THE YEAR IN PICTURES
**HUMANITARIAN ACTION**

Dear Friends,

It is an ongoing challenge for us at Doctors Without Borders/Médecins Sans Frontières (MSF) to convey what life is really like for people in their struggle to survive almost unimaginable crises.

Whether it is civilians in the Democratic Republic of Congo fleeing horrific and never-ending violence, forced to relocate over and over again in ever more desperate conditions; families in Haiti rebuilding their devastated lives after a string of storms and massive flooding; or people in South Africa seeking treatment for the deadly co-infection of HIV/AIDS and TB, we see through our daily work that millions of ordinary people caught in extraordinary circumstances around the world are showing remarkable strength, courage, generosity, and resilience in the face of almost insurmountable odds.

As a humanitarian organization, it is our priority at MSF to help people survive such crises. We do this by bringing quality medical care to those most in need, and by speaking out to raise awareness of their plight. We bring the stories of our patients and their communities to a wider public—through exhibits, the media, websites, and film—to make sure that their stories and struggles are not forgotten.

To that end, some of the world’s leading photojournalists worked alongside our medical teams throughout 2008, documenting our work and following the lives of our patients and their communities. At the same time, some of our own staff captured unforgettable moments that we are pleased to include in this special issue of Alert, which brings together some of the most moving and telling photographs of the crises to which we responded in 2008.

In this issue, too, we bring you the voices of our patients and field staff. You will hear from women struggling to keep their families safe as they flee violence in South Africa, Somalia, Kenya, and Lao People’s Democratic Republic (Lao PDR); from family members uprooted by floods in Haiti and Myanmar; and from MSF aid workers delivering medical care on the frontlines of humanitarian crises.

As the year draws to a close, we also remember with sadness and with pride those of our colleagues who lost their lives in 2008—remarkable and courageous individuals from across the globe. We are also reminded of the risks that come with carrying out humanitarian work, which—in certain contexts—can include targeted attacks on aid workers.

We know that you share MSF’s passion to bring the best that medical care has to offer to those most in need. On behalf of our patients and field staff, please accept our gratitude for your continued support as we begin the new year together, strengthened by our shared commitment to bring lifesaving assistance to people in crisis around the world.

Sincerely,
Nicolas de Torrenté, PhD
Executive Director, Doctors Without Borders/Médecins Sans Frontières (MSF)
POLITICAL VIOLENCE DISPLACES HUNDREDS OF THOUSANDS IN KENYA

“I came here when they attacked my village and burned it. We’ve been staying in this church for 12 days. My eldest daughter is not well—she has a fever and has had a rash for days now.”

—Judith, a woman who sought refuge in the western Kenyan town of Eldoret, January 2008

Judith was among thousands of Kenyans driven from their homes when violence erupted throughout the country following the contested December 2007 presidential elections. MSF gave emergency care to those who were wounded in the worst affected slums of Nairobi and provided medical and water-and-sanitation services for thousands of people who fled to the western part of the country.

Kenya 2008 © Brendan Bannon

MSF TIMELINE 2008

JANUARY

MSF provides medical assistance and shelter materials to displaced people as post-election violence continues

Kenya January 1, 2008

Two kidnapped MSF aid workers are freed in Bossaso, Somalia January 2, 2008

Bomb explosion around MSF hospitals in Pakistan;
MSF continues to provide support and materials

January 3, 2008

Fighting in North Kivu, Democratic Republic of Congo (DRC), cuts off access to people in need of medical care

January 21, 2008

MSF treats some 700 cholera patients in less than a month in Lubumbashi, DRC

January 22, 2008

Blockade of the Gaza Strip sharply restricts MSF’s ability to supply hospitals, perform surgery

January 22, 2008

In northern Sri Lanka, MSF provides isolated patients with medical care

January 28, 2008

All photos 2008, unless noted: Kenya © Brendan Bannon, Democratic Republic of Congo (DRC) © Pascale Zintzen/MSF, DRC © Xavier Donde/MSF
TREATING KALA AZAR AMONG INDIA'S MOST IMPOVERISHED PEOPLE

"These people are the poorest of the poor. They work as casual laborers in the fields or tend cattle. They sleep in hats of mud and straw and are thus especially vulnerable to being bitten by sand flies."

—Dr. Gaurab Mitra, a physician working in MSF's kala azar program in the hospital in Hajipur, a town in India's Bihar state, July 2008

In the impoverished state of Bihar, in northeast India, MSF expanded its use of intravenous liposomal amphotericin B to treat people with visceral leishmaniasis, or kala azar—a parasitic disease that kills 50,000 people each year around the world. This treatment can cure a patient in as little as 10 days—a marked improvement over the standard 40-day course of painful intramuscular sodium stibogluconate injections. In Bihar, where 90 percent of India's kala azar cases occur, MSF is working at the epicenter of this disease, in a country where 80 percent of all cases of the disease worldwide are found.

India 2008 © Mishal Friedman

FEBRUARY

Post-election violence continues in Kenya; MSF treats wounded in Nakuru and Naivasha February 1, 2008

MSF treats wounded in Ndjamena, Chad, after coup attempt February 2, 2008

Chadian refugees stream into Cameroon; MSF provides medical assistance February 6, 2008

MSF treats more than 4,000 for cholera in DRC's Katanga province February 13, 2008

When insecurity in the Birak region of Chad forces NGOs to evacuate, MSF calls for assistance for the area’s Sudanese refugees February 22, 2008

MARCH

Some Hmong refugees in Thailand are returned to Lao PDR, confirming fears of forced repatriation February 27, 2008

After fighting breaks out in Gaza City, MSF reopens clinic to treat wounded and relieve overloaded hospitals March 3, 2008

Chad © Alois Hug/MSF, DRC © Benoit Finck/MSF, Chad 2007 © Jean-Pierre Amigo/MSF, Thailand 2007 © Francesco Di Bonito
THAI GOVERNMENT FORCES HMONG REFUGEES BACK TO LAO PDR

“I don’t want to be sent back to Laos to be killed. If I think about it too much I faint. Everyone is saying we are going to be sent back.”

—H.Y., a young mother from Lao PDR living in a refugee camp in Thailand, October 2007

In February, Thai authorities began to deport to Lao PDR a small number of Hmong refugees—refugees who, like the young woman quoted above, had come to Thailand’s northern Petchabun province seeking refuge from violence in their home country. As the only aid agency working in the camp—providing water, food, medical assistance, and mental-health counseling—MSF has repeatedly called on the Thai government to respect international law and end the forced repatriations. Later, in June, an estimated 800 ethnic Lao Hmong refugees were forcibly returned to Lao PDR by the Thai government. MSF called once again on the governments of Thailand and Lao PDR immediately to stop the forced repatriations and to grant independent monitors access to all forced returnees in Lao PDR as well as to those believed to be held in detention centers in Thailand.

Thailand 2008 © Francesca Di Bonito

With January ceasefire agreement failing to quell violence, MSF increases activity in North Kivu, DRC March 12, 2008

In Georgia and Abkhazia, MSF offers home care for multidrug-resistant TB patients March 20, 2008

Hepatitis E and cholera outbreaks prompt MSF’s response in northern Uganda March 20, 2008

MSF treats the wounded in western DRC violence March 21, 2008

MSF assesses needs of thousands of displaced Sudanese in northern Bahr el-Ghazal, southern Sudan March 31, 2008

APRIL

MSF closes medical project in Kismayo, Somalia, after killing of three staff members on January 28 April 3, 2008

MSF vaccinates nearly 300,000 children against measles in Niger April 4, 2008
XENOPHOBIC VIOLENCE ERUPTS IN SOUTH AFRICA

"Outside it is too cold, and that is why you can see the baby has got a chest infection. All the babies who sleep outside have chest infections...and it is not right."

—A mother who fled to Primrose, in the East Rand section of Johannesburg, to escape the violence in the city, May 2008

On May 11, violence against foreign nationals erupted in Johannesburg and soon spread to other parts of South Africa. As more than 80,000 Zimbabweans, Angolans, Congolese, and other immigrants fled to temporary, often overcrowded shelters, MSF quickly organized mobile clinics to treat people with gunshot wounds, head traumas, lacerations, and burns. Several weeks later, when authorities relocated the displaced to unsanitary camps with inadequate protection against the cold, MSF advocated on their behalf and denounced efforts to force them to return to the volatile communities from which they had fled.

South Africa 2008 © Erin Trieb

Iraqi hospitals receive nearly 80 tons of medical supplies from MSF April 9, 2008

MSF treats victims of violence after civil unrest in Port-au-Prince, Haiti April 11, 2008

A new fixed-dose combination drug against malaria, developed by the MSF-supported Drugs for Neglected Diseases initiative, is released April 18, 2008

Fuel crisis in Gaza forces MSF to scale back medical activities April 24, 2008

MAY

MSF teams in Myanmar assess Cyclone Nargis-affected areas; provide emergency aid and medical care May 6, 2008

MSF closes its medical project in Bossaso, Somalia, following kidnappings of aid workers May 7, 2008

Cargo planes carrying 110 tons of MSF relief materials arrive in Myanmar May 11, 2008

MSF speaks out after witnessing forced return and resettlement of displaced people seeking refuge in a western Kenyan displaced-persons camp May 16, 2008

Iraq © Valerie Babize/MSF, Haiti © Guillaume Le Duc/MSF
MSF TREATS WAR-WOUNDED IRAQI CIVILIANS

"The patients who come to us usually have chronic, non-healing, war-related fractures... the consequences of which affect either their mobility, their ability to work, or, in the case of their hands or arms, their ability to feed and wash themselves...."

- Dr. Nikki Blackwell, an anesthesiologist working in an MSF surgical project for Iraqi civilians in Mehran, Iran, April 2008

MSF had to leave Iraq in 2004 due to security concerns, and is still unable to return to the most conflict-stricken areas. The Iraqi health care system has been deeply compromised; in 2006, at least half of Iraqi doctors had left the country and many had been killed. Each month, MSF provides reconstructive surgery to Iraqi civilians injured by car bombs and other explosive devices across the border in Amman, Jordan. Many are children. MSF supplies medicines and equipment to about 12 hospitals in northern and central Iraq, and runs surgical programs in the northern provinces. In 2007 and 2008, MSF operated a related surgical program close to the border in Mehran, Iran.

Jordan 2008 © Jiro Ose
VAST NUMBERS OF MALNOURISHED CHILDREN STRUGGLE IN SOUTHERN ETHIOPIA

“When my children are sick, I get very angry with myself. They are sick because I can’t feed them. I don’t have food to give them.”

~ Geneme, a mother with two malnourished children at an MSF clinic in Shashemene, July 2008

Tens of thousands of hungry and malnourished people lined up every day at MSF feeding centers in southern Ethiopia when high food prices and droughts culminated in dangerous levels of malnutrition. Between May and September, MSF provided care for approximately 28,000 severely malnourished and 21,000 moderately malnourished people, primarily children, and distributed food to about 12,500 people at risk for malnutrition in both the Oromiya and Southern Nations, Nationalities, and People’s regions.

Ethiopia 2008 © Francesco Zizola

JUNE

At the UN Food Crisis Summit, MSF speaks out for adoption of new nutrition strategies June 2, 2008

MSF expands nutrition programs in southern Ethiopia in response to massive needs June 3, 2008

MSF calls urgently for more assistance to the people of Mount Elgon, Kenya, trapped in an armed conflict June 17, 2008

MSF suspends activities in northern Yemen due to insecurity June 17, 2008

MSF treats those injured during fighting in eastern Chad June 17, 2008

MSF releases No Choice, a report on Somali and Ethiopian migrants traversing the Gulf of Aden to Yemen, and calls for more humanitarian assistance June 19, 2008

Thailand forcibly returns hundreds of Hmong refugees to Laos PDR June 25, 2008
MYANMAR CYCLONE WRECKS DEVASTATION; ASSISTANCE IS DELAYED

“I’m afraid. I don’t want to think about it again. When I think about what happened… Wherever I can go, I will go… I hope I will survive.”

-A woman who lost seven family members during Cyclone Nargis, living in a camp for internally displaced persons near the town of Laputa, June 2008

Cyclone Nargis completely destroyed parts of the Irrawaddy Delta in Myanmar (formerly Burma), killing an estimated 130,000 people and displacing survivors. MSF teams already in Myanmar, mainly Burmese staff, immediately began providing assistance—emergency medical care, mental-health care, and shelter and cooking items. Yet, many international MSF aid workers waited weeks for visas to enter the country. MSF continues to work in other areas of Myanmar, addressing extremely urgent needs—such as care for people with HIV/AIDS and malaria—that are largely ignored by the government and the international community.

Myanmar 2008 © Eyal Warshawski

MSF calls on South African authorities immediately to stop deportation of Zimbabweans June 28, 2008

JULY

Amid a world food crisis, MSF calls on G8 leaders to take concrete action to save the most vulnerable populations July 3, 2008

UNITAID takes steps toward a patent pool for medicines; MSF releases statement of support July 9, 2008

MSF project in Somali region of Ethiopia is suspended due to problems with authorities July 10, 2008

At EU Mediterranean Summit, MSF calls on participants to improve conditions for migrants arriving in southern Europe July 11, 2008

Niger directs MSF to suspend malnutrition project; MSF seeks to continue working July 26, 2008

More than 16,700 patients are treated for severe malnutrition at MSF projects in southern Ethiopia July 31, 2008

Thailand © MSF, Ethiopia 2008 © Dieter Telemans, Greece © Giorgos Moutafis
HEALTH CARE NEEDS IGNORED IN SOUTHERN SUDAN

“They need development, they need roads. But they need to be alive first to drive on those roads.”

—Chris Kiolo, Sudanese MSF project coordinator, Pieri, April 2008

A degree of calm has come to southern Sudan since the 2005 peace agreement ended two decades of civil war. But access to medical care remains extremely limited. The results are malnutrition, large-scale disease outbreaks, and some of the highest maternal-mortality rates in the world. MSF is working in six states, providing primary and women’s health care, treating diseases with epidemic potential, and responding to epidemic outbreaks. MSF is one of the few humanitarian aid providers in this region, where international donors have begun funding major development projects, yet basic health needs are almost completely overlooked.

Sudan 2007 © Sven Torfinn

AUGUST

Following violent assaults on staff, MSF teams evacuate North Darfur August 1, 2008

MSF presents medical data from its HIV projects at International AIDS Conference in Mexico City August 1, 2008

After three children are severely wounded by unexploded ordnance in Chad, MSF calls for education and removal of such devices August 6, 2008

Violence breaks out in Georgia; MSF assesses conflict areas August 14, 2008

MSF provides relief supplies and medical care to those displaced by violence in Georgia August 20, 2008

More than 20,000 severely malnourished patients are treated by MSF in southern Ethiopia August 20, 2008

MSF treats more than 60 people wounded during violence in Kalma Camp, Darfur, Sudan August 25, 2008

Ethiopia © Juan Carlos Tomas/MSF, Mexico © Marcello Minibelli/MSF
CIVILIANS FLEE FOR THEIR LIVES IN SOMALIA

"Due to the security situation, we are unable to meet any needs other than the immediate, lifesaving needs. Our response is most certainly inadequate when taking into account the gravity of the situation."

—Kenneth Lavelle, MSF head of mission for Somalia, October 2008

Renewed violence in the Somali capital, Mogadishu, during 2008 sent thousands of people fleeing for their lives. By December, MSF had treated more than 2,300 war-wounded patients at Daynile Hospital on the outskirts of the city. Many patients were women and children requiring emergency surgery for head, abdomen, or chest injuries caused by mortar rounds or bullets. With one-quarter of a million displaced people already camped on the road between Mogadishu and Afgoye, the influx of the newly uprooted placed an enormous strain on the population. MSF teams provided medical care, water, and shelter materials to many of the newly displaced. MSF’s Somali staff members shoulder the risk of maintaining the organization’s emergency programs, which cannot meet the rising needs. Intensifying attacks on foreign aid workers have prevented MSF from deploying them in the country since January, when three MSF staff—foreign and Somali—were killed in Kismayo.

Somalia 2008 © Jehad Nga

SEPTEMBER

Insecurity forces MSF to close Mogadishu, Somalia, clinic, leaving thousands without medical care September 2, 2008

MSF supports Brazil’s rejection of a patent on an essential AIDS medicine September 3, 2008

MSF provides medical care and emergency supplies in India’s flooded Bihar region September 5, 2008

After successive hurricanes hit Haiti, MSF provides medical assistance to badly affected Gonavies September 7, 2008

MSF treats the survivors who crossed the Gulf of Aden from Somalia to Yemen on a smuggler’s boat. At least 29 passengers died September 10, 2008

Heavy fighting breaks out in North Kivu, DRC; MSF teams are evacuated, redeployed September 11, 2008
MAJOR STORMS IN HAITI WORSE THE DESPAIR

“The water came up to the ceiling—everyone was crying and praying. For four days we all tried to help each other on the roofs; we didn’t eat anything the entire time.”

-Sudifan, a young woman who survived the storms in Gonaïves, September 2008

Over the course of two weeks in late August and early September, Haiti was hit by Tropical Storm Fay, Hurricane Gustav, Tropical Storm Hanna, and Hurricane Ike. People took refuge on roofs and in overcrowded shelters with little or no access to clean water, food, or sanitation. Many developed skin diseases, respiratory infections, or diarrhea. MSF provided emergency medical care and water- and sanitation assistance, mainly in the hard-hit city of Gonaïves.

Haiti 2008 © Klavd Bo Christensen

MSF withdraws from insecure area of Sri Lanka following government directive; expresses concern for population left without medical care September 12, 2008

MSF treats patients amid cholera outbreak in Chimanimani, Zimbabwe September 16, 2008

MSF reports an alarming increase in hepatitis E in northern Uganda September 17, 2008

At a meeting in Geneva, MSF calls on WHO nutrition experts to develop new recommendations for treating malnourished children September 29, 2008

MSF releases Full Prescription, a report on improving treatment of malaria based on experiences in Sierra Leone, Chad, and Mali September 30, 2008

OCTOBER

New agreement is drafted granting MSF ability to work in Maradi region of Niger, but finalization is blocked October 1, 2008

Violence increases in Mogadishu, Somalia; MSF treats the wounded October 2, 2008

Niger © Laurent Chamussy/Sipa Press, Sierra Leone 2007 © Francesco Zizola/Noor
SIXTY FOUND DEAD ON YEMEN’S SHORES

“The boat was very crowded. We had no water or food. Only the smugglers did. If you move, they kick you. If someone dies on the boat, they throw them overboard. I witnessed someone being thrown into the sea.”

–A 24-year-old Ethiopian woman who crossed the Gulf of Aden from northern Somalia to Yemen in a smuggler’s boat, December 2008

Fleeing for their lives the brutal war in Somalia and hardships in Ethiopia, tens of thousands of people—like the refugee quoted above—attempted the perilous journey across the Gulf of Aden throughout 2008. Mobile MSF teams, on standby 24 hours a day, seven days a week, have provided emergency medical aid along a 165-mile coastline, often in the dark of night as refugees struggle ashore. In early November, MSF discovered the bodies of 60 Somalis and Ethiopians on the shores and subsequently called for more international attention to this escalating crisis. Another wave of more than 400 refugees and migrants arrived in early December, at least 28 people perished.

Yemen 2008 © Jiro Ose

MSF facilities are robbed as security deteriorates in eastern Chad October 2, 2008

As violence spikes in North Kivu, DRC, MSF releases a statement saying the international community is failing the people there October 6, 2008

More than 10,000 people are affected by cholera in Guinea-Bissau; MSF assists in treating them October 24, 2008

Sudanese authorities threaten to suspend MSF activities in South Darfur October 27, 2008

MSF team is dispatched to villages hit by earthquake in Pakistan October 29, 2008

Renewed fighting causes thousands to flee within Kivu regions of DRC; MSF medical teams work around the clock October 29, 2008

MSF nutrition project in Maradi, Niger, is suspended by the government without explanation; aid team is forced to leave October 30, 2008

DRC © Jiro Ose/MSF, Guinea-Bissau © MSF
NIGER EXPELS MSF FROM THE REGION HARDEST HIT BY CHILD MALNUTRITION

“It is shocking that a government, after having allowed innovative programs to be established, would ignore the needs of thousands of children.”

—Christophe Fournier, President, MSF International Council, October 2008

In July, the government of Niger ordered MSF to close its medical and nutritional activities in the Maradi region, without providing a reason. At the time, more than 3,000 malnourished children were undergoing treatment, and an additional 500 children were being admitted each week. This region was the epicenter of the 2005 nutritional crisis and the place where MSF first demonstrated the benefits of treating severely malnourished children on a massive scale with therapeutic, ready-to-use food. While MSF is still permitted to work in other regions of the country, the organization continues to express outrage at the devastating impact of this expulsion on thousands of malnourished children.

Niger 2008 © Laurent Chamussy/Sipa Press

NOVEMBER

Sixty refugees found dead on Yemen coast after crossing Gulf of Aden in smugglers’ boats; MSF treats survivors November 1, 2008

MSF hospital for emergency obstetric care in Port-au-Prince, Haiti, is overwhelmed by patients, due in part to ongoing hospital strikes in the capital November 7, 2008

MSF treats people wounded in Haiti school collapse November 7, 2008

MSF is forced to close mental-health programs in South Darfur November 7, 2008

More people are displaced and wounded in North Kivu, DRC; MSF continues to provide medical care November 7, 2008

DRC © MSF, Haiti 2007 © Julie Rémy
WAR IS REIGNITED IN EASTERN DEMOCRATIC REPUBLIC OF CONGO

“I was supposed to take care of my siblings, but now, with what happened to me, I really don’t know how. I don’t even know if we can go back home.”

J., 16, was injured when he was caught between two armed groups near Nyanzale, North Kivu province. One of his arms had to be amputated. November 2008

In August, full-scale war resumed in eastern Democratic Republic of Congo (DRC). The already terrorized, largely displaced people of the region fled yet again, to areas without adequate shelter, water, food, or security. MSF worked throughout North Kivu, providing surgery for the war-wounded, cholera treatment, clean drinking water, and other emergency assistance. Despite the huge needs, few humanitarian organizations are present in North Kivu outside of Goma, the provincial capital. In some areas, MSF is the only organization providing assistance.

DRC 2008 © Dominic Nahr/ Oeil Public,
DRC 2008 © Sarah Elliott

CHOLERA GRIPS HARARE, ZIMBABWE’S CAPITAL; MSF RESPONDS
November 14, 2008

MSF launches “Condition: Critical,” a multimedia initiative highlighting plight of civilians caught in eastern DRC’s war November 20, 2008

DECEMBER

Cholera outbreak in Beitzridge, Zimbabwe, overwhelms health structures; MSF sets up cholera treatment facilities December 1, 2008

MSF treats about 4,000 cholera patients in Harare and 1,300 in Mudzi district, Zimbabwe December 4, 2008

At least 28 Ethiopian and Somali refugees die during journey across the Gulf of Aden to Yemen between December 1 and December 5; MSF treats 475 survivors December 5, 2008

DRC © Glio Van Cotter/MSF, DRC 2007 © Cedric Gerbehaye, Zimbabwe © Joanna Stavropoulos/MSF, Yemen © Michael Goldfarb/MSF
THANK YOU FOR YOUR COMMITMENT TO MSF

Four-year-old Sheleme, above, is one of the 28,000 severely malnourished patients MSF treated between May and September in southern Ethiopia. When Sheleme’s mother brought her and her twin sister, Kutuba, into MSF’s stabilization center in Kuyera, Oromiya region, Sheleme’s face, legs, and feet were swollen. She had developed kwashiorkor, an extremely severe stage of malnutrition. Both girls had no appetite, a symptom typical of their condition. After nine days of treatment, Sheleme’s swelling was gone, and she and her sister had regained their appetites. The twins had recovered enough to go home with their mother, carrying a week’s worth of nutrient-rich, ready-to-use food.

The year 2008 was extraordinary for the number of emergencies that occurred. Your support made it possible for MSF teams to bring humanitarian assistance to millions of people in crises across the globe.

With your help, we will continue to provide independent and impartial medical care to the people who need it the most in 2009—whatever and wherever they are—and to be advocates for those whose voices are not heard. Thank you.

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