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THE YEAR IN PICTURES
Shining a Light on Forgotten Crises

Every day, Doctors Without Borders/Médecins Sans Frontières (MSF) medical teams are working to provide much-needed care to people struggling to survive amid conflicts, natural disasters, and epidemics in more than 70 countries around the world. But the organization is not so bold to believe that our response alone is sufficient to alleviate the suffering inflicted by conflict and disease. When assistance is not enough to save lives, MSF speaks out from the perspective of what our medical teams are witnessing on the ground in order to shake governments and international institutions out of their complacency—even outward indifference—toward people caught up in neglected crises.

Often it is photographs of an emergency that act as a catalyst for action. And the best photographers can open the eyes of the world to the suffering of people languishing in the shadows of forgotten wars and neglected diseases. This special issue of Alert draws on the work of some exceptional photographers in an attempt to do just that.

Included in this issue is a selection of images from five world-renowned photographers from the VII Photo Agency—Ron Haviv, Gary Knight, Antonin Kratochvil, Joachim Ladefoged, and James Nachtwey—who traveled to the Democratic Republic of Congo (DRC) from May through August of 2005 with MSF. Their divergent styles go behind the headlines and offer glimpses of the plight of the Congolese people as they struggle to survive a war that remains virtually invisible to the outside world. Their work was the basis for Democratic Republic of the Congo: Forgotten War, an exhibition that opened in New York City this fall and will tour in the United States, Africa, Asia, Australia, and Europe and will tour in the United States, Africa, Asia, Australia, and Europe and will tour in the United States, Africa, Asia, Australia, and Europe and will tour in the United States, Africa, Asia, Australia, and Europe and will tour in the United States, Africa, Asia, Australia, and Europe and will tour in the United States, Africa, Asia, Australia, and Europe and will tour in the United States, Africa, Asia, Australia, and Europe and will tour in the United States, Africa, Asia, Australia, and Europe.

Also, photographer Ashley Gilbertson of Aurora Photos takes us to Nanning, China, where his lens gazes into the eyes of people living with HIV/AIDS, and depicts the unyielding stigma in Chinese society surrounding this disease. Images from photographers Jake Price of World Picture News, Bruno Stevens of Cosmos, and Ton Koene, an MSF emergency coordinator, expose the desperate race for survival in the mountains of earthquake-ravaged Pakistan. The work of other prominent photographers like Pieter ten Hoopen of MOMENT and Michael Kamber covers many of the issues and challenges of the past year, ranging from the nutritional emergency in Niger to the upsurge in violence in Haiti to the uncertain future for the displaced people of Sudan and Colombia to the continuing scourge of tuberculosis and malaria.

Nicolas de Torrenté
Executive Director
Doctors Without Borders/Médecins Sans Frontières (MSF)
DEMOCRATIC REPUBLIC OF CONGO: FORGOTTEN WAR

Over a decade of war and the collapse of the public health system have resulted in widespread and acute misery for people throughout the Democratic Republic of Congo. Many Congolese face extreme deprivation and violence, with brutal militia attacks and sexual violence common. Severe malnutrition and epidemics of diseases like malaria, HIV/AIDS, and cholera take an even greater toll as few people have access to health facilities, let alone treatment. During the past year, the northeastern region of Ituri has been an epicenter of violence, with multiple factions fighting for the control of the area’s resources.

As part of a Doctors Without Borders/Médecins Sans Frontières (MSF) and VII Photo Agency initiative, photographers Ron Haviv, Gary Knight, and James Nachtwey all documented the Bon Marché Hospital in Bunia city in Ituri, where MSF teams offer medical care for victims of violence in the region. Haviv also photographed the intolerable situation of more 80,000 people living in two camps outside Bunia. Meanwhile, Antonin Kratochvil photographed in the town of Bukavu, South Kivu, where MSF is providing free antiretroviral (ARV) treatment to nearly 500 people living with HIV/AIDS. In a second HIV/AIDS project, in the capital, Kinshasa, where Joachim Ladefoged traveled, more than 1,300 people living with HIV/AIDS receive free ARV treatment from MSF. MSF also carries out community health work with commercial sex workers in the city.
Top: A child awaits emergency surgery at Bon Marché Hospital, Bunia, where MSF has provided free medical care since April 2003, with a particular focus on surgical care for war-wounded. © Gary Knight/VII

Bottom: Solange, 25, a sex worker in Kinshasa, is examined at MSF’s HIV/AIDS clinic, which opened in early 2005. © Joachim Ladefoged/VII
Top: A guard at the entrance to MSF’s HIV/AIDS clinic in Bukavu, South Kivu province, where MSF provides free antiretroviral treatment to nearly 500 people living with HIV/AIDS. © Antonin Kratochvil/VII

Bottom: Children run past a cemetery for internally displaced people in Gina camp, north of Bunia, one of several camps that appeared as some 80,000 people fled an increase in fighting in January 2005. © Ron Haviv/VII
AFTERMATH:
RESPONDING TO A DEVASTATING EARTHQUAKE

With winter bearing down on hundreds of thousands of homeless people in the aftermath of the October 8 South Asian earthquake, Doctors Without Borders/Médecins Sans Frontières (MSF) is racing to bring as much shelter material and medical assistance as possible to the most vulnerable. MSF is working in 12 locations in Pakistan-administered Kashmir to tend to thousands of people who are still suffering from severe wounds caused when their concrete and stone houses came crashing down upon them. Mobile teams continue to fan out to mountain villages to bring relief supplies—1,000 tons so far—and medical care to affected communities.
Top left: Near Kumikot, Pakistan, ten-year-old Juwad Ahmed receives surgical care from MSF doctors at a mobile clinic. This was the first assistance to reach his village, more than nine days after the earthquake. © Bruno Stevens/COSMOS

Top center: An injured child recuperates with his family in Bara Kau camp, where nearly 1,000 people have sought shelter. Authorities believe that the number will rise as winter approaches and more people come down from the mountains. © Jake Price/World Picture News

Bottom left: Stunned survivors make use of one of few remaining structures left intact. © Ton Koene/MSF

Far right: A displaced woman and child in Mansehra, Pakistan, camp out in a makeshift village set up behind the MSF hospital. © Jake Price/World Picture News

Below: A young woman receives basic medical treatment for injuries to her head and back at a mobile MSF clinic near Muzaffarabad, Pakistan. © Bruno Stevens/COSMOS
STIGMA: LIVING WITH HIV/AIDS IN CHINA

Of all the challenges and obstacles the Doctors Without Borders/Médecins Sans Frontières (MSF) team confronts in running an HIV/AIDS clinic in the southern Chinese city of Nanning, perhaps none is as daunting as the pervasive stigma surrounding this disease. It keeps many people from entering the Nanning clinic until it is too late to save them. For those who seek out diagnosis and treatment in time, the potential to be ostracized by family, friends, or co-workers can be equally as devastating as the disease itself. The discrimination does not end in the home or workplace. “In the hospitals, the nurses and doctors still have strong feelings against the HIV-positive patients,” says MSF nurse Chen Xuelian. “Some HIV-positive patients will go to the hospital to get some tests, and the doctors will refuse to treat them.”
DEADLY PARTNERS: HIV/AIDS & TB

Each year, two million people die from tuberculosis (TB) and nine million new cases are reported, more than 95 percent of them in poor countries. The AIDS pandemic has exacerbated the problem: 12 million infected with the AIDS virus are co-infected with TB. However, the diagnostic test (the microscopic examination of sputum, or lung fluid) currently available does not work in children or the majority of people living with HIV/AIDS and typically allows the detection of less than half of the cases of TB. Millions of people are left untreated. MSF has called for action on this front: It is of the utmost urgency that research and development is aimed at innovative solutions in the diagnosis and treatment of tuberculosis.

INESCAPABLE VIOLENCE IN COLOMBIA

Little changed in 2005 for Colombians affected by the country’s 40-year civil conflict. For decades, government military forces, paramilitary groups, and armed guerrillas have fought against the backdrop of the illicit narcotics trade and conflict over natural resources, terrorizing and targeting civilians in both rural and urban areas. Violence is so prevalent that neighbors often distrust each other, fearing informants. It is no wonder that three million people have fled their homes, many gathering in shantytowns outside major cities, seeking safety and anonymity among the masses. Colombia now has the third highest number of internally displaced people in the world, after Sudan and the Democratic Republic of Congo.
UGANDA

In November, a series of violent ambushes on civilian and humanitarian aid workers threatened to worsen the already desperate situation of hundreds of thousands of people displaced by the 20-year civil conflict in northern Uganda. Following the attacks, Doctors Without Borders/Médecins Sans Frontières (MSF) spoke out about the lack of safety for civilians and inadequate assistance in northern Uganda, warning that the situation for displaced people there remains deplorable and will only deteriorate further if the current insecurity persists. MSF has provided assistance in the country since 1982.

Above: A sandstorm rips through Oromo Camp in Lira, Uganda, and villagers brace themselves as they carry food supplies back to their huts after a food distribution. © Charla Jones

Center: A boy in MSF’s cholera clinic near Gulu, northern Uganda. © Bruno Stevens/COSMOS

Below: A child with malaria is carried to Ganda health clinic, Gamo Gofa district in southern Ethiopia. © Petterik Wiggers

MALARIA

Every year, malaria kills 1 to 2 million and infects 300 to 500 million people. Ninety percent of deaths occur in sub-Saharan Africa. The disease is present in over 100 countries, threatening 40 percent of the world’s population. Malaria remains the single largest cause of death for children under five in Africa—it kills one child every 30 seconds worldwide. For many years, chloroquine was used to treat malaria, but resistance has decreased its effectiveness dramatically in the last few decades. An effective alternative exists: artemisinin-based combination therapy (ACT), now widely considered the best treatment option because it is fast-acting, highly potent, and complementary to other classes of treatment.
CHECHNYA: A “LOW-LEVEL” CONFLICT

Civilians in Chechnya and its neighboring republics continue to be traumatized by fear and violence. MSF has been present in the North Caucasus since 1999, struggling to find ways to address people’s vast unmet needs in this volatile region.

MARBURG OUTBREAK

A Marburg hemorrhagic fever outbreak—similar to Ebola—was declared in Uige province in Angola in March 2005. Cases had been registered since late 2004 and by mid-April 2005 there were 235 registered cases and 215 died. With Marburg, mortality reaches almost 100 percent and there is no treatment, just palliative care to alleviate the pain. MSF set up an isolation unit in Uige Hospital. MSF took charge of case management and training of local medical staff including mobile teams who transported suspected cases, collected corpses for secure burials, and disinfected areas that could have been contaminated with the virus.

Above: A Chechen boy who witnessed his father’s killing lives in a settlement for internally displaced people on the grounds of a former oil factory in Karabulak, Ingushetia, Russia, with his brother who refuses to leave their hut. Both receive mental health care from MSF. © Simon C. Roberts/NB Pictures

Right: MSF teams put on protective clothing before visiting patients. © Jean-Pierre Mustin/MSF
DARFUR: HANGING BY THE THREAD OF HUMANITARIAN AID

Two years after more than one million people were driven from their homes by marauding government-supported militias, the displaced people in Sudan’s western region of Darfur continue to live by the thread of humanitarian assistance. In recent months, attacks have taken place against previously unaffected communities and resumed on villages where civilians had recently tried to return to the remains of their homes. Worse yet, some of the main arteries of the humanitarian aid system in Darfur have been virtually cut off by insecurity, further threatening the already uncertain future of the people of Darfur.

EATING LEAVES IN SOUTHERN SUDAN

With the rains failing in 2004, much of the population in Sudan’s southern Bahr el Ghazal region had virtually nothing to eat. More than 2,000 children with severe malnutrition were treated in MSF feeding programs, and another 15,000 children were given food to prevent a further deterioration of the situation. By fall 2005, admission rates to MSF’s programs had begun to drop off.

Above: A sick child at the Touloum refugee camp, Chad, on the border with Darfur. © Roger Turretson

Left: Every day, eight-year-old Toma Abulla carries her brother to the MSF feeding center at the Touloum refugee camp. © Roger Turretson

Right: People were reduced to eating leaves and diarrhea-inducing nuts as a result of the depleted harvest of sorghum, the staple food. © Alexandre Glyadyelo
NIGER’S STARVING CHILDREN

The first warning signs of a nutritional emergency in Niger emerged in early 2005. Severely malnourished children began pouring into the MSF feeding program in the city of Maradi in March and April, and MSF nutritional surveys warned of an impending disaster with the next harvest still more than six months away. Within a few months, tens of thousands of the poorest families had run out of food, and prices were too high for the most affected families to replenish their food stocks. More than 60,000 severely malnourished children were admitted to MSF’s therapeutic feeding program in Niger in 2005, and the majority were treated on an outpatient basis—something thought impossible only a few years ago. But MSF fears a repeat of the crisis next year.

TRAPPED AMID VIOLENCE IN PORT-AU-PRINCE

With an upsurge in violence affecting civilians in Port-au-Prince, Haiti, MSF opened a trauma center in St. Joseph’s Hospital in late December 2004. During 2005, the MSF team treated more than 5,000 patients—in excess of 1,700 for violence-related injuries, including nearly 1,300 gunshot victims. Half of those treated for such injuries were women, children, or the elderly.