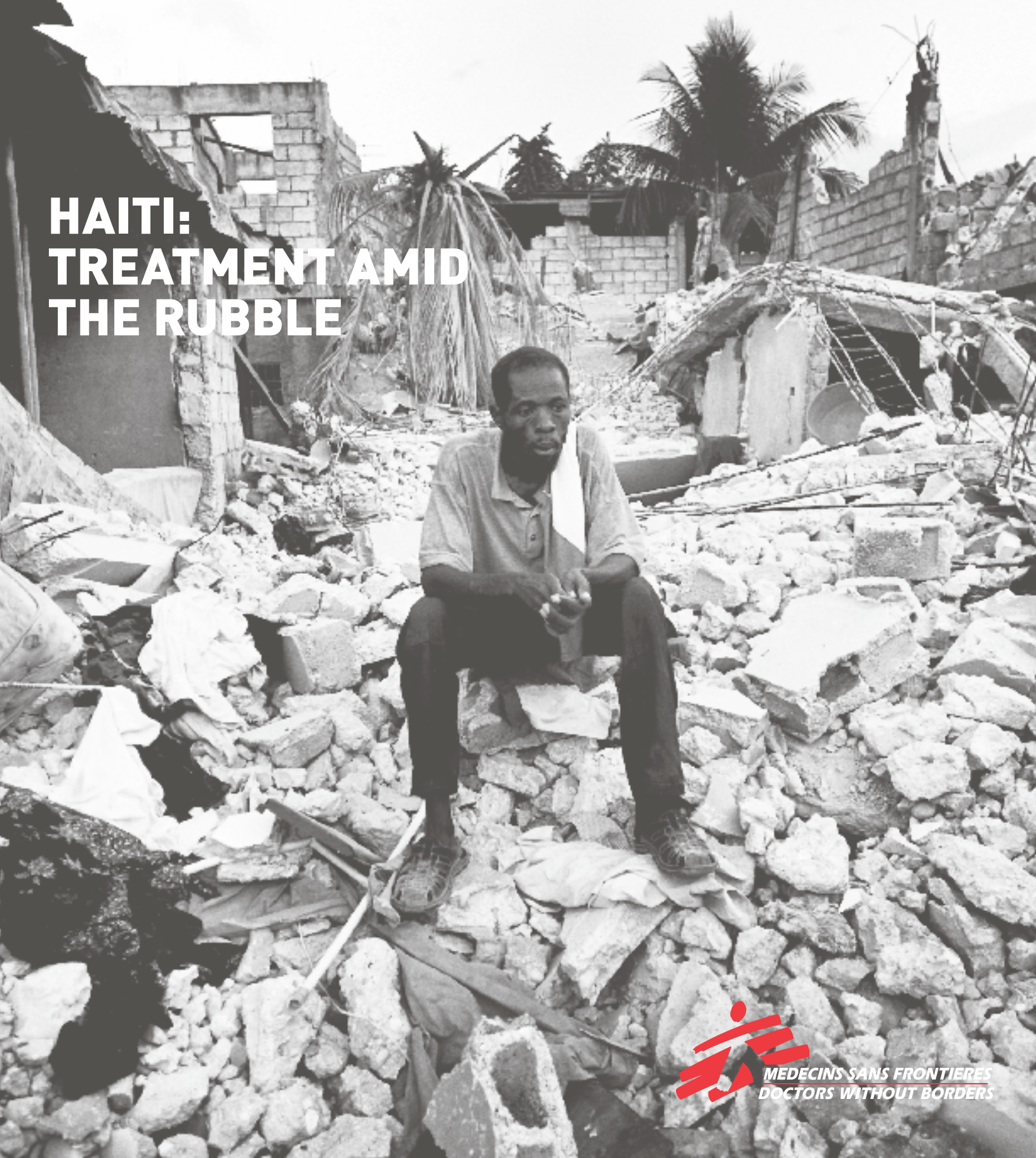


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ALERT

HAITI: TREATMENT AMID THE RUBBLE



MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

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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.

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HUMANITARIAN SPACE

Dear Friends,

We devote this issue of *Alert* almost entirely to the catastrophic earthquake that devastated Haiti on January 12. Immediately after the onset of the crisis, Doctors Without Borders/Médecins Sans Frontières (MSF) medical teams began setting up makeshift clinics on the grounds of the three hospitals in which they had been working when the earthquake hit. As the first wave of what would become thousands of people began to arrive with crushed limbs, open fractures, head traumas, and burns, MSF teams were ready to offer emergency medical care.

It soon became clear that the medical and surgical needs were enormous, and we expanded our capacity dramatically. Within a week, we had seen more than 3,000 patients and had performed more than 900 surgeries. By the beginning of March, our medical teams had treated more than 41,000 patients and conducted almost 3,300 surgeries. More than 3,000 MSF aid workers were working at 26 sites and in 4 mobile clinics.

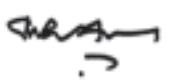
MSF has been working in Haiti for 19 years. Due to the fact that we already had 800 field staff on the ground when the earthquake hit, we were able to respond quickly and effectively. And owing to the generosity of so many of our supporters here in the United States, we were able to fund our response—one of the largest in the history of the organization, and one that we expect to last for a long time to come.

The medical needs in Haiti have now shifted toward post-operative care, mental health support, shelter, treatment of chronic conditions, and the provision of clean water and effective sanitation. MSF is working closely with Handicap International, which estimates that 300,000 people have sustained injuries in Haiti, and that 25 percent of those suffered fractures that will require ongoing attention, including physiotherapy and possibly additional surgeries. Haiti's health infrastructure was in poor shape even before the earthquake. As the international community discusses its role in rebuilding in Haiti, we will continue to urge that building an adequate medical infrastructure—something for which we have long advocated—should be a priority.

MSF teams have been witness to the suffering of patients and colleagues who have lost family and friends. MSF, too, suffered devastating losses. The Haitian members of our staff, and those who worked with us in the past, who were killed in the earthquake were courageous and committed professionals, and we mourn them as beloved friends.

Thank you for your support for MSF's programs in Haiti and in more than 60 countries around the world. Your generosity is a powerful reminder of the trust that so many people have in MSF's commitment and ability to deliver humanitarian assistance to those most in need. We are truly grateful for that trust.

Sincerely,



Sophie Delaunay



EMERGENCY DESK: HAITI

LOOKING BACK AT MSF'S RESPONSE, LOOKING FORWARD TO THE WORK AHEAD

The first reports that trickled out contained only the slightest hint of the destruction that had occurred, or the massive response that would follow. Soon, though, the immediate consequences of the earthquake that struck Haiti on the evening of January 12 were made devastatingly clear, and Doctors Without Borders/Médecins Sans Frontières (MSF) launched what would quickly become one of the largest emergency efforts in the organization's history.

From those first, vague bits of news that something had happened in Haiti, however, MSF operations and emergency desk personnel knew that the situation needed to be watched closely. MSF already had a long history in Haiti. It was, at that moment, running three programs in the country—a maternity project, a trauma and rehabilitation center, and an

emergency stabilization program—all necessitated by the cumulative impact of decades of violence and instability in a place with limited medical and governmental capacity.

In the best of times, life in Haiti was precarious. Much of the capital, Port-au-Prince, was built haphazardly, structure stacked atop structure or hurriedly erected with little regard for the few building codes that existed. Thousands upon thousands of people lived in shanty-filled slums that were often rendered all but inaccessible by the mud flows that followed heavy rains. Economic opportunities were few, unemployment was widespread, and underemployment even

Above: The January 12 earthquake left more than a million Haitians homeless, their futures more uncertain than ever. © Andreas H. Dekkers/MSF



more so, but residents were well accustomed to spasms of organized violence and political upheaval. Outside Port-au-Prince, seasonal storms, hurricanes, and cyclones regularly disrupted everyday routines and, in some instances, cost people their homes and their lives. The earthquake, therefore, hit in just the right place, and with more than enough power, to throw Haiti into a period of turmoil that went beyond anything even its most beleaguered residents had known.

The toll was staggering. Hundreds of thousands lay dead and injured. Millions were suddenly homeless. The headquarters of Haiti's few functioning institutions were strewn with debris and rendered nearly inoperable. The organizations that would ostensibly coordinate a disaster response—the Haitian government, the United Nations—were themselves badly hit as well. The resulting authority vacuum severely hampered the ability of outside actors to get people and equipment into the country. There was no staging ground for the response and no one on the ground who could manage it.

A FLOOD OF CASUALTIES

There were, however, great swathes of the population in desperate need of help, and MSF, because it already had teams on the ground, began providing lifesaving emergency medical care immediately. Dr. Jeanne Cabeza, the medical coordinator for MSF's operations in Haiti, wrote in *The Wall Street Journal* that even though she thought she was going to die when the earth started to shake, "five minutes after the quake, people were banging on our door in need of help." She was at MSF's rehabilitation center in the Pacot neighborhood and had, like some of her colleagues, sustained minor injuries. Nonetheless, they got started right away and worked through the night, attending to the crush wounds,

fractures, concussions, and other injuries that had been visited upon men, women, and children in the surrounding area. What began as a trickle of patients quickly became a limping, bloodied deluge. "Within a few hours, there were hundreds of people in need of surgery," Cabeza recounted.

Similar situations were unfolding at other MSF facilities in Port-au-Prince. Since the buildings had been damaged, much of the work took place outdoors, in courtyards or in the streets in front of MSF structures. Car headlights were used to illuminate procedures. A janitor helped Cabeza apply bandages. Medicines and supplies were collected from MSF medical and storage facilities, sheeting was hung from trees to create ad hoc operating theaters, and mattresses were spread out to fashion areas where patients could wait for treatment or recover from care they had received. Before long, an operating theater had been set up in a shipping container that had previously served as the hospital's pharmacy. "In the first 24 hours, you need everything at once," said Jordan Wiley, an MSF logistician who'd been in the country for five months before the earthquake hit. Given the conditions—several veteran MSF staffers likened it to doing surgery in a war zone in which everyone is injured at the same time—it was impossible to meet all those needs. "The patients kept demanding your attention," said Dr. Philippe Brouard, a Haitian surgeon who has worked with MSF since 2006. "You do all you can, but there are always so many people calling you."

MSF offices around the world were mobilizing their resources, assembling new teams to buttress those on the ground and loading cargo planes with desperately needed supplies—including a 200-bed inflatable hospital that had been deployed to Pakistan following the earthquake there in 2005. Dr. Greg Elder, MSF's Deputy Operations Manager, later said



that in those early hours, “we knew the team on the ground, if anything was still standing, would be able to do a couple of days work.” But with the perspective afforded by distance and past experience, he also knew that they would soon need reinforcement and, after that, relief.

“WE CANNOT ACCEPT THAT PLANES CARRYING LIFESAVING MEDICAL SUPPLIES AND EQUIPMENT CONTINUE TO BE TURNED AWAY WHILE OUR PATIENTS DIE”

It was, Elder said, “the single most concentrated response I can remember,” an effort fueled by the energy and commitment of MSF field personnel and staffers in numerous country offices. When the delivery of shipments was stalled by congestion at the Port-au-Prince airport, and MSF planes were not allowed to land, the organization not only re-routed cargo through the Dominican Republic but also spoke out to demand that aircraft carrying lifesaving emergency medical equipment be given priority by the Haitian and American authorities coordinating incoming air traffic. “We cannot accept that planes carrying lifesaving medical supplies and equipment continue to be turned away while our patients die,” said Rosa Crostini, one of MSF’s medical coordinators in Haiti, at the time. Thanks to MSF’s reputation, we insured that this message was widely broadcast both by the mainstream media and also on newer channels of communication, such as Twitter and Facebook.

REINFORCEMENTS BEGIN TO ARRIVE

Despite the coordination issues at the airport, MSF nonetheless sent more than 250 metric tons of medical and material equipment to Haiti in the week after the earthquake. The next

week, the tally was 260 metric tons. All told, over the first seven weeks, nearly 1,200 metric tons of supplies were flown, driven, and carried by boat into Haiti. Among other things, the shipments contained medications, bandages, dialysis machines, tents, blankets, tarps, plastic sheeting, nutritional supplements, non-food items for distribution to displaced families, water and sanitation equipment, and vehicles.

Accompanying them, and finding their own way into the country—and then working day and night in extremely challenging conditions—were hundreds of international staff members who rotated in at intervals designed to keep the teams sharp and to spare them the assumed trauma that can affect people working in disaster areas. And serving as both the foundation and the inspiration for the entire effort was the national staff, all of whom had been directly impacted by the catastrophe but who continued providing emergency care for other Haitians, even when they themselves had no home to return to at night. “I have to come to work because this is a disaster and it is my business,” said social worker Charles Joseph, who lost his home in the earthquake. “If people from other countries can risk their lives and come here to cure people, me, as a Haitian, I must do the same.” Before the earthquake, there were some 800 people working in MSF’s projects in Haiti, the vast majority of them Haitian. By the end of the February, that number had climbed above 3,300.

From left to right: The scene outside an MSF building after the earthquake.

Treating patients in Carrefour.

A mother at her wounded daughter’s bedside at Martissant. © Julie Remy

A physical therapist works with a woman whose leg was amputated.

© Michael Goldfarb / MSF



THE WORK AHEAD

Other organizations chipped in as well, recalls Jane Boggini, a nurse who has been on 17 MSF missions and who arrived in Haiti days after the earthquake hit. Whether it was the missionaries who donated supplies, the Haitian nuns who brought water for the patients, or the individuals who had collected items in their home communities and brought them into the country themselves, the unexpected contributions were greatly appreciated. Likewise, MSF teams were aided by Haitian volunteers who offered their skills and expertise in a host of different ways.

Collectively, by March 25, MSF staff had established 26 medical care facilities, with a total of more than 1,300 beds. They were able to create several mobile clinics. They were running 14 operating theaters and were planning to open more. They had tended to some 53,000 patients and performed more than 4,000 surgeries. Additionally, they had distributed roughly 14,000 tents and more than 20,000 hygiene and kitchen kits. They carried out more than 10,000 mental health consultations. They set up water and sanitation facilities for displaced peoples living in ad hoc camps in and around the capital, and in outlying villages such as Jacmel and Léogâne. And, crucially, as other medical organizations began packing up to leave the country, they set up several sites specifically dedicated to post-operative care, rehabilitation, physiotherapy, and ongoing mental health services, while also resuming maternity programs and care for patients with chronic conditions—such as tuberculosis, hypertension, HIV-AIDS, and diabetes—whose treatment regimens were interrupted by the earthquake.

There are still patients who need surgery, either as a follow-up to a procedure first performed in the immediate aftermath of the earthquake or for wounds that went untreated and subsequently got infected. But the emphasis has shifted from emergency intervention to post-operative care. Additionally, MSF expanded its efforts to provide relief for displaced individuals and families, recognizing that the crowded, unsanitary living conditions, the rainy season that will arrive early this summer, and rising tensions within the population could all have dramatic public health ramifications.

Estimates put the number of wounded between 200,000 and 300,000. A quarter of those suffered fractures. Several thousand needed to have limbs amputated. “Our response to this point has been driven by an emergency logic, by emergency needs,” said Greg Elder one month after the earthquake. “But looking forward at those reconstruction needs, they go back, in fact, to the root a little bit of why we were in Haiti before the quake.”

The healthcare system was a shambles, and now it’s worse off. The economic picture was dire, and now it’s shattered. The nation’s psyche had endured numerous struggles. Now it must reconcile this cataclysm. For its part, after losing the three facilities it had been operating, MSF is now situated in a number of fixed structures and is looking for ways to make some of the temporary structures permanent, or semi-permanent. In early March, the organization announced that it would keep several of the new sites open for at least a year.

The recovery period, as is often the case, could be as grueling as the disaster itself, as the adrenaline fades and the world’s attention wanes. In many ways, the work is just beginning.



MSF had already been present and active in the country for the past 19 years. It was therefore ready to respond when the disaster struck. And it is now prepared to do the work that will remain as necessary as ever in the days, months, and years to come.

From left to right: A young patient at Carrefour. © Julie Remy

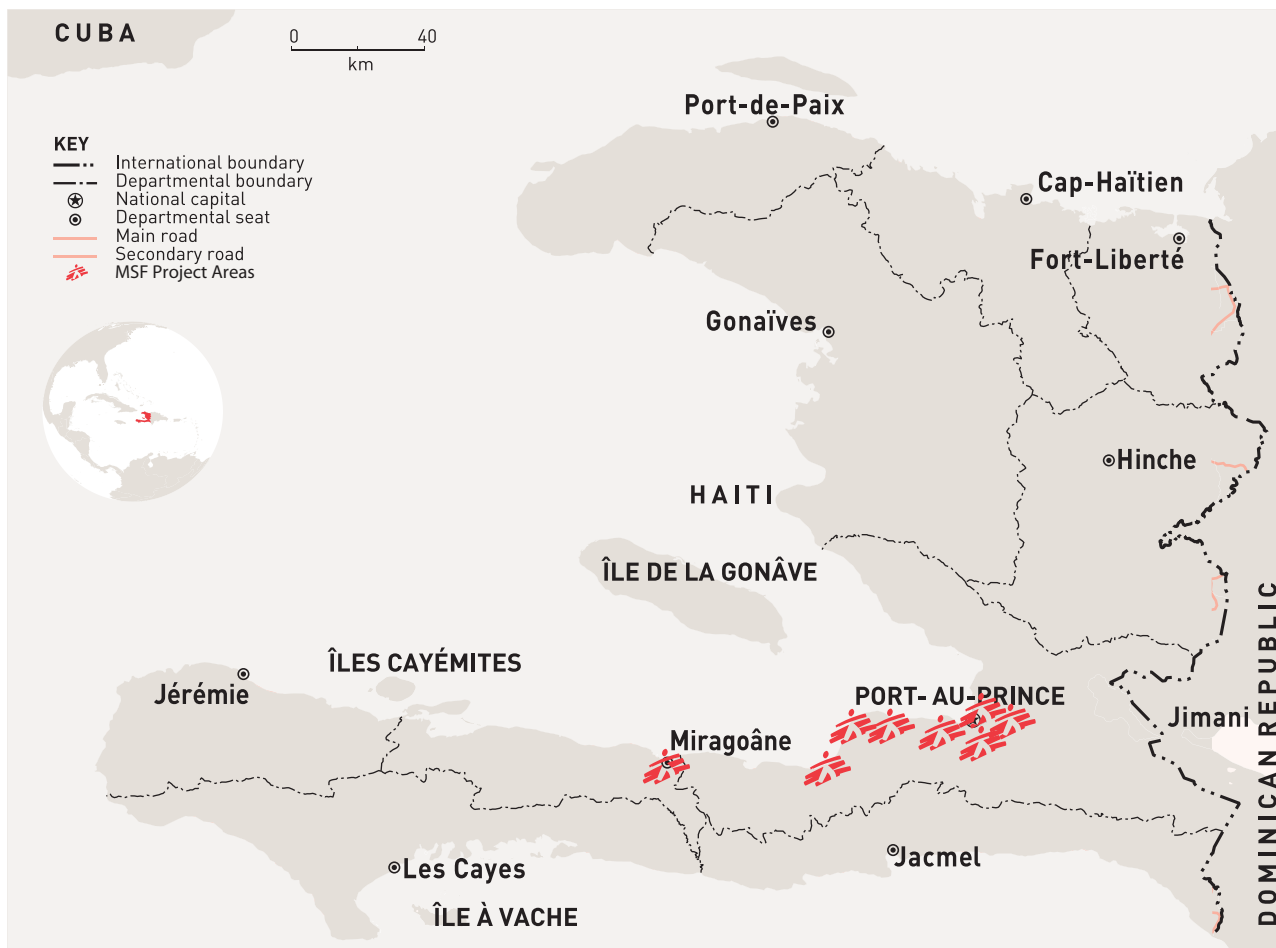
A makeshift camp in Jacmel. © Julie Remy

Surgery in a former shipping container. © Benoit Finck / MSF

A boy treated by MSF in Port-au-Prince. © Bruno Stevens / Cosmos

All photos, Haiti 2010

MSF IN HAITI AFTER THE EARTHQUAKE



REMEMBRANCES OF MSF STAFF IN HAITI DURING AND AFTER THE EARTHQUAKE



Akoyé, 70 years old and blind, was rescued from the rubble by his son, who brought him to MSF's Trinité Hospital. There were no beds; he had to be treated on the ground for his broken leg.

Haiti 2010 © Julie Remy

I. *On his fourth MSF mission, logistician Jordan Wiley was working at La Trinité hospital in Port-au-Prince when the quake hit.*

Immediately after the shaking stopped it was deathly silent. You couldn't hear anything. And then about three seconds or four seconds after that, the entire city erupted in screams.

The immediate thing was: Can we get people out of the building? What are our immediate resources? Phones immediately go down. Radios weren't working. Electricity, of course, water—you're thinking of all these logistics things, because you're gonna need them right away. So, yeah, just in terms of what do we have on hand? What do we need to get here quickly? All of that swirling in your mind, while you're thinking about how many people are still alive...

There was one staff in particular, he was a stretcher bearer, someone who normally carries patients in and out of the hospital, a very small guy but he had the wherewithal and the drive to

search through every room he could get to inside the hospital. And he assisted countless numbers of people getting out of the hospital. There's an adjacent building that doesn't touch the hospital. It wasn't damaged, so we put a ladder bridge from that building over to the hospital and he was crawling across that bridge [and] bringing more people out to the ladder so we could pull them out to the adjacent roof. Never asked him to do it. Never forced him, of course. If anything we wanted to stress caution about entering the building. But he was just action, totally on point for the rescue effort. He was phenomenal...

About 40 hours after the initial earthquake we were operating on our first patients outside. In this non-sterile environment, we did the best we could to cover everything and keep it as protected as possible. After that, more surgeons arrived and they said, "Let's do another operating theater." And we said, "No problem. How?" Which is always the big trick for logistics. In the back of the pharmacy we had three large containers, like a shipping container you see in the back of trucks. So we emptied that out and converted that into a second operating theater with salvaged equipment, salvaged wiring, salvaged light bulbs. But it worked ...

This is a rare opportunity to affect people's lives in their worst moment. You don't want things to happen, but they're gonna happen. You're gonna have catastrophes. You're gonna have these massive cataclysmic events. That's why I joined MSF. I also know the world doesn't work one disaster at a time. It doesn't wait for one event to get fixed



Jerry, seven years old, was seriously injured when his house collapsed. His mother, who had already lost two children during the earthquake, brought him to MSF for immediate treatment. Medical staff worked to save his right leg, but after days of cleaning the wound and administering antibiotics, an infection continued to spread. "If the infection went above [the groin], there would have been very little we could have done to save him," said MSF's Dr. Karin Lind. "We knew we had to amputate if we wanted to keep him alive."

Haiti 2010 © William Daniels

Immediately after the shaking stopped it was deathly silent. And then about three seconds or four seconds after that the entire city erupted in screams.

before it gives you another one.

II. *Geraldine Augstin is a Haitian medical student who started working with MSF at Lycée Cent Cinquantenaire three weeks after the disaster.*

I was headed to University for a class. Suddenly the earth started to shake and the next second all the houses were under the earth. There were dead and injured people everywhere. I was lucky enough not to get hurt, but my

mother was killed.

The day after the earthquake, although I was still crying for my mum's death, I took all the drugs I had, found someone who had a car, and went to treat people who needed help. There were many wounded everywhere. I treated, treated. I treated so many people. Then I came across MSF and they told me I could refer the most critical patients to them. Since me and MSF were doing the same thing, I thought we might as well join forces.

I am Haitian and I want to help my fellow citizens. As I haven't graduated as a doctor yet, I am working as a nurse. I do all sorts of things and try to help where I'm needed. I see patients who have suffered so much, and most have a huge psychological trauma.

It's very difficult for me because I lost my mum in the disaster and I don't have a house anymore. We now live in open air and we're trying to adapt to the situation, but I don't think we will ever. There are still dead bodies under the rubble. There are no toilets. So it really stinks. Drinking water is also an issue but now MSF is delivering water in our area so it's getting better...

The Haitian staff is very important in this project. Like the patients, we are victims of the earthquake so we can understand how they feel. Because we come from the same culture and speak the same language as the patients, we can help identify what is wrong with them. We are close to them.



Claudia, two-and-a-half-years old, was brought to MSF at Jacmel Hospital. She was orphaned during the earthquake, and her injuries necessitated that surgeons amputate her right leg below the knee. Staff at the hospital said she continues to try to get up and walk and lifts the spirits of other patients.

Haiti 2010 © Mashid Mohadjerin

III. *Having already been with MSF for five years, physiotherapist Paul Gerard began working at the Lycée site soon after it opened in early February:*

I am 30 years old and I work for MSF as a physiotherapist. I help victims of the earthquake in their rehabilitation by providing manual treatment like massages or helping amputees with their mobility. Some will have to use crutches or walkers, and I make sure their recovery goes smoothly.

When [MSF] called me after the earthquake, I was available immediately. I am in charge of the "children's tent" when it comes to physiotherapy. Despite the emotional shock and the fact that I live on the street, I have the ability and the skills to provide support to patients who, like all of us, are traumatized.

Compared to others I am relatively lucky, but I live in a tent and rely on food aid to survive. Of course, quite a few people I know have died. A

guy who lives on my street lost nine members of his family including his daughter. When I compare to my situation, I feel blessed...

People are really scared of the rainy season. Yesterday we had a little bit of rain and people were suffering already. People are sleeping under bed sheets and on blankets. Many don't even have any plastic above their heads.

People are very confused. It is true that a lot has been done, but there is still a lot of stuff that is stuck in warehouses and not getting distributed. I feel that as time goes by and with the arrival of the rainy season, people may lose patience. People will complain more and become more demanding. The atmosphere will change.

The earthquake has changed my conception of daily life. I don't do medium or long term plan[ning] anymore but I try to see week after week where my life can go.

I see patients who have suffered so much, and most have a huge psychological trauma.

IV. *Anesthesiologist and MSF-USA Board member Deane Marchbein left for Haiti two days after the quake.*



Djenny, 18, delivered her baby at Isaie Jeanty Hospital one week after the earthquake. Her home collapsed and she does not know what happened to her family. She believes the baby's father died during the quake. "The baby is fine and under normal circumstances we would have discharged her. But she has nobody, so we are trying to find a place where she can go," said an MSF midwife.

Haiti 2010 © William Daniels

Here, she recounts the end of her time in the country :

Today I began to feel the exhaustion among the staff. The international staff works for 15-plus hours/day, then we go to the Rose House, where food is waiting, and sometimes water is running. Our sheets are clean and the floor is swept between the mattresses scattered in the improvised dormitory. We are well-tended by a six-person staff. Once food was available, the staff, like secret Santas, left us with clean clothes and hot food...

Half of the surgeons [in our group] are

beyond retirement age and with the exception of Florien and Hendrix, the anesthesia team isn't much younger. As the adrenalin high, which allowed us to go full tilt for more than a week, passes, we are all feeling tired. The national staff doesn't share our luxury. Some have lost family and homes, and food is so scarce that for some, the noon-time meal of rice and beans, purchased by MSF, is their only meal.

One of the nurses lost her right arm but was otherwise intact. Her husband and a nursing colleague have stayed by her side, sleeping on the adjacent pavement. Her colleagues cry and fuss over her as if she is the only injured person, and it makes sense. If they can do nothing else, at least they can take care of her...

In addition to tired nurses, I was starting to notice a change in some of the patients. For the past week, I've watched people who were too dazed to even appreciate what has happened to their lives. They have had a sort of stunned numbness. Perhaps the physical pain has been so great that they couldn't think beyond the excruciating moment. Perhaps the overwhelming sadness about the people they have lost kept them from focusing on their own disastrous injuries. But today, I saw people who were finally absorbing the shock.

I tried to comfort a 23-year old man who lost a leg. He is probably one of 30 or more people at Trinité with at least one missing extremity. He was in pain and as I gave him an injection, I stupidly said, "it will be alright." I think I meant that the pain would

get better but his personal situation is grim and will never be "alright"...

I had a chance to talk to one of the logs that has been here since the start. Jeff is a Congolese expatriate log who because of visa difficulties couldn't evacuate with the rest of the team. I asked him where he was when the earthquake hit. He was at Pacot [Rehabilitation Center]. While Pacot didn't crumble, because of building's old age, they were worried and quickly got out. They assumed that Trinité, the newer, bigger facility, would be standing. They tried to call or radio but all communication failed. They evacuated all of the patients and staff to the lawn and then used plastic sheeting to make a roof strung between out buildings. Unable to contact Trinité, Jeff and the medical director walked across town.

It is a 20-minute ride so the walk through the crumbled streets must have taken more than an hour. He said that people were hysterically trying to pull friends and family members from the ruins. Body parts and crushed bodies, along with collapsed cars and buildings, were in evidence along the route.

Seeing their MSF t-shirt, people pleaded them for help. Jeff has worked for MSF for 15 years, first as a local hire, then as a local supervisor and finally as an expat. He is experienced and competent, but even he was emotionally overwhelmed by the enormity of the disaster and the suffering.

A SURGICAL REMEDY BY DR. GREG ELDER



In the days following the earthquake in Haiti, I was asked in a CNN interview about the rescue of an 11-year-old girl who was partially trapped under a building. It was a compelling story: an innocent victim crying in pain, newly-arrived search-and-rescue teams racing against the clock in an apocalyptic cityscape, and an ethical dilemma over whether to risk the girl's life by performing a crude amputation or attempting a slow rescue. It was an awkward question for a doctor to face on national television. I wondered if I was being asked to comment on the scene or to give a professional opinion on what should be done.

Later in the day, I was dealing with the events ongoing at MSF's centers in Port-au-Prince. Our hospitals had been damaged and staff members were missing. Our traumatized teams were struggling with the overwhelming numbers of patients flooding into the facilities they'd established where our trauma center once stood. Our emergency response team was plotting out our phased response strategy and calling high-level contacts in regional governments to request facilitation of our efforts. My mind drifted back to the little girl and I wondered if anything I'd said might have been construed as professional advice to amputate her leg and to move to the next case.

Doctors are trained to make these decisions and to live with their consequences. As a doctor working for a humanitarian organization, I am buffered from the personal impact of such choices. At headquarters level, patients can become abstract categories: victims, displaced, refugees, and so on. MSF conducts more than 8 million consultations a year in nearly 70 countries. That's 8 million individual conversations between a health worker and a patient. They could happen under a tent in a mobile clinic in Darfur, at an HIV center in Malawi, or in a trauma hospital in Port-au-Prince. This is the measure of MSF's human reach. This is the "human" in humanitarian. And, from time to time, even for those of us at headquarters, one patient can alter that abstract relationship and make the decisions very real.

What could be the future of this little girl? What are the implications of my advice? Her leg was probably crushed.

Pulling her out with her leg intact was unlikely. Reperfusion of her damaged limb could provoke crush syndrome and put her in mortal danger. Sepsis, gangrene, and tetanus are also risks. But amputating her leg would be only the first chapter. She would subsequently need intensive medical management—surgical debridement of her wound, fashioning of the stump, physiotherapy and planning for an artificial limb—that would require specialists and long-term follow-up care. She would need several new prostheses as she grows, and she will also almost certainly need psychological support to cope with the loss of her limb, the trauma and post-trauma of her experience, and the grief associated with losing friends and family.

Services such as these were extremely limited in Haiti even before the earthquake (and almost wholly inaccessible if one didn't have money). MSF set up Trinité hospital in 2005, when urban warfare was raging in Port-au-Prince. For the last two years, it's been the capital's sole trauma center, treating fewer war-wounded and rape victims but increasing numbers of people for motor vehicle, domestic, and workplace accidents. MSF also ran the city's primary obstetric unit—providing obstetric care to some 25,000 pregnant women since 2006, almost 60 percent of whom were facing potentially life-threatening complications—while also providing primary and basic secondary health services in several city slums.

On top of this girl's short-term and long-term medical needs, one wonders how a young woman—possibly on her own, with a significant physical disability—will negotiate a crowded marketplace in a poor country that still lacks meaningful social safety nets despite the billions that have been invested in development aid and a UN peacekeeping operation.

The proposed amputation to save this girl's life is a calculated surgical act, at once aggressive and compassionate. A similarly aggressive and targeted approach is needed for the long-overdue reconstruction of Haiti's health system. If it can be done, this young woman might not have to bear the burden of her collapsed house for the rest of her life.

Dr. Greg Elder is MSF-USA's Deputy Operations Manager

Photo: Greg Elder © MSF



BOOK EXCERPT

WRITING ON THE EDGE: DBC PIERRE, “PARADISE LOST.”

In the collection Writing On the Edge, 14 esteemed writers chronicle their travels with MSF teams through countries in crisis. Accompanied by Tom Craig’s photographs, Martin Amis, Tracy Chevalier, Daniel Day Lewis and others take readers into rarely seen reaches of Colombia, Burundi, Gaza, Uzbekistan, Cambodia, Sierra Leone, Uganda, and elsewhere. In this excerpt, Booker Prize-winning novelist DBC Pierre recounts his 2005 journey to Armenia:

With occasional shelling and sniper fire still erupting around the eastern defences, and having been told in one town that the mayor has a new gun and might be out shooting stray dogs on the street, I hook up with a team from Médecins Sans Frontières, who have large “No Kalashnikov” symbols plastered over their vehicles. These suddenly seem more helpful than the skull design on my snowboarding jacket.

It turns out MSF came here in the immediate aftermath of the 1988 earthquake and just never left. When issues of front-line care were dealt with, MSF crews saw a disturbing residue emerge from the depths of the culture. As a result, and unusually in the world of front-line support, the medical charity decided to channel some of its resources into a project that deals with perhaps the most vulnerable target of trauma and neglect: mental health. From a regional base in the lakeside town of Sevan—a collection of glum Soviet buildings scattered over a high plateau, with a decrepit ferris wheel strangely creaking in the wind at its entrance—young Belgian psychologist Dr. Luk Van Baelen leads me on a journey into the dark world of the uncared-for mind.

Nothing could have prepared me for what I was about to see. Not far from the house with the missile sits the border town of Chambarak, comfortably settled into the folds of a high valley. The town is a mixture of rural rusticity and post-Soviet neglect, an occasional apartment block rising between traditional houses of lava and stone, and smatterings of hay and dung. Some windowsills sport old USAID tins as flower-pots or buckets, souvenirs of support long gone. A nutty haze of dung smoke hangs over Chambarak, from ubiquitous solid fuel heaters like large iron shoeboxes with stovepipes attached. The town’s market building is a vacant shell, attended every day by a crowd of heavily wrapped men doing nothing and talking about doing nothing. Only one trader is there, selling twigs for broomsticks.

“There used to be nearly 100 percent employment here,” says a man. “Now it’s nearly 100 percent unemployment. Every day there are five funerals, but never a birth.”

The man, like half the town’s population of around 6,000, is an Armenian refugee from the town of Artsvashen, 17 miles over the mountain in Azerbaijan. He left everything behind to flee the war. With the border so close, combat fatigues and military fur hats are more in evidence on the streets here. Armed watch-towers look down from the mountains. When we take our jeep off-road to view the town from a hillside, soldiers quickly appear out of the snows and make toward us. We vacate the hill.

Wandering the icy streets of Chambarak—little more than compacted humps of ice glacially layered with hay and dung—I come to note that there’s a feeling around a place that has had shells lobbed at it. Bombs sensitize, not desensitize, as is often romantically supposed. There’s a quivering nerve that stays raw and bleeding long after the gunfire has stopped.

In the middle of the town there’s an old Soviet block that was once either a prison or a collection of miniscule apartments without plumbing. It stands gutted and derelict. Van Baelen takes me inside. “When I first saw this place,” he says, “I knew immediately why I was in Armenia.”

A fetid stench upholds the block, sharpening as we move upstairs. The building has been stripped to bare sooty concrete, and in places genuinely gutted by fire. Litter migrates in icy drafts. Some flights up, noises can be heard behind a door. We knock. The door opens onto a cloud of dung smoke from a wood stove, thick enough to burn the eyes and throat. In one room just big enough for a single bed, a small table, and a dresser, sits a woman

called Hamest. Three children sit with her. They are refugees. They fled Azerbaijan 15 years ago. The building is a refugee hostel. A handful of families are camped there still, waiting for a change in their fortunes.

And there's something more: a curiousness, an unexpectedness in the makeup of the family's features and in their manner. The boy has a strangely elongated face and a detached, doleful gaze. Then the father arrives and bids us welcome. And there's something unusual about him too, behind his beard and in his eyes.

Hamest and her husband are mentally retarded. So are all their children. And their life's routine after the door closes behind us is one of unthinkable abuse. Hamest's husband often trades their bread for vodka and drinks with other men in the building, often in that tiny room. He regularly beats Hamest, and there is reason to suspect her daughters suffer sexual abuse at the hands of the men. Hamest's mother is dead, and she has lost all contact with the family she knew when she fled Baku, Azerbaijan's capital, in 1990. She is utterly powerless.

MSF provides Hamest with a grant for electricity, and its psychologist tries to convince her to send her adolescent daughter to a boarding facility, away from the horrors of home. But Hamest is afraid she will lose her daughter as well. I retire from the building with questions. Not least, what are the odds of a mentally handicapped couple finding each other, and going on to raise a handicapped family?

I met a great many people in the Southern Caucasus. And it may be, notwithstanding psychoses brought about by the trauma of war and dislocation, that there are no more mental disabilities here than anywhere else. But there's a great stigma placed on mental disability here, and it attaches to anyone within reach of a sufferer. Sufferers are alone with their problems. Lesser conditions like depression and anxiety are ignored altogether, just taken as another fact of hard life. And this dynamic forms the heart of Van Baelen's project. He has made a start on the task of destigmatization.

Chambarak opened its first MSF day center in 2003. There is one in each of the towns I've visited, staffed with psychologists, social workers, and assistants. They are a hub not just for the disabled, but for the wider community; if only for warmth, coffee, and conversation. Every weekday the center is open for counseling, crafts, music, fitness, anything that brings the twain together in a relaxed and constructive way. Picnics and open days are mounted



whenever possible. The able and disabled are mingling. "We use any excuse for a party," says Chambarak's psychologist, Loussine Mkrttchian. Subscription is steadily growing at her center.

It's also at the day center I see a remembered face. The shepherd who wandered past the house containing the missile. I meet him. His name is Petros, a handsome, weather-beaten, profoundly retarded 35-year-old with airs of great musing and reflection and a fixation with the buttons on his coat. A familiar sight around the district, he simply wanders from morning to night, often in the mountains, often around the prohibited border zone. His family feeds him, but that's as far as his care goes. He's been left all his life to wander. He has never spoken a word.

MSF has worked in Armenia since an earthquake in Spitak in 1988 and is currently supporting and supervising the only program to treat drug-resistant tuberculosis in the country, which has one of the highest rates of DR-TB in the world. Based in the capital, Yerevan, the program offers testing and treatment, as well as social and psychological care, for DR-TB patients.

For more information, to read more excerpts, and to buy the book, please visit doctorswithoutborders.org/writingonthedged

Above: Hamest surrounded by her children. Armenia © Tom Craig



MSF Responds to NATO Claim On NGOs in Conflict Zones

MSF strongly objected to a statement by NATO Secretary General Anders Fogh Rasmussen that implied that nongovernmental organizations should be the “soft power” component to military strategy. MSF reiterated that in conflict areas, it never works alongside, or partners with, any military force. The organization’s independence and neutrality is what helps it negotiate access to populations in need of emergency medical assistance. A press release was accompanied by a special report called “Afghanistan: A Return to Humanitarian Action.”

A Day in Dadaab

At doctorswithoutborders.org/alert, hear and read the stories and songs of four Somalis living in one of the world’s most overcrowded refugee complexes, in Dadaab in northeast Kenya, where MSF provides medical aid to more than 100,000 people. As the camp becomes increasingly overpopulated and resources grow scarce, refugees are struggling to survive on the bare minimum.

Rohingyas in Bangladesh

Read an MSF report about a violent crackdown that has fueled a humanitarian crisis for the stateless Rohingya refugees in Bangladesh. A slide show—“No Man’s Land: Rohingya Trying to Survive in Bangladesh”—looks at life inside Kutupalong, a makeshift refugee camp where MSF has treated patients for beatings, machete wounds, and rape.

On The Medical Front

In February, MSF was at the forefront of groups advocating that greater resources be devoted to neglected tropical diseases (NTDs), which afflict an estimated one billion people in the developing world. A report entitled “Experience Treating the Most Neglected of the Neglected Tropical Diseases” detailed MSF’s knowledge and experience regarding NTDs—in particular, sleeping sickness, Chagas, Kala Azar, and Buruli Ulcer—and Dr. Francois Chappuis, MSF’s International Medical Advisor on NTDs, took part in a US congressional briefing on the issue. MSF also released a statement calling on the Obama administration to more directly address NTDs. And MSF took up the issue on two blogs it will regularly contribute to in the future. One is the Public Library of Science–PLoS–blog called “Speaking of Medicine.” The other, by Dr. Tido von Schoen-Angerer, the Executive Director of Access to Essential Medicine Campaigns, appeared on the *Huffington Post*.

MSF FRONTLINE REPORTS: A MONTHLY PODCAST FROM MSF

February: Meet Natacha, a mother in Burkina Faso who struggles to feed her children every year during the “hunger gap” that strikes her country; hear about MSF’s work in Zimbabwe’s prisons; and get an update on the urgent medical needs in Haiti following the January 12 earthquake.

January: From Port-au-Prince we bring you a report on MSF’s emergency response to the Haiti earthquake; in the first three weeks MSF treated more than 11,000 patients. You’ll hear from Haitian and international staff, as well as patients, on the ground.

December: Hear the song created by an MSF nurse in Central African Republic to raise awareness of sleeping sickness and malaria; MSF helps fight HIV/AIDS in South Africa’s Khayelitsha township and addresses the double crises of HIV-TB co-infection in Swaziland.

Clockwise from left: Kenya 2009

© Spencer Platt / Getty Images; Bangladesh 2009

© Espen Rasmussen / Panos Pictures;

Bolivia 2009 © Anna Surinyach

UPCOMING EVENTS & FUNDRAISING NEWS



WORK WITH MSF

Recruitment information sessions will be held in these cities between April and June 2010:

- Boston, MA,
- Atlanta, GA,
- Seattle, WA,
- Albuquerque, NM,
- New York, NY

All prospective medical and non-medical aid workers are invited to a presentation and question-and-answer session to learn more about how to become part of MSF's field work. A human resources officer will be on hand to discuss requirements and the recruitment process. If none of the locations listed above are convenient for you, please consider participating in one of the recruitment webinars that are scheduled regularly. For dates and details, and to register for these events, go to doctorswithoutborders.org

PARLEZ-VOUS FRANÇAIS?

MSF is in urgent need of French-speaking staff to provide assistance in countries such as the Democratic Republic of Congo, Chad, Niger, and Haiti, where some of MSF's largest projects are located. "Successful applicants who meet MSF's criteria and speak French will be eligible for more positions, and will usually be matched more quickly with an assignment," notes MSF-USA Field Human Resources Director Nick Lawson. "Nearly half of MSF's available field positions are in francophone countries." If you are interested in contributing your professional—and French—skills to MSF's medical humanitarian work, we encourage you to visit doctorswithoutborders.org/work/field for more information about MSF recruitment.

From left to right: MSF staff surveying the damage in Haiti this past January.

An MSF mental health counselor tends to a woman who lost her mother and home. Haiti 2010 © Julie Remy



JOIN OUR LEGACY SOCIETY

Our Legacy Society is a group of special supporters who have chosen to remember MSF in their wills or through other estate gifts, helping to ensure our ability to respond to emergencies and to deliver vital humanitarian aid for years to come. We hope you will consider joining our Legacy Society by including MSF in your will or living trust. We also accept beneficiary designations on retirement plans, brokerage accounts, and life insurance policies.

If you have already included MSF in your estate plans, please let us know so we can thank you and include you in the Legacy Society.

To learn more about naming MSF in your will or other planned giving opportunities, please contact Beth Golden, planned giving officer at (212) 655-3771 or plannedgiving@newyork.msf.org

STRENGTHEN YOUR COMMITMENT

MSF would like to thank all of our donors who have pledged to our Multiyear Initiative. With their annual commitments of \$5,000 or more, these generous supporters provide MSF with predictable and sustainable funds, enabling us to respond effectively and rapidly to emergencies around the world and helping us to better plan for the future. To date, we have received pledges totaling over \$20 million towards the Initiative. To find out how you can participate, please contact Mary Sexton, director of major gifts, at (212) 655-3781 or mary.sexton@newyork.msf.org.

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SNAPSHOT



Bangladesh 2009 © Espen Rasmussen

Rohingya women wait inside a clinic operated by Doctors Without Borders/Médecins Sans Frontières (MSF) in a makeshift refugee camp in Kutupalong, in southern Bangladesh. In January and February, thousands of stateless Rohingya arrived at the camp in search of medical assistance and support after what appeared to be a violent crackdown by the government of Bangladesh.

The Rohingya are a Muslim minority ethnic group from Rhakine state in western Myanmar, where they are denied citizenship. In Bangladesh, the majority of Rohingya are refused official refugee status, and only one-tenth of the estimated 200,000 to 300,000 Rohingya in the country qualify for assistance from the United Nations High Commissioner for Refugees (UNHCR). Many of the rest endure persecution and periodic campaigns to forcibly repatriate them. As unregistered refugees, the Rohingya have no legal rights

and are forced to live unassisted on the outskirts of the state-endorsed refugee camp.

Since October 2009, 6,000 refugees have arrived to Kutupalong; 2,000 entered the camp last January alone, pushing the camp's population to nearly 29,000. As their numbers rise, the squalid, overcrowded living conditions pose serious medical risks.

MSF has assisted the Rohingya in Bangladesh since 1992, developing a primary healthcare program that includes community outreach and outpatient and inpatient care. Of late MSF has treated patients for beatings, machete wounds, and rape. "I thought I ran away to find shelter, but before even staying one week thieves came and robbed me of the money I had, cut us with machetes and wanted us to die," said one patient. "Where do I run to now?"