EXECUTIVE DIRECTOR (INTERIM)
Sophie Delaunay

BOARD OF DIRECTORS
Dr. John Lawrence, President
Kassia Echavarri-Queen, Vice-President
John Wetherington, Treasurer
Sheronda Rochelle, Esq., Secretary
Patricia Carrick, FNP
André Heller
Dr. Alison Ludwig
Aerlyn Pfeil, CPM
Brigg Reilley
Philip Sacks
Dr. Africa Stewart
Dr. Mego Terzian
President, MSF France

BOARD OF ADVISORS
Victoria B. Bjorklund, Esq., PhD
Chair of the Board
Meena Ahamed
Véronique Brossier
Daniel Goldring
Charles Hirschler
Stephen B. Ippolito, PhD
Dr. Mitchell Karton
Sheila Leatherman
Susan Liautaud, JD, PhD
Chantal F. Martell
John O’Farrell
Larry Pantirer
Dr. Darin Portnoy

ABOVE: MSF teams work at the Tamaulipas Institute for Migrants in Mexico to provide primary health care, mental health care, and social services for people recently deported from the United States. © Christina Simons

COVER: “There was a period, before, when I trembled and shook a lot,” says Bibiche, one of many victims of sexual assault by armed men in Kasai, Democratic Republic of Congo, during a spike in conflict. After receiving support from MSF, Bibiche says she is starting to heal. “Since I began receiving care, it’s going really well. I feel at ease now,” she says. © Ghislain Massotte/MSF
Dear Friends,

I will never forget the experience of helping to respond to the devastating earthquake in Haiti in 2010. As a surgeon working with Doctors Without Borders/Médecins Sans Frontières (MSF), I was particularly impressed by the integration of mental health care within our programs. As our surgical team made the morning rounds in the hospital wards, we would be followed by colleagues with expertise in delivering mental health services.

In Haiti, I saw that the devastating physical wounds patients were recovering from had clear psychological counterparts—whether a person was coping with the prospect of life after amputation, the loss of family members or friends, or reliving the horrors of the earthquake with each nerve-shattering aftershock. While the surgical care we provided was a critical aspect of the healing process for survivors, their long-term well-being was entirely dependent on therapy directed to the emotional and psychological traumas they had endured.

This issue of Alert focuses on MSF’s varied responses to mental health needs. While mental health is gaining recognition as a unique medical field requiring greater attention, it remains insufficiently resourced.

As a medical humanitarian organization, MSF has had a longstanding commitment to addressing mental health needs, both as an independent service as well as part of more comprehensive care.

The importance of providing mental health support was also apparent while I was working with MSF in North Kivu province in the eastern part of Democratic Republic of Congo (DRC). This region—which is currently in the grips of an Ebola epidemic—has suffered from chronic conflict for decades, including extreme violence directed against civilians by various armed groups. A feature of this pervasive violence is a high incidence of rape and sexual assault.

A separate unit in the hospital where I worked was devoted to caring for pregnant women who had been raped. This unit closely integrated prenatal maternal physical care with psychological supportive care. MSF recognized the duality of health needs for both the mind and body and provided a comprehensive approach to caring for these women and preparing them to return home.

In this issue, we share the stories of survivors from a surge of conflict in DRC’s Kasai region. Over the course of a year and a half—between May 2017 and September 2018—our teams treated 2,600 victims of sexual violence at the Kananga provincial hospital. The vast majority of the victims were women. They describe horrific acts of violence, and the difficulties of healing after the attacks.

Mental health services are also often the central focus of the medical care our projects provide. For people traversing migration routes from Central America through Mexico, medical clinics supported by MSF are resourced to provide supportive mental health services and psychological first aid to help people cope with both the violence they fled in their home countries and that which they face during their journeys.

I hope you will appreciate the story about our innovative program to support community-based mental health care and outreach services in Liberia, a country whose health system is still recovering from the devastating Ebola epidemic that struck West Africa in 2014. Our last Ebola-related projects in Liberia were survivor clinics that offered care for people who continued to have physical and psychosocial issues after recovering from the disease.

When the mental health team began looking for services where they could refer patients, they learned that there was only one practicing psychiatrist in Liberia—a country with more than 4.7 million people. This is what prompted MSF to conduct an assessment of the mental health needs in Liberia and ultimately partner with the Ministry of Health to improve and grow their services.

Finally, as explored in these pages, mental health care is not only critical for our patients, but also for our staff members. The stress of providing humanitarian care is well recognized. As an institution, MSF appreciates that we have an obligation not only to protect our employees’ physical health and security as best we can, but to ensure that their mental well-being is also prioritized.

Thank you for all that you do to support our work to provide comprehensive care for people in extreme situations.

Sincerely,

John P. Lawrence, MD
President, MSF-USA Board of Directors
Miserable conditions for refugees trapped on the Greek island of Lesbos have had devastating consequences for people’s health, especially their mental health. Children are among the most vulnerable. © Robin Hammond/Witness Change
Moria camp was built on the Greek island of Lesbos to house the influx of asylum seekers making the dangerous journey across the Aegean Sea on flimsy rubber boats to seek safety in Europe. Today, inhumane living conditions, frequent violence, and prolonged uncertainty about the future have created a mental health emergency for the refugees stranded in this island prison—with children among those most at risk.
In September, Doctors Without Borders/Médecins Sans Frontières (MSF) called for the urgent evacuation of children and other vulnerable people from the camp. At the time there were around 9,000 people living in Moria, triple its capacity. Greek authorities began moving people to other facilities this winter, but the population still hovers around 5,000.

MSF provides mental health care and other medical services to camp residents, who have fled from countries including Syria, Afghanistan, Iraq, and Democratic Republic of Congo. Many of the children have already experienced trauma and extreme violence in countries at war and are now subjected to ongoing stress and further violence, including sexual violence, in a place where they expected to find safe refuge.

Each week, MSF teams working in the camp see multiple cases of minors who have harmed themselves or attempted suicide. Other child patients suffer from panic attacks, anxiety, mutism, aggressive outbursts, and constant nightmares.

Myriam Abdel Basit, an MSF cultural mediator, spent seven months working in an MSF clinic that provides mental health care for children and teenagers living in Moria. Here, she explains some of the techniques and activities her team used through group sessions to help the children to understand and express their feelings, and to learn how to ask a loved one for support.

Back in the summer of 2018, Moria was housing more than 8,000 people in a space designed to fit no more than 3,000. After fleeing violence, war, persecution, or poverty, people crossed the seas only to be stranded here, in overcrowded, unsafe, and unhygienic conditions, waiting to go to the mainland.

As an Arabic-speaking cultural mediator, my role was to help facilitate communication between the children and our health staff and speak to children about what they’d been through. Part of my job was to work with a psychologist to do psychotherapeutic sessions with children between the ages of 8 and 17 who showed symptoms of trauma. We did some activities that helped them to recognize the emotions they were feeling, and others that helped with nightmares, bedwetting, and other signs of trauma and anxiety.

A really interesting part of the therapy process used storytelling to help children deal with their trauma. We split patients into groups that worked together to create a book about one or two fictional characters that had gone on a similar journey to them.
There were two groups for children between the ages of 8 and 13 and another group for teenagers.

We divided the book into chapters: before, during, and after the war, the decision to leave their country, and their journey to and life in Moria. We also created sections on their experiences in MSF’s psychotherapy sessions. Each book had a “happy ending” where the children wrote about their hopes for their lives after they leave the camp.

Although the characters were fictional, the children projected their own experiences onto them. This proved to be really therapeutic and cathartic for them, as they could release all their pent-up feelings and experiences that they would have otherwise found hard to talk about.

One of the boys created a character called Aryan, who, like himself, was a Kurdish boy from Iraq. He projected all of what he’d seen, heard, and experienced onto Aryan in the story. It felt like we were rewriting history, as told from the child’s perspective. He described the arrival of the Islamic State group, how they treated the Kurdish community, and the atrocities they committed.

One of the main feelings the children in the groups continually described was the sadness they were experiencing from not being able to say goodbye to their friends, their families, and their classmates. So, as a part of the story of Aryan, the characters wrote a goodbye letter to all the people they had left behind. It was incredibly moving.

Once the stories were completed and printed, we held a book reading for the children’s friends and families. Many of the parents were shocked that their children had remembered so much about the war and their journey to Greece. Being able to tell these stories was very important for the children, as they were finally able to express their feelings about what they’d gone through. Often, they can be quite reluctant to share their feelings with their families because they don’t want to upset them more or put any further stress on them. They were still living in the refugee camp and many of them feel it’s not really the right environment to share those thoughts.

FACING PAGE: After a storm, this family sits amid the wreckage in front of a flimsy tent pitched in the Olive Grove, an informal extension of Moria refugee camp in Greece. © Anna Pantelia/MSF

ABOVE: A group of young men from Syria find shelter from the afternoon sun in the Olive Grove, next to Moria refugee camp on Lesbos, Greece. “Mental health problems have become normal,” says Ali Mohammed Hassan, 25, who is haunted by memories of the war and worries about his brothers left behind in Syria. © Robin Hammond/Witness Change
One 17-year-old told us that he felt a huge amount of sadness, but as the oldest of his siblings, he felt he had to keep smiling and hide these feelings in front of his parents and the rest of his family. He said he was grateful to have a safe space to talk where he didn’t have to fear upsetting anyone. By the end of the therapeutic process we saw visible changes in his mood and demeanor. He was really into rap music, and at the book ceremony he performed a rap about some of the racial tensions and religious discrimination that existed in the camp. When we first met him, he was quiet, quite introverted, and sad, so it was remarkable to see how far he’d come.

It was often tough hearing all the stories of the war and journeys to Europe, especially from children. We had about five children, two groups of siblings, who had lost their fathers in the most terrible ways. They were all experiencing a lot of grief and would talk about their loss a lot. I was advised by the psychologist to always be careful in ensuring that one child’s story doesn’t trigger trauma for the others.

During one session we were talking about happiness and one nine-year-old child who had lost her father said, “I don’t think I’m ever going to feel happiness again.” It was heartbreaking to hear this coming from someone so young and who had their entire life ahead of them. Thankfully, after a few more sessions, most of the children appeared happier. They still talk about family members they’ve lost, but they focus on happy memories.

We spoke at length with the children about their dreams, their aspirations, and what they’re going to do after this experience is over. Many of the children already had hope for their futures, so that just needed to be supported. One teenager shared with us, “Yes, I have lost six years, but I’m going to make it up. We all have a future ahead of us. We have dreams that we will pursue.”

The parents gave the most incredible feedback. They told us that their children were so much happier after our sessions. I also think the parents found listening to the [stories] therapeutic for themselves as well, particularly the last chapter about life after Moria. Many of the parents had lost hope but rediscovered it through their children. One mother told us that we had given her a hope that there is life after the camp.

It was wonderful to see the children come alive and help each other with their stories. It was beautiful to see because it didn’t matter where they were from—in the end they told each other’s stories as if they were one.

**ABOVE LEFT:** An MSF psychologist and cultural mediator use art therapy during a mental health consultation with a child from Afghanistan stranded in a refugee camp on Lesbos, Greece. © Anna Pantelia/MSF

**ABOVE RIGHT:** A child enjoys a playful moment during a mental health session with MSF outside Moria refugee camp on Lesbos, Greece. © Craig Ruttle/Redux
Chapter Five: MSF tent

In the MSF tent, which was a big tent with lots of children’s drawings and a colorful banner on the ceiling, there were two people, one called Pina and the other Myriam. They would talk to Hiba and Saif and helped cheer them up and forget about their worries. The whole group became good friends, and they would play, draw, and do other activities that would calm their minds and relax them. One activity they would do was called the safe space activity, where they would close their eyes and imagine a special place with their own helper that could give them advice when they ever felt angry, sad, worried, or afraid.

They also talked about nightmares in the group and how to keep them away. Saif and Hiba learned that it helps to talk about their fears and worries with someone close to them, as this is where nightmares come from. It can also help to think about happy things before sleeping at night. After this, Saif and Hiba’s nightmares were fewer and fewer.

Chapter Six: Life after Moria

Fortunately, Saif and Hiba’s time in Moria soon came to an end. Once Saif left the island and traveled by ship to Athens, he moved on to Belgium, where he was reunited with his two aunts and his grandmother. He absolutely loved Belgium and always made sure to concentrate at school in order to get into university and study astronomy. It had been a shared dream of Saif and his uncle, who died in the war, to become an astronaut. As his uncle wasn’t able to do it, Saif was even more determined to make it happen. And sure enough, he managed to travel all the way to the moon, come back, and teach people about his discoveries in space . . .

Both Hiba and Saif were very happy and proud of what they had done with their lives and realized that it was the tough experiences that they had been through that made them the wise, resilient, and patient young adults they had become.
When gang members threatened to kill him, 18-year-old Mario had no choice but to flee his home in Honduras. He and a cousin journeyed north through Guatemala, hoping to reach safety in the United States. But on the treacherous migration route, things quickly went from bad to worse.

In Mexico, they met a group of youths who said they were also traveling north to the US, but then suddenly drew guns. “They robbed us of everything,” says Mario. In Tenosique, southern Mexico, the two of them hoped to catch a train that would carry them north, but they arrived too late and missed it. As they waited in the dark, armed men appeared. One pressed a gun against Mario’s arm. “My cousin was taken away,” he says. “I ran away until I escaped. I haven’t been able to find her.”

Terrified but determined to find safety, Mario once again traveled north until he reached Reynosa, a city on the southern bank of the Rio Grande just across the border from McAllen, Texas. During his journey he had learned...
THOUSANDS OF MIGRANTS AND REFUGEES WHO FLED VIOLENCE IN CENTRAL AMERICA ARE NOW STUCK IN LIMBO IN NORTHERN MEXICO, TRAPPED IN UNDER-RESOURCED AND OVERCROWDED SHELTERS.

of a shelter in the notoriously dangerous border city where he would be safe while he planned his crossing into the US. But even the short trip from Reynosa’s bus terminal to the shelter was fraught.

“The taxi driver asked me constantly if I was from another country,” says Mario. The man threatened that if Mario was a migrant, he could sell him to criminals who kidnap people at the border for ransom. Thinking quickly, Mario showed the driver a notebook that he’d brought with him and explained that he was a reporter visiting the region for his job. The ploy worked.

Now he’s at the shelter in Reynosa, trying to figure out his next move. “I’m waiting for my uncle, who lives in the US, to tell me when I can go,” Mario says. “But it has been a while since I’ve heard from him.”

The waiting has been difficult, and he is just beginning to come to terms with what he experienced on his journey north. “I still can’t believe I got all the way,” Mario says. “The first days were hard. I was sad and didn’t know what to do. I locked myself away from the outside world.” Though physically unharmed, he struggled to recover from the emotional wounds sustained on his journey.

He’s not alone. “Due to the violence that these people have experienced in the country of origin and during their transit through Mexico, once they reach these places [near the destination] where conditions are still not suitable for them, we find symptoms such as anxiety, acute stress, and some cases of post-traumatic stress disorder,” says Alberto Macín, a psychologist working with Doctors Without Borders/Médecins Sans Frontières (MSF).

MSF has been providing care along Mexico’s migration route for more than six years and has recently scaled up medical activities along the northern border in response to a humanitarian crisis made worse by official US policy. In January 2019 the US Department of Homeland Security announced a new plan called the Migrant Protection Protocols that would require people seeking entry to the US—including asylum seekers—to remain in Mexico for the duration of their immigration proceedings. The new policy is facing legal challenges, as both US and international laws protect the right to seek asylum and prohibit returning people to dangerous situations.

Thousands of migrants and refugees like Mario who fled violence in Central America are now stuck in limbo in northern Mexico, trapped in under-resourced and overcrowded shelters. MSF dispatched an emergency
To better meet the mental health needs of people on the move, MSF is working to build local capacity and integrate psychosocial services into all levels of care through projects in Honduras, El Salvador, and Mexico. “First, we intervene at the community level through training health promotion teams to recognize the mental health consequences of violence and displacement,” says Juan Carlos Arteaga, MSF regional mental health referent for Mexico and Central America.

We’re working to integrate mental health services into primary health care as well. “Health centers are close to the community, but most of the time they offer no mental health services at all,” says Arteaga. “The
plan is to place psychologists there, and we try to give specialized attention and train medical staff on how to care for patients exposed to violence. We will try to pass along the skills they need to care for this population.”

MSF medical teams that treat patients at migrant shelters and deportation points in Central America and Mexico are also trained to recognize medically unexplained physical symptoms (MUPS). “Most of the time these kinds of symptoms are related to mental health issues,” says Arteaga. “Headaches, body pains, stomach ache... these complaints, especially where violence is common, are often related to underlying mental health problems.”

MSF is also pursuing partnerships with universities in Mexico and Honduras to integrate mental health care training into medical school curriculums. “In many Latin American countries there is a lack of health services in general,” says Arteaga. “So mental health care is often not a priority for the health systems.” Since most health centers don’t employ psychologists, many psychology students don’t learn how to care for people affected by violence or displacement.

MSF hopes to work with Mexican and Central American universities and ministries of health to provide that training. “Together with other partners, we are trying to create a specific model, a specific curriculum for students,” says Arteaga. “We’ll provide university students with on-the-job training with MSF psychologists.” The project is still in the early planning stages, but Arteaga is hopeful that it could help to prepare a new generation of mental health professionals to address the growing needs among displaced people in Mexico and Central America.
A TRAUMATIC PAST AND AN UNCERTAIN FUTURE

The mental health consequences of displacement in East Africa
In the camp for internally displaced people near the town of Malakal in South Sudan, Dhan Tap gazes sadly at a picture on his mobile phone. The photograph shows a tattered white rope hanging from the grass-thatched roof of a South Sudanese home.

“This rope was used by a 13-year old boy who hung himself,” he says. “Many of our patients—whether adults or teenagers—feel there is no future for them. [This] boy felt his parents could no longer support him while in the displacement camp, and he felt trapped. Helpless.”

GROWING MENTAL HEALTH NEEDS

Dhan, who himself fled conflict in the area, works with Doctors Without Borders/Médecins Sans Frontières (MSF) as a mental health counselor in Malakal camp. Over the years, he has seen an increasing caseload of patients suffering from mental health conditions, often linked to their experiences of past displacement and future uncertainty. From January to October 2018, MSF’s Malakal mental health team supported roughly 30 new patients per month. Half of these patients struggle with serious mental health conditions, including attempted suicide.

Nearly all of MSF’s mental health programs in the East and Horn of Africa—including projects in Ethiopia, South Sudan, Sudan, Tanzania, and Uganda—have seen a significant increase in numbers of patients in recent years. That’s partly due to conflict and displacement across the region. There are now more than 2.2 million refugees who fled South Sudan, and another 2 million displaced within the country.

To meet the mounting needs, the number of MSF mental health projects in the region has more than doubled in the past four years in Ethiopia, Sudan, and South Sudan. Activities—including individual counseling, treatment with medication, and group activities—increased by 35 percent in 2017 compared to 2016.
FORCED FROM HOME

In Yumbe, northern Uganda, a town that hosts the largest refugee settlement in Africa, MSF community health educators like Emmanuel Rambo travel across a massive camp to encourage residents to take advantage of mental health support services. Rambo is South Sudanese, twice displaced from his hometown in Yei by conflict, and he can easily relate with the predominantly South Sudanese refugee population in the camp. “There is a stigma within the community—people do not understand what mental health is. Some associate [mental illness] with witchcraft,” he says. “And yet there is a huge need for mental health [care] among this population.”

MSF teams in Yumbe conduct around 900 consultations per month. “But I suspect we are seeing only a fraction of those who need our support,” Rambo says. He and his colleague Vastine Tayebwa, a clinical psychologist, believe that the high numbers of patients can be attributed to one main factor: displacement.

“It’s the sense of loss, past traumatic experiences, and future uncertainty that these refugees are facing,” Tayebwa says. “So far this morning I have seen six patients and already four more are waiting.” While a September 2018 peace agreement signed by the South Sudanese government and several rebel factions has reduced the level of violence, conditions remain volatile. Many refugees are not able to return home and still struggle with their experiences during the young country’s years of civil war.

MSF’s medical research arm, Epicentre, conducted a survey among nearly 10,000 South Sudanese refugees entering Uganda’s Yumbe camp in 2017 and found that nearly all—99.9 percent—cited attacks on their village of origin or neighboring communities as the reason for leaving their country. Mild or moderate mental health disorders can increase up to 20 percent during emergency situations such as conflict-related displacement, according to a 2012 World Health Organization (WHO) report.
“THERE IS ABSOLUTELY NO DOUBT IN MY MIND THAT THE CHRONIC CONFLICT, LACK OF SOCIAL SUPPORT, AND DISPLACEMENT MAKE A FERTILE GROUND FOR SEVERE MENTAL HEALTH PATIENTS.”

DISPLACEMENT & MENTAL HEALTH NEEDS

2.2 MILLION
REFUGEES FROM SOUTH SUDAN

2 MILLION
PEOPLE DISPLACED INSIDE SOUTH SUDAN

900
MENTAL HEALTH CONSULTATIONS PER MONTH IN YUMBE, UGANDA

35 PERCENT
INCREASE IN MSF MENTAL HEALTH ACTIVITIES IN THE EAST AND HORN OF AFRICA IN 2017 COMPARED TO 2016
A PERFECT STORM

Back in South Sudan, Dhan sees similar trends as he and his team care for internally displaced people from the once-bustling city of Malakal. “Before the latest conflict set off in Malakal in 2013, people considered this town a safe haven,” he says. “But the war destroyed this image along with the sense of security for the people. That sense of loss and being uprooted from your life . . . it definitely takes its toll on you.”

Dahn’s colleague, MSF doctor Jairam Ramakrishnan, considers the risk factors associated with people’s experiences in Malakal a “perfect storm” for the development of mental health problems. “There is absolutely no doubt in my mind [that] the chronic conflict, lack of social support, [and] displacement makes a fertile ground for severe mental health patients.”

South Sudanese refugees who fled north into neighboring Sudan bear similar psychological scars. According to MSF mental health supervisor Rania Abdel Kheir, refugees have a host of needs rooted in their exposure to traumatic events, along with subsequent lack of access to coping mechanisms and control over their lives once they become displaced. Kheir is part of the MSF team that works in two refugee camps just across the border in Sudan—Khor Waral and Kashafa. Since work began in August 2017, MSF has noted increasing numbers of new cases. “The majority of them come from the conflict. Some say they have lost relatives—some have even seen relatives killed in front of them,” says Kheir.

TWO SIDES OF A COIN

Addressing mental health disorders is an integral part of MSF’s response in eastern Africa and elsewhere. A 2007 report published in the medical journal The Lancet found that mental disorders can increase the risk for both communicable and non-communicable diseases. “Mental and physical health are like two sides of a coin: when there is disease in your mind, it affects you physically,” says Dhan.

Despite the enormous needs, mental health services across eastern Africa are either woefully inadequate or completely non-existent. And even though mental health care is relatively cost-effective when compared with other health services, the lack of qualified personnel remains an issue.

While Dhan understands the challenges, he strives to make the most of the resources available in the Malakal area. He’s found that simple tools such as games, books, and toys can help children struggling with mental health issues in the sprawling camp. “When you see children playing again, you can see that not all is lost.”

BELOW: MSF provides mental health care services at the Malakal Protection of Civilians site for internally displaced people in South Sudan. Some of the older children are learning skills to reconnect to a more peaceful time and prepare for life outside the camp. © MSF/Philippe Carr
In South Sudan’s Yambio county, children and teenagers who were forced to fight during the country’s long civil war are struggling to regain their lives.

Child soldiers are prized by their adult commanders for following orders without understanding the impact of their actions. These young combatants are often traumatized, having been separated from their families and forced into a life of violence and hard labor.

To help these former child soldiers reintegrate into society, MSF launched a mental health support program to help them come to terms with their experiences. In the second half of 2018, a group of governmental and nongovernmental organizations, including MSF, began working to help these children return to their communities. So far, 983 children have been demobilized in Yambio.

It’s not just post-traumatic stress or flashbacks that can lead to mental health problems—many demobilized children are also fearful of an uncertain future. They are scared they will not be accepted by their communities and worry about what they will do with their lives.

Former child soldiers do not always receive a warm welcome, as their families and neighbors are often afraid too. Some armed groups used child soldiers to loot supplies and collect protection money from communities, and to punish those who would not pay.

Part of the reintegration process involves helping communities to better understand the circumstances of the children while in armed captivity. “Some of the children carry the burden of guilt,” says Carol Mwakio Wawud, an MSF psychologist with the program. “This is not just about something they might have done or seen while in uniform. Some still feel guilty about being captured and being taken from their families. In their minds, it was their fault.”

Mwakio and other MSF mental health staff try to help these children understand that they were not entirely responsible for their actions while in uniform. “We remind them that their commanders were the ones who were in charge and forced them to commit atrocities. This was a period of their life when they had no control, but now the future offers lots of possibilities,” she explains.

Trust is at the heart of the relationship between the counselors and their young clients. “Every detail is taken into consideration to make the psychological consultations for these sensitive cases as comfortable as possible,” says Mwakio. “Our aim is to show them that they have regained control over their own lives.”

South Sudan’s health care system, battered by years of conflict, is ill-equipped to care for demobilized child soldiers, and there are very few local mental health professionals who can look after their needs. That’s why MSF is training South Sudanese staff members to serve as counselors. Their assistance is sorely needed.

UNICEF estimates that some 19,000 children are still being held by armed groups in South Sudan and need to be demobilized.
VICTIM TO SURVIVOR
HEALING FROM SEXUAL VIOLENCE IN
DEMOCRATIC REPUBLIC OF CONGO
The Greater Kasai region, in southern Democratic Republic of Congo (DRC), had long been untouched by the conflicts that have scarred much of the country. But in 2016, escalating violence between armed groups turned this peaceful region into one of the most serious humanitarian crises in the world.

Doctors Without Borders/Médecins Sans Frontières (MSF) began assisting victims of violence in Kasai in May 2017, in the midst of intense conflict. Teams rehabilitated the trauma wing of the Kananga Provincial Hospital, initially focusing on surgical care for trauma patients and later adapting to treat victims of sexual violence.

From May 2017 to September 2018, MSF treated 2,600 victims of sexual violence at the hospital. Eighty percent of these patients reported that they were attacked by armed men. Most of MSF’s patients sought treatment more than a month after they were attacked, making it difficult to know how many other victims there might be.

Victims of rape require medical care within 72 hours of the attack so that they can be protected against HIV and receive emergency contraception, but the majority of patients in Kananga arrive after that window has closed. Nevertheless, they can still benefit from treatment for sexually transmitted diseases, vaccinations, and both group and one-on-one mental health counseling offered by MSF.

In Kananga, MSF provided psychosocial support and psychological care for more than 200 victims of sexual violence on average each month through individual and group sessions. “I remember as if it was yesterday,” says Bibiche*, recalling the details of the attack against her and her family. “A group of men came into the house, and they destroyed everything—our things, and us. First, they raped my little sister, then my sister-in-
NO HEALTH WITHOUT MENTAL HEALTH

Often this is the first time a patient has spoken about what has happened to them, so it is important to create a safe and confidential space for the patient to tell their story.

Mental health treatment differs for each individual and is determined by evaluating the attack’s physical, psychological, and social consequences. Most patients attend three sessions, and more are provided as necessary. “We explain what trauma is, and what anxiety, depression, or post-traumatic stress disorder look like,” says Modarelli. Long-term psychological trauma can trigger psychosomatic pain in various parts of the body, so MSF psychologists look for these symptoms and explain to the patient how mental health care can help. Psychoeducation groups are also incorporated into MSF’s mental health guidelines and provided to families and communities. MSF has begun to incorporate physical therapy into the program due to the violent nature of the attacks.

While the majority of our patients in Kananga were women, 32 were men, some of whom reported having law, and me last. At the time, we didn’t speak out about it, or ask for help.”

One year passed before Bibiche heard about the care being provided by MSF for victims of sexual violence. “A female doctor had come to tell us about an organization of doctors here in Kananga that was treating rape survivors, even if the rape went back as far as last year,” says Bibiche. “When I came [here], the doctors all greeted me with a warm smile and I felt really welcome.”

Sexual violence victims see a psychologist when they first arrive at the hospital. “It helps to build trust with the patient and to make them feel comfortable before they have a medical examination,” says Angela Modarelli, MSF mental health manager in Kananga.

ABOVE: MSF medical teams from Kananga hospital in DRC meet to debrief each other during the week. In response to a surge of conflict in the Kasai region, teams initially focused on providing surgical care and later adapted to treat victims of sexual violence. © Quentin Bruno/Brassage Photographique
been forced under armed threat to rape members of their own community. Male victims of sexual violence are more likely to stay silent about their attacks, often because of stigma or a fear of being rejected by the community. “Often men will come seeking mental health care, complaining of a lack of sleep, feeling sad and depressed, or having suicidal thoughts,” says Fagard-Sultan. “But after a few sessions with a psychologist, they disclose that they were victims of sexual violence.”

“When I sleep I remember everything that happened,” says Pitchou*, who says he was captured by an armed group, tortured, and forced to commit atrocities. After several sessions talking to a psychologist he started to notice some changes. “Even if I’m not fully well yet, I feel that I’m on the way to something better.”

In addition to individual counseling, MSF holds group sessions in Kananga to allow people to share their stories with others who have experienced similar trauma. “Our main goal for support group sessions is to offer comfort and connectedness to others,” says Modarelli. “By facilitating exchanges between people who share similar experiences, these sessions help to reduce stress and break down feelings of isolation. We reinforce the strengths and share them within the group, so people do not feel alone in what they have lived.”

*Patient names changed for privacy
Timothy T.T.* is a 32-year-old man who lives with his mother, brother, and sisters in a community of neat cinder block homes just outside the bustle of Monrovia, Liberia’s capital. When Timothy’s mother, Susana Foley, talks about him, it’s with profound affection and tenderness. They’ve been through hell together. And because of her devotion, along with help from Doctors Without Borders/Médecins Sans Frontières (MSF) and the Liberian Ministry of Health, they’ve come out the other side.

After Timothy graduated from high school, he took a job with a bottled water company. For several years he was doing quite well, living on his own, seeing his family frequently, and pursuing his interests in travel and study—he had applied for a visa to attend university overseas. When his schizophrenia surfaced, it was shocking, like he’d become an entirely different person overnight.

Susana vividly remembers the day in October 2014 when everything changed. They were getting ready

ABOVE: Timothy T.T. and his mother, Susana Foley, stand on the porch of their home in Monrovia, Liberia. Susana says her son is doing much better after receiving mental health care and medication from MSF. “Since you started the treatment, I’ve got a belief that this man is well,” she says. © Melissa Pracht/MSF
to go to church and Timothy seemed stressed and disoriented. Then he picked up his Bible and ran out of the house as though someone were chasing him. Later that day, in church, he asked his mother if she knew God, and then he held a chair up over his head and started speaking, she says, “like a monster.”

It wasn’t only in church that Timothy’s behavior sowed fear and disruption. Out in the community he acted aggressively, getting into fights and drinking too much. At home he terrorized his siblings. This was not the responsible, intelligent young man his family had known for nearly 30 years; he had become an irrational, dangerous person. Susana brought him to every church in their area. From her perspective, he must have been possessed by demons, but no preacher or healer was able to cure him.

Finally, she did the last thing she wanted to do, but the only thing she knew would keep him safe. “I put a chain on him,” she says. It attached to his ankle and ran up to and around a cinder block in the wall of his bedroom. He could move around the small room, which was right next to the common area of the house, and he could make a lot of noise, but he couldn’t attack his brother, couldn’t physically intimidate his mother, and he couldn’t leave.

**STRENGTHENING LIBERIA’S MENTAL HEALTH SYSTEM**

Weedor G. Forkpa is a young woman who radiates competence. A mental health clinician employed by the government at the primary care clinic in Bromley community, close to where Timothy lives, she and a colleague assessed his condition after a community health worker relayed a complaint. “We told the family that there is treatment available free of charge and Timothy needs to start it right away,” she says.

Before MSF started supporting Liberia’s mental health system in 2017, the appropriate medication, haloperidol, most likely would not have been available, and Weedor may not have even heard about Timothy’s case.

In just the last 30 years, Liberia has experienced two civil wars and a catastrophic Ebola outbreak. Like every aspect of life in the country, the health system was tremendously impacted by these cataclysmic events. Many medical professionals left—or, during the Ebola outbreak, perished—institutions have had scant resources, and many people’s health knowledge and health-seeking behavior are limited.

MSF played a critical role in fighting the Ebola outbreak that hit Guinea, Sierra Leone, and then Liberia hard from 2014 to 2016. We closed our last Ebola-related projects in Liberia—survivor clinics that offered care for people who continued to have physical and psychosocial issues after they recovered from the disease—in 2016.

But when the mental health team began looking for services where they could refer their remaining patients, they learned that there was only one practicing psychiatrist and one psychiatric facility in the entire country. This is what prompted MSF to conduct an assessment of the mental health needs in Liberia and ultimately partner with the Ministry of Health to improve and grow their services.

With only a barebones national mental health system, it makes sense that many people in Liberia would not know about mental illness, or that it can be treated. Although Timothy’s case is an extreme example, he is not the only mentally ill person to be restrained by chains in Liberia. And the practice of chaining is certainly not unique to that country. MSF mental health experts say this happens nearly everywhere there is a lack of mental health resources. The practice was not uncommon in US insane asylums before antipsychotic drugs were developed in the mid-twentieth century.

Though people in Susana’s position often have no better options, chaining is not a humane solution to mental illness—it imposes a loss of dignity and freedom, not to mention physical danger. So, when MSF teams learn of someone being held in chains, they work with the family or caregiver to provide treatment and get the patient safely out of those harsh restraints.
NO HEALTH WITHOUT MENTAL HEALTH

MSF teams have seen that investing in community-based care like the model introduced in Liberia can make a huge difference in the lives of people suffering from illnesses such as bipolar disorder, severe depression, post-traumatic stress disorder, and, as in Timothy’s case, schizophrenia.

“I’VE GOT A BELIEF THAT THIS MAN IS WELL”

MSF began working with the Ministry of Health in 2016 on an ambitious five-year plan to integrate mental health care into primary health facilities. We provide three main pillars of support: access to medication, training for clinicians like Weedor; and development of community outreach. MSF-trained psychosocial staff work with government community health workers to identify new patients and refer them to the nearest clinic; follow up with patients; and raise awareness and combat stigma around mental illness in schools, churches, and other public spaces.

“One of the reasons our program is working in Liberia is because of MSF’s long history in the country, the collaborative relationship we have with the Ministry of Health, and other training initiatives focused on mental health in Liberia,” says MSF psychiatrist and mental health advisor Greg Keane. “Building on this, we are able to implement a best-practice model, which is community-based mental health care delivered by Liberians who are trained and supervised, with a community outreach aspect as well.”

Mietta Cooper is the community outreach worker who first discovered Timothy. When she visited his area, community leaders told her that he displayed the kinds of behavior she described to them as mental illness, and that he was at home in chains. She asked if she could meet him, so they led her to Susana’s house and introduced her to the family. “We could not reach Timothy because he was violent at that time,” she says. “So we talked to his mother and we told her about the treatment. She told us Timothy cannot come to the hospital because he is violent. So we came back to the health center and we told the mental health clinician about him.”

Weedor and another clinician came to Timothy’s home and assessed his condition. The symptoms of psychosis were immediately clear, she says. Eventually, he would be diagnosed with schizophrenia, but on that day, Weedor initiated home treatment with Timothy and his family. After two weeks on medication, Timothy seemed stable. For the first time in years, he was no longer hearing voices or seeing things that weren’t there.

Six months after starting treatment, Timothy is responsible for his own medication and he comes to the clinic in Bromley every week for a check-up. He has a calm, agreeable demeanor and moves slowly. In addition to monitoring the clinical effects of the medication, Weedor engages Timothy in conversation. They discuss his actions and the harm versus benefit of the choices he makes.

Mietta continues to visit Timothy every week at home. “The first time I saw Timothy,” she says, “you couldn’t connect with him. But now you and Timothy can sit and talk. I’ve seen his condition change. He is getting better. He is improving.”

With the full spectrum of treatment and support, Timothy has made striking progress. “I’ve managed to change my behavior,” he says, “what I say and do around people. I’m able to be with people.”

Susana confirms the dramatic improvement in her son since he started receiving care. “I say God bless you people. Because since you started the treatment, I’ve got a belief that this man is well,” she says.

Timothy is also aware of the critical role his family has played in helping him through his illness. “My family went through life with me,” he says, “true life with me.”

*Last name withheld for privacy

Above left: Weedor G. Forkpa, a mental health clinician, sees patients as part of MSF’s mental health program in Montserrado county, Liberia. © MSF
Athena Viscusi is a clinical social worker and part of MSF's Psychosocial Care Unit (PSCU), a group of mental health care workers who have worked internationally with MSF and now focus on psychosocial care for MSF staff.

**What are the potential risks to humanitarian workers’ mental health and how does MSF address them?**

Before MSF staff members leave for their first assignment, we work with them to prepare so they can avoid falling prey to the most common risks to mental health. Burnout, for example, can happen if you’re working in emergency situations, with many obstacles, for long periods of time, and with long hours. It can happen when the amount of stress that you’re exposed to surpasses your coping mechanisms.

We talk about the stresses people are going to encounter, and I tell them that it’s part of their job to take care of themselves as they are caring for others. We talk about having a plan when they’re unable to rely on their usual coping mechanisms—if they usually run five miles a day to relieve stress, but they are going to be confined to a compound, what are they going to do instead? Another big part of preventing burnout is keeping up strong social connections, with both friends and family at home and their MSF colleagues. This will help people deal with stress during their assignment, and, when they get home, it will help them readjust to a very different life.

Another important prevention measure is the training of supervisors to recognize the signs of mental distress and connect their staff with us, the psychosocial teams.

**What about traumatic events that you can’t prepare for?**

Infrequently, international staff can experience direct exposure to a traumatic event—this would be if you were directly attacked or threatened, or directly witnessed violence or suffering. Traumatic memories like these tend to stay with us unless we address them.

Furthermore, secondary exposure to trauma can occur when a staff member experiences trauma through a patient, hearing some really horrible stories on a daily basis. Sometimes, MSF sends psychologists to our projects to counsel both local and international staff in the event of a traumatic incident, or if teams are dealing with particularly stressful stories day after day. And counseling is always available by phone or videoconference. When international staff come home to the US, we can connect them to a therapist where they live. For local staff, where it’s possible, we can hire local psychologists to provide ongoing support.

Most returning international staff members report their experience as positive, and many talk about how it has changed them. Some have had difficult experiences before working with MSF, and helping others restores meaning and fulfillment for them. Turning adversity into opportunity is what we call “post-traumatic growth.”
Fleeing Mosul

It is impossible to imagine fleeing from your city with buildings burning behind you, gunfire all around you, running with your baby, and the few items you managed to grab.

The desperation and hopelessness are depicted in this painting as the sun (or moon), which appears to be the only witness to the suffering in a culture where public emotional expression is not the norm.

Alone in the dark

On our way from Qayyarah town to the displacement camps each morning, I would see children wandering around the camp, dusty, disheveled, simply looking for something to do.

This image depicts the sense of loneliness and helplessness that I imagined them experiencing after dark.

Myself and Dr. Sandra

The best-practice treatment for severe acute malnutrition is therapeutic feeding in conjunction with psychosocial support and education. Our team in Qayyarah assessed and treated women and their babies. Plumpy’Nut, a therapeutic food, was given to babies over six months as part of a continuing therapeutic program through our outpatient nutrition center. Meanwhile, the mental health team provided individual and group psychotherapy, activities for the children, behavioral intervention, psycho-education, baby massages, and psychosocial stimulation groups.
In summer 2018 Australian psychologist Diane Hanna returned from her first assignment with Doctors Without Borders/Médecins Sans Frontières (MSF) in Qayyarah, some 37 miles from Mosul, Iraq, where she was part of a team providing mental health care to people displaced by conflict in the city. Here, she shares her impressions and the powerful artwork she created to help tell the stories of the people she met.

**She waits all week**

The mental health team organized painting and drawing activities for children in the camps. After the team distributed art supplies to a thirsty desert full of children, a daily pilgrimage of little artists would make their way to the main gate of the compound and wait patiently with their drawings. The groups became very successful, with over 100 children turning up on the first day. I was blessed to receive many pictures from the children, including Amira, who would wait outside in the unforgiving heat until I came back from the other camp just to show me her drawings.

**She’s gone**

Despite the overwhelming sadness the women experienced during and after the conflict in Mosul, they showed great personal strength and resilience. They also showed a great deal of sisterhood as they shared stories of trauma and tragedy during the group psychosocial sessions.

**Mosul dreaming**

Many of the women and men in the camps would tearfully reminisce about life in Mosul before it went “black”—the term they used to describe the period of occupation by the Islamic State group. The way their faces would light up when they spoke of their lives before is depicted in this illustration of a woman lovingly wrapping her arms around her memories of the city.
When he was in college, Bill Shumann wanted to become a doctor, but he ended up on a slightly more adventurous path. With a BA in English from Cornell University, Shumann went straight into Army Intelligence in 1961. His activities involved quietly obtaining information from Poland to Yugoslavia. He met his wife, Monica, in Geneva, where she was the assistant to a World Health Organization director.

After leaving the army, he launched a successful career in writing that began with penning obituaries for the Washington Post, led to a speechwriting gig at the Air Line Pilots Association, and ended with a long stint at the Federal Aviation Administration before his retirement in 2005. “I’ve always been an airplane nut,” Bill explains.

Bill and Monica have six children together, many of whom have chosen to go into service-oriented careers—among them are a former foreign service officer, a psychiatrist, a food bank fundraiser, and an employee of the US Government Accountability Office.

Service is a family tradition: Bill has built a life around serving those in his community and beyond. It’s a passion he shares with his wife. Though he’s a writer, he says it’s hard to find the words to describe something so core to his being: “I just feel a need to do things that are helping others. It’s such a part of me.” Also, he says, “it beats playing solitaire.”

Bill says he chose to support Doctors Without Borders/Médecins Sans Frontières (MSF) for a few vital reasons: the organization’s financial independence and fiscal responsibility as well as its commitment to going where medical care is needed most—regardless of whether those places or people are making headlines. “It certainly seems that there’s no wasted money,” says Bill. “And roughly 90 percent of the staff in projects around the world are locals. It’s a thoughtful and efficient way to do the best you can in helping people.”

Just three years after retiring, Bill and his wife faced the challenges of the 2008 recession but were able to bounce back. “The needs in so many countries are so important,” says Bill, “that if anyone can afford anything, MSF is, to me, the first place to donate.” It was in that spirit that Bill decided to include MSF in his estate plans. “It was the natural thing to do,” he says. “I knew I could afford to be more generous.”

Now that they’re retired, Bill and Monica are staying busy with their volunteering, visits to their children, and travels to places they haven’t yet been.

“I’m proud to be a Doctors Without Borders donor,” he says.
INCREASE YOUR IMPACT
Does your employer have a matching gift program? Many companies have matching gift programs that will double or even triple the impact of your gift. Companies will sometimes also match donations made by spouses, retirees, and board members. Because conditions and criteria for gift matching vary by employer, please check with your company’s human resources department for details. MSF is happy to confirm your gift or to satisfy any other requirements your company might have.

If you or your company are interested in learning more about our work, or have any questions about our matching gift program, please email corporate.donations@newyork.msf.org or call (212) 763-5745.

THE MULTYEAR INITIATIVE
MSF would like to thank all of our donors who have made commitments towards the Multiyear Initiative. With annual commitments of $5,000 or more, these generous supporters help provide MSF with a predictable revenue stream that better serves our ability to respond rapidly to emergencies and ensure the continued operation of our programs. To date, we have received commitments totaling $60 million towards the initiative.

To find out how you can participate, please contact Mary Sexton, Director of Major Gifts, by phone at (212) 655-3781 or by email at mary.sexton@newyork.msf.org, or visit doctorswithoutborders.org/multiyear.

JOIN OUR LEGACY SOCIETY
MSF is able to provide independent, impartial assistance to those most in need thanks to the dedication, foresight, and generosity of our Legacy Society members. Every day, legacy gifts help us keep our commitment made more than 40 years ago to assist people in distress regardless of race, religion, creed, or political affiliation.

To learn more about joining MSF’s Legacy Society by making a gift through your will or other legacy gift that will save lives for years to come, please contact Lauren Ford, Planned Giving Officer, by phone at (212) 763-5750 or by email at lauren.ford@newyork.msf.org.

SET UP A GIFT ANNUITY WITH MSF
MSF’s charitable gift annuities make it easy to provide for our future as well as your own. When you set up a gift annuity with MSF, you will receive fixed payments for life and an immediate income tax deduction. Minimum age when payments begin is 65. We follow the ACGA suggested rates. For more information, including a personalized proposal showing how a gift annuity can work for you, please contact Beth Golden, Planned Giving Officer, by phone at (212) 655-3771 or by email at plannedgiving@newyork.msf.org.

STOCK DONATIONS
Did you know you can donate gifts of securities to MSF? Making a stock gift is simple and offers a number of valuable financial benefits. You can donate appreciated stocks, bonds, or mutual funds, and the total value of the stock upon transfer is tax-deductible. Also, there is no obligation to pay any capital gains taxes on the appreciation.

MSF currently maintains an account with Morgan Stanley Smith Barney to offer donors an easy way to transfer securities hassle-free. For more information on how to make a security donation please visit our website doctorswithoutborders.org/support-us/explore-donation-options/give-stocks. You can also call (212) 679-6800 and ask to speak to our Donor Services department.

SHOP FOR GOOD
Did you know you can generate a donation to MSF every time you shop at Amazon? When you register with and shop through AmazonSmile, the company donates 0.5 percent of the price of your eligible purchases to MSF.

Simply go to smile.amazon.com, type “Doctors Without Borders” into the search bar, and start shopping! Once you have signed up, remember to go to AmazonSmile for all future Amazon purchases.

If you have any questions or comments, contact our Donor Services team:
Toll free: (888) 392-0392
Tel: (212) 763-5797
Email: donations@newyork.msf.org

MSF ON THE ROAD: A VOICE FROM THE FIELD
“On the Road” is a special traveling speaker series that explores the MSF mission and the challenges of bringing lifesaving medical care to the most dangerous and remote areas of the globe.

To read more about this speaker series, coming to the Northeast this spring, visit doctorswithoutborders.org/ontheroad.
ALERT
is a quarterly newsletter sent to friends and supporters of Doctors Without Borders/Médecins Sans Frontières (MSF). As a private, international, nonprofit organization, MSF delivers emergency medical relief to victims of war and disaster, regardless of politics, race, religion, or ethnicity.

DOCTORS WITHOUT BORDERS
is recognized as a nonprofit, charitable organization under Section 501(c)(3) of the Internal Revenue Code. All contributions are tax-deductible to the fullest extent allowed by law.

ABOVE: A family forced to flee violence in South Sudan are proud of the new home they have made in Uganda’s Bidi Bidi refugee settlement, where MSF provides medical and mental health care. © Geraint Hill/MSF

EDITORIAL DIRECTOR: Kavita Menon
DEPUTY EDITOR: Elias Primoff
CONTRIBUTORS: Jessica Brown, Nadine Drath, Melissa Pracht
DESIGN: Melanie Doherty Design

alert_editor@msf.org
/msf.english
/msf
/doctorswithoutborders
/msf_usa

DOCTORS WITHOUT BORDERS/MÉDECINS SANS FRONTIÈRES (MSF) WORKS IN MORE THAN 70 COUNTRIES PROVIDING MEDICAL AID TO THOSE MOST IN NEED REGARDLESS OF RACE, RELIGION, OR POLITICAL AFFILIATION.

US HEADQUARTERS
40 Rector Street, 16th Floor
New York, NY 10006
T 212-679-6800 | F 212-679-7016
www.doctorswithoutborders.org