On January 29, Doctors Without Borders/Médecins Sans Frontières (MSF) lost a dear friend, the accomplished photographer Didier Lefèvre. He was just 49 years old. Didier’s relationship with MSF began more than two decades ago in places such as Eritrea and Ethiopia, where he worked as a biologist for MSF. But it was in the mountains of Afghanistan where Didier cemented his friendship with MSF and launched his career as a professional photographer.

In 1986, he joined a ten-person MSF team as it traveled on foot through the Hindukush mountain range on its way to Badakshan province to reach people stranded in areas hit hardest by the Soviet-Afghan conflict. The journey took four weeks to complete and reached elevations as high as 10,000 feet, before reaching the two MSF field hospitals. The convoy often traveled at night to avoid detection by Soviet forces.

Didier would return to Afghanistan many more times over the next 20 years. He would eventually publish Le Photographe, a three-volume, graphic non-fiction account of his time in Afghanistan weaving photographs with illustrations created by his co-author Emmanuel Guibert. He also composed a photography book, Voyages en Afghanistan—Le Pays des Citrons Doux et Oranges Amères (Voyages in Afghanistan—The Country of Sweet Lemons and Bitter Oranges). His work featured many members of MSF’s field staff, including Juliette Fournot, who led MSF’s programs in Afghanistan throughout the 1980s and later became one of MSF-USA’s first board members.

Over the years, Didier traveled to Liberia, Malawi, Niger, Somalia, Cambodia, and other countries to document the work of MSF in the field. He also pursued independent projects such as the life of peasantry in Eastern Europe, people living with AIDS, or survivors of Kosovo’s ethnic cleansings. He favored long-term relationships and “prospective photographic stories” with the people whose life he documented, as he would follow and document their evolution on a yearly basis over a decade or more.

Didier had an uncanny ability to capture hope and tranquility lying hidden amid the rubble of the most violent of circumstances: a taxi cab passing a woman draped in a burkha cast against the backdrop of Kabul’s shattered cityscape. This image appears on the back cover of this issue of Alert and is one of the central photographs of the MSF exhibit, “Doctors Without Borders: Photographs from Afghanistan (1984-2004).”

Didier came to New York to speak at opening of the photo exhibit. His small stature and soft spoken nature often betrayed his incredible courage and calm determination to shine a light on the forgotten corners of the world, especially Afghanistan. Yet, these traits were perhaps only overmatched by his gentle manners, humility, and kindness.

This issue of Alert, which draws on the work of some of the world’s top photographers, is dedicated in the memory of Didier. His quiet, yet fierce, passion will be deeply missed by all of us at MSF. Our thoughts are with his family and friends.

Nicolas de Torrenté, PhD, Executive Director
US Section of Doctors Without Borders/Médecins Sans Frontières (MSF)
CHAD A family waits for a truck to take them away from the frontline in northeastern Chad. They are among thousands of internally displaced people fleeing fighting along the border with Sudan’s Darfur region. 2006 © Kadir van Lohuizen/vu

SUDAN Kalma is one of the largest camps for internally displaced persons in Darfur. More than 140,000 displaced people live there. 2006 © Kadir van Lohuizen/vu
In 2006, MSF teams continued to respond to several longstanding conflicts—in Colombia, Sudan, and the Democratic Republic of Congo—as well as new or rekindled wars in Central African Republic, Chad, Haiti, Somalia, and Sri Lanka as well as the 33-day war in Lebanon. While the catalysts for these conflicts were diverse, a common challenge among them was the difficulty our teams faced to both preserve and gain access to the people in greatest need. It is never easy to preserve “humanitarian space,” as groups involved in a conflict, whether government or rebel forces, often seek to divert aid to their benefit or block it altogether, even attacking our field staff. MSF teams encountered numerous difficulties as aid workers were increasingly targeted in Darfur, Sudan, and large swathes of the displaced populations in Sri Lanka and in the northeast of the Central African Republic were cut off from assistance.
Top row, from left to right:
**COLOMBIA** Decades of conflict in Colombia have forced almost three million people from their homes. 2006 © Stephan Vanfleteren

**LEBANON** After an air strike destroys their homes, people living in Dahia, in southern Beirut, climb through rubble searching for their belongings. 2006 © Kadir van Lohuizen/vu

**Bottom row, from left to right:**
**CHECHNYA** In Grozny, MSF distributes essential relief supplies. 2006 © Misha Galustov/agency.photographer.ru

**HAITI** Recovering from a bullet wound, a young man undergoes physical therapy at MSF’s post-surgical rehabilitation center in Port-au-Prince. 2006 © William B. Plowman

**JORDAN** In response to the violence inside Iraq, MSF opened a reconstructive surgery program in the Red Crescent Hospital in Amman in August. 2006 © Kris Torgeson/MSF
Top row, left to right: A man and child—2 of nearly 40,000 people displaced by fighting in the northeastern Gety region of Ituri District—stand in front of an MSF clinic. 2006 © Hugues Robert/MSF

Bottom row, left to right: MSF teams assist almost 30,000 people seeking refuge on islands in Lake Upemba in Katanga province. 2006 © John T.

A family arrives by bicycle at Dubie camp, joining thousands of other internally displaced people who fled to this town in Katanga province. MSF teams set up an emergency medical program to the displaced. 2005 © Per-Anders Pettersson/Getty Images

A woman carries firewood in Gety, in the Ituri District. 2006 © Jiro Ose

An MSF nurse examines children at a makeshift clinic in Dubie in Katanga province. 2006 © Marcus Bleasdale

All photos from the Democratic Republic of Congo

A girl walks to her village while the countryside burns, after fighting erupted between the Congolese army and militias in Katanga province. 2006 © J.B.Russell/Cosmos
**Democratic Republic of Congo** From January to October 2006, MSF treated more than 1,360 rape victims through a program in the Rutshuru region of North Kivu province. This woman is one of the patients receiving medical and psychological care for her injuries. © Spencer Platt/ Getty Images

**Sri Lanka** Men carry caskets toward a mass grave created to bury the victims of a June 15, 2006, bus attack that killed 64 people in Sri Lanka. 2006 © Q. Sakamaki

**Somalia** An MSF physician examines an infant undergoing treatment for bronchitis in the health center in Somalia’s southwestern city of Huddur. MSF teams throughout Somalia struggle to meet the overwhelming health needs brought about by the country’s 15-year conflict. 2006 © Espen Rasmussen

**Somalia** A man cradles his son in the MSF clinic in Huddur. In addition to treating malnutrition, malaria, and tuberculosis, MSF teams respond to sporadic outbreaks of violence. 2006 © Espen Rasmussen
Top row, from left to right:

**Kenya** Two women take cover as a dust storm approaches them near a well in northeastern Kenya. As a result of drought conditions herders have lost tens of thousands of goats, sheep, cattle and even camels in this region, contributing to an increase in acute malnutrition. 2006 © Dieter Telemans

**Vitamin A** is administered during an MSF measles-vaccination campaign in northeastern Kenya. Vitamin A can help prevent complications associated with measles. All malnourished children should receive measles vaccinations, because the virus often exacerbates their condition. 2006 © Dieter Telemans

Bottom row, from left to right:

**Niger** In Zinder, an MSF aid worker stands amid boxes of Plumpy’nut, a milk- and peanut-based paste enriched with vitamins and minerals. This ready-to-use therapeutic food (RUTF) allows MSF to provide outpatient treatment to acutely malnourished children. 2006 © Raphael Weber/MSF

In 2006, MSF began not only treating severely malnourished but also moderately malnourished children with RUTFs in an effort to reach more of Niger’s acutely malnourished children. Until last year, most aid groups—including MSF—gave moderately malnourished children a supply of cooking oil and fortified flour. This flour requires preparation, does not contain milk, and is less appropriate for meeting the nutritional needs of young children. 2006 © James Nichols/MSF

**Kenya** In January, MSF opened a therapeutic feeding program in El Wak and five surrounding districts in northeastern Kenya. 2006 © Dieter Telemans
MSF’s use of ready-to-use therapeutic foods and outpatient treatment strategies for acute malnutrition was further put to the test in Niger in 2006. After treating some 63,000 severely malnourished children in Niger in 2005 primarily on an outpatient basis, MSF decided to begin admitting both moderately and severely malnourished children with the goal of preventing them from dying. In all, MSF treated more than 100,000 acutely malnourished children in Niger in 2006. MSF also adopted the outpatient strategy to treat more than 1,200 children among northern Kenya’s pastoral population.
Outbreaks

During 2006, MSF responded to a number of major outbreaks of epidemic diseases such as meningitis, measles, and cholera. In Angola, MSF teams treated more than 26,000 people sickened during a cholera epidemic. MSF also vaccinated more than 1.8 million people as a result of meningitis epemics in eight countries.

Clockwise from the top:
Angola MSF treated more than 26,000 people and chlorinated water to help stop the spread of an epidemic of cholera. 2006 © Paolo Pellegrin/Magnum Photos

Indonesia Following a measles outbreak in February, MSF launched a vaccination campaign for nearly 44,000 people in the Asmat region of Papua province. 2006 © Jean-Pierre Amigo/MSF

Indonesia MSF teams, had to travel by dugout canoe to reach the most isolated villages in the Asmat region. © Jean-Pierre Amigo/MSF
Access to Care

A lack of access to health care for people, whether because of armed conflicts or neglect, is a key factor in MSF’s decision to intervene in a country. MSF may remain in a country after a conflict has ended. For Liberia and Sierra Leone, both post-conflict, the silencing of the gunfire has not alleviated the suffering for many of the sick.

Top row: Sierra Leone Many people live far from hospitals and many women die from complications during pregnancy or delivery. In response, MSF has established “maternity houses” in Kambia and Tonkolili districts. Women in their final weeks of pregnancy can stay in these facilities until they deliver. MSF also provides treatment to prevent mother-to-child transmission of HIV. 2006 © Pep Bonet

Bottom row, from left to right: Central African Republic Since November 2005, an increase in violence, carried out by pro- and antigovernment forces, has caused massive population displacements inside the country and forced refugees into neighboring Chad. Through mobile clinics, MSF provides access to basic health care for the war-affected population. 2006 © Ton Koene

Bangladesh MSF has set up a small clinic in a refugee camp in Teknaf. The clinic provides basic health services, maternal care, outpatient nutritional treatment, safe drinking water, and sanitation to more than 5,000 Rohingya refugees from Myanmar. 2006 © Greg Constantine
Top row, from left to right:

**Bangladesh** Patients wait to be seen at the MSF clinic in Teknaf. An MSF survey revealed high mortality rates and elevated malnutrition levels among small children in the makeshift camp. 2006 © Greg Constantine

**Liberia** MSF runs the only free, private hospitals in the capital, Monrovia, with some 1.6 million residents. MSF provides emergency surgical, maternal, and pediatric care at the 100-bed Mamba Point Hospital. 2006 © Michael Coles

**Haiti** In La Saline, a slum in Haiti’s capital, Port-au-Prince, outreach teams offer information regarding health services available from MSF. 2006 © Guillaume Le Duc/MSF

Bottom row, from left to right:

**Rwanda** An MSF nurse holds a premature baby girl in the maternity ward of the provincial hospital in Ruhengeri, where MSF offers maternal care and treatment for victims of sexual violence. 2005 © Jennifer Warren

**Liberia** MSF hospitals in Monrovia overflow with people needing basic medical care. MSF’s Benson Hospital, nestled among the 100,000 residents of Paynesville, Monrovia’s poorest neighborhood, runs at nearly 100 percent occupancy. 2006 © Juan Carlos Tomasi

**Liberia** Dr. Tom Krueger, a surgeon, consults with one of his post-surgical patients at Mamba Point Hospital in Monrovia. 2006 © Michael Coles
Natural Disasters

During the six months following the October 2005 earthquake that struck Pakistani- and Indian-administered Kashmir, MSF undertook more than 116,000 outpatient consultations to treat the injured, provided relief items to some 83,000 families, and opened three hospitals to provide post-operative care.

From top to bottom:
Pakistan A team of MSF doctors that has just arrived by helicopter to set up a mobile clinic will serve a remote population still suffering from the October 2005 South Asian earthquake, which devastated homes and livelihoods. 2006 © Eddy Van Wessel

Pakistan A child is examined by an MSF physician—one of many aid workers treating tens of thousands of displaced people who face winter and disease while trying to rebuild from the October 2005 earthquake. 2006 © Eddy Van Wessel
Neglected Diseases

In 2006, MSF treated more than 1.7 million cases of malaria and the organization’s HIV/AIDS programs are currently providing life-extending antiretroviral treatment to more than 80,000 people living with the disease. MSF continues to care for people suffering from Chagas, sleeping sickness, and kala-azar in a number of countries.

**Uganda**
An MSF medical team visits a terminally ill AIDS patient in an internally displaced persons (IDP) camp in Patongo, northern Uganda. The camp is home to approximately 35,000 IDPs. 2006 © Jean-Marc Giboux

**Guatemala**
In Olopa, Guatemala, an MSF aid worker examines a boy during a home visit. MSF teams diagnose and treat Chagas, a parasitic disease found on the South American continent that affects an estimated 16 to 18 million people and claims up to 50,000 lives every year. 2006 © Juan Carlos Tomasi

**Myanmar**
Malaria, though easily preventable, still affects the majority of patients in MSF’s programs. MSF administers the most effective treatment, artemisinin-based combination therapy. 2006 © Claude Mahoudeau/MSF
IN MEMORIAM

On January 29, Doctors Without Borders/Médecins Sans Frontières (MSF) lost a dear friend, the accomplished photographer Didier Lefèvre. Didier’s relationship with MSF began more than two decades ago in the mountains of Afghanistan. You can read more about Didier in the introduction to this issue of Alert, which is dedicated to his memory.

Didier took the above image in Kabul in 1996. In it, a woman and her son walk along Kabul’s main avenue. Once a bustling thoroughfare lined with merchants, the avenue was destroyed by four years of fighting. It is one of the central photographs of the MSF exhibit, “Doctors Without Borders: Photographs from Afghanistan (1984-2004).” You can view more of Didier’s photos from Afghanistan at: www.doctorswithoutborders.org