

## Médecins Sans Frontières refugee camp spreads the word

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**T**hey stood at the entrance of the refugee camp, about 15 in all, waiting in the midday sun for the guard to let them in. The guard, his eyes hidden behind sunglasses, his face as blank as untouched canvas, asked for identification documents.

A woman stepped forward, gingerly offering a laminated card. Seconds later, despite receiving no documents from others in the group, the guard opened the gate. The 15 men, women and children shuffled into the camp and made their way toward the nearest canvas tent, which offered far less comfort than the towering Ottawa Marriott Hotel visible in the background.

The camp, located in downtown Ottawa, Ontario, was part of a four-day Médecins Sans Frontières (MSF) exhibit called “The Refugee Camp in the Heart of the City,” which began May 13. The exhibit, held to raise awareness about the living conditions of the world’s 42 million refugees, will later visit Montréal, Quebec; Toronto, Ontario and Waterloo, Ontario. Since being launched in France in 1995, the exhibit has toured Asia, Europe, North American and the Middle East.

The 740 square-metre exhibit, run by about 20 MSF staff members, is a reconstruction of an actual refugee camp. It contains a vaccination tent, a shelter area, a latrine, a food distribution tent, a health clinic, a water supply area, a nutrition centre and a cholera treatment centre.

Though educating the Canadian public about the lives of refugees is one reason the mock camp is staged, MSF does have another motive.

“We have one night when we give a special tour for doctors and nurses with the specific goal of recruitment,” said Avril Benoît, communications director with MSF Canada.

Doctors wishing to join MSF must have two years of professional experience and some exposure to interna-

tional settings, even if just through backpacking. Medical professionals who join come from a wide variety of backgrounds and career stages, ranging from the young and childless to the seasoned and mortgageless. Age is not a factor. In some situations, in fact, older doctors have preferable skill sets.

“The older doctors are less reliant on high-tech tools,” said Benoît. “Their diagnostic abilities are more intuitive.”



Roger Collier

A doll representing an infant refugee is displayed in a tent at a refugee camp exhibit in Ottawa, Ontario.

The hour-or-so tour through the mock refugee camp offers a sampling of what’s in store for volunteers.

Before the tour begins, guides inform visitors that just getting to a real refugee camp is a major challenge. People in conflict areas often have fewer than five minutes to leave their homes, leaving them little time to gather identification, food or other useful items. Then they may have to tra-

verse a landscape littered with land mines. According to a poster at the exhibit, someone in the world is injured by a land mine every 20 minutes.

The first stop on the tour is the shelter area. As many as 10 000 people can pour into a camp in a short period, so shelters go up quickly, made from sticks and mud and whatever other materials are on hand. Waterproof plastic sheeting, if available, is particularly coveted. Outside the tents, you might find cookware, cutlery and homemade toys — soccer balls made from cloth scraps and tape, cars made from tin cans.

In the food distribution area, visitors learn that, in the early days of a refugee crisis, people often subsist on high-calorie, vitamin-fortified, dry biscuits called BP-5 compact food.

“One of these can fill up an adult for a whole day,” said Emily Russell, a guide at the Ottawa exhibit. “It’s not very tasty, but you get the calories you need.”

The water distribution area contains a large plastic bladder, which can hold thousands of litres of water. This water, fetched from nearby rivers or hastily dug wells, is distributed in five-litre containers. A refugee must make those five litres last all day, for drinking, cooking and cleaning.

At the remaining areas of the mock camp, visitors learn about the health problems found in refugee camps (measles, diarrheal diseases, malaria), about malnutrition and about the challenges of maintaining proper hygiene in overcrowded areas.

Midway through the first day of the Ottawa exhibit, 1200 visitors had passed through, many of them high school students on class trips. The feedback on the exhibit, says Benoît, is very positive.

“It’s rare that you get to hear stories of what it’s really like in refugee camps,” said Benoît. “People are often quite moved.” — Roger Collier, *CMAJ*

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