

## **Christopher Stokes Written Testimony to the House Committee on Oversight and Reform Subcommittee on National Security**

June 10, 2022

Chairman Lynch, Ranking Member Grothman, and distinguished Members of the Subcommittee, thank you for organizing this hearing on the humanitarian crisis in Ukraine.

I am speaking to you from Ukraine where I am serving as an Emergency Coordinator for Médecins Sans Frontières (MSF), better known in the United States by our English name, Doctors Without Borders. Last year, MSF marked 50 years of providing medical care in humanitarian emergencies. We operate in over 70 countries around the world, adhering to the humanitarian principles of neutrality, impartiality, and independence in line with universal medical ethics. In keeping with the principle of independence, we choose not to be funded by the United States and most other governments. Our principles not only form the core of our identity, but they are also our protection when working in war and conflict.

The people of Ukraine are tragically familiar with armed conflict. MSF first worked in Ukraine in 1999 and has been responding to the conflict in eastern Ukraine since 2014. As you are aware, the conflict between Russia and Ukraine escalated in late February 2022, displacing millions of people across the country. Civilians have been injured and killed, homes, towns and cities destroyed, and medical facilities damaged. The war has created a large-scale, urgent need for medical assistance, food, safe water, and shelter. While the geographic scope of active conflict areas has diminished, people in areas recently affected by conflict or in areas under occupation, or otherwise contested, continue to need emergency humanitarian assistance.

### **MSF's Response in Ukraine**

Before February 24 MSF's work in Ukraine included providing support for elderly isolate or displaced people with chronic disease through mobile clinics and home-based care. In recent months these needs have only grown. With the extreme escalation in violence MSF has expanded our work in Ukraine where we currently employ over 600 staff comprised of about 140 international and 470 Ukrainians. We have teams working in multiple locations including Bila Tserkva, Dnipro, Chernihiv, Sumy, Ivano-Frankivsk, Kharkiv, Kyiv, Lviv, Odesa, Poltava, Pokrovsk, Kryvyi Rih, Uzhhorod, Kropyvnytskyi, Vinnytsia, Zaporizhzhia and Zhytomyr. Our teams include doctors, nurses, psychologists, logisticians, and management personnel. Since the 24<sup>th</sup> of February, MSF has brought more than 800 metric tons of medical and relief supplies into Ukraine. MSF also initially mobilized a response in neighboring countries of Poland, Belarus, Moldova, Hungary, Slovakia, and Russia, although the majority of our operations are currently focused inside Ukraine.

The extensive solidarity network in Ukraine – comprising formal and informal networks of organizations and individuals mobilized as part of the humanitarian response – has served as a safety net for vast numbers of people in Ukraine who have fled areas of fighting, or who have remained in their homes because they are unable or unwilling to leave. These volunteer networks play a significant role in the way assistance reaches people in need, and how people find shelter and other forms of support to meet their basic needs.

Ukraine has an advanced health care system run by highly trained and experienced staff. We find that, in general, Ukrainian health care workers have not left, and many who moved their children and other family members to safety have returned to care for those unable or unwilling to evacuate Ukraine. These health care workers are asking for the supplies and support needed to continue to care for their patients.

Over the past months MSF has established medical supply lines and provided training on mass casualty response to hospitals across Ukraine. We have worked alongside Ukrainian doctors and nurses to restart medical care in the

wake of active fighting. In addition to basic primary health care, we are providing mental health care to address the psychological consequences of the war. We have established hotlines to reconnect people with existing services.

Many who find themselves in need of support are elderly or disabled. Their access to health care was severed by fighting, and we are working with volunteer networks to deliver medication directly to their homes. We continue to support shelters for survivors of sexual violence by providing training and mental health consultations. We also run a hotline for survivors of sexual and domestic violence in Kyiv and other areas, offering confidential consultations and delivery of medications to prevent HIV, sexually transmitted infections, and unwanted pregnancy.

Across Ukraine, we are identifying and filling gaps in the health system but also stepping back as appropriate when the health care system and local organizations and volunteers demonstrate a capacity to respond. As the conflict enters a new phase, we are seeing a continued need for flexibility in the humanitarian response. Mobile medical clinics allow us to reach people both in urban areas where instability makes movements dangerous and in outlying rural areas where medical care has been interrupted by conflict.

As road access was made difficult by the war, we looked for alternative forms of patient transportation and MSF is currently operating two trains for medical transport purposes. These trains move patients from overburdened hospitals close to active conflict zones to hospitals away from the fighting and where there is more capacity for patient care. As of June 8th, 24 referral journeys by train were completed, assisting 653 patients and their caretakers. Most of these patients are civilians, wounded by heavy artillery and rockets used extensively and indiscriminately in densely populated areas. An additional 78 infants and toddlers were also evacuated from an orphanage via train.

At the time of the missile strike on the Kramatorsk railway station on April 8, hundreds of civilians were awaiting evacuation trains to safer areas of Ukraine. MSF had evacuated patients from there only two days before. In the aftermath of the attack, MSF transferred 11 people who were injured to safer hospitals in the West of the country. Most of them were children with the youngest being 8 years old. With roads considered too dangerous, the MSF train is currently the only means to move large numbers of critically war-wounded safely across the vast distances of the country.

According to the UN International Organization for Migration (IOM), upwards of 7 million Ukrainians are displaced within the country. MSF is supporting displaced persons staying in shelters who are often extremely vulnerable: elderly people, disabled people, unaccompanied children, and people who cannot afford to move within Ukraine or to leave the country. In the shelters, our teams run mobile clinics, providing medical consultations and continuation of care and medications for people with chronic illnesses such as hypertension, asthma, diabetes, heart disease, and epilepsy. We also conduct referrals to hospital for severely unwell patients, provide psychological first aid and mental health consultations; and distribute basic relief items. In some areas, clinics for displaced people are staffed by Ukrainian doctors who are themselves displaced.

Destruction of infrastructure across Ukraine is an immense burden on civilians and on humanitarian responders. For example, thousands of people sheltered in the metro stations of Kharkiv during the peak of the violence. While most were able to find a place to stay when metro service resumed on May 24, we are following up with others who are still searching for shelter.

The unpredictable security environment continues to make the humanitarian response difficult. However, civil society responders and volunteer networks are identifying individuals and households in need. MSF is supporting them with food, hygiene kits, and medical supplies and is continuing to supply health facilities in multiple areas.

As the front lines shift, we continue to work with health facilities to ensure they have adequate supplies as well as training to continue treating patients even if their supply lines are interrupted by fighting. We are also working with some health facilities to set up autonomous supplies of electricity through generators and solar power, and clean water to continue functioning for up to a week in the event that their normal supply is interrupted.

### **Contested and Occupied Areas Outside Ukrainian Government Control**

In addition to the needs of people in areas under Ukrainian government control, there are significant needs in areas that fall outside its control. MSF has been working in contested areas in eastern Ukraine since 2014 and we have witnessed how, for the past eight years, many of the 1.6 million people living in the Luhansk and Donetsk oblasts have faced restrictions on movement and access to services as a result of the conflict.

Access to areas outside of Ukrainian government control is limited, resulting in a restricted humanitarian presence, a lack of regular data collection, and an inability to carry out independent needs assessments. Based on available information, health needs in occupied and contested areas are extensive and the situation is continuing to deteriorate due to the impact of ongoing conflict.

As the war drags on, the protection of civilians who are residing in these areas must be ensured, including by guaranteeing the unhindered delivery of impartial humanitarian aid and medical care. In accordance with international humanitarian law and humanitarian principles, MSF is seeking urgent access to all people affected by the conflict, wherever they are. This means MSF will engage with all parties to the conflict with the sole objective of providing medical care and humanitarian aid to ensure the survival of the population.

### **Humanitarian Response in Neighboring Countries**

In addition to our humanitarian operations in Ukraine, MSF continues to monitor and address the medical needs in bordering countries. In Slovakia, we have signed a memorandum of understanding with the Ministry of Health to be able to import medical supplies and we have trained health staff on tuberculosis (TB) and multi-drug resistant (MDR-TB) care, and care for survivors of sexual and gender-based violence (SGBV). In Belarus, we support the national TB program, provide hepatitis C treatment in prisons, and assist people displaced between Belarus and EU countries as well as those displaced from Ukraine.

In Russia, MSF has long been working with health authorities to provide treatment for drug-resistant tuberculosis (DR-TB) and we have partnered with local NGOs to support vulnerable groups. We have seen an increase in need for chronic disease treatment, including of people in Russia displaced by conflict who cannot refill their medications. MSF has recently established an emergency response project in the south of Russia, targeting the areas of Rostov and Voronezh. MSF is supporting people who are displaced by the conflict and who have limited access to medical and humanitarian assistance provided by conventional support systems. In partnership with local organizations, our team in Voronezh is connecting people in need to existing systems for medical and humanitarian assistance, facilitating referrals both to public and private healthcare providers, and supporting with covering medication costs.

### **Long-term Impacts of the War in Ukraine and Humanitarian Assistance Needed in the Future**

The type of humanitarian response we need moving forward is one that is characterized by the fundamental principles of impartiality, neutrality, and independence. People in need of life-saving assistance have a right to

receive it, regardless of where they are from or where they are now. While we continue to focus on the urgent needs of people in Ukraine, we know that the harms of war do not end when the fighting ends. The destruction of civilian infrastructure, the devastation of the economy, the risks of unexploded ordnance, and the longer-term recovery from physical and psychosocial traumas will reverberate well into the future and will be costly to address, in terms of time and resources.

The destruction of infrastructure in both rural and urban areas will require significant rebuilding, restoration, and investment. Damaged or destroyed infrastructure has a direct bearing on people's health and their ability to meet their basic needs. Where fighting is concentrated and prolonged, water, sanitation, and health care systems will be at risk of collapse. Indeed, in some places this is already the case with people facing water shortages that pose a significant public health risk, particularly in a country where cholera is a concern.

In the East, civilians will need access to humanitarian support regardless of who is controlling the territory. Maintaining access to primary health care in unpredictable security contexts will be a challenge in the coming months. Regardless of war, babies are born, routine childhood ailments require attention, and those with chronic diseases need access to medications and therapies. While we can provide hospitals with training and materials to respond to influxes of war-wounded, the initial medical act that saves a person's life is often just the first step on the path to recovery. War inflicts both physical and psychological traumas that require specialized and long-term rehabilitation and treatment.

In some locations where Ukrainian forces have recently regained control, systems of care are being restored relatively quickly. This, combined with support received from solidarity networks, means that humanitarian actors must proactively seek the gaps that remain in the immediate response even while others begin to focus on long-term recovery. In addition to the extensive restoration of destroyed infrastructure, this effort will require cash and other types of support for vulnerable groups who are unable to meet their basic needs. In other locations, especially in more rural communities, access to medical care and basic services is not as quick to return and there is a need for more sustained humanitarian assistance until local systems are back online.

### **The Broader Humanitarian Impacts of the War in Ukraine for Other Areas in Crisis Around the World**

While we continue to respond to the medical needs of people affected by war in Ukraine, it is important that their needs are met in addition to and not at the expense of other vulnerable people around the world. Much has been said about the impact of the conflict in Ukraine on food and other commodity prices, and the exacerbating impact of these trends on humanitarian crises around the world. MSF's principles of neutrality and impartiality mean that we believe that people have a right to assistance on the basis of need, irrespective of country, religion, political affiliation or any other criteria.

Therefore, we must also echo the concern expressed by others - including the Director General of the World Health Organization - that while Ukrainian assistance rightly continues to scale-up, in crises farther from the headlines that are every bit as severe, the gap between needs and resources is growing alarmingly.

We are witnessing firsthand the human cost of this gap. In Chad we are straining the limits of our capacity to scale up nutrition programs after the UN's programs were recently and drastically cut. We are doing our best to scale up our response in Northwest Nigeria, where malnutrition is escalating amidst violence, insecurity and displacement, which inexplicably does not feature in this year's UN Humanitarian Response Plan at all. In some places we are

caring for women who were raped while gathering resources to supplement food rations that were halved by recent cuts.

In an increasing number of countries we see the effects of interruptions in routine childhood immunization programs in the form of outbreaks of measles and other vaccine-preventable diseases that can kill or cause lasting harm to the health of the youngest children. Countries affected by political instability and conflict face the most hardship, such as in Afghanistan where over the past year our pediatric hospitals have been so overwhelmed with severely ill children that we have had to put two or three patients to a bed.

The lives of people outside Ukraine are just as important as those of Ukrainians. Their needs are as acute and deserving of just as much attention and resources as those in the spotlight today. We recognize and applaud this government's recent commitment of an additional \$4.3 billion in funding for food assistance in Ukraine and elsewhere yet regret that it will not be nearly enough. In recent years we have seen the resources and resolve the United States and international community are capable of mobilizing when the political will exists. We urge you and other governments to rise to this moment, and to respond to needs in these neglected crises and to all people displaced no matter where they are from, with the same determination and commitment as those in Europe.

Thank you for your concern for people living in Ukraine and in humanitarian crises around the world and for the opportunity to give testimony about the complex problems MSF's patients face on a daily basis. I will be pleased to answer any questions.