Winter 2002/2003

ALERT

Special Pull-out Poster: The Year's Most Underreported Humanitarian Stories / Violence, Health, and Access to Aid in Sudan / The Access to Essential Medicines EXPO Tour / Protecting Moscow's Homeless from Severe Winter
SUDAN: VIOLENCE, HEALTH, AND ACCESS TO AID

Although the Sudanese peace agreement of April 1997 prescribed “a sustainable peace based on justice, equality, democracy, and freedom,” the people of the Western Upper Nile region of southern Sudan have experienced the polar opposite—perpetual violence and the deterioration of all life-sustaining systems. Drawing on 14 years of experience in Sudan, Doctors Without Borders/ Médecins Sans Frontières (MSF) has released a report that cites all armed parties in the region for actions that have fueled a vicious cycle of forced displacement, malnutrition, and disease.

FORCED DISPLACEMENT
“‘It’s not as if [the war] wasn’t disruptive before,’” says an MSF volunteer physician with nine years of experience in Sudan. “But before 1997, people could return to their villages and go back to ‘normal.’ Now their lives are permanently disrupted—they are permanently displaced and can’t go home again.”

In the last several years, a number of factors have contributed to the displacement of civilians. The escalation of violence between the government of Sudan and shifting coalitions of ethnically based militias has forced residents of the impoverished region to flee their homes, leaving their meager possessions behind to be looted or burned. To make matters worse, the government of Sudan has repeatedly used military aircraft to bomb and strafe civilians living in the path of a road that is under construction for foreign oil companies, forcing thousands to relocate.

LOSS OF FOOD SECURITY
The destruction of crops and theft of cattle—widely committed by every armed group in the region, including the Sudanese government—has created a social, economic, and nutritional catastrophe impossible to overstate.

“A nutritional survey conducted by MSF in 2000 illustrates the consequences for people in the region who have lost crops or livestock to the war. Of 271 families in one location, 203 households (75%) had been displaced by fighting, and 253 households (93.4%) had lost cattle to raiders. The global malnutrition rate was 28.6%, and the severe malnutrition rate was 8.7%.

KALA AZAR
Among the worst effects of Sudan’s long-term violence has been the spread of the disease kala azar (visceral leishmaniasis). The disease preys upon displaced persons who have taken refuge in acacia forests, which harbor the sandflies that spread the disease. In the Western Upper Nile, kala azar wiped out 100,000 people—one-third of the region’s population—between the early 1980s and 1994.

More recently, a severe outbreak of kala azar hit southern Sudan, drawing more than one thousand patients to MSF clinics during October and November 2002 alone. While MSF facilities are operating at full capacity, there is reason to fear that the disease is attacking an even larger population that is inaccessible due to the fighting.

DESTRUCTION OF HEALTH SERVICES AND ATTACKS ON HEALTH WORKERS
The last five years have seen the almost total destruction of the region’s health infrastructure as well as attacks aimed at health and humanitarian aid workers, depriving the population of its only lifeline. Even an October 2002 ceasefire between the rebel Sudan People’s Liberation Army and the government has not stopped the fighting in the Western Upper Nile.

“Thousands of people have died from diseases that can be treated, even during conflict. It is the way the war is waged that limits access to medical services,” said MSF’s Arjan Hehenkamp. “The needs are massive, but there is virtually no humanitarian presence in the area, and attacks on health workers and facilities deprive patients of any care.”

In the last decade, MSF has lost eight Sudanese health workers to violence, including, most recently, James Koang, who was killed in the aerial bombing of Nimne in February 2002. Health workers, and, at times, patients, also have been forcibly recruited as soldiers by various factions.

As a major aid provider in Sudan, MSF has long called for a deeper commitment by the international community to improving humanitarian conditions for people who have suffered repeatedly from the conflict.

To read the entire report, see our website www.doctorswithoutborders.org
For the fifth year in a row, Doctors Without Borders/Médecins Sans Frontières (MSF) has issued its list of the Top 10 Most Underreported Humanitarian Stories. First launched in 1998, the list is designed to call attention to humanitarian crises that MSF considers to have been largely ignored by the media in the United States in the past year.

“These stories must be told,” says Nicolas de Torrenté, executive director of MSF-USA. “In MSF’s experience, silence is the best ally of violence, impunity, and neglect. Media attention to dire crises can have a tremendous impact on mobilizing the resolve needed to bring solutions. But for most Americans, it is as though these vast human catastrophes do not exist.”

Conflicts in two countries, the Democratic Republic of Congo and Colombia, appear on MSF’s “Top 10” list for the fourth straight year. The conditions facing people struggling to survive amid those brutal conflicts continue to receive little or no notice in the U.S. media even though fighting has escalated in both nations. Also receiving scant coverage has been a growing disregard for international humanitarian law that has resulted in a general erosion of protections for people fleeing war, North Korean refugees, and the conflict in Somalia.

The crisis of access to medicines for diseases that kill millions of the world’s poorest people appears on the list for the fourth year as well. While coverage of the worldwide scourge of AIDS has been noticeable, little media attention has been paid to “neglected diseases” like sleeping sickness, kala azar, malaria, and tuberculosis, which continue their deadly charge. According to the Tyndall Report, which monitors television network news, the major networks’ nightly news programs devoted more airtime from January to November 2002 to the tribulations and jubilees of the British royal family (26 minutes) than to eight of the crises highlighted on MSF’s “Top 10” list combined (25 minutes). The catastrophic man-made famine that claimed thousands of lives in oil-rich Angola, for example, received only one minute of coverage, whereas war in Liberia received none at all. The forcible return of Chechen refugees to their devastated and still dangerous home, and the intensification of wars in Colombia and Sudan, were virtually shut out. Lexis/Nexis searches of print, radio, and other media reveal a similar dearth of coverage.

“People throughout the United States have told us how hungry they are for substantive, in-depth coverage of international issues,” de Torrenté said. “Unfortunately, apart from a handful of dedicated journalists, the U.S. media’s increasingly narrow focus leaves many Americans woefully under-informed. This is happening at a time when understanding and addressing global issues is perhaps more important than ever.”
NEWS

MSF Volunteer Still Missing After Six Months

Arjan Erkel was kidnapped on August 12, 2002 while volunteering in a Doctors Without Borders/Médecins Sans Frontières (MSF) medical aid program in Dagestan, a republic of the Russian Federation. More than six months since he was abducted by unidentified gunmen, Arjan remains missing. Neither MSF nor his family have any information as to his whereabouts or as to why and by whom he was kidnapped, and efforts by the Russian authorities to solve the case have yielded no results so far, leading MSF to be deeply concerned about his fate. We are collecting messages of support for Arjan's release that we will share with his family and the relevant authorities. You can send yours to: supportarjan@geneva.msf.org

New Book by MSF Author

Fiona Terry, Director of Research at Doctors Without Borders/Médecins Sans Frontières (MSF) in Paris, has just published a new book based on her years of experience working with and studying humanitarian relief organizations. Condemned to Repeat? The Paradox of Humanitarian Action, available from Cornell University Press, provides a hard-hitting critique of how aid organizations have failed to learn from past mistakes and take responsibility for the impact of their actions.

Check out our website www.doctorswithoutborders.org for a Q&A with Terry which describes why she wrote the book and what she hopes it will accomplish.

SIGN UP FOR OUR NEW MONTHLY E-MAIL NEWSLETTER

Sign up now for the Doctors Without Borders/Médecins Sans Frontières (MSF) monthly E-mail Newsletter. Receive the latest news and updates on MSF projects around the world, be informed about upcoming events, read thought-provoking ideas and opinions about medical humanitarian action, and hear volunteers describe their experiences on the medical frontlines.

Visit www.doctorswithoutborders.org to subscribe.
TRAVELING EXHIBIT

GET ON BOARD MSF’S ACCESS TO ESSENTIAL MEDICINES EXPO!

In 2002, Doctors Without Borders/ Médecins Sans Frontières (MSF) took our traveling exhibit, the Access to Essential Medicines EXPO, to 23 cities around the United States to raise awareness about the global crisis in access to medicines. Every year, over 14 million people die from treatable infectious diseases, a quarter of all deaths worldwide. Over 90% of the victims live in developing countries and cannot access treatments because the medicines are too expensive, ineffective due to resistance, highly toxic, or not adapted to local conditions. Further, drug discovery targeted at infectious diseases in poor countries has virtually ground to a standstill.

The EXPO introduces the visitor to five of these diseases: HIV/AIDS, sleeping sickness, kala azar, malaria, and tuberculosis. By spinning the “wheel of misfortune,” the visitor is placed in the shoes of an MSF patient. Through personal testimony, photographs, sound, and text, visitors find out who is affected, the nature of the disease, what treatment options exist, and the current state of research and development for treatment. Finally, they receive a medical “consultation” with an MSF physician or nurse.

From Miami to Seattle, to Denver to Missoula, teachers, students, medical professionals, and members of the public have welcomed the EXPO, and have signed petitions addressed to President Bush and the Pharmaceutical Research and Manufacturers of America requesting that more attention be paid to the research and development of treatments for neglected diseases.

We invite you to visit the EXPO in 2003! We’ll be in the following places:

- **Harvard Medical School, Cambridge**, March 31-April 4
- **Johns Hopkins University, Baltimore**, April 7-8
- **Columbia University, New York**, April 10-11
- **New Rochelle High School, New Rochelle, NY**, May 7-10
- **National Mall, Washington, DC**, May 14-18

Check our website for updates on locations and dates or to sign the petition: [www.doctorswithoutborders.org](http://www.doctorswithoutborders.org)

If you would like to read the latest news about MSF’s Campaign for Access to Essential Medicines, check out our special Access website: [www.accessmed-msf.org](http://www.accessmed-msf.org)

Visit our website: [www.doctorswithoutborders.org](http://www.doctorswithoutborders.org)
or contact us: doctors@newyork.msf.org
FOUR PEOPLE DIE OF EXPOSURE ON MOSCOW STREETS EVERY WINTER DAY.

Over 200 people die from hypothermia on the streets of Moscow every winter. Thousands of others suffer from illness, frostbite, or are permanently disabled from exposure to temperatures that regularly fall below minus 30 degrees Celsius.

Doctors Without Borders/Médecins Sans Frontières (MSF) has been working with the Moscow homeless for the past ten years, bringing them medical care and advocating for improved services for them. This January, MSF launched a public-awareness campaign designed to urge the city’s government and residents to help decrease the number of homeless people dying from exposure to severe winter conditions.

MSF volunteers are distributing leaflets asking Muscovites to wake up people they see sleeping in the street in the cold and urging them to call an ambulance instead of just walking by. A large bus parked at strategic locations throughout Moscow is displaying the current temperature on one side and the number of people who have died of exposure this winter on the other. Leaflets and a website are also helping to spread information about how to access city shelters.

There are few easily accessible and widely known warm shelters for the homeless in Moscow. In a city of more than 100,000 homeless persons, there are only eight night shelters and hostels, with beds for 1,500 people.

MSF has repeatedly warned the Moscow authorities about the urgent need for adequate shelter for people living in the streets. MSF considers the indifference of the authorities and broad layers of the public to the daily plight of the homeless living in Moscow to be unacceptable. In winter, such indifference turns out to be mortally dangerous.

Above: MSF Moscow Homeless Project © Ton Koene, 2002