

Beyond Bullets and Bombs Conflicts and Disease Spread

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SPEAKERS

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Maggie Fox 00:01

Hello and welcome to One World, One Health where we take a look at some of the biggest problems facing our world. I'm Maggie Fox. This podcast is brought to you by the One Health Trust with bite-sized insights into ways to help address challenges such as infectious diseases, climate change, and pollution. A One Health approach recognizes that everything and everybody on this planet — the animals, plants and people, and the climate and environment — are all linked.

The ongoing siege of Gaza is nothing short of horrific. More than 17,000 Palestinians have been killed in the near constant bombing of the narrow strip of land. At least, 7700 of them are children, according to the World Health Organization. WHO says nearly all of Gaza's 2 million people have been forced from their homes. There's very little water and little fuel. Many people have no shelter. Hospitals have been bombed and they lack supplies, meaning doctors have to operate without painkillers and without antibiotics to prevent infection.

Like so many other conflicts in places such as Sudan and Syria, it's a perfect recipe for spreading disease, the medical aid organization, Médecins Sans Frontières or MSF says. MSF — it's known as Doctors Without Borders in English — works in places like Gaza and other areas of conflict. In this episode, we're speaking with Avril Benoît, Executive Director of MSF in the United States. Avril, thanks so much for joining us.

Avril Benoît 01:41

Thanks for having me.

Maggie Fox 01:43

What's happening in Gaza is simply horrific. You all have lost some of your staff and my condolences for that. Can you talk a little bit about what MSF is saying about the situation?

Avril Benoît 01:56

Well, we've been saying a lot about the situation, because we have so many staff that were already working there for many, many years. So, 300 or so Palestinian staff. We also have rotations of international staff at the moment, they're around 15. And, so we're on the ground in these hospitals that are completely overwhelmed. The hospitals have been attacked routinely, a lot of clinics and hospitals have had to close because of a combination of things, whether they're attacked or surrounded by tanks, and people are told to evacuate, or they lack fuel to be able to run generators because the electricity was shut off.

Generators are necessary to run a lot of the hospital equipment. Hospitals and clinics have also been unable to receive the medicines that they need because of the complete siege on Gaza with no water, no food, but also no medicines coming in except for a very small trickle of trucks, maybe five to ten percent (of) what's actually needed. And so for us, it's a humanitarian disaster that's really on a scale among the worst that we have ever seen as an organization. And the conditions there seem to be worsening by the hour.

Maggie Fox 03:02

What's happened to the patients and staff in these hospitals that are under attack?

Avril Benoît 03:07

Well, when there's an attack, I mean, we've lost staff, as you mentioned, killed when they were at the bedside of patients, doctors who should never have to fear their lives just for staying with people. The situation for people trying to evacuate has also been harrowing. We've had staff who with their families were trying to evacuate from the north to the south after the orders came and came under fire (and) lost family members.

And from the beginning, it became very difficult for us as an organization to be able to really coordinate the aid in the projects that we normally we're working all together in a coordinated fashion with all the people that we need in this and the materials that we need. In this case, the staff got completely scattered. Patients also have been trying to flee (and) displaced multiple times as with each evacuation order, you know, there's very little time left. And what the medical people have been saying from the very beginning is that look, we have these patients that are in the intensive care units, you cannot just evacuate them with a couple of hours' notice.

Not even a day is enough to evacuate an entire hospital that is brimming not only with severely injured people, people who need care, people who need immediate care, but also all of the displaced people that have sought shelter in these hospitals. And you've seen perhaps some of the images of surgeries being performed in crowded hallways with all the relatives around because the operating rooms are already working at triple capacity.

And then from there, the patients who may be had undergone really severe major amputations and things requiring painkillers, anesthesia, the doctors are having to do this to save lives without anesthesia, sometimes without the pain medications to alleviate the suffering afterward and then without the bandages, (with) the gauze, the antibiotics to be able to manage the risk of infection afterward. So, what we're seeing now more and more is in order to create some more capacity in the

hospitals, people are being discharged much sooner than you normally would. They are still at very high risk.

Normally, they would be maybe months in a hospital with post-operative care and rehab (and) physical therapy. Under these conditions though, they ended up fleeing with their families under orders to evacuate, there's no management of their wounds, and they are coming back now, sometimes with an external fixator or amputations that have not been properly managed. And so, the infections have taken hold so badly that now they will probably die of infections.

We have one hospital that we've been working in where yesterday, the number of patients coming in, which was extremely high, was almost matched by the number of people coming in and declared dead upon arrival, who have to be very courageous even to make the journey to medical facilities because of all the snipers, the risk of being caught in the wrong place at the wrong time, the risk of being arrested, families are being halted at checkpoints for hours and hours, seven, eight hours sometimes. And when you've got somebody who needs immediate emergency medical attention, it's a harrowing thought to even make your way to the hospital.

So, you can imagine that the ones that do are really in a desperate state and with all of this, this awful realization from fairly early on that there's nowhere safe in Gaza with the constant bombardment and the siege. And so this catastrophic situation has meant that people stay away from hospitals, they get the infections as I mentioned, they get sick from the lack of water — clean drinking water was cut off almost immediately. And so you've got diarrhea, you've got skin rashes, scabies, very high risk of cholera, all the things that come with the inhumane living conditions that people are in right now.

Maggie Fox 06:54

And now the population in Gaza is being concentrated more and more. There's gotta be health consequences beyond even the ones you've just named.

Avril Benoît 07:04

Yeah, well, just imagine if you need to give birth, where are you supposed to do it? The hospitals, as I mentioned, are very difficult to reach when you reach them. They're overcrowded. You have a lot of people (who) are trying to make do at home with little birthing kits. But the, you know, the likelihood of the newborns dying or the mother dying are extremely high. So for us, you know, it's that (and) it's also people with chronic conditions.

So, imagine, you're evacuating, you're running for your life, you need your heart medication, or maybe you were on dialysis, maybe you were on cancer treatment that's just finished right now. With all our experience in conflict zones, it's rare that we see such obstruction of people's right to access humanitarian aid, life-saving aid in a moment of violence and conflict like this. It's just it's really rare that an entire population has nowhere to flee.

We work in a lot of places with refugee crises. Sudan is, of course, a big example of that, where people are fleeing for their lives by the millions, and they can go to Chad, they can go to South Sudan, they

can go to other parts of the country in the hopes of a quieter place, but Gaza, that is just not possible right now, because of the strictures of this total siege and total war.

Maggie Fox 08:17

And what are going to be some of the long-term consequences that people will suffer health wise?

Avril Benoît 08:22

Well, we are definitely worried that people are not receiving the post-operative care, the rehabilitation, the treatment that they need, when you've got a catastrophic injury, even when it comes to something where let's say you're caught in the rubble and your foot needs to be amputated, there's a way to do it, a place to do it, management of major surgery like that, that will make it possible to have a prosthetic device later on.

But because of how quickly the doctors and surgeons have to work, the lack of hygienic conditions as I mentioned, just the complete speed with which they need to work and triage and make awful choices. It's just not possible to even give people that first experience that will allow them to recover properly over the longer term. They're basically doomed to a fate of never receiving a prosthetic device without about 10 more surgeries next, which is, of course, not going to happen.

So, we have been calling for there to be medical evacuations to third countries for longer term care for those patients who request it and of course, assuring them the right of return if they want to return but the physical injuries are going to be so long lasting. And you could also talk about the mental health aspect of this. You have children now who are experiencing such high anxiety, older children with bedwetting, with nightmares, screaming in pain. They have suffered so much. Maybe they were under the rubble before being rescued. And then they're rescued, they're injured, and they have no parents around because the parents were killed and all the relatives were killed.

These are children who are in a state of shock. And we see it on their faces. We see it in their eyes, and it's heartbreaking. Because even the clinician, the doctor or nurse who's looking after them, doesn't know what to do once they're bandaged up. I mean, who do you give these children to, who's going to look after them. So, the trauma for the children, for the caregivers, for the other relatives who are separated from one another, people who've lost huge families, it's going to last. And so, we see that there will be, you know, for another generation, (the) need of some serious mental health supports for the people in Gaza.

Maggie Fox 10:26

And this is not happening only in Gaza. You've just been in South Sudan, what's going on there?

Avril Benoît 10:34

South Sudan is a country that's very poor, that has a lot of internal conflict — cattle raiding, some tensions between different community groups, different ethnicities. You have a government that has come through years of fighting in the bush and is now responsible for a bureaucracy without necessarily having all the levers in place, including transparency and good governance.

South Sudan is a place that's also affected by climate crisis. And one of the places that I visited, Jonglei state, there's an area called Old Fangak, which has now become almost permanently flooded because of the climate crisis. It used to always be marshy, and people would graze their animals through the muck sometimes, but now you have to get around in canoe. And so for the health facilities, you know, what they're seeing increasingly, are people who have a great deal of difficulty reaching the hospital.

We have a hospital of Doctors Without Borders in Old Fangak. People have to come hours and hours by canoe to give birth. They bring their children who are malnourished. They bring children with malaria. Malaria, of course, is from mosquitoes. The mosquitoes love those marshy, stagnant waters. And South Sudan also, of course, is receiving a lot of people from Sudan. There is a huge war going on in Sudan. We have 567 million, it just keeps going up of displaced people. Most of them are displaced within Sudan itself. But we have a good number that have made their way into Chad.

There's a crossing point also into South Sudan, where they really receive almost nothing, there's a bit of a transit camp and people are not supposed to stay there longer. But you know, you've got a high risk of deadly diseases, such as measles, taking hold in these kind of crowded environments like this. And of course, MSF, Doctors Without Borders is working in the area trying to support the health ministry and other health organizations that are trying to lend a hand but we're nowhere near to being able to meet the needs.

You know, huge positivity rates of malaria, lots and lots of diarrhea, really difficult situation for those who are fleeing what is a full-on conflict zone and they're traumatized. They're separated from their families, often the women have fled with the children and maybe some elderly folks, but the men are lost to the conflict. You don't know if they're alive or dead. All of the terrible things that can that happen in war are playing out even in the spillover areas from the war in Sudan.

Maggie Fox 13:03

Unfortunately, there's a lot of this stuff going on around the world and then the sequela of conflicts that might not be currently hot. I'm thinking Syria and the problem with the Rohingya. What are you seeing in other areas?

Avril Benoît 13:16

Yeah, so you mentioned the Rohingya in Myanmar. And this goes back to maybe August 2017. More than 700,000 men, women, and children fled what was targeted persecution, mass violence perpetrated against them by the Myanmar military and other local people in Rakhine State in the Northwest Myanmar. They crossed, they fled, and they crossed over into Bangladesh to the hills of Cox's Bazar, where you've got the world's largest refugee camp right now. And people there are completely dependent on humanitarian aid.

There are stories now of the Rohingya trying to flee even Bangladesh to find some other way to survive, and they're going on boats. So, we have another boat people crisis. They're being intercepted off the shores of Indonesia and so forth. And in these kinds of situations, you know, what we're seeing increasingly, is that, we have reached the capacity in several areas of how much we can do, we are really stretched very thin. And you know, you try to manage things by saying, "okay, we're only going to

look after, say, maternal and child health and narrow your admissions criteria for the facilities you're running in the hopes that others are doing the rest, the other groups that are for other things."

And unfortunately, the aid sector is squeezed so much by the international donors, you know, the governments which have been strained by Ukraine, you know, high profile conflicts, a lot of aid is going to Israel now, and probably a lot more will.

Maggie Fox 14:45

And beyond the obvious humanitarian concerns here, why should someone in, say, North America care about what's happening to all these people? Will any of these problems come to haunt those who are living far away?

Avril Benoît 15:01

Well, look, I don't know what haunts people necessarily. I know what keeps me up at night is that we believe very firmly at Doctors Without Borders, we believe that healthcare, medical care should be available to everyone on the basis of need, without discrimination. When we really prioritize ourselves, you know, we have to make choices to work in places that are risky, where maybe the government environment is very challenging.

You often have occupying forces that don't really want independent witnesses on the ground reporting out violations of humanitarian law, war crimes being committed, you've got hospitals being attacked, which is a war crime in itself when it's a fully functioning hospital. You've got sieges or blockages of medical supplies sometimes.

In Sudan, right now, we've got a real problem with just getting travel permits and visas for our staff to be able to go to the places that need us most, even to cross the city of Khartoum with medical supplies, surgical supplies were blocked. So, you have these horrible, horrible scenes playing out in many other places. I mean, Gaza is in the news. But boy, the atrocities and the violations are happening in many conflicts.

Maggie Fox 16:12

Avril, what does it mean that Doctors Without Borders is calling for a ceasefire in Gaza?

Avril Benoît 16:17

We know that's a strong stand that, you know, for us, along with the rest of the humanitarian community is being criticized like, "oh, to call for a ceasefire is to pick sides." Not at all. The ceasefire applies to everyone. It applies to all the parties to the conflict. So in this case, it's Hamas and Israel and it, frankly, also applies to their financial backers. We are really all about stop the killing and stop the suffering.

Maggie Fox 16:45

It's really sobering to talk about this. Avril, thanks so much for joining us.

Avril Benoît 16:50

Thank you for having me.

Maggie Fox 16:53

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