THE YEAR IN PICTURES
HUMANITARIAN SPACE

In July I visited Doctors Without Borders/ Médecins Sans Frontières (MSF)’s medical programs for people uprooted by fighting in Pakistan. Our teams are hard at work there every day, bringing emergency medical care to people caught in this devastating crisis.

The temperature then was about 120 degrees and in the camps people were baking hot under temporary shelters. As I look at the photographs on pages 4 and 5 of this issue of Alert, showing some of the children at Palosa camp in the Charsadda district of the North West Frontier Province, I cannot help but think of the struggles that are in store for them as winter sets in and temperatures drop.

In Pakistan as in other countries embroiled in war—the Democratic Republic of Congo, Somalia, and Sri Lanka to name a few—the scale of human suffering, of human resilience, of courage, hope, and despair is so enormous that words at times cannot do justice to what our medical teams witness every day. Sometimes images can provoke an unspoken understanding—many of us have never been to Somalia or any other war zone but we can understand, for example, the look of fear in a mother’s eyes as she holds her baby in a place where their security is constantly threatened.

In addition to providing health care, MSF bears witness, with words and images, in order to bring our experiences and those of our patients to a wider audience—to advocate for change and to state simply: This is happening to people we know, to children, women, and men who are caught in crises beyond their control and who need urgent humanitarian assistance to survive.

Every year at this time, we devote an issue of Alert to images from the crises we have responded to over the course of the year. We hope the images we have chosen this year convey stories that words often cannot: the shock and pain on a young asylum-seeker’s cut and bruised face; the indignation of an elderly woman who fled her war-torn country only to find more suffering in another one; and the discordant beauty of a child in the miserable setting of a displaced persons’ camp.

These photographs serve as a reminder to all of us not only of the human capacity for brutality and violence, but also of our capacity to survive extraordinary crises and to reach out to others when crisis strikes. They remind us of why we do what we do.

Thank you for reaching out to MSF. Through us, your support reaches the millions of people in more than 60 countries around the world we treat every year.

Sincerely,

Sophie DeLaunay
Executive Director, Doctors Without Borders/Médecins Sans Frontières (MSF)
MSF’s free hospitals in Haiti’s capital, Port-au-Prince, have been a lifeline for patients who can’t afford to pay for treatment: providing crucial care to thousands; handling 40 percent of the capital’s emergency obstetric cases, and running Haiti’s only adequate burn unit. In 2009, MSF relocated its 75-bed Jude Anne Hospital, which was providing maternity care well beyond capacity. The five-bed delivery room was overflowing: with an average of 35 deliveries a day and 50 during peak times, women were giving birth on the floor and in stairwells. Haiti has the highest maternal mortality rate in the Western Hemisphere, and many women die before making their way to a hospital. The new facility enabled MSF to provide a higher standard of patient care. But MSF cannot act as Haiti’s primary public health provider and in 2009 the organization called on the government and international donors to prioritize essential health needs, even as Haiti sought outside assistance for hurricane reconstruction.

All photos in this issue are from 2009, credited clockwise.
This page: Haiti © Espen Rasmussen
Heavy fighting forces MSF teams to evacuate Muhajariya, South Darfur, Sudan, and leave 350,000 people with no health care 01/24

Some 250,000 civilians are trapped by conflict in northern Sri Lanka; NGOs are prohibited from entering the area 01/28

More than 200 civilians are evacuated from the conflict zone in Sri Lanka;

MSF helps treat many with lost limbs at Vavuniya hospital 01/30

Cholera epidemic in Zimbabwe exceeds World Health Organization’s “worst-case scenario” of 60,000 suspected cases; MSF continues to respond 01/30

FEBRUARY

Two MSF medical staff are killed in Swat Valley, Pakistan, when the MSF ambulance they are riding in comes under fire 02/03

MSF speaks out about the lack of protection for civilians in Haut-Uélé, DRC, during ongoing attacks by the LRA despite the presence of an international peacekeeping force 02/04

MSF launches emergency intervention in Burundi in response to a food crisis causing high levels of malnutrition; 95 severely malnourished children are treated in the first two weeks 02/04

First nine patients with drug-resistant forms of TB successfully complete a rigorous two-year treatment regime at an MSF project in Zugdidi, Georgia 02/06

MSF vaccinates more than 40,000 children for measles in Chad 02/12

PAKISTAN: DISPLACEMENT CREATES MASSIVE HEALTH NEEDS

Fighting between Taliban factions and the government during the spring in Pakistan’s North West Frontier Province displaced 2.1 million people, according to official figures. As warfare intensified in 2009, curfews, roadblocks, and fierce fighting blocked humanitarian aid. This only exacerbated an already desperate situation for sick and injured civilians. MSF provided extensive aid in the displaced persons’ camp in Mardan, northwest of the capital, Islamabad. To help meet the profound needs of the larger group of displaced—those who stayed with host families or in makeshift shelters—MSF distributed supplies, in some cases assisting households sheltering 50 people to a room. In Mardan, Peshawar, and Lower Dir, MSF helped strained hospitals cope with war injuries and large patient loads. The entire MSF community was devastated in February when two medical staff members, Riaz Ahmad and Nasar Ali, were killed in the Swat Valley as the clearly marked MSF ambulance they rode in came under fire during an emergency response.

Pakistan © Eymeric Laurent-Gascoin/MSF; Pakistan © Marta Ramoneda; Pakistan © Eymeric Laurent-Gascoin/MSF; Pakistan © Vali Faucheux-Georges
MSF releases a report on Zimbabwe’s deteriorating health system and other underlying causes for the massive cholera epidemic; MSF has treated 45,000 cholera patients. 02/17

Team returns to Muhajariya, South Darfur, after evacuating following heavy violence; half the town has been displaced. 02/18

MSF releases a report on sexual violence in Guatemala, where 10,000 cases were reported in 2008; MSF teams in the capital scale up their response. 02/23

MSF teams treat 121 injured patients in 24 hours after intense violence in Mogadishu, Somalia. 02/23

MARCH

South African officials announce the forced closure of an open field in Musina being used for temporary shelter by Zimbabweans seeking asylum, and where MSF provides mobile medical clinics. 03/04

MSF teams are expelled from five areas in West and South Darfur states—Feina, Kalma, Muhajariya, Niertiti, and Zalingei—shortly after the International Criminal Court issues an indictment of the Sudanese president. 03/04 & 05

MSF’s expulsion from Darfur leaves 200,000 patients with no medical care and a meningitis outbreak in the region’s largest camp with no response. 03/05
Renewed violence in northern Central African Republic (CAR) causes further displacement; MSF sees more patients with health complications but has to scale down activities due to insecurity 03/06

MSF has treated nearly 56,000 people for cholera in Zimbabwe since August 2008; the epidemic is still far from over 03/06

Three MSF international and two national staff are abducted in Serif Umra, North Darfur; one of the national staff is released; MSF suspends its remaining activities in Darfur 03/11

MSF teams have treated more than 23,000 children for malnutrition in Burkina Faso since September 2007; most of them received ready-to-use food (RUTF). 88 percent have been cured 03/12

MSF staff held hostage in Darfur—a Canadian nurse, an Italian doctor, a French coordinator, and a Sudanese watchman—are all released unharmed after three days 03/14

Banda, a village in Haut-Uélé, DRC, is attacked by the LRA; most MSF staff are evacuated from the sleeping sickness project located there 03/16

MSF holds a two-day meeting with TB doctors, test developers, and others to discuss what is needed in a new test to diagnose TB, since current tests detect the TB in only half of those who have it 03/23
MSF assists newly displaced people in Chocó region, Colombia, following an increase in fighting between paramilitaries and rebels 03/27

**APRIL**

MSF teams begin a mass vaccination campaign targeting 8 million people in Nigeria, Niger, and Chad to prevent meningitis epidemics from doing further damage 04/01

The number of births at the MSF women’s health program for Afghan refugees in Kuchlak, Pakistan, increases to 100 per month in its third year 04/03

Two MSF staff are abducted in the Bakool region of Somalia 04/19

An MSF team finds 35 Somali and Ethiopian people dead on the shores of southern Yemen; they had left from Somalia on a smugglers’ boat two days prior 04/23

In MSF-supported Vavuniya hospital in Sri Lanka, there are only 450 beds and 1,700 severely wounded patients arrived from the conflict zone 04/20

Insecurity in Darfur forces more MSF projects to close but six projects remain active in the North; MSF holds discussions with officials about providing more assistance 04/22

In MSF-supported Vavuniya hospital in Sri Lanka, there are only 450 beds and 1,700 severely wounded patients arrived from the conflict zone 04/20

An MSF team finds 35 Somali and Ethiopian people dead on the shores of southern Yemen; they had left from Somalia on a smugglers’ boat two days prior 04/23

MSF resumes assistance to migrants on the island of Lampedusa, Italy 04/27

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**DADAAB, KENYA: SOMALI REFUGEES ONLY FIND MORE SUFFERING IN CAMPS**

In the border town of Dadaab, in northeastern Kenya, more than 270,000 Somali refugees were living in camps where conditions were so poor that some said they were considering a return to war-torn Somalia. The three camps, which have been plagued by severe shortages of food, water, and shelter, are operated by the office of the UN High Commissioner for Refugees (UNHCR). The photos above show some of the hundreds of desperate people who waited to be transferred to a less crowded camp while a security officer kept order, and another refugee holding her food assistance card. MSF surveys found extremely high rates of global acute malnutrition—in more than 22 percent of the population at one camp—while rations from the World Food Program were being cut by 30 percent. Many of the people in Dadaab were already suffering from war-related injuries, crammed into spaces holding three times as many people as they were designed for, with inadequate water, sanitation, or health care. MSF works in the camps, along with other aid groups, providing primary health care, nutritional support, and vaccinations.

All photos: Kenya © Spencer Platt/Getty Images
Life in northeastern Democratic Republic of Congo (DRC) became even more difficult in 2009 as Ugandan rebel group the Lords Resistance Army (LRA) unleashed merciless brutality on civilians in Haut-Uélé and Bas-Uélé provinces, following military attacks by the Ugandan and Congolese armies on the LRA. Villages were burned, people attacked with machetes and clubs, and children abducted. People fled by the hundreds of thousands, with many crossing into camps in Uganda and in Southern Sudan, where existing MSF teams set up emergency medical care. In addition to performing surgical interventions on those wounded in the fighting, MSF teams in northeastern DRC also provide more than 9,000 medical consultations per month in hospitals and health centers; this includes obstetric care, treatment for malnourished children, and vaccinations. In the Dun-gu area of Haut-Uélé, MSF vaccinated 20,000 children against measles in August. About 16,000 displaced people received relief items from MSF between January and October. Teams also offer mental health services and run a program for children who were abducted by armed groups in Faradje, Haut-Uélé.

New violence between army and rebel troops in northern CAR forces thousands to flee their homes; MSF organizes mobile health clinics 4/30

**MAY**

After violent clashes in Southern Sudan, MSF treats patients who are wounded, malnourished, and sick with cholera 05/01

MSF begins providing medical care in Iraq for the first time since 2004, performing surgery and patient care at a large hospital in Basra 05/06

Violence in Swat region, northwestern Pakistan, forces MSF to reduce its activities; leaving a trapped population with even less access to health care 05/07

As fewer people arrive from the conflict zone in northern Sri Lanka, MSF agrees to set up a new field hospital near camps for displaced people and focus on post-operative care at another hospital 05/12

MSF treats 57 people, mostly women and children, injured in an attack on Torkej village in Upper Nile State.
near the Jonglei State border, in Southern Sudan 05/12
About 90 people injured in renewed fighting in Mogadishu, Somalia, receive care over five days at an MSF hospital in nearby Daynile 05/13
MSF finishes vaccinating 7.5 million people against meningitis across West Africa 05/15

MSF denounces growing pressure applied by Thailand’s army to force Hmong refugees living in northern Thailand to return to Lao People’s Democratic Republic 05/20
Fighting continues in Pakistan’s North West Frontier Province; MSF assists in camps for the displaced 05/22

In the five days following the end of civil war in Sri Lanka, 77,000 people emerge from the conflict zone and overwhelm Vavuniya hospital; MSF provides support 05/26

JUNE
Zimbabwean refugees in South Africa continue to face appalling living conditions; MSF issues a report calling for change 06/02
Violence rocks Somalia’s capital; the number of MSF patients seeking care for shelling and gunshot injuries sharply increases 06/02
Fighting between government forces and Al Houthi rebels continues in Razeh, northern Yemen; MSF treats the wounded 06/05
Dozens of war-wounded patients arrive at MSF-run hospital in Guri El, Somalia, following fighting in the town of Webho 06/05

MSF opens additional projects in northern DRC, to increase support to people ravaged by LRA attacks 06/11

Violence in Pakistan’s North West Frontier Province displaces more than 2.1 million people; MSF reinforces health structures 06/16

Growing insecurity forces MSF to leave its largest health center in Somalia—in Bakool region—after nine years 06/17

An MSF-rented vehicle is hijacked in North Galcayo, Somalia; a patient’s caretaker is killed 06/04

**JULY**

MSF’s measles vaccination campaign curbs outbreak in Guri El, Somalia 07/06

MSF resumes medical activities in detention centers for undocumented migrants and asylum-seekers in Malta 07/09

To raise awareness of the neglected parasitic disease Chagas, MSF launches the “Break the Silence” campaign 07/09

In Mali, MSF starts a vaccination project for 400,000 children hit by a measles epidemic 07/10
BANGLADESH: EXPULSION ADDS TO MISERY FOR ROHINGYA REFUGEES

The Rohingya refugees living in the Kutupalong camp in Cox’s Bazaar, Bangladesh, endure some of the world’s most dire poverty. In this unofficial camp, some 25,000 refugees—members of a Muslim minority group that fled repression and persecution in Myanmar—cope with appalling sanitary conditions and lack even basic cooking supplies. They live in limbo, stateless people with no recognized citizenship in Myanmar and no recognized status in Bangladesh. In June police and local authorities began a violent campaign to expel residents of the camp by destroying homes, looting possessions, and brutalizing refugees. MSF began an emergency intervention in its camp-based clinic, which has treated malnutrition among children under five years old. MSF’s clinic became a haven for exhausted refugees, some of whom had fled multiple times and had nowhere left to go. MSF has continually called for these refugees to be granted official status and to receive assistance.

First two photos: Bangladesh © Espen Rasmussen/Panos Pictures; remaining three photos: Bangladesh © Giles Duley
GAZA: AIDING THOSE WOUNDED IN FIGHTING

In the Gaza Strip, an MSF international team struggled to reach thousands of wounded civilians trapped during three weeks of intense fighting in December 2008 and January 2009. The Israeli army’s incursion into Gaza was in response to long-standing and indiscriminate rocket attacks launched by Hamas from the Strip into Israel. When the surgical team finally arrived, the impact of delayed medical treatment was evident. Children and adults injured in bomb blasts were in critical need of treatment for broken bones and infected tissue, as well as skin grafts for severe burns. For many injured and sick people making their way to a medical facility was prohibitively dangerous, so MSF’s Palestinian medical staff members risked their own lives traveling to treat hundreds of patients at home. After the ceasefire on January 18, MSF increased post-operative activities, treating more than 750 patients at three clinics while seven mobile teams treated people at home. Teams also set up two operating rooms in inflatable hospital tents in central Gaza, and between January and June they performed more than 300 surgeries and 1,300 consultations. Teams also focused on providing mental health services, including for aid workers exposed to the fighting.

Undocumented migrants who survive a boat tragedy arrive in Lampedusa, Italy, receive MSF assistance; 73 others feared dead at sea 08/24

Sharp increase in cases of acute diarrhea in Mardan and Lower Dir districts of Pakistan; MSF steps up support to health care providers 08/25

Violent attacks in Southern Sudan result in 42 deaths; MSF mobilizes to aid injured and displaced 08/29

SEPTEMBER

An MSF staff member who had been kidnapped during an armed robbery in Adé, Chad, is released unharmed after 29 days 09/01

Papua New Guinea faces its first cholera outbreak in 50 years; MSF opens treatment center 09/08

Another violent clash breaks out in Jonglei State, in Southern Sudan; wounded patients arrive at MSF’s clinic in Pieri 09/20

Hospitals are overwhelmed by hundreds of wounded after the violent repression of political protests in Conakry, Guinea; MSF provides support 09/29

MSF teams are dispatched to the Philippines to respond to deadly storms 09/29

MSF launches international campaign urging largest drug companies to pool their patents on key HIV medicines 09/30

Left and bottom right: Palestinian Territories © Bruno Stevens/Cosmos; Opposite page, top: Palestinian Territories © Mustafa Hassona
OCTOBER
MSF emergency teams respond to earthquakes in Indonesia and Samoa Islands and to tropical storm Ketsana in Philippines 10/01
Severe flooding in eastern India leaves millions homeless; MSF distributes shelter and other materials 10/06

MSF resumes work in Afghanistan after a five-year absence, supporting hospitals in Kabul and in Helmand Province 10/09
Mobile MSF teams provide medical care and relief items amid new flooding and landslides in the Philippines 10/13

Attacks and clashes spread to new areas of northern DRC; MSF continues providing more than 9,000 medical consultations a month 10/14
Gunshot-wounded patients, reportedly injured in a demonstration, receive MSF care in Port Harcourt, Nigeria 10/14

Razeh hospital in Northern Yemen is hit by rocket fire and forced to close; MSF calls for all parties to the conflict to respect medical facilities and patients’ access to care 10/16
Seven MSF vaccination sites in Masisi district, North Kivu Province, DRC, are attacked by the DRC army while thousands of children are receiving measles vaccinations; MSF denounces abuse of humanitarian action for military aims 10/17
MSF begins handing over its tuberculosis program in Chechnya to the Ministry of Health 10/20

In Lesvos, Greece, MSF reports worrying sanitary and living conditions for migrants inside a detention center; 10/22

Armed conflict intensifies in southwestern Colombia; MSF provides medical care to those who fled their homes in Nariño Department 10/26

MSF holds an international workshop with the Swaziland Ministry of Health to discuss the growing epidemic of HIV-TB co-infection in Southern Africa 10/28

NOVEMBER

The second typhoon and third major storm in about a month hits the Philippines; MSF launches mobile clinics and identifies water and sanitation needs 11/04

Near Shangil Tobaya in North Darfur, Sudan, violent clashes over scarce water resources displace 3,000 people; MSF treats the wounded and distributes relief items 11/04

International support to combat HIV/AIDS is faltering, and that is likely to have a devastating impact on southern Africa, MSF warns in the report “Punishing Success?” 11/05

CHAGAS: BREAKING THE SILENCE

People who have Chagas disease—a parasitic illness affecting up to 15 million people, primarily in Latin America—may show no symptoms for many years. But one-third will develop heart and intestinal complications leading to death. In July MSF launched an international campaign to raise awareness of this neglected disease, which was discovered 100 years ago. The campaign, “Chagas: It’s Time to Break the Silence,” sounded the alarm for recognition and treatment of patients with the disease. In October MSF held a one-day symposium in Los Angeles where Chagas experts shared current evidence and explored the potential for collaboration in Latin America and the US for increased advocacy, and for research and development of more effective treatments and diagnostic tests. Through its two projects in Bolivia, MSF is promoting the integration of treatment into primary care facilities and raising awareness that the side effects of the available medication can be managed; some doctors in Bolivia hesitate to treat patients, especially adults, for fear of these effects.

Bolivia © Anna Surinyach
TB: A DOUBLE MEDICAL CRISIS IN THE DEVELOPING WORLD

Millions of people in developing countries, and the health care providers working to assist them, face a double medical crisis right now: an increase in the cases of drug-resistant strains of tuberculosis (TB); and the rapid spread of TB among people who are infected with HIV. The World Health Organization estimates there are currently two million cases of multidrug-resistant (MDR) TB worldwide. In 2008, MSF treated about 900 such patients in 18 projects, from Chad to Kyrgyzstan to Thailand. Treating these patients presents enormous challenges—the available drugs can trigger severely toxic side effects and require a two-year regimen that includes a six-month course of daily painful injections. The cure rates are dramatically lower than for standard TB treatment—only 60 percent.

For people with extensively drug-resistant (XDR) TB, there are virtually no effective treatment options. In southern Africa, HIV-TB co-infection is the highest cause of death. In Swaziland, where MSF works in 20 health facilities, about 83 percent of the tens of thousands of people who have TB are co-infected with HIV. People with HIV are at a much greater risk of developing TB and its resistant forms than other people, and co-infection makes TB more complicated to diagnose and treat.

In March, MSF held a meeting of doctors, lab workers, and TB activists from around the world to decide on exactly what a new TB diagnostic test should look like. And in October, MSF took part in a workshop in Swaziland that produced a list of recommendations on improving and stepping up the response to HIV-TB co-infection throughout southern Africa.

India © Cristina De Middel
Above, a father sees his son for the first time since the child was abducted five months earlier by the Lord’s Resistance Army, a Ugandan rebel group, from their village in Haut-Uélé Province, in the Democratic Republic of Congo. One morning in May, 16-year-old Antoine* was kidnapped, along with his brother, from the family’s house. “Armed men burst into our home,” said his 54-year-old father, Louis. “They made us all get down on the ground. They took my clothes and my radio. Then they took two of my children and led them away.”

“They gave me work to do,” said Antoine. “I had to clean their clothes and do other jobs during the day. We weren’t allowed to talk. If we talked, they hit us. They hit us a lot.” Antoine had wounds from whippings and beatings with a machete. “We only ate in the evenings. And we walked all day, every day. I was barefoot.” One evening, the kidnappers heard that enemy soldiers were approaching their positions. They told Antoine to climb a tree and see if he could spot them. “They were quite far away. I knew that I was near the road. I slid down the tree and started running. I walked all night and, at five in the morning, I arrived here at the village.”

In Faradje, Haut-Uélé Province, Doctors Without Borders/ Médecins Sans Frontières (MSF) runs a project for children who were abducted by armed groups and subsequently escaped or were released. In the first five months, MSF staff assisted 114 children, including Antoine. The boy’s family had believed he was dead. “I had become so thin,” said Louis. “I thought of my child night and day.” Now he hopes that somehow his second missing son will also return.

* Names have been changed