

Summer 2003  
Vol.7 No.2

# ALERT

**Liberia's war-weary  
civilians**

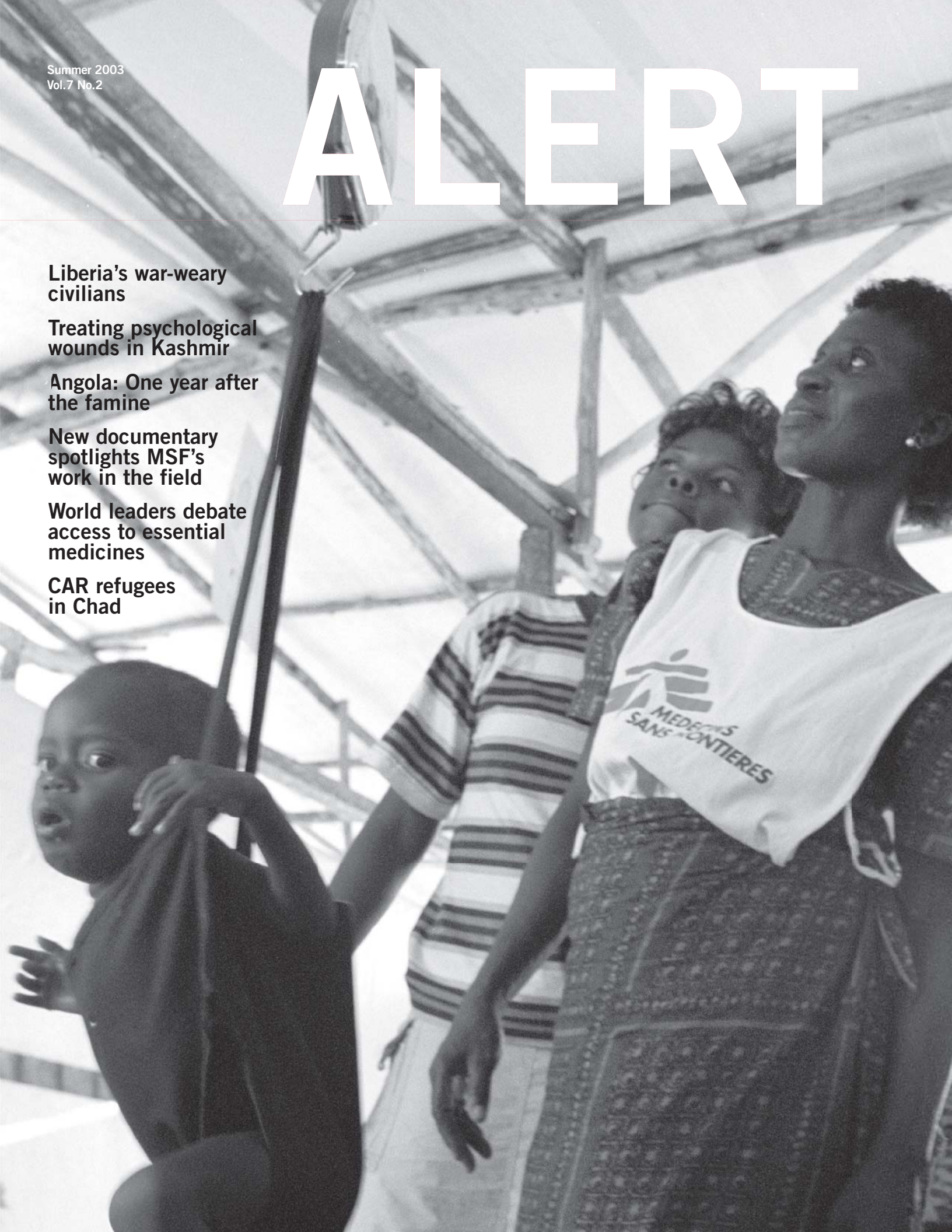
**Treating psychological  
wounds in Kashmir**

**Angola: One year after  
the famine**

**New documentary  
spotlights MSF's  
work in the field**

**World leaders debate  
access to essential  
medicines**

**CAR refugees  
in Chad**



# LETTER FROM THE FIELD

## HEALING MENTAL WOUNDS IN WAR-TORN KASHMIR



**Chris Day, a 30-year-old from Charleston, South Carolina, recently returned from Indian-controlled Kashmir, where he worked as project coordinator for a Doctors Without Borders/M decins Sans Fronti res (MSF) mental health program. Based in the capital, Srinagar, for four months, he supervised a project for a population traumatized by nearly 14 years of conflict between Indian military forces and Islamic separatists. It was his sixth mission with MSF.**

Kashmir's chronic conflict is rooted in the politics of the Indian subcontinent's partition in 1947-48. Kashmir is a Muslim majority state and, for India, is an integral part of a political ideal—a multi-cultural, pluralist, and democratic Indian society. For Pakistan, it is absurd that Kashmir is not a part of the Islamic homeland that was created by the partition.



The underpinnings of Kashmir's political identity continue to be the source of conflict in what is essentially a political and military contest between India and Pakistan, as Pakistani militants clash with Indian military forces almost daily. As in so many conflicts around the world, civilians are caught in the crossfire, and, as a result, most Kashmiri have had prolonged exposure to violence. MSF's project is helping to provide mental health care for a population bearing the psychological scars caused by long-term exposure to chronic, low-level conflict.

Our team found that civilians in the region live in a daily state of fear, experiencing what most Kashmiri describe as "tension." This is the result of being victims of abuse meted out by both sides of the conflict. Or simply by being caught in the wrong place at the wrong time: Civilian casualties are often the result of encounters between security forces and militants. Civilians cannot get up and go to work without thinking about the possibility that they or their families will be ensnared somehow in a violent incident. In fact, each time we asked village leaders about the extent of the problem, they said we would be hard pressed to find anyone not affected by stress. The accumulation of stress often weighs heavily upon families and can be quite disruptive. Over time, they may begin to mistrust people in their own communities.

Psychological trauma or chronic stress easily translates into substance abuse and dependency for many. Somatic symptoms such as headaches, body pain, diarrhea, and insomnia are commonplace. Often, people seek solace through drugs such as antidepressants, sedatives, and painkillers that are available without a prescription at any pharmacy.

I remember one patient who had developed an addiction to pentazocine, an injectable painkiller. We discovered that his problems had started when his sister was killed. He fell into a deep depression, lost his job and started numbing the pain through drug use.

Our mental health team included a Brazilian psychiatrist, an American psychologist,

Cover:  
MSF staff weigh a baby at the Saclepea transit camp in Nimba County, Liberia  
' Kate Holt 2003.

Above:  
Chris Day

Children greet the MSF team upon their arrival in a village. India (Kashmir)  
' Henk Braam 2002.

Right page from top right to bottom left:  
Patients at the Government Psychiatric Diseases Hospital in Srinagar have lunch in the courtyard. India (Kashmir)  
' Henk Braam 2002.

Soldiers are a common sight on the streets of Srinagar, India (Kashmir)  
' Henk Braam 2002.

An MSF doctor meets with village health workers, India (Kashmir)  
' Henk Braam 2002.

MSF is financing the construction of two new buildings at the hospital, India (Kashmir)  
' Henk Braam 2002.

Children playing, India (Kashmir)  
' Henk Braam 2002.

and a British logistician. The team initiated a mobile approach to the area's widespread "tension," visiting several villages a day, offering psychosocial education, and identifying people in need of follow-up counseling for trauma.

Working in Srinagar's Government Hospital for Psychiatric Diseases, our team noted a significant increase in the number of people seeking relief from stress-related health problems in the outpatient department. On average, a staggering nine cases of post-traumatic stress disorder were diagnosed every day.

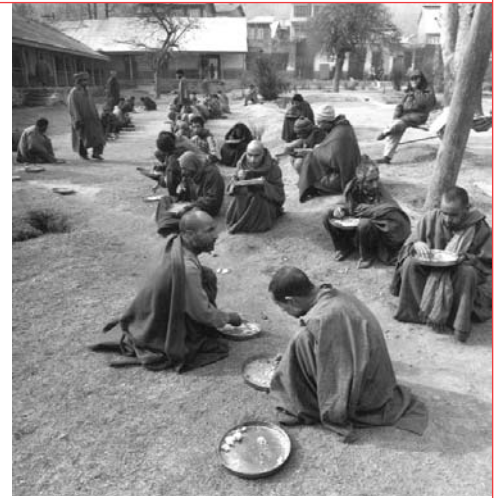
The hospital was in a terrible state of neglect and disrepair when I arrived. So we reorganized the water and sanitation system, renovated the inpatient ward and worked with Kashmiri psychiatrists to offer counseling services in the outpatient department. The team also tried to improve the living conditions for "lifetime" residents. We found that some patients had been simply cast off by their families at the hospital, where they now live indefinitely.

Our team also produced a series of educational documentaries on stress that are airing on local Kashmiri radio. The segments use drama to help people better understand stress and depression and learn how to cope with them.

The work was rewarding on many levels, but most important for me, was our ability to communicate directly with people at the village level. Essentially, we were giving them someone to talk to, to let them know that someone recognized their problems as victims of this ongoing conflict. Some of them needed counseling. For others, it was the acknowledgment of their situation that was significant for them. Many told us, "Go home to your countries and tell them about what is happening here."

Our future plan is to provide psychosocial programs in other parts of Kashmir. We'll start small and see how things develop. We want to fill gaps in psychosocial care and we hope that MSF can give something tangible to the population as well. MSF also plans to train local Kashmiri staff, who are very receptive and eager to assist the program.

*Chris Day*





# NOWHERE TO RUN WEARY CIVILIANS SCRAMBLE TO ESCAPE LIBERIA'S ONGOING VIOLENCE

A devastating conflict continues to escalate in West Africa. All of the parties involved in the civil war that has gripped Liberia for most of the past 15 years have explicitly targeted civilians. Many people have been forced to run for their lives. The result has been a wave of people moving within the country and spilling over national borders. Those who have stayed behind face the constant threat of insecurity. With a number of teams in the region, Doctors Without Borders/Médecins Sans Frontières (MSF) is addressing the urgent needs of people experiencing seemingly endless violence, hunger, and displacement.

## WAR MOVES TO MONROVIA

In June, Liberia's President, Charles Taylor, was indicted for international war crimes by a UN-backed court in Sierra Leone. This news came as rebels continued their offensive to take control of Liberia's capital, Monrovia. Fighting was already taking place in all but 2 of Liberia's 15 counties. Reports estimated that hundreds of thousands of the coun-

try's 2.7 million inhabitants were on the run—most headed towards or already in Monrovia.

Close-range fighting in the capital forced MSF staff and patients to evacuate the 130-bed Redemption Hospital, which MSF has supported for years. "There were dead bodies in the street and you could smell death in many places," said Alain Kassa, responsible for an MSF team in Monrovia. It was the last remaining public hospital in the city.

When fighting in the capital calmed later in the month, MSF was able to reinforce its team in the city and bring in urgently needed supplies. On June 20, a chartered plane arrived carrying 15 tons of surgical, medical, and logistical material. It included medicines, therapeutic feeding kits, emergency water and sanitation supplies, and enough equipment to support a 30-bed hospital for three months. MSF set up a water-supply system and additional latrines for the 15,000 civilians who had gathered in the city's stadium seeking shelter and help. Team members also opened

a health center there including a maternity ward and an isolation unit. Staff of the clinic in the city's Claratown area saw its volume of consultations balloon to 400 a day once people began to feel safe enough to seek help.

## FIGHTING CHOLERA AND MALNUTRITION

After having been forced to leave Redemption Hospital, a core team of international and national MSF staff set up a new hospital within their own compound in the city. Tom Quinn, a 42-year-old MSF nurse in Monrovia, reported that the team cleared out a house and started a makeshift hospital to try and assist civilians. As soon as it opened, patients started to arrive. Most were suffering from dysentery. Within three days the MSF team had treated 200 people. Soon they began treating severely malnourished children, many of whom had been living in camps with high rates of malnutrition. MSF team members believe the figures will rise. The risk of cholera and other diseases is also a concern. New cholera cases were detected in the Claratown clinic

during the second half of June. At that time, more than 85 patients were being treated in the cholera unit of John F. Kennedy Hospital. MSF had a second cholera unit standing by.

Because food and shelter are difficult to find in the capital, many people have decided to return to camps for displaced people outside the city. Civilians are making this hard decision knowing that the camps have been attacked in the past and are close to the frontlines. MSF has set up mobile clinics in Ricks, Plumcor, and Segbeh—three camps where the organization had been working before the latest fighting broke out. Local MSF staff have also become active again in Bong County providing 4,000 consultations a week in camps that host between 50,000 and 60,000 people.

### A GRIM FUTURE

Liberia's civilians remain in an extremely precarious state. "The needs are enormous and are far from being met," said Pierre Mendiharat, responsible for an MSF team in Liberia. At the same time, MSF teams in Liberia face huge obstacles to providing care. Today, aid agencies lack access to most of the country. All of the warring parties have brazenly disregarded international law. To date, seven humanitarian aid workers have been killed along the border. The recent rebel advance forced MSF and many other humanitarian organizations

to close many of their operations outside of the capital and some groups evacuated the country entirely.

It has become impossible for MSF and others to assess the needs of people while tens or even hundreds of thousands of people remain cut off from the aid they need to survive. "The international community has failed them," concludes Patrice Pagé, program officer for MSF-USA, who worked in Liberia for two months earlier this year. "The parties at war have been violating civilians' right to flee and find safety for some time. It's getting worse and worse—there is an escalation of violence against civilians and an increasing lack of humanitarian space. The lack of access ensures total impunity for the parties at war. MSF believes that civilians have to be protected and we must have access to them."

For more updates on the continuing humanitarian crisis in Liberia, visit our Web site: [www.doctorswithoutborders.org](http://www.doctorswithoutborders.org).

**Left page:**  
A scene inside a tent at the Maimu camp, Liberia  
' Fabrice Cortat 2002.

**Women and children who have just arrived at the Totota camp for displaced people, Liberia**  
' Fabrice Cortat 2002.

**This page:**  
An MSF doctor treats patients at the MSF compound in Monrovia after it was converted into a hospital, Liberia  
' Lucy Clayton 2003.

### SEARCHING FOR SAFETY

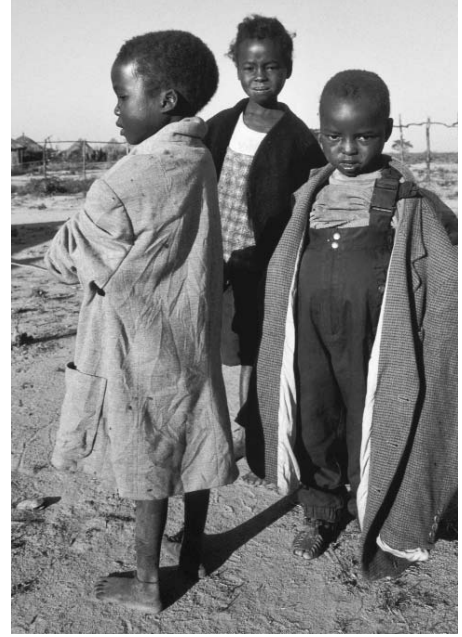
Liberia's recent wave of displacement in Monrovia is just the latest chapter in civilians' efforts to escape the violence and subsequent hunger and destitution. In response, MSF has organized medical help in camps set up to assist those in need. However, the camps themselves are often unsafe, and MSF, at times, is helpless to protect their inhabitants. Soldiers have attacked camps in Grand Gedeh County, close to the Ivory Coast border, to loot supplies, rape women, and find new recruits. Toe Town, just across the border from Ivory Coast, came under attack at the start of this year, causing MSF to evacuate its team from the camp in February and thousands of refugees living in the camp to scatter into the forest where many still remain. In late March, a camp in Zwedru was attacked, again forcing thousands of refugees to find new shelter.

In late April, the Wilson's Corner displaced persons camp was attacked by rebels fighting Liberian government troops. Andrew Schechtman, MD, an MSF international volunteer who worked at the camp, said, "Mortar shells launched at the camp burned about 400 shelters. A couple of internally displaced people were killed by gunfire; three were burned to death. About a hundred were taken captive, some forced to fight with the rebels, most forced to serve as pack mules to carry the looted goods. The remaining thousands scattered and fled, hiding in the bush."

"Basic things could have been done to prevent such atrocities," says Patrice Pagé. "We have repeatedly said that the international community has a responsibility to make clear to all fighting factions and neighboring countries that people have a right to flee and find safety. In this conflict, civilians are being directly targeted as a way to feed the war effort. There are no safe havens in this region and the international community has to help change that fact."



# ANGOLA PICKING UP THE PIECES



A regime with a record of war crimes maintaining a hold for 30 years. Mass graves discovered shortly after a crippling war. Staggering amounts of oil with virtually none of the revenues reinvested in a crumbling infrastructure.

## LOOKING BACK AT A CATASTROPHE

Any parallels between Angola in 2002 and the recent Iraq war stop here, however, because the end of Angola's brutal 27-year civil war in April 2002 revealed a devastating man-made famine in many of the previously inaccessible parts of the country. Thousands of people starved to death in one of the worst nutritional emergencies to hit Africa in a decade, and few aid agencies or journalists were there to witness or to help.

"At first, 30 percent of the children were dying," said Paul Lebré, MD in May 2002 as he stood in front of a tent hospital set up by Doctors Without Borders/ Médecins Sans Frontières (MSF) in the small central Angolan village of Bunjei. "Their extreme fragility is shocking." Every day, Dr. Lebré and his colleagues

treated and transferred dozens of starving patients on the brink of death for emergency treatment at a therapeutic feeding center in Caala, 50 miles north of Bunjei. Each day, more people arrived, often by foot, after having survived in the forests for months by eating roots and leaves.

Similarly grim scenes unfolded elsewhere. In the southern village of Chipindo, a team from MSF found nearly a thousand fresh graves and hundreds of people in desperate condition when they arrived in April 2002. When, in May, MSF nurse Els Adams first visited a camp housing former rebel UNITA soldiers and their families outside the northern town of Malanje, she found hundreds of severely malnourished children in need of immediate treatment.

Throughout the spring and summer of last year, MSF mobilized hundreds of international volunteers and thousands of national staff to address these overwhelming needs. Medical teams in 12 of Angola's 18 provinces rushed to feed and care for the desperately hungry. The UN and other aid agencies were slow

to respond to the emergency, while the oil-rich government of Angola did little to relieve the suffering.

Testimonies collected by MSF shortly after the war revealed the extent of the physical and psychological devastation experienced by many. For years, both warring parties abused civilians with impunity, enslaving whole areas, raping women, forcing children to fight, and burning villages and fields.

## MSF'S WORK IN ANGOLA TODAY

Today the countrywide nutritional crisis is over, but emergency needs remain. Anywhere from 60 to 70 percent of Angola's health care infrastructure was destroyed during the war, as was the network of roads and bridges in a country the size of Texas. Three to four million people—almost one-third of the population—were displaced multiple times by the fighting and still have not returned to their homes. MSF continues to work to meet the medical needs, with more than 100 international volunteers and more



than 1,000 national staff throughout much of Angola.

Teams perform nearly 28,000 consultations a month in 11 hospitals either run or supported by MSF. Since the war's end, MSF has moved outside the provincial capitals to more rural areas, where additional teams support 32 health centers and health posts, largely focusing on the needs of displaced people. MSF also continues to address malnutrition, treating severely malnourished children in several locations.

### AN ONGOING THREAT: LANDMINES

And then there are the landmines, an estimated 10 to 15 million littered throughout the country, which makes Angola one of the most heavily mined places on earth. The dangers faced daily by civilians touched MSF in November 2002 when a mine explosion near the southeastern town of Mavinga killed seven health workers including four MSF national staff as they returned from a measles vaccination program.

"There is bad news almost every day about landmines," said Gilberto Neto, a journalist for the Luanda-based independent newsweekly *Folha 8*. He said that a cruel joke in Angola has it that "every Angolan has to die for the country to be landmine-free."

Landmines will continue the war's sad legacy of killing and maiming for years to come, preventing many Angolans from returning to their homes. In June, mines were discovered at a planned transit center in Cazombo, Moxico Province, and on the road outside of town shortly before 800 people were scheduled to return from Zambia. MSF continues to raise the concern that refugees will be rushed back to regions not properly de-mined, and also lacking basic water, sanitation, sufficient shelter, and food.

– Kevin Phelan, MSF-USA press officer  
Phelan worked in Angola from April to June 2002.

Left page:  
A malnourished child is cared for at the MSF hospital in Caala, Angola  
' Sebastiao Salgado/amazonas images 2002.

Children wait by a tent at the MSF hospital in Chipindo, Angola  
' Sebastiao Salgado/amazonas images 2002.

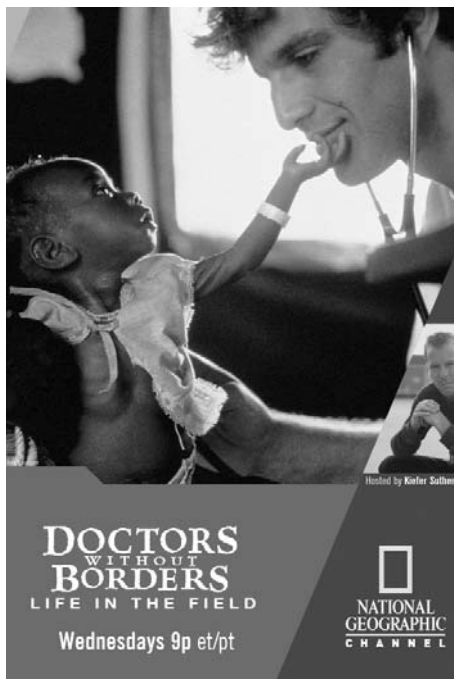
This page:  
People in the Chipindo feeding center started in May 2002, Angola  
' Sebastiao Salgado/amazonas images 2002.

A local pediatric nurse watches over a malnourished child in the temporary ward of Bailundo Government Hospital, Angola  
' Alixandra Fenton 2002.

As people wait in line to receive food, these orphans are marked and measured for levels of malnutrition, Angola  
' Alixandra Fenton 2002.

A malnourished boy is examined by a doctor as he is admitted to the infectious diseases unit set up in Mavinga, Angola  
' Alixandra Fenton 2002.

# NATIONAL GEOGRAPHIC DOCUMENTARY SPOTLIGHTS WORK OF MSF



**In every corner of the globe from the most dangerous to the most remote an extraordinary team of medical experts is taking on the world's toughest emergencies. They are Médecins Sans Frontières Doctors Without Borders. Their mission: drop into a crisis, save lives, and spread hope.**

With these words, National Geographic Channel opens its new television documentary "Doctors Without Borders: Life in the Field." The series, made in cooperation with MSF-USA, highlights more than 30 MSF projects in 19 countries and profiles 45 MSF doctors, nurses, and other staff as they assist people in need around the world. The 13-part series will be broadcast every **Wednesday evening at 9:00 p.m. starting on July 2, 2003.** Each segment is narrated by actor Kiefer Sutherland.

One of the MSF volunteers portrayed in an episode is Dutch nurse and MSF veteran Els Adams. The show follows



Adams as she takes fast action to treat severely malnourished children in Angola. Interviewed during one segment, Adams explains her feelings about working with MSF in such difficult circumstances: "As soon as you hear their individual stories, you realize... what these people have gone through... I always feel it's a privilege to work here. It's not a sacrifice, not at all."

Although she is featured making life-and-death choices about which children will be treated first, she's very down-to-earth about her role in such a poignant drama. "I always considered myself a very ordinary person—I was quite, you know, normal! And people think that you have to be very special to be able to do this work, and I still think that we're still quite ordinary."

Her colleague in Angola, British physician Jacqui Muckoyogo, says the experience of working with such desperate mothers and children makes it hard to see famine in abstract terms anymore. "That's quite hard when you start seeing people and they're becoming individuals, they're becoming real people. They're not just known as a statistic anymore."

Covering heartbreaking and inspiring stories spanning South America to Africa, the Middle East, and Asia, National Geographic, which had full access to volunteers, recorded the daily dramas they face and the tough decisions they must make. Among other stories, the series follows a tuberculosis epidemic in Uzbekistan; a maternity ward in Sierra Leone that lacked electricity and water; a hospital in Kandahar, Afghanistan; and a displaced-persons camp in Ingushetia, near Chechnya. "MSF volunteers around the world opened their doors, and lives, to the video journalists making the National Geographic series, because they wanted to expose the needless suffering facing so many people in the world," said Kris Torgeson, MSF-USA Director of Communications. "They know that their presence alone will not end AIDS, tuberculosis, or conflict-related civilian injuries, but that public awareness, and ultimately, political action, can."

The documentary was produced for National Geographic by True Entertainment.

To read more about the topics addressed by the series and to learn more about the volunteers profiled, visit our Web site: [www.doctorswithoutborders.org](http://www.doctorswithoutborders.org).

# MSF DECRIES GOVERNMENTS' EMPTY PROMISES ON IMPROVING ACCESS

Doctors Without Borders/Médecins Sans Frontières (MSF) denounced the Action Plan on Health put forward by the world's eight wealthiest nations, saying it favored political and commercial interests above the needs of patients in developing countries. MSF made the statement at the June meeting of the Group of Eight (G8), held in Evian, France.

"The 'inaction plan' on health is a bitter pill to swallow for people in developing countries who know that, behind closed doors, the G8 are deliberately blocking access to affordable drugs in trade negotiations," said Bernard Pécoul, MD, director of MSF's Campaign for Access to Essential Medicines. "Because of this, funding for health will find its way into the pockets of Western drug companies rather than contributing to long-term sustainable supplies of affordable medicines."

Concrete objectives that had been included in an earlier draft of the plan prepared by host country France were cast aside prior to and during the meeting, largely due to the influence of the US government, sources reported. These objectives had included plans to increase access by implementing earlier G8 promises to make generic drugs more readily available, to make brand-name drugs more affordable,

and to stimulate local production and technology transfer. The draft had also called for sustainable long-term financing for the Global Fund to Fight AIDS, Tuberculosis and Malaria and had made recommendations to address the gap in research and development (R&D) for neglected diseases. Despite announcements of financial commitments to the Global Fund that were made in Evian, the funding gap remains huge, and the sustainability of funding remains an open question.



"People with AIDS need lifelong treatment, and there are currently six million people who need drugs urgently," said Ellen 't Hoen, head of policy and research for MSF's Access Campaign. "These financial commitments need to be guaranteed in the long-term, and right now there is no guarantee whatsoever that this will be the case."

Ultimately, the only part of the health plan that received strong support from G8 members involved action to combat severe acute respiratory syndrome (SARS). Diseases that primarily affect poor people and occur in places of little consequence in the world economy were not treated with the same urgency.

## MSF REPORT CLARIFIES DRUG PATENT RIGHTS

A few days before the G8 meeting, 192 countries comprising the World Health Assembly (WHA) met in Geneva to discuss patents and public health issues. MSF released the report *Drug Patents Under The Spotlight* to clarify common misconceptions about patents and to highlight various countries' efforts to overcome patent obstacles impeding access to life-saving medicines.

The publication includes patent data on 18 drugs in 29 countries. Ministries of health and non-profit drug purchasers can use the information to avoid being bullied into buying more expensive drugs than necessary. MSF called on the World Health Organization (WHO) and the World Intellectual Property Organization to continue this work by setting up a user-friendly public database that provides comprehensive and transparent data on pharmaceutical patents of key medicines. The full report can be downloaded from: [www.accessmed-msf.org](http://www.accessmed-msf.org).

The report was timely, because the issues of intellectual property, innovation, and public health were on the official agenda of the WHA. At the Assembly, MSF pushed member states to strengthen the role of the WHO in trade-related discussions about patents and access to medicines, to intensify efforts to ensure availability of low-cost quality drugs, and to support an international convention on needs-driven health R&D.

Left page:  
The announcement of the National Geographic series, photo by Gilles Saussier, 1993.

MSF nurse Els Adams assesses malnourished children in two demobilization camps in Angola  
' Ton Koene 2002.

This page:  
Drugs used for antiretroviral treatment for AIDS patients in Khayelitsha, South Africa  
' Sebastian Charles 2002.

# NEWS & EVENTS



## ACCESS EXPO STAGES FINALE IN NATION S CAPITAL

After stops in 30 US cities, MSF's interactive Access EXPO, an exhibit created to draw attention to the crisis in research and development of treatments for neglected diseases, concluded its tour on the National Mall in Washington, DC, in May 2003. While the exhibit was in Washington, MSF volunteers and supporters delivered more than 35,000 petitions, which were signed by supporters in every US state and territory and by organizations representing millions of Americans, to the White House and to the pharmaceutical industry. Returned field volunteers and staff also spoke at a joint Congressional briefing on increasing access to essential medicines.

From its launch in March 2002 until the finale, more than 15,000 people visited the exhibit, and approximately 100 US-based former field volunteers staffed it, providing first-hand information about the problems related to access to medicines in many countries. For more information about the closing events and news coverage in Washington, visit: [www.doctorswithoutborders.org](http://www.doctorswithoutborders.org).

Above:  
Scenes from the Access Expo s five-day stop on the National Mall in Washington, DC ' Jenny 8 del Corte 2003.  
Bottom right: ' Jake Price, 2003.

Right page:  
The father and brother of Arjan Erkel hand over petitions calling for Arjan s release to Russian authorities in Moscow during April 2003, Russian Federation ' Michael Yassukovich 2003.

## NY AIDS RIDE TO BENEFIT MSF

This year, for the first time, MSF will be among the beneficiaries of the Empire State AIDS Ride, a six-day, 500-mile bicycle event held to raise money for non-profit organizations involved in AIDS work. The ride begins in Niagara Falls on Monday, August 18, and will end in New York City on Saturday, August 23. For more information about this event, visit: [www.empirestateaidsride.org](http://www.empirestateaidsride.org).

**SIGN UP TO RECEIVE OUR MONTHLY NEWSLETTER BY VISITING [WWW.DOCTORSWITHOUTBORDERS.ORG](http://WWW.DOCTORSWITHOUTBORDERS.ORG)**



### RUSSIAN SOURCES REPORT THAT ARJAN IS ALIVE

More than 10 months after the kidnapping of Arjan Erkel, an MSF international volunteer who was abducted in Dagestan, Russian investigators have told MSF that he is alive. However, neither the Erkel family nor MSF has received further news or information about how to obtain his safe and speedy release.

In May, 200 people rallied in Dagestan's capital, Makhachkala, to demand that the government do more to find and release Erkel. The protesters carried posters of Erkel and gathered signatures on a petition to Russia's President Putin. MSF has called on Putin to use all of his powers to secure the immediate release of its volunteer. MSF has been advocating for Erkel's release since he was abducted by three gunmen on August 12, 2002, in Makhachkala.

### NEW MEMBERS JOIN MSF-USA BOARD

During its 2003 General Assembly held in June 2003, members of the MSF-USA Association elected William Conk, Roshan Kumarasamy, and Christine Nadori to the Board of Directors. The full Board of Directors is listed on this page.

### FALL EVENTS AT NEW YORK OFFICE

Now in its new space, the New York office of MSF-USA will host **Frontline Reports**, a monthly discussion series. The series begins **September 18** with a discussion of the impact of the "war on terror" on international humanitarian action; with featured guests Board President Carol Etherington, Executive Director Nicolas de Torrenté and MSF-France President Jean-Hervé Bradol. On **October 15**, journalist John Hockenberry will moderate a discussion of National Geographic's unprecedented access to MSF projects, particularly during the 2002 famine in Angola. Actress and long-time MSF supporter Kathleen Chalfant will host a **November 13** discussion with MSF nurses and midwives, highlighting the ways in which MSF emergency programs meet the needs of pregnant women and children. On **December 4**, Pulitzer-prize winner Samantha Power will talk with Eric Goemaere, MD, head of MSF's AIDS treatment program in Khayelitsha, South Africa. To mark World AIDS Day an exhibit by photographer Gideon Mendel, "Khayelitsha: Portrait of A Community in the Age of AIDS," will begin its month-long run on **December 1**. For details, visit our Web site: [www.doctorswithoutborders.org](http://www.doctorswithoutborders.org).

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# MSF SUPPORTS WAR REFUGEES IN CHAD



Since November 2002, MSF has been aiding refugees from the Central African Republic who are seeking safety in neighboring Chad. A failed coup in October sent thousands of terrified civilians to Chad as rebel forces retreated north, pillaging villages and killing civilians as they went. Five months later, the regrouped and re-armed rebels staged a second, successful coup. It came at a high price. By the end of that month, more than 40,000 people had been forced to flee from their homes and had crossed into Chad.

By January, MSF had constructed refugee camps with a joint capacity of 4,000 in the towns of Goré and Danamadji. Later, the UN High Commission for Refugees (UNHCR) opened additional camps, each able to hold 15,000 people, in Maro and Goré. Within these camps, MSF has set up and now maintains a hospital

and a clinic as well as a screening center. It has built a pump station and four wells to provide water to the camps. MSF is also providing support to health clinics located in a number of small villages near the border.

Many of the arrivals, particularly the most recent ones, suffer from poor health. MSF volunteers have diagnosed numerous cases of malaria, diarrhea, and respiratory infections, as well as trauma and malnutrition. As Chris Verhecken, MSF's emergency coordinator explained, "Since March, the refugees have received a total of 8 kilograms (17 pounds) of cereal per person—less than a third of the amount required. There are no seeds to plant and there is no food to eat. The result is that, in our clinics, we already see an increasing number of malnourished children." In fact, a recent MSF assessment carried out in Goré found that 30 percent of

children below age five were at risk of acute malnutrition.

Despite the unmet needs in the camps, the refugees hold little hope of returning to the Central African Republic in the near future due to continuing insecurity and chaos in their homeland. The UNHCR has stated "Despite a lack of food and having to sleep in the open, most of the Central African refugees have told UNHCR officials that it will likely be years before they feel safe enough to go back home."

Above:  
Thousands of Central African farmers have taken refuge in Chad. In this improvised camp, MSF has set up a river water treatment plant which provides more than 60,000 liters of potable water per day, Chad  
\* Simon Norfolk 2003.

