

DISCUSSION REPORT

University of Johannesburg-Médecins Sans Frontières
Dialogue One / March 2010



MIGRATION FOR SURVIVAL - SURVIVAL ON ARRIVAL

Mobile populations in urban settings: The battle for access to basic services

South Africa is one of the most economically unequal societies on earth. Huge informal settlements crowd the peripheries of urban areas, lacking the most basic amenities for a life of dignity such as decent housing, employment, and access to social and healthcare services. Service delivery protests and anger at the failures of local government are commonplace.

Against this backdrop:

- *How do people who come to South Africa as a place of refuge - having fled violence and state collapse in countries including Zimbabwe, Somalia and DRC - survive?*
- *What protection are refugees and people seeking refuge afforded?*
- *Is recognition or non-recognition of their status politically motivated?*
- *How do these vulnerable groups navigate the tensions they face in their homes, at work and when trying to access basic services?*
- *What is the role of government, academia and civil society in preventing the pressure cooker from boiling over ... again?*

**A SERIES OF DISCUSSIONS AIMING TO PROMOTE DEBATE ON SOME OF THE
PRESSING ISSUES FACING HUMANITARIAN ACTION**

Discussants

Prof Adam Habib	Deputy Vice Chancellor - University of Johannesburg (Facilitator)
Zwelinzima Vavi	General Secretary, COSATU
Reverend Paul Verryn	Central Methodist Church
Dr Liz Thomas	Medical Research Council /Wits Policy Unit
Liesbeth Schockaert	Advocacy and Analysis Unit, MSF
Mark Heywood	Executive Director, Aids Law Project
Russel McGregor	Government/UN Programme on Communities of Diversity & Peace

This inaugural debate is a joint initiative of MSF SA and the University of Johannesburg. This report provides a summary of the discussion and highlights key issues emerging from the debate.

“The Twentieth century will be remembered as a century marked by violence. It burdens us with its legacy of mass destruction, of violence inflicted on a scale never seen and never possible before in human history. But this legacy- the result of new technology in the service of ideologies of hate – is not the only one we carry, nor that we must face up to. Less visible, but even more widespread, is the legacy of day-to-day, individual suffering.”

Nelson Mandela

Introduction: Why this debate series?

Sharon Ekambaram is Director General of MSF-SA. She explained the rationale behind setting up this joint initiative as drawing on the strong activist legacy of South African civil society and academia in the fight against apartheid.

It is part of a series aiming to continue in the spirit of academics and freedom fighters such as Steve Biko and Chris Hani who paid with their lives to address the plight of the vulnerable and oppressed. The partnership aims to:

- Harness the traditions of an academic community that publically challenged AIDS denialism in South Africa.
- Draw on expertise based on intensive practical experience.
- Develop an ongoing multi-cultural debate leading to new approaches to the health challenges of a world in crisis.
- Engage academics with close relations to an active civil society.

MSF’s work in South Africa

“The 1971 creation of Médecins Sans Frontières brought about a small revolution in the world of humanitarianism” (MSF founders).”

MSF wishes to build a culture of humanitarianism in South African society to inform our responses to communities in distress in the region. MSF defies borders in addressing the medical needs of communities who, for whatever reason, are excluded from access to health care, regardless of geographical, political, ethnic, religious or social borders.

MSF has been working in South Africa since 2000, initially in response to the HIV epidemic. It formed an alliance with the Treatment Action Campaign (TAC) in the struggle for access to antiretroviral treatment. More recently MSF has been addressing the needs of Zimbabwean nationals fleeing to South Africa, including providing primary health care services to those who were displaced from their homes by xenophobic violence in 2008. MSF currently manages a clinic at the Central Methodist Church (CMC) in Johannesburg where MSF’s

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medical teams witness the horrendous conditions that people face living in the inner city; and provides medical care and trauma counselling for Zimbabweans in Musina.

“The major cause of migration in Africa and the developing world is poverty, inequality and conflict and people migrate as the sole means of survival.”

South African civil society must find solutions to ensure that we can address the basic needs of people facing crisis. Solidarity beyond borders is the tradition that we should be proud to champion. No elements of the approach taken by the apartheid regime should be tolerated.

University of Johannesburg’s role in a future South Africa

Professor Andre Swart, Executive Dean at the Faculty of Health Sciences at UJ, explained why it is crucial for the university to collaborate in these debates.

UJ’s training programmes reflect the challenges facing South Africa today. Partnering with an organization like MSF is essential for exposing students, as well as the wider public and policymakers, to the reality of these issues. High-level debate and interaction is essential for UJ’s training and curriculum development, for research, and to ensure that the university remains an agent of change in South Africa.

A Government Perspective: Policy analysis and institutional capacity

Russel McGregor from the Government/UN Programme on Communities of Diversity & Peace, described governments initial response to the xenophobic attacks of 2008 and discussions and planning processes that have taken place since.

The xenophobic attacks two years ago took government by surprise and it was not sure how to respond. A national task team was set up and since then United Nations agencies and donors have been in dialogue with government to find solutions. Plans were in place to launch a programme in April with UNDP and other institutional donors, *Strengthening Communities of Diversity and Peace*. The aim is to coordinate what works around policy, capacity and developmental projects.

The following have been identified as focus areas:

- *Identify policy gaps* in government regarding migration issues and integrate policies from all three spheres of government.
- Address issues around different, *uncoordinated policies on migration*.
- Determine what *capacity* exists in all three spheres of government for dealing with migrants, both external and internal.
- Determine the *impact of migration on service delivery*.
- Identify existing projects in communities such as the Central Methodist Church to learn from and build government capacity.
- *Link projects to communities* to build tolerance and contribute to development and empowerment.
- Seek assistance and *partnership with all stakeholders*, and continue with the consultation process.

An MSF Perspective: Assisting those hidden from view

Liesbeth Schockaert from the MSF SA Advocacy and Analysis Unit, provided an historical account of MSF experience in providing assistance to refugees since 1971, and more recently the provision of healthcare to migrants in Johannesburg.

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MSF has a long history of providing assistance to refugees, mainly but not exclusively, in camp settings. MSF provided medical assistance in many of the major refugee crises worldwide, from Cambodian refugees in Thailand to Rwandan refugees in camps in the former Zaire, Somalis in camps in Kenya, Afghans in Pakistan and Iranian refugee camps, and Darfur refugees in camps in Chad, to name but a few. During this period, the construction of new refugee camps was not questioned.

“Nowadays, some authorities in host states, as well as many international donors, frown on the development of new refugee camps. They cite concerns that refugee camps could act as a “pull” factor for additional influxes and also possibly create refugee “dependency” on relief. In addition, receiving states react in an increasingly hostile manner to mixed migration flows, often leading to restrictive asylum and migration policies which limit the available options for refugees. As a result, many of those seeking refuge become displaced in urban settings and deprived of any legal status, aid and protection.”

Today, almost half of the world's refugees reside in non-camp settings including urban areas. They are displaced in Amman, Damascus, Johannesburg, and Bangkok. However, urban refugees experience the same protracted problems as other refugees, but they are increasingly hidden from view. While urban refugees are expected to become self-sufficient more readily than camp refugees, legal restrictions placed on their right to work and on their entitlements severely constrain this capacity for self-reliance.

Refugees in urban areas often experience similar difficulties to low-income city dwellers; however they experience additional burdens such as the lack of community support systems, uncertain legal status, cultural and linguistic differences, exclusion from social security systems or health insurance schemes.

“They are vulnerable both in terms of mental health, due to stress and the continuous fear of deportation, and also in terms of physical well-being, as a result of poor living conditions and a lack of access to basic services.”

In recent years, MSF opened several projects addressing the medical and humanitarian needs of displaced people in urban settings, whether they are internally displaced, undocumented migrants or asylum seekers. Often these people are collectively referred to as “illegals” – further stigmatising this vulnerable population and associating them with increased criminality. For MSF legal status is not a criterion for intervention, needs and vulnerability is.

MSF projects respond to the need for basic medical care of those experiencing adverse living conditions and abuses, all of which seriously impact on their physical and mental health. MSF teams provide first aid and medical screening, facilitate access to national health care services and tackle the psychological consequences of their flight and the distressing situation in the receiving country.

In order to improve the situation, MSF often publicly speaks out about what it witnesses in the course of medical operations, and highlights the gaps in assistance for asylum seekers and undocumented migrants to host governments. MSF denounces the inhumane manner in which many urban displaced are treated – including their treatment in detention centres¹.

Johannesburg's inner city is home to millions of refugees, asylum seekers, and migrants of all nationalities. Without doubt the largest group is from Zimbabwe. Often they find shelter in empty and neglected buildings, which are run by criminal gangs who are unpredictable and threatening. The living conditions in these buildings are extremely harsh, often without electricity and running water, minimal sanitation facilities and ongoing threats of violence.

¹ For more information, see MSF reports: “No Refuge, Access Denied: medical and humanitarian needs of Zimbabweans in South Africa”; and “Not Criminals”, which exposes conditions for undocumented migrants and asylum seekers in Maltese detention centres.

“Zimbabweans are historically categorised as “voluntary migrants” perceived to be coming to South Africa out of choice rather than out of necessity. The lack of clear legal status has hampered the ability of Zimbabweans to realize their rights and to access the assistance to which they are entitled under national and international law.”

Since December 2007, MSF has operated a clinic based alongside the Central Methodist Church, aimed at targeting the most vulnerable among the Zimbabweans. MSF provides basic health services and refers patients to the public health system for more specialised medical treatment. Initially, the MSF clinic was primarily frequented by church residents. Today more than 75% of the Zimbabwean patients are from outside the church area – an indication of poor access to health care elsewhere in the city.

“Many more Zimbabweans never come forward to access MSF or other health services, choosing instead to protect themselves by remaining invisible in South African society.”

MSF activities include attempts to actively facilitate Zimbabweans’ access to existing health services in Johannesburg. Although the South African constitution guarantees access to health care and other essential services to all those who live in the country, this is not always respected in practice. MSF teams hear many accounts from patients who have been denied access to health care, with sometimes devastating results.

“A lack of accurate information about their rights, widespread discrimination and occasional arrests has kept many Zimbabweans from accessing basic services necessary for survival.”

In MSF’s urban projects, unrecognised refugees and undocumented migrants often lack any form of protection and become an easy target for xenophobic and other forms of violence. This targeted violence can erupt anywhere, can be committed by anyone and violence against this group in an urban setting appears almost to be condoned.

The xenophobic violence in South Africa during 2008 is well documented. MSF has witnessed similar violence in other countries. In Malaysia, 248 incidents of violence were recorded by MSF. Of these 26% were committed by Malaysian citizens against undocumented migrants and refugees living in their communities.

“There is a sense of impunity as refugees and undocumented migrants were too threatened to assert their basic rights or to pursue legal action. In addition reporting incidents to the Malaysian police may have resulted in their facing charges of being “illegal”² in the country.”

The ultimate form of protection for the most vulnerable people is to try to remain invisible. They do not risk accessing any type of social services, including any available forms of humanitarian aid, as this risks making them visible. This poses additional challenges for organisations like MSF, who want to openly and proactively target them for assistance. It is difficult to adapt operational strategies and the provision of aid becomes extremely resource intensive. In addition, in attempting to provide assistance these groups may inadvertently be exposed.

Providing medical care and advocating for access to health care for undocumented migrants and unrecognised refugees in urban settings is relatively new for a medical humanitarian

² For more information on the situation of refugees and asylum seekers in Malaysia, see the MSF report: “We are worth nothing”, www.msf.org/msfinternational/invoke.cfm?component=report&objectid=E5ED7E8F-15C5-F00A-25A843B563FAB64A&method=full_html

organisation like MSF. It requires a flexible approach to provide care to the most vulnerable. MSF, and other humanitarian actors, must remain vigilant and responsive to the unique needs of those hidden from view – those populations on the move who are forced to dissolve into urban settings.

A Trade Union Perspective

Zwelinzima Vavi, Secretary General of the Congress of South African Trade Unions (Cosatu) spoke about the history of migration and the labour movement in South Africa.

“This is an important, but complex discussion on migration. I’ve been asked to speak about migration and the labour movement in 5 minutes. If I had an hour I would have talked about the arbitrary borders of colonialism and divides of apartheid, the development of capitalism, the wars of dispossession and poverty of the people in the deliberate effort by colonialists to push people into the mines and to develop industries, the history of migration and the role of migrants in developing our cities.”

The trade union movement arose out of the history of migrant workers from Europe. In 1917 the first union was organised across racial lines which was prevented by the regime. Political oppression forced trade unions outside the country, and new unions were again established in the late 60s and 70s.

As a previous mine-worker myself, we were separated by country, language and even regions. I witnessed violence and factional battles between workers from Lesotho and South Africa. At the same time others tried to unify workers and defy divisive policies.

James Motlatsi was a key figure in the struggle for the dignity and freedom of mine workers, coming from a background of shocking discrimination. In January we buried Chris Dlamini in Swaziland; he was the founding first deputy president of Cosatu from 1985-1994 when he went to parliament. He was one of the most respected leaders in the trade union movement. These are just two examples of the many union leaders who played important roles in building the trade union movement and contributing to South Africa’s economy for the benefit of all.

“The constitution takes into account this long history. It protects all people living in South Africa and states that South Africa belongs to all who live in it and that every person - irrespective of their background or where they come from - is protected by the Constitution.”

Under the brutal apartheid system migration was strictly controlled, internally and externally, for those people coming from Mozambique, Zambia, Zimbabwe, Swaziland and Lesotho etc. Today, there is no longer legal discrimination and this has led to a greater movement of workers under the impression that South Africa is the “land of milk and honey”.

The government has failed the ordinary people. A revolution ceases when it no longer protects its people. Zimbabwe is a good example –only the elite enjoy living there while millions try to leave.

“There are an estimated three to five million Zimbabweans living in South Africa. They are not here voluntarily, there are no alternatives and they are here to survive.”

I saw 200 people in a park the other day going nowhere – hanging up their washing in the sunshine. I knew that the people there were a mix of cross-border migrants and also people from within South Africa. There is a serious problem which has a dire impact on ordinary people.

Cosatu has been pushing for a regional reconstruction and development programme, in recognition that most African countries have failed to reconstruct their economies and moved away from colonial economic structures.

There will be no end to the movement of people if we do not address the reasons why they move. Without regional reconstruction South Africa will remain an island in a sea of poverty.

Movement control easily leads to tensions and competition for resources. South Africa has a 34% unemployment rate, and this is compounded by the movement of workers to this country. This competition leads to xenophobic attacks. This factional violence at the hostel, community and country-wide level must be addressed by education. Humanity can only survive by embracing solidarity and recognizing that an injury to one is an injury to all.

A Faith-based Perspective: The gift of migrants

Reverend Paul Verryn of the Central Methodist Church (CMC) spoke about the work of the church, the need for healing and the opportunity presented by the arrival of migrants.

It is important to talk to South Africans. What are people and who is humanity? I find it difficult to distinguish between a Shona-speaking and a Zulu-speaking person. I think the distinction is ridiculous unless you use those differences to your advantage.

“The CMC is known for housing foreign nationals – it’s a confrontation in society around poverty, amongst whom there happen to be foreign nationals.”

The work of a true liberation movement has not been done. The existence of a government of national unity in Zimbabwe does not mean there is no violence. This is forgotten when we talk about Zimbabwe. At CMC we are seeing huge poverty; we will not be free until it is addressed head on. 4% of the population cannot continue to earn 40% of the country’s income.

The Virgin Mary lives in every person. In the CMC we have seen everything. Every rape, abuse of women, theft has helped us understand those who moved out of Egypt. You cannot run a community with such things going on. Don’t look at us as good and clean and fresh. Cleanliness! I have talked more about toilets than about Jesus in the CMC!

“As a die-hard Christian I have worked with Jews, Muslims and Pentecostals: the building has completely broken down boundaries. We realise that Muslims can teach Christians about their own faith. The Methodist service is unrecognisable. We have partnered together.”

There have been times where the state and CMC have not been friendly. But to really make a difference to all vulnerable people in SA, we have to work together. Building partnerships is critical and we see MSF is a saint in our midst because they understand and respond to the daily reality and there are currently 65 UJ students doing counseling training with the church.

There is a lot of healing to do – someone said ‘There isn’t a crisis in Zimbabwe’. I met a man who had his penis peeled like an orange. He did not come to South Africa on holiday. Once we have healed his penis, there’s a lot more healing to do. To government - spend your money from the military budget on an army of psychologists!

“Forgive me for using God language. This is a moment of opportunity. Migrants are a gift. This has been the most sacred gift that we could have been given. I never knew the rhythms, the colours, the language, the beauty of this continent until now. Migrant society is a sign of human endeavour, expertise and resilience... the future president of South Africa could be amongst the children I see every day living at the church.”

Discussion and Comments from the Floor

“South Africa may have been generous, but we have not gone so far as to expose the dictators of the continent. Our police officers have been involved in condoning acts of xenophobic violence. We need a systematic approach to ensure solidarity”.

“I am the daughter of migrants. I wouldn't be here today without the kindness of strangers. I came to South Africa to be part of the revolutionary movement. It's incredible how much South Africa has benefited from cheap labour from the region. We have benefited from the brain drain and the hardship of the continent. Many of our jobs are done by people educated elsewhere and our houses are cleaned by the continent. Migrancy is not the problem, it is our attitude. Borders are unnatural and human-made. The reason they left is the problem, not migrancy. And it's up to each of us, not government, to make that happen.”

“At the centre of migration is the issue of documentation. What is COSATU's position on the special dispensation for Zimbabweans in South Africa?”

“I am a migrant from the DRC living in South Africa. We have emphasised the problems resulting from migration, but if we look at SADC economic development, we already have the SADC community which currently operates at the political leadership level but doesn't trickle down to people. This partnership MSF/UJ is commendable because we need to integrate civil society in SADC to create people-to-people interactions to address the issues discussed, to ensure that economic development benefits the people.”

Reverend Paul Verryn: Xenophobia is a justice issue of the rich and the poor in South Africa – no rich person died in the attacks – so poverty is the issue.

Zwelenzima Vavi: Poverty and exclusion is a problem of humanity worldwide. I mentioned Zimbabwe to demonstrate the dramatic failure of the revolution which is where most of our lessons should be drawn - we must never let that happen here – and currently we are fighting that battle every day.

“The revolution seeks to serve only the rich in society. The poor end up migrating or die in the country. We cannot forget all other migrations previously and from elsewhere. “

There is intense competition amongst the poor for resources. South Africa is the most unequal society on earth, with higher unemployment than any other medium income country. In some townships there is 70-80% unemployment so competition with foreigners is intense. People develop a siege mentality, blaming all their problems on a small group who are foreign, believing that removing foreigners would solve the problem.

Regarding structural unemployment, May 2010 we will see a proposition to restructure the economy for the first time in 16 years. Until this happens the revolution has failed.

“We must address the causes of migration. As civil society across borders, we must create a second revolution to address the structural problems inherited from colonialism that have not been tackled. We must address predator states of Zimbabwe, Swaziland and Angola and potentially Mozambique is moving in the same direction. We need a regional, continental mindset to find the solution. Without this South Africa will not succeed.”

Some employers take advantage of those who are desperate – and restructure the labour market and workforce to create a layer of extremely vulnerable workers. There are farm workers who are paid in kind, security workers with no minimum wage, no regulations on

hours and no maternity leave. This leads to violence in factories and communities when local workers get angry. All workers in South Africa must be protected by the law.

“DHA Systems have collapsed to such an extent that applications can barely be made. The refugee appeal process can take between three and seven years. Government does not know how to deal with the large number of appeals, the system is dysfunctional. An important step would be for government to recognize the crisis in Zimbabwe. There is clearly a huge problem.”

Liesbeth Schockaert: Migration is not new – it will not disappear. In the last 2 decades, we see more restrictive policies globally; MSF is dealing with the consequences of attempts to stop migration. The result is greater risk-taking and the loss of lives during dangerous journeys. On arrival there is often little humanity, people are often put in detention and deliberately excluded from services.

Russell McGregor: Whilst acknowledging the structural causes, it is important to move on to solutions. How should government address the inhumane conditions that people live in? The engagement must continue to find solutions. Many buildings in central Johannesburg and informal settlements accommodate people living in extremely inhumane conditions. What ought we to be doing? We need to organise ourselves and find robust solutions to these issues.

Migration will always exist for various reasons. We need to find a way to make the UN and other government commitments relevant.

Summing up and Going Forward

Professor Adam Habib, Deputy Vice Chancellor of UJ summed up the debate by examining the need to address structural dynamics and the extent of social giving in South Africa

There are issues emerging from this conversation, but it is only a beginning. There is general recognition of the polarised nature of the economy that must be fundamentally addressed to resolve the causal problems. There is enormous potential in this amazing society, where R937m is donated to good causes by South Africans every month. We now need to track what is the result of this.

Opportunities exist to deploy skills where there are shortages such as mathematics teachers, but we do not put Zimbabwean teachers in the classrooms. We need the effective mobilization and utilisation of resources through a state, private sector and civil society collaboration.

In the last 20 years governments have become more restrictive and there is correlation between the nature of structural inequality and the more restrictive behaviors of governments. This poses an important question for organisations like MSF: as much as you provide services, you must make your voice heard in the corridors of New York and London about the structural dynamics in the global economy.

“There is a false divide between progressive governments and civil societies. We need to bridge this divide; we need civil liberties and a focus on structural dilemmas. We need to figure out how to get rid of autocrats with guns!”

We need to be heard on how to find solutions. We need this in order to create the world we promised to ourselves and our children.

For further information on future debates and the work of UJ and MSF, see our websites at: www.msf.org.za and www.uj.ac.za