

# DÁIL ÉIREANN

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## AN COMHCHOISTE UM GHNÓTHAÍ EACHTRACHA AGUS COSAINT

## JOINT COMMITTEE ON FOREIGN AFFAIRS AND DEFENCE

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*Dé Máirt, 25 Eanáir 2022*

*Tuesday, 25 January 2022*

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Tháinig an Comhchoiste le chéile ag 3 p.m.

The Joint Committee met at 3 p.m.

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Comhaltaí a bhí i láthair/Members present:

| Teachtaí Dála/Deputies | Seanadóirí/Senators   |
|------------------------|-----------------------|
| Cathal Berry,          | Catherine Ardagh,     |
| Sorca Clarke,          | Gerard P. Craughwell, |
| Barry Cowen,           | Joe O'Reilly,         |
| David Stanton.         | Niall Ó Donnghaile,   |
|                        | Diarmuid Wilson.      |

Teachta/Deputy Charles Flanagan sa Chathaoir/in the Chair.

## Engagement with Representatives of Médecins Sans Frontières

**Chairman:** I take this opportunity to congratulate our colleague, Senator Joe O'Reilly, on his election to the executive bureau of the Parliamentary Assembly of the Council of Europe. I acknowledge his work in that forum along with other colleagues who comprise the Irish delegation. Senator O'Reilly also holds the position of Leas-Chathaoirleach of Seanad Éireann. I wish him all the best in the prestigious position of being a bureau member of the Council of Europe. He has our good wishes. I thank him for his work and ongoing contribution.

**Senator Joe O'Reilly:** I thank the Chair. I appreciate that.

**Chairman:** Our business today is a discussion with representatives of Médecins Sans Frontières, MSF. I am pleased that we have the opportunity to hold this meeting. With regard to logistics, I am pleased to see some members in the committee room this afternoon, although they are wearing face masks. I trust that we can return to more normal engagement in the next week or so. Today, some members are operating from their offices and others are in the committee room. Our witnesses are attending remotely. Hopefully, at future meetings with delegations, our business can be conducted here in its entirety. With members' assent, I trust that we can drop a send to the Business Committee. I propose that we resume what we might describe as normal business at the earliest opportunity. I am sure we all agree that it is much better for us.

Our meeting is to discuss the role and work of those involved in MSF. They often work in the most challenging and difficult of circumstances in areas of conflict and war. With us are Ms Isabel Simpson, executive director of MSF Ireland, Ms Sarah Leahy, returned project co-ordinator of MSF Helmand province, Afghanistan, Ms Frauke Ossig, emergency co-ordinator, MSF Lithuania and Poland, and Mr. Dónal Gorman, communications manager of MSF Ireland. They are all most welcome. I thank them for agreeing to brief the committee on their important work in an ever-changing environment of challenge and conflict. I suggest that the format of the meeting will involve us hearing the witnesses' opening statements, following by a discussion and questions and answers from members. I ask members to be concise in their questions to allow all members the opportunity to participate. Hopefully, we will have a second round and an opportunity for members to come back in should they so desire, if time permits.

I have a note on privilege for our witnesses. I remind witnesses of the long-standing parliamentary practice that they should not criticise or make charges against any person or entity by name or in such a way as to make him, her or it in any way identifiable, or otherwise engage in speech that might be regarded as damaging to the good name of the person or entity. Therefore, if statements are potentially defamatory with regard to an identifiable person or entity, witnesses will be directed to discontinue their remarks, and needless to say, they shall comply with any such direction. For witnesses attending remotely from outside the Leinster House campus, there are some limitations to parliamentary privilege, and as such, they may not benefit from the same level of immunity from legal proceedings as witnesses who are physically present do.

I remind members of the long-standing parliamentary practice to the effect that they should not comment on, criticise, or make charges against any person outside the House or any official, either by name or in a way that makes that person identifiable. I remind members that they are only allowed to participate in this meeting if they are physically located in the Leinster House complex.

I ask Ms Simpson to make her opening statement and to introduce her colleagues. I thank

the witnesses for being with us.

**Ms Isabel Simpson:** I thank the Chair. Good afternoon to the Chair, Senators, Deputies, ladies and gentlemen. Médecins Sans Frontières, Doctors Without Borders, would like to sincerely thank the committee for giving us this opportunity to present to it some critical humanitarian crises that we are responding to. In doing so, we will highlight urgent humanitarian concerns that MSF is encountering through its work.

Last year was a major milestone in MSF's history as we reached our 50th anniversary. However, in many ways, we felt there is little to celebrate as the global needs in humanitarian medical action have only increased during this time. Major conflicts rage in Syria, Yemen and the Tigray region of Ethiopia. Globally, there are increased numbers of refugees and displaced and vulnerable populations, an increasing impact of climate change on communities in the global South, and increasing attacks on healthcare facilities and workers in conflict-affected settings where MSF is present. In South Sudan, Democratic Republic of Congo and Central African Republic, recurring outbreaks of preventable diseases such as malaria and cholera continue to cause high levels of mortality. In addition, we have all been battling the global Covid pandemic for more than two years. The new inequalities that it has created in access to vaccines, treatments and other medical technologies are a stark reality in MSF's work around the world. It is an issue this committee has looked at before and which we would like to see remain on its agenda.

This afternoon, we would like to update the committee on two key contexts that are high in our priorities at present. The first is Afghanistan, where MSF has worked for more than three decades and where protracted conflict has given way to a crisis involving a healthcare system which is entirely dependent on aid. With a population now experiencing food insecurity, increasingly high levels of acute malnutrition are being reported from our medical facilities on the ground.

Second, the movement of people from one place to another has always occurred but, since 2015, MSF has borne witness to and assisted people affected by an acute humanitarian crisis, worsened by inhumane migration policies at Europe's borders and elsewhere. Whatever the drivers of migration may be - whether it is war, conflict, persecution, climate change or economics - migrants deserve to be treated with humanity and dignity. We last addressed our work on migration to this committee in 2018 and, regrettably, not much has changed since then. MSF still operates a search and rescue ship in the central Mediterranean, where many lives are being lost as people make the treacherous crossing to try to reach European shores. We know many people are being returned by the Libyan coast guard to places of detention in Libya that are overcrowded and rife with disease, and where they suffer further violence and abuse. In the camps on the Greek islands, our teams continue to provide care to migrants and asylum seekers as their health and mental health deteriorates from years of living in limbo. We see the desperation of these people, we treat the injuries they have received during their journeys or related to the conditions they are held in, and we continue to speak out.

Since last August, we have witnessed a new crisis emerging on the border between Belarus, Lithuania and Poland. We will hear from a colleague from the MSF team that is providing assistance to migrants at border areas but where access to deliver medical care and humanitarian aid remains hampered. The EU member states involved have failed to live up to their responsibilities to protect people's lives, to uphold basic rights of people seeking protection and to permit humanitarian assistance to reach vulnerable people, regardless of whether they are in a small boat crossing the Mediterranean or hiding in a snow-clad forest in Lithuania.

On behalf of MSF teams providing impartial, independent medical assistance on the front lines of humanitarian crises around the world, we thank the committee for inviting us today. We will start our highlighting of a few key contexts by crossing to Sarah Leahy, recently returned project co-ordinator for MSF in Helmand province, Afghanistan.

**Ms Sarah Leahy:** I am a project co-ordinator with MSF. I worked in Lashkar Gah, Helmand province, from January until September 2021. I was on the ground working with our team of more than 1,000 staff before, during and after the transition from the then Government of Afghanistan to the Islamic Emirate of Afghanistan. I witnessed first-hand the challenges encountered by the Afghan people during the conflict and in the immediate post-conflict phase.

Since the change in power, MSF has continued to provide life-saving medical care to people in dire need across the country. In five locations across Afghanistan, our medical teams are treating emergency trauma cases, supporting people with chronic conditions and welcoming new life to the world in uncertain times. MSF is working in Lashkar Gah and Kandahar, both in the south, Herat in the west and Kunduz in the north. MSF also runs a maternity hospital in Khost in the east of the country. Hospitals and medical facilities across the country are under extreme pressure, with staff and equipment shortages due to a severe lack of funding. At Boost hospital, we now have more than 1,300 staff and it is one of MSF's largest projects in the world. The hospital now has at least 700 patients arriving every day - sometimes it is 900 - most of them children.

Levels of severe acute malnutrition have risen in MSF-supported facilities in recent months. An average of 400 children per month are being treated for severe acute malnutrition in Boost hospital. In the feeding centre, our team is working day and night to treat the direct medical complications of malnutrition, as well as constantly preparing therapeutic foods to feed every child three times a day. Every one of these young patients is under five years old. Many of them are also suffering from worrying complications such as pneumonia, diarrhoea or gastrointestinal problems. I saw the increase in children suffering from severe acute malnutrition with my own eyes in Helmand province last year. This is likely due to persistent drought, food scarcity, an improved security situation, an economic crisis and a health system in a state of disarray. As the only fully functional public hospital in the province, Boost hospital in Lashkar Gah is very busy. Other public health facilities both within Lashkar Gah city and in nearby rural provinces continue to struggle to deliver services. An average of 60 babies per day are delivered in the maternity department. Some 100 babies were born in a single day in September, the highest number the hospital had ever seen, and in November, 1,900 deliveries were completed for a third consecutive month. These are babies and mothers who, without the services of MSF, would not have access to free maternity care.

Seeing the crisis through the eyes of our national staff colleagues from Afghanistan is very insightful. One of my colleagues, Mohammed, a doctor who has worked at Boost hospital since 2010, noted:

We are seeing double the usual numbers of patients in the feeding centre recently. Our main concern now is that we're running out of beds. At the moment, it's two families - one mother and one child - to every hospital bed. We work hard to be flexible, but we can only admit the sickest. This means triaging patients is really important, and we make sure that those we can't admit are seen elsewhere in the hospital. Despite this, it is calm inside the feeding centre. Although many mothers are anxious, they are happy that they are here and that their children are receiving high quality medical care.

Mohammed also told me how the healthcare system has all but collapsed in Helmand, and people are now travelling from very far districts in the north of the province to reach MSF. These are journeys that can take well over three hours, which is a long distance when a child is very sick. The people who reach MSF are the lucky ones. Many of them arrive on foot.

Mohammed told me of a family who came from a town called Musa Qala, which was under Taliban control as far back as 2020, and from where only a few patients have ever reached us. Their story helps explain the crisis. Mohammed said:

The family were very poor and struggled to find food while the young mother was pregnant. This is the same for many families now – there are no jobs and everything in the market is very expensive. People also have very limited access to information on health, so when their child is severely sick, they sometimes do not know what to do or where to go. When the baby was born, the young mother became very weak and could not breastfeed her child. The little girl was malnourished from the very first day of her life. Although we treat many patients for approximately three weeks, this little girl has now been with us in the feeding centre for three months. She is still weak, but we hope she will improve with our care.

For years, the healthcare system in Afghanistan has been underfunded, understaffed and under-equipped and is reliant on foreign donors. One of the greatest risks for the health system now is the risk of total collapse due to a lack of international support. The ripple effect of sanctions and other measures placed on Afghanistan's new government is being felt deeply nationwide. The country faces near economic and institutional collapse, including an inability to provide the most basic services and pay civil servant salaries. The banking sector is paralysed, which prevents people from accessing their life savings and complicates even the delivery of humanitarian assistance. High rates of inflation are further increasing the strain on the majority of Afghans, who routinely struggle just to survive. The United Nations stated in November 2021 that nearly 23 million people, or 55% of the Afghan population, are estimated to be in crisis or experiencing emergency levels of food insecurity.

Policymakers and donors must prove that they are committed to preserving or improving the welfare of the Afghan people by ensuring that punitive measures taken against the Taliban regime and its members do not make an extreme humanitarian and socioeconomic situation much worse and potentially irreversible.

I thank the committee. I will pass to my colleague, Ms Frauke Ossig, emergency co-ordinator with MSF.

**Chairman:** I thank Ms Leahy and welcome Ms Ossig.

**Ms Frauke Ossig:** I thank the committee for its interest in our programmes. It is very much appreciated.

I will speak about the most recent programme I was involved in, from last year until the beginning of this year. I have been working in the last year in three different migration contexts. My year started with a refugee project we had in Sudan for the people who had to flee from the Tigray region in Ethiopia. I then moved on and spent time in our Mediterranean mission where we have, as Ms Simpson mentioned, the *MV Geo Barents*, in the Mediterranean Sea to save lives at sea. I spent the past two months in Poland and Lithuania for our response to the humanitarian crisis. We see it as a humanitarian crisis, and not, as the media likes to title it, a

migration crisis, in the area of Belarus bordering Poland and Lithuania.

We had a team arrive in Lithuania in September last year. In October, we had an emergency team arrive in Poland. In October, we sent additional teams into Belarus, where we have a stable project which has already been working for a couple of years and is concentrating on tuberculosis. Our intention, as with most of the projects, was to reach out to the people most in need of humanitarian assistance. From our perspective, this was very clearly the population that is caught between border guards on the Belarusian side and the European border guards on the Polish and Lithuanian side.

What is happening is that the people who cross into Poland and Lithuania are either directly pushed back and blocked from entering Poland or Lithuania or, once they have entered, they are taken by the border guards to the border posts where, on the Polish side, for example, they are issued a letter to leave Poland without any possibility of applying for international protection or asylum. With this letter, they are then put back in the vehicles of the European border guards - in this case, Polish border guards - driven back to the border and pushed back across the border fence, a razor-wire fence that has been erected in both countries. This is happening on both sides.

A few people who manage, under unclear and arbitrary criteria, to hand in a request for asylum in Poland or Lithuania are then automatically detained. Both the push-backs and the detention are based on changes in the national legislation that Lithuania and Poland have been putting in place, successively. They first put in place a state of emergency and have made changes in national legislation since July. In the beginning, they used Covid very much as a justification to prevent people from applying for asylum. Later, however, a state of emergency was established in both countries.

In 2021, we saw more than 35,000 push-backs in Poland. That does not mean 35,000 people because we also know that many people have tried more than once to enter Poland and, in a kind of ping-pong process, they have been pushed back by border guards on both sides. After the push-back to Belarus, they have not been able to return to Minsk where they originally came from as they have been blocked by Belarusian border guards and pushed across the border again into Poland or Lithuania. We have seen more than 8,000 push-backs in Lithuania. By the way, in 2021, we also saw more than 30,000 push-backs in the Mediterranean Sea.

What is happening is that these people are remaining in the forest area between the border guards, out of fear of being pushed back into the violence they have experienced on all three countries' sides of the border. The border guards in Poland, Lithuania and Belarus are reportedly using violence against the migrants, the people on the move, during the push-backs. While we have seen it more on the Polish and Lithuanian sides in July, August and September, since October-November we have been seeing an increase in the violence the Belarusian border guards are using, leading people in the forest to be afraid to come out and call for help because they will not have access to unconditional humanitarian assistance.

The border areas are cut off by the state of emergency. Humanitarian organisations are not allowed to enter. People remain in the forest in below-zero temperatures, without food and access to water and medical care because they know they will not get unconditional access or any right to apply for asylum or international protection when they report to the border guards. This has been our struggle, which is one of the reasons we had to take the decision to withdraw our team from Poland. The majority of the people, or the people in most need who are caught between the border guards, were not reachable for us.



From our perspective, this is another example of very reckless European border policies that are working with deterrence and disrespecting and violating people's rights while on the move. People must have a clear legal way to request international protection. They must have access to asylum procedures. They must have access to legal assistance, which is not the case even after they have handed in their application for asylum. As such, they will not have access to a lawyer and the legal assistance that should, by law, be provided to them. The European Union has been quiet on the limitations of access, although this is happening on European borders and European border guards are driving people back, including sick children, into the forest in snow and freezing conditions.

Finally, the European Commission in December proposed an interim measures catalogue, which we assume is going to be voted on at the beginning of March. From our perspective, it is a dangerous precedent for migration policy in Europe. It will take away rights from people on the move and will no longer guarantee the most vulnerable have access to protection. It will keep people in conditions that are absolutely unacceptable, with lengthy detentions, and will legitimise violations of European asylum law.

**Chairman:** I thank Ms Ossig, Ms Simpson and Ms Leahy.

**Ms Isabel Simpson:** We are happy to take any questions the committee may have.

**Deputy Sorca Clarke:** I thank our wonderful guests. It has been an eye-opening experience to hear directly from representatives of Médecins Sans Frontières. I am sure they can appreciate that, in our role as a foreign affairs and defence committee, we receive much correspondence from many different areas. Even so, I must be honest and say that nothing has struck me as much as a sentence in the documentation our guests provided, namely, "The little girl was malnourished from the very first day of her life." That really struck me.

My first questions are for Ms Simpson. This is the 50th anniversary of Médecins Sans Frontières. That is an achievement in itself and one which the organisation should celebrate where the opportunity presents itself. She mentioned the increasing impact of climate change. Perhaps she will give some us information on MSF's experience of climate change and the role it has played over the past 50 years. What changes arising from climate change has the organisation seen?

Ms Simpson went on to mention Covid, and we all know the impact that has had throughout the world. She referred to other medical technologies. Will she elaborate on them?

Finally, will Ms Simpson give us a broader understanding of the role played by the search and rescue ship in the central Mediterranean Sea and the kind of work it undertakes?

Ms Leahy spoke about Boost hospital, its 1,300 staff and the 900 people, most of them children, who arrive every day. Will she outline the capacity in that hospital and describe the facilities? She spoke also of an area from which MSF sees very few people coming. It may be slightly naïve of me to ask, but is that because they have access to other medical care, or is it an area MSF considers of deep concern because so few people from that area come forward seeking medical attention? There was a reference to 100 babies being born in a single day. That is a major maternity hospital in and of itself, which is why I would like to know more about the capacity and the facilities at the hospital.

**Senator Catherine Ardagh:** I thank our guests and congratulate them on the anniversary of the organisation they represent. One of them used the term "feeding centres". As a mother

of two children in Ireland, that is not a word I come across when I bring them to a children's hospital. Nutrition is something we take completely for granted in this country. It hit home when our guests narrated the story of the doctor, Mohammed, saying the feeding centres were calm. I had never heard the term before and it seems almost to be from another realm, given how difficult it is for us to comprehend. It is upsetting that the organisation's main patients are children under the age of five. As Deputy Clarke said, to think a child would suffer from malnutrition from birth is awful and very sad.

I again thank our guests for their work. If there is anything we can do as a committee to support it, they might let us know. I appreciate how important that work is, not just in Afghanistan, Belarus and the other places they mentioned but throughout the world where Médecins Sans Frontières has or has had projects. As a committee, we would all like to help them if we can. I thank them also for their presentations.

**Chairman:** I should have explained when the opening statements were completed that, as is the norm, I propose we take questions and observations from a number of members before handing back to our guests with those questions, who can then allocate the answers in the way they deem most appropriate for us to gain maximum benefit. I call Senator Joe O'Reilly.

**Senator Joe O'Reilly:** I welcome our guests and join colleagues in congratulating them on their organisation's anniversary. I stand in awe, as I am sure all my colleagues do, of the great work they do. It is extraordinary and quite wonderful, and anybody remotely civilised would want to support them in every way.

Forgive my ignorance; I should know this but I do not. Does MSF get any state funding from the various member states, and if so, is it adequate? Is it funded from Ireland? If not, is it a deliberate exercise on the organisation's part to keep away from state funding? If there is any way we could assist in that regard as a committee, we will try.

I have been watching, as I am sure virtually all colleagues have, television programmes and bits of news pieces on Afghanistan, where it seems society is breaking down in many ways and there is significant malnutrition, suffering and disintegration. I acknowledge MSF is not a political organisation but rather is voluntary and exists to deal with the symptoms rather than the politics. Nevertheless, in our guests' practical experience, do they believe the sanctions on the country should cease? What do they think of the idea of linking sanctions to the achieving of human rights there? I saw a report recently - I cannot recall where - that suggested the Taliban was going back to form and reversing in respect of its attitude to women, and there were a few bad episodes in that regard. I am interested to hear our guests' comments on that. Do they see any evolution from the earlier Taliban? It presented an attempt at good PR in the beginning, but I wonder what the reality is. Either way, it is a society that has broken down and I salute MSF's work there.

On Belarus, it seems the poor migrants on the borders are being treated as footballs or chess pieces in the game of geopolitics. It is just shocking. The witnesses might forgive me as I had an interruption while Belarus was being spoken about. Are many of the migrants making it to Poland and being treated properly there or are they just being put backwards and forwards in a wrong kind of way? Maybe MSF will elaborate a little on that.

My final question relates to Covid and all the migrants and other people MSF deals with. I assume Covid is a major issue and that there are questions as regards vaccination. I would be interested in the witnesses' comments on that. I am sure they would be of the view we need



to vaccinate everybody in order for everybody to be safe but I include all criteria. MSF might comment on that. If I had no questions I would, together with colleagues, salute what the organisation does and say we stand in awe of it.

**Deputy David Stanton:** I have been looking through MSF's website. As some colleagues have stated, we are all a bit in awe of what the organisation does.

Certainly, the world is in a very precarious place. MSF works in many countries across the globe, including Bangladesh, with the Rohingya, the Central African Republic, Chad, Democratic Republic of Congo, Ethiopia, Iraq, Iran, Nigeria, Niger and so on. The organisation also works in some countries that have taken in an awful lot of asylum seekers and refugees and it looks after those people. MSF volunteers work in some of the most dangerous places in the world and put themselves at serious risk. I ask that the witnesses comment on that risk. Have any MSF volunteers been injured, assaulted, unlawfully detained and so forth? Obviously, because they are working in parts of the world where disease is rampant, they are also at possible risk from illness and disease themselves. In addition, it strikes me that if somebody goes to work in some of these situations that are very difficult - and extraordinarily so, to the extent that I am lost for words - the actual stress, strain, pressure and psychological impact on MSF volunteers must be enormous given what they are dealing with every day. There is perhaps the feeling of helplessness that some of us might feel as well when we hear what the witnesses say. What can we do?

MSF does not take any funds from the European Union. It did in the past but no longer does since the EU's agreement with Turkey. The witnesses might comment on that matter as well.

It strikes me that democracy is in retreat globally. There are an awful lot of regimes across the world. I am aware MSF goes into all situations completely neutral and looks after all sides in a conflict provided that they leave their weapons at the door, which is good. It cannot be easy, however. When one looks at all the countries in the world where there is conflict and literally hell on earth, one can see that we are totally cocooned in this country. Our problems are first-world problems compared with what the witnesses have described. It must be absolutely shocking. The question is what can be done.

Can the witnesses tell me how many people from Ireland are working abroad in other jurisdictions? How many Irish volunteers does MSF have? I know one or two people who are working and the impact on them has been enormous. They will never be the same again having seen what they have seen and been through what they have been through. I thank the witnesses for what they do and thank MSF volunteers across the globe.

**Chairman:** I thank Deputy Stanton. There was a bit of feedback during those contributions. I hope the members' remarks were conveyed to Ms Simpson in full. With that, I pass back to her and her panel to respond and reply to some of the questions posed.

**Ms Isabel Simpson:** I thank the Chairman. I lost the connection a little bit during the final questions but between us we will manage to answer.

I will start with the question around climate change and how we see that affecting our programmes. We have expertise in many things at MSF but climate change is one that is still a steep learning curve for us and I do not profess to have all the answers for that. I might use some of our programmes in Sub-Saharan Africa as an example, such as those in places like Mozambique and South Sudan. We see climate change affecting the communities we work

with there in many different ways. That can be affecting people's harvests which leads to poor food security and malnutrition. It can be a source of conflict over precious resources like water. It can also be in changing disease patterns because obviously climate change affects different vectors like mosquitos with malaria. Thus, we see different trends emerging in disease patterns and it leads us to look at things like vector control in different ways than before. Off the top of my head, I do not have any figures or data to illustrate the changes in disease but we see it very much. Of course, it can also be a driver of conflict as well. Many of the countries we work in are prone to civil conflict in any event. When there is an economic downturn and competition for resources like food and water, it very often leads to greater conflict within these societies. Similarly, we see changes in other countries we are working in such as ones in Asia and the Middle East. If members would like more information on that, I can consult colleagues and send it on as soon as possible.

I move to Covid and Covid technologies. MSF, through our access to medicines campaign, has been doing much work lobby globally, but also within Ireland and with other civil society groups in Ireland, on the TRIPS waiver regarding how we can scale up global production of vaccines. It does not just include vaccines but, as I said, also treatments and other technologies. By other technologies we mean PCR and antigen tests, as well as basic things like how to produce reliable and adequate quantities of PPE when needed for epidemic outbreaks. I do not want to be negative but while we may at this point have a feeling that the situation with Covid is improving, the future is still uncertain. We still need to ensure that, globally and in many of the countries in which we work, authorities have access to adequate vaccine supplies and to antigen tests, diagnostics and sufficient protective wear during outbreaks.

I will talk a little about our role in search and rescue in the Mediterranean. Ms Ossig might address that one too. Our role is simply to save lives. In the Mediterranean, we see overcrowded rubber dinghies that the majority of us involved in the meeting today would not even consider getting into in a swimming pool, let alone getting into one with 60 to 100 other people in order to cross the Mediterranean, particularly in view of unpredictable weather conditions and so on. As we speak, our ship, the *Geo Barents*, has rescued 439 people over the past few days. These people are still on board having being turned away from Malta twice. They are now trying to find a safe port of disembarkation in Italy. This is the situation that teams on the *Geo Barents* face every day. The 439 people are from seven different rescue operations. That will give the committee an idea of scale in the context of how many people are rescued during each operation.

We have at times been accused of being a pull factor and told that we are encouraging people to cross the Mediterranean because they think MSF will rescue them. One cannot imagine the desperation of these people to put their wives and children in a rubber dinghy on the high seas because they think MSF will rescue them. We are not the pull factor. The push factor is the terrible conditions that they are fleeing from and the detention centres in Libya where many of them end up when they are rescued by the Libyan coast guard. I will hand over to Ms Ossig, who may have something more to add.

**Ms Frauke Ossig:** Ms Simpson said much of what I would have said. I will add one point from. I did an interview for Irish media a while ago about the Mediterranean. I said that we have a role there that should not be our role. We should not be on the Mediterranean to save lives because that is the role of those states that border it and that have declared a search and rescue zone. Since Italy and Malta are not fulfilling their role and are not getting sufficient support from the EU to save lives at sea, there is nothing left but for non-governmental organisations to

save people's lives because people will leave Libya whenever they have a chance and regardless of whether there is someone on the sea to rescue them. We have seen it with the thousands of people who have drowned in the Mediterranean. They are people who are so desperate to put their families on boats that they do it independently, but it should be our role. It should be the role of the European Union to provide the response that is coming from member states.

**Ms Isabel Simpson:** I ask Ms Leahy if she can take the questions about Boost hospital in Lashkar Gah.

**Ms Sarah Leahy:** Of course. Deputy Sorca Clarke asked about the capacity and facilities at Boost hospital. Maybe I can give a bit of an idea of what the hospital looks like. As I said earlier, there are nearly 1,300 staff there and sometimes up to 900 patients. When I was there, there were sometimes up to 1,000 patients in for emergencies. It is a very large hospital. It is a 300-bed facility but we often have two patients in a bed because we do not have the capacity to have one patient per bed. It is important to note that if a woman comes to the hospital with a child, she must be accompanied by a male chaperone or family member because women cannot come to the hospital unaccompanied. They often bring their children to the hospital. This also puts significant pressure on the hospital. We have to feed everybody in the hospital and the kitchen might have to provide more than 4,000 meals today.

Regarding facilities in the hospital, we have an emergency room where we treat all of our patients initially before admitting them. We have a large paediatric department. Within that, we have a therapeutic feeding centre, which serves patients who have acute and severe malnutrition. Ideally, these patients, who are all under five years of age, should be assessed by MSF and sent to other facilities, but these other clinics have not been operational since May 2021, or even before then when the fighting in Helmand province got very bad. MSF ends up treating all of these patients, sometimes for months at a time. The pressure is unsustainable. We do not have anywhere to refer patients to.

We have a large maternity unit. As I mentioned, I saw 100 women deliver on a particular day. It is important to note that most women in Afghanistan deliver their babies at home. These are primarily women with complications who are delivering late. They experience obstructed labour. Many arrive in a poor state and have not had any antenatal care because facilities are not operating to support them.

We run an operating theatre which in the past was not focused on trauma but which in recent times has had to. From 1 May until the end of July, we treated 482 war-wounded patients in our operating theatre, which is a huge number. Most of those wounds were called by shells and bullets. More than a quarter of these patients were under the age of one. More than 100 patients were just a few months old and had trauma from the conflict.

We have wards for post-operative care, including general inpatient wards segregated for males and females and large isolation units for contagious diseases such as measles and tuberculosis in which we treat Covid patients too. There are patients who have comorbidities, such as presenting with Covid and tuberculosis, and children under five who have Covid. We have a separate labour room for women who are in labour and have Covid.

We treat Crimean-Congo haemorrhagic fever, which equates to a lesser version of Ebola and which has a very high mortality rate. We have an outpatient department, which deals with more minor illnesses. We have mental health services, which are so severely neglected that we can only really touch the surface. We treat patients who may just have lost family members,

who are at the end of their lives or who are extremely traumatised post conflict, which most people are.

The Deputy asked why patients could not get treatment in somewhere like Musa Qala. There were no services there at all in the past because it was under Taliban control. The population could not get in or out of this particular area. They do not now have the resources to build any facilities there so they have to travel. They trust MSF because everybody in Helmand province, and indeed most people in Afghanistan, have family members who have been treated by MSF in some capacity. There is a deep trust there. They also know that free healthcare will be provided and they will not be discriminated against, regardless of any ethnic issues. They know they will get healthcare regardless. We have been able to treat so many people, both members of the Taliban and those on the side of the Government of Afghanistan, because of our principles of independence, impartiality and neutrality. That is why we are held in such regard in Afghanistan.

I will talk briefly about linking the sanctions to the achievement of human rights. There are basic human rights. For example, every individual has the right to live. That means it is our collective responsibility to protect human rights and safeguard human life. People need access to free healthcare to all. Everyone has the right to equal treatment, irrespective of colour, caste, religion or gender. That is not being upheld at the moment.

It is important to note that our staff and beneficiaries do not have access to any money. In a post-conflict phase such as the one Afghanistan is now in, people cannot rebuild their lives. Humanitarian aid is being hampered, specifically at Boost Hospital where there is huge pressure on resources. The hospital is seeing up to 1,000 patients per day, which compromises the quality of care. Other services and facilities need to be operational in order for people to have basic access to healthcare. I think I have covered the questions that were asked. Is there anything else outstanding?

**Chairman:** My colleague, Senator Ardagh, mentioned the matter of funding, as indeed did Senator Joe O'Reilly. I might narrow that focus by asking has the global Covid-19 pandemic in any way adversely affected donor funding for MSF. What is MSF's relationship with any states on the matter of funding?

While I have the floor, I ask our guests to focus on two areas. The first is the Tigray region of Africa and the dire humanitarian situation which exists there. I note there have been calls for formal political engagement aimed at the cessation of violence which, if attained, would allow for humanitarian aid to be delivered. Access to humanitarian aid in that region seems to me to be of particular importance, having regard to current weather patterns, the dangerous and conflicted situation, the failure of crops, the movement of people, starvation, hunger and famine. Have our guests seen any improvement in the situation in Tigray in recent weeks as far as the capacity to deliver aid is concerned?

I will turn to the situation on the borders of Belarus and the European Union, with particular reference to Poland and Lithuania. In her initial contribution, Ms Simpson was direct, as we would expect, when she said that the European Union has failed to protect life. I acknowledge, of course, that her organisation comprises medical expertise and that in the course of her advocacy and work, she is always mindful of the need to be politically impartial, independent of politics and neutral in her comments. We on the other side of this meeting are political practitioners. Ireland is an active member of the European Union. We pride ourselves on our membership of the European Union, which is strongly supported by the Irish people. Ms Ossig,

when considering the EU border situation, spoke of initiatives and the position taken by the European Commission which she described as setting a dangerous precedent in terms of forthcoming policy positions. Would it be in order for me to ask what might this committee do, having regard to the fact that we are active members of the European Union? We see on a daily basis, particularly in recent times, a dangerous build-up of military capacity in this region. We have not in recent times, but in the course of the mid-winter and December we saw on our screens the forest conditions, particularly on the Belarus side of the border. Ms Ossig gave evidence to the effect that people are freezing in the forest in a way that would seem contrary to any focus on a humanitarian situation or human rights. Would our guests be in a position to offer us their best advice as to what we might do, as a foreign affairs and defence committee, in the context of Ireland's membership of the European Union?

**Ms Isabel Simpson:** I will go back to the funding question first. We did, in fact, stop taking funding from any EU member state in 2016, as Deputy Stanton said. That was a direct response to the EU-Turkey deal, which traded billions in aid for the effective outsourcing of border control and the subsequent measures and policies that were carried out in response to the movement of people. As a humanitarian organisation, we found that incompatible with our principles. Therefore, we decided that as long as the EU-Turkey deal was in operation, we would not received funding from any EU member states. At that time, we were the only international organisation ever to give money back to Irish Aid, which used to fund us generously. As an international organisation, we are 97% privately funded. I am proud to say that we have 100% private income in Ireland from the very generous support of the Irish public.

As Ms Leahy touched on when she was talking about Afghanistan, our principles and independence are important to be able to address the needs of the vulnerable, as we see it. That must not be attached to some government agenda or subject to other people who may try to manipulate funding in ways intended to serve their own agendas. It is very precious to MSF that we are privately funded. It gives us independence in our action and neutrality, and the possibility to treat those who we see as the most in need rather than those who others think are the most in need or groups of people to whom others do not want us to be able to deliver humanitarian assistance. The very small bit of state funding we have comes largely from Canada and Japan but otherwise 97% of funding is private funding. During Covid, we were in a very fortunate position because Covid has also has been a huge part of our work over the past two years. Again, the public has responded to us in a very positive way so Covid has not had a detrimental effect on our funding. During the Covid response, we had several programmes in Europe that under usual circumstances, we would normally not have considered launching but we had extensive programmes in European countries like Italy and Belgium. We also have a very small intervention in Dublin where we partnered with an Irish organisation called Safetynet. We set up a mobile Covid testing unit for vulnerable populations such as the homeless, those in direct provision and the Traveller community that Safetynet was able to operate and carry out testing on site.

The next question concerned Tigray and Ethiopia. Just over six months ago, three colleagues were killed in Tigray. There is an ongoing investigation into their deaths. For that reason, I am unable to elaborate on the situation in Tigray. I can say that MSF does not have access to Tigray at the moment. We would be open to giving individual briefings to any members of the committee who want to take the current situation in Ethiopia further but unfortunately, it is not something we can address publicly at the moment. The situation relating to our colleagues is the priority and for that reason, I cannot discuss Ethiopia at present. I apologise for that. I will hand over to Ms Ossig, who can expand on the current EU proposal. We also have an ask



for this committee, which was in the closing statement but which I am very happy to address the committee after Ms Ossig speaks to it.

**Ms Frauke Ossig:** Regarding funding, our intervention in Poland and Lithuania is an example where it is really important for us that these programmes are not funded by the EU or ECOFIN because we want distance from the political agenda. Regarding comments on what can be done and that democracy seems to be in question in many countries, one of the most important points regarding Poland and Lithuania is the people need to get out of the forest. It is still below zero in the forest and it is still snowing in Lithuania. It has been snowing a couple of days ago and there are still children, women and men who are hiding in the forest on the European Union side because they do not have a safe, protected and unconditional way out of the forest. They will continue to hide there until they can make their own way out of it. We need to get them out of the forest because if we do not, the death toll will not stay at 21. There will be more deaths because people will continue hiding because of the fear of being violently pushed back and not having any fundamental rights respected. This is the major call from our side. European member states and the European Union must find a way to get these people out of the forest unconditionally and provide them with a safe way to access their basic rights.

We also hope the countries that are concerned about the rights of the migrants will raise their voices towards the European Union and the European Commission to criticise and oppose the proposal that we believe is endangering respect for the fundamental rights of migrants. The proposal, for example, allows an lengthened period for the registration of asylum applications of up to four weeks. This will very likely come with automatic detention at the border posts. The proposal also will allow people to be detained at the border posts where they will say they will be able to implement asylum procedures so they do not have to go to a registration centre any more, as it can be done at the border posts. The proposal will allow the respective countries to, under the provision of only covering basic needs, detain people up to 16 weeks. From our perspective, this is unacceptable because it violates any kind of asylum law that has been put in place and the EU asylum directive. There is no exemption for vulnerable groups. The screening of vulnerable groups and specific risks to groups regarding their home countries and potential deportation are not properly covered. There is no call for humanitarian access. The only call in the proposal is for vague co-operation with the United Nations High Commissioner for Refugees, UNHCR. There is no adequate monitoring mechanisms that will ensure that human rights are not violated to the extent that they are being violated at the moment by the national legislation put in place by Poland and Lithuania. Our call is for concerns to be raised and objections to be made to the proposal.

**Ms Isabel Simpson:** I reiterate our call for the committee to voice its concern to the Department of Foreign Affairs and EU counterparts regarding the continued pushback of people from European borders. As Ms Ossig outlined, the European Commission proposal for exceptional measures is making this situation worse for people on the move and is setting a dangerous precedent. European member states committed to protecting vulnerable people should oppose this proposal and instead should seek solutions that put people first and comply with international and EU obligations.

Deputy Stanton commented on the risks our workers face and mentioned the loss of our colleagues in Tigray. We have stringent security conditions in all our operational areas. Our staff have security training and we have protocols and guidelines in place that hopefully, in the majority, keep our staff safe. It is stressful, as the committee member pointed out. Personally, I worked in the field for 25 years before I came to Dublin to take up this position with MSF

Ireland. We know the risk and know the things that can happen but it does not stop the humanitarian impulse and the passion we feel for our work. As a medical organisation, of course, we try to take the best care of all of our staff, whether they are international or locally hired. At the moment, globally, MSF has over 40,000 international and locally hired staff working in over 70 different countries.

Perhaps my colleagues would like to add to that, as they have been involved in this area. In a conflict situation, negotiation with both parties to the conflict is very important to the security of our teams and workers, but acceptance by the local communities and the families and patients we seek to serve is also extremely important.. My colleagues might come in with their field experience of security.

**Ms Frauke Ossig:** Acceptance is one of the essential points and it often makes MSF very different from other organisations. We strongly believe that acceptance through good programming and through programming that is relevant for communities is the best protection we can have. If we and our services are not accepted, then we are working in the wrong direction and we are missing our objective. This is why community engagement is important for us and we need to constantly redefine and adjust our programmes to the needs of the population.

With regard to the psychological impact, I am happy to say I strongly believe we are doing very well in terms of providing psychological supports to our team, and that is not just to our international staff members but to our national staff members as well, who are often a bit forgotten in the discussion. For us, it may be dangerous to go into several countries but for the majority of our staff, it is very dangerous to continue living in their countries because they are affected every single day, as are their families, while we are going in for a short period and then stepping out again. Often, we potentially have better protection just by being someone who is not from the local context and who is probably perceived as a bit more removed than our national staff could be. We have a team of psychosocial support units available to all of our staff, including national staff, with a 24-hour hotline in different languages, including in Arabic, so our staff can access that support.

**Ms Isabel Simpson:** We do not have armed protection or security on any of our projects. Again, this is a very important principle for MSF because we very much believe that armed protection is detrimental to our security as opposed to being a form of protection. I invite Ms Leahy to add to that.

**Ms Sarah Leahy:** I agree with what Ms Simpson and Ms Ossig have said. From my side, and I have seen this in the field across many different contexts, negotiation with all sides to the conflict is imperative for access to healthcare. Although it has already been said, I want to reiterate that our principles, particularly those of humanity, neutrality, impartiality and independence, are key for us to have that recognition, and that helps to ensure our security. Once these are respected and upheld by all sides, it is the best thing we can do to ensure the safety of staff and beneficiaries.

**Chairman:** Does Ms Simpson wish to add to that?

**Ms Isabel Simpson:** I think I have finished the questions but if I have missed anything, please let me know.

**Deputy David Stanton:** I asked how many people from Ireland are working with the organisation internationally.

**Ms Isabel Simpson:** At the moment, we have 12 staff in projects overseas and 16 staff based in Dublin. It has varied. We have had problems during Covid and, in particular, we had difficulties when airspace was closed down due to Covid and countries were not conducive to travel. Over the past couple of years, we have had fewer staff from Ireland in the field but we certainly hope that, in 2022, we will start to be able to get more staff placed again, now that international travel is improving. However, the flip side is that many of our staff extended contracts and stayed much longer on their field assignments during Covid, partly because they could not travel back to Ireland but also because they very much did not want to leave the emergency situation and leave colleagues with heavy workloads while the pandemic was raging during 2020 and 2021.

**Ms Frauke Ossig:** I note that one question from Senator Joe O'Reilly with regard to the border situation in Belarus, Poland and Lithuania was not answered. The question was how many actually made it into Poland and Lithuania. For Lithuania, we know that in the five detention centres there are approximately 3,500 people who are waiting for an answer on the asylum claim they have been putting in place. The chances that their asylum claim request will be answered positively is very low, if we look at the last results that have been brought forward. People have been waiting for five to six months already and they have remained in detention for the whole time. For Poland, we do not have exact numbers because we have had no access to the detention centres but we believe that approximately 4,000 people are in the detention centres. We know from two centres we have been visiting that people do not have any idea what their status is. It is people who are either waiting for an outcome of a potential asylum procedure or for deportation to countries of origin.

**Ms Isabel Simpson:** I have also found a question about Covid-19 vaccination for migrants. Among the 439 who are currently on the Geo Barents one person tested positive. We try as far as possible on a very overcrowded ship to isolate positive cases. Perhaps Ms Ossig can explain a little more about how we deal with that on board ship.

**Ms Frauke Ossig:** Most of the people we are able to reach and whose lives we can save come from contexts where there is no possibility of vaccination. All our staff on the boat are vaccinated as well as the maritime crew handling the boat. For the survivors we have arranged a separate corner where there is a good airflow. They are separated, especially the women and children are separated, from the other men. They are only visited and treated by a reduced number of our medical team. We cannot fully treat, so we would medically evacuate people who develop severe Covid-19. Up to now we have been lucky on all rotations to have had people who were mainly asymptomatic or had very mild symptoms so we could have them remain on the boat. If someone developed into a stage where it is more severe then we would try to medically evacuate with the help of the Italian or the Maltese coastguard.

**Chairman:** No members are indicating so I now ask Ms Simpson for a final comment, after which we will bring matters to a conclusion.

**Ms Isabel Simpson:** I thank the members of the committee for their time today. As they have heard from me and my colleagues, the communities that MSF assists are dealing with multiple and, at times, very complex challenges. I hope they have been motivated by the briefing. For us speaking out is the first step to try to effect change. In regard to Afghanistan, Médecins Sans Frontières reminds donors that humanitarian assistance is now more important than ever. Support to the population needs to be maintained regardless. Donors must find a way to ensure that continuous funding of essential humanitarian programmes in healthcare but also across other sectors is maintained, including support to food security. As we have discussed today

what has made many situations more complex for us over the past two years, for communities and medical staff on the ground in all our project locations, is the Covid-19 pandemic. Due to the inequalities that exist, communities with little or no access to vaccines, treatments and tests are now more vulnerable. While vaccine production is increasing, access inequity remains a concern when demands for booster vaccines continue to grow. To ensure sustainable supply globally and to break from the current unequal production and supply structure globally, it remains important that countries are supported to engage local production and supply.

Intellectual property barriers in Covid-19 go beyond vaccines and also include therapeutics, diagnostics and key materials and components needed for the productions. MSF Ireland asks this committee to continue its work on vaccine inequity and to write to the Government expressing its support of the recent Seanad motion supporting the TRIPS waiver. Additionally, MSF asks this committee to write to the Committee on Enterprise, Trade and Employment urging it to hold a public meeting on Ireland's position on the TRIPS waiver where it can call in expert witnesses in this field. Furthermore, in recognition of the people on the move and their right to seek asylum within the EU's borders we reiterate to the Department of Foreign Affairs the need to voice its concerns with EU counterparts regarding the push-backs, not to support the proposal but instead to protect vulnerable people. Put people first, and seek solutions that comply with international and EU obligations. I again thank the committee for giving us time today, it has been a pleasure to speak here.

**Chairman:** On behalf of the Joint Committee of Foreign Affairs and Defence I express our appreciation to Ms Simpson, Ms Ossig and Ms Leahy for their time, engagement and the direct manner of their contributions and replies to many of the observations and questions of committee members. I offer our condolences and sympathies to them and their organisation on the tragic loss of their members throughout the world but, in particular, in Ethiopia, as mentioned earlier. That is testament to the very real and dangerous work undertaken by their members on behalf of the humanitarian needs of people on a daily basis. I am loath to offer congratulations to them on their 50th anniversary because it is a word that Ms Simpson indicated she would not use. In deference to her position let me acknowledge on behalf of committee members 50 years of endeavour on the part of their organisation and members, often in the most challenging and conflicted parts of the world. We wish them well, and safety for future years in that regard.

Our members listened carefully to witnesses' comment on the matter of the TRIPS waiver. We have engaged with our fellow Committee on Enterprise, Trade and Employment and have been in contact with the Department of Foreign Affairs; in fact we produced a report on this issue as far back as last March. It is an issue that has exercised members of our committee. We will continue to advocate in that regard and we will again, following this meeting, contact the Committee on Enterprise, Trade and Employment and the Tánaiste, and of course the Department of Foreign Affairs with which we liaise on a regular basis. I thank the witnesses for being with us. We look forward to hearing from them again in the context of their work, and ours.

The joint committee went into private session at 4.39 p.m. and adjourned at 4.48 p.m. *sine die*.