Guidelines to equitable, respectful and inclusive language in MSF communications – English

This guideline is the English version of the inclusive communication guidelines for language use in MSF; other versions exist in [Spanish](#) and [French](#).

Words matter. The words we use, as MSF, to describe people, crises, context shape our perception of them, and our perception informs our actions.

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WHY DOES THE LANGUAGE WE USE MATTER?

At Médecins Sans Frontières (MSF) we have made a firm commitment to embed and promote equity, diversity and inclusion in all aspects of our work, including our communications. It is an ongoing process of learning and evolving.

This process includes the production of the [MSF Global DEI Guide for Communications & Fundraising Content](#). This guideline, and the Global DEI Guide, are complementary.

Language that assigns stereotypes and assumed roles on to people or groups is discriminatory. It trivialises people's value and roles, whether directly or in less visible ways, for reasons such as gender, skin colour, ethnicity or physical characteristics. It makes assumptions about social structures and reduces people to caricatures. Discriminatory language includes language that is sexist, racist, homophobic, or ableist (discrimination in favour of able-bodied people).

We are often unaware of the discrimination that underpins much of our daily language, as it is so widely used and normalised. However, the language we use to refer to people shapes how we perceive them and our relationships with them.

Language can make people feel excluded. It can be a barrier to their full and meaningful participation. In a worst-case scenario, it can be perceived as us telling the world MSF supports toxic hierarchies and colonial and racist ideas.

Or it can be used to challenge and change this.

THE PURPOSE OF THESE GUIDELINES

The purpose of these guidelines is to help us become more aware of how we use language, so we can better understand the impact of the choices we make. It identifies words we should not use, explains why, and offers positive and negative examples, so that in each case, you can make informed, appropriate decisions.

Each of us has a responsibility to be aware of and respond to discriminatory language. By adopting language that celebrates diversity and respects all people equally, we become a stronger MSF.

Our communications should be grounded in the belief that all people are of equal value and ability, whether they work for or alongside MSF, or are patients and caregivers in the communities we support.

These guidelines set out how to use inclusive language in our communications, while presenting MSF's messages clearly and effectively.

MSF acknowledges each person's right to speak about their own life, work and perspectives. Sharing what our patients and staff experience is a cornerstone of our commitment to advocacy and bearing witness. However, all of our communications should be judged against the need to actively prevent racist, sexist and other discriminatory, harmful narratives, and personal opinions or reflections to the contrary, whether intentional or otherwise, should not be included in MSF communications.

WHO ARE THESE GUIDELINES FOR?

These guidelines are for everyone who communicates in the name of MSF, both externally and internally, including through publications, interviews, recruitment listings, public statements, training, speaker events and on social media.

TOP TIPS

1) Use person-first language to emphasise the person, not the characteristic

2) Avoid presenting staff or supporters as heroes or white saviours

4) Gender identity and sex assigned at birth are different things

5) Consider whether a person's race, sex, gender identity, nationality and age are relevant to the story

RACE, ETHNICITY AND COLONIALISM

1) The language we use should show MSF as a partner to the people we work with and the communities where we support and run projects. It should present the people and groups we support as having their own agency and ability. This is connected to the movement-wide commitment to patient-centred care, where the patient and their carers, family and community play an active role in determining the assistance we provide them.

2) Colonialist language takes power and control away from one group and hands it to another. One group is active and in control, the other is passive and docile. For example, when we call someone a 'beneficiary' we make them the passive recipient of our assistance and support, not a person with agency.

3) Do not use the 'white saviour' narrative. This tells the story of heroic humanitarians journeying to 'poor countries' to save the people there. All the power and control lie with the 'saviours', while the 'beneficiaries' have no voice in the story and do nothing but passively receive help.

4) Connected to colonialism and power imbalance, do not use language such as 'in the field' or 'on mission', which frames our work as an anthropological study, an adventure or battle, or a connection with religious motivation. Instead use positive, collaborative language that frames MSF's projects as a partnership between us and the communities in which MSF works.

5) Do not use group nouns that reduce people to singular characteristics, taking away their humanity, e.g. 'the poor' and 'the voiceless'. Instead use person-first language, such as 'people living in poverty' or 'people whose voices are not being heard.'

6) Avoid generalisations around geographic regions. Phrases like 'the developing world' and 'the global south' are reductive and colonial, painting enormous regions with a single brush. They can be tempting to use, as there are rarely easy alternatives to them. Sometimes the best course of action is to be more descriptive, to clearly name the regions or countries, or to define a group using data, for example its national income, or by its levels of poverty or inequality, e.g. 'lower-income countries' and 'middle-income countries'.

7) Pay close attention to how sentence structures and semantics, such as how we name someone, can lead to racist or colonialist assumptions. For example, giving the full name of an international staff member, but only the first name of a locally hired staff member.

8) Take care when using acronyms for groups, as these can often be geographically specific. For example, 'BAME' (meaning 'Black, Asia and Minority Ethnic') is mostly used in the UK, 'BIPOC' (Black, Indigenous and People of Colour) is often used in Canada and the US. Even within countries, acronyms such as BAME, BIPOC and PoC (People of Colour) can be considered contentious and should be used with caution and an understanding of your audience.

9) Generalisations are often inaccurate and patronising, so avoid them, especially when writing about an area or community you don't know well. You might be tempted to write 'everyone in this village lives in fear'. But is that true of everyone? What are you basing this on? Instead show where your views have come from and give concrete examples. E.g. 'In the clinic, several patients tell us they are scared of another attack'. If you are not from the area, respect local expertise and experience when writing about the context.

Words to use. Words to not use.

Do not use	Use
Mission	Assignment, work
Field	Places/communities/region where MSF works
Fieldworker / expat	Staff / staff on assignment / internationally recruited staff
National Staff	locally hired staff (use nationality when possible and appropriate)
Vulnerable people	People made vulnerable by [specifics] / people in vulnerable circumstances
Beneficiary	Patient / community member / person
the poor	people living in poverty
the voiceless	marginalised communities / people who have not been listened to / people who have been under-represented
'the developing world' / 'third world' / 'the global south'	lower-income countries / countries with high rates of poverty / countries with high rates of economic inequality
give people dignity	people have regained dignified living conditions / recognize people's inherent dignity
give people a voice	use MSF's platforms so people can explain the problems they face
María López, MSF paediatrician, and Francine, a nurse from the Congolese Ministry of Health, were evacuated.	María López, MSF paediatrician, and Francine Kapimbu, a Congolese Ministry of Health nurse, were evacuated.
in countries that do not have doctors	in countries that do not have enough doctors

GENDER IDENTITY AND SEX ASSIGNED AT BIRTH

1) When we write or talk about a person's gender identity and their sex (whether assigned at their birth or chosen in adulthood) in our communications, we must use the two terms correctly. 'Sex' refers to a person's external biological characteristics, which are commonly classified as male or female. 'Gender identity' refers to how an individual perceives themselves, and the social roles and expectations we use to define individuals.

2) It is fine to describe people as 'man' and 'woman', and 'male' and 'female', but be aware these are terms each society builds, not biological descriptions. Their meanings are context-specific and can change over time. It is equally possible for a person to consider themselves neither a man nor a woman, or both, or to identify themselves in an entirely different way. Whenever possible, check with the person what term best describes them.

3) Our communications rely on illustrative details to engage our readers and a person's gender can often be an essential part of their story. For example, the challenges a female migrant might face travelling across the Sahara are very different to those a male migrant might face. However, where it is not relevant

to their story (for example in a description of an MSF doctor's work), consider whether you need to distinguish a person by their gender or if there are other characteristics you can use.

4) Gender discrimination and sexism can, at times, be so common and accepted that we do not notice their influence. But be wary of language that suggests there is any 'innateness' of gendered characteristics or that there are roles, which we assume should be done by men or women. For example, assuming that a nurse is a woman or that a driver is a man.

5) If a gender-neutral term is available and does not change the meaning, consider using it. Sometimes this means making the subject of the sentence a plural to avoid using singular pronouns. For example, 'Employees should read their documents carefully', rather than 'Each employee should read his documents carefully'. Alternatively, refer to specific individuals or use group nouns, such as 'people', 'patients' or 'communities'. 'They' is also a good alternative if you aren't sure of the person's chosen gender pronouns.

6) Traditional humanitarian communications used the phrase 'men, women and children'. We do not recommend using this as it is old-fashioned, places an innate hierarchy in the order it is written, and does not accommodate those people who would not consider themselves to be either a man or a woman. 'Adults and children', 'everyone' or simply 'people' are all practical alternatives.

7) Always use a transgender person's chosen name. It is never appropriate to put quotation marks around either a transgender person's chosen name or the pronoun that reflects that person's gender identity.

8) When reporting on people who work in the sex industry, identify them as individuals first, not by the way they earn money.

9) Always try to find a balance when referring to people; they should be presented using the same information, independent of their gender. For example, and provided that safety so permits, you should provide their forename and surname.

10) There will be occasions when it is necessary, and beneficial, to expressly differentiate between men and women. For example, where it is necessary to shed light on a situation specific to women or men, or where not differentiating between the genders could lead to a misunderstanding.

Words to use. Words to not use.

Do not use	Use
We were able to take a statement from Louis Tchikoni, and his wife Annie	We were able to take a statement from Louis and Annie Tchikoni / from Louis Tchikoni and Annie Mbadu / from Annie and Louis, a married couple who live in...
We interviewed the MSF coordinator, Luis Sánchez, and María, the project's paediatrician	We interviewed the MSF coordinator, Luis Sánchez, and the project's paediatrician, María Fernández
men, women and children	adults and children / people / everyone

PEOPLE WITH DISABILITIES

Further guidance on disability-inclusive language can be found in the separate Disability and Inclusion Editorial guidance document.

1) Do not label people by their disabilities or diagnoses (e.g. 'the dyslexic patient'). Instead use person-first language, which emphasises the person, not the disability, by placing a reference to the person or group before the reference to the disability. For example, 'the patient with dyslexia', 'children

with albinism', and 'people with disabilities'. Just like with language around race, gender and other identities, it's best to describe people as they prefer.

2) Disability is a part of life and not something to be sensationalised. People with disabilities should not be portrayed as inspirational or 'superhuman', or as having 'overcome' their disability. This language implies that it is unusual for persons with disabilities to be successful and to have fulfilling lives.

3) Only mention a person's disability or impairment when it is essential to the point being made or story being told. If you are discussing a quality assessment for Braille signs in a hospital, for example, you could mention that your colleague is a 'Braille user' or can 'read Braille' instead of saying that they are blind. Their impairment is not relevant; the relevant fact is that they can read Braille. Always use this kind of positive and empowering language.

4) Most people with disabilities are comfortable with the regular words used to describe daily living. People who use wheelchairs 'go for walks' and people with visual impairments can be pleased 'to see you'.

5) Do not use euphemistic terms such as 'differently abled', 'special' and 'people of all abilities', as they can be considered patronising or offensive. For example, 'differently abled' is problematic because, in reality, we are all differently abled.

6) Any phrases that may associate impairments with negative things should be avoided, for example 'deaf to our pleas', 'blind drunk' and 'He was acting like a schizophrenic'.

7) The term "suffering" can inadvertently add to stigma a person faces. Replace phrases like 'suffers from' and 'afflicted by' with 'has' or 'with'.

8) Do not use the term "confined to a wheelchair". Instead, "uses a wheelchair". There is still a lot of stigma around mobility aids and other assistive devices. Using inclusive language about assistive technology can help remove stigma.

9) The term 'victim' should not be used unless strictly relevant. It is inappropriate to say that a person is 'a victim of cerebral palsy'. A victim is a person who has been harmed by something. Cerebral palsy does not make the person a 'victim'. Victims are often seen as vulnerable and helpless, and this must be taken into account when using the term in reference to people with disabilities.

10) Avoid words or phrases that reinforce the stereotypes of people with disabilities as 'patients' or unwell. While a disability can be caused by an injury or illness, it is not itself either of those things. People with disabilities should only be referred to as patients if they are under medical care, and only in that context.

11) Do not use disability as a comparison to highlight discrimination against groups of people. For example, 'They treat women in this country like they're disabled.'

Words to use. Words not to use.

Do not use	Use
(the) handicapped / (the) disabled	people with disabilities / people with [specific disability]
afflicted by / suffers from / victim of	has [name of condition or impairment]
confined to a wheelchair / wheelchair-bound	is a wheelchair user / uses a wheelchair

Do not use	Use
mentally handicapped / mentally defective	has a learning disability (singular) / with learning disabilities (plural)
cripple / invalid /	person with a disability (describe the specific disability)
able-bodied	non-disabled
mental patient / insane / mad / crazy	person with a mental health condition
deaf and dumb / deaf mute	person who is deaf / person with a hearing impairment / deaf person deaf (lower case. The physical condition of not hearing.) Deaf (upper case. A particular group of deaf people who share a sign language and a culture and identify as Deaf.)
the blind	people with visual impairments / people who are blind / blind and partially sighted people
an epileptic / diabetic / depressive / etc	person (with/who has) epilepsy / diabetes / depression / etc
dwarf / midget	someone with restricted growth / of short stature / person with dwarfism
fits / spells	seizures

PEOPLE WITH MENTAL HEALTH CONDITIONS

1) When writing about people with mental health conditions, we must be sure to always present them as people first, not define them by their condition. Use the person-first language approach to avoid defining people according to an illness or mental health trauma they may have experienced.

2) If a person's situation, medical condition, illness, or injury is relevant to the content, be as specific as possible and avoid inserting value judgements about their circumstance. For example, use 'has experienced mental health problems', not 'is afflicted with' or 'suffers from'. Just like with language around race, gender and other identities, it's always best to ask people how they prefer to be described.

3) Do not use diagnosable mental health conditions as ways to describe general character traits.
- Describing someone who is very organised as 'OCD' is not the same as living with clinical obsessive compulsive disorder.
- Talking about being 'bipolar' when we experience everyday natural mood swings, is not the same as living with bipolar disorder.
- Saying 'I'm depressed' if we feel a bit sad, is not the same as living with depression.
- Using words like 'crazy' to describe a person's personality stigmatises people living with schizophrenia.
- Describing someone who is thin as 'anorexic' misunderstands that anorexia nervosa is a mental health condition that is much more complex than just losing weight.

Words to use. Words not to use.

Do not use	Use
the mentally ill	people with a mental illness/mental health disorder / people who have a mental illness / people who use mental health services
crazy	a [adjective, people] person with a mental illness / [or relevant factual and illustrative descriptor, depending on context]
sent to	admitted to
confined in	a patient at
[Name] is a schizophrenic	[Name] has been diagnosed with schizophrenia
[Name] is a depressive	[Name] has been diagnosed with depression
[Name] is psychotic / has psychotic outbursts	[Name] has psychotic episodes
psychiatric treatment	mental health and psychosocial care / care for people with mental health disorders

AGE

1) Unless it is part of a personal portrait or relevant to particular medical services, often there is no need to refer to a person's age. When the need arises, list the specific age number, rather than assigning a category that may be vague and create negative connotations. For example, 'the elderly', which can imply frailty or weakness.

2) Do not use language that patronises, sentimentalises, distorts or generalises people based on their age. For example, 'young at heart'.

3) Having the same age doesn't mean you're the same. Don't portray people who are younger and older in a homogeneous way as frail, vulnerable and dependent or invincible, strong and active.

Words to use. Words not to use.

Do not use	Use
Old people / the aged / the elderly	Elderly / people who are elderly / people who are older [relative to whom, as relevant and possible]

RELIGIOUS IDENTITY

1) Avoid using words, images, or situations that reinforce religious stereotypes (including stereotypes that may appear to be positive).

2) Don't make assumptions: ask how people identify themselves, and be aware of complexities within racial, ethnic, and religious identities. For example, not all Arabs are Muslim, and many nationalities and ethnicities include various religious practices and traditions.

3) While MSF is a non-religious organisation, many of the people and communities we work with are religious and testimonies taken from them may include phrases like 'Thank God'. These do not need to be edited out as they are part of the person's testimony and their expressed beliefs.

REFUGEES / MIGRANTS / ASYLUM SEEKERS

1) Here are some helpful definitions:
- **A migrant** is a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. This may be for economic opportunities, family reunion, to escape poverty, violence or persecution, or for any one of a number of reasons. Try to be specific as to why the person you are writing about has chosen (or been forced) to migrate.

- **An asylum seeker** is someone who is seeking international protection somewhere that is not their country of origin. Often, an asylum seeker is someone whose claim has not yet been finally decided on by the country in which they have submitted it. Not every asylum seeker will ultimately be recognised as a refugee, but every recognised refugee was initially an asylum seeker.

- **A refugee** is a person who was forced to leave their country of origin for reasons of feared persecution, conflict, generalised violence, or other circumstances that have seriously disturbed public order. As a result, they require and are due international protection under the 1951 Refugee Convention. They become a refugee when they cross a national border into another country.

- **A displaced person** (sometimes known as an internally displaced person or IDP) is someone who has been forced from their previous home to another location within national borders, often as a result of violence or natural disaster. If they are forced to cross a national border, then they will become an asylum seeker or refugee, depending on their status. 'Internally displaced person' and 'IDP' are governmental and nongovernmental jargon and should be avoided. Instead say, 'a person who is displace' or 'people who are displaced' and include the cause for and displacement location if possible.

2) Do not use terms that are legally incorrect or present migration as a criminal act. While some countries may see it as a crime, MSF sees the ability to flee danger at home and seek safety in another country as a fundamental human right.

3) Do not use terms that are alarmist and warlike in their depiction of migrants entering a new country, such as 'invasion', 'swarm', 'wave' and 'inundation' (this also means taking care with images that, without context, give this impression).

4) Do not define people by the fact that they once migrated, unless essential to the story being told.

5) Do not use the term 'illegal migrant'. People are not illegal. Similarly, 'illegal migration' is also a debatable term. If you need to be more specific than 'migration', an alternative is 'irregular migration'.

Words to use. Words not to use.

Do not use	Use
illegal migrant / clandestine migrant	migrant / person on the move / asylum seeker (if correct) / refugee (if correct)
	undocumented migrant (used only when you need to distinguish a migrant lacking the formal legal documentation)

Do not use	Use
second generation immigrant	he/she/they is/are the son of a migrant from... / who arrived in ... from ...
the migrant population is concentrated in a marginalised neighbourhood	migrant communities are concentrated in a neighbourhood that lacks basic services

PEOPLE FACING CRISES

People living in crisis are as human as anyone. There is an unfortunate habit in the both the humanitarian sector as well as the general public of implying people facing crises are somehow stronger or more stoic than people living in different circumstances. Avoid referring to the 'resilience' of the people or communities we assist and the tendency to turn people living through extreme situations into superheroes.

STIGMA AND SOCIAL EXCLUSION

1) People with contagious diseases

Avoid expressions that present people with contagious diseases as a danger to public health, as this generates stigma and exclusion. Rather than them being a 'carrier' or 'infected', focus instead on their humanity, that they are a person with a disease.

2) People experiencing homelessness

Do not use terms that generate stigma or have negative historical or social connections. The term 'living on the street' is only applicable to people who live and sleep on the streets. In general, it is preferable to use 'person experiencing homelessness', as someone may spend the day on the street and sleep in a shelter, without that qualifying as them having a home.

Words to use. Words not to use.

Do not use	Use
They have had to be isolated / held / confined in hospital to prevent them from infecting others	They have been kept in isolation for their safety and that of other patients on the ward
They are infected with HIV	They are living with HIV / they are receiving treatment for HIV (if in treatment)
beggar / vagrant / homeless person / the homeless	person experiencing homelessness / person living on the street

INDIGENEITY

This section is meant as a general overview in the international version of this document and should be adapted and expanded as appropriate for use by different MSF entities.

1) 'Indigenous' is a general term that refers to the original inhabitants of a region. This term is preferred in writing and discussions.

2) Whenever possible, use a specific name (e.g. Cherokee and Inuit). If you are not aware of the preferred name, whenever possible, ask.

3) Capitalise the proper names of tribes, nationalities, and peoples.

4) Capitalise all titles (e.g. Chief, Hereditary Chief, Grand Chief, Elder). Capitalization is not necessary when the term is not a part of someone's title (e.g. she's an elder)

5) Do not use vocabulary that describes Indigenous peoples as 'belonging' to a country, and other usages that may denote inferiority. Use neutral terms instead. For example: 'Indigenous peoples in Canada have traditions and cultures that go back thousands of years', not 'Canada's Indigenous people have traditions and cultures that go back thousands of years'.

6) Avoid expressions such as 'myth', 'folklore', 'magic', 'sorcery', and 'superstition' in relation to Indigenous beliefs, as well as wording that implies Indigenous creation and religious beliefs are less valid than other religious beliefs.