



Doctors Without Borders Briefing to Subcommittee on International Human Rights: Forced Displacement

Ottawa, October 29, 2024

Good evening and thank you for having me here.

Doctors Without Borders, or Médecins Sans Frontières (MSF), provides medical humanitarian care to people who have been forced to flee their homes because of violence, conflict, persecution and, increasingly, climate change. Our teams provide vital medical care at every step of people's treacherous displacement journeys, including providing surgery and trauma care, maternal health and obstetrics services, vaccination campaigns, mental health activities, the provision of clean drinking water, and more.

We are at a staggering moment: there are more forcibly displaced people around the world today than any other time in modern history. Many of the people who are caught in impossible situations of acute and high intensity violence, must flee to survive. Yet, while more people require life-saving humanitarian assistance than ever before, we are also witnessing alarming gaps in responses to large crises of forced displacement.

I'm going to speak to you about three specific crises involving forced displacement - in Sudan, in the eastern Democratic Republic of the Congo (DRC), and the Rohingya crisis – each a distinct crisis, but all characterized by inadequate global action despite massive humanitarian needs.

This April marked one year since conflict engulfed Sudan, forcibly displacing millions of people internally and into neighbouring countries, such as South Sudan and eastern Chad. Today, the situation is worse than ever. Hundreds of thousands of people are facing immense suffering, including malnutrition, trauma, and lack of basic healthcare. Earlier this month, MSF was forced to stop outpatient treatment for 5,000 children with acute malnutrition in Zamzam displacement camp in North Darfur, because warring parties have blocked deliveries of food, medicines, and other essential supplies. 2,900 of these children are under the age of 5 with severe acute malnutrition and their lives are now in immediate danger.

Meanwhile, in North Kivu province of the Democratic Republic of the Congo, hundreds of thousands of internally displaced people are urgently in need of food, shelter, drinking water and protection from sexual violence amid violent conflict between multiple armed groups, including government forces. In 2023, MSF-supported clinics provided care to 20,556 survivors of sexual violence, roughly two survivors of sexual violence every single hour.

This alarming situation has deteriorated further. MSF teams treated nearly 70% of the total number of survivors of sexual violence in 2023 in just the first five months of 2024. In September, eastern DRC was also the epicenter of the current mpox



epidemic in Africa – a virus that will be impossible to contain unless efforts are made to improve the appalling living conditions displaced people have been struggling with for too long.

MSF is the main provider of health services inside the fenced Rohingya refugee camps in Cox's Bazar, Bangladesh, where roughly one million people live. Here, people who have fled violence and persecution today find themselves contained and are prohibited from accessing education or employment. Just this summer, an MSF survey revealed that almost one in five people tested for hepatitis C had an active infection; however, a lack of capacity in the camps means that many Rohingya will miss out on treatment and being cured.

Seven years ago, Canada took a leadership role in the global response. Yet today, Canada has seemingly failed to renew its Rohingya Strategy after it expired in March 2024. Canada must honour the commitments it made to the Rohingya people and the humanitarian community and renew and properly resource its strategy immediately.

People's lives are further endangered by attempts by states and other actors to contain, deport, and deter people from seeking safety in other countries. Harmful policies do not deter people from fleeing violence and seeking safety, but they do force people into impossible situations such as making perilous journeys across dangerous seas where thousands of people routinely die. Canada should not only be responding to these humanitarian and political crises but should be denouncing policies

that prevent people from escaping situations of violence and deprivation, and that increase their vulnerability.

I thank the committee for taking the time to look into these issues and the role that Canada can play to address these emergencies. In DRC, Sudan, Bangladesh, and beyond, minutes matter for people forced to flee their homes, and humanitarian assistance can make the difference between life and death. MSF will continue to respond, but humanitarians cannot stop wars, humanitarians cannot lift blockades, and humanitarians cannot prevent the crises that today are driving alarming levels of displacement. You have the voice and power to act decisively. Canada has a voice that needs to be fully engaged in addressing the problems that are today fueling these humanitarian crises. We hope that Canada can find the political will and moral courage to continue to step up.

Thank you.

Jason Nickerson

Humanitarian representative to Canada
Doctors Without Borders/Médecins Sans Frontières
(MSF)