



Bolivia 2005 © MSF

Since 2002, in the southern Bolivian province of O'Connor, MSF has provided diagnosis and treatment for the country's fourth leading cause of death: Chagas disease. Until the project began, one in every four children under the age of 14 was infected. Chagas is caused by the parasite *Trypanosoma cruzi*, which in 10 to 40 percent of cases causes irreversible damage to the heart, esophagus, colon, and nervous system. Symptoms take a long time to appear, so

the disease can remain undetected for years. Above, an MSF aid worker teaches local children how to identify the insect that carries the Chagas parasite. Only two drugs—Nifurtimox and Benznidazol—exist to treat Chagas, and they are effective only against the acute, or early, stage of the disease. The World Health Organization estimates that 18 million people in Latin America are infected with the Chagas and another 100 million people are at risk.



333 Seventh Avenue, 2nd Floor
New York, NY 10001-5004
Tel: 212-679-6800
Fax: 212-679-7016
www.doctorswithoutborders.org

CIVILIANS CAUGHT IN HAITI'S CROSSFIRE

*An Urban War is Raging in Haiti's
Port-au-Prince.
MSF is on the Frontlines
Bringing Emergency Medical Care
to the Victims.*



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Doctors Without Borders/Médecins Sans Frontières (MSF) has been present in Haiti since 1991, providing medical care in some parts of the country and responding to natural disasters. Since September 2004, Haiti has been mired in waves of extreme violence. In December 2004, MSF opened a 42-bed trauma center at St. Joseph's Hospital in Port-au-Prince in order to provide free emergency medical and surgical services to the growing number of people injured by violence who have little or no access to care. By the end of May 2005, MSF surgical and medical teams had treated more than 2,500 patients – 857 for gunshot wounds – since the project opened. MSF also offers post-surgical physiotherapy at a nearby rehabilitation center. Today, both facilities are filled to capacity. The following is an excerpt of a speech given by Dr. Christophe Fournier, manager of MSF's trauma center in Haiti, to the United Nations Security Council on April 8.

Civilians in the capital have been caught in the crossfire of extreme violence that has wracked the city in waves since September 2004. From visits to the city morgue, MSF estimated that 100 people were killed each month from September to December 2004 as armed factions supporting and opposing exiled President Jean-Bertrand Aristide fought in the streets of the seaside slums, or "quartiers populaires," of Cité Soleil and Bel Air.

Of the people we have treated for violent injuries, nearly half were women, children, and elderly, a point that highlights the fact that civilians are bearing the brunt of the sporadic, ongoing violence in Port-au-Prince.

Every month, the number of such patients has increased, and we have begun to see injuries caused by exploding bullets—injuries that, as one doctor told me when I was in Haiti, are unusual for a city setting but common in war zones.

From what our patients tell our doctors and nurses, people have been shot and killed, both deliberately and unintentionally, by all of the armed groups active in Haiti today. Our patients say they have been targeted directly by factions in the "quartiers populaires" for their perceived allegiance to one group or another, sometimes killed in areas controlled by rival factions for being considered "traitors."

INJURIES SEEN IN WAR ZONES NOW FOUND ON HAITI'S STREETS

Women and children have come to our trauma center after being shot during unpredictable flare-ups of indiscriminate shooting near their homes, or while buying or selling goods at public markets, or simply while walking down the wrong street at the wrong time. We have also received a number of patients who said they were wounded by the Haitian National Police (HNP) during police actions in many parts of the city, including several people from Bel Air who told us they were wounded when the HNP opened fire on demonstrators there in March. A few patients have also said they were wounded during Minustah [United Nations Stabilization Mission in Haiti] operations.

Conditions of life in several of the capital's poorest neighborhoods are terrible and rapidly getting worse. Already impoverished

before this latest crisis, these neighborhoods are falling into near-total ruin. Economic activity in some areas has ground to a halt in an atmosphere where extortion, robbery, murder, and rape are common. Shops have been burned to the ground, and shopkeepers who refuse to pay extortion fees have been executed. At a moment when most people are struggling to find even the most meager resources to survive from one day to the next, they fear venturing out into a lawless environment, virtually held hostage in their homes.

MANY VICTIMS HAVE BEEN SEVERELY INJURED OR FORCED TO WITNESS THE MURDER OF A PARENT BEFORE BEING KIDNAPPED AND BRUTALLY GANG RAPED.

Women and young girls, in particular, are being victimized by sexual violence. Our medical teams have treated 22 victims [As of June the number had reached 37] of extremely violent sexual attacks, some committed against girls as young as 10 years of age. Many victims have been severely injured or forced to witness the murder of a parent before being kidnapped and brutally gang raped.

These women and young girls often suffer further humiliation after their ordeal because they are afraid that if people find out they went for help, they will be killed. Based on our patients' testimony and other sources, rape seems to be used by some groups as a strategy to instill fear in civilians, and the true scale of sexual violence is certainly much greater than the number of victims MSF has treated. (If rape victims seek treatment within 72 hours of the rape, MSF prescribes antiretrovirals for prophylaxis against HIV and antibiotics for prophylaxis against other sexually transmitted infections (STIs), as well as emergency contraception. If they do not arrive within the first 72 hours, MSF can provide only the prophylaxis for STIs and emergency contraception up to five days post-rape.)

Families in areas of the capital most affected by violence are fleeing to other parts of the city. Civilians without any resources, though, are forced to remain, often at the risk of deprivation and severe harm. Patients come to MSF from all over Port-au-Prince, with a majority brought to the trauma center by the Red Cross and Minustah. But we know for sure that many victims in places like Cité Soleil have no access to MSF's trauma center or any other health facility.

They are forced to hide for days without any treatment for their wounds. Those with serious injuries have little chance of surviving. Sometimes the wounded can't afford to pay for transportation, or no transportation exists in a neighborhood following an eruption of gunfire. If the wounded manage to get to a public hospital, they may find a structure that lacks medical staff and supplies. Nearly none of the wounded can afford the high price charged for private care, while some civilians say they fear arbitrary arrest if they seek treatment for violent injuries.

GUNSHOT VICTIMS ARE FORCED TO HIDE FOR DAYS WITHOUT ANY TREATMENT FOR THEIR WOUNDS.

Fighting erupts in many of the city's neighborhoods nearly every night, with people there confined to their homes in a state of constant fear. Many of those who have lived and worked in Port-au-Prince for decades told me when I was in Haiti that they have never experienced such levels of violence and insecurity. They said that the anxiety they feel today is far worse than at any time during the country's many recent political crises. The needs and safety of civilians most affected by this brutal reality must be at the center of any response to the present emergency. At the very least, the ability of those wounded in the violence to access life saving medical and surgical care must be assured.

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Cover Photo: Two teenagers with gunshot wounds wait for care in a public hospital in Port-au-Prince © William B. Plowman
From left to right: Haitians at a street market in Port-au-Prince.
Patients recovering in the MSF trauma center. All photos © Kevin Phelan/MSF





TREATING GUNSHOT VICTIMS

Dr. James Smith, 27, is a general surgeon from Ireland who arrived in Haiti in mid-January. It is his second mission with MSF.

With gunshots, there are some victims that never get to a doctor because the person dies instantaneously—maybe a major vessel or the heart was hit, something that kills them straight away. Then there are wounds that would kill someone eventually, but more slowly—maybe their bowel or liver is perforated and there is slow bleeding — something where if you operate you can actually do something to stop them from dying. Then there are patients who could have serious debilitating problems from the gunshot wound such as a broken bone. And finally you get cuts and grazes and nicks from stray bullets which you clean up to prevent infection.

We see about three gunshot victims a day. I was in Guinea before, working as the surgeon in a district hospital. I saw elective cases as well as consultations. I think I saw only three gunshot wounds the whole time I was there, which is a lot for a district hospital.

Top: Nurses attend to a patient in the MSF trauma center. © Kevin Phelan/MSF

Bottom, left to right: Dr. James Smith reviews an x-ray of a patient prior to performing surgery.

MSF surgeons operating on a patient admitted to the trauma center. © Kevin Phelan/MSF



Top, left to right: An x-ray shows the damage to patient's leg from an exploding, or fragmentation, bullet. © Dr. James Smith/MSF

An injured child recovers in the pediatric ward of the MSF trauma center. © MSF

Top to bottom: An MSF physician examines a patient in the emergency room of the trauma center. © Kevin Phelan/MSF

A bullet that was removed from a patient. © Dr. James Smith/MSF



A HAITIAN PHYSICIAN WORKING FOR MSF

"We have a lot of injuries caused by fragmentation bullets. Like the patient you saw upstairs, he had a huge injury just from where the bullet hit him. Usually there is a small entry wound and a small exit wound. These bullets, though, they explode inside the abdomen of the patient and cause a lot of internal injuries. Fragmentary bullets are used by everyone—it seems they are using ammunition for a war, not for a city."

VOICE OF A CIVILIAN CAUGHT IN PORT-AU-PRINCE'S ONGOING VIOLENCE

Male, age 33: On the first day of Carnival, Sunday, I was near my house sitting at a restaurant listening to music. A friend came in and yelled to run because there would be problems. I didn't have time to get away, and got shot in the leg by the *rat pa kaka* [note: Creole term for "rats that are still-living"]. They just robbed a store and ran off and didn't want anyone to bother them so they were just shooting everywhere. My two friends were shot, but they died. I came to the hospital. It's getting worse because nobody can talk about the *rat pa kaka* doing such things. If you tell the police, they can exterminate your whole family, so everyone is afraid to talk. The police aren't sure who is in a gang and who is not, so they think everyone who lives in an area is a gang member or collaborator. So even if I tell the police, the police may think I am a gang member. I'm not working now and I have a family to support. My wife gave birth six months ago to a baby girl, our first child. So if this would stop, maybe I could find a job.

The Haitian doctor and patient are anonymous in order to protect their lives.





SURVIVING AFTER THE TSUNAMI: EMERGENCY MENTAL HEALTH CARE

For many survivors of the Indian Ocean tsunami, the degree of psychological trauma has far outweighed physical injuries. As a result, Doctors Without Borders/Médecins Sans Frontières (MSF) has been operating mental health-care programs in nine locations in Aceh province in Sumatra, Indonesia. After the tsunami, Laetitia de Schoutheete, a psychologist, coordinated MSF's mental health programs there. The following is her account of the work of one of the MSF mental health teams for the first six weeks after the disaster.

Photo: In Lamno, Sumatra, Indonesia, MSF psychologist Silvia Cauzzi offers art therapy as a way for traumatized children to express their emotions following the tsunami. © Kris Torgeson 2005

WITNESS

Fifteen-year-old F. was referred to the MSF mental health team by one of the MSF mobile clinic doctors after she complained of persistent stomach pains. But the doctor could not find any physical medical condition. On the morning of December 26, F. was eating her breakfast with her father and seven brothers and sisters in their house in Banda Aceh, quite close to the beach. The earthquake struck at 8:30 a.m. They were panic-stricken for a short while but they returned to the breakfast table. Twenty minutes later, they heard people shouting in the street: "The water, the water is rising!!!" They could feel something terrible was approaching.

The eight members of the family rushed to the car and headed straight off at a furious pace. People were running in all directions and one of them was knocked over by the car in the midst of the general panic to get away. Miraculously, they all managed to clamber out of the car but were carried away by the current, losing sight of one another. F. held onto a palm

tree, praying that the other members of her family would manage to survive. The first wave receded, and she found two of her small brothers. The second and most deadly wave arrived 20 minutes later. F. and her brothers were thrown close to a roof. They clutched it and stayed there until the next day, without any food or drink. The following day, this section of the town was covered in at least two feet of water and debris. They climbed down off the roof to return home, and had to push their way through the bodies floating around them. They spent two days waiting for help to arrive, while dragging bodies out of the debris surrounding their house. All of the children in the family survived and met up again five days after the tsunami.

Most of the people we met lived through much the same as F. They were traumatized by losing everything, being unable to find their close relatives, and being the only members of their families to survive. MSF quickly realized that the tsunami emergency had become a mental health emergency as soon as the acute needs were met.

Physical and mental health intertwined

Most people who have experienced horrors on this scale start developing psychosomatic ailments: the body expresses the suffering that cannot be stated in words. The most frequent symptoms are headaches, stomachaches, backaches, cramps, nightmares, tiredness, irritation, and digestive problems. These disorders appear in large numbers, even though no physical cause is evident.

DURING THE FIRST FEW DAYS, PEOPLE FELT A DESPERATE DESIRE TO GIVE US DETAILED ACCOUNTS OF THEIR EXPERIENCES.

Beginning on December 31, the MSF mental health team—composed of an international psychologist, Indonesian psychologists, and translators—accompanied some of the mobile medical clinics and was able to take over for the doctors by offering initial emotional support to the victims. During the first few days, people felt a desperate desire to give us detailed accounts of their experiences. The scenario generally followed the same pattern: they first told us what had happened to them second by second, then minute by minute, then hour by hour, and day by day.

Need for information

In addition to needing a sympathetic ear, the survivors soon began expressing a need to understand "how did this happen?" The mental health team offered a scientific explanation of the earthquakes and tsunami using very simple words. In many cases, patients derived a great deal of comfort from being able to understand what had happened, why the water had turned

so black (it carried garbage), why the women had lost their clothes (torn away by the current), and so on. They also found it quite reassuring to learn that Aceh was not the tsunami's only victim and that other parts of the world had suffered as well. Realizing that other tremors were expected and learning how to react empowered them to protect themselves in the face of this 'end of the world' scenario, and removed some of their anxiety.

Impossible to mourn

When the tsunami struck, M. was in Meulaboh in an area of the town unaffected by the tidal wave, but his family was in Banda Aceh. Terrified of what might have happened to them and unable to get in touch (the telephone and radio were out of service), he walked for 12 hours along the devastated coastline to look for them. All the members of his family had been swept away by the tsunami: Their home had been located at the edge of the beach. We met M. in the middle of the rubble where he had been wandering for five days in search of his children's bodies. M. did not open up much, unable to grieve for his dead until he had found them.

MANY ACEHNESE PEOPLE COULD NOT EXPEND THEIR ENERGY ON GRIEVING FOR THOSE THEY HAD LOST WHEN THEY WERE HUNGRY, HAD YET TO LOCATE THEIR LOVED ONES' BODIES, AND WERE STILL HOLDING ONTO A TINY GLIMMER OF HOPE OF FINDING SURVIVORS.

All of these factors prolonged the suffering and prevented people from beginning the grieving process as the first step to recovery.

MSF's mental health approach

Alongside medical consultations, MSF provided group counseling sessions, offering as much information as possible, listening to people, and introducing them to relaxation techniques. Most participants found that group support was enough to help them rebuild their personal coping mechanisms. MSF also offered one-on-one counseling sessions.

In offering assistance to traumatized communities, MSF psychologists try to identify and strengthen remaining coping mechanisms—such as reaching out for support from surviving close relatives and talking with them about what they can do to ease their suffering. Counselors revisit the traumatic event only when they are requested to do so. Some of the people who have sought assistance have told the counselors directly what happened; others talk around the event—perhaps a way of testing the counselor before revealing their inner thoughts.



Severely malnourished children from parts of southern Niger are entering Doctors Without Borders/Médecins Sans Frontières' (MSF) therapeutic feeding centers (TFC) at an alarming rate. Since the beginning of 2005, MSF has treated more than 6,000 children under age five who are suffering from severe acute malnutrition—double the number for the same period last year. Tens of thousands of children suffering from moderate malnutrition have no access to medical treatment. The situation is only expected to worsen because the next harvest is four months away, and the seasonal peaks for malaria and diarrhea—which can be fatal for healthy children but are devastating for the malnourished—will occur during roughly the same period. Despite the seriousness of the crisis, people must pay for medical care and food. MSF is running three TFCs and 21 outpatient sites providing free care in the Maradi and Tahoua regions, and has airlifted more than 300 tons of flour, millet, beans, and cooking oil to the area. The following is a diary by Stephan Oberreit, part of the emergency team in Maradi.

May 23 in Maradi, Niger

At 6:00 a.m., the MSF team is already sitting around the table having a quick breakfast. It's not too hot yet, but soon it will be well over 105 degrees Fahrenheit. The first to leave the MSF house are Gonzague Bruey, a physician, and Véronique

Nutritional Crisis Threatens Tens of Thousands of Children in Niger

Rajaonarivelo, a nurse. They will join their team of Nigerien nurses and nutritional assistants and set out for two days in rural areas. Their job will be to identify severely malnourished children in villages and begin to provide appropriate medical and nutritional treatment based on their conditions. They will also carry out the weekly check-ups of children who are already in the severe malnutrition treatment program. Each child will be weighed and receive nutritional supplements so that they can regain some weight.

Growing numbers of malnourished children

At 7:30, Annick Cousin, the nurse in charge of the Maradi feeding center, meets up with her team. They are to finish the work they started yesterday rearranging the center. With the growing number of children, more space is needed for the little patients and their mothers. There are already 210 hospitalized children, 20 of whom are in intensive care. Last week, 391 young children were admitted to the Maradi program, half requiring hospitalization because of their condition. This was a 30 percent increase from the previous week.

While Dr. Innocent Ntunzimbona does his rounds in the TFC, Dr. Vanessa Remy concentrates on the most serious cases in the intensive care unit. After a few hours, they get together to discuss some particularly worrying patients. What can be done for little Yassera, who has been in hospital for three months suffering from tuberculosis? They suspect she may have contracted viral meningoencephalitis.

Since the beginning of the program, Dr. Remy, who specializes in pediatric oncology, faces one surprise after another: one year

olds who scarcely weigh 6.5 pounds (the weight of a newborn) when they ought to weigh more than 13 pounds. The visible effects of malnutrition are especially difficult to bear: toddlers whose wrinkled faces resemble elderly people.

Organizing food distribution

Germain de Rémy de Courcelles, a logistician, has gone to the warehouses to supervise the loading of food onto a truck to supply the MSF program in Dakoro, 60 miles north of Maradi. The MSF teams are going to transport hundreds of tons of food into the region. With the rainy season around the corner, the roads will be scarcely passable and well-maintained 4x4 trucks will be essential.

Dounia Delki, a recently arrived pharmacist, checks drug stocks and identifies products that need to be ordered. Dr. Mego Tarazian, the new doctor in charge of the program goes to meet with the head physician at the public hospital. They will discuss the 12 children with tuberculosis who are being cared for by MSF.

At 11:00, Théo O. Bitigani, a nurse, returns from his weekly clinic in Tiberi, a village near Maradi, bringing back eight children who need to be hospitalized. He quickly passes the children and their medical records to the nurses at the center and hurries back to Tiberi to rejoin his team, who are continuing the check-ups.

Food shortage harder for some

Few people are aware of the seriousness of the situation in Maradi because the malnutrition problem is not immediately obvious. The drought and locusts have certainly affected harvests, and prices have risen, but market stalls are still full.



From left to right: Two children in the MSF feeding center. © Anne Yzebe/MSF



Dr. Vanessa Remy examines children in the feeding center. © Stephan Oberreit/MSF

The middle upper-arm circumference of a child is measured to determine the level of malnutrition. © Anne Yzebe/MSF

So while some families are experiencing severe food shortages, there are large stocks of food available. MSF's nutritional surveys have shown that certain villages are particularly affected while others are getting by.

The afternoon has been particularly difficult in the intensive care unit at the Maradi MSF center. Four children have died despite the care they received. Two of them had just arrived, in desperate condition. The others had been there for several days. One had measles, which worsened his malnutrition. His mother had already lost two children to measles.

For the MSF team, the death of a child from malnutrition is an enormous frustration. Fortunately, the team has also experienced the joy of seeing so many children who arrived as skeletons gaining back their proper weight and their chubby cheeks. Particularly when they are not suffering from any other illnesses, the children recover quickly and in a week

they can leave the center and continue their treatment as outpatients.

Families of children admitted to the MSF program will receive a weekly ration of 11 pounds of flour and one liter of oil to prepare the family meals. Providing children with food supplements is not enough when there is nothing left to eat at home. At the end of the treatment, families will receive a month's food ration consisting mainly of grains, beans, and oil.

Alarming statistics, more aid needed

Annick Cousin, who supervises the TFC, has just finished compiling the statistics for the previous week, and they are extremely alarming. The graph of children admitted to the program shows a steep rise. And that is only in Maradi. Over the last few days, MSF has opened two more centers in the region, and a third will be opening soon. But more help is desperately needed.

Other aid agencies must get involved quickly. Given the large number of severely malnourished children requiring care, MSF programs are not able to help all of those children suffering from moderate malnutrition. But they too are in urgent need of immediate assistance.



WHAT ARE MODERATE AND SEVERE ACUTE MALNUTRITION?

In emergency situations like a drought or conflict, there is often a sudden and massive reduction in food availability or accessibility to certain groups of people, which can precipitate an increase in malnutrition in a population. One of the ways MSF determines the incidence of malnutrition is to conduct nutritional surveys, which often includes weighing children. Moderate malnutrition is diagnosed when a person's weight-to-height ratio falls between 70 and 80 percent of the median. Severe malnutrition is indicated by a weight-to-height ratio below 70 percent of the median or the presence of leg edema, which indicates very low protein levels. Global malnutrition is the combined level of moderate and severe malnutrition in a population.

DARFUR: FAR FROM HOPE



Nearly two years after the first thousands of people from Darfur, Sudan, were driven from their villages by Sudanese government-backed militias, more than 1.5 million people are still living in overcrowded camps throughout the region and across the border in neighboring Chad without any prospect of returning safely to their destroyed homes.

Today, nearly 180 Doctors Without Borders/ Médecins Sans Frontières (MSF) international aid workers and 3,000 Sudanese staff members are providing medical, nutritional, and water-sanitation assistance in 32 sites in Darfur and 7 in Chad to approximately 1.4 million people. From the start of MSF's operations in Chad in October 2003 to March 2005, MSF has provided a total of 966,000 outpatient/inpatient consultations, including 144,900 cases of diarrheal disease and 71,150 cases of malaria. MSF has also treated more than 1,630 patients for war trauma and 670 for sexual assault.

Top: Sudanese refugees living in Chad.
Bottom: A nine-year-old Sudanese refugee in Chad carried his little sister to an MSF clinic on the border.
All photos ©Roger Turesson



CONSTANT HUNGER

There is a constant battle against malnutrition in Darfur. A young boy walks past bottles of cooking oil—part of an MSF nutritional support program (blanket feeding) for displaced families living in the town of Mornay. More than 500,000 people have received food through MSF's supplementary and blanket feeding programs, which are meant to prevent children from slipping into a severely malnourished state.

© Michael Zumstein/L'Oeil Public

THE SEARCH FOR WATER

A young boy in Kerenik, in West Darfur, retrieves water from a riverbed. Safe drinking water is hard to come by, and the burden of finding it often falls to young children or women who risk attack outside of the camps. Unsafe drinking water sources are also suspected as the source of hepatitis E outbreaks that have taken a toll on people, especially children and pregnant women.

©Didier Ruef/pixsil.com



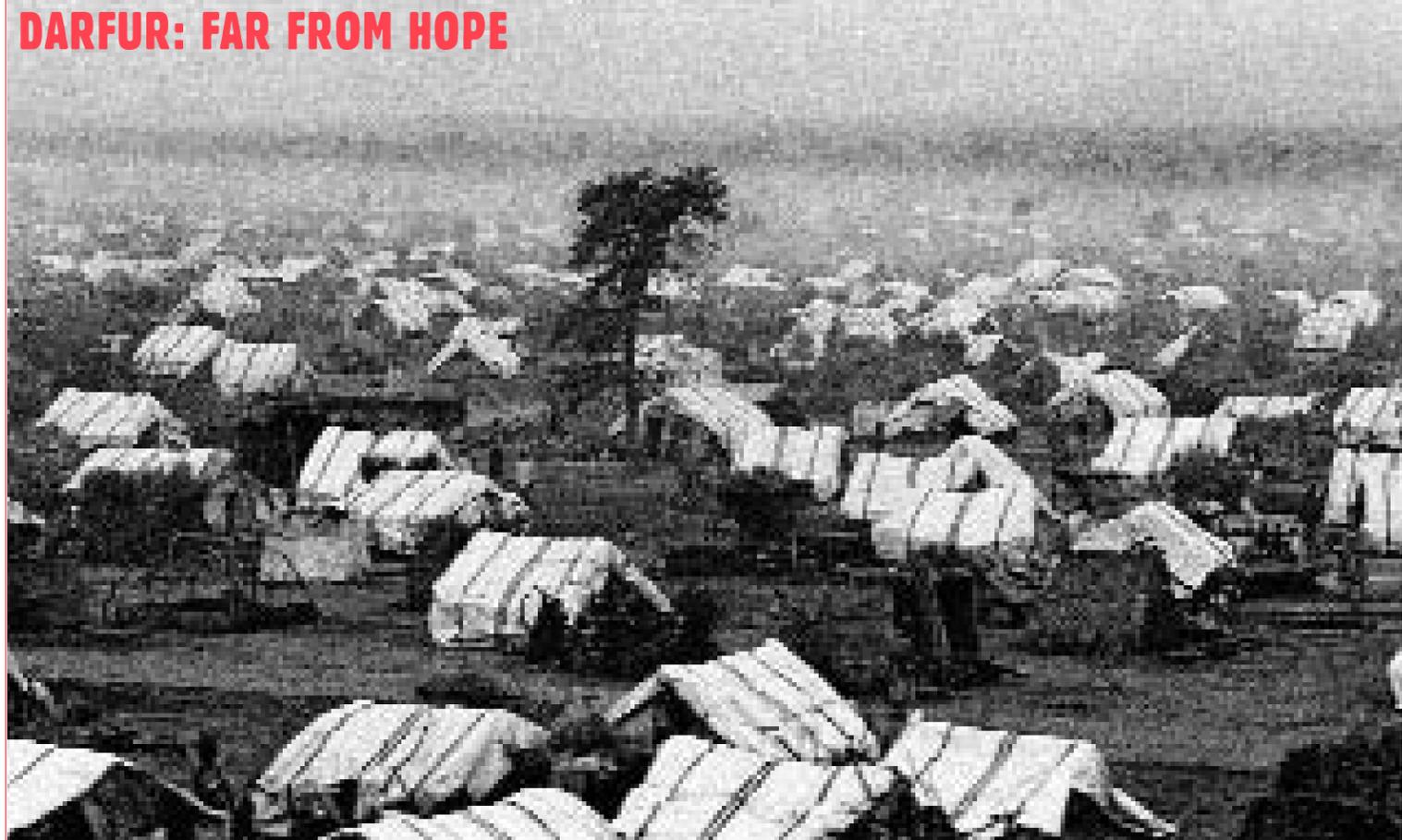
STALKED BY DISEASE

In Chad's Ouaddai province, on the Sudanese border, an MSF physician examines a Sudanese refugee who is suffering from diarrheal disease.

© Francesco Zizola



DARFUR: FAR FROM HOPE



CRAMPED LIVING CONDITIONS

Displaced people in Darfur are living in extremely overcrowded camps, some holding as many as 100,000 people. This photograph illustrates the conditions for nearly 70,000 displaced people living in the camp in Zalingei. Other towns in Darfur, like Mornay, have grown from an original population of 5,000 to 80,000 people.

© Pep Bonet 2005

FLEEING WITH NOTHING

The majority of displaced Sudanese from Darfur had to flee their homes with little or nothing to survive on. Nehma Ahmed walked from her village in Sudan to safety in Chad. The only thing she had to eat during her escape was nuts.

© Roger Turesson



NOWHERE TO GO

A young boy looks over the remains of his home in northwest Darfur, which was attacked in April 2004.

© Sven Torfinn/HH

An MSF aid worker examines children at a therapeutic feeding center in Zam Zam displaced-persons camp in North Darfur.

© Juan Carlos Tomasi

THE SMALLEST VICTIMS

At an MSF therapeutic feeding center (TFC) a malnourished child receives nutrition through a naso-gastric feeding tube. As of March, MSF had treated more than 14,000 severely malnourished children in TFCs throughout Darfur.

© Pep Bonet





A REFUGEE CAMP IN THE HEART OF THE CITY

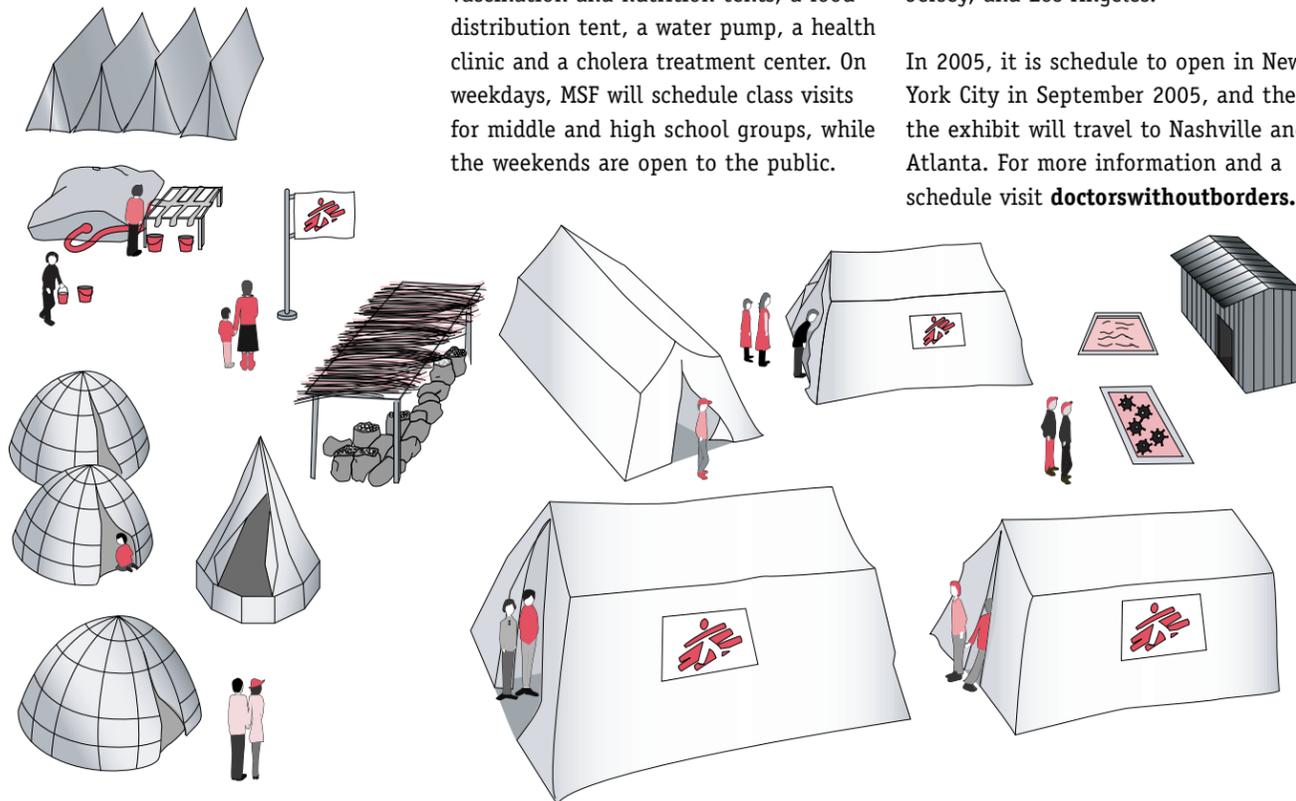
"You've been forced to leave your home and all of your possessions, and are now searching for safety—from violence, from war, from persecution. Family members or friends may have been killed or abducted, or they may be with you. You are desperate to survive—you need shelter, water, food, and you may well need medical care, after days or weeks fleeing for your life."

You are not alone. In at least 49 countries (check figure) around the world, more than an estimated 34 million people are living in temporary shelters, looking for safety. What can you expect?"

So begins the tour of Doctors Without Borders/Medecins Sans Frontieres' (MSF) outdoor educational exhibit, **A REFUGEE CAMP IN THE HEART OF THE CITY**. Guided by an MSF aid worker, visitors are asked to imagine for just an hour that they are fleeing violence and seeking safety in, for example, Afghanistan, Colombia, or Sudan. The exhibit is made up of the actual materials used by MSF in its medical work around the world, including emergency refugee housing, vaccination and nutrition tents, a food distribution tent, a water pump, a health clinic and a cholera treatment center. On weekdays, MSF will schedule class visits for middle and high school groups, while the weekends are open to the public.

First launched in Paris in 1995, **A REFUGEE CAMP IN THE HEART OF THE CITY** has proved to be MSF's most successful public education exhibit for raising awareness of the plight of displaced people. It has since visited Austria, Canada, Denmark, Germany, Greece, Holland, Japan, Luxembourg, Spain, Sweden, Switzerland, and the United Arab Emirates, and is scheduled to appear in Italy and Hong Kong in coming months. It first appeared in the US in 2000, in New York, New Jersey, and Los Angeles.

In 2005, it is schedule to open in New York City in September 2005, and then the exhibit will travel to Nashville and Atlanta. For more information and a schedule visit doctorswithoutborders.org



Somalia © Espen Rasmussen 2004

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New York Office

333 Seventh Avenue, 2nd Floor
New York, NY 10001-5004

Tel: 212-679-6800

Fax: 212-679-7016

Email: doctors@newyork.msf.org

Web: www.doctorswithoutborders.org

West Coast Office

2525 Main Street, Suite 110
Santa Monica, CA 90405

Tel: 310-399-0049

Fax: 310-399-8177

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Editor: Jason Cone

Assistant Photo Editor: Heidi Good

Design: CoDe, Jenny 8 del Corte Hirschfeld

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