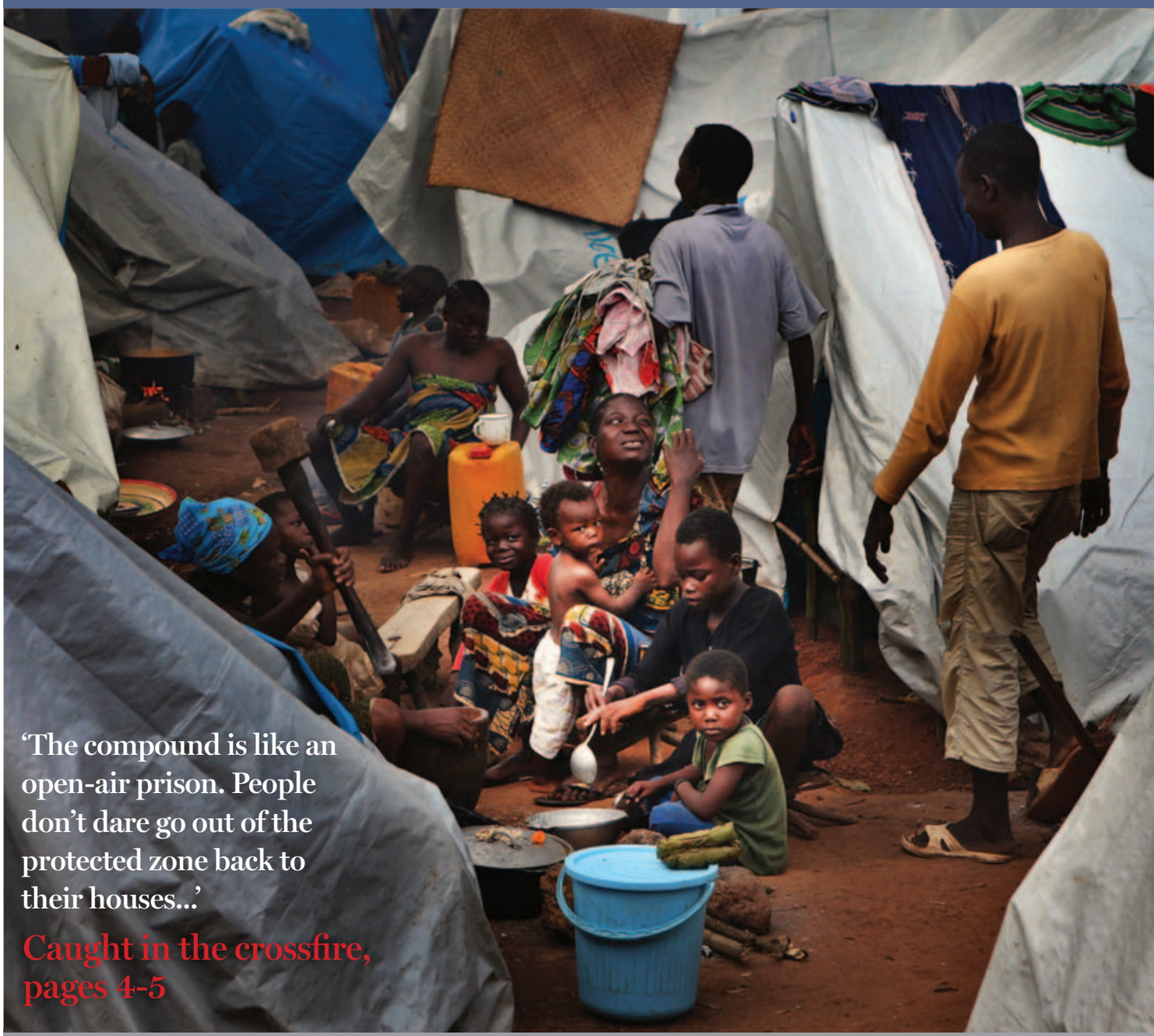
DISPATCHES



'The compound is like an open-air prison. People don't dare go out of the protected zone back to their houses...'

Caught in the crossfire, pages 4-5

Some 30,000 people are sheltering in a church compound in Bossangoa in Central African Republic Photograph: © Juan Carlos Tomasi/MSF, 2013

Winter 2013
No 71

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

INSIDE

Somalia
MSF forced to leave

MSF announced in late-August that it would close all of its medical programmes in Somalia with immediate effect, saying it could no longer justify risking the lives of its staff in such a dangerous environment.

Sixteen MSF staff have been killed there, and there have been dozens of attacks on our staff, ambulances and medical facilities – in spite of Somalia being the only country in which we employed armed guards for protection.

Just one month before the announcement, two Spanish MSF logisticians, abducted from Dadaab refugee camp in neighbouring Kenya, were finally released after 21 months in captivity in Somalia.

Unni Karunakara, MSF's international president, described the decision as "one of the most painful in MSF's history". He said that while MSF is known to stay and work under the most difficult circumstances, "MSF too has its limits".

"What dashed our last bit of hope of working in the country," said Karunakara, "was that the very parties with whom we had been negotiating minimum levels of security tolerated attacks against humanitarian workers, and in some

'The very parties with whom we had been negotiating minimum levels of security ... in some cases were actively supporting the criminal acts against our staff'

KALONGE, SOUTH KIVU. PHOTOGRAPH: © JUAN CARLOS TOMASI, 2013

DR Congo
Rabies outbreak

At least 10 people have died of rabies following an outbreak in the east of Democratic Republic of Congo affecting 154 people. One of those who died was a child who had been bitten by a rabid dog, and who then infected his father and seven-year-old brother by biting them.

"My youngest son was playing with his friends when a dog bit him," said 27-year-old Segemba Soya, from Lemera in the South Kivu region. "One month later, his health deteriorated and he became constantly thirsty. We brought him to the church for prayer. While praying for him, he jumped on me and bit me as I was laying my hands upon his head. A few days later, he died."

The MSF team treated Segemba and his elder son with an anti-rabies vaccine in DR Congo and gave them immunoglobulin, saving their lives.

MSF team leader Dr Jantina Mandelkow said: "I held my breath when I heard that a child dying of rabies had bitten and infected his father and brother – it was horrific. It's an impossible situation. Family members obviously want to be with those who are ill, but when a person has rabies they can be a danger to people around them."

The treatment for rabies involves vaccinating people who have been bitten or scratched by a suspected rabid animal, and giving treatment where necessary. The team has vaccinated 106 people. If left untreated, rabies is invariably fatal, and leads to a slow and painful death. "I've only seen one other case of rabies in my career as a doctor and it was one of the worst things I have ever seen," said Dr Mandelkow. "People in Lemera were incredibly scared – many walked for days to get to the hospital. With vaccinations unavailable elsewhere, they had nowhere else to turn."

The vaccine for rabies is not available in DR Congo, so the team had to order vaccines from Europe before starting the emergency response. With reports of more suspected cases of rabies coming from remote areas, MSF has donated vaccines and rabies treatment to local health authorities, and has asked them to provide free vaccinations for domestic animals in an effort to contain the outbreak.

Local people cannot afford the US$6 cost of vaccinations for their domestic animals, so have killed any animals they suspect of being rabid. If the bodies are not properly disposed of, they may be eaten by other animals, which in turn become infected with the disease.

STOP-PRESS
Philippines typhoon

Shortly before going to press, Typhoon Haiyan made landfall in the Philippines, causing unprecedented devastation. Dr Natasha Reyes, MSF's emergency coordinator in the Philippines, sent us this emergency update.

"Reports we're receiving from Tacloban are that the entire city of 400,000 people has been devastated. But there are hundreds of other towns and villages stretched over thousands of kilometres that were in the path of the typhoon and with which all communication has been cut.

This sort of disaster is unprecedented in the Philippines. The effect is something like a massive earthquake followed by huge floods. We know that many medical facilities have been destroyed or damaged, with medical equipment simply washed away. On top of this, a lot of health staff are unaccounted for.

Injured people have converged on the airport, where the Philippine military is providing medical care.

MSF EYE SURGERY CAMP IN GALCAYO, SOMALIA.
PHOTOGRAPH © SIEGFRIED MODOLA, 2011

cases were actively supporting the criminal acts against our staff."

MSF had worked continuously in Somalia since 1991, providing medical care to some 50,000 people each month.

After 22 years of conflict, the country's health system is in a state of collapse, and Karunakara acknowleged that MSF's withdrawal will leave many people struggling to access healthcare.

"For an organisation of doctors, this is a heavy responsibility," he said, "but as long as those with power or influence in Somalia don't demonstrate that they value medical care, and as long as they don't respect those who take huge personal risks to deliver such care, MSF cannot return to Somalia."

Our teams continue to provide medical care for Somali refugees in neighbouring Kenya and Ethiopia.

Syria
Humanitarian disaster

Christopher Stokes
MSF general director

"Syria is one of the worst environments we've ever come across. The situation has actually been getting worse. The conflict is now well into its third year and what we're seeing in enclaves — in areas cut off from any form of assistance — is malnutrition appearing for the first time.

It's not through lack of food inside Syria. It's due to the conflict and the fact people are living in areas under siege where humanitarian access is not allowed to get in. A few hundred metres from the city centre of Damascus is one such area. There was a fatwa issued by clerics in Syria allowing people to eat cats and dogs in order to stave off the threat of starvation. This is the exceptional situation people are in. They're risking their lives to cross frontlines to bring in food and medical supplies.

We've been quite shocked by the fact the international community has been able to mobilise around chemical weapons, but not around humanitarian access. Syrian people are now presented with the absurd situation of chemical weapons inspectors freely driving through areas in desperate need, while the ambulances, food and drug supplies organised by humanitarian organisations are blocked.

As the international community is patting itself on the back for the Nobel Peace Prize and the access for chemical weapons inspectors – which is a great and important thing – we have to see the same effort made for lifesaving assistance.

Influential countries gathered around a table thrashed out an agreement on chemical weapons and put it into practice. They have shown it can be done, so where are the efforts to repeat this success with the burning question of access for humanitarian aid?

MSF calls on Damascus authorities, opposition groups and those countries with any influence in the conflict to ensure that humanitarians can work safely and unimpeded, and that humanitarian assistance is immediately able to reach those parts of Syria in the greatest need."

Read more on page 6

But they're under intense pressure, particularly for drugs and supplies, so we will set up a medical team there to support them. People are bringing the injured to the airport from the town by motorbike or on foot; it's a six-hour walk.

We have identified one still functional hospital in Tacloban, which we are planning to start supporting with staff, supplies and equipment. Usually, in these types of disasters, the main needs are related to people being displaced from their homes, and the injuries are relatively minor – cuts, broken bones, head wounds. But with so many houses and buildings having collapsed because of the strong winds, we're expecting to see some significant injuries.

Our priority is to address the urgent and immediate medical needs. After that, really it's everything – shelter, water, food. They've lost everything. We've heard reports that people are walking around aimlessly, completely desperate. The mental health needs are going to be huge.

As we are able to get more staff into the disaster areas, MSF will move outwards from Tacloban town to the surrounding region and islands. This includes Eastern Samar, which we'll need to reach with mobile teams on speed boats and barges, so that we can provide medical treatments and supplies for the coastline populations.

As a Filipino, I know that we're a resilient people. We've been battered over and over again by natural disasters. So when I hear about people being so desperate, so stunned, so hopeless, it really tells me just how bad this is."

At the time of writing, MSF is sending nine planeloads of medical and relief items to Cebu. This includes medical supplies, tetanus vaccines, shelter materials, water purification equipment and an inflatable hospital.

You can find the latest information about our response and donate to our Philippines Typhoon Appeal at msf.ie/philippines

‘Our teams have wi

Central African Republic is spiralling into chaos, with a new wave of attacks and ruthless killings by government forces and armed groups in the north-west of the country. Ordinary people are terrified of being caught up in the brutality, and more than 100,000 people have fled their homes and disappeared into the bush. In the town of Bossangoa, residents are sheltering in the compound of a Catholic church in desperately overcrowded and unsanitary conditions. MSF’s general director Arjan Hehenkamp has just returned from the town.

‘From the air, you can see tin rooftops and big compounds, and Bossangoa looks like a prosperous and bustling regional centre. But then you start looking for people and you see that there’s no one there – all the houses are deserted.

Most of Bossangao’s inhabitants have gathered in a church compound, an area the size of nine football pitches, where 30,000 people are enclosed by their own fear.

The country has been gripped by violence since the coup d’etat in March. Now religion is becoming a part of the conflict, with Muslims and Christians targeting each other in tit-for-tat violence – basically everyone is scared of being targeted by everyone else.

The church compound is like an open-air prison. People don’t even dare to go and fetch the wood they need for cooking. They don’t dare go out of that protected zone back to their houses – where they would have a roof over their heads and some proper facilities – even though their houses are sometimes only a few hundred metres away.

When you walk into the compound, you’re faced by a teeming mass of people, and you have to navigate through all the families that have set themselves up there. They’re living, they’re cooking, they’re defecating, all in the same compound, and they’ve been there for three weeks. They’ve recently got some shelter materials, but otherwise they’re living in the open air, surrounded by mud and garbage.

Our medical teams are working in the compound, and we’ve set up water and sanitation facilities. We’re pulling out all the stops to provide them with basic amenities and medical care, but at the end of the day it’s an untenable situation. It’s just not suitable for a 30,000-strong group of people – the risk of disease outbreaks is too great.

There are 1,000 to 1,500 people, again mostly Christians, staying in another protected zone around the hospital – they have slightly more space, but in essence it’s the same thing. And there’s a 500-strong group

itnessed executions'

A girl and her baby brother wait to see a doctor in the church compound in Bossangoa (left). Our teams are also working in the city's hospital (below left) and in the town of Bouca (below), which has also been hit by the recent violence carried out by groups of soldiers and heavily armed gangs (above).
Photographs: © (clockwise from above): Jacob Zocherman, Juan Carlos Tomasi/MSF, Sylvain Cherkaoui/Cosmos, Tom Koene. 2013

of mostly Muslims in a school nearby – testament to the religious divisions that have crept into the conflict.

Our teams are working in the church compound and also in the hospital. The hospital provides inpatient, outpatient and surgical services, and is functioning at a reasonable level, but it needs to be cranked up in order to deal with the numbers we're seeing and the injuries they're arriving with – injuries which are horrific and difficult to treat.

One of our patients was a man who had been shot four times in the back, and his head had been partially hacked off by a machete. The surgeon tried to sew it back on and save the patient, but sadly he died.

Another was a child from a village outside Bossangao. His parents had tied him to the house with chains, because he had diabetes and was prone to running around and having fits. They lost the key to the padlock, so when they had to flee into the bush, they couldn't take him with them. When they came back, luckily he was still alive, but he had been slashed badly across his arms when he held them up to protect himself.

This is the level of brutality and violence that is affecting people, and we are probably only seeing a part of it. Outside Bossangoa, we know there are troops and local defence groups going around and seeking people out, engaging in targeted killing or small-scale massacres. Our teams have come across sites of executions, and some have actually witnessed executions.

'The church compound is like an open air prison. People don't even dare to go and fetch the wood they need for cooking'

The villages along the road from Bossangao to Bangui are deserted. For 120 km, there's no one there – 100,000 people have disappeared and fled into the bush. We can't reach them, and they can't reach our services. This is a major humanitarian and medical concern in a country which, even before the coup, was already in the grip of a chronic health emergency.

In Bossangoa itself you have this ragtag army on the back of pick-up trucks, heavily armed and not very organised. The soldiers have a very intimidating presence on checkpoints and in front of the church compound. There was one incident when the soldiers said that if they heard a single shot from the compound, they would assume there were enemies in there and they would come and seek them out.

Sure enough, that same day, a shot was fired and people assumed it would trigger an attack. Within five minutes they started to sing – 30,000 people together started to sing. It was a prayer, and it lasted for four hours. The only means they had to protect themselves was to pray.

It sends shivers down your spine to listen to that. But it shows the level of tension and fear that ordinary people feel, and the level of intimidation that the armed groups exercise over them.

‘For these people, every day is a risk’

MSF runs six hospitals in Syria, staffed by medical teams from Syria and around the world. Here, seven MSF volunteers describe what it’s like to provide healthcare in a war zone

Declan Barry, paediatrician and medical team leader

I arrived in Syria on a sun-scorched day, with everything peaceful and quiet as I walked through the dusty olive groves to the car … I caught myself thinking “war is quiet”.

Emma Rugless, nurse

You get into Syria through a hole in the fence. As I was crossing I thought to myself, this really is Doctors Without Borders.

Declan Barry

You can be fooled by these idyllic surroundings. Each of us over the coming months would sit for breakfast on the balcony, basking in the panorama – the pomegranate orchard below, the winding roads, the little villages clutching like barnacles to the mountainside – and be reminded of a holiday setting. And then a BOOM, and another and another, as shelling echoed through the valleys.

Sometimes the loudness shocked us (and the building) … For the people living their lives in this situation, every day was a risk. These booms tormented them, with reminders of their friends and family who’d suffered direct hits.

Rachael Craven, anaesthetist

It’s very difficult for the locals. The health system in Syria has pretty much collapsed. Before the war began, Syria had a pretty good medical system and most Syrians could access decent healthcare. The war has destroyed that.

Declan Barry

There is no supply chain, so there is a big vacuum in terms of people being able to get the essential medicines that they need.

‘You get into Syria through a hole in the fence. As I was crossing I thought, this really is Doctors Without Borders’

Emma Rugless, below

Forbes Sharp, field coordinator

Chronic illnesses such as diabetes have now become life-threatening. Initially MSF was in Syria responding to war trauma, but gaps in basic medical care mean that we’re now focusing on providing that care.

Rachael Craven

One day we treated somebody for appendicitis, and then suddenly the next day we had another four cases, and then another six. Word had got out that we were treating this condition and suddenly everybody in the region with appendicitis came all at once. You’ve got to remember that people don’t suddenly stop getting appendicitis just because there’s a war going on.

Declan Barry

Our project was in an area cut off from all hospitals by frontlines on three sides. Contained within this was a network of towns and villages. The original

‘One woman came in for antenatal care. When I asked about her previous deliveries, she mentioned she had seven children, but four of them had died in a bomb blast’

Our staff provide care for everyone who needs it, from premature babies, to bomb blast victims, to children suffering asthma attacks (main picture). Photographs: © Robin Meldrum, Panagis Chrysovergis, Anna Surinyach (all MSF).

population of the area was about 100,000, but with so many people flooding in from other parts of the country, numbers had swelled. We ran an outpatient department, pharmacy, emergency room, lab, operating theatre, mental health services, a delivery unit offering caesarean sections, and we also ran mobile clinics in the surrounding villages to ensure people got the treatment and medicines they needed. We did all this out of an old chicken farm that MSF had converted into a hospital.

Emma Rugless, nurse in Syria

I always take dental floss. It’s not only useful for cleaning my teeth, I also use it to tie up and repair my mosquito net, as a washing line, a replacement hairband or shoelace, to make jewellery…

Rachael Craven

Our hospital was for everyone. Lots of the field hospitals running on the frontlines are mainly for fighters. If you have any other surgical problems, well that’s tough. You just die.

Margie Barclay, midwife

Many of the women in the area have had a lot of children – sometimes 10 or 11 – and many have previously delivered by caesarean section, which gives you an idea of the standard of healthcare that was available before the conflict … There was one woman who came in for antenatal care. When I asked about her previous deliveries, she mentioned she had seven children, but four of them had recently died in a bomb blast in the nearest town. We were able to help her deliver a healthy baby.

Rachael Craven

I’d say 50 percent of the people we treated were burns patients, some from blast injuries due to the conflict, but a lot from cooking stoves. People are using dodgy primus stoves with fuel of dubious quality for cooking and heating. A lot of places are doing their own oil refining, with predictable results. Two to three times a week we’d see whole families with deep burns.

‘Our hospital was for everyone. Lots of field hospitals running on the frontlines are mainly for fighters’

Rachael Craven, below

Diane Robertson-Bell, nurse

We treated a three-year-old girl from a nearby village who was badly burnt. Her family had been unable to take her to hospital for a few weeks; they couldn’t leave their village because of roadblocks and constant shelling. When she arrived her burns had become infected, and on top of that she was also malnourished. Initially treatment seemed to work and she was gradually getting better, but she suddenly deteriorated and died. Had the child received medication in time, she might have survived.

Turn to page 8

‘You tell yourself, I’m going to do the best I can with what I have’

Rachael Craven

We do what we can with burns. The strange thing is that people can come in with severe burns and actually seem OK. They’re calm and not in pain, but they have 80 percent burns which are very deep. Even in the UK, it’s difficult to survive a burn like that. There was one family we treated who have really stuck in my mind. The woman had been cooking when her stove exploded. She caught fire, and then her nieces and nephews ran in to help her, and they also caught fire. Two of the children died at the scene, another died in the resuscitation room. Two more survived for a few weeks, and then both died. The woman lived, and we were able to transfer her out of Syria for specialised care. But that entire family had been devastated, and they were just one family. There are scores of families like that.

Declan Barry

We had a really amazing team and people totally pushed themselves. Our Syrian staff are nearly three years into a war and they’re exhausted. The patients are their friends and family. One of our doctors had three family members killed in a bombing, and the next day he was back at work. He refused to take any time off. Our staff wouldn’t take a rest – they wanted to work, and besides, what would you do with your holidays in such a place?

Rachael Craven

We usually start around eight in the morning and, depending on how busy it is, work straight through to between seven and ten at night. You don’t socialise and chat in the evening, you just crash. It can be difficult and exhausting and intense, but you end up working on adrenaline and it’s amazing what you can achieve. It is demoralising when you hear that a burns patient is coming into theatre and you know you’re going to be in there for hours and, unless they’re very lucky, they’ll probably die. But then suddenly the patient is in front of you and you forget all that and just swing into gear and do the job.

Declan Barry

I was there for two months in July and August. I spent the first month developing the services, and then the bad time started, and our project quickly U-turned to trauma management. We had a huge number of mass casualty incidents, either from bombings in the local village or from frontline fighting. There were nine events in two weeks, five in seven days. By the end, the staff were exhausted. The severity of the cases was huge and the medical demand stretched our capacity to the limit.

Forbes Sharp

The ability of the hospital to cope with mass casualty was inspiring. At one point, the conflict had been non-stop for eight days straight and there was a constant flow of injured being treated for trauma wounds. It was a 24/7 emergency for a week, but it was managed.

Declan Barry

One morning I was woken at 6.50 with news of a bombing in a local village. Everything moved so fast. Within moments we were heading up to the hospital. I remember going in and everything and everybody was covered in dust from the bombing.

Patients had been hit by shrapnel; people had crush injuries from being caught in collapsing buildings; there were open skull fractures. Limbs had been crushed and damaged and needed amputation. There were also peripheral wounds, fractures and flesh wounds.

Declan Barry, doctor in Syria

This may sound pretentious, but I always take Virginia Woolf’s novel, The Waves. I don’t really understand it, but the language is so beautiful that I find it always calms me down.

‘One of our doctors had three family members killed in a bombing, and the next day he was back at work. He refused to take any time off’

'It's a powerful and moving thing when you can tell patients that you're not in Syria because some government sent you, but because of private donations from ordinary people'

'The look of disbelief and then joy on the mother's face when I told them that, yes, we had the medication and it was free and we could keep supplying it to them – I'll never forget it. To me, that's what MSF is all about'

As well as treating patients of all ages in Syria, we also help those who have been forced to flee their homes, like the refugees crossing into Iraqi Kurdistan (left) and the 10,000 Syrians staying in a transit camp (top) while they wait to cross into Turkey. Photographs: © Robin Meldrum, Diala Ghassan, Anna Surinyach, Nicole Tung (all MSF).

We had one operating theatre, one surgeon and one anaesthetist, and they were busy the whole time.

Steve Rubin, surgeon (above)

Our operating theatre was an inflatable tent. We didn't have everything we needed, but we made it work. You tell yourself, I'm going to do the best I can with what I have... and save as many lives as I can.

Declan Barry

We divide the hospital into three colour zones: red (life or limb-threatening); yellow (stable at present, but with serious injuries that could deteriorate at any moment); and green (walking wounded); and during a 30-second triage we assign each patient a colour. We allocate staff to different zones. The aim at first is just to get everybody to survive. As you can imagine, there are a lot of upset family members and noise, so there is a lot of crowd control. These incidents are recipes for chaos, but the procedures are designed to bring order to that chaos.

Declan Barry

It's a powerful and moving thing when you can tell patients that you're not in Syria because some government sent you, but you're there because of private donations from ordinary people. People are amazed.

I remember one family came to us with a child who had epilepsy. They had travelled everywhere, searching for the medication that could help their son. They were exhausted and had pretty much given up hope, when somebody suggested they should come see us.

The look of disbelief and then joy on the mother's face when I told them that, yes, we had the medication and it was free and we could keep supplying it to them – I'll never forget it. To me, that's what MSF is all about.

Race into the rains to fight

Ruby Siddiqui is an epidemiologist who travelled to Chad to help MSF's team during a severe malaria outbreak

Battling through the mud to reach remote parts of the countryside is all in a day's work for the MSF team. Below, a flooded road f

"I'm being eaten alive. We're outnumbered and the mosquitoes are ravenous. Every inch of skin is covered in bites. I'm one big allergic mess.

I've arrived in Am Timan, the main town in Salamat region, southeast Chad, because of a staggering rise in malaria. More than 15,000 cases have been reported so far this year, almost twice the number seen in the whole of 2012. Malaria is a parasitic infection spread by mosquito bites. It causes waves of debilitating fever and, at its most severe, can lead to jaundice, severe anaemia, coma and death. It is generally infants that suffer the severe consequences of malaria.

So I've been dispatched to investigate this unusual outbreak and help support an exhausted team.

After landing in N'Djamena, the capital city, at 4am, I'm allowed two hours sleep before being given a quick briefing by the medical coordinator at the same time as having my passport taken for various authorisations while being piled with documents, forms, insect repellent and malaria prophylaxis before finally being stuffed into a car. I have a two-day drive to catch up on my sleep.

The journey is stunning. The last time I was in Chad it was barren and dry, but with the rains come lush green countryside, spontaneous lakes and beautiful migrating birds. And a hair-raising ride in a narrow boat loaded with all our malaria drugs and kit.

The road is somewhere under several feet of water. With the rains come business opportunities (for anyone that can build a boat).

We finally arrive in Am Timan just in time for lunch and to meet the large MSF team. The team have wasted no time in implementing phase one of their malaria intervention plan, which includes:

- creating a malaria tent at the hospital to diagnose and treat the overwhelming numbers of patients arriving at the hospital
- providing intensive care for severe malaria cases
- scaling up the mobile malnutrition clinics to include malaria diagnosis and treatment
- creating a mobile malaria team that delivers rapid diagnostic tests and drugs to health centres
- starting education and communication advice to the health centre staff and community, as well as providing training and information

It's an impressive response.

This astonishing rise in malaria has caught everyone off-guard. The health centres quickly ran out of rapid diagnostic tests (which are needed to confirm a malaria diagnosis) and malaria drugs to treat the disease. Am Timan hospital was simply too far to travel for some of these patients. In addition, an inability to pay for the usual healthcare costs might have meant some people did not seek help. We heard of increased mortality rates in the communities. But with this joint Ministry of Health-MSF response, the tests and drugs are reaching the people that need them, the health centres have increased their staffing and opening hours and with our campaigns, people are coming forward for free treatment at the first

Online

Read what happened next at blogs.msf.org/rubys/

: malaria

ad forces them to move their kit by boat. Photographs: © MSF, Chad, 2013

signs of fever.

The work involves long drives to hard-to-reach places (of course when I joined we got well and truly stuck in the mud!) but it's moving to see the health staff light up at the sight of our cars and to hear that their consultation rates have increased because people have heard our health education messages. The only thing left to do is increase our coverage of the Am Timan population, including those cut off by the rains, and to fill gaps in bednet coverage (an effective protection against mosquito bites and therefore malaria). We make plans for a nurse and logistician to help with the former and another epidemiologist to help with the latter.

Next stop Tissi, where MSF supports a refugee camp on the border with Sudan (Darfur). We've observed increasing malaria there too. But rains are preventing any flights from landing there at the moment...

'With the rains come lush countryside ... and a hair-raising ride in a narrow boat loaded with all our malaria drugs'

60 SECOND INTERVIEW

Nurse and Medical Team Leader Elaine Badrian from Co. Westmeath has worked with Médecins Sans Frontières in Democratic Republic of Congo (twice); Somalia; Haiti; Central African Republic; and Pakistan. She has just departed on her second assignment to Central African Republic to support the emergency intervention in the country's north-west.

What essentials items do you bring on assignment?

Marmite, mascara, a head-torch and a hard-drive full of movies and tv series.

What will your role in Central African Republic be?

I'll be supporting the field team who are providing basic health care to a large displaced population who are fleeing from violence. Médecins Sans Frontières will also be providing emergency surgery at the only hospital in the region as there are high numbers of patients with gunshot and machete wounds.

Any advice for nurses thinking about joining Médecins Sans Frontières?

Go for it, it's the most amazing job in the world. But be prepared to do things clinically that you would not normally do, sometimes in very basic settings without the equipment and drugs you are used to. Also learn some excel skills as this will help so much with rosters and data!

Fondest Christmas memories in the field?

A full roast turkey in Democratic Republic of Congo – the bottle of gas was flown in especially so we could cook it in the oven, which was only ever used for special occasions. We made this amazing dinner together, and ate it by candlelight wearing paper Christmas hats listening to Frank Sinatra and the chorus of the African bush.

YOUR SUPPORT

ABOUT DISPATCHES

Dispatches is written by people working for Médecins Sans Frontières and sent out every three months to our supporters and to staff in the field. We send it to keep you informed about our activities and about how your money is spent. *Dispatches* gives our patients and staff a platform to speak out about the conflicts, emergencies and epidemics in which Médecins Sans Frontières works. We welcome your feedback. Please contact us by the methods listed, or email: **fundraising@dublin.msf.org**

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Have you thought of remembering MSF in your will? Any gift is welcome, however large or small. For more information, contact **alice.sachova@dublin.msf.org** or call us on **01 660 3337**.

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Ethiopia *Sean King Logistician, Co. Galway*
Jordan *Deirdre Healy Pharmacy Coordinator, Co. Sligo*
Jordan *Sharon Mealy Logistician, Co. Kilkenny*
Kurdistan *Richard Delaney Logistician, Co. Kilkenny*
Syria *Conor Prenderville Project Coordinator, Co. Dublin*

What your support can achieve this Christmas

Médecins Sans Frontières is a collaboration of doctors and donors working together to provide emergency medical care to people who might otherwise have none.

We rely on donations from supporters like you to provide quality medical care wherever it's needed most, free from any political, military or religious agendas. The independence you provide allows us to quickly deploy skilled teams to the front lines of wars and disasters, while also retaining the capacity to respond to silent crises around the world. Your support allows us to remain flexible and impartial and it enables us to save lives in places where others can't, won't or choose not to go.

Here's just a few examples of the impact you can achieve:

€18

CAR 2013 ©Ton Koene/MSF

Can provide life-saving anti-malaria treatment to over 50 children

€36

Syria 2013 ©Nicole Tung/MSF

Can provide antibiotics to treat 20 war wounded people

€65

Sudan 2004©Tomas van Houtryve/VII

Can send a doctor to the field for a day

€115

Swaziland 2013©Giorgos Moutafis/MSF

Can provide a year's supply of treatment for a person living with HIV/AIDS and give them hope for the future

€450

DRC 2012©Sven Torfinn/MSF

Can send a surgeon to the front line of armed conflicts or disasters for a week

€1,050

DRC 2010©Haavar Carlsen/MSF

Can help vaccinate 5,000 children against measles in susceptible areas

€4,280

Haiti 2012 ©Emilie Régnier/MSF

Can supply a cholera treatment centre, vital in managing the treatment of severely sick cholera patients

€21,500

DRC 2012©Juan Carlos Tomasi

Can buy a Médecins Sans Frontières jeep, equipped to deliver medical aid to the remotest of areas

€84,120

Occupied Palestinian Territories 2009 ©Bruno Stevens/MSF

Can provide an integral hospital kit needed to quickly implement full critical care in emergencies, conflicts and disasters

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

HELP OUR DOCTORS OPERATE

FREEPHONE 1890 905 509 www.msf.ie/support

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