



100 LBS OF LUGGAGE

May 15th, 2008: After graduating from Art Center College of Design with a graphic design degree, I was on my way to New York to conduct my fellowship at Doctors Without Borders.

From: Jason.Cone@newyork.msf.org

Subject: Re: ArtCenter Fellowship

Date: May 16, 2008 8:45:56 AM PDT

To: geekinthecorner@gmail.com

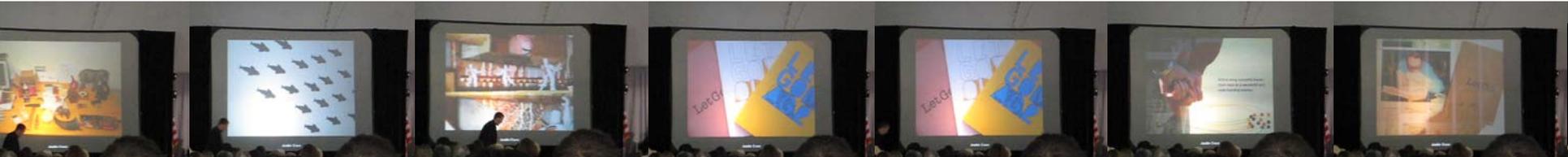
Hi Justin,

Welcome to New York. Please plan on arriving at our office around 9:15 on Monday.

I live on Staten Island so you should plan on being on the 8:30 am Staten Island Ferry to reach the office by then. You can take the 1 train to 28th street and our office is right across the street from the exit on 7th Ave. We normally work from 9 -9:30 to 5:30 or 6. See you Monday.

Jason

Jason Cone



REWIND—

Before attending Art Center College of Design, I attended Pasadena City College for four years, so seven years of college, I was thrilled to get out of college. I was even more excited to be a part of an incredible program and was prepared to show my appreciation for the opportunity to making a strong impression on behalf of Art Center.

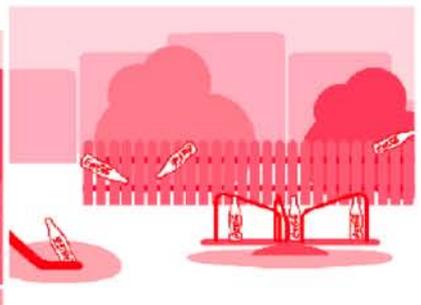
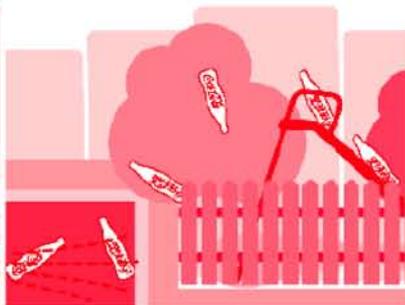
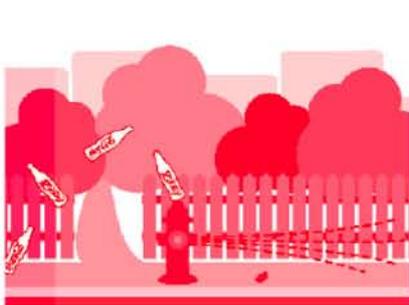
The last semester of school was exhausting. Preparing to show your work for job opportunities knowing that this is your ultimate chance to jump start your career is overwhelming. You reflect on the past seven grueling semesters of your education and revise projects to reach the level of craft and design that you have arrived at by eight term.





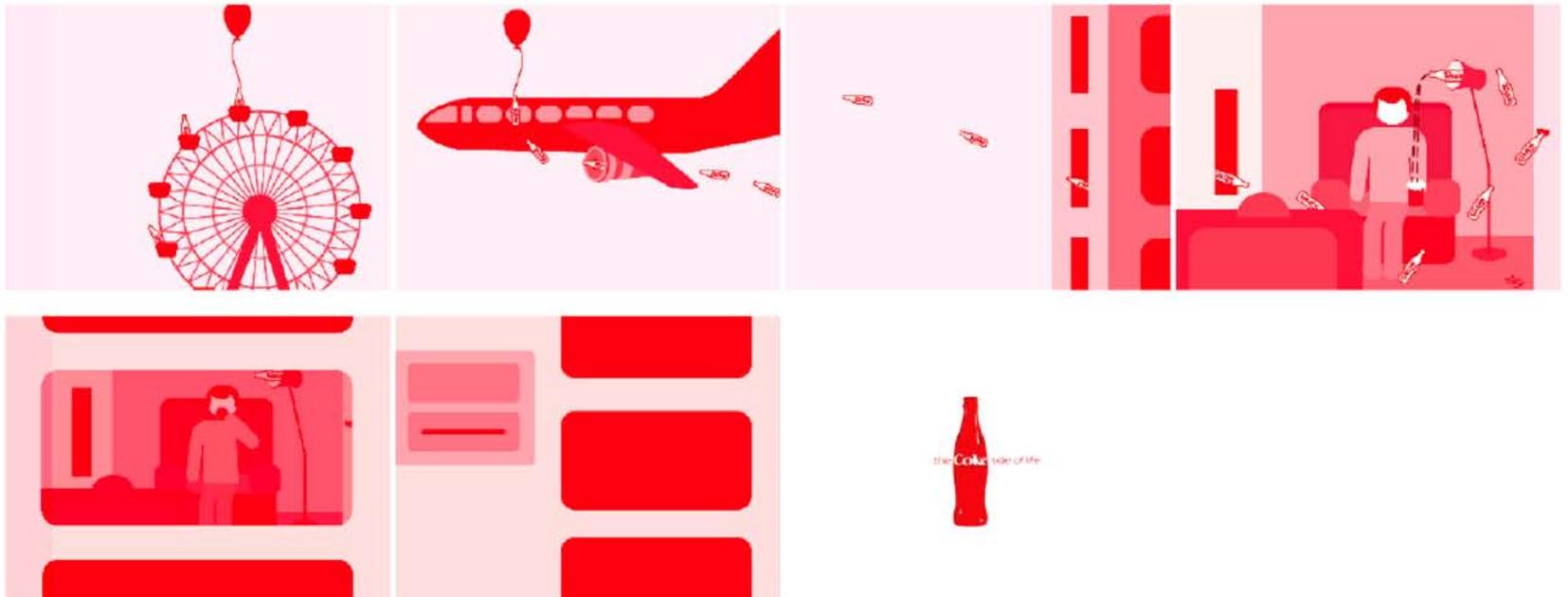
APPLE iPhone

This storyboard was developed to advertise the iPhone. The premise is the character is in a world if the world were inside the iPhone.



I MANAGED TO APPLY

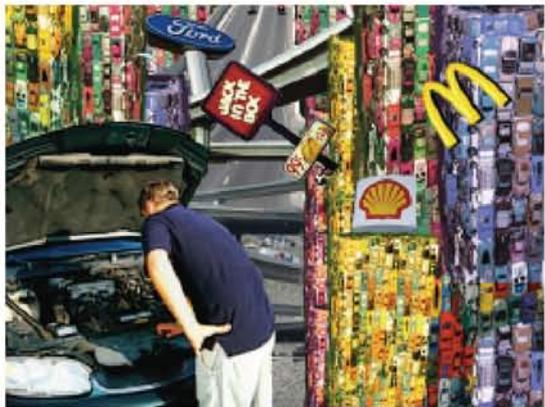
With my portfolio in tow, I sat down in front of panel of five jurors, only one of whom I had as an instructor, the rest were strangers. I laid down a fifty-pound gray portfolio case filled with my work and I passed out each piece while discussing my work and answering questions.





BUNNY KILLERS

The assignment of this storyboard was to involve made objects. I sculpted the characters out of f objects and built the environment out of cardboard tubing. The story involves a character that saves by rescuing a group of bunnies from a factory.





I FELT MY CHANCES OF BEING ACCEPTED WERE SLIM TO NONE

Before entering the interview, I sat in the Careers Office and along came another candidate who sat next to me. He introduced himself as Jonathon. He opened his laptop and flipped through a series of amazing projects. I was thinking how in the world am I going to get accepted when this guy is probably like all the other fellowship candidates from the grad department.

Nonetheless, I was happy to give it a shot and figured this was a good run through for graduation show.

AFTER MY ACCEPTANCE, THINGS REALLY TOOK OFF.

I later got to know Jonathon as Johnny while he took a fellowship at UNICEF.





THE FIRST TASK WAS FINDING A PLACE IN NEW YORK AND RENTING OUT MY PLACE IN PASADENA.

Our apartment was never cleaner. I moved out boxes of valuables and left behind the large pieces of furniture.



From: geekinthecorner@gmail.com
Subject: Doctors Without Borders :: May 16th
Date: May 16, 2008 6:54:56 AM PDT
To: elisa.ruffino@artcenter.edu

I arrived to New York last Wednesday which took the entire day. I took a one stop, transferring in Las Vegas, so I arrived at 8am, flew out at 945a, and then landed in New York, JFK, at 745p. I don't remember it ever taking this long to fly. US Airways was surprisingly decent as I heard negative things about them after purchasing the tickets. The \$7 Ciabatta Chicken and Cranberry sandwich that looked like two handfuls in the picture was barely the size of my palm when I purchased it, and the sliced meat was pretty dry. Other than that, no complaints.

My wife's family picked me up from the airport and took me to their place in Staten Island. A passenger on the airplane had referred to Staten Island as the "Forgotten Borough" and for the past two days, I've realized what he meant. It is indeed in the boonies.

Thursday, I had two appointments to view spaces in Brooklyn. One was in Park Slope and the other was at Bedford and Atlantic, at the perimeter of Bed-Stuy. A friend of mine was a social worker in Brooklyn and said to stay out of Bed-Stuy, as it wasn't the safest of neighborhoods. I took a liking more the place in Bed-Stuy—it is actually on the perimeter of—as the neighborhood wasn't as "spooky" as she had made it out to be and the studio space was great. The current resident was a hipster of sorts and pointed me to the local cafe. The three block walk to the cafe sold me on the place as the I got a better sense of the neighborhood and local shops. The train station is also a block away and a quick ride to downtown on the C train.

For lunch I enjoyed some great pizza, Grimaldi's near the Brooklyn Bridge, and then visited the Ice Cream Factory for a scoop. Tours weren't offered unfortunately.

Today I am going to sign a temporary lease and provide payment to secure the place. I cannot move in until May 24th, so I will be commuting to Manhattan from Staten Island for the first week. I am going to commute to Manhattan today to get a sense of the distance and time it will take as well as figure out what transfers I will need to take.

I haven't yet met up with Jonathan, but I am sure we will sometime soon.

**I CONTACTED MORE THAN
100 ADS ON CRAIGSLIST.**

10% REPLIED.

I HAD 2 APPOINTMENTS.

BOTH WERE POOR CHOICES.

**WE ENDED UP IN
STATEN ISLAND**



Est. 2001
In Memory of
John Bergin



Grant City
Tavern



25 MINUTES BY TRAIN

25 MINUTES BY FERRY



ANOTHER 20 BY TRAIN

The ferry ride from Staten Island to New York every morning, although long, beat driving in Los Angeles. I was able to work on my laptop, read books on the train, and catch up with sleep. Over time the ferry ride began to take a toll as the evening schedules were frequented less. For instance, the ferry would run every hour after 9, so if you arrived at 9:15, you would have to wait 45 minutes in addition to the 50 minutes of commuting. Timing your arrival to the ferry terminal was essential. There would be times that I would run from the train across the street, up a flight of stairs, just in time to squeeze between the doors to get on the ferry.

WHERE WILL I LIVE?

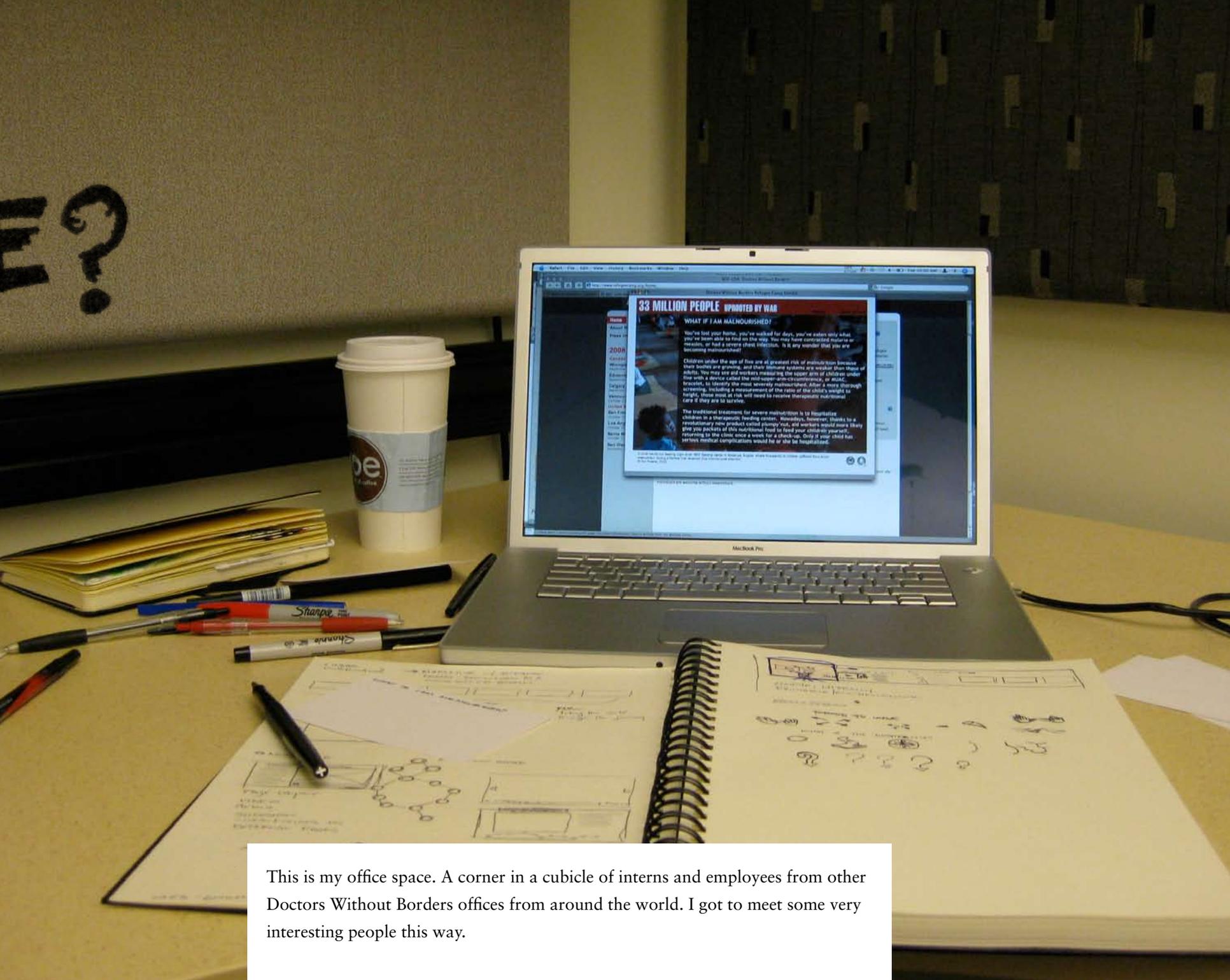
WHERE WILL I LIVE?

W

WHERE WILL I LIVE?

333 7TH AVE

FI?



This is my office space. A corner in a cubicle of interns and employees from other Doctors Without Borders offices from around the world. I got to meet some very interesting people this way.

WORKED STARTED IMMEDIATELY ON DAY 1

I was given a tour of the office and settled myself in my space. Jason Cone, Managing Editor at Doctors Without Borders, met with me to discuss the list of projects that would span the summer. The primary project was to develop an interactive guide for the refugee camp project, a traveling exhibit that demonstrates the conditions of a refugee camp.

SEARCHING FOR SAFETY



WHERE WILL I LIVE?

Your first priority as you flee from conflict will be to find somewhere to rest, to sleep, and to feel safe. If you are lucky, local families will take you in. But it's more likely that, along with thousands of others, you will have to build a shelter out of whatever materials you can find—sticks, plastic sheeting, or mud—or seek refuge in a railway car, a bombed-out building, or a schoolhouse.

These places are not secure, so even though you may have escaped the fighting for awhile, you may not necessarily remain safe. You may be surrounded by thousands of people in the same situation. You may have lost your family and friends. If you can find people you know, you will likely gather with them to help you feel safer.

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WITHIN 3 DAYS, A PROPOSAL FOR THE REFUGEE CAMP INTERACTIVE PROJECT.

From my previous experience of working interactive projects, I knew jumping ahead as quickly as possible would be essential to completing the project time.

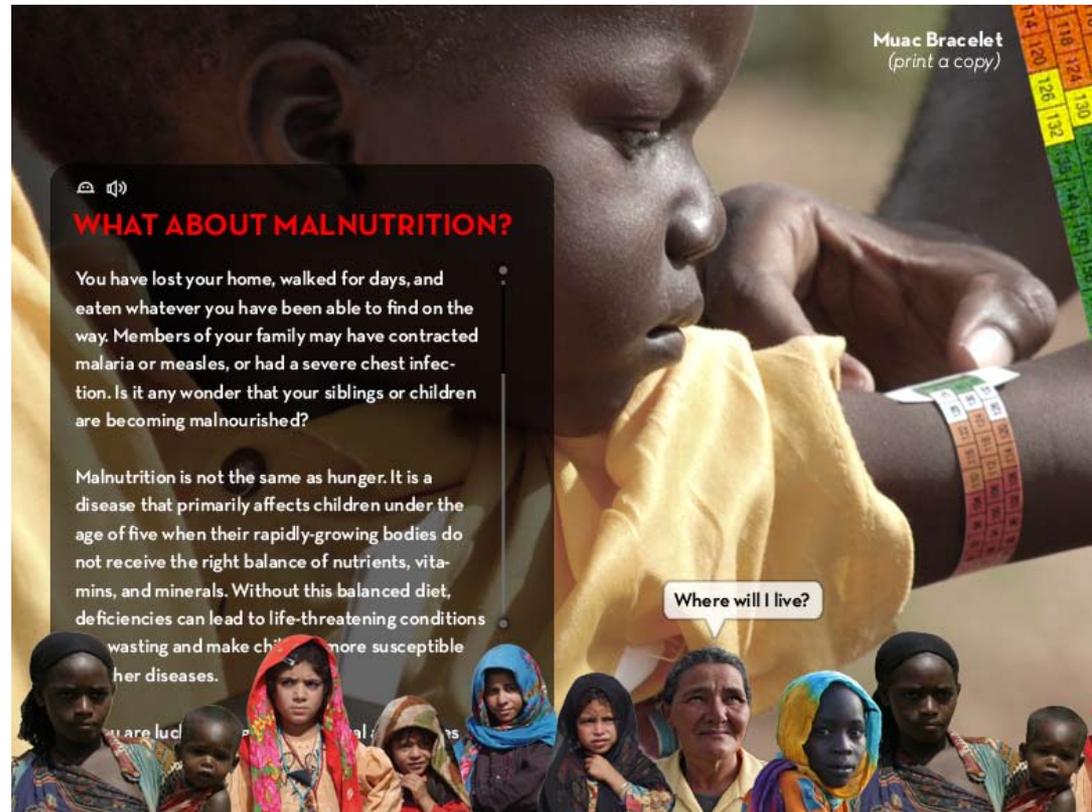


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Muac Bracelet
(print a copy)

WHAT ABOUT MALNUTRITION?

You have lost your home, walked for days, and eaten whatever you have been able to find on the way. Members of your family may have contracted malaria or measles, or had a severe chest infection. Is it any wonder that your siblings or children are becoming malnourished?

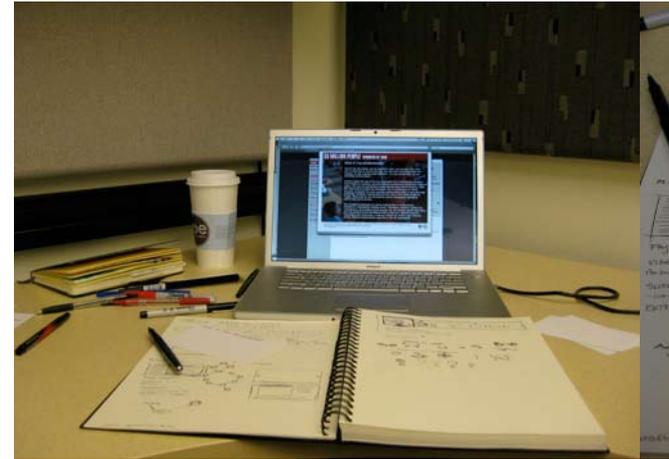
Malnutrition is not the same as hunger. It is a disease that primarily affects children under the age of five when their rapidly-growing bodies do not receive the right balance of nutrients, vitamins, and minerals. Without this balanced diet, deficiencies can lead to life-threatening conditions like stunting, wasting and make children more susceptible to other diseases.

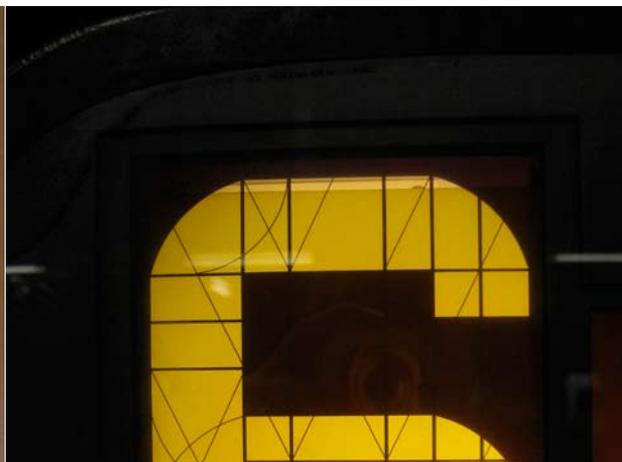
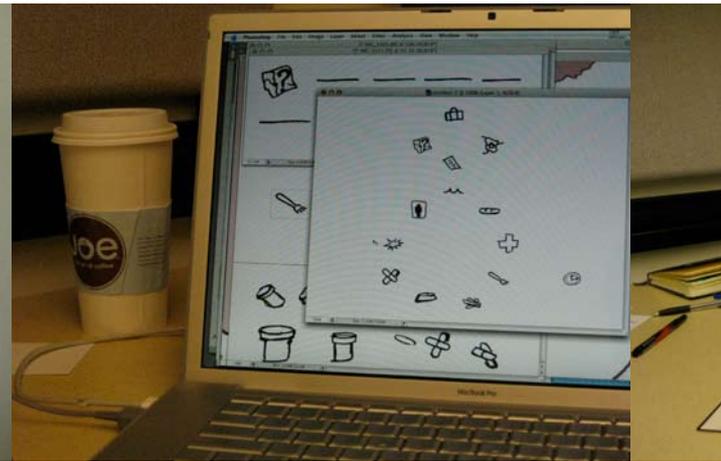
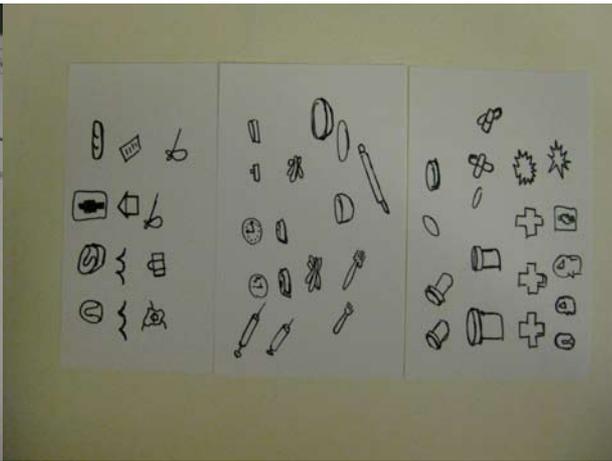
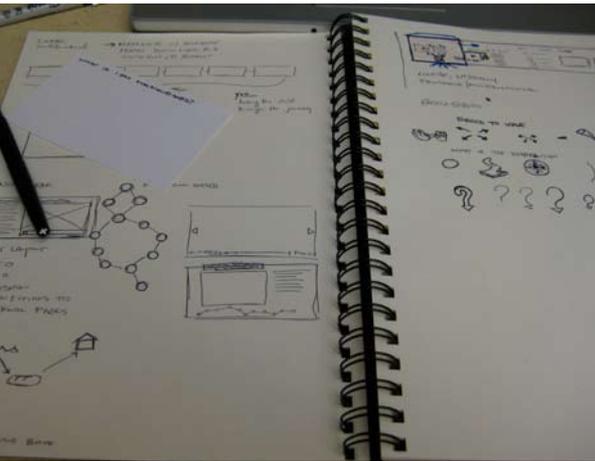
Where will I live?

KEEPING MYSELF BUSY

The workload that Jason provided was more than enough to span the summer and the projects continued to pile up as I completed projects along the way. It was obvious that Doctors Without Borders needed a graphic designer. However, staying late at work was frowned upon, so I happily packed up by 5 and headed out to pursue my personal projects.

Having the opportunity to work steadily and live in New York motivated me to make the most out of the experience. A camera in tow, I thoroughly explored food, red doors, typography, and street art. This pursuit pushed me to my limit taking me out the far reaches of Queens, Coney Island and Upper New York. I eventually traveled outside of New York City as well to visit Stamford, Connecticut and Washington D.C.





From: justin@letgomag.com
Subject: Doctors Without Borders :: May 29
Date: May 29, 2008 8:12:07 AM PDT
To: elisa.ruffino@artcenter.edu

I've completed almost two weeks of work so far. The first week was really fast paced. I got to know my coworkers and forgot half of their names. Thankfully, there is a bulletin board in the lunch room with photos of the employees and their names. This week I've been working away on my projects.

I jumped right into work the first day. Jason gave me a list of projects that he would like for me to work on and that list has grown since. Other people outside of the web department are tapping me for graphic design projects.

The largest project is to create an interactive guide for the Refugee Camp project. In the first two days, I developed a presentation for the interactive guide, providing Jason and the web team, several options. Jason was very pleased and surprised by the quick turn around having only been there for two days, but I already felt very comfortable and inspired. You can view that presentation online at www.geekinthecorner.com/msf/index.html There you will also see several other projects I am working on.

In addition to the interactive guide, I've been working on a poster campaign for HIV / AIDS awareness in Uganda. These posters will be translated into the four main languages in Uganda and used at various medical and health clinics. I will be working on a brochure, updating the content and perhaps revising it for use in Somalia. I am very excited to be working on mediums that will be disbursed outside of the United States. I find it challenging to think that the design has to be dynamic in that the text will be translated

into various languages. I have to consider whether or not there is a enough room for the text to expand or shrink.

There are various other small projects for creating visuals for the web site and I may be a part of the site's redesign.

The content of these projects has been rather depressing and eye opening. I think that it is easy to overlook all of the famine and catastrophes around the world, especially since many governments cover up these events or use them for financial gain. As I get further into these projects, I hope to become more educated in these matters and hope to be able to communicate specific issues to others to help get the word out.

Stephanie Sigg will be coming into MSF in mid-June, so I hope to meet with her. Between now and then, I hope to accomplish a lot so that I may share with her my work and receive feedback. I am the only graphic designer here, so visual direction is rather limited. This freedom is great, but I also need to check myself to make sure I am producing strong visual work. Since she has been involved with MSF and she knows the content, I think her input and direction will be useful. Nonetheless, I am confident that I am producing strong work. I am motivated by the cause and the variety of projects I am working on.

I found a place in Staten Island. It isn't the most convenient commute, but I do take a

ferry across the bay every morning and evening. I had first secured a place in Brooklyn and found out later that the neighborhood, Bedford-Stuyvesant, is fairly dangerous, so this place in Staten Island was the most immediate thing I could find. After I had signed the lease, I walked around the corner only to witness the aftermath of a liquor store robbery. Unfortunately the owner retaliated, defending himself with a baseball bat and was shot several times to his death. The neighborhood was in absolute shock and I felt a sense of disappointment and fear among the neighbors. There seems to be very little crime throughout New York, especially in Staten Island, so when a crime is committed, it is quite a shock.

I've been taking in the nightlife and visiting several fellow Art Center alumnae. Last weekend, I visited Coney Island and was disappointed to find that it wasn't the old fashion amusement park that I assumed it was. It is much like the Santa Monica Pier, but larger. I visited the American Folk Art Museum and viewed the Henry Darger exhibit. It was a great museum and I look forward to viewing more museums. I took in the art

galleries in Chelsea and didn't care much for most of the work. It is a lot of high brow, uncreative artwork, but there's a market for everything, especially in New York. I walked through Central Park and enjoyed the hundreds of people walking around and enjoyed the great weather. I met up with Jonathan last week and have been hanging out around town with him, eating good food. Today we are participating in the StoryCorps program (<http://www.storycorps.net/>). I think he will be interviewing me, as it is research for a project he is working on for UNICEF.

I've been using the subway a ton. I purchased a monthly metro pass and have been going all over the place. I usually get off several stops before the stop closest to MSF, so that I can walk up to work. I have been spoiled with great coffee such as Peets or Jones in Pasadena and have not yet found a comparable coffee house. However, I have been eating outstanding bagels for breakfast.



and Stillwell Av

Exit

Exit

Boarding

Stillwell Avenue
Track 5

Coney Island



FOOD

There is any endless supply of food throughout New York, however, several places tantalized my tongue and I went back for seconds several times.











SECONDS

Cafe Orlin
41 Saint Marks Pl # A

Mamoun's
119 Macdougall St

La Esquina
114 Kenmare Street

Grimaldi's
19 Old Fulton St

DessertTruck
3rd Ave & St. Marks Pl









Hot Voz



Polish Sausage

8:00AM-10:00PM
SATURDAY-SUNDAY
VEH



DESIGNING FOR VARIOUS LANGUAGES

Was a bigger challenge than I imagined. First of all, the notion of designing with a different language seemed romantic, but soon, I realize the nuances of language change the layout for typography, words that were stressed in English as bold or italics cannot be in French or Somali. French for instance cannot be hyphenated, so columns of text have to be adjusted different to have proper layouts. Somali increases the length of text, so when flowing English through a brochure, space has to be accommodated for.

Unfortunately, I felt that in some instances, I had to sacrifice quality to make deadlines while working with the challenges of different languages. Instead of hand painting letters, using a font that resembles hand painting would be substituted.

A REFUGEE CAMP
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HEART OF THE CITY

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HEART OF THE CITY

UN CAMPS DE RÉFUGIÉS
AU CŒUR
DE LA VILLE



MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

42 MILLIONS DE PERSONNES DÉRACINÉES PAR LA GUERRE

A REFUGEE CAMP
IN THE
HEART OF THE CITY



MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

42 MILLION PEOPLE UPROOTED BY WAR

Home

- About Refugees
- Press Information

2008 Tour

Canada

Winnipeg
September 11-14

Edmonton
September 18-21

Calgary
September 25-28

Vancouver
October 2-6

United States

San Francisco
October 15-19

From September through November 2008, Doctors Without Borders/Médecins Sans Frontières (MSF) will bring its outdoor educational exhibit **A Refugee Camp in the Heart of the City** to cities in the western regions of Canada and the United States. This latest tour comes on the heels of visits to Atlanta, Chicago, Dallas, Houston, Minneapolis, Milwaukee, Nashville, and New York City in 2006 and 2007.

Guided by MSF aid workers, visitors are asked to imagine that they are among the [millions of people fleeing violence and persecution](#) in, for example, Somalia, Colombia, the Democratic Republic of Congo, or Sudan.

The exhibit is made up of materials used by MSF in its emergency medical work around the world, including emergency refugee housing, a food distribution tent, water pump, health clinic, vaccination tent, therapeutic feeding center, and a cholera treatment center. It addresses questions such as:

- Will I be safe?
- What will I eat?



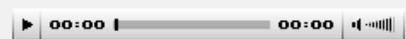
A Refugee Camp in the Heart of the City
New York 2006

Interactive Preview

[Preview the exhibit](#)



Listen to our podcast about *A Refugee Camp in the Heart of the City* in Atlanta:



[Download MP3](#) | [More Podcasts](#)

Video: *Rocketboom* Special Report:

[The Refugee Camp in Prospect Park, Brooklyn](#)

Image Gallery: Village Voice

[A Refugee Camp in Central Park](#)

In the heart of plenty, Doctors Without Borders presents the challenge of...



I WAS TESTED
FOR HIV EARLY.

FOR MORE INFORMATION,
PLEASE CONTACT

FEDERATION OF COMMUNITIES INFECTED
AND AFFECTED WITH HIV/AIDS IN KOBOKO
FECHA_K@YAHOO.COM
0773071425 / 0752613315

THAT'S WHY I AM
STILL HEALTHY.

NA ATE
TUANE LO
SO'BI

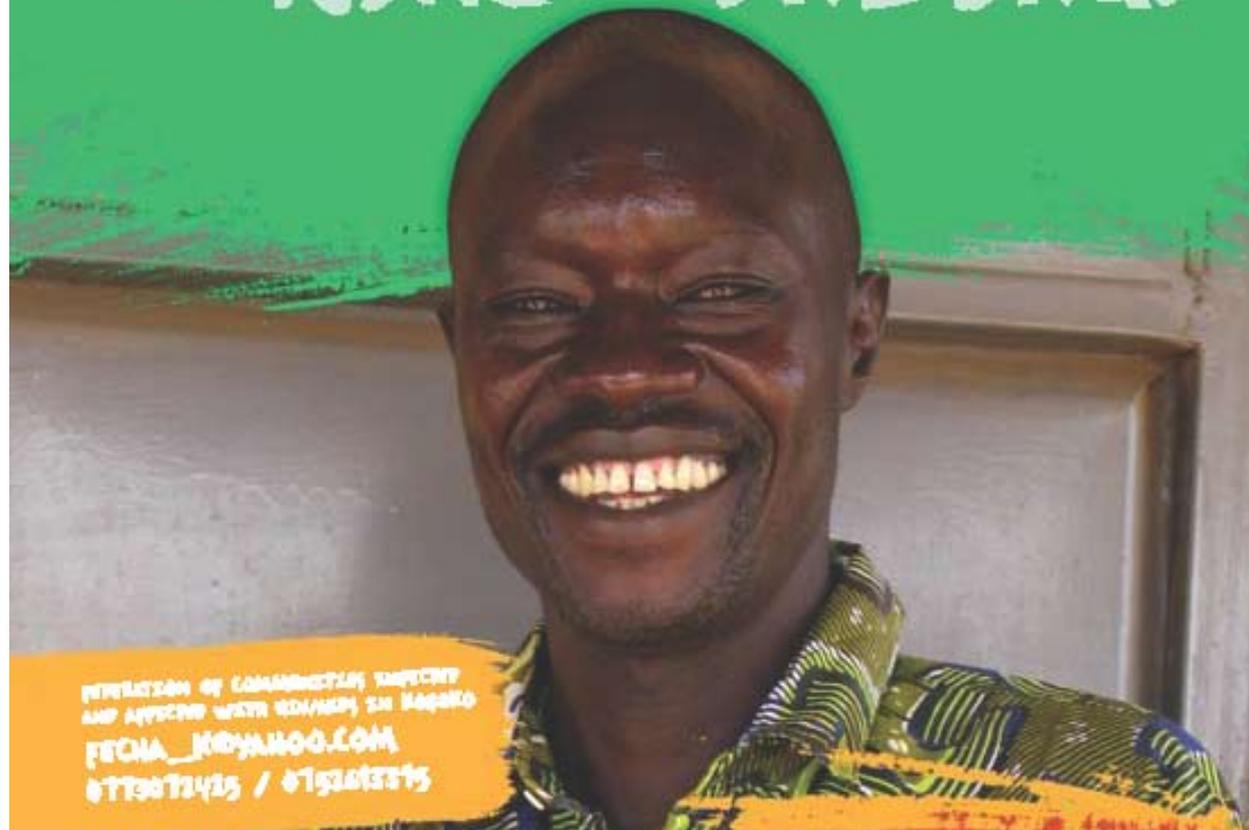
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MA KU
SO'BI LO
LO BERO



NYENA TIKINDRA MUGU
NIONA INGA DANI A
NATRU LAITVA KILU

BA OBI NDRA MA ARI
OBU ONDRINDRIA NI
RI NDAZU DRIORU.



INSPIRATION BY COMMUNITARIAN IMPACT
AND APPROVED WITH EDWARDS IN MADRID
FECMA_KOYANOO.COM
@TT9073435 / @151213315

EYO NISI MA RUA
NGA KIRI ALARU.

FOR MORE INFORMATION, PLEASE CONTACT

CHARLES EGBURE'S
 ADDRESS AND CONTACT INFO
 CHARLES EGBURE'S ADDRESS AND CONTACT INFO
 CHARLES EGBURE'S ADDRESS AND CONTACT INFO
 CHARLES EGBURE'S ADDRESS AND CONTACT INFO

BECAUSE I TAKE MY ARV'S ON TIME, EVERY DAY.

LIVING + POSITIVELY!

I TIGA.

FOR MORE INFORMATION, PLEASE CONTACT

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 ADDRESS AND CONTACT INFO
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IGBO NAGA NA MOZU WINIKO (ARV) KILO I BANJE NAGA SOSO MULUNGA.

SAKA NA'BU 'DIBANI DO KU SO'BILONA!

OBU C

NIRI

TAKE YOUR ARV'S EVERY DAY.

FOR MORE INFORMATION, PLEASE CONTACT

PHUCT EGBURE'S
 ADDRESS AND CONTACT INFO
 PHUCT EGBURE'S ADDRESS AND CONTACT INFO
 PHUCT EGBURE'S ADDRESS AND CONTACT INFO

YOU'LL LIVE TO SEE

MATE WINIKO (ARV) KILO MULUNGA.

FOR MORE INFORMATION, PLEASE CONTACT

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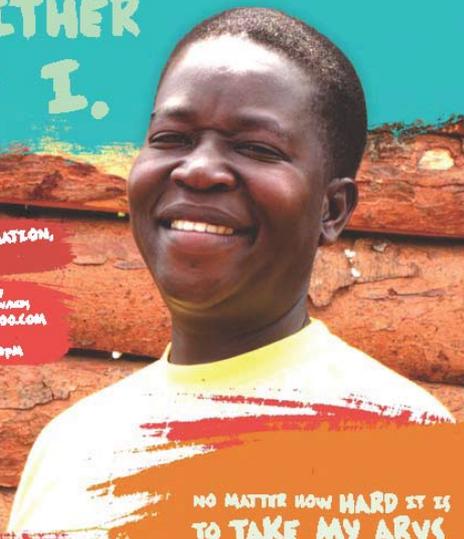
MI NGA MI ANZI NE ZOO RA.

FOR MORE INFORMATION, PLEASE CONTACT

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MI NGA MI ANZI

NEITHER DO I.



FOR MORE INFORMATION, PLEASE CONTACT

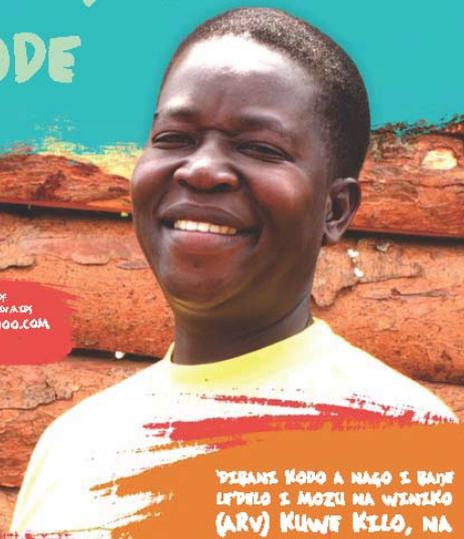
NATIONAL COMMUNITY OF WOMEN LIVING WITH HIV/AIDS
NACWO@AARUAO.YAHOO.COM
CALL 011779288 BETWEEN 9PM AND 10PM

NO MATTER HOW HARD IT IS TO TAKE MY ARV'S, I STICK TO MY REGIMEN EVERY DAY TO STAY HEALTHY AND ACTIVE FOR LIFE

ROSE ATSAHINE
PRESIDENT, NATIONAL COMMUNITY OF WOMEN LIVING WITH HIV/AIDS (NACWO) IN ARLA.
SERVING POSITIVES SINCE 1991 ON TRANSPARENT STAGE 2014

LIVING +POSITIVELY!

GRÖDE



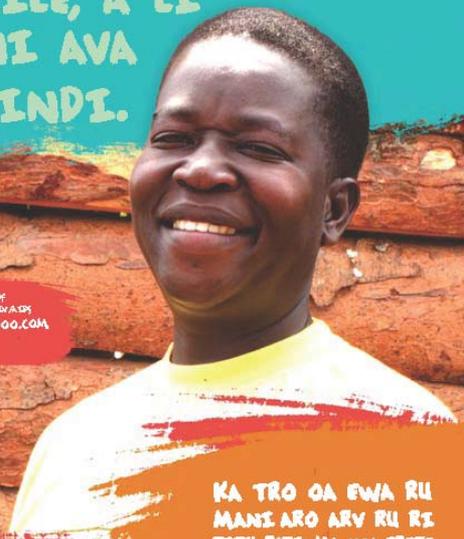
NATIONAL COMMUNITY OF WOMEN LIVING WITH HIV/AIDS
NACWO@AARUAO.YAHOO.COM
011779288

DIBANI KODO A NAGO I BANE LI'PELO I MOZU NA WENIKO (ARV) KUWE KILO, NA REDIKENDRA MUGI I NJINGA MILINGA MAMA GRO'DINI ZORU BILA KU MUGI NA 'BU KUWE TUTORUNI.

ROSE ATSAHINE
PRESIDENT, NATIONAL COMMUNITY OF WOMEN LIVING WITH HIV/AIDS (NACWO) IN ARLA.
SERVING POSITIVES SINCE 1991 ON TRANSPARENT STAGE 2014

SAKA NA'BU DIBANI DO KU SO'BILONA!

KURILE, A LL VINI AVA KU INDI.



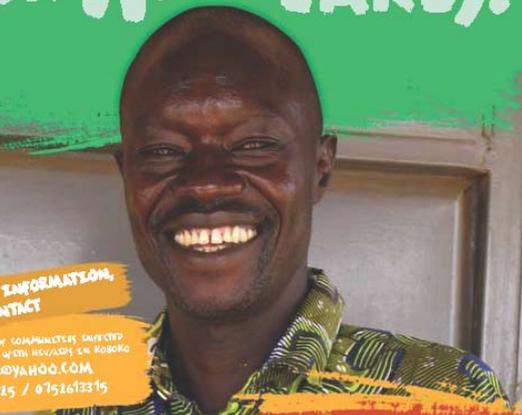
NATIONAL COMMUNITY OF WOMEN LIVING WITH HIV/AIDS
NACWO@AARUAO.YAHOO.COM
011779288

KA TRO OA FWA RU MANI ARO ARV RU RI TIZU RATS, MA NGA FRITI OBU DRIA SI MA TA MBAZU ALATARA RU FEOZU AZI NGAZU KILIS RU

ROSE ATSAHINE
PRESIDENT, NATIONAL COMMUNITY OF WOMEN LIVING WITH HIV/AIDS (NACWO) IN ARLA.
SERVING POSITIVES SINCE 1991 ON TRANSPARENT STAGE 2014

OAZU IDRI TASIPI RA RI SI!

I WAS TESTED FOR HIV EARLY.

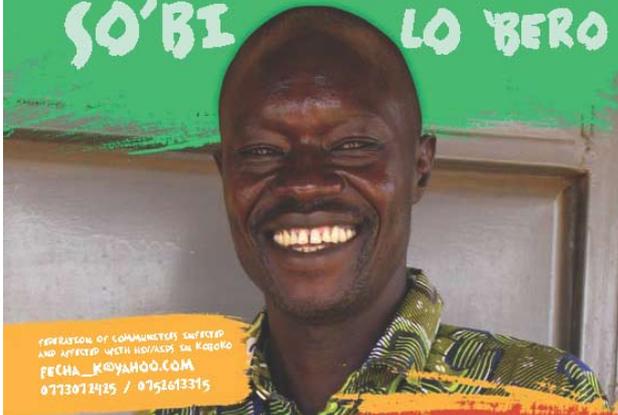


FOR MORE INFORMATION, PLEASE CONTACT

FEDERATION OF COMMUNITIES INFECTED AND AFFECTED WITH HIV/AIDS IN KOSOLO
FECHA_KOYAHOO.COM
0173071415 / 0151613315

THAT'S WHY I AM STILL HEALTHY. MEN GET TESTED.

NA ATEMA KU TUANE LO SO'BI LO SO'BI LO 'BERO

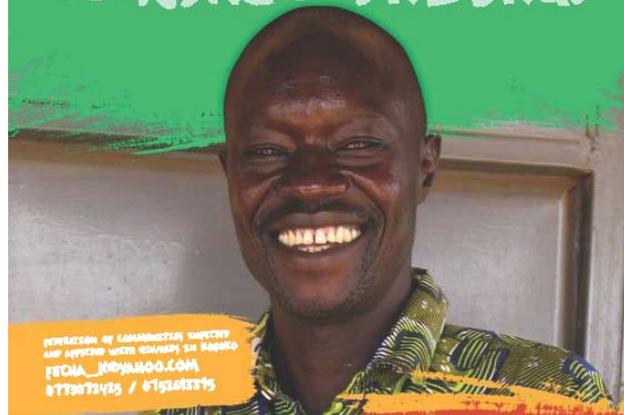


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FECHA_KOYAHOO.COM
0173071415 / 0151613315

NYENA TIKINDRA MUGU NZONA INGA PANI A NA'BU LALIYA KILO

OSATRY CHARLES KATAM

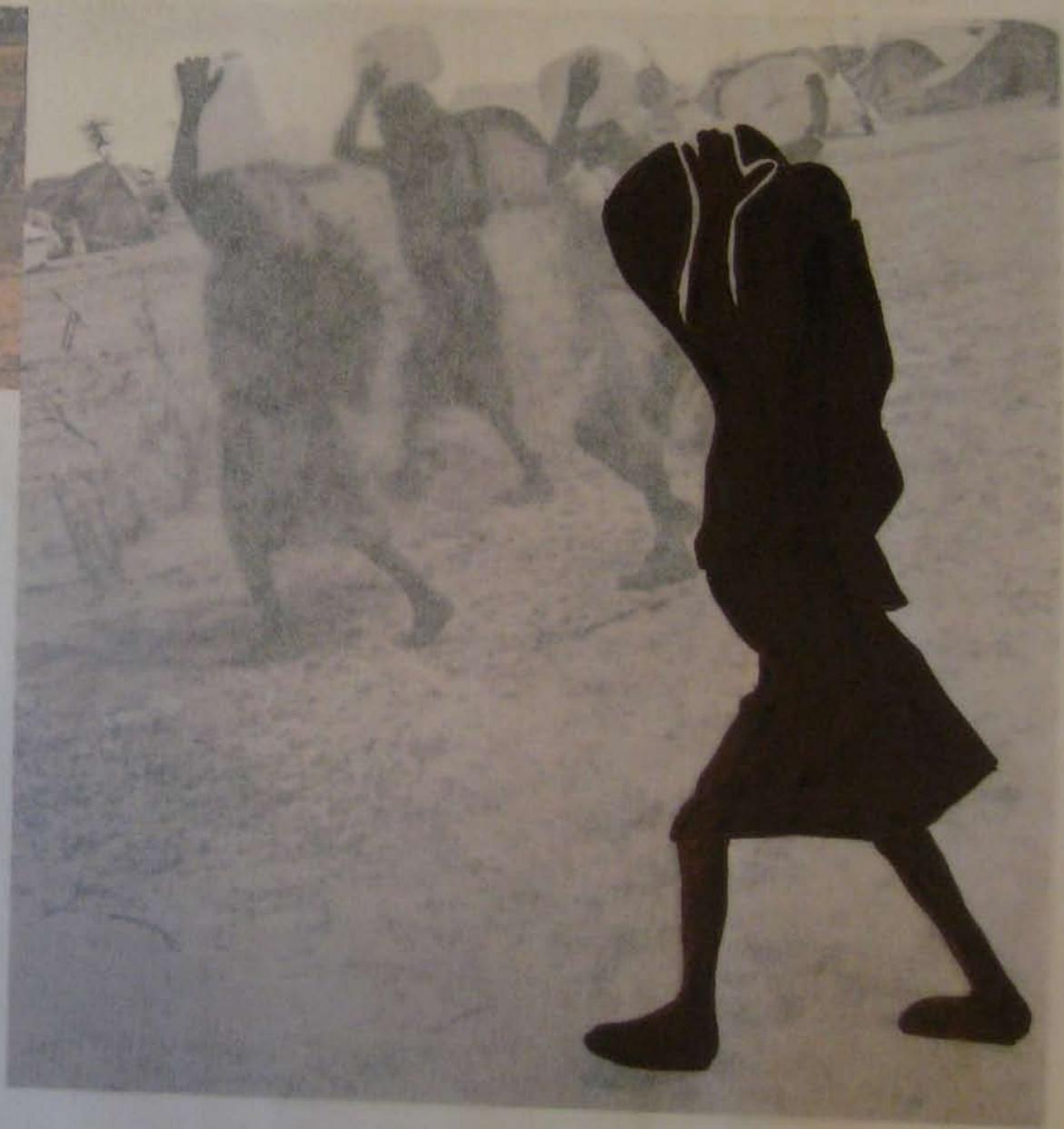
BA OBI NDRA MA ARI OBU ONDRINDRIA NI RI NDAZU DRIORU.



FEDERATION OF COMMUNITIES INFECTED AND AFFECTED WITH HIV/AIDS IN KOSOLO
FECHA_KOYAHOO.COM
0173071415 / 0151613315

EYO NISI MA RUA NGA KIRI ALARU. AGUZI LA OMI EMU

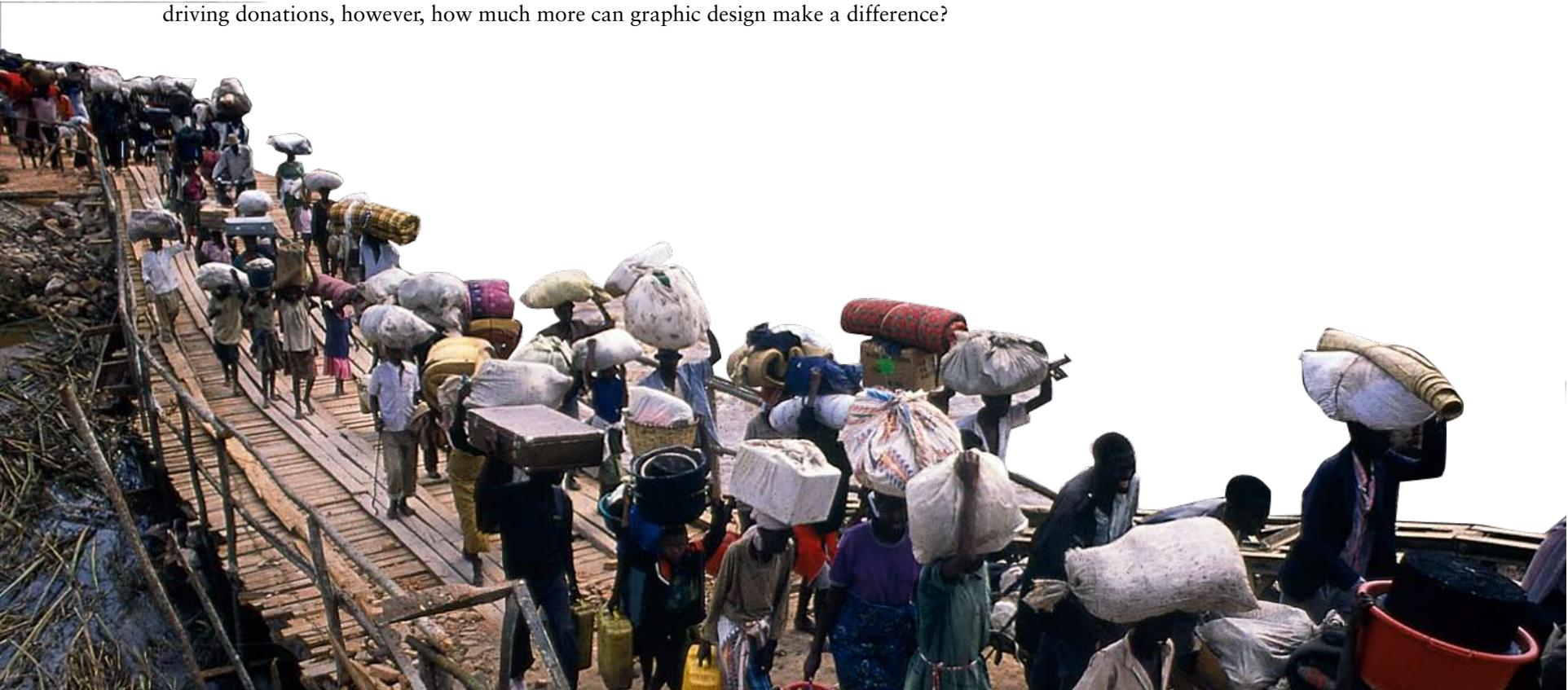
OSATRY CHARLES KATAM





THE PHOTO DATABASE

Doctors Without Borders' photo database is comprised of photos taken from throughout the world and shared among 19-plus offices. I became well acclimatized to the database as searching for photos was necessary for much of the work. However, the photos were often powerful and horrific at times as I found myself flooded with images of devastation and tragedy. I would find myself stepping away to catch my breath. Seeing the destruction of human nature was depressing. I spoke to several colleagues at the office and unfortunately they did not share my feelings as they were in the field making a difference. The question arose as to how graphic design can make a difference in the mission of Doctors Without Borders. Obviously there is an indirect effect by raising public awareness and driving donations, however, how much more can graphic design make a difference?



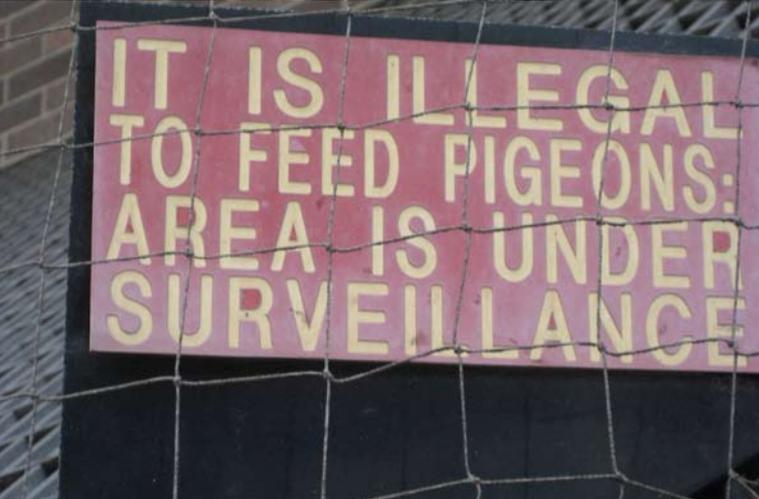
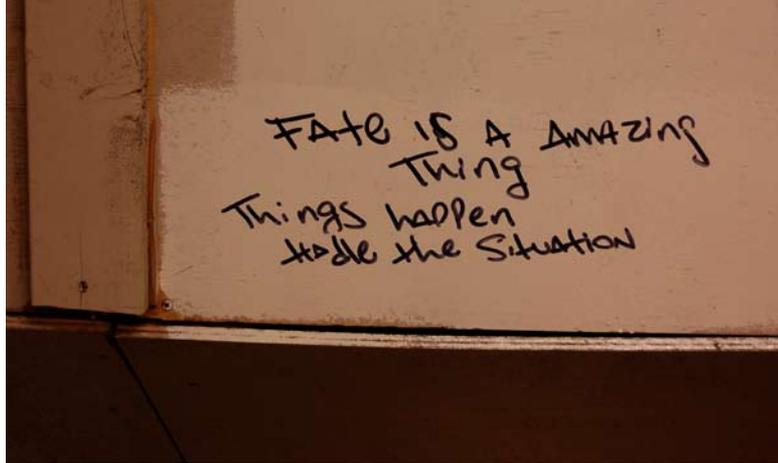






VERNACULAR

I would often get off several stops before destination and walk. Sometimes I would get off at the ferry terminal and walked up to 7th Avenue and 32nd Street





148



& UPTOWN IND
EENS TRAINS

The
Only person you really
listen 2 is the voice in your
head
Think positive, Think Big
N things will go smooth
your life

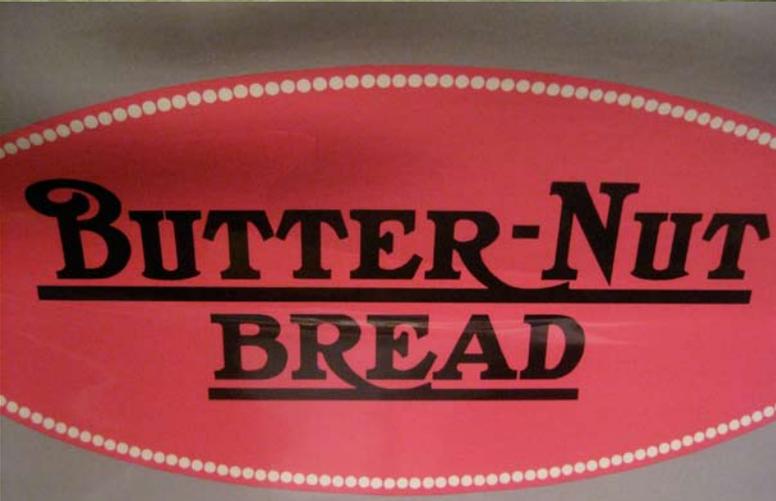
VE
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KER

THIS IS A PRIVATE
VIDEO-MONITORED
ENTRANCE - DO NOT
TAMPER WITH THIS SIGN
OR PUT GRAFFITI ON
DOORS - DO NOT STAND
IN FRONT OF OR AROUND
THIS DOORWAY - THANK
YOU -

KATZ'S
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*The Shave
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New York*

ER SURGICAL CORP.

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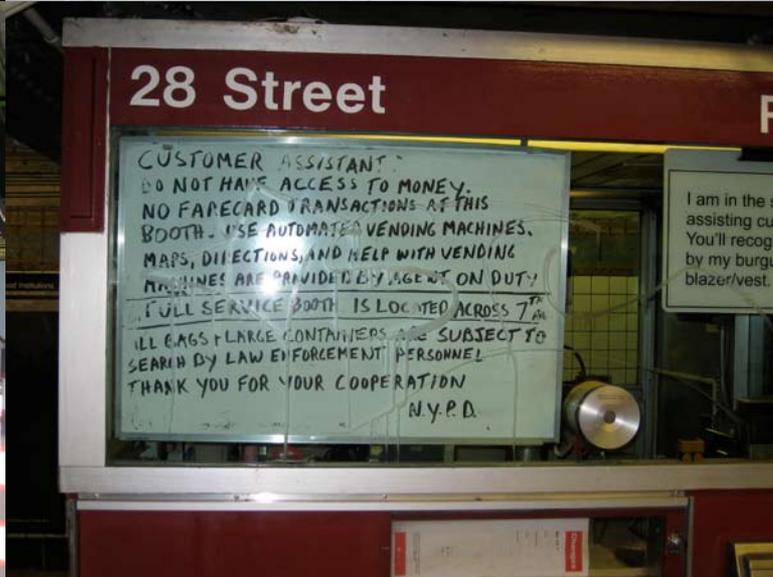
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for token
one quarter 25¢ &
ONE DIME only
PAUSE
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coin return
turn

PASSPORT
PICTURES

16
ROLLEY
MOTOR BUS

NO
BALL
PLAYING

NO BALL PLAYING



TAKE ONE

Do NOT PUT
Your BOTTLES
OR
WHISKY BOTTLES
IN
THIS CAFE.

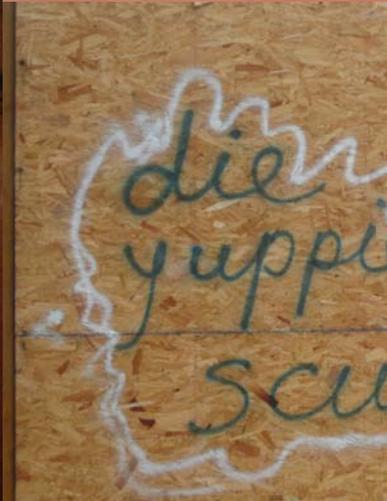
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← **SUPREME COURT
BUILDING**

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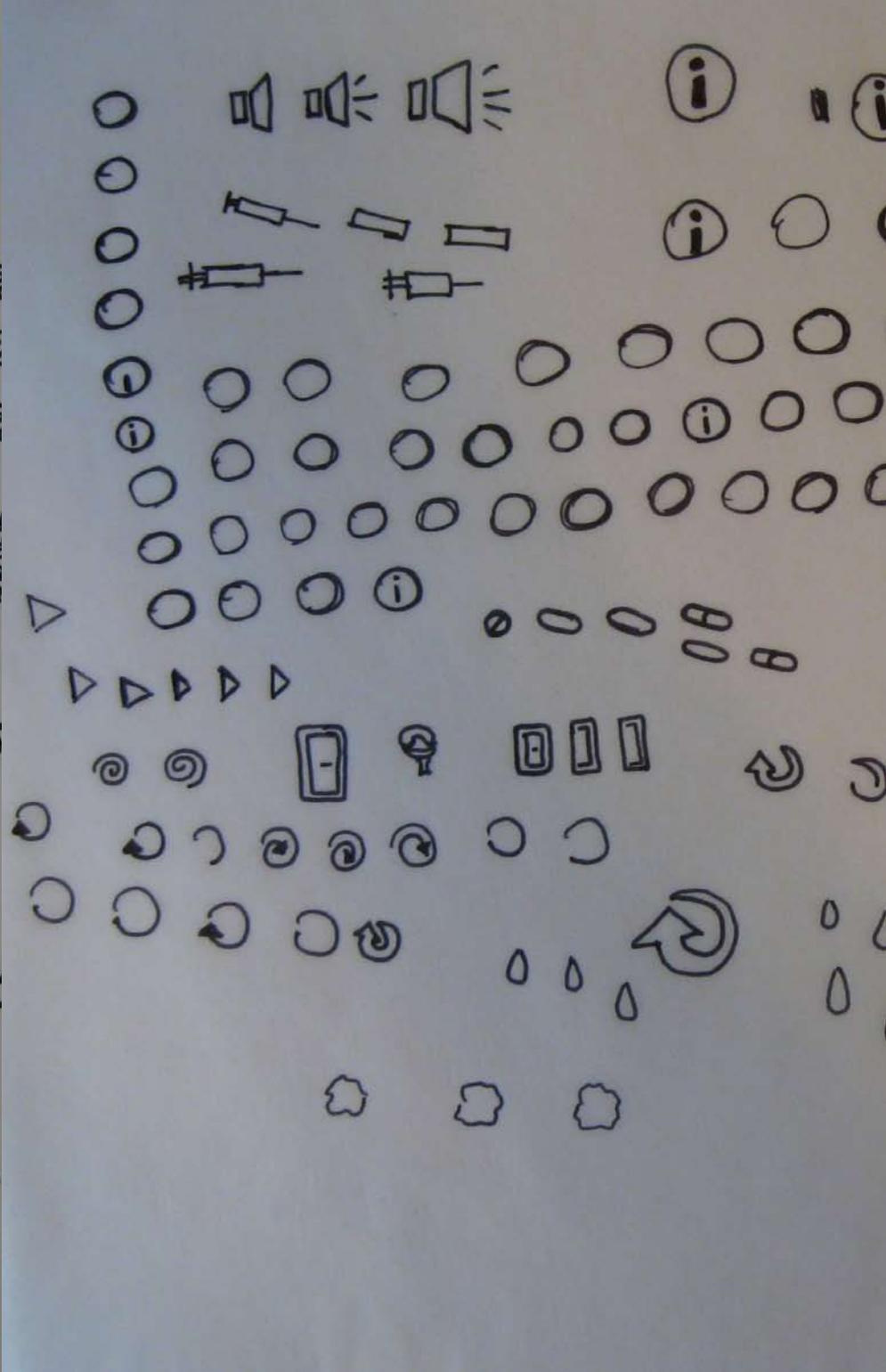
REFUGEE CAMP INTERACTIVE GUIDE

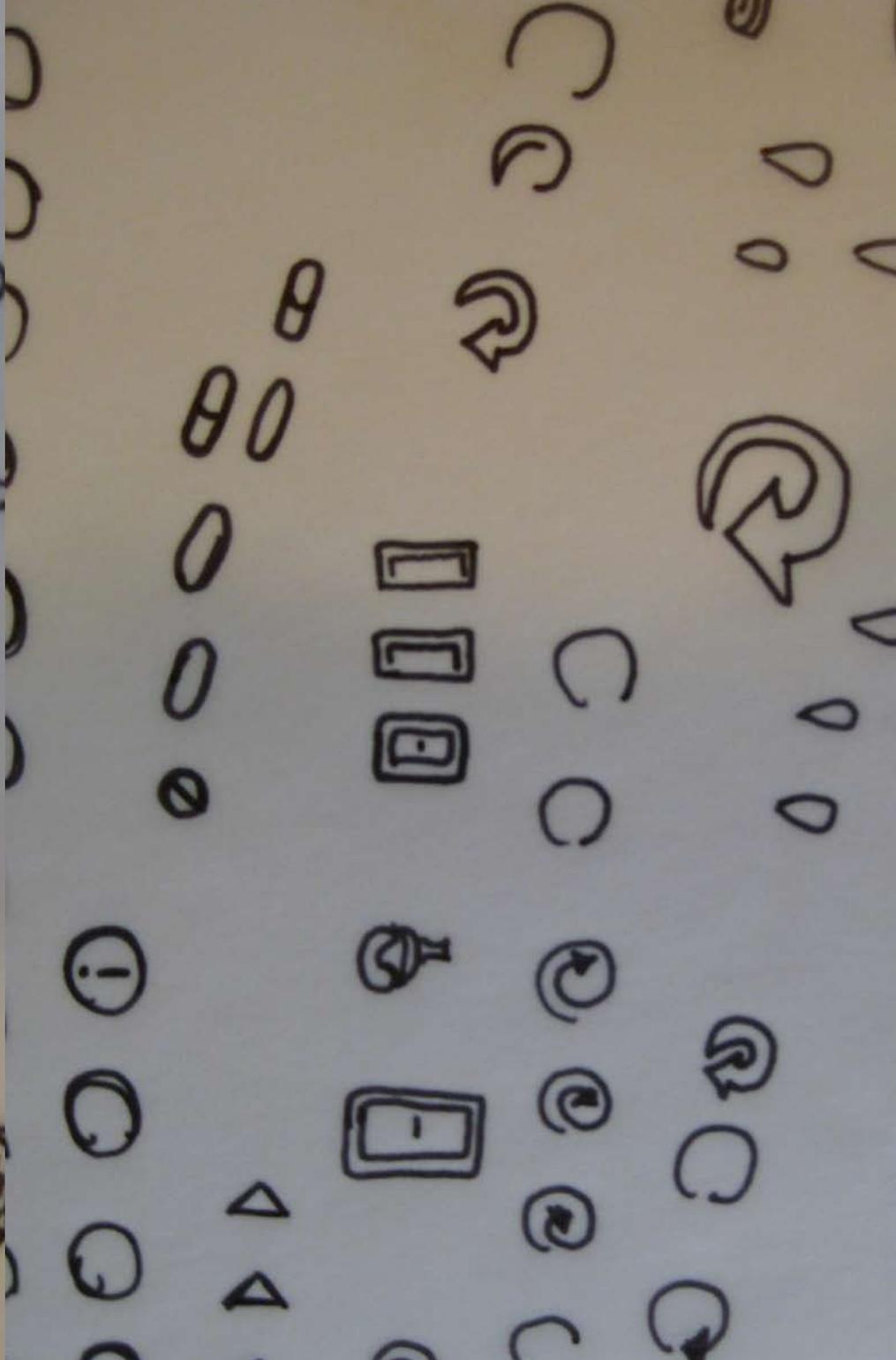
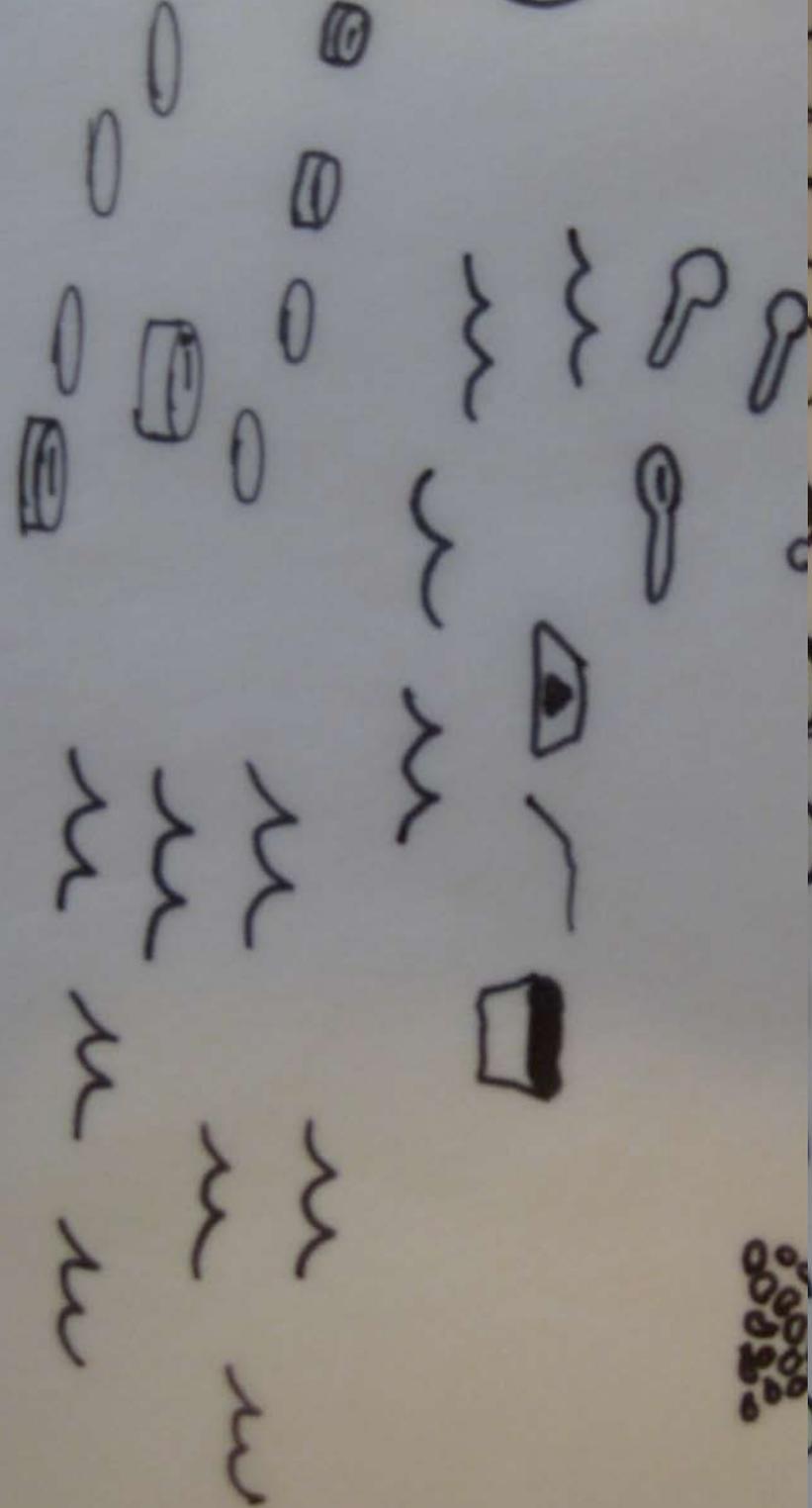
The major project was building the interactive guide. This consisted of developing a sequential system to present the information panels from the exhibit digitally. Each panel, twelve in all, were broken down in several slides. Information such as statistics or procedures would be taken and illustrated through diagrams, photos, and animations.

The interactive guide's intent was to serve as an educational tool alongside the Refugee Camp exhibit. The design allowed for the interactive portion to be downloaded and printed into a booklet.

**SEARCHING
FOR SAFETY**







SEARCHING FOR SAFETY



SEARCHING FOR SAFETY

Imagine you have been forced to leave your home because of war or violence. You are desperate to survive. You may

have packed for days or weeks, holding your children or siblings and the few possessions you could carry. Family members or friends may have been killed or abducted. Having fled for your life, you need shelter, water, and food, and you may need medical care.



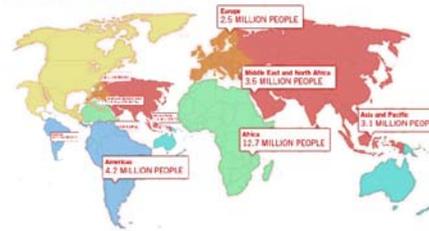
You will need:



SEARCHING FOR SAFETY

42 MILLION PEOPLE UPROOTED BY WAR

You are not alone—42 million people around the world have been forced to flee their homes and seek refuge.



WHERE WILL I LIVE?



SEARCHING FOR SAFETY

The United Nations High Commissioner for Refugees (UNHCR) is responsible for ensuring respect for the rights of refugees, including:

- The right to seek asylum
- The right to receive assistance (food, water, shelter, medical care)
- The right to be protected from violence or forced repatriation ("refoulement")
- The right to a lasting solution, whether to return home when it is safe, to stay in the country of refuge, or to resettle in a third country

While 147 countries in the world have signed the 1951 Convention and/or its 1967 protocol, millions of refugees continue to face obstacles and discrimination in pursuing these rights. In many cases, international and local aid agencies provide humanitarian assistance to refugees whose needs are not being met. Visit UNHCR's website at www.unhcr.org for more information about refugees.

SEARCHING FOR SAFETY



Parties to the 1951 Convention only | Parties to the 1967 Protocol only
Parties to the 1951 Convention and its 1967 Protocol | States that have not yet acceded to the 1951 Convention or its 1967 Protocol

UNHCR, United Nations High Commissioner for Refugees

SEARCHING FOR SAFETY

WHAT IS AN IDP?



SEARCHING FOR SAFETY

People who have fled for safety within the borders of their home countries are officially considered internally displaced persons or IDPs.



Today, there are 26 million IDPs in 52 countries around the world.

Almost half of them are fleeing conflicts in just three countries: Sudan, Colombia, and Iraq. Around three-quarters of all IDPs are children and women.

While IDPs in armed conflicts have rights under international law, there is no international agency with a mandate to protect and assist them. Since they are living within their own

countries, IDPs remain under the legal jurisdiction of their national authorities, which may well be involved in the violence they are fleeing. The United Nations High Commissioner for Refugees (UNHCR) has extended its scope to include certain IDP populations. Local or international aid agencies also provide assistance.

SEARCHING FOR SAFETY

WHERE WILL I FIND FOOD?



SEARCHING FOR SAFETY

You probably haven't eaten well for weeks. Hunger, along with the intense stress you are experiencing, will weaken your immune system and make you more susceptible than usual to disease. The diseases you should be most concerned about are malaria, acute respiratory infections, diarrheal diseases, and, especially, measles, which can spread like wildfire in crowded living conditions.



Malaria often spreads through the bite of an infected Anopheles mosquito. This happens most frequently during the rainy season in certain climates and geographical regions. Symptoms typically appear within 9 to 14 days after the infected bite and include fever, headache, vomiting, and other flu-like manifestations. If effective drugs are not available for treatment, the infection can rapidly become life-threatening.



SEARCHING FOR SAFETY

You have lost everything. Your home was destroyed, and you find so quickly that you had no time to take any food with you. You may have grown your own food and seen your crops burned and your animals killed or stolen. You are desperate to feed yourself and your family. What will you do?



SEARCHING FOR SAFETY

- | | | |
|-------------|------------|-----------|
| Iron | Vitamin C | Selenium |
| Calcium | Vitamin A | Iodine |
| Thiamine | Vitamin E | Copper |
| Riboflavin | Vitamin D | Magnesium |
| Niacin | Sodium | Chromium |
| Folic Acid | Magnesium | Nitrogen |
| Vitamin B12 | Zinc | Sulfur |
| Pyridoxine | Phosphorus | Potassium |



The government of the country in which you are staying, the United Nations, and aid agencies should deliver food in acute crises. But sometimes weeks or months pass before aid arrives. In some cases, politics or conflict will keep food from ever reaching you.

If it does, you'll receive a food distribution card that entitles you to a combination of grains, beans or lentils, cooking oil, and perhaps some salt and sugar. But food aid does not include nutritional supplements needed by children under five — those most vulnerable to malnutrition.

SEARCHING FOR SAFETY



But your chances of receiving RIFP are slim: only 3 percent of the world's 20 million severely malnourished children who need RIFP are currently receiving it.

SEARCHING FOR SAFETY

WHERE WILL I GO TO THE BATHROOM?



SEARCHING FOR SAFETY

HOW LONG WILL I BE HERE?



SEARCHING FOR SAFETY



Your main concern will be to protect your children against measles, a disease that kills more than half a million children every year.

Diseases can spread quickly in crowded conditions and always affect children first, especially if they are malnourished. You may find a medical team vaccinating children under 15 against measles.

SEARCHING FOR SAFETY

Your first priority as you flee from conflict will be to find somewhere to rest, to sleep, and to feel safe. If you are lucky, you may have family or friends in the region who can take you in, or local families may help you out. But it's more likely that, along with thousands of others, you will have to build a shelter out of whatever materials you can find—sticks, plastic sheeting, or mud—or seek refuge in a railway car, a bombed-out building, or a schoolhouse.



SEARCHING FOR SAFETY

HOW WILL I COPE?



SEARCHING FOR SAFETY

WHAT IS A REFUGEE?



SEARCHING FOR SAFETY

Every individual and every society has different ways of dealing with trauma. Some individuals will be affected more severely than others, and healing can take years, or even generations. Until you have found safety, it will be hard for you to begin to fully address the impact of war and displacement on your mental health.



SEARCHING FOR SAFETY

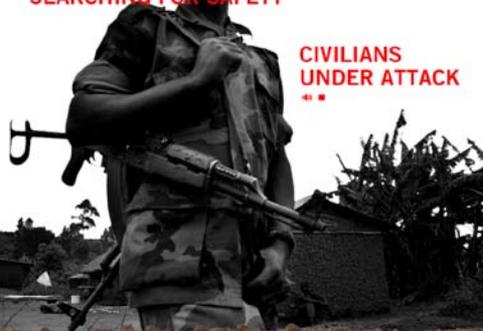
In some areas, such as Iraq, the violence is too intense for independent outside help to reach those most in need. And many IDPs are displaced over and over again. In Sudan and in the Democratic Republic of Congo, for example, thousands of people have been regularly uprooted by conflict.

Source for IDP figures: Internal Displacement Monitoring Center



SEARCHING FOR SAFETY

CIVILIANS UNDER ATTACK



SEARCHING FOR SAFETY



International law calls for the protection of civilians in conflict, but civilians are often targeted, with women and children sometimes attacked by belligerents as part of a deliberate strategy. In every conflict raging today—from the Democratic Republic of Congo to Chad, Sudan, Iraq, Colombia, Sri Lanka, Somalia and beyond—ordinary people have been killed, raped, shot, or attacked. In some conflicts—like Iraq and Sri Lanka—civilians are often killed or seriously injured in blasts from bombs intentionally planted in crowded areas. And unexploded landmines kill or seriously injure civilians in regions as far apart as Colombia, Chad, and Afghanistan.



SEARCHING FOR SAFETY

If you are a refugee, you may have learned by now that you have certain legal rights to stay in the country to which you fled, to go home if it is safe, or to go to a third country. But despite international law, you could be stuck for many years in the same impermanent situation—trapped in limbo in camps or makeshift shelters, and without the ability to exert many of the rights guaranteed by the 1951 Convention relating to the Status of Refugees—or the UN Refugee Convention—and other UN statutes.



SEARCHING FOR SAFETY

WHAT ABOUT MALNUTRITION?



SEARCHING FOR SAFETY

You have lost your home, walked for days, and eaten whatever you have been able to find on the way. Members of your family may have contracted malaria or measles, or had a severe chest infection. Is it any wonder that your siblings or children are becoming malnourished?



SEARCHING FOR SAFETY



If you are seriously sick or injured and need a hospital, clinics can possibly arrange for you to go to a local hospital that can admit patients with more serious conditions, or an aid agency may set up a hospital. However, it can sometimes take several hours to reach the hospital, often along remote or dangerous roads, and the hospital itself may well be overwhelmed by the influx of new patients.



SEARCHING FOR SAFETY

If you are lucky, aid agencies or local authorities may be there to help. They measure the upper arms of children under five with a device called the mid-upper arm circumference (MUAC) bracket. After more thorough screenings, including measurements of the children's weight and height, you may be given ready-to-use food (RUF). This milk-based paste includes nutrients, vitamins, and minerals to help your children or siblings recover from malnutrition or to prevent it. You will need to bring the children back to the clinic once a week for a check-up. Only those with additional serious medical complications will need to be hospitalized in a pediatric intensive care unit.



SEARCHING FOR SAFETY

WHERE WILL I FIND WATER?



SEARCHING FOR SAFETY

You will be thirsty and dehydrated and need water for cooking and cleaning. The only water sources could be rivers or lakes, which might not be clean, and you might have to travel great distances to reach them. Many people get sick from drinking contaminated water. But what choice do you have?



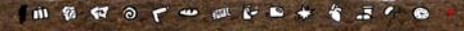
Prevent Cholera with provision of soap



SEARCHING FOR SAFETY



No matter how careful you are, there is always a chance that you will drink contaminated water and catch a water-borne disease, such as hepatitis E or intestinal worms. If you live in an area where cholera is endemic, you have even more to worry about. News outbreaks are not uncommon, and medical teams need to act quickly.



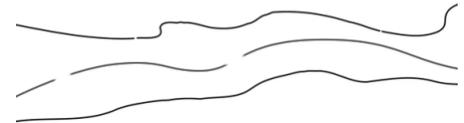
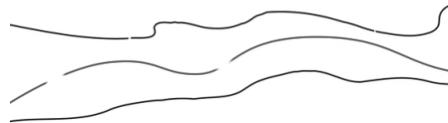
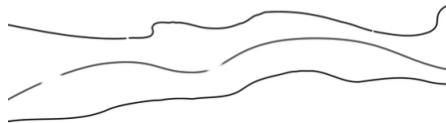
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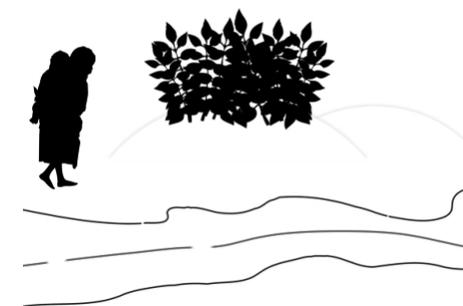
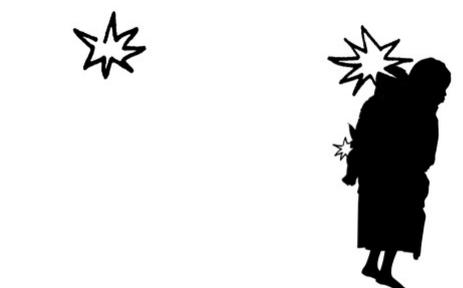
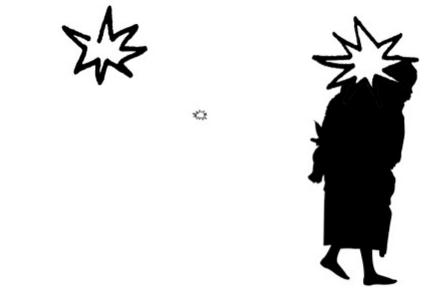
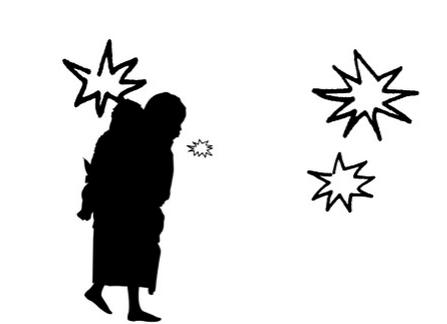
100 GALLONS

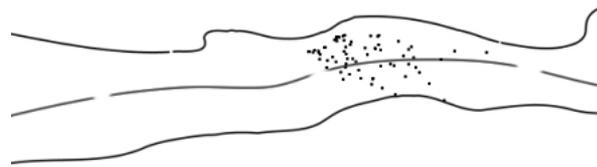
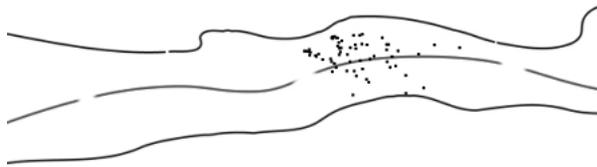
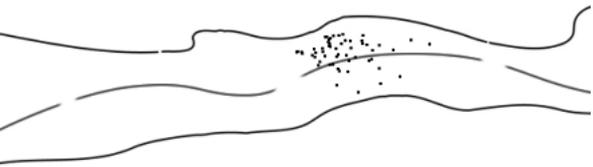
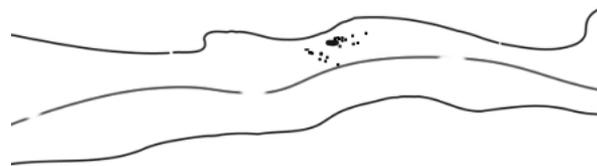
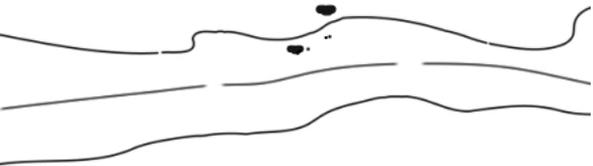
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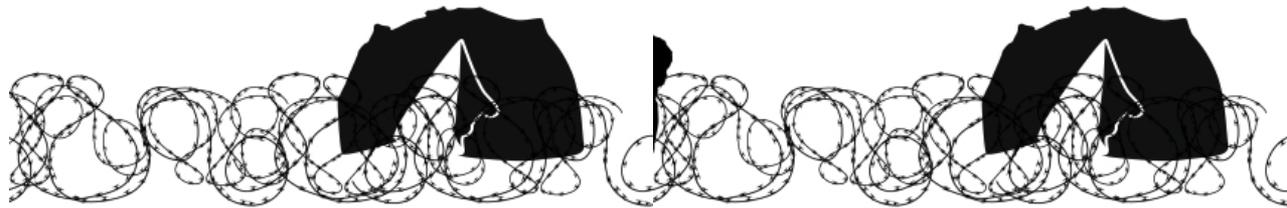
In an acute emergency, you could receive just one or two gallons (five to ten litres) of water per day for all your needs—washing, cooking, and cleaning. Most people in the United States and Canada use more than 100 gallons (379 litres) or 80 gallons (325 litres) of water per day, respectively.

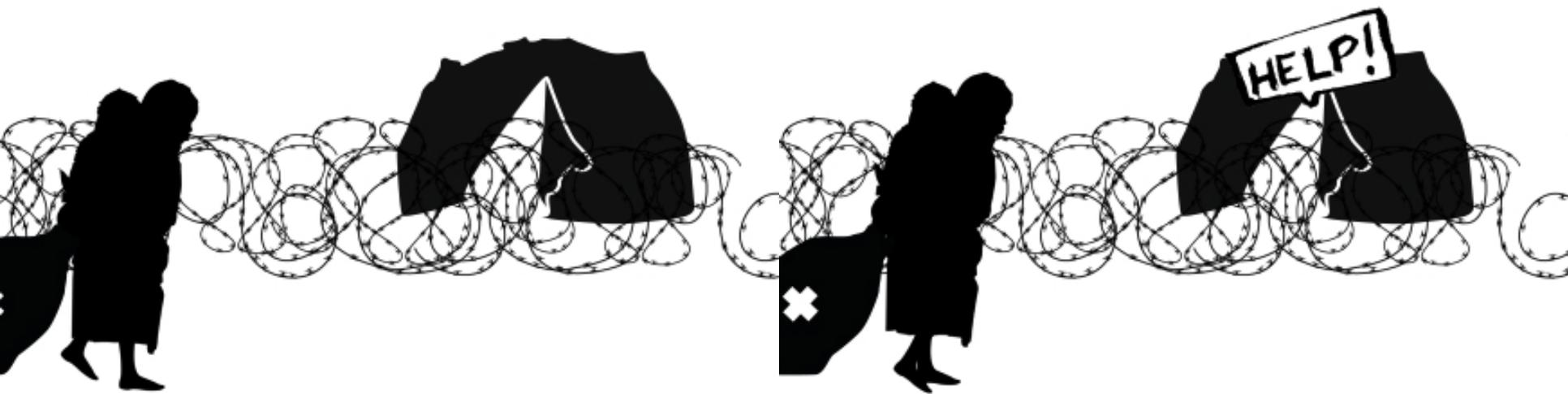
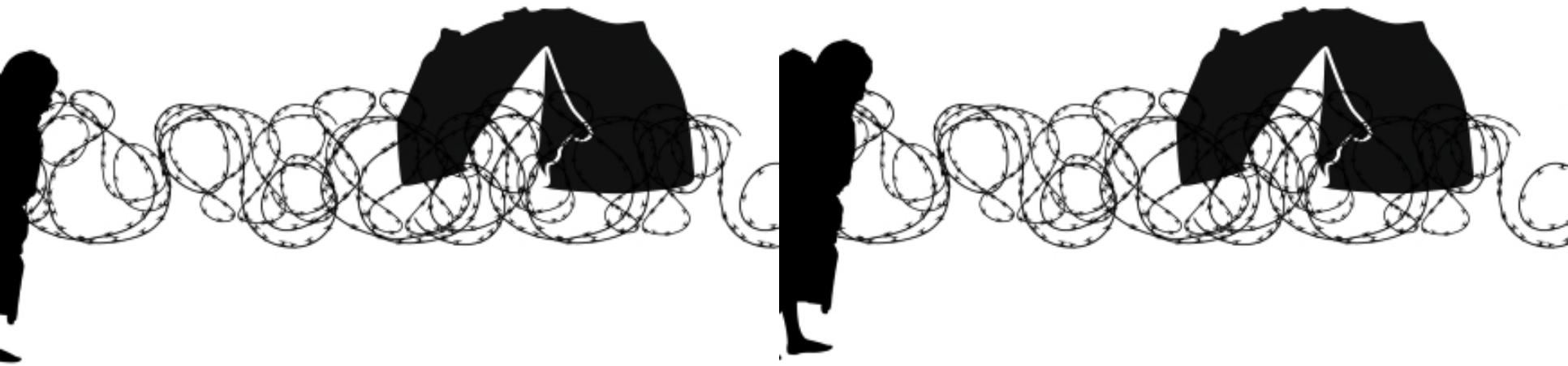


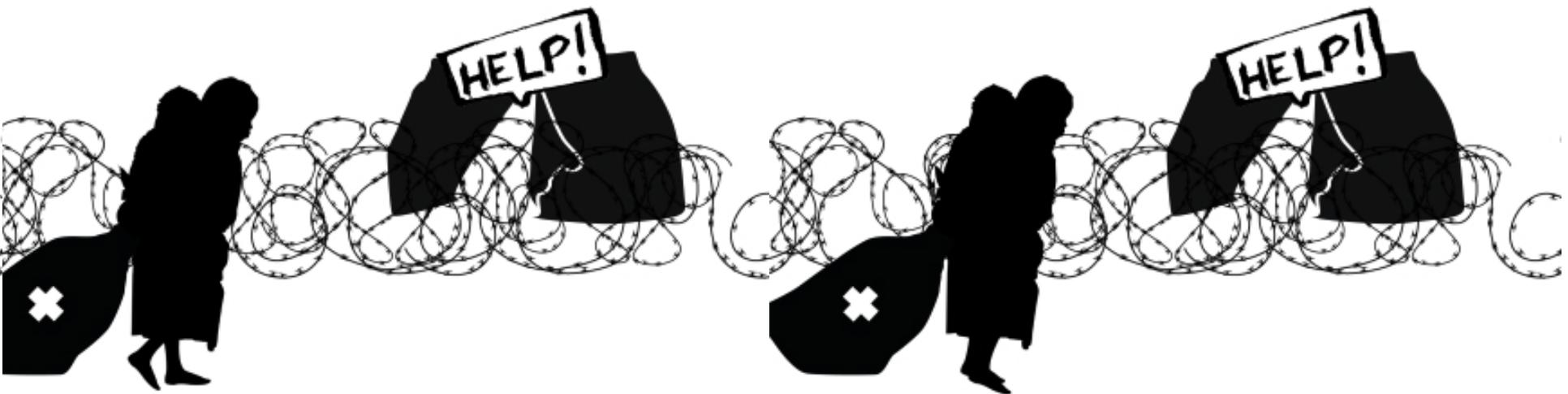
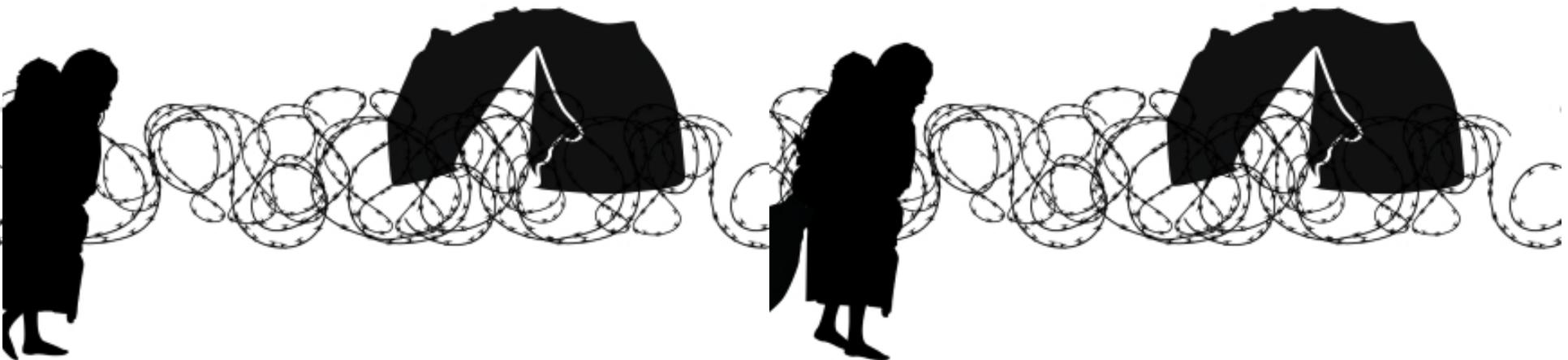












OTHER PROJECTS

Miscellaneous graphics for the web site, postcards for events, and small flash projects were created throughout the summer. A timeline of MSF's work since 1971 was designed, but not developed as there was not enough time to complete this project as well as several others. This was a result of me being the only graphic designer in the office and being heavily involved with Doctors Without Borders' workflow. Since then I have continued working for them beyond the fellowship's scope both pro bono and for pay.

DARFUR EMERGENCY TIMELINE

This is an introduction to the Darfur crisis. Lorem ipsum dolor sit amet, consectetur adipiscing elit. In gravida enim eu purus. Mauris interdum ornare dolor. Proin orci purus, interdum in, congue vitae.

◀ February 2003 | March 2003 ▶

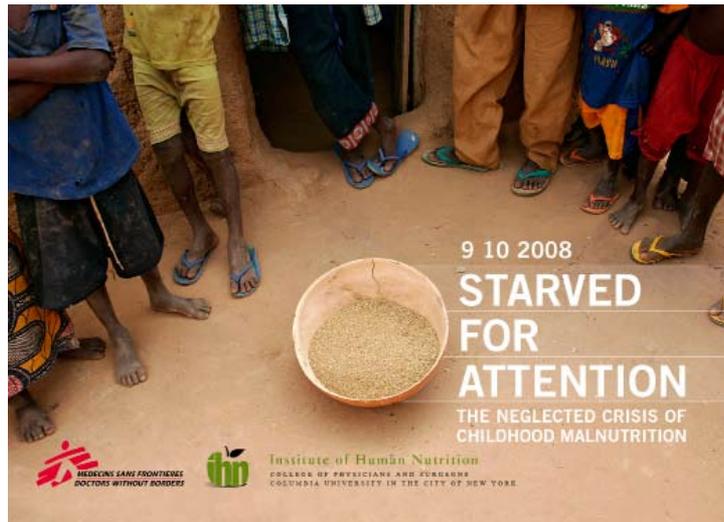
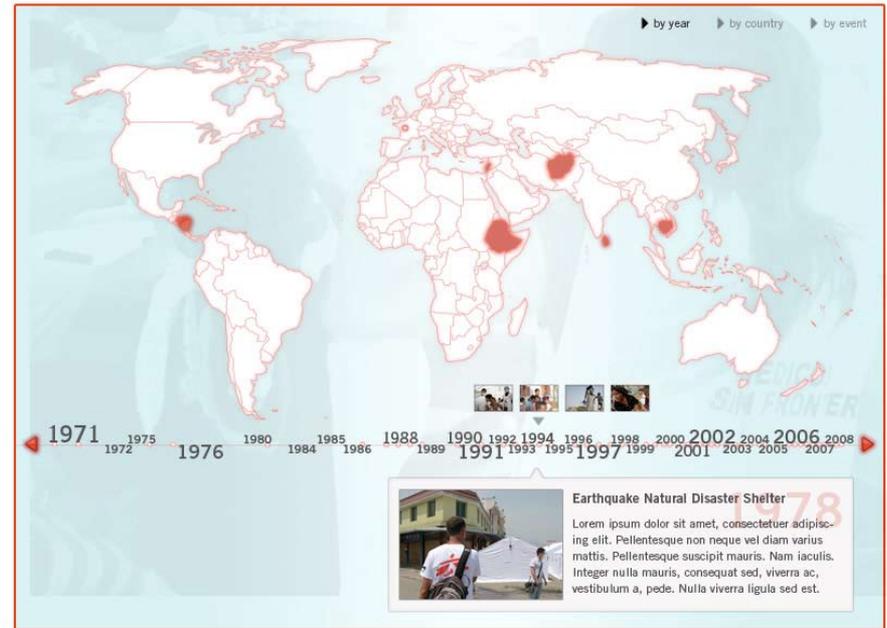
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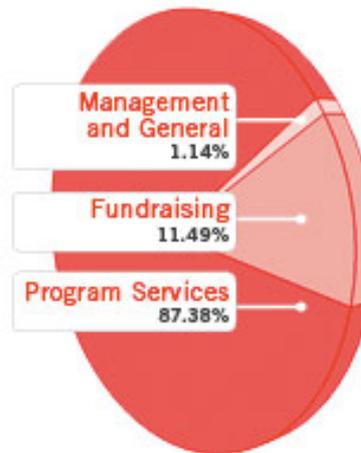
© Kadir van Lohuizen / Noor

FEBRUARY 2003

The Sudanese Liberation Army (SLM/A) and Justice and Equality movement (JEM)—rebel groups in western Darfur—rise up claiming that the region is being neglected by Khartoum.



MSF's 2007 EXPENSES



INTRODUCTION

MSF started in 1981 in the context of the HIV/AIDS epidemic in sub-Saharan Africa. In 2007, we were the first to launch a dedicated unit for the treatment of HIV/AIDS in the world. This year we will mark our 25th anniversary. 25 years of dedicated work for the prevention, treatment, and care of HIV/AIDS. MSF has always been a leader in the fight against HIV/AIDS. We have been a pioneer in the development of generic medicines, in the development of a patient-centered approach, and in the development of a patient-centered approach. We have been a pioneer in the development of a patient-centered approach, and in the development of a patient-centered approach.

MSF OPERATIONAL REPORT
Executive Summary
 2012-2013
 2012-2013
 2012-2013

BANADIR REGION

Medical Care in a War-Torn Capital
 period since 2010

MSF OPERATIONAL REPORT
Executive Summary
 2012-2013
 2012-2013
 2012-2013

GALGADUD REGION

Medical Care and Health Posts
 period since 2006

MSF OPERATIONAL REPORT
Executive Summary
 2012-2013
 2012-2013
 2012-2013

LOWER JUBA REGION

Providing Basic Health Care in a War-Torn Region
 period since 2003

MSF OPERATIONAL REPORT
Executive Summary
 2012-2013
 2012-2013
 2012-2013

LOWER SHABELLE REGION

Medical Care in a War-Torn Region
 period since 2007

MSF OPERATIONAL REPORT
Executive Summary
 2012-2013
 2012-2013
 2012-2013

MUDUG REGION

Working on Health Issues of the Green Line
 period since 1987

MSF OPERATIONAL REPORT
Executive Summary
 2012-2013
 2012-2013
 2012-2013

BOSSASO

Assisting Those Trying to Flee
 period since 2007

MSF OPERATIONAL REPORT
Executive Summary
 2012-2013
 2012-2013
 2012-2013

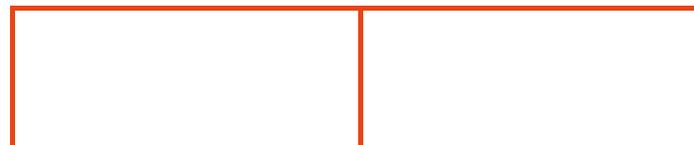
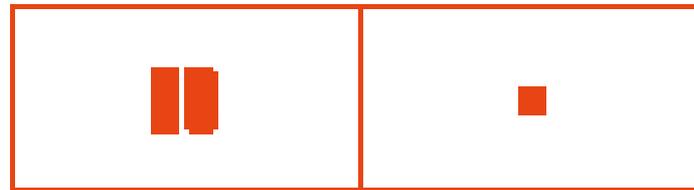
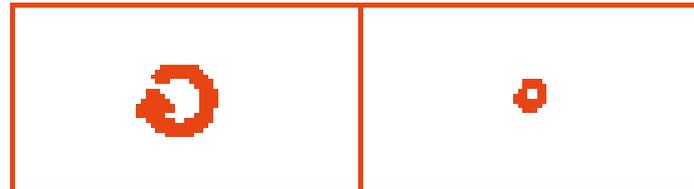
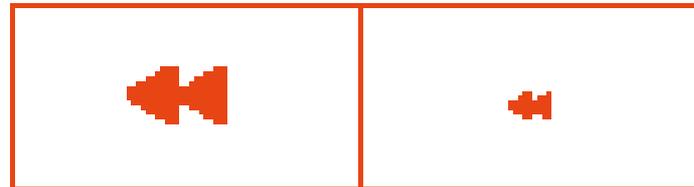
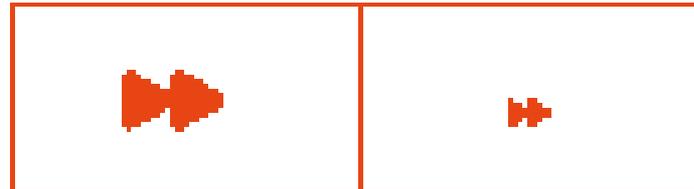
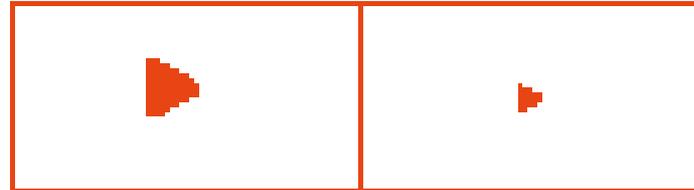
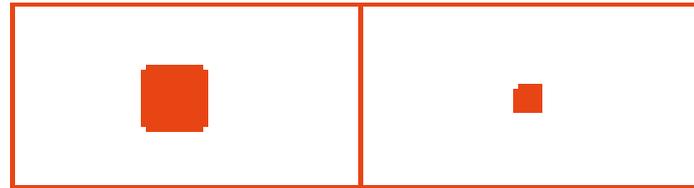
THE MSF CHARTER

Guidelines for the Organization's Work

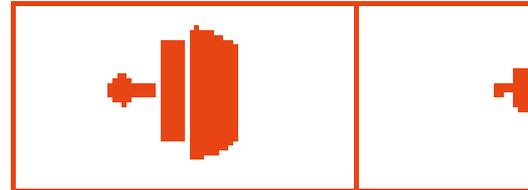
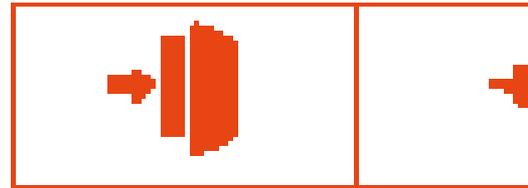
MSF OPERATIONAL REPORT
Executive Summary
 2012-2013
 2012-2013
 2012-2013

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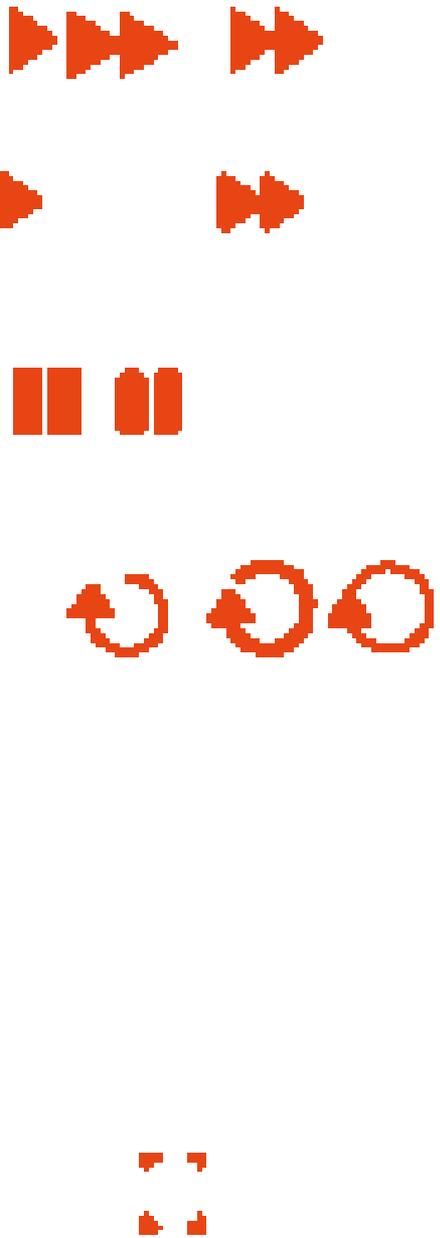
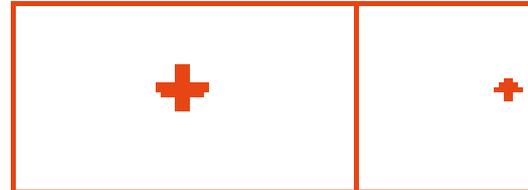
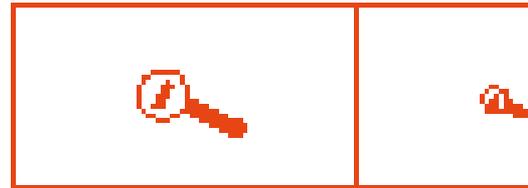
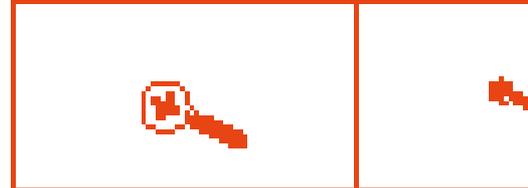
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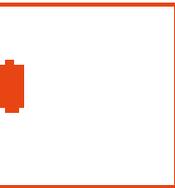
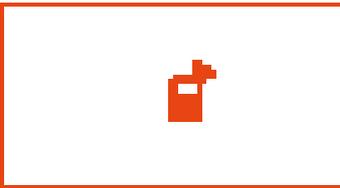
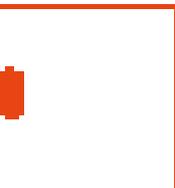
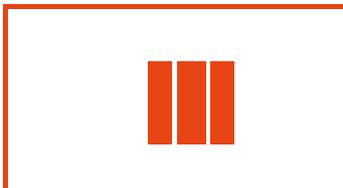
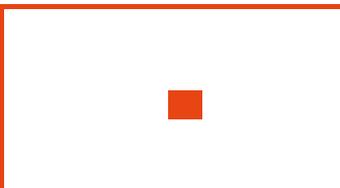
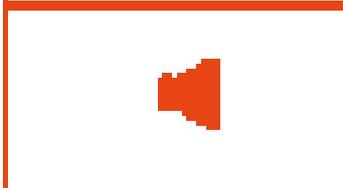
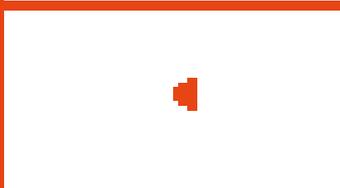
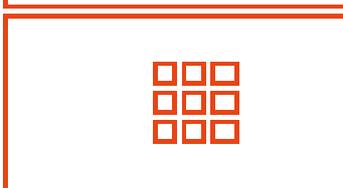
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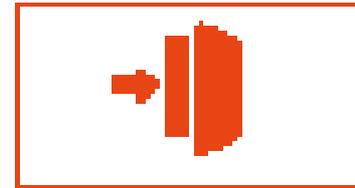
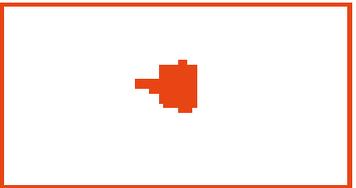
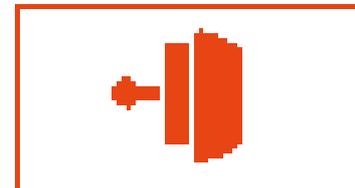
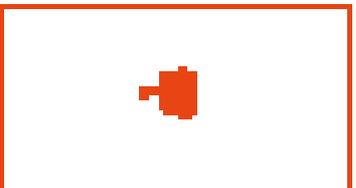
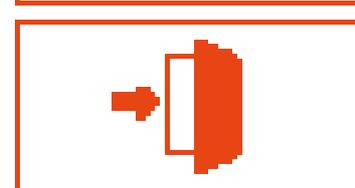
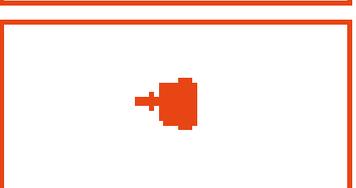
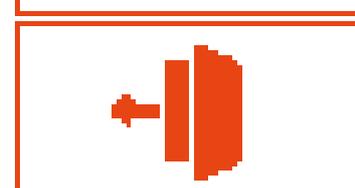
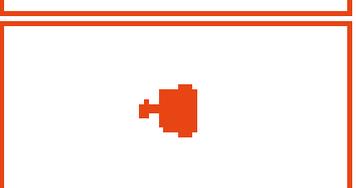
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From: geekinthecorner@gmail.com
Subject: Doctors Without Borders :: July 8th
Date: July 8, 2008 6:58:11 AM PDT
To: elisa.ruffino@artcenter.edu

I can't believe the last update I sent was over a month ago. Time is really beginning to fly. I am quite involved with the work here and hope to be completing a large project in a couple of weeks. I've been creating various graphics for the web site, designing posters and a flier that will be distributed throughout Somalia, and working on a motion graphics animation for the web site.

I am beginning to become tired of the commute from Staten Island to work, but have made the most of it reading books and working on my laptop. It is hard for me to believe that Jason could commute from Staten Island everyday for the past four years. I think I could only handle this for the 3 months that I am here. I've been spending a lot of my free time in Brooklyn and would seriously consider living there in the future.

Two weeks ago was the General Assembly for the United States MSF office. It is a two day conference of workshops, candidates giving speeches and debating for election to the board, and discussion of issues by the staff and associate members. I was very excited to be a part of this as I saw the political workings of the organization and the relationship of the American office to the office in France.

There was a workshop regarding innovation and I was very excited to be a part of this. However it was more of a discussion/debate over the ratio of International field workers to national field workers. Although it was interesting, it wasn't necessarily innovative. Someone noted the difficulties of language barriers and so I saw my chance to share an innovative idea. I shared the idea of incorporating technologies that would allow field

workers to translate languages immediately, so that someone that spoke Somali could speak with someone that spoke French through the technology. I was given a weird look and the discussion/debate continued on. I hope to revisit the notion of innovation with the office before my time is up.

I developed a slideshow video for Jason last week that blew his mind and many of my colleagues in the communications department. I was floored by their response and still have people coming up to me, expressing their excitement. That felt really good. After I refine the video further, I will be sure to send you a preview of it.

I find myself feeling depressed sometimes after going through the content regarding the issues MSF addresses. I watch videos of children struggling to stand up, read articles of women being violated by soldiers, families being split up and family members missing without conclusion. It is horrible. I feel that I have been ignorant, but this ignorance is my motivation. I am sure it's not just me, it's many people out there that are not aware. I sincerely hope that my work here on the various projects will reach and educate people to the horrific situations that are occurring worldwide.

This past weekend I visited Washington DC. It was a great break from New York. I found the National Archives to be quite amazing, as well as the National Postal Office and the Smithsonian American Art Museum. I thoroughly took in Washington DC and could probably write a page of the various monuments and other museums I visited. I received a lot of gruff from my coworkers for being in DC for the Fourth of July, my being called "patriotic".



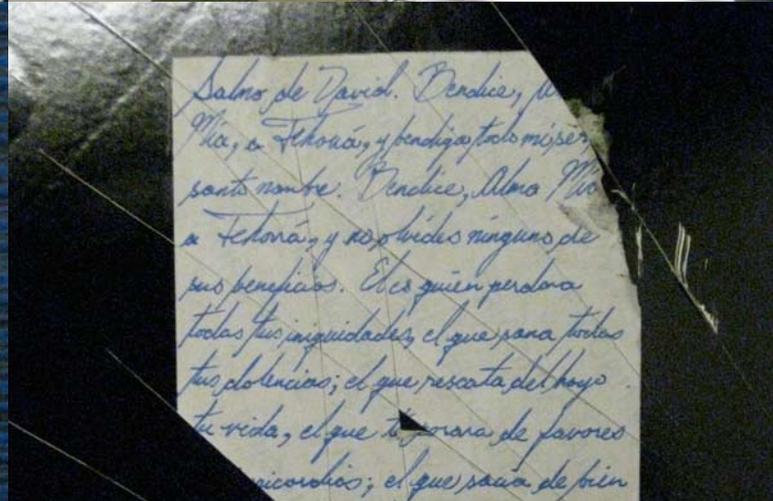


STREET ART

As the majority of transportation in New York is by foot, one will uncover a diversity of street art tucked away in nooks and crannies and other times in clear open space.













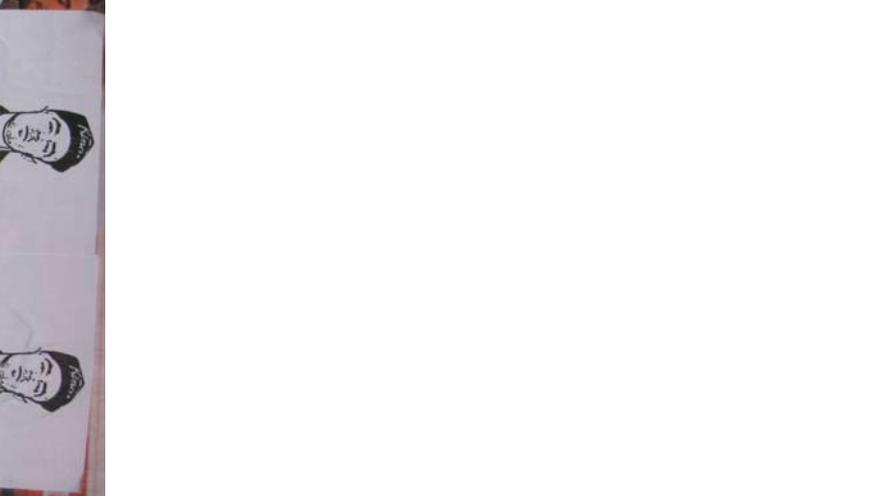
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5 CENTS FOR
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25 CENTS
FOR AN extra-1/2
\$1.00







INTERNATIONAL AIDS CONFERENCE

This was the most rewarding project. In order for Doctors Without Borders to establish a presence at the International AIDS Conference in Mexico City, I developed a visual campaign. This included a poster to advertise the events Doctors Without Borders was hosting, protest posters for their affiliates (health care workers), postcards, and a t-shirt. Seeing photos of the event and the work I created in context was a highlight. After the event concluded and the participants from the New York office returned, A New York Times article was published with a photo of the Doctors Without Borders visual campaign.



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— PLEASE SUPPORT EVERY HEALTHCARE WORKER WHO
participates in the national demonstration (NPN) of health

XVII International AIDS Conference
Mexico City 2008

**AIDS TREATMENT IN
THE CONTEXT OF
HEALTH CARE WORKER
SHORTAGES**

**A Médecins Sans Frontières
Satellite Meeting**



AUGUST 3, 2008

9 AM – 1 PM

MELIA REFORMA HOTEL

Paseo de la Reforma

Mexico City, Mexico

From 8:30 on–

Coffee and light breakfast



Médecins Sans Frontières (MSF) invites you to attend "MIND THE GAPS"—a half-day satellite meeting preceding the opening ceremonies of the International AIDS Conference organized by MSF—on the impact of the health care worker shortage on access to HIV/AIDS treatment and lessons learned from clinicians and advocates working on the ground to overcome this gap.

An estimated seventy percent of people who need antiretroviral treatment are still not getting it. One barrier to access to treatment is the critical shortage of health

care workers. This shortage contributes to unnecessary illness and death, yet acknowledgement of the human resource crisis has not yet translated into strategies and funding to stimulate needed change.

The satellite meeting will include reports on efforts to expand and uphold quality AIDS treatment in the context of severe shortages of health care workers and critical discussions among experts and AIDS activists about possible policy shifts needed to confront one of the largest barriers to scale-up and quality AIDS treatment.

Speakers include:

- **Dr Mphu Ramatlape**, The Right Honourable Minister of Health & Social Welfare, Kingdom of Lesotho
- **Stephen Lewis**, Co-Director, AIDS-Free World
- **Dr Pheello Lethola**, MSF Lesotho
- **Dr Wim Van Damme**, Institute of Tropical Medicine, Belgium
- **Vuyiseka Dubula**, Secretary General, Treatment Action Campaign (TAC), South Africa
- **Paul Kasonkomona**, Treatment Advocacy and Literacy Campaign (TALC), Zambia
- **Dr Jenifer Kavuma**, Health Workforce Advocacy Forum (HWAF), Uganda
- **Dr Moses Massaquoi**, MSF Malawi
- **Gorik Ooms**, Institute of Tropical Medicine, Belgium
- **Asia Russell**, Health GAP USA

For more information, please go to: www.msf.org/mindthegaps

**AIDS TREATMENT IN THE CONTEXT
OF HEALTH CARE WORKER SHORTAGES
Médecins Sans Frontières Satellite Meeting**

**XVII International AIDS Conference
Mexico City 2008 | August 3, 2008**



UGANDA

1 DOCTOR, 11 NURSES
FOR EVERY 397 PEOPLE
LIVING WITH HIV/AIDS

RWANDA

1 DOCTOR,
10 NURSES
FOR EVERY
1488 PEOPLE
LIVING WITH HIV/AIDS

TANZANIA 1 DOCTOR, 18 NURSES FOR EVERY
2162 PEOPLE LIVING WITH HIV/AIDS

1 DOCTOR, 26 NURSES FOR EVERY
2162 PEOPLE LIVING WITH HIV/AIDS **MALAWI**

ZAMBIA 1 DOCTOR, 16 NURSES FOR EVERY
1215 PEOPLE LIVING WITH HIV/AIDS

1 DOCTOR, 11 NURSES FOR EVERY
3448 PEOPLE LIVING WITH HIV/AIDS **MOZAMBIQUE**

ZIMBABWE 1 DOCTOR, 9 NURSES FOR EVERY
2338 PEOPLE LIVING WITH HIV/AIDS

1 DOCTOR, 8 NURSES FOR EVERY
676 PEOPLE LIVING WITH HIV/AIDS **BOTSWANA**

SHAZILAND 1 DOCTOR, 18 NURSES FOR EVERY
1134 PEOPLE LIVING WITH HIV/AIDS

1 DOCTOR, 13 NURSES FOR EVERY
3000 PEOPLE LIVING WITH HIV/AIDS **LESOTHO**

SOUTH AFRICA **WWW.**

1 DOCTOR, 6 NURSES FOR EVERY
171 PEOPLE LIVING WITH HIV/AIDS **MSF.**

**ORG/
MINDTHE
GAPS**



**MIND
THE
GAPS**

**AIDS TREATMENT
HEALTH WORKERS &
IN AFRICA**

RUNNING IN PLACE: TOO MANY PATIENTS STILL IN URGENT NEED OF HIV/AIDS TREATMENT

**MEASURING BARRIÈRES (MSF)
BRIEFING DOCUMENT ON HIV/AIDS**
MSF INTERNATIONAL CONFERENCE | 3-8 AUGUST 2006, MEDIC 2006
WWW.MSF.ORG



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8. THE URGENT NEED FOR HIV/AIDS TREATMENT
9. THE URGENT NEED FOR HIV/AIDS TREATMENT
10. THE URGENT NEED FOR HIV/AIDS TREATMENT

Mind the gaps: HIV/AIDS treatment in times of healthcare worker shortages

The World Health Organization (WHO) estimates that 25 million people are currently living with HIV/AIDS. In 2005, 2.5 million people died from AIDS-related illnesses, a 10% increase from 2004. The WHO estimates that 25 million people are currently living with HIV/AIDS. In 2005, 2.5 million people died from AIDS-related illnesses, a 10% increase from 2004. The WHO estimates that 25 million people are currently living with HIV/AIDS. In 2005, 2.5 million people died from AIDS-related illnesses, a 10% increase from 2004.



Pediatric care and prevention of mother-to-child transmission (PMCT): Establishing standards of care

The treatment of HIV/AIDS and the prevention of mother-to-child transmission (PMCT) are critical components of HIV/AIDS care. This document outlines the standards of care for pediatric care and PMCT. It covers the diagnosis, treatment, and prevention of HIV/AIDS in children and the strategies for preventing mother-to-child transmission.



The treatment of HIV/AIDS and the prevention of mother-to-child transmission (PMCT) are critical components of HIV/AIDS care. This document outlines the standards of care for pediatric care and PMCT. It covers the diagnosis, treatment, and prevention of HIV/AIDS in children and the strategies for preventing mother-to-child transmission.



HIV-TB co-infection: Integrated programs, comprehensive care

The combination of HIV and tuberculosis (TB) is a major cause of death and disability. Integrated programs for HIV and TB co-infection are essential for providing comprehensive care. This document outlines the standards of care for HIV and TB co-infection, including diagnosis, treatment, and prevention.

High rates in South Africa

Reasons for low rates in other countries

Reasons for high rates in South Africa

Reasons for high rates in South Africa

Reasons for high rates in South Africa

Quality-of-care indicators and analysis: Scaling up beyond the numbers

Current measurement is a poor proxy for quality of care

Quality of care is a complex concept

Quality of care is a complex concept

Quality of care is a complex concept

Reasons for high rates in South Africa

Reasons for high rates in South Africa

Reasons for high rates in South Africa

POSTER EXHIBITIONS

DAILY

10:30 - 18:30
Palacio de la Ciudad
Grand hotel, Hall C

MONDAY, AUGUST 4

Presenters will be at their posters 12:30 - 14:30 on the specified day of presentation to answer questions and provide further information on their study results.

- Discordant responses to antiretroviral treatment, prevalence, risk factors and associated mortality in Botswana [BPFC0048]
- Good immune restoration had unsatisfactory viral suppression in children on ART in rural Western Kenya area [MWE0023]
- HIV/AIDS impact on adults and children under 16AGE in rural Malawi [MKE0009]
- Increased baseline body weight is a risk factor associated with virological failure while on antiretroviral treatment [MFC0049]
- Quality of care indicators for international HIV/AIDS care: scaling up beyond the numbers [MKE0009]
- Immuno-virological and toxicity outcomes of HIV-infected patients after 48 months of ART in Phnom Penh, Cambodia [MKE0043]

TUESDAY, AUGUST 5

Low level of virological failure and drug resistance among patients receiving antiretroviral treatment under programme conditions in Maputo, Mozambique [MPE0052]

WEDNESDAY, AUGUST 6

- Drug resistance degree is associated with duration of ARV exposure and predicted by baseline CD4 and gender in HIV-infected patients taking first line WHO recommended ARV regimen: a cross-sectional and longitudinal survey of a cohort in Cameroon [MPE0004]
- Time of stigma is stronger than loss of death: a workplace initiative to reduce sickness and death due to HIV/AIDS among health staff in Malawi [MPE1009]
- Human and medical assistants taking charge: task-shifting HIV care and HAART initiation in resource constrained rural Malawi [MPE0100]

THURSDAY, AUGUST 7

- Analysis of clinical, immunological outcomes of pediatric cohort of patients treated in Botswana, Zimbabwe [MPE1158]
- Early virology (pre and post antiretroviral treatment) amongst children with HIV/AIDS enrolled in two programmes in Cambodia [MPE0101]
- Evaluation of a systematic substitution of zidovudine for stavudine based HAART in a programme setting in rural Cambodia [MPE0106]
- Risk factors for hepatotoxicity of nevirapine-containing antiretroviral drug regimens in a large antiretroviral treatment programme in Rwanda [MPE0107]
- Toxicity of stavudine and nevirapine containing antiretroviral treatment regimens: incidence and risk factors after three years in a large cohort in Rwanda [MPE0108]
- Weight evolution in patients after stavudine substitution for zidovudine in Rwanda: comparison of stavudine with zidovudine/abacavir [MPE0148]

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International +52 1 553 1109 864



MEDECINS SANS FRONTIERES

BOOTH LOCATION
Area B, booth number 421
Near the entrance

AT THE XVII INTERNATIONAL AIDS CONFERENCE

HIV/AIDS treatment and management are essential components of many Médecins Sans Frontières (MSF) programs worldwide. Currently MSF provides antiretroviral (ARV) therapy for more than 140,000 people living in 27 countries, with about 10,000 of those patients being children. Despite billions of dollars in funding and widespread global attention, scaling up effective medical care for people with or at risk for HIV/AIDS continues to pose massive challenges. Through the discussion of MSF field activities, experiences, and operational strategies at the XVII International AIDS Conference 2008 in Mexico City, MSF will highlight critical issues, which include health-care worker shortages, effective pediatric care, prevention of mother-to-child transmission (PMTCT), HIV-1B co-infection, access to needed drugs and diagnostics, and program quality indicators.



www.msf.org/MexicoAIDSConference2008

PRE-CONFERENCE EVENTS

SATURDAY, AUGUST 2

13:30 - 15:30

Hotel Nikko México
Campos Eliseos 9204
Cul. Palanca Chapultepec
Inessa Group Symposium

Children & HIV/AIDS: Action Now, Action Now
MSF Panel - Pediatric ART in resource-poor environments: An open-level reality check from the field
Speakers will discuss challenges from the field in delivering pediatric ART, reflecting on how these challenges are being addressed - or not - and what needs to be done to optimize care for children with HIV/AIDS in poor contexts.
Clinical and Immunological Outcomes of a Pediatric HIV Cohort in Botswana, Zimbabwe
- Emma Alonso, MSF Spain
Patient Support for Children with HIV in Resource-Poor Environments: MSF Experiences and New Opportunities
- Daniel Gough/Inessa, MSF Belgium
Positive Immune Response but Unsatisfactory Viral Suppression in Children on ART in Rural Kenya
- Hester Hange, MSF Kenya
Pediatric ARV Formulations and Regimens: Still More to Be
- Karen Day, MSF's Campaign for Access to Essential Medicines
www.inessagroup.ca/medico

SUNDAY, AUGUST 3

09:00 - 13:00

Melia Reforma Hotel
Paseo de la Reforma

MSF Satellite - MIND THE GAPs
A half day satellite meeting preceding the opening ceremonies of the International AIDS Conference which will include reports on efforts to expand and uphold quality of AIDS treatment in the context of severe short-ages of health care workers and critical discussions among experts and AIDS activists about possible policy shifts needed to extend care of the large numbers to scale up and patient retention.
Dr Nitin Handberg, The Right Minister of Health & Social Welfare, Kingdom of Lesotho
Dr Stephen Jarvis, Co-Director, AIDS Free World
Dr Wim Van Damme, Institute of Tropical Medicine Antwerp, Belgium
Vigyanee Jha, Secretary General, Treatment Action Campaign, South Africa
Paul Kivumbi, Assistant Advocacy and Litigation Campaigner (WACO), Zambia
Dr Verónica Kuvumba, Health & Access Advocacy Forum, Uganda
Dr Nerea Miquelena, MSF Mexico
Dr Phawit Leethak, MSF Laos
Gérard Ooms, Institute of Tropical Medicine, Belgium
Aïme Rucart, Health GAP USA
Press Briefing @ at Media Reforma Hotel

CONFERENCE EVENTS

MONDAY, AUGUST 4

13:00 - 14:00

Skills Building Room 9
Poster Discussion
MEXPE014

Is the Road Generally Impassable?
Compulsory licensing of lopinavir: the Brazilian case [13:15; MEXPE014]
- Gustavo Chaves, MSF's Campaign for Access to Essential Medicines-Brazil

TUESDAY, AUGUST 5

07:00 - 08:30

Skills Building Room 9
Non-Commercial Satellite
TUSAT01

MSF Satellite - Taking the Plunge - How the UNAIDS Patent Pool Could Help Increase Access to New ARVs and Stavudine Innovation
Satellite organized by Knowledge Ecology International (KEI), MSF's Campaign for Access to Essential Medicines, and OZONA
The most groundbreaking decision taken by UNAIDS's board to its portfolio establish a patent pool could hold the key to better access to affordable newer ARVs. This session will provide an in-depth briefing.
Dr Simon Bajbouj, co-ordinator for HIV/AIDS, Ministry of Foreign Affairs, Norway
Dr Arge Bernmark, Executive Secretary, UNAIDS
James Love, Director, Knowledge Ecology International
Gregg Fl. Allen, Senior Vice President and General Counsel, Glaxo
Chen T. Hsieh, Director, Policy Advocacy, MSF
Dr Rodrigo Fornes, Senior Health and IP Policy Advisor, OZONA GB

14:30 - 16:00

Session Room 11
Oral Abstract Session
TUSAT02

Retention in Care/ART and Loss to Follow-up
Co-chaired by Nathan Ford, MSF South Africa

16:30 - 18:00

Session Room 11
Oral Abstract Session
TUSAT03

Access and Coverage in Resource Limited Settings
Achieving universal access to antiretroviral therapy in a rural district in Malawi: how was it done? [16:50; TUSAT003]
Dr Inessa Miquelena, MSF Mexico

WEDNESDAY, AUGUST 6

14:30 - 16:00

Session Room 10
Oral Abstract Session
WEAT002

Task-shifting and Decentralizing Care
Task-shifting and decentralisation of HIV/AIDS care in a rural district in Malawi: some successes and lessons learnt from Thyolo district [14:35; WEAT002]
Dr Inessa Miquelena, MSF Mexico

16:30 - 18:00

Session Room 3
Debate Session
WEAT03

Globalization, Development and Free Trade Agreements (FTAs)
Co-chaired by Ellen Follen, MSF's Campaign for Access to Essential Medicines

THURSDAY, AUGUST 7

11:00 - 12:30

Session Room 1
Symposium
THAT01

Universal Access/Universal Coverage (Universal Access)
Access to medicines - generic drugs, compulsory licenses and FTAs. What are the obstacles? Why have patents taken precedence over access to essential medicines? [11:00; THAT01]
Dr Ellen Follen, MSF's Campaign for Access to Essential Medicines

12:00 - 14:00

Skills Building Room 10
Poster Discussion
THAT02

Highlighting Issues for Women in Clinical Research, Treatment and Care
Cervical cancer screening among HIV-positive women in rural Cambodia: a pilot programme [12:00; THAT02]
Patricia Leach, MSF Belgium

14:30 - 16:00

Session Room 4
Oral Abstract Session
THAT03

Price of change - replacing stavudine with zidovudine in first-line ART in scaling up settings [14:45; THAT03]
Aïme Rucart, MSF's Campaign for Access to Essential Medicines





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AHORA**



**FINANCIA
TRABAJADORES DE LA SALUD
AHORA**





From: justincram@mac.com
Subject: Doctors Without Borders :: August 12th
Date: August 12, 2008 11:37:07 AM PDT
To: elisa.ruffino@artcenter.edu

My fellowship is winding down and lots of projects are coming to an end. When I started this fellowship, I thought I was going to be focusing on a single project with maybe a few mini projects here and there, but over the course of this fellowship I've become very integrated into the office and have been involved with many projects. In fact, the initial project (the interactive refugee camp project) has taken a back seat in some instances as larger, more important projects have been pushed to the front such as a campaign for the recent International Aids Conference. At times it has been frustrating and stressful, but the reward makes the toil insignificant.

The reach that Doctors Without Borders has internationally is exciting especially when the projects that I am involved with reaches out globally to countries such as Somalia and Uganda. And then we have people reaching out to us, health workers, volunteers, patients, and people in need. We have people visiting the office, speaking to us about their experiences in the field. It is very inspiring especially to be a part of this network.

I sincerely hope that my work with Doctors Without Borders continues after my fellowship. I know that Jason and the communications department are very happy with my work. Jason has expressed the intention of pursuing projects with me outside of the office. I can only hope. However, I also see how important it is for one to be immersed in this environment. I don't see how I could possibly have designed what I have here without the exposure that I have had. I also know that many talented people approach Doctors Without Borders to pursue projects, but the time and dedication that it requires of

Jason and other staff is not possible.

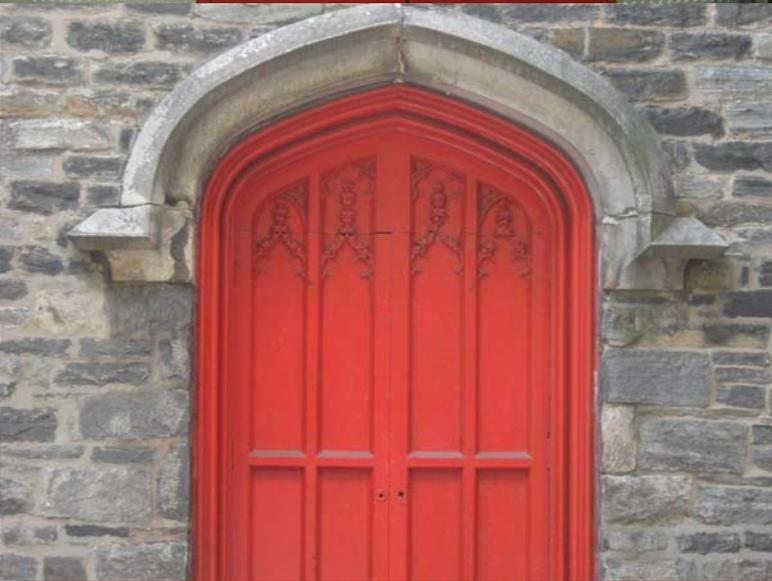
I have been reflecting on the projects I worked on during school and feel that courses need to integrate organizations such as Doctors Without Borders into their course projects. It doesn't necessarily have to be a TDS. It could be a campaign of animations in a motion class, or an interactive project for interactive classes, or a poster series in a graphic design course, and this is only considering projects related to graphic design. All of the disciplines at Art Center could benefit from this exposure and equally benefit Doctors Without Borders. It doesn't necessarily need to be Doctors Without Borders, there are plenty of smaller NGOs that could benefit from our design training.

I have been compiling materials for documentation, from my sketches and final projects to photos and external materials I've collected to document my experience. I've been collecting graphic materials from off the streets and have been creating collages. I've been photographing the visual texture of the city through its street art and been collecting photos of red doors. I've been meeting great people outside of Doctors Without Borders. I've also have been pursuing resources for my personal projects, especially my magazine. I am sincerely making the most of this experience and look forward to sharing this with you and others at Art Center. I sincerely hope that design matters continues, especially within Doctors Without Borders.

Thank you again for this great experience.

RED DOORS

On a trip to New York several years ago, a friend mistakenly noted my interest in red doors in her blog. So to make her misjudgment true, I photographed as many red doors as possible.





PRESBYTERIAN C
ESTABLISHED 1840
SUNDAY MORNING SERVICE
SCHEDULE OF SE
SUNDAY
9:15 A.M. CHURCH OF S
11:00 A.M. ENGLISH
11:00 A.M. RAUSCHENBUS
SUNDAY SCHOOL
1:00 P.M. DOMINGO - TEMP
PASTOR - PEDRI
MARTES - VERNES
SABADO - TEMPLO ADVENT
MIERCOLES - 7A



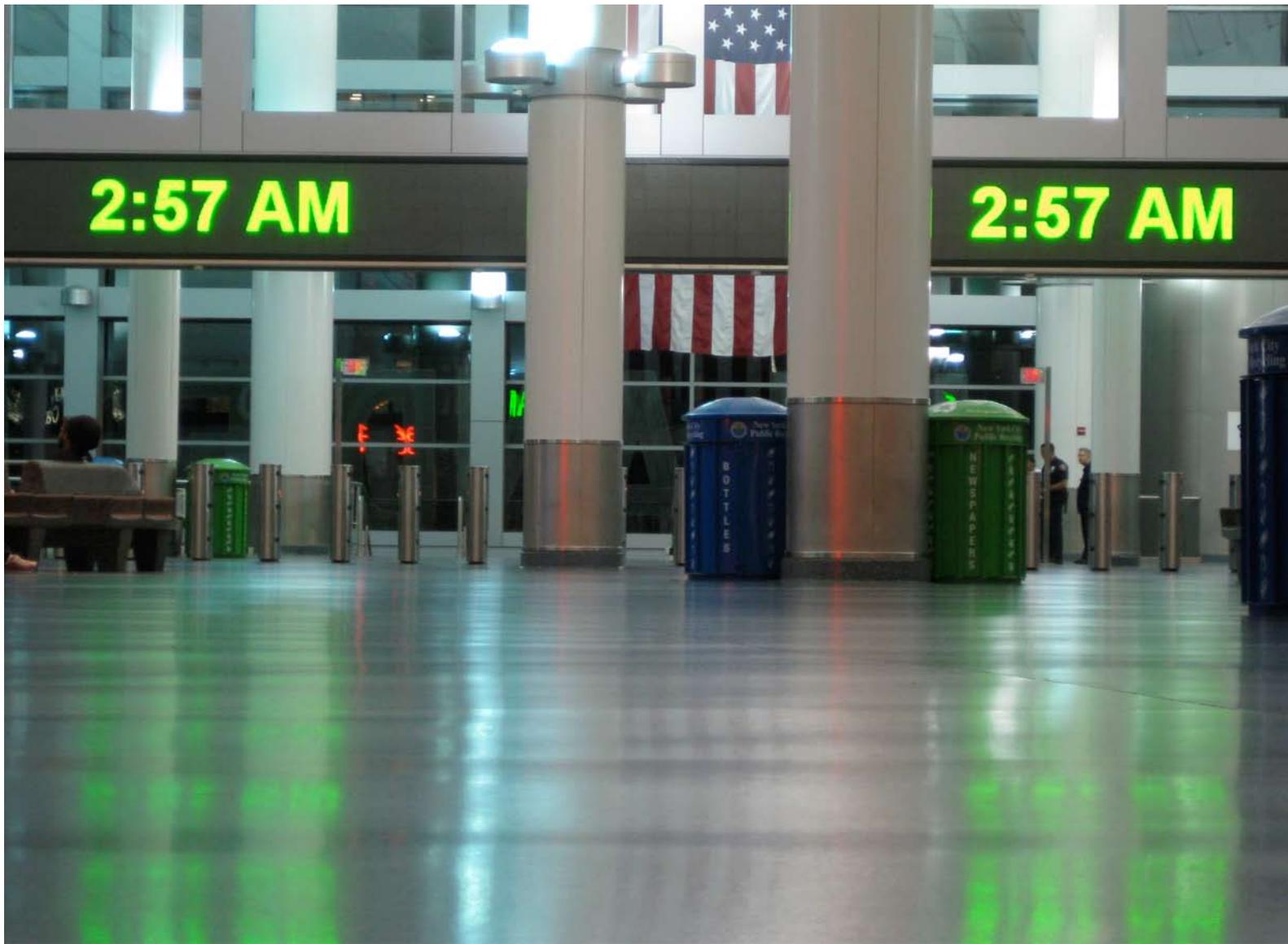
























Grant City







250 LBS OF LUGGAGE

And 10 pounds lighter. I took myself to the limit running around New York documenting and collecting photos, visiting studios, galleries, museums and flea markets, while finishing an array of projects for Doctors Without Borders that spanned various languages, mediums, and challenges. I wish that I could have meshed my personal projects with the projects at Doctors Without Borders, but the criteria for the projects did not



allow. However, I do know that the practice and execution of these personal projects had an outlying influence on the work that I performed at Doctors Without Borders. From photographing materials, collecting ephemera, researching, and sharing my projects with designers that I admired, I thoroughly made the most of my fellowship out of respect, honor, and discipline to Art Center College of Design.