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LEFT: MSF doctor Roberto Scaini examines a two-month-old patient suffering from respiratory distress at a hospital in Haydan, in Yemen’s war-torn Saada governorate. “Every day at the hospital in Haydan we give free health care to children, to mothers in labor, and we also have an emergency room,” said Scaini. Many suffer from easily preventable diseases. © Agnes Varraine-Leca/MSF
I will never forget the experience of caring for a mother with two-year-old twin girls who had been admitted with early signs of premature labor. My youngest daughter was about the same age as her twins, and I gladly eased my homesickness at this woman's bedside while doing morning rounds.

She stayed at our hospital for weeks, until one day her labor came fast and naturally. We were expecting another set of twins, but instead delivered not two but three healthy babies. They were born girl, girl, boy, and their mother gave them names: Africa, Nicole, and Stewart. She did this partly because of our bond but also in the hopes that their "American" names might give them greater opportunities. I was honored and moved—I still am.

When I first returned from that assignment, I was reluctant to share the stories of our patients. I wasn’t sure if their stories were my stories to tell. But slowly, I started to open up. It isn’t enough to go to the other side of the world to help other mothers and their babies. I am bound to share what I saw and what these mothers experience as they try to survive and care for their families in some of the most difficult circumstances imaginable.

When I first told the story of the mother and her triplets, it was mostly to other obstetricians who reveled in the details in a way that only fellow colleagues would. Later, I told that story to a few journalists and writers who were keen to know more about “life in the field.”

But there is another side to that beautiful story. When I returned to Aweil a year later, I met that mother again in the hospital, this time in the pediatric unit. She was there with her older twin daughters and two of the three triplets. Of the two youngest girls, one had been admitted with acute malnutrition and the other was noticeably underweight. Their brother had died of malnutrition a few weeks before I arrived.

The surviving triplet girls did well, put on weight, and were discharged before I left to return home to the US. They were lucky to have access to care for malnutrition, and to get this care in the nick of time. In honor of baby Stewart, who did not survive, and in dedication to his four sisters, I have a duty to bear witness and tell the full story.

As we fight to provide access to health care for the people who need it most, an essential part of our job is this kind of témoignage—the French word for witnessing. We need to remind people that every single human being deserves to be treated with respect and dignity, and they deserve to be seen and heard.

As you read this special issue of Alert devoted to the importance of bearing witness, I hope you will take some time to look at the portraits of our patients and staff, learn about their stories, and consider the challenges people face as they are caught in crisis situations. We cover some big issues here—war, migration, natural disasters, and epidemics—but ultimately what matters is the individuals at the center of it all. The people I have met along the way during my time at MSF inspire me to keep going, to work harder, to speak out when they can’t.

On behalf of our patients and our teams around the world, thank you for supporting this extraordinary work. Thank you for caring about people whose lives might seem very different on the outside, but who are not so different on the inside.

Wishing you all a very happy and healthy new year.

Sincerely,

Dr. Africa Nicole Stewart
President, MSF-USA Board of Directors
Tell the world what’s happening to us.

The request often comes after someone in crisis has poured out their story and opened up about how they and their children are suffering—once they have realized that Doctors Without Borders can, and will, tell the world. As humanitarians, we made this choice long ago. Speaking out is now as ingrained in our work as saving lives and alleviating suffering through medical action.

The concept of témoignage, or bearing witness, is a central pillar of our identity. The organization was founded by a group of doctors and journalists who set out to create a new kind of humanitarian organization. We believe we have an ethical responsibility to offer our unique first-hand perspective about what we are seeing and doing on the ground, and to speak out with a sense of urgency to prevent greater harms. Our willingness to also share our own limitations and uncertainties, to tell it like it is, grows out of a commitment to honest reporting and transparency.
Protestors pass burning tires during a demonstration in Port-au-Prince, Haiti. In 2019, a devalued currency and increasing fuel prices sparked widespread protests as people called for the departure of President Jovenel Moïse. From June 9 to June 25, 49 patients suffering from gunshot wounds arrived at MSF’s Martissant health center. Nine had life-threatening injuries. © Jeanty Junior Augustin/MSF
Since the war in Yemen escalated in 2015, thousands of people fleeing the fighting have sought refuge in Amran governorate. Many have no choice but to shelter in displacement camps with very poor access to safe housing and hygiene and sanitation services. In Dahadh camp, near the city of Khamer, MSF provided displaced people with medical care at mobile clinics and essential supplies like soap, blankets, and safe water. © Agnes Varraine-Leca/MSF

A woman attempting to cross the border between Nuevo Laredo, Mexico, and Laredo, Texas, is intercepted by US Border Patrol agents. US policies restricting immigration from Mexico and Central America and limiting access to asylum push many people to pursue more dangerous routes. MSF provides medical and mental health care to people on the move throughout Mexico, and at points along the US-Mexico border. © Juan Carlos Tomasi
Twenty years ago, on December 10, 1999, MSF was awarded the Nobel Peace Prize for its pioneering humanitarian work. Dr. James Orbinski, then president of the MSF International Council, began his acceptance speech by calling on Russian authorities to stop bombing civilians in Chechnya. He explained why MSF considers it necessary to speak out: “We are not sure that words can always save lives, but we know that silence can certainly kill.”

In 2019, we’ve spoken out about a number of pressing issues, including the need for more humane policies to address the global refugee and migration crisis. We go the extra mile to counter false narratives that abound—from the United States to Europe, from Africa to Asia—about people who are forced to flee. Seeking safety is not a crime. MSF provides medical care to refugees and displaced people all over the world. Increasingly, we see that people on the move are trying to survive not just the extreme challenges of the journey itself, but cruel deterrence policies put in place by governments trying to keep out migrants and asylum seekers. We share the testimonies of our patients, including stories of harrowing violence and abuse in Libyan detention centers, in refugee camps in Bangladesh, and along the migration routes through Central America and Mexico.

We have publicly criticized the international response to the ongoing Ebola epidemic in Democratic Republic of Congo for failing to bring the outbreak under control. Despite promising new vaccines and treatments for Ebola, the mortality rates are still too high. People are dying in their communities because they do not come to the hospitals when they get sick. We have pointed out a range of issues contributing to community mistrust, such as the massive deployment of financial resources focusing only on Ebola in a neglected region suffering from other urgent health needs. We ourselves are committed to doing much more to earn the trust of the community.

In October, we called out the Saudi- and Emirati-led Coalition for belatedly acknowledging responsibility for a deadly 2016 strike on MSF-supported Shiara hospital in northern Yemen. The coalition struck Shiara hospital, in Razeh district, with a projectile on January 10, 2016, killing six people and injuring eight. MSF’s own investigation concluded that there was no justifiable or legitimate reason for the attack. Since the war in Yemen escalated in March 2015, coalition airstrikes have hit four other health facilities run or supported by MSF, and one ambulance from an MSF-supported hospital. Such attacks, which violate international humanitarian law, kill and maim civilians and threaten vital medical services for the sick and wounded. Yemen’s public health care system has effectively collapsed, contributing to regular outbreaks of cholera and other preventable diseases.

Bearing witness to an acute crisis has its limits. It doesn’t stop an armed militia from attacking the villagers, nor the Ebola virus from infecting grieving relatives. So what’s the point?

Sometimes it’s clear: we denounce, confront, or influence key decision makers. We alert the international community to mass violations or atrocities such as the bombing of hospitals. When government policies compound the suffering of the world’s most vulnerable, we pointedly remind them of their responsibilities. We relay the voices of our patients so that those in positions of power can never say, “We didn’t know what was happening.”

Sometimes it’s about drawing attention to a neglected crisis, like the need for new and affordable treatments for tuberculosis—the world’s leading infectious killer. We also celebrate the courage of survivors of drug-resistant TB who have become change makers for the sake of others. Stories of success, of healing, embolden us to keep trying and innovating.

I recently visited Haiti, whose descent into a new spiral of economic distress, protest, and violence is compelling MSF to restart operations in Tabarre trauma hospital in the capital, Port-au-Prince. The hospital is scheduled to open its doors in late November. We also continue to run a burn hospital and an outpatient emergency ward in Port-au-Prince. Offering free, lifesaving surgery and critical care in an urban environment rife with gangs requires us to speak out locally, at the community level, about the importance of allowing ambulances and medical personnel to move freely and safely.

Sometimes we are criticized for getting too political. After all, our charter proudly states that MSF observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance. However, we believe that the principles of neutrality and impartiality do not require us to remain silent in the face of abuses. Our decision to speak out is always guided by MSF’s mission to alleviate suffering, protect life and health, and ensure respect for all human beings and recognition of our shared humanity.

This commitment to témoignage draws us closer together with our patients and the communities we serve.
**A HISTORY OF BEARING WITNESS**

1971 **MÉDECINS SANS FRONTIÈRES IS FOUNDED**
A group of French doctors and journalists creates MSF in the wake of the Biafran war and related famine in southern Nigeria. The founders are determined to bring medical professionals together to not only provide aid in war zones and other emergencies, but to speak out about what they witness.

1975 **CAMBODIANS FLEE THE KHMER ROUGE**
MSF establishes its first large-scale medical program during a refugee crisis, providing medical care for the large numbers of Cambodians seeking sanctuary from Pol Pot’s rule.

1980 **WAR IN AFGHANISTAN**
After the Soviet Union invades Afghanistan in the final days of 1979, triggering a war that would last a decade, MSF medical teams clandestinely cross the border from Pakistan and travel by mule to reach injured civilians living in remote areas.

1991 **KURDISH REFUGEES FLEE IRAQ**
In one of its largest emergency responses to date, MSF provides care in Turkey, Iran, and Jordan to Kurds driven from their homes by the advancing Iraqi army.

1994 **GENOCIDE IN RWANDA**
MSF remains in the capital, Kigali, throughout the genocide of more than 800,000 Tutsis and moderate Hutus by Hutu extremists. The organization makes the unprecedented decision to call for international military intervention to prevent further human catastrophe.

1999 **MSF AWARDED NOBEL PEACE PRIZE**
MSF is honored for its “pioneering humanitarian work on several continents.” In his acceptance speech at the awards ceremony, Dr. James Orbinski, then president of the MSF International Council, talks about the importance of speaking out: “We are not sure that words can always save lives, but we know that silence can certainly kill.” MSF uses the prize to set up the Access Campaign, which advocates for available and affordable drugs, tests, and vaccines.

*Photo credits, top row: © D.R., © MSF, © Sebastiao Salgado, © Jean Gaumy/Magnum Photos*
Doctors Without Borders/Médecins Sans Frontières (MSF) has a proud tradition of témoignage—a word that comes from the French verb témoigner, which literally means “to witness.” MSF practices témoignage by gathering evidence and speaking out about the needs of the people we treat.

1984 FAMINE IN ETHIOPIA
MSF launches programs to treat malnutrition in hunger-stricken regions of the country. In 1985, MSF France is expelled after denouncing the Ethiopian government’s decision not to authorize a new therapeutic feeding center as well as the authorities’ forced relocation of tens of thousands of people.

1988 CONFLICT IN CENTRAL AMERICA
MSF provides medical care in Honduras to refugees fleeing armed conflict in El Salvador and Nicaragua. Tension between MSF and Salvadoran guerrilla groups controlling the refugee camps comes to a head, and MSF makes the difficult decision to withdraw from the camps.

2000 FIGHTING THE HIV/AIDS PANDEMIC
MSF starts providing antiretroviral therapy to people living with HIV/AIDS in Thailand, and the following year opens projects in Cambodia, Cameroon, Guatemala, Kenya, Malawi, and South Africa. MSF was also part of an activist movement that paved the way for the availability of affordable generic drugs to treat HIV, winning a landmark legal case in South Africa.

2004 INDIAN OCEAN TSUNAMI
After a massive tsunami batters parts of South and Southeast Asia, MSF receives $133 million in donations from the public—more funding than necessary for its emergency projects in the region. MSF asks people to stop contributing to the crisis response, and instead gives them the option of “derestricting” donations to fund other emergencies. The vast majority agree to do so.
**2007** **CONFLICT GRIPS SOMALIA**

Hundreds of thousands of civilians flee the capital, Mogadishu, as the worst fighting in 15 years erupts in the city. MSF sets up a surgical program in Mogadishu and provides assistance to people displaced by the conflict, in addition to maintaining its programs in the rest of the country.

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**2010** **EARTHQUAKE IN HAITI**

After a massive earthquake strikes Haiti on January 12, MSF launches one of its largest ever interventions, expanding its projects in the country from three to a high of 26, treating more than 173,757 patients in the five months that follow. In October, MSF mobilizes to respond to a huge cholera outbreak, launching widespread public health education campaigns and caring for more than 100,000 patients.

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**2013** **CIVIL WAR IN SOUTH SUDAN**

MSF ramps up operations when South Sudan is engulfed by conflict in December. In April 2014, MSF severely criticizes United Nations peacekeeping operations over “shameful indifference” to displaced people sheltering in the capital city, Juba. In June 2016, MSF releases a report following a massacre at a UN-protected site in Malakal criticizing the peacekeeping and humanitarian response for failing to provide safety.

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**2015** **SEARCH AND RESCUE OPERATIONS IN THE MEDITERRANEAN SEA**

Tens of thousands of migrants and refugees embark on perilous sea journeys across the Mediterranean Sea in an attempt to reach safety in Europe. In May, MSF and other organizations begin running search and rescue operations with the aim of ensuring safe passage and preventing deaths at sea.

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**2017** **THE ROHINGYA REFUGEE CRISIS**

Beginning in late August, hundreds of thousands of ethnic Rohingya refugees flee targeted violence in neighboring Myanmar and take shelter in sprawling refugee settlements in Bangladesh. Teams expand operations to provide medical and mental health services. In December, MSF issues a special report documenting evidence of killings, torture, and arson attacks by Myanmar security forces against the Rohingya.
2014  EBOLA OUTBREAK IN WEST AFRICA
In March, MSF begins responding in Guinea to what it describes as “an unprecedented Ebola epidemic” due to the geographical spread of the deadly virus. The World Health Organization states that MSF is exaggerating. In a September 2014 special briefing to the UN, MSF’s then-international president Joanne Liu calls on member states to put their full weight behind the response—including civilian and military assets with expertise in biohazard containment. We go on to open 15 Ebola management and transit centers throughout Guinea, Liberia, and Sierra Leone, caring for more than 5,000 patients over two years.

2019  FIGHTING FOR AFFORDABLE TUBERCULOSIS DRUGS
MSF launches a global campaign to demand that pharmaceutical company Johnson & Johnson lower the price of its lifesaving tuberculosis drug bedaquiline to $1 a day for people living with drug-resistant forms of the disease. We highlight the stories of people with TB, including activists who lost their hearing due to the toxic side effects of the older medications commonly used.

2015  ATTACK IN KUNDUZ, AFGHANISTAN
In the early hours of October 3, 2015, US airstrikes destroy the MSF emergency trauma hospital in Kunduz, Afghanistan, killing 42 people: 24 patients, 14 MSF staff, and four caregivers. In response, MSF launches the global #NotATarget campaign, calling on all warring parties to stop attacks on medical facilities, patients, and health care workers.

2017  FORCED TO FLEE THE NORTHERN TRIANGLE OF CENTRAL AMERICA
An MSF report documents the patterns of violence pushing Central American refugees and migrants to flee north toward the United States. Of those surveyed at MSF-supported clinics, 39 percent mentioned attacks or threats against themselves or their families as the main reason for fleeing their countries. More than 68 percent suffered violence along the migration route.

2018  UNDER SIEGE IN SYRIA
Relentless bombing and shelling cuts off the Syrian enclave of eastern Ghouta from aid, essentially stopping the transport of medical personnel and lifesaving supplies to thousands of men, women, and children. MSF calls for the release of desperately needed medical items and for warring parties to allow the medical evacuation of critical patients.
Doctors Without Borders/Médecins Sans Frontières (MSF) cares for refugees and displaced people all over the world. We see that the suffering of people on the move is compounded by their treatment while in transit and in countries where they had hoped to find refuge. Increasingly, governments are trying to keep out migrants and asylum seekers at all costs.

In Central America and along migration routes through Mexico our teams provide vital primary and mental health services to people fleeing extreme violence and poverty in Honduras, El Salvador, and Guatemala. We also care for thousands of asylum seekers and deportees stranded in notoriously dangerous cities on the Mexican border. And we speak out about the harmful policies—such as the US government’s Migrant Protection Protocols—that are putting lives at risk.

Every year, thousands of people fleeing threats to their lives at home attempt the treacherous journey across the Mediterranean Sea. Countless lives are lost along the way. In response, MSF runs search and rescue operations from the ship Ocean Viking in collaboration with the humanitarian organization SOS MEDITERRANEE. We also care for migrants and refugees held in horrific conditions in arbitrary detention in Libya, where many are sent as a result of European Union migration policies.

In Colombia, which now hosts more than a million people who fled the ongoing economic and political crisis in neighboring Venezuela, MSF provides free treatment for migrants who would otherwise have limited access to affordable health care. Our teams provide comprehensive care, including much-needed antenatal and family planning services.

And in Bangladesh, where more than 700,000 ethnic Rohingya refugees have been living in legal limbo in squalid conditions for more than two years after fleeing targeted violence in Myanmar, MSF teams provide full-spectrum health care, from neonatal services to treatment for mental health disorders to vaccination campaigns.

As the year draws to a close and the next begins, we’ll keep providing lifesaving medical care to displaced people all over the world, adapting our services to better treat people on the move and speaking out against government policies that put the most vulnerable at risk.
FACING PAGE: Inside a hostel in the Mexican city of Nuevo Laredo, just across the border from the US. Groups of gunmen commonly wait at the door of this building to kidnap migrants and hold them for ransom. “It is unacceptable that vulnerable people—women, children, families, and men—are forced to live in dangerous conditions, exposed to violence by criminal gangs and treated inhumanely by Mexican and US authorities,” said Dr. Marcelo Fernandez, MSF’s head of mission in Mexico. © Juan Carlos Tomasi

THIS PAGE, TOP: In February 2019, MSF launched an emergency intervention in the Mexican border town of Piedras Negras, just across the border from Eagle Pass, Texas, to care for some 1,700 migrants and asylum seekers traveling by caravan. Mexican authorities initially blocked people from leaving their improvised shelter in an abandoned building, and later bused them to other unsafe cities on the US-Mexico border. © Juan Carlos Tomasi/MSF

CENTER: An estimated four million Venezuelans have fled their country amid political and economic upheaval. Every day, hundreds cross into northern Brazil’s Roraima state, the main gateway for migrants and asylum seekers entering the country. MSF provides medical and mental health care in several locations across the state. Here, women wash their clothes in the Pintolandia shelter in Boa Vista, where clean water and sanitation service are in short supply. © Victoria Servilhano/MSF

BOTTOM: At least 1.4 million Venezuelans have fled to neighboring Colombia. They have left a country where, over the last few years, most people had no access to medicines and essential health services were entirely out of reach. Now in Colombia, they often face the same problem. “Because of their living conditions, migrants suffer pathologies like diarrhea, skin diseases, respiratory infections and have no access to a doctor,” said MSF project coordinator Elsa Soto. “So, providing them with access to basic healthcare is still a first step to prevent them from getting worse and ending up in emergency rooms.” © Melissa Pracht/MSF
On October 18, 2019, the search and rescue ship Ocean Viking, operated by MSF and SOS MEDITERRANEE, responded to a boat in distress on the Mediterranean Sea. One hundred four people, including forty minors and two pregnant women, were brought safely on board. © Stefan Dold/MSF

RIGHT: A group of men peer out of a warehouse at the Zintan detention center in Libya, where 700 people were arbitrarily detained in appalling conditions. Thousands of refugees and migrants are trapped in detention centers in Libya, nominally under the authority of the Tripoli-based Ministry of the Interior, and conflict raging between armed groups has put them in even worse danger. MSF provides medical care, food, and safe water in several detention centers, and has spoken out publicly to advocate for the urgent evacuation of the detainees. © Jérôme Tubiana/MSF
ABOVE: Nunahar and her husband, Abdul Zoleel, pose for a portrait at MSF’s Kutupalong field hospital, one of the many health facilities we run for the hundreds of thousands of Rohingya refugees living in Bangladesh after fleeing targeted violence in neighboring Myanmar. “We are farmers, and today we are a family of six,” said Nunahar. “Two years ago in Rakhine state, the army started arresting all the men. My son Irshadullah was 20 years old then. We were all hiding in our houses and could not go anywhere, not even to collect food. One day the army came to our house and started taking my 16-year-old daughter with them. My son came out of hiding to intervene. They shot him dead.” © Nitin George/MSF

LEFT: A girl runs through an alley in the overcrowded Kutupalong megacamp in Bangladesh. The country now hosts over 912,000 Rohingya refugees, 700,000 of whom arrived since August 2017. Thousands more Rohingya are scattered across the region. © Dalila Mahdawi/MSF
Around one-quarter of the medical assistance provided by Doctors Without Borders/Médecins Sans Frontières (MSF) is for people caught in armed conflict. At risk of indiscriminate attacks as well as targeted violence, many civilians living through wars are faced with a wrenching choice: flee their homes or try to survive under siege. Conflict disrupts every aspect of daily life, jeopardizing access to even the most basic needs, like food and medical care.
In conflict zones around the world, MSF provides lifesaving medical care based on needs alone. In countries convulsed by fighting—from Yemen to Syria to South Sudan and many more—our teams treat both the direct consequences of war and provide basic medical services when national health systems have collapsed. We set up operating theaters and clinics, run nutrition programs, fight disease outbreaks, and provide medical and mental health care for victims of sexual violence, among other essential services.

In Yemen, where more than four years of war have caused tens of thousands of deaths and left the country’s health system in ruins, MSF teams have treated more than 100,000 people for injuries related to the conflict. We’ve also provided hundreds of thousands of outpatient consultations and supported many health facilities with supplies, including assistance to provide salaries for public health staff, many of whom have not been paid by the government since the war began in 2015.

MSF is the largest provider of health care in Central African Republic (CAR), a country shattered by the civil war that began in 2013. Though a peace agreement went into effect in early 2019, the situation remains fragile, and violence and lawlessness are still common. Across CAR, many people do not have access to basic health care. Our teams provide medical services including vaccinations for preventable diseases, testing for malaria and malnutrition, sexual

FACING PAGE: A mother and children inside MSF’s Khamer cholera treatment center in Yemen’s Amran governorate. Cholera is endemic in Yemen, but years of conflict have shattered the health system and disrupted sanitation services, contributing to major outbreaks of the waterborne disease. From January 1 to March 26, 2019, MSF admitted 7,938 people suspected of suffering from cholera to health facilities in Amran, Hajjah, Ibb, and Taiz governorates. © Agnes Varraine-Leca/MSF

LEFT ABOVE: Two boys stand outside a park and several shops that were bombed in an airstrike near the old city of Saada, Yemen. MSF has been working in Saada governorate since 2015. The region has borne the brunt of airstrikes carried out by the Saudi and Emirati-led coalition (SELCI), targeted by almost a quarter of all recorded air raids in Yemen since March 2015. © Agnes Varraine-Leca/MSF

BELOW: The Qados family takes shelter from the extreme heat in the shade of a truck on the outskirts of Tal Tamer, northeastern Syria. They fled their home in Ras Al Ain in Hasakah province amid bombardment by the Turkish military in October, leaving with very few belongings. © Jake Simkin
"My brother and I have all the worries of this world," says Johura Begum (center), age 12, who lost both parents and many other family members during the Myanmar military’s campaign of violence against the Rohingya ethnic minority. She received psychosocial care from MSF at a refugee camp in Bangladesh. © Robin Hammond
and reproductive health care, and trauma surgery in health facilities throughout the country.

In Nigeria, conflict continues to simmer across the northeast even as insecurity and violence have escalated in other regions. Violence by criminal armed groups in the northwestern state of Zamfara has caused tens of thousands of people to flee their villages. With farms abandoned, a nutrition crisis looms. In the town of Anka, where many displaced people have gathered, MSF runs a pediatric ward at the general hospital, providing treatment for malnutrition, malaria, and other ailments.

Conflict also forces extremely difficult decisions. In Syria, a country devastated by more than eight years of civil war, MSF was forced to evacuate international staff and suspend most activities in the northeast in October amid heightened insecurity following the US withdrawal from the region and launch of Turkish military operations. We are continuing our work in other parts of Syria. MSF reiterates its call on all parties to the conflict to provide humanitarian organizations with safe access to civilians in this time of urgent need. We are also stepping up medical and mental health care for people who have fled to neighboring areas in Iraq.

**ABOVE:** Children pose for a portrait at an old construction site in Anka, in Nigeria’s Zamfara state, where people displaced by violence have taken shelter. "We had to flee from our village because armed bandits attacked us," says Rahamu, 40, who left her home in nearby Kuru-Kuru village. "I have been living here with my husband and my nine children for a year and a half now." At first the bandits stole livestock, but the situation has gradually worsened. In one attack on Rahamu’s village, armed assailants killed 26 people, including four of her relatives. "They came in broad daylight . . . they just descended on our village and started shooting." © Benedicte Kurzen/NOOR

**FACING PAGE, CLOCKWISE FROM TOP:** Nigeria is facing an upsurge of violent conflict. Since 2018, Zamfara state has seen a drastic deterioration in security, with armed criminals carrying out frequent attacks on villages. The violence has forced thousands of people to flee their homes. At Anka general hospital, MSF runs a pediatric ward, mainly treating children suffering from malaria or malnutrition. © Marcel-Philipp Werdier/MSF

At the MSF clinic in Boguila, Central African Republic (CAR), a doctor examines 10-month-old Ketira, who is suffering from a lung infection. MSF is the largest health care provider in CAR, a country fractured by violent conflict and lawlessness. Teams provide vaccinations, treatment for malaria and malnutrition, and other much-needed services. © Marcel-Philipp Werdier/MSF

Patients rest in the inpatient department at Anka general hospital in Nigeria’s Zamfara state. © Benedicte Kurzen/NOOR
These factors converge in Democratic Republic of Congo (DRC), which has endured decades of multiple overlapping conflicts and crises. An ongoing Ebola outbreak has drawn international attention and resources. However, more people this year have died from a massive measles outbreak that demands greater support from the international community. Doctors Without Borders/Médecins Sans Frontières (MSF) teams are working on multiple fronts and calling for other humanitarian actors to respond to the urgent needs.

We are still fighting to contain the Ebola outbreak in eastern DRC, which was declared on August 1, 2018, and is not yet under control. This is the worst Ebola outbreak on record in the country and the second largest epidemic of the disease recorded anywhere. MSF is caring for people with confirmed and suspected cases of Ebola in treatment centers, transit centers, and isolation facilities. We’re also helping to shore up infection prevention and control measures in health structures and supporting efforts to vaccinate health workers against Ebola.

None of our projects focus on Ebola alone—rather, our goal is to fight the spread of the disease with an integrated approach. Of the patients admitted to Ebola transit and treatment centers with worrisome symptoms, only 4 percent test positive for the disease. The rest require the kind of routine care that, for many in the region, has been out of reach for decades.

DRC is also reeling from a series of deadly outbreaks of measles that have spread like wildfire across the country. While the international response remains largely focused on the Ebola outbreak, the measles epidemic has become DRC’s deadliest in nearly a decade: more than 4,000 people have died so far, nearly 90 percent of them children under the age of five.

No treatment currently exists for measles—the only way to prevent its spread is through immunization. But DRC’s massive size and poor roads complicate the delivery of lifesaving vaccines. “Just getting vaccines to places where children need them is a huge task,” said Pierre Van Hedegem, field coordinator of MSF’s emergency measles team.
MSF teams are fighting measles in partnership with the Congolese Ministry of Health, vaccinating nearly 500,000 children in 13 of DRC’s 25 provinces in the first eight months of 2019 and treating more than 27,000 patients. But without a further massive mobilization of funding and resources to combat the spread of the disease, the outbreak could worsen.

**FACING PAGE:** Parents and children wait to receive measles vaccinations in Etebe health area, Democratic Republic of Congo (DRC). © Franck Ngonga/MSF

**THIS PAGE FROM TOP:** An MSF doctor listens to the heartbeat of a child hospitalized at a measles treatment center in Mayi-Munene, DRC. Measles mainly affects children under five years old. The spread of the disease in DRC is exacerbated by low rates of immunization and limited supplies of vaccines. © Pablo Garrigos/MSF

An MSF nurse cares for a child suffering from measles during a consultation at a health post in a camp for displaced people in Bunia, capital of Ituri province, DRC. © Pablo Garrigos/MSF

An MSF team prepares materials for a measles vaccination campaign in Etebe, Mai-Ndombe province, DRC. © Franck Ngonga/MSF
An Ebola vaccination team at the MSF-supported health center in Kanzulinzuli, in Beni, DRC. Due to the restricted use and investigational status of the vaccine, MSF is participating in a “ring approach” to vaccinations. This means only people who are likely or confirmed to have Ebola, their contacts, and frontline health workers like doctors and other humanitarian staff are eligible to be vaccinated. © Samuel Sieber/MSF
FIGHTING EPIDEMICS

by the internationally funded Ebola response. MSF teams now work in four health facilities in the region to fill the gaps by improving access to primary health care and treating diseases like malaria, measles, and cholera. “By addressing the actual needs and health priorities of the population, we began gaining the trust of the community,” said Trish Newport, deputy manager of MSF’s Ebola programs in DRC in August. © Pablo Garrigos/MSF

TOP LEFT: An Ebola vaccination team at the MSF-supported health center in Kanzulinzuli, in Beni, DRC. © Samuel Sieber/MSF

ABOVE: Staff members dress in personal protective equipment to enter the high-risk zone at the Ebola transit center in Bunia, DRC. In addition to caring for Ebola patients, MSF is also working to shore up DRC’s fragile health system, which was struggling to address health needs before the outbreak began. For example, in Mabalako, a rural health zone in North Kivu province, many doctors and health workers have been hired away by the internationally funded Ebola response. MSF teams now work in four health facilities in the region to fill the gaps by improving access to primary health care and treating diseases like malaria, measles, and cholera. “By addressing the actual needs and health priorities of the population, we began gaining the trust of the community,” said Trish Newport, deputy manager of MSF’s Ebola programs in DRC in August. © Pablo Garrigos/MSF
RESPONDING TO NATURAL DISASTERS

On the night of March 14, 2019, Cyclone Idai struck the southeastern coast of Africa, causing catastrophic flooding and leaving hundreds of thousands of people cut off from health care and other essential services. Across Mozambique, Zimbabwe, and Malawi, rivers broke their banks, homes collapsed, and high winds and waters resulted in the deaths of hundreds of people and the displacement of thousands more. Wind and flooding rendered roads and bridges impassable, knocked out power to vast swaths of all three countries, and destroyed or disabled crucial health and sanitation infrastructure.
Mozambique was the country hardest hit. Doctors Without Borders/Médecins Sans Frontières (MSF) immediately launched an emergency response to address the massive needs, working with the Ministry of Health to rehabilitate damaged facilities, running mobile clinics to reach people cut off from aid, shipping more than 100 tons of medical and logistical supplies, and responding to outbreaks of cholera.

Cyclone Idai was also the first time a major natural disaster hit a country with one of the highest HIV prevalence rates in the world: In Beira, Mozambique’s third-largest city and one of those worst affected by the storm, one in six adults is HIV-positive. In the days and weeks following the cyclone MSF’s long-running HIV projects in the region scrambled to return to full capacity. It took almost a month before our full HIV program in Beira—which includes night clinics for sex workers—was back up and running.

Less than six weeks after Cyclone Idai ripped through the region, Cyclone Kenneth hit the coast of Cabo Delgado province in northern Mozambique. It was the first time in recorded history that two cyclones hit Mozambique in a single season. UN officials warned that these back-to-back disasters should serve as a warning to prepare for more extreme weather events related to climate change. MSF teams responded immediately, fighting an outbreak of cholera and monitoring other health needs. As Mozambique is still on the long road to recovery, our teams continue to run projects throughout the country, fighting HIV, tuberculosis, and hepatitis C and providing sexual and reproductive health services to women and girls.

FACING PAGE: An aerial view of Buzi, Mozambique, shows the extent of the devastation caused by Cyclone Idai. © Pablo Garrigos/MSF

ABOVE: Women walk through floodwaters in Mozambique’s Nhamatanda district. In the aftermath of Cyclone Idai, one of the greatest challenges facing people affected by the storm was access to safe, clean water. MSF provided water and sanitation services, in addition to both medical and non-medical assistance. © Mohammad Ghannam/MSF
An MSF team prepares to unload relief items from a boat in a remote area of Mozambique’s Dondo district. © Giuseppe La Rosa/MSF

MSF nurse Cecília Passarinho Chigarissono Armando checks a patient’s blood pressure at a mobile clinic in the village of Inhamizua, Mozambique. © Giuseppe La Rosa/MSF

A woman in the Macurungo neighborhood of Buzi, Mozambique, carries a box of water purification solution. Because of the risk of waterborne diseases spread by flooding in the wake of Cyclone Idai, MSF distributed soap and chlorine solution to some 4,000 families in affected communities. © Pablo Garrigos/MSF

A woman is marked to indicate she has received her package of non-food relief items, including soap and blankets, at an MSF distribution point in Mozambique. © Giuseppe La Rosa/MSF
THE YEAR IN PHOTOS

SPEAKING OUT:
ACTIVISTS FACE DOWN THE WORLD’S LEADING INFECTIOUS KILLER

For people living with drug-resistant forms of tuberculosis (TB), the road to recovery can be long, painful, and lonely. Patients can spend months or years fighting the disease, enduring daily injections and swallowing thousands of pills. Though new drugs to treat TB offer some hope, they are still priced out of reach for many of the patients who need them most. Activists—including members of Doctors Without Borders/Médecins Sans Frontières (MSF) and its Access Campaign—aim to change that.

Phumeza Tisile, from Khayelitsha, South Africa, was diagnosed with TB in 2010. Her diagnosis later changed to multi-drug resistant TB (MDR-TB), and finally to extremely drug-resistant TB. While on treatment Tisile began speaking out about the impact treatment was having on her body and mind—including the loss of her hearing.

After receiving two cochlear implants, paid for by privately raised funds, she regained her hearing and committed herself to raising awareness about the devastating side-effects of drug-resistant TB treatment and the urgent need for shorter, less toxic alternative drugs.

She has since spoken at the World Health Assembly, the Union Conference, and the first-ever UN High Level Meeting on TB. “I like to promote the idea that often the most meaningful thing you can do as a survivor of TB is share your experience directly with someone who has TB, helping to keep them positive on what remains a very difficult journey,” she said. All photos © Jelle Krings
Some of the most effective advocates for changes to the way TB is treated are the people currently battling it. To this end, in 2019 MSF convened training workshops for “TB Leaders” in South Africa, which has particularly high rates of the disease.

These three-day trainings included sessions on TB, leadership, advocacy, and communications and networking skills. “Patient advocates have gathered to support each other through treatment, to march on parliament, and to stand against stigma,” said Dr. Eric Goemaere, MSF’s HIV/TB coordinator in the organization’s Southern Africa Medical Unit.

As part of the project, MSF worked with Dutch photographer Jelle Krings to produce a series of portraits of South African TB survivor activists. From a pop star to a Zulu prince to a public hospital dietitian, these portraits show how TB can touch the lives of people from vastly different walks of life—people who, with the right tools, can become powerful advocates for better, safer, and more accessible treatment.

**ABOVE LEFT:** Twenty-eight-year-old Nonjabulo Madida, from Empangeni in South Africa’s KwaZulu-Natal province, was diagnosed with MDR-TB in 2015 and spent two years on treatment. She now speaks out about the harshness of the treatment. Though the length of treatment has come down to nine to twelve months, Madida says it is still far too long. And while it’s a good thing that the daily injection she had to endure has been replaced in South Africa’s MDR-TB treatment regimens with oral medication, the “pill burden” of MDR-TB treatment is still too high.

Madida advocates for a fixed-dose combination pill that would make it much easier for patients to stay on their treatment.

**ABOVE RIGHT:** Nolduwe Mabandelela was diagnosed with MDR-TB in 2017 in Khayelitsha, South Africa. She started treatment immediately but suffered intense side-effects before receiving new drugs bedaquiline and delamanid from MSF. She was declared cured in early 2019.

When MSF asked Mabandelela if she would be willing to speak out about her experiences publicly, she agreed.

“Talking about TB made me stronger and I think I am also encouraging other people who are suffering from TB . . . not to be afraid about this disease,” she said.

All photos © Jelle Krings
LEAVING A LEGACY THAT WILL SAVE LIVES FOR YEARS TO COME

A free online estate planning tool makes it easier to support Doctors Without Borders/Médecins Sans Frontières (MSF) and the causes you care about.

Legacy gifts to Doctors Without Borders/Médecins Sans Frontières (MSF) are critical to advance our lifesaving medical assistance to those who need it most. That’s why we are partnering with FreeWill—an online service that provides a simple and efficient way of creating wills at no charge to you.

According to a recent survey, more than 60 percent of Americans have no will because the process can seem complicated or unnecessary. That’s troubling, because having a will not only allows you to make decisions about who will receive your assets, it also helps ease the burden on your loved ones.

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If you have already remembered MSF in your estate planning or if you would like more information about how to do so, please contact Lauren Ford at (212) 763-5750 or lauren.ford@newyork.msf.org.

We thank you for your continued generous support of our medical work.
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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.

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MSF-USA 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. By the close of 2018, MSF-USA had received more than 270 multiyear commitments toward this effort, totaling more than $60 million.

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, or visit doctorswithoutborders.org/multiyear.

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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-USA’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, at (212) 763-5750 or lauren.ford@newyork.msf.org.

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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.

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COVER: After Cyclone Idai devastated Mozambique in spring 2019, MSF immediately began running mobile clinics in the hardest-hit areas. Here, MSF peer educator Aida Joao cares for a child suspected of suffering from pneumonia. © Pablo Garrigos/MSF