Dear Friends,

Early last year, just hours after a huge earthquake hit Haiti, Mary Jo Frawley was on her way to the airport. A nurse, Mary Jo is a veteran of MSF missions in Somalia, Nigeria, Sierra Leone, Pakistan, and elsewhere. After hearing the news out of Haiti, she called our offices to say she was ready to go. She thought she’d be in country for four weeks, but over time she grew more and more invested in the community in which she was working and wound up staying for 14 months.

In this year end issue of Alert, we share Mary Jo’s remembrances about her time in Haiti, because her experience and her dedication are characteristic of so many of the people who help us deliver lifesaving medical care in more than 60 countries around the world. Through November of this year, the US office had sent aid workers off on 379 assignments in 2011. Each of them has our gratitude and admiration.

Additionally, our Pictures of the Year highlight contexts that figured prominently in MSF’s work and advocacy in 2011, proving, once again, that any “snapshot” of our efforts requires many frames due to the variety of locations and situations in which they take place.

Before any project begins, however, we have to ask questions about how we can and will apply humanitarian principles on the ground in chaotic and often violent realities—particularly when negotiating with governments or factions with conflicting interests. Our goal is to reach a compromise that allows us to deliver medical care, but how far do we go? How do we maintain independence when seeking access from belligerents or authoritarian regimes that want to limit our movements or keep us silent about what we see? And to what extent should we be willing to sacrifice these principles in order to treat people in need? MSF veterans examine how these issues have played out in places such as Sri Lanka, Ethiopia, Gaza, Afghanistan, and elsewhere in Humanitarian Negotiations Revealed, a book that will be released in the US in January and that speaks to our commitment to transparency and openness about our operations.

On behalf of MSF-USA, I’d like to thank all our field workers for their commitment and professionalism in 2011—Mary Jo is back in the field, working on a measles vaccination project in Democratic Republic of Congo—and I would like to thank all of you for your generosity and support. We look forward to continuing along this road with you in 2012.

Sincerely,

Sophie Delaunay
Executive Director
UNNATURAL DISASTER IN THE HORN OF AFRICA

Years marked by conflict, drought, and a profound lack of governance culminated in a massive humanitarian crisis in the second half of 2011, to which MSF responded by expanding its programs in Somalia and for the huge numbers of Somali refugees who sought aid in Kenya and Ethiopia.

This mother and child—and this part of Mogadishu—show the toll of the overlapping political, security, and public health crises in Somalia, which have put an immense burden on women and children. Somalia © Lynsey Addario/VII
Opposite page, from top: Abdi Fatah Aden’s arm was broken by a bullet before his family left Somalia and reached the Dadaab refugee camps. Kenya © Brendan Bannon

Somali refugees wait at the registration center in Dadaab, a series of camps that were originally built for 90,000 people but now house well over 400,000 and struggled last summer to find room for new arrivals. Kenya © Brendan Bannon

This page, clockwise from top: Inside a feeding center in Galcayo, MSF staff insert an IV for a severely malnourished child. Somalia © Sven Torfinn

Women walk down a street in Galcayo, Somalia, a hotly contested town where MSF runs two hospitals that provide the only health care within hundreds of kilometers. Somalia © Yann Libessart/MSF

As Somalis thronged the capital seeking assistance, numerous displacement camps like this one sprung up, and MSF began programs focused on nutrition and hygiene and mounted measles vaccination campaigns when and where possible. Somalia © Yann Libessart/MSF
LIVING WITH CONFLICT

MSF ran programs in conflict-affected areas of Afghanistan, Ivory Coast, Libya, and other nations in 2011, tending to the war-wounded, the displaced, the chronically ill, and people denied access to health care with services ranging from surgery to water and sanitation to mental health care.
2011 PICTURES OF THE YEAR
SOUTH SUDAN: A NEW NATION IS BORN

MSF treated hundreds of thousands of people in South Sudan, which officially became the world’s newest nation in July. But the hopes of its people were tempered by poverty, displacement, and vast medical needs, all of which are exacerbated by widespread insecurity on both sides of the border with Sudan.
DEMOCRATIC REPUBLIC OF CONGO: A CONTINUING CRISIS

Some of MSF’s largest programs of the past decade are found in DRC, which continues to struggle with a host of conflict-related crises that make survival a daily challenge in several parts of the country, and where more than 2,700 MSF staff members work in nearly every province to provide desperately needed care.

Clockwise from top:

A boy sits in a wheel-chair outside the lab at North Kivu Province’s Masisi hospital, which MSF supports, along with a reference health center in Nyabiondo village. MSF also runs an ambulance service and conducts mobile clinics in the area. DRC © Yasuyoshi Chiba

A young mother who was rushed to Masisi hospital because of obstructed labor is tended to by MSF staff. DRC © Yasuyoshi Chiba

An MSF outreach nurse tends to a baby in the cholera treatment unit in Bweru, North Kivu Province. DRC © Ben Milpas

A girl working in Mbandaka, along the banks of the Congo River, listens to an MSF staff member make an announcement about cholera prevention measures during a severe outbreak of the disease. DRC © Robin Meldrum/MSF
In 2011, MSF responded to outbreaks of disease and provided care in the aftermath of natural disasters while also tending to the chronically ill and those suffering from neglected diseases and conditions in places where they would otherwise not receive care.

Opposite page, clockwise from top:
Patients in MSF’s fistula ward in Jahun General Hospital in Nigeria. Fistulas are caused by untreated obstructed labor and cause profound physical suffering and social isolation. Nigeria © Penny Bradfield

MSF staff tend to a two-year-old malaria patient at Doruma Hospital in DRC. DRC © Ben Milpas

An MSF doctor in India’s Bihar State checks a patient suffering from kala azar, a neglected disease for which MSF has called for greater resources to be dedicated. India © Anna Surinyach/MSF

Children play at the site of a measles vaccination campaign where MSF immunized hundreds of thousands of children during an outbreak. Chad © Fred Chandzou/MSF

Following floods that displaced a great many people in Pakistan’s Sindh Province, MSF ran mobile clinics to provide care in affected areas. Pakistan © P.K. Lee/MSF

This page, from top: Though Japan’s health system handled most medical needs after the March earthquake and tsunami, MSF helped people left homeless with shelter and mental health care. Japan © Eddy McCall/MSF

A child suffering from cholera receives treatment at an MSF cholera unit in Port-au-Prince. Outbreaks persisted in 2011, signaling the ongoing toll of the 2010 earthquake. Haiti © Jean Marc Giboux

TENDING TO DISEASE, INJURY, AND THE AFTERMATH OF NATURAL DISASTERS
SPEAKING OUT

MSF spoke out for neglected patients in 2011 by waging campaigns for better practices around childhood malnutrition, for greater access to medicines for those who need them most, for the medical needs that exist in ever-expanding slums, and more.

Clockwise from top left: Demonstrators in Delhi, India, protest against proposed provisions for a free-trade agreement between India and the EU that would limit access to lifesaving generic medicines in the developing world. India © Rico Gustva/APN+

In April 2011, MSF spoke out against pharmaceutical giant Johnson & Johnson’s refusal to add three HIV drugs to the Medicines Patent Pool, a mechanism designed to lower prices of HIV medications and increase access in the developing world. © Stop AIDS Campaign

An MSF staff member speaks to visitors at a “Starved for Attention” exhibit in New York City. “Starved for Attention” is a multimedia campaign presented by MSF and VII Photo to expose the neglected and largely invisible crisis of childhood malnutrition. USA © MSF

In a photo from MSF and the NOOR photo agency’s “Urban Survivors” campaign, a girl empties rubbish into a polluted creek in Karachi’s Machar Colony, which has no safe water sources or medical facilities for an estimated 700,000 residents. Pakistan © Alixandra Fazzina/NOOR
FIELD NOTES
FOURTEEN MONTHS IN CARREFOUR

By Mary Jo Frawley

Having previously completed MSF assignments in Somalia, Pakistan, Sierre Leone, Zimbabwe, and other nations, Mary Jo Frawley, a registered nurse from Vermont, went to Haiti days after the earthquake in January 2010. She thought she’d stay a few weeks, but wound up staying for 14 months.

On January 12, 2010, I was in Vermont when I heard that an earthquake had hit Haiti. It was ten o’clock at night and 20 below zero. I called my colleague Jane, who I had worked with over the last ten years on MSF missions. We quickly emailed the emergency team coordinator to let him know that we were available if they needed us. I got a call at seven the next morning from MSF in Amsterdam. They wanted me to go as soon as possible. Within an hour, my bag was packed.

The first night was in Miami, where we had a team meeting in the hotel. While communication out of Haiti was limited, we heard that MSF teams on the ground had basically lost everything but the clothes on their backs. The next morning, we went to a department store and collected food, water, underwear, deodorant, cell phones, and anything else we thought they would need.

We landed in the country less than 48 hours after the earthquake, as one of the first emergency response teams on ground. Nothing in my wildest dreams could have prepared me for what we saw. If you can imagine one of the worst snowstorms in New York City’s history, and what the middle of the street looks like after the snow plough passes through, that was what the streets of Haiti looked like, but instead of snow it was parts of people’s homes.

The streets were covered with rubble people had carried out by hand or wheelbarrow so they could try to set up shelters where their homes once stood.

I was assigned to a scout team. Our initial assessment showed the greatest needs were in Carrefour, a very poor community of one million people in Port-au-Prince. The neighborhood’s sole hospital had been badly damaged, and patients were on the street, so we spent our first night working there. Though it had been off-limits to aid workers before the earthquake due to security concerns, and I was expecting to stay in Haiti for only four weeks, Carrefour became my home for the next fourteen months.

ASSESSING THE NEEDS

Initially, I was the front scout of a very experienced Rapid Surveillance and Response team that consisted of an emergency room doctor, an emergency team coordinator, and an MSF driver. After one night in Carrefour, we moved down the coast to Leogane and set up in a nursing school and focused on trauma surgery. Our work was community-based and surveillance-based and involved constant reassessments of what the needs were and whether they were being met. We’d treat patients and talk to community members to learn how we could best assist them, then report back to our coordination team about the supplies and specialists needed in a given location. When other MSF groups and NGOs that could take over the activities came to the area, we moved on to places that had not yet received substantial medical support.
Even towns not directly damaged by the earthquake felt the impact. In Le Cayes, for example, hundreds of people who fled Port-au-Prince had ended up at the town’s 300-bed hospital. We assisted by providing pediatric orthopedic support until other organizations began establishing themselves in the area, allowing us to hand over our work and return to Carrefour. The community had been underserved even before the earthquake—in addition to the insecurity, it was difficult to reach due to its diverse terrain—and had now sustained a lot of damage.

We decided to set up programs that could take care of both the orthopedic emergencies caused by the earthquake and the ongoing needs in the neighborhood. That meant establishing an orthopedic surgical unit, a pediatric hospital, two primary care clinics, and a feeding center. Setting up the clinics was my responsibility. We recruited a team of 20 people from the community to help us let others know who we were and what we were doing and to conduct medical surveillance. With their assistance, our team surveyed the health needs, conducted health education sessions, and, in collaboration with MSF’s epidemiological research arm, Epicentre, developed a surveillance system that would inform us of any sudden demographic changes—deaths, births, movements, and so on.

Each team had 600 families that they would visit once a week. We surveyed 60,000 to 100,000 people on a regular basis. This also helped us establish connections in the community, something we tried to reinforce in Carrefour by walking through the neighborhood and asking people about their lives, families, and health.

One of our community outreach workers, Paula, was especially effective when it came to explaining the services we offered and why we couldn’t provide others. A powerful, dynamic woman who was a social worker before the earthquake, Paula was passionate about helping women and children and assisted with a local NGO for women’s health. When we walked down the street she had a friendly, “Commo yea?”—“how are you?” in Creole—for everyone, and she could both explain to the residents what we were doing as an organization and help us see how we could better serve the community. She was also able to answer people’s questions, letting them know why MSF wasn’t going to put a clinic in every campsite but was going to meet people once a week for consultations. I am confident that our acceptance and safety in this community can largely be attributed to people like Paula who worked so diligently to bring MSF to the people of Carrefour.

**A NEW EMERGENCY**

As the months wore on and other NGOs began leaving, we made sure gaps were filled. People started making progress, finding better places to live and seeing schools open again. By early October, we were phasing down some of our projects.

Then cholera hit, and in less than four days, we converted the orthopedic hospital in Carrefour into a cholera treatment center. My team started tracking the first cases of cholera using our existing surveillance system and established Oral Rehydration Solution (ORS) points. MSF treats many cholera patients using ORS, a mixture of glucose and electrolytes (such as sodium and potassium). The solution is stirred into a liter of water and provides the correct balance of electrolytes to rehydrate someone who has contracted the disease.

Haiti had not seen cholera for over a century. In order to help educate the public, we distributed information at the ORS points and through community outreach teams. By the following spring, cholera had spread throughout the country, but so too had knowledge of how to prevent and treat it.
WE ARE GUESTS

I extended my time in Haiti three times before I finally left in March of this past year. My time in the country was different than any other mission I have gone on with MSF. I think the difference was how close I was able to get to the community, something that made the experience especially rewarding on both professional and personal levels. I really haven’t had that before. Carrefour became my neighborhood. In the time I lived there, I was able to gain an appreciation for what that community had gone through and the struggles they were continuing to have. I used to eat at this food stand on the street, for example, and when cholera hit I continued to eat there because I knew the woman that ran the stand, and I knew that she was trying the best she could when everyone was afraid of water and food contamination. I was willing to continue eating there in order to help support her and the community. I’m not sure I would have done that on a shorter mission.

MSF can’t always provide all the solutions, but in this emergency I think we provided a great deal of medical care, as well a caring presence for the community. One of my patients was a young boy who had heart problems. He was not long for this world, but I spent time dancing with him. I think what we provided this boy was a sense of stability, a sense of support, and some palliative care. What I’ve had to learn with MSF is that sometimes you can dig as deep as you can and find out as much as you can, clinically speaking, only to learn that all you can do is hang out and provide a moment of fun for your patient.

I left knowing that the community outreach and local staff I had trained were well prepared to continue caring for their own community. My goal at each MSF project I am a part of is to work myself out of a job because I know the national staff can take care of it. We are guests in these settings.
HUMANITARIAN NEGOTIATIONS REVEALED: THE MSF EXPERIENCE
BOOK LAUNCH AND PANEL DISCUSSIONS

Following a two-year analysis of MSF’s past interventions, MSF will release Humanitarian Negotiations Revealed: The MSF Experience. The authors of the collected essays and case studies—MSF veterans with many decades of collective field experience—explore the practical realities of humanitarian crises through MSF’s experience in 12 complex situations: Ethiopia, Yemen, Gaza, South Africa, Somalia, Sri Lanka, Myanmar, Afghanistan, Pakistan, Yemen, France, and Nigeria.

Providing behind-the-scenes accounts of MSF’s decision-making processes, they pose the question: Do we—can we—always live up to our principles? Are the struggles and compromises we make to reach people in need in places like Somalia and Myanmar so different from those we faced in Democratic Republic of Congo (then Zaire) following the Rwandan genocide, or in Ethiopia during the 1984 famine? And, as Marie-Pierre Allié, President of MSF France, writes, “How can we judge whether a compromise is acceptable?”

The book also asks larger questions about the aid system. For example, can humanitarian space really be shrinking when resources allocated to aid keep increasing? And was there ever a “golden age” of humanitarian action when independence and impartiality were universally respected?

A uniquely candid discussion of these matters, Humanitarian Negotiations Revealed is part of our commitment to reflecting on past experience in search of lessons we can apply to future projects. What’s more, writes Allié, “At a time when humanitarian actors are questioning their ability to overcome the obstacles they are encountering, we hope this book will help fuel the debate on their ambitions and the best ways of fulfilling them.”

The book will be published by Columbia University Press and will be available at independent bookstores and online. Please check our website in January for news about events, panel discussions, and a live webcast based on the book.

Advance Praise:

“A very good and extremely useful book... Clear, practical, and easy to read, the tone of the book is exceptional for its frank and public self-scrutiny.”
—Dr. Hugo Slim, Oxford Institute of Ethics, Law, and Armed Conflict, University of Oxford

“This is a book about realism: the art of doing what’s possible in impossible situations, and preserving reputation and skills to provide relief in the next crisis, in the next country.”
—Dr. Peter Walker, director of the Feinstein International Center, Tufts University

“This brave and informative book reconfirms MSF as an organization that thinks as well as acts.”
—Mark Duffield, professor of development politics and director of the Global Insecurities Centre, University of Bristol

[The book] brings out the perennial dangers of silence and stresses the continuing need to highlight the hidden victims of ‘just wars’ (whether these are civil wars, Western wars, or both).”
—David Keen, Professor of Conflict Studies, London School of Economics and Political Science

Available at Amazon.com and other online retailers.