will then have later effects on their ability to function in life and be productive members of society.

Children are more susceptible to malnutrition, which leads to stunting. They don't have the kind of metabolic mechanisms that develop with age when they're very young. So what ends up happening is their blood sugar drops and they can easily die as a consequence of low blood sugar levels.

As adults, we need to eat so that we have energy, but our brains are fully developed. So if we are malnourished for some period of time, it's very unlikely to impact our cognitive ability in the long term. Whereas in children, that's not true at all. We know that starvation over time will eventually not only stunt the growth of their bodies, but also the growth of their brains and lead to developmental delays later in life and an inability to reach their full cognitive potential.

Malnourished children also have compromised immune systems. So a simple infection like a virus or a diarrheal illness that would be totally recoverable in a healthy person could actually lead to a malnourished child's death. You end up in this vicious cycle where, as a consequence of recurrent bouts of diarrhea, disease, illness, and malnutrition, they have atrophy of the lining of their intestines, which affects their ability to absorb nutrients. So then they have malabsorption, they lose more weight, their immunity's worse, and it just keeps going until the child dies.

How are these experiences impacting children's mental health?

AUDREY: In the immediate term, when a child is injured, many go from an extreme state of dissociation to screaming in pain from amputations and dressing changes, sometimes without any sedation. Then they can go into a state of mutism, not connecting with people, not looking at people in the eyes, and struggling to speak to anyone, even their parents. Of course there are some depressive symptoms as well, and depending on the age, it'll show up differently. And it affects their capacity to learn and to focus, because the psychosocial environment was already so intense in Gaza.

They show a lot of anxiety in different forms, like panic attacks, sleep problems—a lot of sleep problems. The level of stress on the nervous system will not go away quickly at all. It'll be very difficult to deprogram this. Even one traumatic event can take months or years to recover from. They are faced with layers and layers and layers of trauma. And they were already traumatized before October.

In fact, the situation in Gaza can impact a child's mental health and cognitive abilities even before they are born. When a mother is pregnant, the stress hormone is secreted, which can affect the unborn child's brain and development. It is the mother who is herself traumatized, which puts her at higher risk of symptoms of depression; of anxiety. And we know that trauma lives in the body, so it affects the child's development as a whole. So these children are more at risk of learning disabilities like ADHD and mood disorders like depression.

The risk factors for many children in Gaza were already extremely high before the war. Rebuilding—not only practically, but physically and emotionally—is going to take years of struggling, for some of them until the end of their lives.



ABOVE: Children fill their bottles with water provided by MSF in Al Mawasi, a coastal area in southern Gaza. Palestine 2024 © MSF

RIGHT: "The most common things I see among children are nightmares, bed-wetting, anxiety, and fear," said MSF psychologist Marwa Abu Al Nour. "We try as much as possible to give them support." Palestine 2023 © MSF



“THEY WILL TEACH US WHAT THEY NEED THE MOST, HOW THEY WANT TO BE HELPED, BECAUSE NOBODY HAS BEEN THROUGH WHAT THEY HAVE. IT GOES BEYOND ANYTHING THAT WE KNOW.”

Many children show up at hospitals unaccompanied and are labeled “wounded child, no surviving family,” or WCNSF. How did this term come about?

TANYA: It's a very unique thing. Normally, it's very rare for us to treat a child who's lost their entire family—occasionally you'll have a car accident, for example, where multiple members of the family die and a child survives. But WCNSF is now sadly not unusual at all in Gaza. I would often care for several children in the emergency room during mass casualties who had lost the rest of their families in the same bombardment. What we're seeing in Gaza is actually the complete wiping out of entire families. So when we say that a child has lost their family, it's not just that they've lost a mother or a father or both, it's often that they've lost the entire extended network that would take them in.

A doctor sent a picture of a child with “unknown” written in marker on his back, covered in a hypothermia blanket—those silver blankets that are used after marathons.

He's being cuddled by, I presume, a stranger. His back is also marked with the location where he was found. These children are not always marked. Sometimes you fail to resuscitate the child and you try to find their family to inform them of the child's death, only to be told that no one in the family survived.

You wonder who will bury the child; who will mourn their death. And then darker thoughts infiltrate: Is death a more merciful outcome for this child who lost everyone they love and who could care for them? One young adolescent who was the only surviving member of his family told me he wished he had been killed. He said that everyone he loved in this life was in heaven now and he didn't want to live on.

We don't know what happens to WCNSFs after discharge. That's the really hard thing. An adult might be able to go fend for themselves under certain circumstances, but a very young child is not going to be able to do that. For unaccompanied children who don't have a family structure anymore to protect them physically and psychologically, there are going to be long-lasting impacts and risks to their physical and psychological wellbeing.

What hope remains for children in Gaza?

TANYA: I can't imagine a world in which we decide there's no hope for children. They have their whole life ahead of them. So there is absolutely hope, because anything less than that is not a world that I want to live in.

AUDREY: At the very moment they are in complete survival mode, but one thing that's quite remarkable about people in Gaza is this amazing, collective sense of just striving, of making the best of what they have, of enjoying the sea and being so proud of sharing their amazingly good food with you. They really have this sense of who they are, of where they are from.

A colleague of mine has a 9-year-old and their house got bombed two or three weeks into the war. They had left just the day before, and their house was completely destroyed. The little boy couldn't sleep—he was waking up screaming in the middle of the night, and during the day he would build houses with Legos, trying to keep some power over the situation. We'll rebuild.



SAVING LIVES IS NOT A CRIME



By Tommaso Fabbri, former head of mission for Doctors Without Borders/Médecins Sans Frontières (MSF) search and rescue operations

In April, a judge in Italy closed a high-profile criminal case against MSF and other organizations conducting search and rescue operations in the Mediterranean Sea. This landmark legal decision found that the accusations of aiding and abetting illegal immigration were baseless.

The case grew out of a criminal investigation launched in Trapani, Sicily, more than seven years ago. Prosecution efforts continued amid increasingly harsh migration policies and attacks on search and rescue efforts by Italy and other European countries. Despite these obstacles, MSF teams have provided lifesaving assistance to more than 91,000 people stranded at sea.

Tommaso Fabbri, former head of mission for our search and rescue project, was among the aid workers accused in the criminal case. Here, Tommaso shares what he experienced during the proceedings—his fears, hopes, and, finally, vindication.

I recall that night vividly. We were in the middle of the Mediterranean. Nothing was visible. The sky and the sea formed one black canvas. And then, amid the darkness, we saw them: about 100 people, perilously crammed onto a rubber boat meant for no more than 20, with some already swept overboard, clinging to the sides. Behind them another boat emerged, and then another.

That was in 2016, when I was part of a medical humanitarian team aboard an MSF search and rescue vessel. We had received a distress call from the Italian Maritime Rescue and Coordination Center instructing us to assist several boats. By 11:00 a.m. the next morning, MSF had rescued more than 1,100 people.

I can still clearly remember the experience: the sense of anticipation as we searched for the drifting boats, the team's surge of adrenaline during the rescue, everyone jumping into action as we swiftly lifted people aboard, reflexively assessing their state of health and treating medical needs. After each rescue we would speak with the people on board, listening to their stories of survival: the horrors endured in Libya, the terror of their escape on unseaworthy boats, and the glimmer of hope of reaching a place where life can only be better.

ABOVE: MSF teams rescue 45 survivors from an overcrowded boat that capsized in March. Mediterranean Sea 2024 © Simone Boccaccio

I've been serving as a humanitarian worker since 2005, starting with MSF as a pharmacist before taking on various roles, including country director for emergencies around the world.

When I looked around the deck filled with 1,100 people—some suffering from dehydration, fuel burns, and scars from torture, yet all relieved to be rescued and to be alive—I knew I was exactly where I needed to be.

THE POLICE SEARCH BEGINS

Fast forward to 2021, the second harrowing year of the COVID-19 pandemic. I was managing COVID treatment programs for vulnerable older people when I received an unexpected call.

The police were searching for me.

It felt like the world had turned upside down. I was under investigation for my involvement in search and rescue operations, specifically aboard MSF's ship *Vos Prudence* in 2017. At that time, the Italian government, political parties, and institutional representatives had been unjustly accusing search and rescue NGOs of aiding and abetting illegal immigration in the Mediterranean Sea. Yet, I had never imagined that I would be accused personally, simply for doing my job.

I soon learned that I was not alone. The case brought by the Italian authorities implicated people from two other NGOs as well. If found guilty, each of us could face up to 20 years in prison.

Despite the threat, I tried to stay calm. I was not worried about my personal reputation or that of MSF, as I was confident that we had always worked with a commitment to transparency and coordinated our activities with the Italian Coast Guard, military police, and the authorities. However, my concern about the broader implications of the case has been harder to shake off: the potential impact on ongoing search and rescue operations, and more importantly, what it would mean for people in need of safety and protection.

My fears were not unfounded; they were rooted in experience. Since 2017, MSF began noticing a shift in behavior from the Italian and other European authorities regarding lives at risk at sea.

A recent Italian decree prohibits ships from rescuing survivors from more than one boat at a time, while

disembarkations are assigned in faraway ports. Both are policies that keep search and rescue vessels away from where they are needed for extended periods of time. Meanwhile, aid workers and NGOs continue to face criminalization, with humanitarian search and rescue vessels regularly detained in Italian ports. Just in March, MSF's ship, *Geo Barents*, was issued a 20-day detention order by Italian authorities after a rescue operation that a Libyan patrol boat had dangerously tried to hamper.

The case began with a preliminary hearing to determine whether the Italian government possessed sufficient evidence for prosecution. The hearing took 40 sessions in court, stretching over two years.

During the last seven years in limbo, I continued to work as an aid worker with MSF in projects in India and Bolivia, and in COVID-19 projects in Italy, France, and Mexico. I just returned from an assignment as head of our Gaza operations in March.

CASE DISMISSED

The case against me and the other aid workers was dismissed on April 19. However, during the seven years it took to reach this judgment, the Italian government invested enormous resources in policies that have led to tragic consequences. They erected barrier after barrier to humanitarian action while failing to prevent shipwrecks and establish legal and safe routes for people fleeing through the Mediterranean. Tragically, in 2023, the International Organization for Migration reported that 3,105 people have died or gone missing while crossing the Mediterranean. That's more lives lost in the Mediterranean than in any other year since these allegations were first made.

Despite the challenges posed by this case and the many other obstacles, MSF teams have not stopped doing search and rescue work in the Mediterranean.

Saving lives is not a crime; it is a moral and legal obligation, a fundamental act of humanity. I hope that the outcome of this case sends a loud, clear message to any government: stop criminalizing solidarity!



THE JOURNEY NORTH

Documenting struggle and determination on migration routes in the Americas



"WE CROSSED THE JUNGLE LOOKING FOR A BETTER FUTURE—NOT FOR OUR LIVES TO END. A SNAKE DOES NOT END YOUR LIFE. YOUR LIFE IS ENDED BY THE MEN INSIDE THE JUNGLE WHO RAPE AND KILL."

— Suzie, Venezuela*

Content warning: This article includes references to sexual violence.

The 19,000-mile Pan-American Highway runs from Argentina to Alaska, uninterrupted but for a stretch of dense jungle between Colombia and Panama known as the Darién Gap. For 66 miles, there are no roads—only treacherous forest, cliffs, rivers, and muddy swamps. Despite the risks, thousands of people attempt this crossing every day on their long journey north to seek a better life.

In recent years, Doctors Without Borders/Médecins Sans Frontières (MSF) staff in Mexico have cared for people fleeing conflict, poverty, and repression in countries throughout the Americas, including Venezuela and Haiti, but also from as far away as Africa, Asia, and the Middle East. Their journeys are typically long and complex, with many stops, multiple modes of transportation, frequent roadblocks, and detours, with limited to nonexistent access to health care along the way. Often lacking any protection from authorities, migrants, refugees, and asylum seekers are uniquely vulnerable to violence and abuse.

While our teams continue to work in Mexico and other locations along migration routes, Panamanian authorities forced MSF to suspend medical activities in the country in March 2024. On average, our teams provided

physical and psychological care to nearly 5,000 people a month at two clinics, with an emphasis on caring for survivors of sexual violence.

MSF helps people on the move along the migration routes in Mexico and in areas of Central and South America. Our teams in Mexico treat survivors of sexual and gender-based violence, people targeted for their sexuality or gender identity, families whose children were pressured to join criminal organizations, and people driven to escape extreme poverty. We provide or connect many patients with basic medical and mental health care services. For a smaller number of people who have survived torture or extreme violence, we provide longer-term care, including specialized medical and mental health treatment and social services, at our Comprehensive Care Center, known as El CAI, in Mexico City.

Once people reach Mexico's northern border with the United States, they often end up stranded in tents or shelters in dangerous border cities, at risk of violence and extortion at the hands of gangs as they wait for weeks or months for a chance to legally enter the US. MSF also cares for people waiting to apply for asylum at the border, and in Mexico City. Our teams across the region witness every day what people on the move face on their journeys.



"MANY OF US HAD EVERYTHING WE NEEDED. BUT SUDDENLY FOUND OURSELVES WITH NOTHING BUT A LITTLE BAG OF DREAMS TO HOLD ONTO AS WE SEEK TO WORK AND REBUILD OUR LIVES."

— Francis, Venezuela

CLOCKWISE FROM TOP LEFT: Last year, a record-breaking half a million people crossed the Darién Gap, a stretch of dense jungle connecting South and Central America.

Crossing the Turquesa River at the Lajas Blancas Migrant Reception Station.

A woman and child arrive exhausted in the indigenous community of Bajo Chiquito after crossing the jungle.

All photos Panama 2023 © Juan Carlos Tomasi/MSF

ONE YEAR OF CATASTROPHE IN SUDAN

A cross-country journey during a war that has created the largest displacement crisis in the world



Babiker* awoke to the sound of heavy gunfire in his neighborhood. It was April 15, 2023, in the town of Kas-sala, eastern Sudan. As shots rang out, he remembered rumors about tensions in the country's military forces, including at a base near his home.

Social media soon confirmed his fears—there was shooting and artillery shelling all over the country. Overnight, a power struggle had erupted into warfare between the Sudanese Armed Forces (SAF) and a paramilitary group, the Rapid Support Forces (RSF). Civilians were suddenly caught in a civil war.

"People were shocked," Babiker recalls. "No one was prepared for this conflict."

A Sudanese civil engineer, Babiker has been a water and sanitation manager with Doctors Without Borders/ Médecins Sans Frontières (MSF) since 2021. He first

worked in a camp in eastern Sudan, helping refugees from the conflict in neighboring Ethiopia's Tigray region. Despite facing decades of instability and political and economic strife, at the time Sudan hosted more than 1 million refugees and asylum seekers from many countries in the region.

Everything changed one year ago on that morning in April, when armed men stormed entire neighborhoods in cities including the capital, Khartoum. Violence soon spread throughout the country. Air- and seaports shut down, and millions of people fled to different parts of the country and beyond. Aid organizations, including MSF, initially relocated many international staff. However we soon sent in new international teams to work alongside Sudanese colleagues to respond to emergency needs.

Like other Sudanese MSF staff, Babiker stayed on throughout. As the conflict continued to shift over the months that followed, he traveled throughout the country to provide urgently needed humanitarian aid. The months became a year. Babiker's work evolved to meet the ever-shifting dynamics of the conflict and people's growing needs.

APRIL: A MASS EXODUS THROUGH PORT SUDAN

At the end of April, Babiker joined an MSF team in Port Sudan, a hub for Sudanese citizens and foreign nationals seeking to exit Sudan. Some were Syrians and Yemenis who had been living in Sudan after fleeing war in their home countries; others were students from Nigeria who attended Sudanese universities. There were many Sudanese people from Khartoum and elsewhere, including employees of foreign embassies and international organizations. Those who could afford it waited

a month or longer to take passenger ships to Saudi Arabia.

"The majority of them were just setting up tents next to the Red Sea," Babiker says. "They were suffering with limited access to water. There was no support from the government or any organization."

The MSF team assessed their needs, donated basic hygiene items, containers for water storage, and medical supplies. Babiker focused on setting up a new base in Port Sudan to coordinate emergency activities throughout the country.

LEFT: Teams at the MSF clinic in Zamzam camp conducted a rapid nutrition and mortality assessment in January, finding an alarming rate of malnutrition among children. Sudan 2024 © Mohamed Zakaria

BELOW: A displaced family living at a fire station in Zalingei, Central Darfur. Sudan 2024 © Juan Carlos Tomasi/MSF

THE TEAM FOUND 1,200 PEOPLE SHELTERING IN A SCHOOL WITH NO FOOD, NO MEDICAL CARE, NO LATRINES, AND ONLY TWO WATER FAUCETS THAT WERE BOTH MALFUNCTIONING.



JUNE: FLEEING SOUTH TO WAD MADANI

As fighting continued throughout Sudan, many more people fled south from Khartoum to the city of Wad Madani, which at the time was still under the control of the Sudanese government. In June, Babiker worked with an MSF team there, supporting several hospitals and sites for displaced people.

In the locality of Al-Hasahisa, the team found 1,200 people sheltering in a school with no food, no medical care, no latrines, and only two water faucets that were both malfunctioning.

"It was a terrible situation," Babiker says. "We decided to directly support them in two different ways—our team started running mobile clinics with doctors, nurses, and midwives. We installed water tanks so people could get water 24 hours a day. We built many latrines. After one month, the situation was quite different."



MSF advocated for food distributions. Despite their needs, people were not asking for much.

As displaced people shared their stories with Babiker, he was struck by the poignancy of helping people with whom he had much in common.

"I put myself in their situation," he says. "I talked with one of them—he was a civil engineer—and I thought, 'That could happen to me.'"

JUNE THROUGH AUGUST: MILLIONS OF DIFFICULT JOURNEYS

From June through August, millions of people fled across Sudan, some finding shelter within its borders while others sought refuge in neighboring countries such as Chad, South Sudan, and Central African Republic.

Soon Sudan's internal displacement crisis became the largest in the world. Since April 2023, more than 8 million people have fled their homes, seeking shelter in one state after another as the fighting moves, or crossing into neighboring countries.

People who had homes and careers now have nothing. Hunger is looming in many areas.

"I remember, when the conflict started, people said it would only continue for three days," Babiker says. "Most of the people who left Khartoum didn't take anything—they left their clothes, their money, everything. You can imagine after one year, it's a catastrophic situation."

OCTOBER IN OMDURMAN

In October, Babiker traveled to the city of Omdurman, where his family lived before the war. Despite heavy fighting between SAF and RSF, many civilians remained. He was part of an MSF team offering support to Al Nao Hospital, the only hospital still functioning in the city.

Babiker was struck by the contrasts. Shelling was hitting residential areas, but young people were playing soccer and women were going to an outdoor market, ignoring the explosions.

ABOVE: "The situation here is very chaotic," said Marry Monga, a mother who fled Khartoum to Wad Madani, only to be displaced again when the fighting spread there. Sudan 2023 © Fais Abubakr

BELOW: The MSF pharmacy in Torung Tonga, Jebel Marra, South Darfur. Sudan 2024 © Irshad Khan/MSF

"MOST OF THE PEOPLE WHO LEFT KHARTOUM DIDN'T TAKE ANYTHING—THEY LEFT THEIR CLOTHES, THEIR MONEY, EVERYTHING. YOU CAN IMAGINE AFTER ONE YEAR, IT'S A CATASTROPHIC SITUATION."

—Babiker, MSF water and sanitation manager in Sudan

"For most people, when you hear shelling, you have to hide to protect yourself," Babiker says. "But after six months, it was as if people had become used to this situation."

The staff at Al Nao were government employees who had not been paid since the war began and were struggling to continue working. To help, MSF started providing staff with modest financial support, supported the hospital with medical supplies, and set up a cholera treatment center to boost capacity in the face of the looming threat of outbreaks.

Only half an hour before he was set to arrive one morning, Babiker received a call notifying him that the hospital had been directly shelled. Two people were killed in the emergency department and five more were injured. His supervisor reconsidered the risks and discussed them with Babiker. He would have to leave.

Babiker also joined a team responding to a cholera outbreak spreading in the eastern state of Al Gedaref. MSF was supporting the state's only cholera treatment center as up to 50 new patients arrived each day.

THE FOCUS SHIFTS TO WATER

In November, MSF handed over support of the center to another organization and started focusing exclusively on stopping the spread of cholera.

In Al Gedaref, the only water available to displaced people came from small vendors carrying it around in donkey carts. Babiker's team identified about 50 wells that supplied these vendors. Although chlorination was not a common practice, the team offered to test the water and treat it with chlorine to make it safe to drink.

Many of the wells were privately owned. One by one, a team of MSF health promoters persuaded the owners to participate.

"It was very difficult to convince them of the importance of chlorination," Babiker says. "It takes time, but after a while, it became normal and they themselves were asking people to chlorinate the water."

ANOTHER FLASHPOINT BY THE END OF THE YEAR

By December, cholera cases had declined to fewer than 10 per day, and MSF teams completed their response. Within weeks, however, the neighboring city of Wad Madani was suddenly captured by the RSF, causing thousands of displaced people to arrive in Al Gedaref once more.

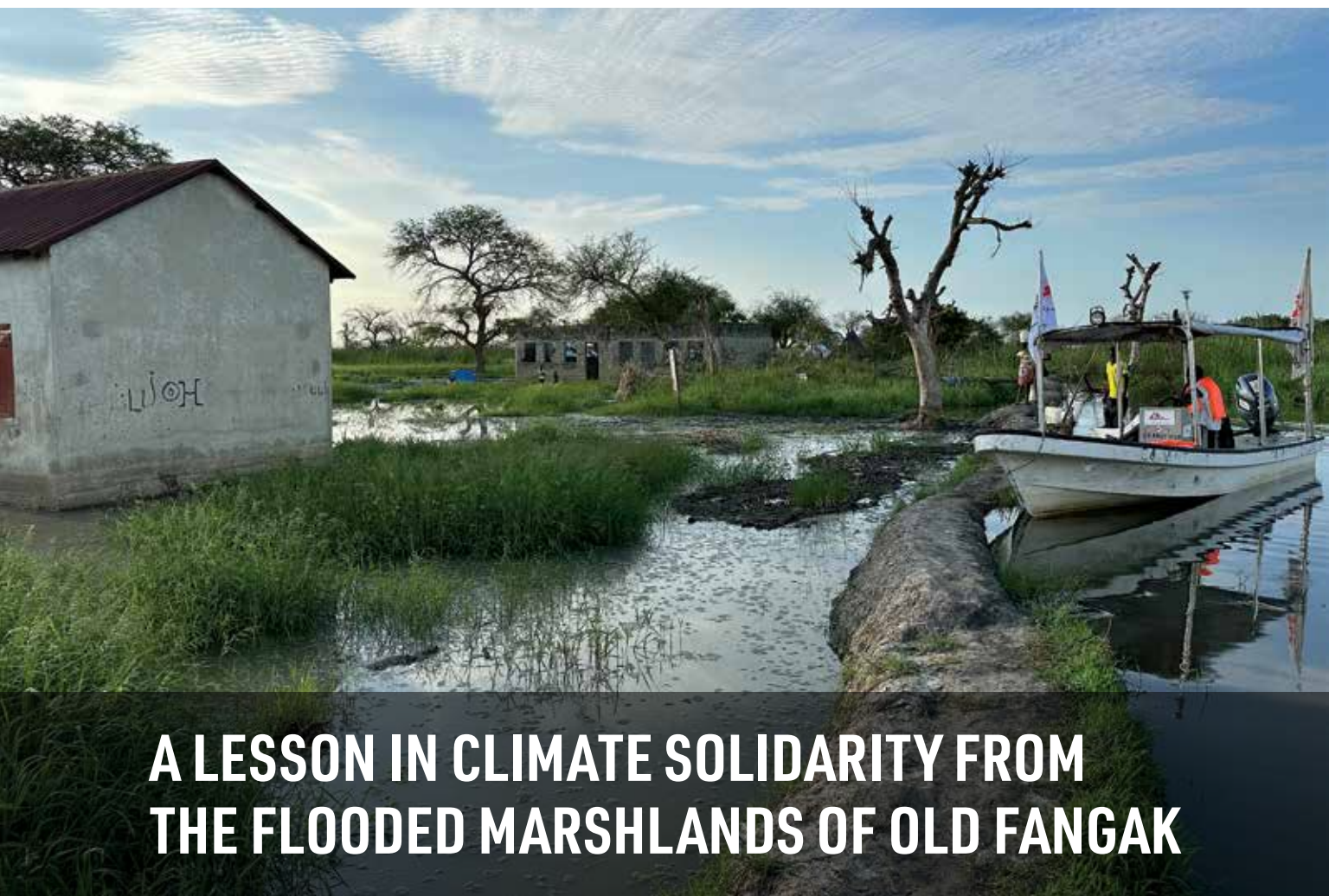
Babiker returned to Al Gedaref to assess the needs. His team focused on five sites, delivering water with tanker trucks to people who had lost everything. But there are far more gathering sites for displaced people in just the city of Al Gedaref, and some are receiving nothing, Babiker says.

It is an intolerable situation, even as the war grinds on.

"The only loser of this conflict is the Sudanese people," Babiker says. "We need the conflict to stop. Then everyone can go back to their homes and we can continue with normal life."

BELOW: A mother holds her child at MSF's clinic in Zamzam camp in Sudan. Sudan 2024 © Mohamed Zakaria





A LESSON IN CLIMATE SOLIDARITY FROM THE FLOODED MARSHLANDS OF OLD FANGAK

By Avril Benoît, chief executive officer of Doctors Without Borders/Médecins Sans Frontières USA (MSF USA)

Many of the countries where MSF works are already the hardest hit by climate change. In South Sudan, for example, unprecedented floods over the last four years have displaced hundreds of thousands and cut off entire communities from access to health care.

Among the most vulnerable are people living in displacement camps—a camp in Bentiu, Unity State virtually became an island surrounded by floodwater during the rainy season in 2022. Today, even more people are living in camps across South Sudan, with nearly 600,000 having fled the war in Sudan over the past year. On a recent visit to the country, MSF USA chief executive officer, Avril Benoît saw the effects of climate change firsthand.

At MSF, our teams are witnessing firsthand how climate change is already impacting people's health around the world. Last fall, I saw it myself in Old Fangak, a remote town hidden in marshlands in the northern region of

South Sudan, where many people displaced by conflict have sought refuge from the fighting over the years.

But the terrain that once kept people safe has turned against them as climate change has exacerbated existing health issues and created new ones. The waters that kept conflict at bay are now an obstacle to travel, and the dense vegetation where people hid from violence has become overgrown and unruly, making accessing basic services like health care extremely difficult.

For many of those who fall ill in this area, it can take days by canoe to reach the hospital that MSF has supported in Old Fangak since 2014, which is the only hospital in an area with 20,000 people.

When I visited the hospital last fall, I met a woman who had recently made the difficult decision to flee the ongoing violence in Sudan after living there for nine years.

Nyakena gathered her six children, hopped on the bus,

HERE AND IN MANY OTHER PARTS OF THE WORLD, ONE OF THE MAIN HEALTH ISSUES ASSOCIATED WITH EXTREME FLOODING IS MALARIA, SINCE STAGNANT WATER IS A BREEDING GROUND FOR MOSQUITOES.

and hoped they would be safer in Old Fangak, a town where the only family she has is her mother-in-law. She said she hadn't heard from her husband since September, though she believed he was still in Khartoum.

Once she reached South Sudan, she waited in line all day but didn't reach the end to be registered as a returnee to South Sudan, which is necessary to receive assistance like food and cash to help people restart their lives. Instead, she and her children made their way to Old Fangak with only what they brought with them from Sudan.

Now her two-year-old daughter, Chudier, is fighting for her life after being admitted to the hospital for malaria and malnutrition.

Here and in many other parts of the world, one of the main health issues associated with extreme flooding is malaria, since stagnant water is a breeding ground for mosquitoes. As a result, most patients we see at the hospital in Old Fangak have malaria, especially during the rainy season.

Extreme flooding also increases the chances of outbreaks of waterborne diseases like cholera and hepatitis E. In and around Old Fangak, latrines are flooded and drinking water sources are contaminated. There is an ongoing hepatitis E outbreak, which can be especially deadly for pregnant people.

Submerged land also means people cannot grow crops, and their livestock can't graze. In Old Fangak, many men have turned to fishing for themselves and their families, and women have turned to less traditional and nutritional food sources like harvesting water lilies.

While the UN World Food Program provides some food assistance, aid was recently reduced in eastern Africa amid increasing global needs, leaving children and adults more vulnerable to malnutrition.

Humanitarian needs are estimated to double by 2050. The situation for our patients is only going to get worse.

In 2022, an estimated 249 million malaria cases were reported—a number that is expected to rise by 15 million in the coming years. We've already seen an unprecedented rise in cholera in recent years due to climate factors like floods and droughts, conflict, and forced displacement as there is often limited access to clean water in refugee and displacement camps—a trend that is likely to continue as more and more people are forced

to live in crowded conditions. And as extreme weather events continue to happen all over the globe with greater frequency and intensity, more and more people will face food insecurity and experience malnutrition.

Right now, people across the globe who are the least responsible for the greenhouse gas emissions that have caused the climate crisis are suffering the worst consequences because they have the fewest resources to adapt to their new realities and mitigate the impacts of climate change. These are often the same people and communities in which MSF works.

Going forward, governments must make concrete financial commitments to ensure that help is truly reaching those who need it most.

During my time in Old Fangak, I met a community elder who told me that everyone relies on each other to survive the flooding. Surrounding communities help each other build dikes to keep the water at a distance, and families offer up their homes to those who've been displaced so they have somewhere dry to sleep.

We must respond to the global climate emergency with this same sense of solidarity.

FACING PAGE: A flooded schoolhouse in the village of Wongmok near Old Fangak. South Sudan 2023 © Brienne Prusak

BELOW: Nyakena Mathot's two-year-old daughter, Chudier, received treatment for malaria and malnutrition in Old Fangak after they fled the violence in Sudan. South Sudan 2023 © Samir Bol



Donor Spotlight: Bill Gross



Bill Gross, a pioneer in fixed income investing, has been a dedicated Doctors Without Borders/Médecins Sans Frontières (MSF) supporter for almost 20 years and is one of our most generous donors. An equally dedicated stamp collector, Mr. Gross put his stamp collection up for auction in 2007, with all the proceeds, totaling over \$7 million, going to MSF. Since his retirement in 2019, he's overseen The William, Jeff and Jennifer Gross Family Foundation, which provides funding for nonprofit organizations that focus on humanitarian causes, health care, arts, and education.

How does MSF's mission align with your philanthropic goals?

I believe that health care is a human right, not a privilege of those who can most afford it, or who has the best insurance. That's why my family and I have made some of our largest donations to health care organizations, whether it's MSF or other organizations.

What makes MSF different from other organizations?

MSF is an organization that goes directly to where their help is needed most. My children, Jennifer and Jeff, and I chose to invest in the organization because stricken children and adults are needlessly

dying around the world due to futile wars and devastating diseases. MSF's ability to deliver urgent humanitarian aid to the otherwise forgotten or ignored is unique and unparalleled.

What do you want other potential donors to know about MSF and the work we do?

The public should know that any dollar donated to MSF is a dollar that will go toward the urgent needs of those facing the most catastrophic consequences of war, natural disasters, and other events outside people's control.

MSF should also be considered the world's eyes and ears on the ground. Their direct and indirect eyewitness accounts of emergencies are often more descriptive and accurate than the mainstream media. While the media mostly describes the conflict, MSF not only tells us about the human consequences, but they also try to address the problems.

What do you hope to accomplish with your philanthropy?

I would hope to provide a legacy, not for myself, but of lasting improvement in the communities and lives of people most in need of assistance. In some ways, I'd like to think of myself as an intermediary. It is true, I have been blessed with wealth through hard work and good fortune. But what good is that wealth if it can't be put to a higher purpose and help provide the basic necessities for others? I hope to accomplish some measure of improvement in humanity

through my giving, whether locally or internationally.

I've endeavored to put my money where my mouth is. My giving has been directed less toward building ego monuments, and more for direct action. The bulk of my giving has gone toward organizations that provide health care, humanitarian relief, education, and community support. In other words, groups that have a ground game and provide direct assistance to urgent causes.

How would you convince an everyday person to think bigger in terms of what they can accomplish with their own giving?

Trust me, I don't do this for the adoration. There is no expectation of gratitude, just the satisfaction that the money goes straight to where it's most needed and spent responsibly.

My advice to future philanthropists would be to find existing institutions like MSF (my favorite) and start writing checks. And forget about semi-permanent nameplates over hospitals and universities (I'm guilty of this in my early years). Donate to organizations that give money and care directly to the people who need it.

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**.

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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 **freewill.com/qcd/doctorswithoutborders**.

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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 call **(212) 763-5757** or email **plannedgiving@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 call **(212) 763-5757** or email **plannedgiving@newyork.msf.org**.

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Did you know you can donate gifts of securities to MSF USA? Making a stock gift is simple and offers a number of valuable financial benefits. You can donate appreciated stocks, bonds, or mutual funds, and the total value of the stock upon transfer is tax-deductible. Also, there is no obligation to pay any capital gains taxes on the appreciation. MSF USA currently maintains an account with Morgan Stanley Smith Barney to offer donors an easy way to transfer securities hassle-free. For more information on how to make a security donation, please visit **doctorswithoutborders.org/support-us/other-ways-give**. You can also call William Donas in the Donor Services department at **(212) 847-3158**.

RIGHT: In May, MSF emergency teams responded to the health needs of vulnerable Indigenous communities following major floods caused by climate change in Rio Grande do Sul, Brazil 2024 © Marine Henrio/MSF





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ALERT

is a 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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ABOVE: Destruction caused by clashes between armed groups and police in the Carrefour neighborhood outside Port-au-Prince, which has experienced an alarming spike in violence since late February. Haiti 2024 © Corentin Fohlen/Divergence

COVER: A Palestinian child fetches water from a distribution point in Rafah, southern Gaza. Children make up half the population of Gaza, and the war has taken a heavy toll on their physical and mental health. Palestine 2024 © MSF