

DISPATCHES



‘We need all types of people’

Volunteering for MSF, pages 10-11

Malawi, 2015: MSF nurse Kate Gannon leads a team evacuating Yanesi Fulakison by helicopter from an area cut off by flooding. Photograph: Luca Sola



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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS



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Children play amidst the icy mud of an informal refugee camp in Grande-Synthe, near Dunkirk. MSF is building a new camp nearby that will meet basic humanitarian standards. Photograph © Sophie-Jane Madden/MSF

DUNKIRK

MSF refugee camp

MSF has been granted permission to set up a new camp in northern France for 2,500 people currently stranded in appalling conditions at an informal site in Grande-Synthe, near Dunkirk.

The new site is 10 minutes' walk from the current location and will include 500 heated, winterised tents which each have room for five people.

The camp will also include enough water points, toilets, showers and kitchens to meet minimum humanitarian standards, as well as communal facilities, electricity points, space for volunteer organisations and a warehouse.

"Conditions in Grande-Synthe are some of the worst I've seen in 20 years of humanitarian work," said Vickie Hawkins, MSF UK executive director.

"Hundreds of families from Iraqi Kurdistan, including many young children, are stranded

in rivers of mud with just flimsy tents and blankets for protection from the cold."

"The site is prone to flooding, and there are not enough toilets, food or water points. These deplorable conditions are already causing health problems and, when temperatures drop further, people could start dying of hypothermia."

MSF's medical teams have been working in Grande-Synthe for the last several weeks and in the camp known as 'the Jungle' in Calais for more than seven months.

As well as treating stomach problems, upper respiratory tract infections and skin diseases such as scabies, the medics regularly see people – many of them children – with

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MALI

Seven-month-old Youssouf, from Mali, is receiving treatment for severe pneumonia and malnutrition in Koutiala hospital. MSF has been managing the paediatric ward for the past six years, with the aim of preventing and treating the diseases that cause most deaths amongst under-fives in southern Mali: malaria, malnutrition, diarrhoea and respiratory tract infections. Photograph © Yann Libessart/MSF

EBOLA

Anti-malarial drug reduces risk of dying among Ebola patients

A malaria drug may have reduced the risk of dying among a group of Ebola patients in Liberia during the height of the outbreak in 2014, according to a study published by MSF.

The study found that Ebola patients who were prescribed the anti-malaria drug artesunate-amodiaquine (ASAQ) had a 31 percent lower risk of dying than those who were prescribed the standard

anti-malarial medicine, artemether-lumefantrine (AL).

MSF teams give anti-malarial drugs to all suspected Ebola patients as a matter of course.

This effect was only discovered when supplies of the usual anti-malarial drug ran out at MSF's Ebola management centre in Foya, Liberia, during the peak of the Ebola epidemic in August 2014.

Positive effect of anti-malarials

For a two-week period until new supplies arrived, patients were prescribed ASAQ instead of AL, with no other changes in clinical care. While no clinical trials on treatments have yet led to conclusive

evidence, this retrospective study provides promising new information, and should encourage further testing of ASAQ.

"We must remain cautious about drawing broad conclusions," says Dr Iza Ciglenecki, co-author of the study. "To date, however, ASAQ appears to be a promising path towards an effective treatment."

"While this epidemic seems to be coming to an end, we hope this will not divert resources and attention away from the work needed to find effective treatments, diagnostic tests and vaccines against Ebola, and to make them available for those who will need them most in the next epidemic."

SYRIA

At least 25 killed and 11 wounded in recent hospital attack

At least 25 people were killed after an MSF-supported hospital in Idlib province in northern Syria was destroyed in an attack on 15 February.

The hospital in Ma'arat Al Numan was hit by four missiles in two attacks within a few minutes of each other, according to staff from the hospital.

Around 15 other houses and buildings in the area were struck on Monday morning, including a nearby hospital not supported by MSF.

Deliberate hospital attack

"The destruction of the MSF-supported hospital appears to be a deliberate attack on a health facility," says Massimiliano Rebaudengo, MSF's head of mission.

Nine staff members were killed in the attack and ten were wounded.

"The destruction of the hospital leaves around 40,000 people without access to medical services in an active zone of conflict," says Massimiliano.

There were also reports on Monday morning of two more hospitals, including a children's hospital, being attacked in Azaz city, about 125 km to the north. These facilities were not supported by MSF.

Hundreds of patients

The 30-bed hospital in Ma'arat Al Numan had 54 staff, two operating theatres, an outpatient department and an emergency room.

Over 1,500 people a month received outpatient treatment, an average of 1,100 people a month were seen in the emergency room, while the surgical team performed around 140 operations a month, mainly orthopaedic and general surgery. MSF has been supporting this hospital since September 2015, covering all its running costs, paying staff salaries and providing medical supplies.

Healthcare under fire

Six MSF-supported hospitals in Syria have been bombed since the beginning of 2016, with 14 medical staff killed.

msf.ie/syria

IRAQ



Wasira, from Iraq, was forced to leave her home because of fighting, and is spending her second winter in a camp for displaced people in Kirkuk, Iraqi Kurdistan. MSF teams provide mobile clinics in the camp, where Wasira is being treated for high blood pressure. "We built these houses ourselves – even the children helped," says Wasira. "Now the biggest problem is water. But at least here we are safe." Photograph © Baudouin Nach

CENTRAL AFRICAN REPUBLIC



A family of nomads rests outside their tent in the forests of northern Central African Republic. The Mbororo tribe come from Niger and Chad, but travel throughout the region grazing their livestock. MSF has worked in CAR since 1996, and runs activities in 15 locations across the country. Photograph © Juan Carlos Tomasi/MSF

DEMOCRATIC REPUBLIC OF CONGO



Children walk with bags on their backs through the mountainous landscape of Ziraló, eastern Congo. MSF teams have been responding to a malaria epidemic in the region which has affected thousands of children, who are particularly susceptible to severe forms of the mosquito-borne disease. Photograph © Surinyach Anna/MSF

On the ground in Yemen



A boy rides his bike through the devastated streets of Yemen. Photograph © Guillaume Binet/MYOP

Celine Langlois spent five months in Yemen as MSF's emergency medical coordinator. From dodging sniper bullets to sheltering from airstrikes, she describes what it's like to deliver medical care to people caught up in conflict.

"In the city of Taiz, the main threat was snipers. Even though you can't see them, they are always there. When you cross a front line, they are always on your mind.

You become hyper-vigilant and super-sensitive to the noise of gunshots – you can tell if it is an AK47 or a sniper's gun. You learn quickly in this environment; you have to – it can be a matter of life or death.

However many measures you take, you can still suddenly find yourself in the middle of a fight.

One day we were visiting the hospitals that MSF supports across Taiz, which involved crossing front lines. As we entered no man's land, we saw that two fighters had just been shot in the head by snipers.

Before we knew it, we were caught in crossfire

We got out of the car and tried to find a place to take shelter. Gunshots were coming from everywhere, landing a few metres from us. We crouched behind a water tank. One Yemeni colleague managed to squeeze himself into a tiny gap between the water tank and a brick wall – the adrenaline rush to save your

life makes you do things you never imagined doing.

After 20 minutes, a family kindly let us into their house. The father of the house was barefoot, wearing only a Yemeni traditional skirt and a white tank top, and holding a Kalashnikov, ready to protect his home and family.

The children looked tired – they had had no sleep for the past few days, as the fighting had been so intense, with wounded fighters screaming in the streets after being shot.

It became more and more obvious that we have to offer psychological support to the Yemeni people as soon as possible. Taiz formerly had 20 hospitals for its population of 600,000; now only six are functioning, and these only partially. Basic healthcare is mainly being provided



Medical staff treat the wounded at MSF's emergency surgical hospital in Aden. Photograph © Guillaume Binet/MYOP

by medical staff in people's homes.

The gunfight lasted nearly two hours. I'll never forget the hospitality of that Yemeni family who saved our lives.

The whole house shook

In the capital, Sana'a, the warplanes flying over our heads were the main threat. These planes keep people alert, give children sleepless nights, wake babies in the middle of the night, and – most dangerously – kill people. Yemenis have learned to live with them, and so did we.

The plane flies over, drops a bomb and goes away – and then comes back. It can stay in the sky for hours, making everyone nervous. All people want is for the plane to empty its deadly cargo and go away so they can continue with their day.

Before an airstrike, there is a whistling noise. The reaction is automatic: find shelter. There were a couple of nights when I rolled under my bed, afraid the windows would be blown in by the blast. The whole house shook.

Bombs are being dropped in Yemen on a regular basis and this is how everyone lives.

Healthcare system collapsing

One day, a compound in front of the main mother and child hospital in Sana'a was heavily bombed by the Saudi led coalition. While the hospital staff were evacuating patients from the building, two children died – not because of

the airstrikes, but because of a lack of oxygen.

The main impact of this war is not directly related to the fighting; most deaths are caused by the healthcare system collapsing. Those two unfortunate children were two among many.

Life goes on

Travelling around Yemen, you see how people are adapting to living with this indiscriminate war. The fuel and water crisis affects everyone.

Every day, you see long queues of cars waiting for petrol, sometimes for days at a time. You see families walking to wells



Dr Mahmood Menapal and his team treat a war-wounded patient in Al Rawdah hospital in the besieged city of Taiz. Photograph © MSF

to get water; people riding motorbikes which have been modified to run on natural gas; men riding horses and donkeys through the middle of Sana'a – proof of how Yemenis have to be creative to be able to get on with daily life.

What astonishes me is that life does go on. The markets are always busy; ice cream sellers ring their bells amid throngs of heavily armed fighters; windows are repaired; chickens are sold next to checkpoints. I asked a Yemeni doctor in one of our hospitals if she had had any problems crossing the frontline. She said, 'Well yes, but we can't just stop our life because of the war'.

Yemenis' wounds are wide open and will need a long time to heal. I sincerely hope they will get that chance soon."

What is MSF doing?

Since conflict broke out across Yemen on 19 March 2015, MSF teams have treated more than 20,539 patients with injuries directly caused by the violence. MSF has 2,102 staff on the ground working in the cities of Aden, Al Dhale, Taiz, Sa'ada, Amran, Hajja, Ibb and Sana'a and in surrounding provinces, providing medical care, emergency surgery, maternal healthcare and mental health support.

msf.ie/yemen

MSF hospital hit in rocket attack



The corridor of Shiara hospital was bustling with staff, patients and their relatives when it was hit by the rocket, leaving six dead and seven seriously injured. Photograph © MSF

On 10 January, an MSF-supported hospital in northern Yemen was struck, resulting in six deaths. This was the third attack on a health facility directly managed or supported by MSF in Yemen in the past three months. Teresa Sancristoval, head of MSF's emergency desk, describes the attack on Shiara hospital.

"At 9.20 last Sunday morning, the medical team in Shiara hospital heard the noise of a rocket exploding. The border with Saudi Arabia is only half an hour away so everyone here is used to the sound of bombs and rockets. Knowing it had hit somewhere nearby, they set about preparing for mass casualties. What they didn't realise was that the missile had hit the hospital itself, and soon they would be treating their own colleagues and patients.

The rocket hit a corridor leading from the main gate to the hospital buildings, with a metal fence alongside. The wounded were hit by shrapnel from the missile, and also by shards of metal from the fence. The injuries were brutal.

The corridor was very busy at the time. Six people were killed, including three hospital staff, and seven people were seriously injured, including two staff members who are in a critical condition. Many others received shrapnel injuries, but were able to leave on their own.

Staff immediately began to do triage and to stabilise the injured. Two refused to be brought into the hospital – they were

expecting a second hit, and they were fearful of being inside the building. This meant we couldn't stabilise them before the five-hour journey to the MSF hospital in Sa'ada city. One died; the other is in a very serious condition. But we managed to stabilise the rest.

The town of Shiara is up in the mountains. Most of its 40,000 residents are living in caves to shelter from the bombs. People don't want to leave the area because their crops, which they grow on terraces on the mountainsides, need intensive cultivation. If they left now, they wouldn't have food for the coming year.

The hospital serves about 120,000 people in the area. Although it has six inpatient beds for emergencies, it only really functions in the daytime. People won't drive to the hospital at night – they are scared their headlights will give them away and they'll be bombed. And neither patients nor staff want to stay overnight in the building, as they know that all too often hospitals are targets. Shiara hospital has been hit twice before.

People are more afraid than ever. Since the attack, there have been no deliveries in the maternity room – pregnant women are giving birth in caves rather than risk coming to hospital.

Immediately after the attack, Shiara hospital closed, but six hours later, it reopened to attend to a new wave of emergency cases arriving at the hospital. The MSF team is doing emergency stabilisation of the wounded, but without guarantees that it won't be attacked again, we can't just return to business as normal."



Making a drama out of a crisis

My name is **Rob Verrecchia** and I'm a doctor on my second mission for MSF. I'm based in South Kivu, in Democratic Republic of Congo, where I'm the 'flying HIV TB doctor'. This means that I mainly work for our HIV and tuberculosis projects in Baraka and Kimbi. The region has been plagued by instability and chronic conflict for decades and local people have suffered distressingly high levels of sexual violence.

We're working with a local theatre group to educate people about HIV in eastern Congo, an area where this subject is sorely misunderstood.

You can follow Rob's photo blog at: blogs.msf.org/rob-verrecchia

Or on Instagram [@robverrecchia](https://www.instagram.com/robverrecchia)



The play they're performing tells the story of a group of friends who spread the virus amongst each other through unsafe sex and sharing a bloodied razor. (Pictured: Members of the theatre group backstage)



Here they are educated about HIV and taught to use condoms, including a surprisingly realistic demonstration by our outreach nurse, Fidel, of how to use a female condom.



At each performance, we set up a number of HIV testing stations where people can have counselling and take an HIV test with the help of our team from the hospital. Nurse Alice takes a break to watch a scene from the play.



We see the characters learning that they are HIV-positive and their colourful reactions to the news.



Like many people in this community, the friends' first port of call is the traditional healer. After the treatment makes one girl's condition much worse, the healer flees and the group heads to the hospital looking for help.



The wacky characters cause great amusement, drawing big crowds and getting local people, young and old, engaged in the subject.



Dr Thierry from our medical team takes advantage of local people's interest to spread other important messages about HIV.



Around 100 people at each event have come forward for an HIV test, taking a break from the entertainment to find out their status.



This collaboration between our medical team and the local theatre group has allowed us to gain access to large numbers of people, and is helping us, little by little, to tackle the huge problem of public misunderstanding around HIV.

The Giraffe River's floating a

The Bahr el Zeraf river winds its way for 200 miles through the swampy Sudd region of South Sudan. Meaning 'giraffe river' in Arabic, this branch of the White Nile is home to scores of remote communities, all cut off from healthcare.

Since June 2015, MSF has been operating an ambulance boat on the river, providing medical care for local people as well as new arrivals who have fled fighting in other parts of the country. South Sudanese community health officer **Paulino Khan** pilots the boat.



"My first day on the boat was magic. Travelling along the river I saw people gathered on the shore waiting for us – they knew we were their ambulance.

We pulled up to the riverbank and I jumped off the boat. I took people's vital signs, assessed their symptoms and administered first aid. Once I had decided who needed to go to hospital, I took my patients to the boat and gave them each a lifejacket.

I will never forget that first day. It was very chaotic – it was a new way of working for me and there was a lot to learn. But



human life is important and you do whatever you can to help.

One of the best things about my job is that I get to help my community. I grew up here in Fangak county and I have worked in healthcare for most of my life. I wanted to join MSF because I saw them providing a good medical service.

Most of our patients are children and women who cannot get to see a doctor, and who we treat on the spot. But the boat is also an emergency ambulance. People call us when there is a critical emergency. We bring the boat to pick them up and then we take them to the hospital MSF supports in Old Fangak.

Her family had to carry her in their arms

There are a lot of women with complicated pregnancies. One woman who was seven months pregnant came to us with very severe bleeding. She came from a place called Wangel, not far from the river. Her family had to carry her in their arms from her home to the shore. It was a real emergency and we took her to hospital on the boat. I was afraid she would die. At the hospital, the MSF team induced labour. Her baby did not make it, but she survived. She was discharged and is now in good health. Although tinged with sadness, it is one of my favourite memories of my job.

It's rewarding work

With children, it could be malaria, kala azar (a neglected disease spread by female sandflies) or another critical illness. One day there was a boy who had fallen from a high tree and who was urinating blood. He was in a very serious condition – I



Many of the people waiting on the riverbank have minor medical problems that can be treated on the spot. Photograph © Sarah Vuylsteke/MSF

mbulance

Paulino Khan hands out lifejackets and settles his patients into the boat ambulance, ready for their journey along the river to Old Fangak. Photograph © Sarah Vuylsteke/MSF



thought he might have a rupture in his body. We took him by boat to Old Fangak, and they referred him to Lankien, where he was operated on by an MSF surgeon. It's rewarding work.

The patients we take with us are almost always critically ill. We can't take everyone because we don't have a lot of time. If someone has complicated malaria, a trauma or a serious infection, then we put them on the boat.

Every day you see how much the ambulance means to people. On my second day on the boat, I stopped at a village called Kolenyang on the shore of the river. There were six people waiting, all of them critically sick. Four had kala azar, one had severe pneumonia and the last one had suspected tuberculosis. I was able to take them to hospital. That was the day I realised how important the boat ambulance is. If it had not been there, these people would have suffered so much.

When I visit the hospital, the patients that I brought by ambulance boat all recognise me. They talk happily to me and I can see they are getting better. It makes me feel proud to work for MSF and to have done something for my community."

MSF refugee camp

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burns caused by standing too close to open fires as they try to keep warm.

'We're here to provide humanitarian aid'

Standing in the middle of the informal camp, MSF project coordinator Angelique Muller shakes her head as she looks around at the mud and makeshift shelters.

"I've worked for MSF for four years and it still shocks me that I'm working in a humanitarian camp in my own country," she says. "People here are completely traumatised by the situation in their countries. They've fled their homes, they've lived for a long time in bad conditions, and now they're living here in this mud. You can imagine the psychological impact that is having."

"The worst I've seen it here was when the water and mud began running into the tents. I saw a woman sitting there crying after sleeping in the water. It's cold here, and when it rains it's crazy."

"As MSF, we are here for these people. We're not here for political reasons and we've got nothing to do with security. We're here to provide humanitarian aid and healthcare."

'I didn't want my girls to grow up without a father'

A short distance away, 27-year-old Merdan stands warming his hands in front of a fire with two of his daughters. "We've been here for three months," he says. "I was a police officer in the Kirkuk area of Iraq, but the violence drove us away. We were afraid of ISIS, and many people I knew, including my brother-in-law, had been killed. I decided I didn't want my girls to grow up without a father."

Accompanied by his wife and three daughters, aged six, four and one, the group travelled through Turkey and onto

a crowded boat to Greece, and then up through Europe to northern France. Their goal is to make it to the UK to join other family members.

"There is no life for us here," he says, looking down at his daughters. "We don't feel safe here and we spend each day trying to keep warm by the fire. This is not a life for my daughters."

'All my life has been war'

There are an estimated 250 children in the camp, some of them unaccompanied. Sheltering from the rain are Aska and her daughter, from Iraq. "ISIS were 15 minutes away and we had to leave," says Aska, shaking with anger. "We made it to Turkey and got the boat. There were 35 of us on it, and we all got wet. It was frightening – I thought we were going to drown."

"All my life has been war. All my memories from childhood are war. When I went to school, there was war. When I graduated, there was war. When I became a teacher, there was war. I got married, and there was still war. Had a child, still war. Enough! I've had enough of war. I want to live and I want my family to live. We had to leave. I feel I've never had any happiness apart from my daughter, and I want her to have a different life. A better life."

Find out more at: msf.ie/france



"We don't feel safe here and we spend each day trying to keep warm by the fire. This is not a life for my daughters." Photograph © Marcus Dunk/MSF

What does it take to be an MSF field worker? MSF's HR team explain what they're looking for in prospective applicants.

Do all field workers need medical backgrounds?

MSF needs all types of people. We need medical staff, of course, but we also need staff to support the medical activities – people who can do financial management, bookkeeping and human resources. We also need logisticians to do fleet management, mechanics, water and sanitation and more.

What do you look for in a prospective field worker?

The people who are most successful are those who are resilient, flexible and willing to learn. With MSF, you're working and living with people from all over the world, and you don't know what is going to happen from one day to the next. The reality is that you're away from your home and your family, and the work, though rewarding, can be really difficult. You have to know that this is something you really want to do, and you need to possess insight into your individual coping mechanisms and problem solving skills.


What sort of professional requirements are needed?

We ask that people meet certain specific requirements in addition to their professional skills. Maybe you've done medical volunteer trips or worked in resource-poor settings. Or maybe you've travelled a lot, so you've been exposed to different cultures. This shows us that you have the ability to cope with unusual or challenging living conditions.

Often, you will be asked to manage a team of people, so it is imperative you gain skills in management prior to working with MSF. This will make your time with us much more satisfying, as the staff you manage will feel supported and more able to deliver.

So you try to determine if someone is right for MSF and if MSF is right for them?

Exactly. A lot of people get excited about the possibility of working with MSF, but then they talk to friends and family about the places they might get sent, and they decide they don't want to stress out their families by going there. We make our own evaluations at each stage, but we also hope that people will remove themselves from the process if they think MSF may



MSF logistician Ralph Heeschen transports a box of essential supplies to Dr Saleem Kassam so he can provide basic medical treatment to a group of displaced people in Democratic Republic of Congo. Photograph © Remco Bohle

'MSF needs all

not be right for them.

How long are assignments with MSF?

First missions usually last from nine to 12 months. But operating room staff – such as surgeons and anaesthetists, who are likely to be on call 24/7 – make a commitment of one to three months. The majority of the people we hire are from the communities we work in – the staff in our South Sudan projects, for instance, will be mostly South Sudanese. It's hard for them when there's a high turnover of managers or people coming from elsewhere.

Do MSF field workers get paid?

First-mission field workers get a monthly allowance of around €1,270 and full benefits. We also provide accommodation and travel. The pay rises as people complete more assignments and take on more responsibility.

What kind of training do people get when they first join MSF?

We offer a non-technical induction programme, which runs for a week, to prepare people for working abroad and to help them get to know the culture, values and aims of MSF. We also brief staff before they travel abroad.

All doctors and nurses need to complete a tropical medicine course prior to applying to MSF. Apart from that, there are no specific trainings for medical staff before going to work in one of our projects. This

makes some people a bit nervous. They think, "If I've never seen cholera first-hand or treated malaria before, how will I know what to do?" But we believe your experience and training will have given you the skills you need to hit the ground running. We also have protocols and guidelines. If there's a cholera outbreak, there are specific guidelines to follow, for medical and non-medical staff.

Working abroad, you will also usually have a supervisor or medical or logistics specialist to guide you, and you'll usually have a handover with the person you're replacing.

However challenging it gets (and it does get extremely challenging at times), we want people to remember that supporting people who have no access to healthcare is not only vital work; it's also an enormous privilege.

Can I make a career out of working for MSF?

Definitely. And a rewarding one. We're committed to retaining skilled staff and supporting them throughout their careers, and we offer a range of training and development opportunities.

We love finding new and enthusiastic people to work with MSF. It's life-changing work!

For more information, visit:
www.msf.ie/work-overseas



types of people'

The things I'm grateful for



Photograph © MSF

When a disaster strikes or an epidemic breaks out, MSF's Emergency Unit is usually the first to respond. Nurse Antonia Zemp explains what it's like to receive the phonecall...

"It won't be New York, Tokyo, Australia or Hawaii, but rather South Sudan, Afghanistan, Congo or Syria. It won't be peak season, beach weather and tourist attractions that determine my destination, but

rather hunger crises, epidemics, wars and natural catastrophes.

This month, I signed a two-year contract with MSF's Emergency Unit. From now on, I have to be ready to leave for emergency missions within a couple of days.

No sooner said than done. While unsuspectingly attending an epidemics training workshop in Paris, my phone rings during the five-minute break and I am told where I will spend the next three months: Ethiopia.

MSF has identified an emerging hunger crisis in the country and wants to respond as soon as possible in order to keep consequences at bay. Since I am not familiar with nutrition programmes, an experienced MSF nurse is going to accompany me at the start.

The nurse and I have already met, when we worked together in Sierra Leone, and I really appreciate her support –

plunging in at the deep end is not ideal. Meeting a lot of people from around the world is also part of the job. Some of these encounters turn into friendships that outlast a mission, and it's always nice to meet again, even if the circumstances could be more pleasant.

When arriving in a foreign county that is completely unfamiliar, with no clue about what is awaiting you – when you're unsure where the office is, how you're going to get there, or even if an everyday gesture like shaking hands could cause offence – a familiar, friendly face means the world.

Before I leave, I still have enough time to visit my family and friends and run some errands. A last jog around the park, enjoying the cold winter air; a dish of fresh vegetables to eat; a peaceful walk through the city, without any haste or tension. For the next three months, I will have neither the time nor the opportunity to do these things. This is why I am so grateful for even simple things, like being able to drink a glass of clean, cold water directly from the tap.

Time to go..."

MSF'S IRISH VOLUNTEERS

Ethiopia Rachel Fletcher, Nurse, Co. Antrim

Kenya Sharon Mealy, Logistician, Co. Kilkenny

Lebanon Declan Barry, Doctor, Co. Longford

Pakistan Aisling Semple, Doctor, Co. Dublin

Pakistan Mary Flanagan, Doctor, Co. Westmeath,

Papua New Guinea

Aoife Ni Mhurchú, Nurse, Co. Cork

South Sudan Laura Heavey, Doctor, Co. Galway

South Sudan Oonagh Carlin, HR Coordinator, Co. Down

Uzbekistan Joan Hargan, Nurse, Co. Antrim

Yemen Conor Prenderville, Project Coordinator, Co. Dublin

i 60 SECOND INTERVIEW

Rhys Flintner, a logistician, has recently returned from his assignment with MSF in Djibouti, where he was arranging for medical aid to be flown into Yemen.



How did you feel about the impact of your work?

You're organising everything – essential medical supplies, drugs and equipment in Djibouti and sending it off to our teams in Yemen to help the people there – but I wasn't seeing with my own eyes how my work was affecting things. That's a challenge.

What was an essential piece of kit?

Prescription sunglasses: I could not live without them! My eyesight is comically bad, so they're the first thing I reach for every morning and the last thing I lost before I left my mission. I accidentally put them into the wrong rucksack and sent them to Yemen!

What surprised you about the culture?

How open and liberal everything was. I knew going over there it wasn't such a conservative environment – our driver smoked cigarettes and listened to rap music! It's a great place.

What will you take from my time with MSF?

I worked with great people. You tend to admire pretty much everyone you work with on some level and you get to work in really cool places and meet great people. It was a very rewarding experience. I also feel a lot more confident and competent about my own abilities because you've to think on your feet so much.

Syria: “Life in Raqqa was terrifying”

Dr Marwan worked with MSF in northern Syria. After receiving death threats from Islamic State militants, he made the difficult decision to leave for Europe.

“Every day we lived with airstrikes. I was a doctor, married with two children. We lived in Raqqa, now the stronghold of Islamic State (ISIS). I ran a private clinic in a poor area of the city. I also worked with MSF for a short while running a vaccination campaign.

A string of opposition groups were taking it in turns to control Raqqa, but by the end of 2013, ISIS had taken over. The city was being bombed every day by government forces.

One day I was standing with a neighbour outside my clinic when he was shot in front of my eyes. That was when I decided to close the clinic – it was just too dangerous. One week later, it was completely destroyed by a barrel bomb.

At the beginning, ISIS didn't care about the medical side of things. But that didn't last. Soon they wanted to control hospitals, clinics and medical supplies.

People began to feel threatened. Most international organisations left and many Syrian doctors fled. I decided to open a clinic in my house. My motto was: “Treat people, but also try to protect yourself”.

ISIS members started coming to me for medical treatment. I wasn't comfortable with this, but my medical ethics were to treat all patients, regardless of religion or politics. But their appearance at my house was terrifying, for myself and for my family. They arrived in jeeps, making a lot



Photograph © Ikram Ngadi/MSF

of noise and driving too fast.

One day ISIS put pressure on me to join the hospital they controlled, but I refused. I received threats. There was nowhere to hide. I realised my only way out was to leave Syria. I thought, ‘I'd prefer to go on a death boat to Europe than risk staying’.

Life in Raqqa was terrifying. Either I would be killed by airstrikes or by ISIS. The one thing I had to do was save my family.

I planned my departure. My wife was in the final month of pregnancy with our third child. She was too exhausted to travel. I would go with a friend and, once I had immigration papers, my family would follow.

I slept that last night with my children. Although they didn't know I was leaving, they felt it somehow. I wish I could have brought them with me.

Leaving Raqqa wasn't easy. We passed through three checkpoints. When we

reached Izmir in Turkey, people were sleeping in the streets. They were hungry, but they had given all their money to smugglers.

We heard many stories of boats sinking. We went to take a look at the sea. It was hard to look, knowing soon we might drown in it.

When the time came to climb into the overcrowded dinghy, some people cried and others prayed – everyone has their own way to deal with fear.

We arrived on the Greek island of Farmakonisi. We travelled to Macedonia, then Serbia. I hadn't slept properly for seven days. My dream was to find a pillow to sleep on, water to take a shower and a phone to call my family.

In Belgrade I managed to call home. I talked to my wife and daughter, but my son refused to speak to me. He felt I'd abandoned him and it broke my heart.

We walked across cornfields, then paid a smuggler 450 euros to take us to Austria. We slept in a park, and in the morning bought train tickets to Amsterdam.

My wife gave birth soon after I arrived. She sent me a picture of my new baby boy. I talk to my family every day, but my son still refuses to speak to me. Each time I talk to my daughter, my heart races like a running horse and I can't calm it.

It's difficult to hear warplanes in the background, knowing they will drop their bombs, knowing I'm miles away and I can't protect my family.”

Dr Marwan is still waiting for his asylum application to be processed and to be reunited with his family. We will keep you updated on his progress. Names have been changed.

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