

# WITHOUT BORDERS

Issue 41 | July – September 2019



MEDICAL AID WHERE IT IS NEEDED MOST. INDEPENDENT. NEUTRAL. IMPARTIAL.



## LIBYA

LOCKED UP  
OUT OF SIGHT

### Libya

The reality behind  
inhumane detention

### Jordan

A remarkable  
journey of hope

### Greece

From refugee to  
MSF health worker

### Mediterranean

Hundreds saved  
from drowning

# URGENTLY REQUIRED: OBSTETRICIAN-GYNECOLOGIST



MSF is recruiting committed and qualified obstetricians and gynecologists to work with our teams in projects around the world. If you're experienced, motivated, and believe everyone deserves access to medical care, please visit us at [msf-me.org/work-field](http://msf-me.org/work-field)

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## WELCOME



As today passes, nearly one person will be forcibly displaced from their home every two seconds as a result of conflict or persecution. Currently, there are over 70 million forcibly displaced people worldwide, according to the United Nations Refugee Agency – that is the highest number on record.

Our teams around the world are working to support victims of displacement in a myriad of contexts. Today, we are providing medical care from the refugee hotspots of Greece to the detention centres of Libya, where thousands of people fleeing war, persecution and poverty are detained in inhumane conditions.

We know that people will always take perilous risks in order to survive, whether crossing land borders or oceans. That's why, in July, MSF relaunched its lifesaving search and rescue operations in the Central Mediterranean after being forced to terminate operations last December. As long as European governments fail to take responsibility for this, we will do all we can to prevent people who are seeking safety from needlessly drowning at sea.

In Democratic Republic of Congo our teams are tackling multiple humanitarian crises, including simultaneous outbreaks of measles and Ebola. All the while an upsurge of violence in the country is forcing more vulnerable people from their homes and exposing them to danger.

Through our projects worldwide, we've seen people flourish even in the most hopeless situations. In this edition of *Without Borders*, we celebrate the incredible recovery of Qusay Hussein, who survived a bomb blast in Iraq, underwent 35 surgeries at MSF's hospital in Amman, and then went on to study in the U.S. The courageous determination of this young man is nothing short of inspiring.

Thank you for your support,



**Mario Stephan**  
Executive Director  
Médecins Sans Frontières UAE

**WWW.MSF-ME.ORG**

 [msfarabic](https://www.youtube.com/msfarabic)  [msf.arabic](https://www.facebook.com/msf.arabic)  [msf\\_uae](https://twitter.com/msf_uae)

**MSF Regional Office in the United Arab Emirates**  
P.O. Box 65650, Dubai, United Arab Emirates  
T +971 4 4579255 E [msfuae@msf.org](mailto:msfuae@msf.org)

**Managing editor** Faris Al-Jawad  
**Art director** Jan Stoop  
**Translation** Basheer Al Hajji  
**Editorial team** Mario Stephan, Amina Samy, Natasha Lewer, Maya Zahran, Negin Allamehzadeh

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**Front cover photograph:**  
Refugees in Zintan DC, Libya, at the gate of the main warehouse where 700 of them were detained. (Jérôme Tubiana/MSF)

**MSF is a member of International Humanitarian City, UAE.**

Images: Agnes Varraine-Leca/MSF, Sara Creta/MSF, Maud Veith/SOSMéditerranée

# MSF: SITUATION UPDATES

Every day our teams around the world provide emergency medical care to people affected by conflict, epidemics, disasters or lack of access to healthcare, regardless of their race, religion or political affiliation. Here we bring you updates from some of our projects worldwide.



## YEMEN

### MSF HOSPITAL OVERWHELMED BY INTENSE FIGHTING IN ADEN

On Thursday 9 August, intense fighting broke out in Aden, Yemen, opposing various armed groups across the city. In less than 24 hours, MSF treated 119 people in its hospital, 62 of whom required emergency inpatient care. "Most of the wounded are civilians trapped by the fighting. Our hospital is stretched to the limit and our teams are working around the clock to take care of the many people wounded by the fighting," said Caroline Séguin, MSF's head of programmes in Yemen.

## MSF WORLDWIDE OPERATIONS

6.3M  
DONORS



446  
PROJECTS



74  
COUNTRIES



## LIBYA

### AIRSTRIKE KILLS DOZENS IN LIBYAN DETENTION CENTRE

On July 2, an airstrike killed an estimated 60 migrants and refugees, and injured approximately 70 more at a detention centre outside the Libyan capital, Tripoli. There were over 600 men, women and children trapped in Tajoura detention centre at the time of the attack. On the date of the airstrike, MSF had just returned from an intervention in the centre when it received emergency calls from detainees of Tajoura. "The airstrike on the Tajoura detention centre is a horrific tragedy that could have been avoided. Those who survived are in fear for their lives. Today, for every person evacuated or resettled this year, more than twice as many have been forcibly returned to Libya by the EU-supported Libyan Coastguard. What is needed now is not empty condemnation but the urgent and immediate evacuation of all refugees and migrants held in detention centres out of Libya," said Prince Alfani, MSF Medical Coordinator.



## SOUTH AFRICA

### MSF HIV PROJECT REACHES 90-90-90 TARGET

MSF has released findings from a community-based HIV/TB survey in Eshowe, KwaZulu, South Africa, that show it has achieved the UNAIDS targets of 90-90-90 one year ahead of the 2020 deadline. The survey ended with the result of 90-94-95. The results support MSF's view that interventions at community level can support more people living with HIV who do not access conventional health services, which is key to getting ahead of the HIV epidemic.

## WHAT ARE THE 90-90-90 TARGETS?

THE 90-90-90 TARGETS WERE SET BY UNAIDS IN 2013 WITH THE AIM OF SCALING UP HIV TESTING AND TREATMENT.

### THE TARGETS STATE THAT BY 2020



90%

OF PEOPLE LIVING WITH HIV KNOW THEIR STATUS



90%

OF PEOPLE WHO KNOW THEIR HIV-POSITIVE STATUS ARE ON ANTIRETROVIRAL THERAPY



90%

OF PEOPLE ON ANTIRETROVIRAL THERAPY ACHIEVE A VIRAL LOAD THAT IS UNDETECTABLE

## SYRIA

### CONFLICT IN IDLIB LEAVES PEOPLE DEAD OR DISPLACED

Bombing and shelling of Syria's southern Idlib and northern Hama governorates have caused more than 450,000 people to flee north towards the Turkish border since April. While hospitals have faced mass-casualty influxes, civilian infrastructures including an MSF-supported hospital have been damaged by bombing. Those displaced are in need of food, water and medical care. MSF has been distributing relief items and installing latrines but much more support is still needed. In July, conflict led to more people killed or wounded than at any time so far this year.



## CENTRAL MEDITERRANEAN

### MSF RELAUNCHES SEARCH AND RESCUE SHIP

On July 23, MSF, in partnership with SOS MEDITERRANEE, relaunched its search and rescue (SAR) operation in the Mediterranean with a new ship, the Ocean Viking, as thousands of people continue to die due to European governments' failure to fulfil their legal obligations to protect vulnerable people. While there is extremely limited SAR in the Mediterranean, people's chances of dying has increased - nearly double in the first half of 2019, compared with last year. A lack of SAR does not deter people from risking their lives, it only makes the risk more extreme. MSF will not remain silent about such policy-induced suffering and will continue to assist refugees, migrants and asylum seekers. ■

Image: Pablo Garrigos/MSF

DEMOCRATIC REPUBLIC OF CONGO

FORGOTTEN NATION

We are urging international organisations to come to the aid of people in Ituri province, Democratic Republic of Congo, as hundreds of thousands of people are exposed to a multiple humanitarian crisis.

📍 Daily life scene at a camp for internally displaced people in Bunia. Thousands have fled their homes due to intercommunal violence in Ituri.



At the end of June, a multiple humanitarian crisis unfolded in Ituri province, northeastern Democratic Republic of Congo, where hundreds of thousands of people are in need of urgent assistance. The recent upsurge in violence across the regions of Djugu, Mahagi and Irumu forced thousands to flee their homes. Despite MSF's repeated calls on international aid organisations to scale up much-needed humanitarian aid, the majority of the displaced still haven't received even the most basic assistance.

"Unfortunately, this is not the first time there are important humanitarian needs in the country," explains Dr Moussa Ousman, MSF

Head of Mission in the Democratic Republic of Congo. "This time we are seeing not only mass displacement due to violence, but also a rapidly spreading measles outbreak and an Ebola epidemic that show no signs of slowing down, all at the same time. This is unprecedented."

CONSEQUENCES OF VIOLENCE

Intercommunal violence has been increasing in Ituri since December 2017, and the large majority of people displaced have since been in urgent need of humanitarian assistance, some for more than a year.

"I had to flee with my children in the middle of the night. Two of my children were killed by attackers as we fled. With my remaining four children we arrived in this camp. We couldn't take anything with us, all I have are the clothes on my back," says Milena\*, displaced in Tse Lowi.

PREVENTABLE DISEASES

Since October 2018, MSF teams have conducted three mortality surveys in the locations of Drodro, Nozzi and Angumu.

All showed that the mortality rates in these communities were far above emergency levels. "Our surveys show that people are mainly dying from preventable diseases such as malaria, measles and diarrhoea," says Dr Ousman. "That is very worrying. Together with the ministry of health, we are looking at what innovative strategies we can implement given the circumstances, but more help is urgently needed here to prevent even more deaths."

MSF SUPPORT

MSF is supporting the ministry of health to provide medical care and respond to the most acute needs of the displaced in Drodro, Nozzi and Bunia. We are also providing clean water, distributing relief items and constructing showers and latrines. Nevertheless, the most urgent needs of thousands remain unmet.

MSF urges for an immediate scale up of long-term humanitarian assistance, to prevent the loss of more lives and to ensure humane and decent living conditions for all those who have been forced to flee. ■

\*Name has been changed

**"We are seeing not only mass displacement due to violence, but also a rapidly spreading measles outbreak and an Ebola outbreak."**

2018 MSF ACTIVITIES IN DRC



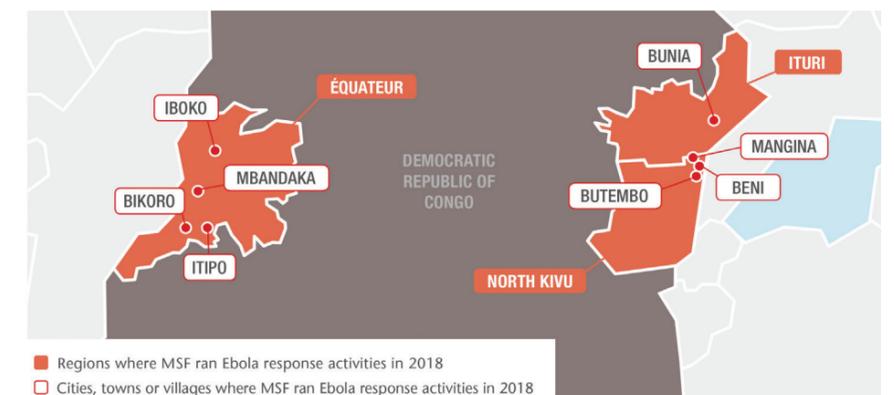
1,826,300  
OUTPATIENT CONSULTATIONS



776,600  
PATIENTS TREATED FOR MALARIA



102,600  
PATIENTS ADMITTED TO HOSPITAL



■ Regions where MSF ran Ebola response activities in 2018  
● Cities, towns or villages where MSF ran Ebola response activities in 2018

📍 Map showing location of MSF projects in 2018.

Images: Hannah Wallace Bowman/MSF

SEARCH AND RESCUE: CENTRAL MEDITERRANEAN

# SAVING LIVES AT SEA

After relaunching search and rescue operations and rescuing over 350 people in just four days in the Central Mediterranean, the Ocean Viking was finally offered a port for disembarkation in Malta.



• Minutes after life jackets were distributed, a rubber tube on the fragile boat burst, causing people to fall into the water. Everyone was rescued and safely brought aboard the Ocean Viking.



MSF and SOS MEDITERRANEE recently relaunched lifesaving search and rescue operations in the Central Mediterranean. In August, within four days, the Ocean Viking rescued 356 people, but was forced to wait 14 days before disembarking in Malta.

**HUNDREDS SAVED FROM DROWNING**

Within 10 hours of patrolling the Libyan rescue region, the Ocean Viking was alerted to the first boat in distress on 9 August. What followed was four days of consecutive rescue operations with 356 men, women and children – the youngest just one year old – brought on board in four separate rescues.

MSF and SOS MEDITERRANEE formally requested coordination and support from the Maltese and Italian maritime authorities to find a place of safety, as the next closest coordination centres to the Libyan authorities who failed to offer a place of safety.

After 14 days stranded at sea, the Ocean Viking was offered a place of safety for disembarkation in Malta. While a coalition of countries stepped up to give a humane response, MSF insists that European governments must stop these prolonged delays and ad hoc petty negotiations, and urgently set up a disembarkation mechanism for people rescued at sea.

**SEEKING A PLACE OF SAFETY**

“We are relieved this long ordeal for the 356 people on board is finally over. Was it necessary to impose two weeks of excruciating wait for

**“We’ve heard stories of brutal beatings, electrocution, torture including by melting plastic and sexual violence”**

rescued people to be disembarked? These people have fled from desperate circumstances in their home countries and suffered horrific abuses in Libya,” said Jay Berger MSF Project Coordinator on board the Ocean Viking.

“We’ve treated the war-wounded who were trapped on the frontline of the conflict in Tripoli and seen the scars of those who lived through the Tajoura detention centre airstrikes. We’ve talked to the survivors of shipwrecks and interceptions. We’ve heard stories of brutal beatings, electrocution, torture including by melting plastic and sexual violence – with even children not exempt from these horrors. European States must take a hard look at the role they are playing in trapping people in these situations,” said Berger.

**PARALYSED BY POLITICS**

Despite calling for a humane response since Italy’s decision to close its ports to humanitarian vessels in June 2018, in this instance MSF found itself in the exact same position we were in over one year ago – stranded at sea with hundreds of vulnerable people on board, while European States were paralysed by politics. “It is sad that we have to repeat the same message

to European leaders time and time again with no change. They can no longer claim ignorance to the disaster unfolding in the Mediterranean Sea.

“After hundreds of deaths at sea and countless stories of suffering, it’s time for European leaders to recognise this humanitarian disaster for what it is and finally step up with humane solutions – starting with the setting up of a mechanism to allow swift disembarkation,” added Berger.

**MSF REITERATES ITS CALL FOR EUROPEAN STATES TO:**

- » Put in place a sustainable and predictable disembarkation system that safeguards survivor’s rights.
- » End political and material support to the system of forced returns to Libya where refugees and migrants are placed in arbitrary and inhumane detention. People fleeing Libya simply cannot be returned there.
- » Respond to the urgent need for proactive and sufficient European search and rescue capacity.
- » Stop punitive actions against NGOs trying to provide lifesaving assistance in lieu of a government-led response to this crisis. ■

The Ocean Viking is operated in partnership by SOS MEDITERRANEE and MSF. For more information on the rescues follow us on Twitter @MSF\_Sea



**CENTRAL MEDITERRANEAN JUNE 2018 - JUNE 2019**



**10,000**  
FORCIBLY RETURNED TO LIBYA



**2,443**  
PEOPLE STRANDED AT SEA DURING RESCUE STAND-OFFS



**1,151**  
PEOPLE DIED CROSSING THE MEDITERRANEAN

• After four rescues in as many days, the Ocean Viking was finally offered a place of safety in Malta for the disembarkation of the 356 vulnerable men, women and children on board.

Images: Matthew Morales/MSF



RECOVERY: JORDAN

OPEN MY EYES

Since a bomb blast almost killed Qusay in 2006 and left him permanently blind, the stoic Iraqi has made an incredible recovery. After receiving complex treatment by MSF he moved to the U.S., where he learnt English, graduated from college, and has become a motivational speaker. This is his story..



Standing at the podium on the day of his graduation, Qusay towers as a statue of survival in front of hundreds of people who look up to him.

“Each one of us has something to learn, and something to teach,” he says.

The 30-year-old had arrived in the U.S., just six years earlier; blind, alone, and unable to speak a word of English. “My main goal was to get an education, to learn a new language, and then open a new page for my new life. This is why I became a refugee...”

THE DAY THAT CHANGED ME FOREVER

On 3 August 2006, 17-year-old Qusay, his brothers and his best friend, Ibrahim, went to the local stadium in Hatra, Iraq, to play volleyball. The air was thick with heat and dust, but the stadium was packed with people from all over town. Qusay remembers the day vividly.

“This truck came into the middle of the stadium. The driver smiled, and then he looked left and right, and then he pushed his hand on the horn...”

“When the explosion happened, I flew into the air. My face hit the ground before my body. I stood up to run, and then when the shrapnel hit me, I could not move any more. It was like electricity shook my body. I could not see anymore. I just heard people shouting.”

The explosion killed 16 people, including Qusay’s best friend Ibrahim, and injured 56 others.

“[At the clinic], the doctor came to me, he told my dad, ‘Go take care of your other kids. In half an hour, Qusay will die.’ I could hear my dad crying. I said, ‘Dad, don’t leave me, I’ll die.’”

Qusay’s father didn’t leave him. Instead he rushed him to another clinic, where on the way he was transferred by American troops at a security checkpoint to a hospital in Mosul. Here Qusay fell into a coma for 12 days.

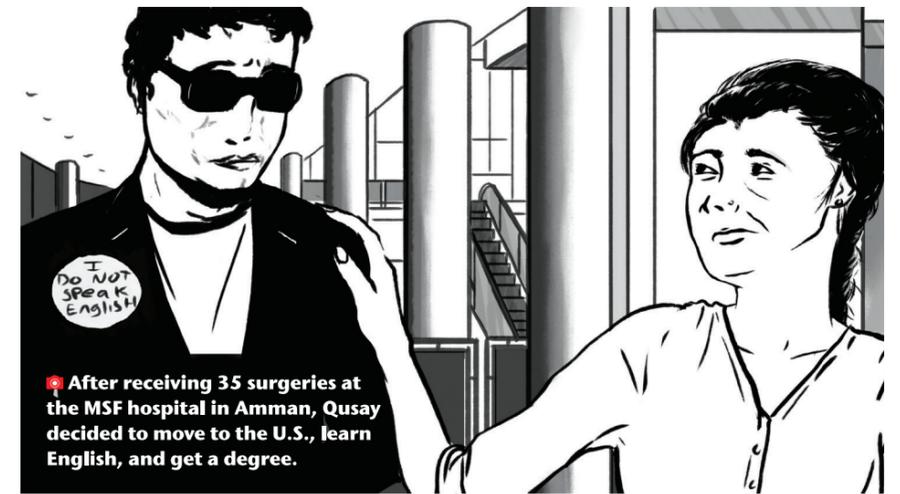
“When I woke up, I didn’t know where I was. I told the nurse, ‘open my eyes!’ And she said, ‘We could not open your eyes. Not today.’”

As well as losing his eyesight, Qusay had lost his nose, his right cheek, and half his skull in the blast. He was just 17 years old.

HOSPITAL OF HOPE

After being released from hospital, Qusay didn’t leave his home for two years. He slept through the days in pain and spent nights by the fire with his father, who told vivid stories of resilient people overcoming adversity. He stressed to Qusay the value of patience.

Then, one afternoon in September 2009, during the Muslim holiday Eid al-Fitr, Qusay heard a TV advertisement offering medical care for people who had been seriously injured. He decided to find out more. Two days later, he spoke with a doctor from the reconstructive surgery programme (RSP) in Amman, Jordan, run by MSF - a multidisciplinary project for severely war-wounded survivors across the



After receiving 35 surgeries at the MSF hospital in Amman, Qusay decided to move to the U.S., learn English, and get a degree.

“Surgeons replaced the skin on his nose, rebuilt his top lip, lifted his eyelids, and implanted prosthetic eyes.”

region, providing life-changing surgery, physiotherapy and psychosocial care to people whose lives have been destroyed by violence.

Qusay was accepted into the programme and was soon on his way to Amman, Jordan. It was at the RSP where doctors confirmed that Qusay would be permanently blind.

“I was devastated. Like, the hope is gone. Like I don’t want to be alive anymore. I went to wash my body and started to pray, crying. I said, ‘God help me, I’m in a test. I will pass the test or I will fail the test.’”

While at the hospital, Qusay underwent over 35 surgeries in order to try to rebuild his face, as well as constant physiotherapy and psychosocial support. The complex surgeries restored Qusay’s ability to breathe through his nose. MSF surgeons also replaced the skin on his nose, rebuilt his top lip, lifted his eyelids, implanted prosthetic eyes, and took cartilage from his ears to reshape part of his forehead.

Qusay also undertook a training programme for patients who had lost their eyesight. Eventually, he was able to navigate the world outside the hospital by himself.

“My independence [came] back to me. I was the person who I wanted to be,” he says. “The three years I spent with Doctors Without Borders [MSF] in Amman were the most beautiful years for me. I met many people, many different cultures.”

Towards the end of his treatment, Qusay started to think about his future. During an event hosted by the International

Organization for Migration in Jordan, Qusay was inspired by a blind Palestinian doctor, who had studied in the U.S., and his path became clear. “I didn’t choose the U.S., my destiny brought me to the U.S.,” says Qusay.

A NEW TOMORROW

Qusay arrived in the U.S. in 2012, and within four months he had settled in Texas, learnt English, and enrolled at Austin Community College where he obtained a GED and associate degree, graduating with the Presidential Student Achievement Award.

If that wasn’t enough, Qusay is now a first-year student at the University of Texas and has given motivational talks the world over. Early last year he travelled to Romania to talk to orphaned teenagers. Shortly after, he went to Iraq to speak to people with disabilities, with an organisation that focuses on advocacy for women and children.

“My big dream is to get my PhD and go back to Doctors Without Borders in Amman and work as a psychologist. I want to work with trauma victims, and other people going through difficult times. I think I know how to help others with similar experiences.

“I hope you want to be something great, in your community, in your country, in your town,” he says. “If we all work together, we all have better days and a brighter future.”

Watch *Open My Eyes: The extraordinary story of Qusay Hussein* on YouTube. ■

Images: Candida Lobes/MSF

INTERNALLY DISPLACED: IRAQ

# SUPPORTING THE SURVIVORS

There are still 1.8 million internally displaced people (IDPs) scattered across Iraq, according to the United Nations. MSF provides multiple medical services for the most vulnerable people in Qayyarah, where up to 100,000 IDPs live in difficult conditions in camps and informal settlements.

 The town of Qayyarah, some 70 kilometres south of Mosul in Ninewa governorate, Iraq, lies on the west bank of the Tigris River. Before the Iraqi army retook the area at the end of August 2016 it was under the control of Islamic State group for two and a half years. Close to Qayyarah, six camps now house up to 100,000 internally displaced people (IDPs). With a large local and IDP population needing medical care, MSF is supporting people with a number of services in the area.

**MSF HOSPITAL**

Qayyarah General Hospital was partially destroyed in 2016. When MSF opened a new hospital in December 2016, it was the only functional health facility in a sub-district with a population of 300,000 people.

Since 2016, the hospital has expanded its medical services and now includes an emergency room, an intensive care unit, two operating theatres, a neonatology ward, ambulatory and outpatient therapeutic feeding centres, two inpatient wards, a laboratory, and a mental health programme offering psychological and psychiatric consultations. Currently, MSF's hospital in Qayyarah provides more than 330 medical consultations per month.

**BURNS UNIT**

In April 2018, we also opened a 10-bed burns unit within the hospital, which is currently the only specialised medical facility to provide hospital care to burns victims in Ninewa governorate. More than 160 people have been hospitalised and treated in the burns unit since it was opened.

**MSF HOSPITAL JANUARY-JUNE 2019**



• Bushra was treated at the MSF Hospital in Qayyarah. After two skin grafts (surgical operation where healthy skin is transplanted to the burn site) Bushra stayed in the hospital for several days in order for doctors to monitor her.

**“Between January and June 2019, our primary healthcare centre provided medical assistance to more than 130 people daily.”**

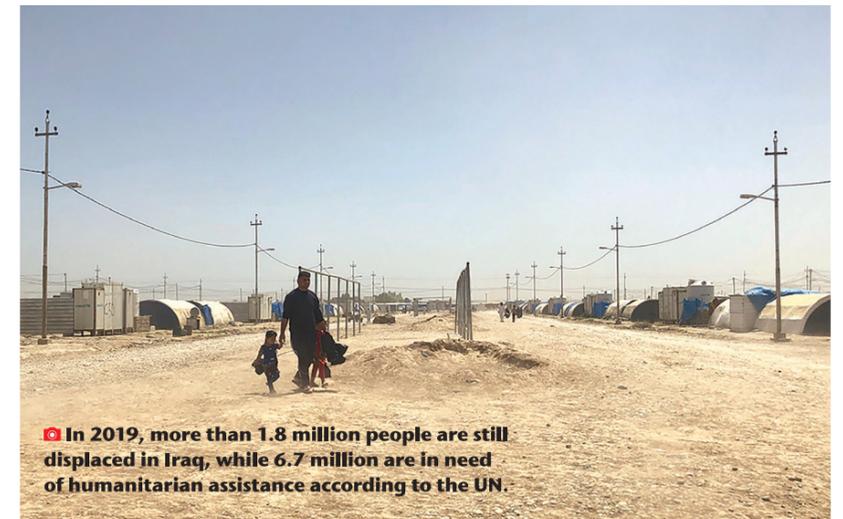
**MSF SUPPORT IN IDP CAMPS AROUND QAYYARAH**

In 2019, more than 1.8 million people are still internally displaced in Iraq, according to the United Nations (April 2019). More than half (53%) of these displaced people live in Ninewa Governorate. Up to 100,000 displaced people are in the camps close to Qayyarah town (Jeddah and Airstrip camps), where in July 2017 our teams began an integrated nutrition and mental health project. Since then, MSF has significantly scaled up medical activities

provided to the displaced population in the camps. We currently run a primary healthcare centre, including sexual and reproductive health services (antenatal and postnatal care, basic obstetric and new-born care, family planning), a 24-hour emergency care service, outpatient consultations for children and adults, consultations for chronic diseases, a vaccination programme, a nutritional unit, as well as mental health services and health promotion activities and campaigns in the camps around Qayyarah.

**MEDICAL ASSISTANCE PROVIDED BY MSF IN 2019**

Between January and June 2019, our primary healthcare centre has provided medical assistance to more than 130 people daily. In addition, more than 13,800 medical consultations as well as 4,600 emergency consultations were performed. Furthermore, we have assisted more than 250 deliveries, and more than 500 individual counselling sessions were offered to people living in the camps in and around Qayyarah. ■



• In 2019, more than 1.8 million people are still displaced in Iraq, while 6.7 million are in need of humanitarian assistance according to the UN.



• Mariam and Aisha, aged five and eight, in the waiting area of the outpatient department in the MSF primary healthcare centre in the Airstrip camp for displaced people in Qayyarah.

Images: Anna Pantelia/MSF, Robin Hammond/MSF

## Q&A: LESBOS, GREECE



# GIVING BACK WITH MSF

After escaping war, becoming a refugee, crossing the sea, and landing on Lesbos in Greece; Alaa Aldin Masrya decided to join MSF as a health promoter, to help vulnerable people in need of support. We had a chat with him to learn how he gives back.

### HOW DID YOU ARRIVE ON LESBOS ISLAND?

I am originally from Palestine, but I was born in Syria. I left because of the war and made my way to Turkey. I left because of the war and made my way to Turkey to try to make a new life there, but I couldn't survive as they don't speak English, and there was no protection for me. After some time, I decided to cross the sea to try to find a new life in Greece because there was nothing for me in Turkey. I crossed the Aegean Sea at night in a small rubber dingy. There were 45 of us and we were on the sea for seven hours before the Greek Navy picked us up and took us to Lesbos.

### WHY DO WE NEED HPS IN THE REFUGEE HOTSPOTS?

Health promoters are the first line of MSF. We represent MSF in the field. When people arrive from the coast, they are confused. There are many different languages and nationalities in the same space, so it's really important to meet someone who can help, who can offer advice or support them. We guide them on where they need to go and we give them information about the general situation in the camp. I know how difficult it can be because I was once in their position, so I really want to help and support them.

### WHAT IS THE CURRENT SITUATION FOR REFUGEES IN LESBOS?

The living conditions in Moria camp are way below acceptable standards. There are over 10,000 people in cramped conditions, many without electricity, clothes or blankets, and it is not safe here. Hygiene is also a big problem, there are not enough toilets or showers and they are in terrible conditions. It is very difficult for people stuck here as they've already been through so much. As always, we call for the evacuation of such vulnerable people, especially women and children, from Moria to safe accommodation.

**“After spending six months in the hotspot camp, I was given the right to work. I wanted to give back, to help those in need.”**

### WHY DID YOU JOIN MSF?

After spending six months in the hotspot camp, Moria, I was given the right to work. I decided that I wanted to give back, to help those in need. I felt like I could help because I speak English and Arabic, and because I understand the struggle of people fleeing violence and looking for a better life.

### WHAT IS YOUR ROLE IN MSF?

I've been working with MSF for eight months as a health promoter (HP). In general, what we do is educate people who are in the camp about how to keep healthy and hygienic, as well as offer sexual education and promote the services MSF provides. We also offer guidance for those who have been victims of sexual violence.

### WHAT IS A TYPICAL DAY FOR YOU AS AN HP?

The priority of the HP team is to find the new arrivals. They are the most vulnerable as they are confused and often need medical care, especially those who have been victims of sexual violence. In the morning, we go to the first reception tents to provide first psychological aid and to calm them down, as well as promote our services. Then we try to explain the season message; now that it's summer and it's hot, we try to prevent heat stroke or heat exhaustion. Later on in the day, we come to the waiting area of our clinic where people wait to see the doctor. We do family planning sessions to inform people about the options they have under these conditions.

### WHERE DO THE PEOPLE COME FROM, AND WHY DID THEY LEAVE THEIR COUNTRY?

I work with Arabic speakers, who are mostly from Syria and Iraq, however in the camp people mainly come from the Middle East and Africa. The vast majority have left their country because of war, violence and persecution. I left for the same reasons, so I understand what they have been through. Sometimes, our Middle Eastern culture doesn't allow us to express ourselves immediately to others. So after time and after they gain our trust, they reach out to me to tell me about the problems they faced in their country. From our side, we try to help them and refer them to be housed or to be moved to a safer space. ■



• Thousands of people seeking safety after fleeing countries such as Syria, Afghanistan, Iraq, Sudan, and Congo continue to risk their lives to reach Europe.



• Over 6,000 people, a third of whom are children, live indefinitely in Moria camp, on Lesbos island, in poor and unhygienic conditions.

Image: Sara Creta/MSF

OUT OF SIGHT OUT OF MIND: LIBYA

# INHUMANE CONDITIONS IN LIBYAN DETENTION CENTRES

MSF staff who were recently granted access to two detention centres in Libya found a catastrophic medical situation for people facing despair, disease and death.



Between 5,000 to 6,000 refugees and migrants are being held arbitrarily in Libya's detention centres, nominally under the authority of the Tripoli-based Ministry of Interior.

Their situation has become even more perilous in recent months with the conflict between the Libyan Government of National Accord (GNA) and the Libyan National Army (LNA), which started in early April.

Despite repeated calls for their protection and evacuation, the detained refugees and migrants have little prospect of reaching safety any time soon. Meanwhile, more people are being forcibly returned to the same cycle of violence and detention in Libya by the EU-supported Libyan Coast Guard.

Away from the battle area, hundreds remain locked up for an indefinite period in harmful conditions, exposed to abuse and death, and driven to desperation.



## IN PICTURES

Images: Jérôme Tubiana/MSF

www.msf-me.org



• The main warehouse was emptied in June, and the remaining people were distributed among the other buildings within the detention centre compound. Some are now sleeping in 15m-squared rooms with up to 20 other people.

• South of Tripoli, in the Nafusa Mountains, people in need of international protection and registered with the United Nations Refugee Agency as asylum seekers or refugees have been left stranded in detention for months – in some cases years – with virtually no assistance.

Between September 2018 and May 2019, at least 22 people died in detention, mostly from tuberculosis, in Zintan and Gharyan detention centres. Among the dead were young men, women and an eight-year-old child.

In Zintan detention centre, some 700 people were locked up in an overcrowded agricultural warehouse, while 200 others were confined in a series of smaller buildings.



• Sanitation conditions in the agricultural warehouse were shocking. The 700 inmates had four barely functioning toilets, buckets to urinate in, no shower and only sporadic access to water, which was unsuitable for drinking. A tuberculosis outbreak had likely been raging through the detention centre for several months.



• Most have already been through dreadful experiences in Libya, including being kidnapped by people traffickers who subjected them to rape and torture. Many suffer both physical and psychological consequences as a result.

