

RENEE KIM
DESIGNMATTERS FELLOWSHIP
DOCTORS WITHOUT BORDERS_DOCUMENTATION
JAN 2014-APRIL 2014



_ BEFORE _

Before having left for New York, my perspective on design and its potential influence, was dramatically being shifted after having done various projects in school and classes centered around a social cause. For example I had taken a Designmatters TDS sponsored by the USGS to build an identity for a tsunami awareness campaign, as well as various other projects that allowed me to experience the depth of social influence design can have.

So already, I was excited to see that same potential in the project that I knew I would be working on when I left for MSF. However, I must say that the extent at which I got to experience and see that potential is greater than I could have imagined.

NEW YORK

When I arrived in New York City, I was thrown into unfamiliar grounds, in conditions less than perfect. It was hard enough adjusting to a new environment, and I had no idea what to expect from a place I had only heard so much about. I was lucky enough to have friends in the city which made my transition much easier, but even so I felt so overwhelmed and it was difficult! Adjusting and growing to love to such a different place was an irreplaceable learning experience for me all in its own. As I began to explore the city, it was easy to see why New York City carries the reputation as one of the most lucrative places to be in the world.

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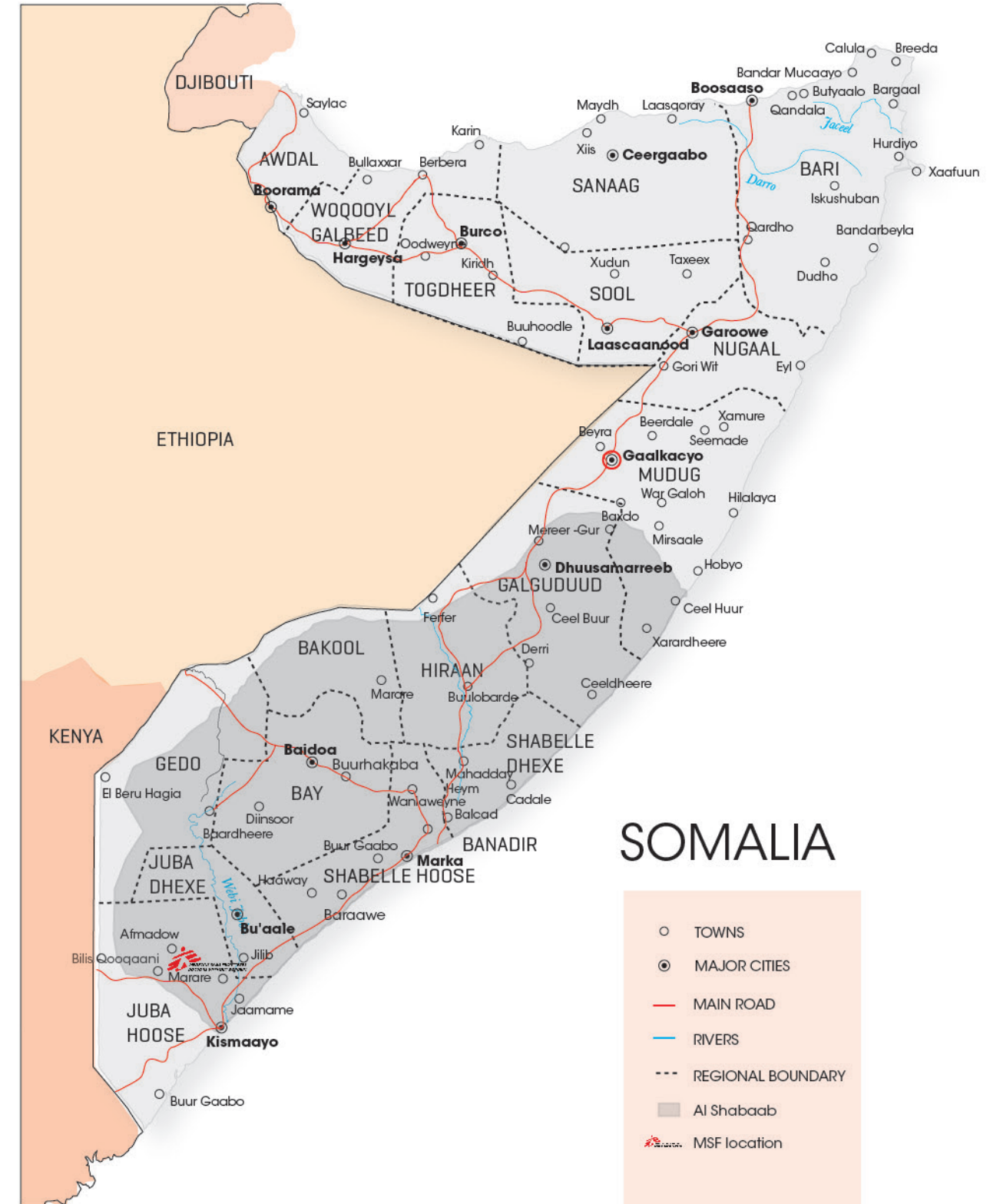
DOCTORS_WITHOUT_BORDERS

Médecins Sans Frontières/Doctors Without Borders (MSF) treats people where the need is greatest. We are an international medical humanitarian organisation. The organization actively provides health care and medical training to populations in about 70 countries, and frequently insists on political responsibility in conflict zones such as Chechnya and Kosovo. Only once in its history, during the 1994 genocide in Rwanda, has the organization called for military intervention. In order to be able to speak and act freely, MSF remains independent of any political, religious or economic powers.

PROJECT PREFACE

The primary purpose of this fellowship was to create a visual identity for a women's health campaign that would aim to stir discussion on how MSF can effectively deliver urgently needed healthcare to women in developing countries.

The campaign is centered around 7 chapters of stories and events narrated by MSF field workers on their experiences witnessing needless death in various countries. Many if not most of these accounts centered around issues such as obstetrics, sexual violence, and abortion.





THE CHAPTERS

As soon as I got to the MSF office, I was introduced to the rest of the Communications Dept, and was warmly welcomed. I got situated into my desk, and was immediately briefed with the assignment and the project as a whole. I was then given the 9 chapters of content that this campaign was centered around. It took me 2 full days to go through all of the chapters, but I read every single word. I can honestly say that it was reading these chapters, and being sucked into the stories is what changed the drive and motivation for this project on my part.

- CHAPTER 1: OBSTETRIC EMERGENCIES: "IF YOU CRIED HERE, YOU'D CRY EVERY DAY"
- CHAPTER 2: THE LEAD-UP TO DELIVERY: FIGHTING THE DEADLY DELAYS
- CHAPTER 3: A SHAMEFUL CONDITION: OBSTETRIC FISTULAS
- CHAPTER 4: THE GRAVE CONSEQUENCES OF UNSAFE ABORTION: "THERE IS NO ABORTION HERE"
- CHAPTER 5: SEXUAL VIOLENCE: VICTIMS BECOME SURVIVORS
- CHAPTER 6: THE CHANGING FACE OF HIV CARE AND PREVENTION
- CHAPTER 7: NEWBORN CARE: GIVING BABIES A BETTER CHANCE

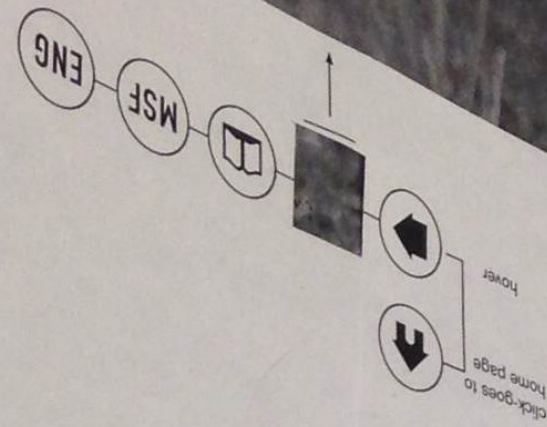


MOTIVATION

I became very involved in this project, when I realized how invested I was into the content. The stories of these women and what they suffer needlessly day to day is what drove me to not only work on this project every day, but I really wanted to find the best solutions and the most creative ways to really engage the user. As I continued this process, I realized that part of my design solution was to understand that the content itself was engaging and powerful enough, that I just needed to package and present the information nicely so that the audience can easily delve into the stories.

THE PROCESS

Project Management. This was something I absolutely had to learn throughout this project and working at MSF. I realized not only the importance of project management, but also learning how to setup my own deadlines, and creating a schedule that would help me stay on top of every part of the creative process. I also learned, being in the workplace, that being flexible is imperative. It's almost as if the only you can count on is that you can anticipate change.



CHAPTERS

JOURNAL

ABOUT US

CONTACT

ZOHRA

possibly color coordinate all boxes? or have them come into color from b/w? to watch pixel gradient

Link to the Auto

Handwritten notes on a yellow sticky note.

SIGN & SUPPORT OUR
#TBmanifesto

www.msfacecess.org/tbmanifesto

Stand with DR-TB patients and their medical care providers.
Demand universal access to DR-TB diagnosis and treatment, better
treatment regimens, and sufficient funding to meet these goals.



Let the world know!



#TBmanifesto

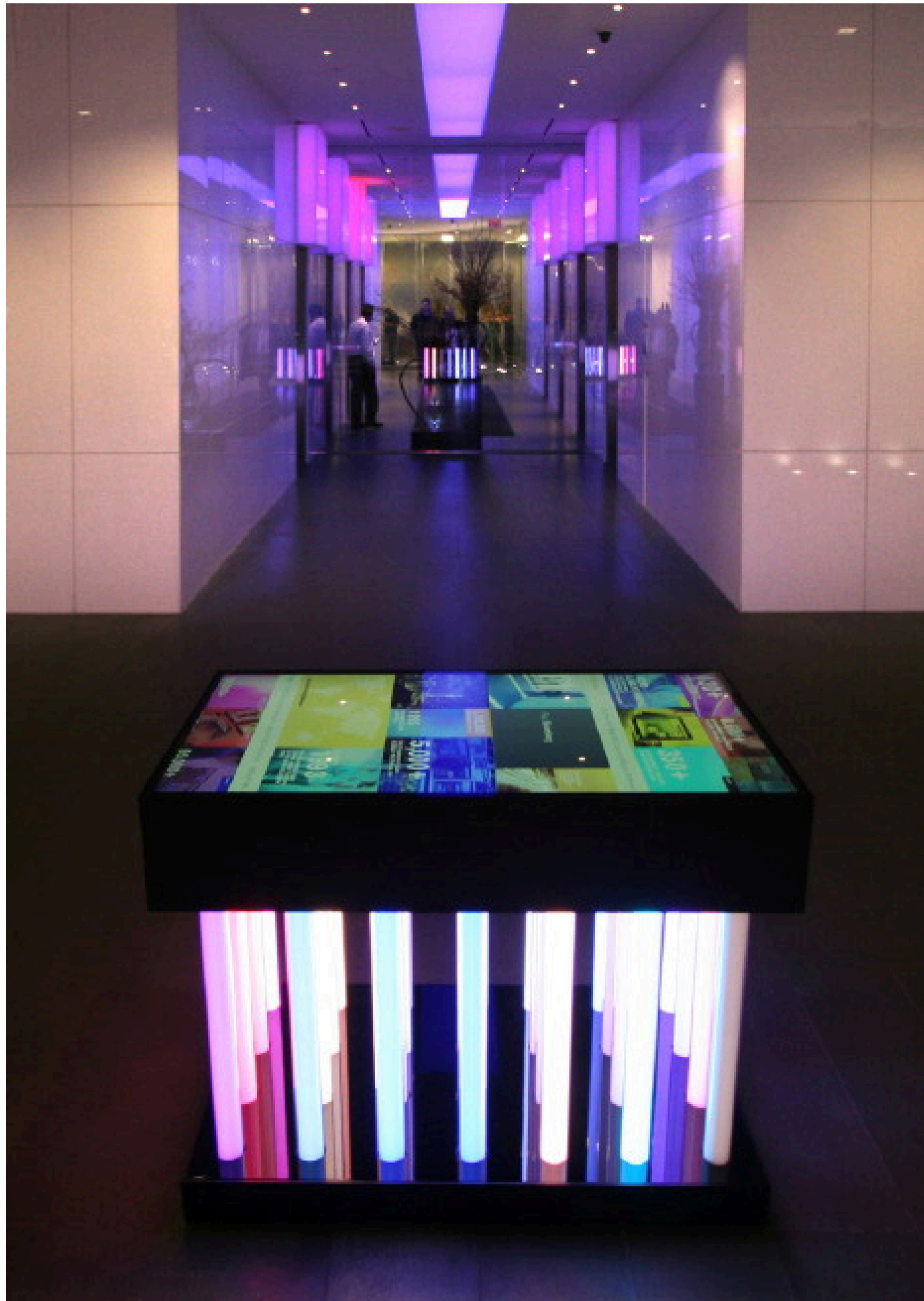
SIDE PROJECTS

One of the side projects I got to work on while at MSF included a TB awareness campaign. It was an initiative aimed to have people rally together and donate on behalf of tuberculosis. It was also in part to have people watch the screening of the TB documentary released by MSF on Frontline. I was asked to create the e-mail graphic that would inform all of MSF's donors about the screening as well as the opportunity to give.

A SHAMEFUL
CONDITION:
OBSTETRIC
FISTULAS

EXPERIMENTATION

Although this was primarily an interactive assignment, my goal for this project was to create a visual metaphor for the stories and the conditions that these women were facing. Going through this process helped me to translate a lot of the visuals into the interactive story-telling process for the site.



BLOOMBERG

One of the many things that made this fellowship so great was getting connected with the DM mentor, Stephanie Sigg. Whenever I faced an obstacle such as a creative block, or a work-related problem, I felt that Stephanie not only helped me through that creative process, but she made sure that I was taken care of at MSF. Especially since I didn't have many other creatives around me at the office, the times that I met up with Stephanie really helped to gain another artist's perspective. What was great about the timing of my fellowship was that Stephanie was getting her VISA renewed, so I was physically able to visit her at the Bloomberg office in NYC.

A photograph of a dark, industrial-style interior space. The walls are made of dark, textured panels, possibly metal or wood, with some visible wear and tear. The floor is a light-colored, polished concrete that reflects the overhead lights. In the background, a doorway is illuminated, and a red 'EXIT' sign is visible above it. The ceiling is white with several pendant lights hanging from it. The overall atmosphere is somber and contemplative.

CREATIVE BLOCK

Around the midway point of my fellowship, I hit a really huge creative block in my work. It was a really weird funk that I tried desperately to get out of. Overcoming this was also a huge learning experience for me, and I learned how important it is to sometimes step away from a project (esp one that I had been looking at 5 days a week from 9-6) and gain a fresh new perspective by looking at other creatives/artwork around me.

INSPIRATION



CHELSEA ART EXHIBIT



TH ART GALLERY



THE HIGHLINE



CHELSEA ART GALLERY



GAGOSIAN GALLERY



TH ART GALLERY

COLLATERAL

WEBSITE

SOCIAL MEDIA ASSETS

PRINT VERSION

INFO-GRAPHICS





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The objective of the website was to create a holistic interactive storytelling experience, to get the audience to engage with the content of the chapters. How we achieved this was integrating all of the multimedia assets (photos, interviews, footage, etc) alongside the content.

SHE DOESN'T HAVE TO DIE

INTRO

Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry's standard dummy text ever since the 1500s, when an unknown printer took a galley of type and scrambled it to make a type specimen book. It has survived not only five centuries, but also the leap into electronic typesetting, remaining essentially unchanged. It was popularised in the 1960s with the release of Letraset sheets containing Lorem Ipsum passages, and more recently with desktop publishing software like Aldus PageMaker including versions of Lorem Ipsum.

[READ MORE](#)



SHE DOESN'T HAVE TO DIE

MENU



<p>CHAPTERS 1 2 3 4 5 6 7</p>	<p>OB/GYN JOURNAL</p>
<p>BLOG</p>	<p>CONTACT</p>

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[READ MORE](#)





800
DEATHS
OCCUR
EVERY DAY
 FROM PREGNANCY-RELATED CAUSES

MENU

During the period 2005 to 2012, around 70% of women were assisted by a skilled attendant during childbirth. However, there were significant differences across regions and between income levels. Access to skilled care is lowest in the WHO South-East Asia and African regions.

AVAILABLE 09/12/14

SUBSCRIBE TO GET LATEST UPDATES ON CHAPTERS



CHAPTER 1

EMERGENCY OBSTETRICS

by Dr. Séverine Caluwaerts, Obstetrician-Gynecologist and Midwife

“IF YOU CRIED HERE, YOU’D CRY EVERY DAY”



MENU

About 800 women die every day from pregnancy-related causes – almost all of these deaths are in low-resource settings and most of them could have been prevented.

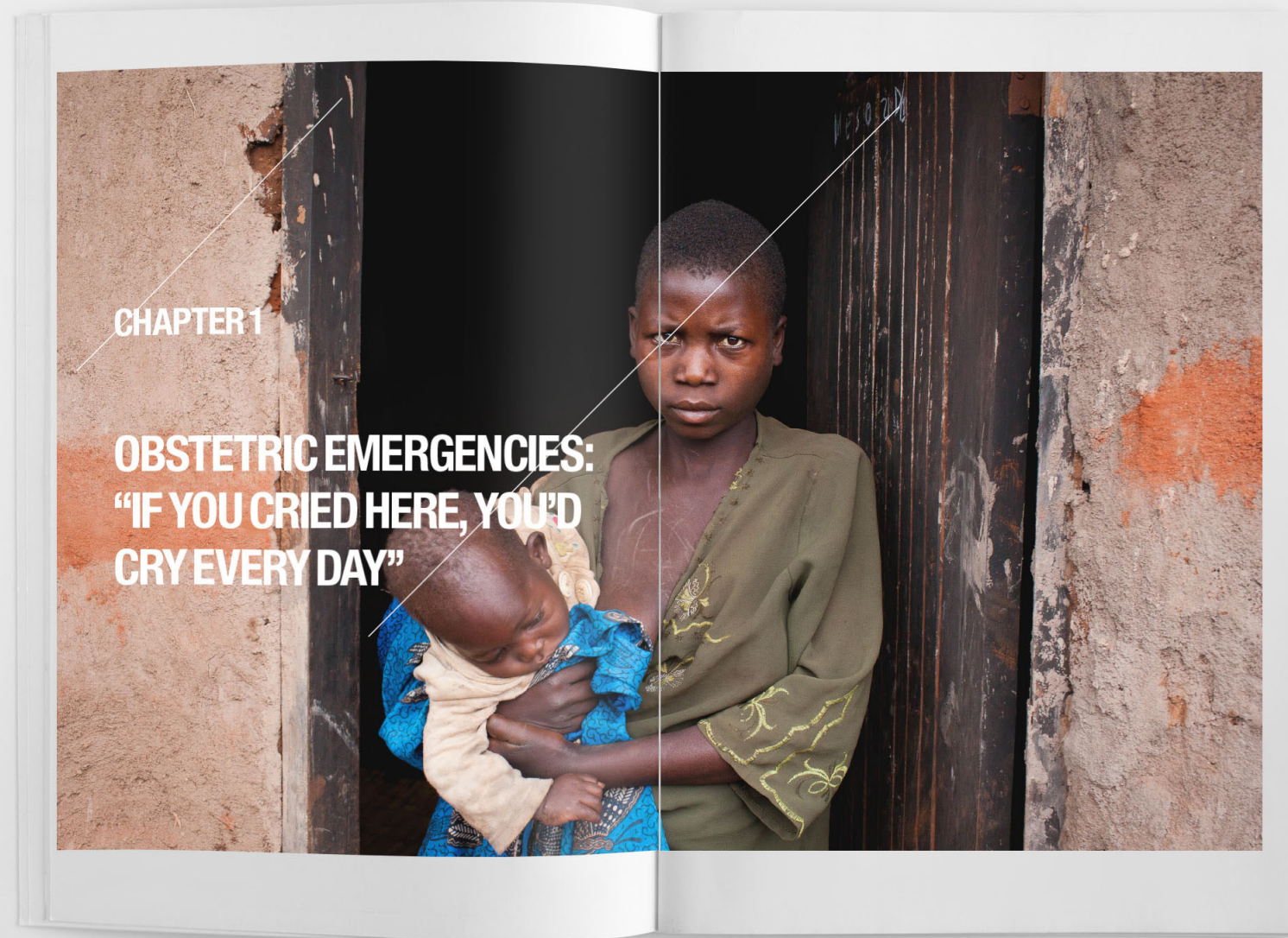
The main causes of maternal mortality – those that make up 80% of all maternal deaths – are severe bleeding, infections, high blood-pressure during pregnancy, and unsafe abortion. Around 15 percent of all pregnant women will have dangerous complications such as these, and if they do not get appropriate treatment, they will likely die

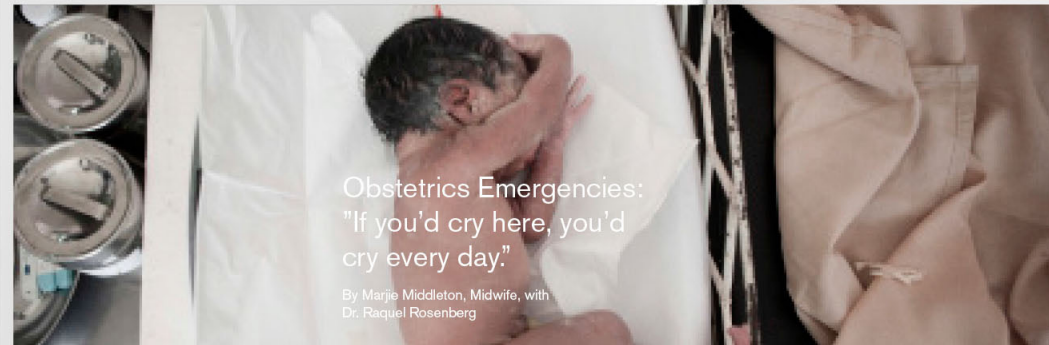
MSF’s priority in providing sexual and reproductive health care is obstetric care. One-third of all MSF projects – 131 projects in 2012 – provide obstetric care, and half of these have surgical capacity in order to provide **Caesarean** section, hysterectomy and blood transfusion.

Both providing and receiving this care in the places where MSF works can be fraught with difficult challenges: patients often arrive at the hospital dangerously late, obtaining blood for transfusions is a constant struggle, and women often have no decision-making power over what happens to their own bodies.

Here, MSF OB/GYN Dr. Severine Caluwaerts talks about the challenges she has seen while trying to save women with obstetric emergencies.

←
Cesarean delivery — also known as a C-section — is a surgical procedure used to deliver a baby through an incision in the mother’s abdomen and a second incision in the mother’s uterus.





Obstetrics Emergencies: "If you'd cry here, you'd cry every day."

By Marje Middleton, Midwife, with
Dr. Raquel Rosenberg

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The main causes of maternal mortality – those that make up 80% of all maternal deaths – are severe bleeding, infections, high blood-pressure during pregnancy, and unsafe abortion. Around 15 percent of all pregnant women will have dangerous complications such as these, and if they do not get appropriate treatment, they will likely die.

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Here, MSF OB/GYN Dr. Severine Caluwaerts talks about the challenges she has seen while trying to save women with obstetric emergencies.

*Chantal's newborn son was healthy, and although premature he weighed nearly 6 pounds.
Photo by Martina Bergaglio*

MARIAMA

I was the gynecologist in Bo, Sierra Leone, in 2008 when Mariama arrived on a motorcycle in front of our clinic. She was heavily pregnant and pale, sandwiched between her mother and father. She was 16, bleeding, and in a lot of pain.

Two nurses helped Mariama off the motorcycle and put her on a stretcher. One of them put in an IV line while I was palpating Mariama's abdomen and asking her family what had happened.

Four days earlier, she had gone into labor, and like 80 percent of women in Sierra Leone, she tried to deliver at home with a traditional birth attendant – usually an older, respected woman in the community with no sterilized medical materials and no medical training to recognize the leading causes of maternal death, such as hemorrhage and sepsis.

Things did not go well. Finally, after three days, the family decided to bring her to the hospital.

I had been there a month on my first mission with MSF. I've now been on nine assignments in sub-Saharan Africa and Central Asia, and working with MSF I see the kinds of cases daily that I had seen perhaps once or never in the 10 years I worked as an OB/GYN in Belgium. This was such a case.

MSF was working in Sierra Leone because the country has one of the highest maternal mortality rates in the world. The organization specifically chose Bo because apart from the government hospital, where there was almost a complete absence of doctors, nurses, drugs, and hygiene, there were virtually no secondary-level health structures – where medical specialists and emergency treatment are available – in the area.

For me, it was quite difficult to understand why the family had waited so long to come to the hospital. But everyone delivers at home in their community. Families live a day's travel away and only rarely have a car. And the traditional birth attendant only gets her small fee if the girl actually delivers in her care, not if she comes to the hospital.

It also happened to be the rainy season, so transport was especially difficult. Before they'd gotten hold of the motorbike, the family had gone part of the way by boat. It took them a full day to reach the hospital.

This situation, I came to see, was not unusual. Late arrivals, even mothers dying during transport, happen frequently and they are always horrible. Many times I thought "if I could have seen this girl just a few hours or a day earlier, this disaster would not have happened."



2X4

At the end of my fellowship, I had the opportunity to do a studio visit at one of my favorite design agencies, 2x4. I not only had the chance to show my work and get feedback from the Interactive Design Director herself, but it was an awesome chance to network and get to see work-life at the studio as well.



WARMING HUT PARK STORE & C

AFTER

Now that I'm back home, I can honestly say that this fellowship was a turning point for me in my life and design career. I not only learned more about my own perspective on the power of design, but I found a newfound understanding of what makes me tick as a person which in turn affects me as a designer. I realized that I have the opportunity to be a voice for the issues that are important to me, but I get to exercise that voice in a way that goes beyond mere speaking. Design is now an extension of me that I get to use as a powerful tool to change society. This is something that can't ever be replaced and I'm more than grateful for this opportunity and how much it has shown me.