DISPATCHES

Rainforest mission to battle rare disease

An MSF team traverses rainforest rivers to reach the Aka pygmy people, where they treated hundreds of people for yaws, an infectious disease Photograph: © Benoit Finck/MSF, 2012

Spring 2013 No 68

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

INSIDE

Tuberculosis
'Milestone' new drug

MSF has hailed the approval of the first new tuberculosis (TB) drug in 50 years as an "immense milestone".

In January, the US Food and Drug Administration approved bedaquiline, the first new drug to treat TB since 1963.

"The fact that the drug is active against drug-resistant forms of the disease (DR-TB) makes it a potential game changer," said Dr Manica Balasegaram, Executive Director of the MSF Access to Essential Medicines Campaign.

"Ministries of health and drug regulators need to work together to make sure people with multidrug-resistant TB (MDR-TB) benefit from this important medical advance as soon as possible," he added.

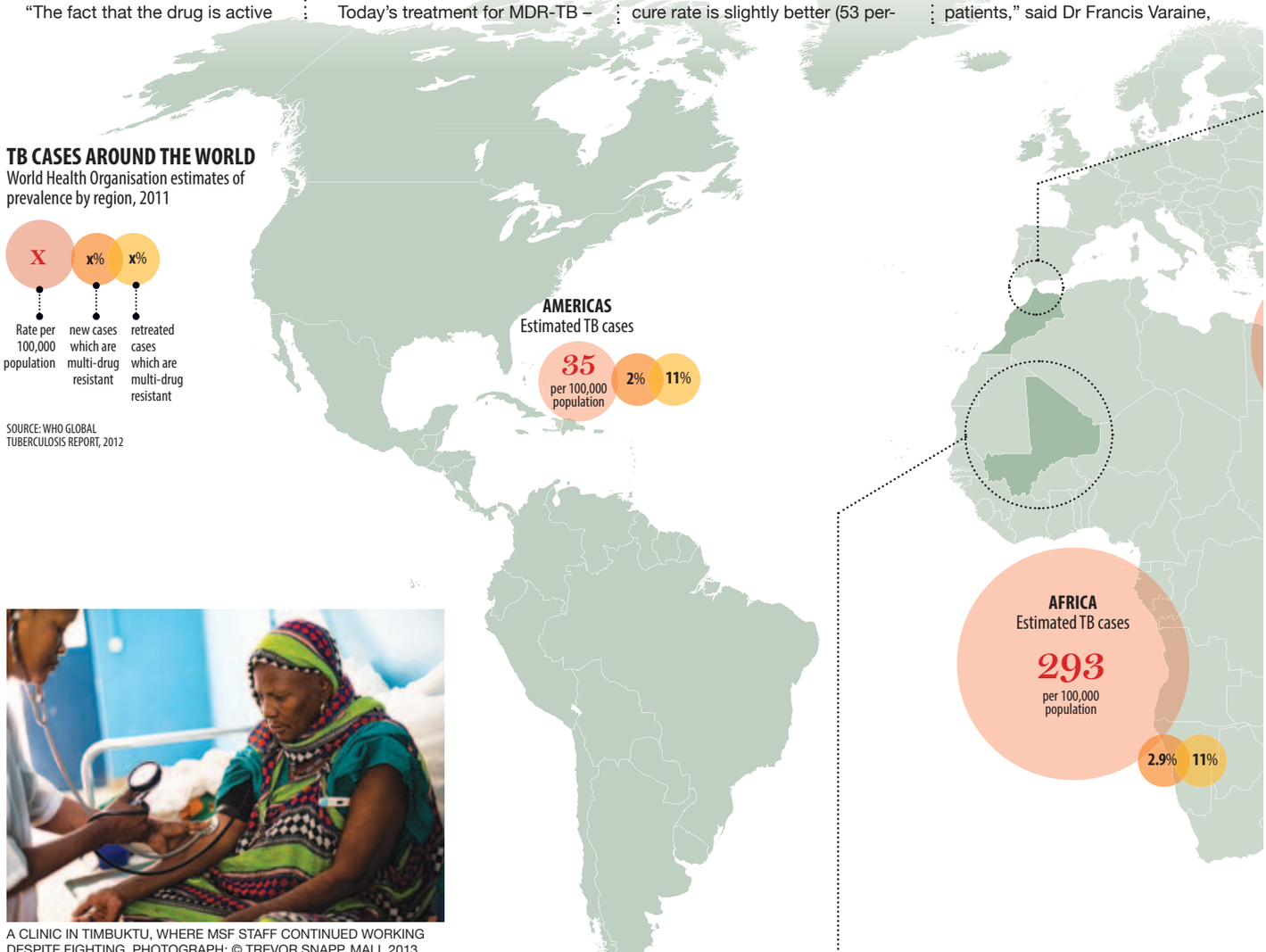
Today's treatment for MDR-TB – where the disease fails to respond to first-line drugs – is a two-year course of up to 20 different pills per day and around eight months of daily injections.

Patients are subjected to excruciating side effects, ranging from permanent deafness and persistent nausea to psychosis.

Globally, only 48 percent of people who start treatment for DR-TB are cured. In MSF programmes, the cure rate is slightly better (53 percent) but still unacceptably low.

The scale of the DR-TB epidemic is huge, with 310,000 new cases noted in 2011. But only 19 percent of people who are thought to be infected are receiving treatment.

"Scale-up of global DR-TB treatment has remained shockingly low, to a large degree because the current treatment regimen is so complex and costly for health programmes and difficult to tolerate for patients," said Dr Francis Varaine,



A CLINIC IN TIMBUKTU, WHERE MSF STAFF CONTINUED WORKING DESPITE FIGHTING. PHOTOGRAPH: © TREVOR SNAPP, MALI, 2013

Mali
Timbuktu conflict

Despite the military operations launched in Mali over the last few weeks, MSF teams have been working in key towns across the country, providing thousands of free medical consultations.

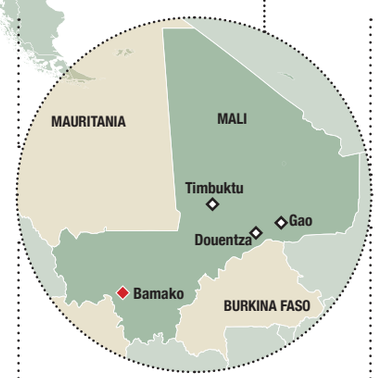
Negotiations with all parties allowed MSF staff to continue working despite the difficulties of remaining in the most affected towns during the military advance.

"When we got to Timbuktu, the hospital was not really functioning and most of the medical staff had fled," says Toe Jackson, MSF's field coordinator in northern Mali. "Those we met were volunteers but it was not easy to find people to go to Timbuktu for fear they would be killed."

"We went thinking there'd be more war-wounded patients, but while we had about 30 war wounded, we found we had more deliveries, more c-sections, more malaria and chronic diseases, not related to war. They became critical cases because they had nowhere else to go. We couldn't say 'We're only here for emergencies'. These people are suffering so we have to help them."

Having established themselves in Konna health centre after medical staff fled the only facility in the town, MSF also treated four war-wounded patients, three of them children injured when playing with an unexploded device. The children were stabilised in Konna then transferred to the nearby Sevare Hospital for further treatment.

Further north, in Douentza, MSF worked in the city's hospital around the clock during the intense bombing of the city, conducting some 450 medical consultations per week.

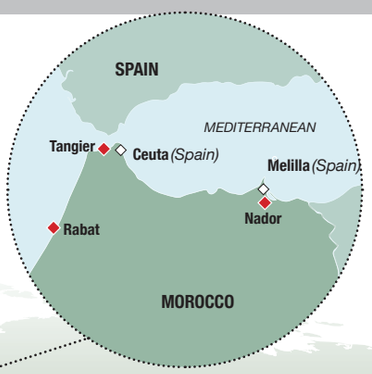


Watch a slideshow from MSF's project in Timbuktu msf.ie/timbuktu

leader of MSF's TB Working Group.

"With simpler, shorter and more effective treatment regimens, we will be able to scale-up treatment and cure more people with DR-TB."

In 2011, MSF treated 26,600 cases of TB in 36 countries – 1,300 of whom had drug-resistant forms of the disease.



Morocco
Helping migrants

MSF teams in Morocco have treated scores of migrants from sub-Saharan Africa after violent raids by police forces increased in recent months.

Travelling thousands of miles across the Sahara desert, these migrants come to Morocco in attempts to enter the EU via the Spanish enclave of Melilla.

With the authorities trying to deport them, the migrants evade capture by living precariously in the forests and caves above the town of Nador.

MSF is providing comprehensive medical and psychological care as well as distributing items such as blankets, plastic sheeting and hygiene kits.

A REFUGEE HIDING NEAR MELILLA. PHOTOGRAPH: © ANNA SURINYACH/MSF, MOROCCO, 2012

Laos
Cutting maternal deaths

MSF will open a maternal health project in north-east Laos, close to the Vietnamese border. Following two years of negotiations, MSF has signed a four-year agreement with the Government of Laos to begin medical activities in five districts of Huaphan province in early 2013.

Laos has one of the highest maternal mortality rates in all of Asia with 405 deaths per 100,000 births – almost three times that of its neighbour, Vietnam.

"There is no reason why having a child in Laos should be such a life-threatening experience for so many women," says Sylvie Goossens, MSF's Head of Mission for Laos.

"MSF's experience in other resource-limited countries with similar shocking figures is that expanding access to emergency obstetric care through low-cost strategies can dramatically reduce the risk of women dying from pregnancy-related complications."

With people having to pay for healthcare in Laos, many women below the poverty line cannot afford access to the medical system.

The remote and rugged terrain of Huaphan province – coupled with a lack of awareness about the importance of ante- and post-natal care – means that almost 85 percent of deliveries are conducted at home.

"Half of the health posts in areas we are targeting are currently not accessible in the rainy season, one is only accessible by foot and many are not yet connected to water and/or electricity, which means the quality of services is currently very low," Sylvie Goossens added.

"This is part of the reason why the local population tends to overwhelmingly rely on traditional birth attendants at home so much."

MSF is the only medical NGO in the area and will provide obstetrics, neo-natal and paediatric care for a population of 140,000 people. Our staff will also improve laboratories and pharmacies in the area, as well as setting up infrastructure to provide water, electricity and sanitation.

Turning caves into hospitals in the cold Syrian winter

Dr B Hauffe is an Edinburgh-based doctor who worked at one of MSF's clandestine clinics in Syria

The situation in Syria was chaotic. We were in the north of the country not too far from the Turkish border. Life there was very difficult for people. Everything that we needed was being smuggled across the border, from diesel and medical equipment to doctors like me! It was cold – cold enough for me to need to wear seven layers of clothing to work every day. Conditions of life for people there are challenging already, but as winter progresses, it's only going to get more challenging.

My role was to be the medical team leader for an MSF surgical project responding to the situation. We had a hospital with the primary aim of treating war wounded, but also saw general outpatients.

When I first arrived, MSF had already been there for about a month and had set up a hospital in a high mountainous area up near the border. When I say 'hospital', it's probably not quite what you are imagining – we were in a cold, wet cave that initially didn't have running water or electricity. But thankfully, MSF is not only doctors. Logisticians are the 'behind the scenes' guys who make everything possible and without whom we, the medics, can't work at all. They really are the stars of the show. They made sure we always had running water and electricity and kept the show on the road. After all, you can't really have a medical operation without those basic things.

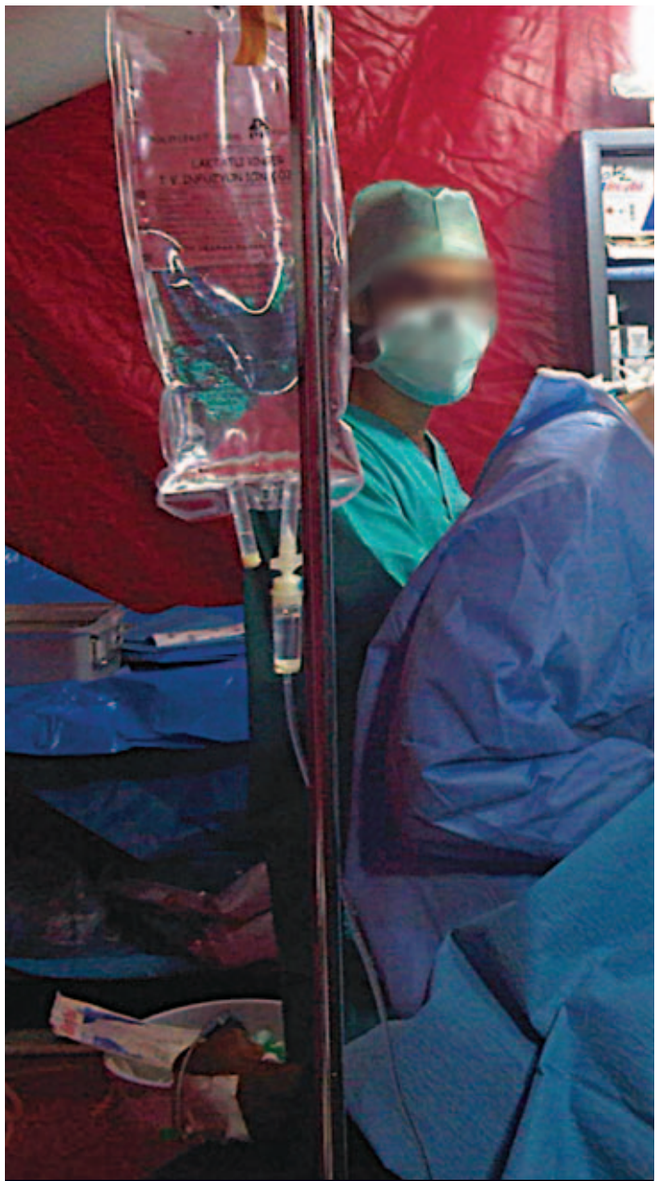
The first time I had helicopters buzzing around above me I was with a very experienced surgeon, Paul McMaster, who is a very gentlemanly man.

He just very calmly said 'Would you like to sit down? Why don't we sit in this ditch? Why don't you put your back to the side of the ditch?' And then he chatted to me about the NHS and other normal, home stuff – so actually I didn't feel very afraid. In retrospect I probably should have been scared, but he was so calm and reassuring, it totally took my mind off the situation. Plus we have MSF security folks whose job it is to keep us safe.

The injuries we were treating would vary from gunshot wounds from ground-level battle skirmishes, through to shrapnel injuries and worse as a result of bombardment from helicopters and military-type aircraft dropping drums full of random bits of metal and explosive material. We also saw quite a few people killed from pressure waves coming from large explosions. They'd die instantly from a disruption of internal organs – ruptured aorta, torn lung roots – but wouldn't have a scratch on them. It was awful to see families so distressed and upset around a dead body that had no obvious signs of injury.

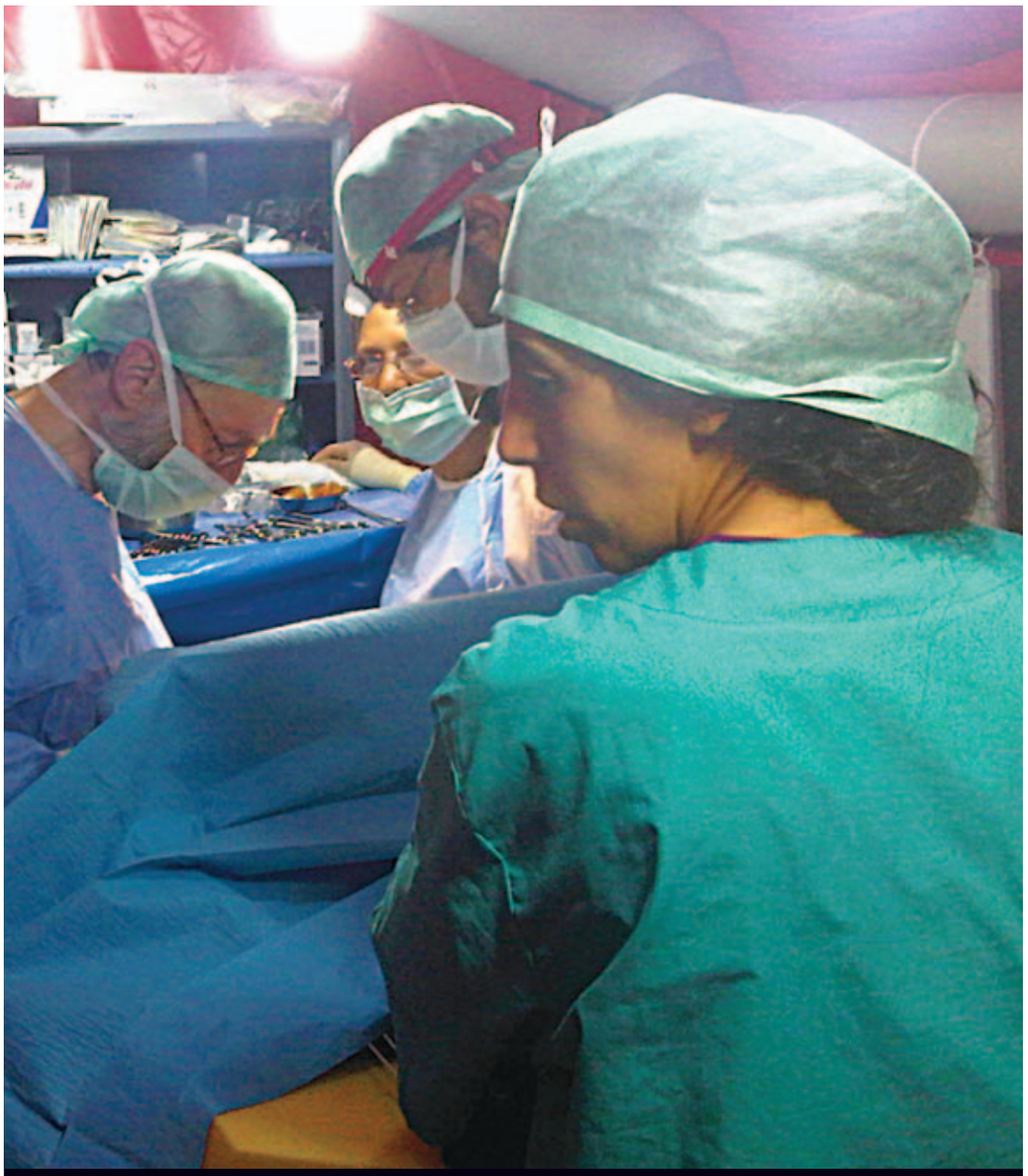
If you're unlucky – if you're in the wrong place at the wrong time – there's nothing much you can do about it. Certain villages were being hit very frequently and the bangs would reverberate around the hills. Sometimes you could feel them as well as hear them. It was a really scary noise. Unsurprisingly, a lot of the civilians were leaving, but leaving for what? The refugee camps across the border are not much better, to be honest.

It's impossible not to feel for the population when you're in a situa-



Medical staff treat some of those caught in the fighting in northern Syria using ma

'It was cold enough for me to need to wear seven layers of clothing to work every day. Conditions for people there are challenging'



g makeshift hospitals in mountain caves, in tents or in people's homes Photographs: © MSF, 2012

tion like that. Not that MSF takes sides. We're on the side of anyone who needs medical help, from the middle-aged man with diabetes and hypertension who can no longer get access to his doctor or pharmacy to get his necessary medication, to the young boy who was caught in the wrong place at the wrong time and got a piece of shrapnel straight through his chest that spliced his spinal cord, rendering him paralysed. We also gave medical care to some prisoners.

Anyway, it's not always helpful to hear the background story of the patient you're treating. It gets you too emotionally involved, and as a medic you sometimes just have to be switched on to the meat and bones of the job.

Some of my friends would question my sanity about going to a place like Syria. But for me, I felt privileged to be able to do something – it was about helping people in a desperate situation who needed healthcare.

It may sound banal, but to be part of a team that can provide that help is a fantastic thing. Knowing that you can do something that really does make a difference to people's lives is really life affirming.

'Some of my friends would question my sanity about going to a place like Syria. But for me, I felt privileged to be able to do something'

SYRIAN CRISIS APPEAL

To donate to our Syrian Crisis Appeal please call free on 1800 905 509 or visit www.msf.ie/Syria

MSF IN SYRIA

MSF is working in three hospitals in northern and north-western Syria, in areas controlled by armed opposition groups. Despite its repeated requests, MSF has not yet received authorisation from the Syrian government to enter areas under government control to provide medical care there.

From late June 2012 to late January 2013, MSF teams conducted more than 11,000 medical consultations and performed more than 1,200 surgeries, many for violence-related injuries such as gunshot wounds, shrapnel wounds, open fractures and injuries due to explosions. MSF has established a blood bank in the Aleppo area and teams are also provding medical and surgical care to Syrian refugees in neighbouring countries such as Jordan, Lebanon and Iraq.

60 SECOND INTERVIEW

Aoife Doran is a hospital doctor from Dublin who is about to start her first mission with MSF in Lebanon, providing healthcare services to Syrian refugees and vulnerable Lebanese populations.

Why MSF?
As a trainee doctor, I heard inspiring stories from colleagues who had worked in the field with MSF. I admired the work MSF were doing, providing medical care to populations most in need, while maintaining an independent and neutral stance. It became a dream to follow suit.

What are you most looking forward to?
The adventure of setting foot in unfamiliar territory, getting immersed in Middle Eastern culture, and doing a job I can be proud of as a cog in the MSF wheel. The change of climate will also be a welcome bonus!

What will your role on the ground be?
I will be working as a medical doctor in Tripoli, northern Lebanon, providing primary healthcare services for vulnerable people in the local community, and also for the increasing number of refugees who have come to the region from neighbouring Syria.

What will you miss most from home?
Cycling and running along the Dublin coastline, summer music festivals, and of course, my family and friends.

In September last year, three MSF teams travelled deep into the remote forest areas of northern Congo. Their mission: to reach the isolated Aka Pygmy peoples of the region and provide treatment for yaws disease, a neglected condition that persists among these communities.

Travelling by foot, 4WD, boat or in dugout canoes, the teams endured difficult conditions while faced with the ultimate logistical challenge: how to eliminate a disease in a population scattered across dense tropical forest.

Picture essay by Benoit Finck

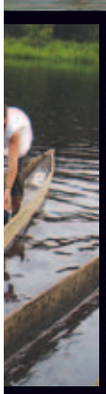
Andy, a logistician
"One thing that worries me is the tight schedule. There is little time for everything we need to do...[and] we don't know how many people we'll be treating. There may be a tree lying across the road and we'd need half an afternoon to get rid of it. Those are the kind of things I worry about."

Axelle, a nurse (pictured right)
"When we arrived, the people weren't here, they were off in the forest looking for food. So we changed our strategy.

The Aka people live in the rainforest and are only sedentary during the rainy season. Finding them meant long treks along the Ubangi river and in jeeps or on bikes along rough roads to speak to the community

WHAT IS YAWS?

"Yaws is an infectious disease caused by a bacterium and presenting highly contagious skin lesions," says Dr Matthew Coldiron. "The disease persists in certain inter-tropical zones. Without treatment, it can attack bones, cartilage and joints and cause permanent disfigurement."



We checked with the chief and went a little further into the forest...We [will] have treated everyone in an hour and a half. And then we can set up our tents for the night.

"We're getting better at putting up and dismantling the site. We are faster so we can easily do several sites in one day. The population [is] pleased we're here. When they come, they show up in large numbers."

Thomas, a doctor

"We treated lots of people here three days ago but earlier we met a woman who told us we missed a large family living nearby. So we stopped and set up a makeshift site to treat the family and any others we missed first time round."

Dr Matthew Coldiron
"It is the first time the new treatment has been used. A single oral dose of the antibiotic azithromycin is all it takes to cure yaws."

Axelle
"The trick is to give the treatment to the mom first so the child sees it's harmless."

"217 patients at this site and about 200 at the previous one, and 150 to 170 at the one before that. It's been a very long day! The whole team is exhausted but we're pleased, we reached almost a 100% of our target population ... Now we're going to dismantle the site and go straight to bed."

Andy
"To eradicate yaws you need to be sure to treat every case out there...We saw lots of people suffering, and we treated them - whether for yaws or something else. And we know they'll be better within a couple of days thanks to the medicines we provided. That's really satisfying."

Thomas
"Among the strong memories are all the exotic meals: monkey, crocodile, antelope. It was fun, but we never quite knew what to expect on our plate."

In total, MSF treated 17,440 people for yaws during this two-month period. More campaigns will be needed if the goal of eradicating this disease by 2020 is to be met.

‘A lot of people have trouble sleeping. They spend their whole lives in fear’

In the Honduran capital, Tegucigalpa, there is a violent death every 74 minutes. The violence touches everyone, rich or poor, and it’s rare to meet someone who hasn’t been on the receiving end of it at least once in their lives. Politically and economically unstable, the Central American country has grown into a hub for drug traffickers, networks of international criminal and armed gangs who fight vicious turf wars over control of the capital’s streets.

Each day, teams of MSF staff go out into the poorest and most dangerous areas, many under the control of armed gangs, to treat people for wounds from gunshots, stabbings, sexual violence and other traumas. The staff provide on-the-spot first aid and counselling, and refer those in need of further care to four health centres where they can get comprehensive medical and psychological treatment.

Marco Tulio Melgar lives on the streets

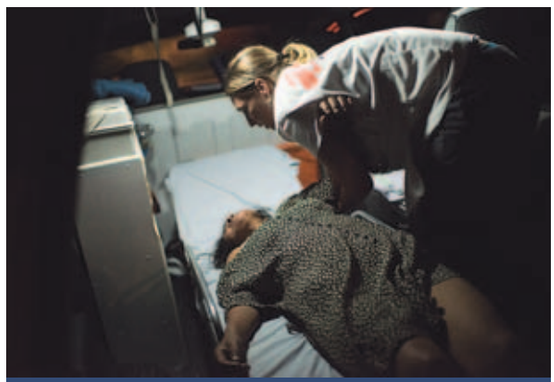
“I’m 30 years old. I’ve always lived on the streets, and I still do today. Usually when someone goes to live on the streets, it’s due to a breakdown in family relationships. They head for the streets because they have no other option.

The fact is that the streets are so full of evil that people think nothing of doing evil to others – usually to people who live there. So many have died in the past few years because there are people who attack them and kill them just because they feel like it.

I was walking down Boulevard Morazán and I got into a gunfight with this other guy. He shot me and I shot him back, right in the arm, and we both wound up hurt.

They took me to Escuela hospital, and I waited there for a while. Lots of young homeless people turn up at hospital with injuries, but they always end up dead, because they’re not given the attention the need or they don’t get help in time.

After I’d waited about 10 hours I got in touch with MSF. What I like about them is that they always help you.”



‘In the past few years there’s been an increase in violence. It’s not been possible to treat everyone who needs it’

Jose Ramo, MSF worker

‘The streets are so full of evil that people think nothing of doing evil to others – usually to people who live there’

Marco Tulio Melgar, above

‘I’ve never liked going to see a doctor but I’m starting to realise that it’s important’

Jorge Alberto Ceron Montoya, above

PHOTOGRAPHS: © KADIR VAN LOHUIZEN/NOOR, HONDURAS, 2012

Jose Ramo is an MSF health worker

“There are only two or three tertiary hospitals in the country for seven million people, so the emergency units are always full. In the past few years there’s been an increase in the level of violence. It’s not been possible to treat everyone who needs it. This has a lot of repercussions: medical consequences, including unwanted pregnancies, HIV and other sexually transmitted diseases; and also mental health problems, such as psychological trauma, anxiety and depression.

A lot of people have trouble sleeping. They spend their whole lives in fear. You can see it in the houses, which are all walled up. People spend more on security than on anything else.”

Jorge Alberto Ceron Montoya

“There are a lot of ugly things here, things that make you afraid to walk the streets. I hadn’t been staying long in this old house when some thugs showed up. They grabbed me, they taped up my mouth and dragged me out the back. It made me really sad, what happened to me.

I’ve never liked going to see a doctor, but now I’m starting to realise that it’s important to go to the doctor’s, because it’s good to know the state of your health.”

Jose Ramo

“We had some homeless people who didn’t want to come to the health centre at first. We’ve managed to get them to come, and we’ve been able to provide them with treatment. What MSF is doing is making a mark on Honduras. It’s a mark that will stay forever. It’s about encouraging people to take more care of themselves, and helping them to access the basic healthcare that everyone deserves.”

Read more and view the film at www.urban-survivors.org

Buried explosives – just an accident waiting to happen

Tim's at our plastic dining room table, re-reading a month-old newspaper.

I take a seat opposite him. Pascal pulls up a chair, looks into the three pots on the table.

'This is it?' he asks. 'Peas? And pasta?'

Tim looks unfazed. 'If you want variety,' says Tim, 'we'll need to come up with new recipes for Dominga. She's only been cooking a few weeks. Before that she was the hospital cleaner.'

Andrea joins us, also not overly impressed with lunch. She's looking a little ruffled, too, having been up most of the night with a delivery.

'You guys can say all you want,' says Tim, 'but believe me, you'll be wishing for peas with tomato sauce when the wet season arrives. Wait until flights get cancelled, and it's been three weeks since the last flight. Then you will dream of peas and – '

WHOOOOMFFFFF!!!

A noise we feel as much as hear.

What the f*** was that?

Windows rattle and dust drifts from the roof as my adrenal glands swiftly dump a year's supply of the hormone into my circulation.

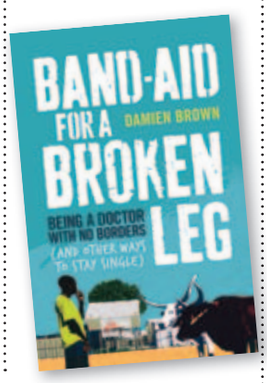
Jesus – is this an attack?

A dense silence follows. We stare wide-eyed at each other. Andrea and I grab the emergency medical kit from the entrance. We run out the gate following Tim, but there isn't any need to go to the scene because before we can get even fifty metres a crowd of Angolans are heading towards us, some with injured people slung over their shoulders, and they're heading straight for the hospital. Christ. It's the real thing.

We change direction and run back to the hospital. People pour in behind us, straight into the small assessment room, but there's only one bed in here so they lie the injured on the floor.

In this extract from Damien Brown's honest, moving and often funny book about his experiences as an MSF doctor in Angola, Mozambique and South Sudan, he describes the aftermath of an explosion

To win a copy of *Band-Aid for a Broken Leg*, published by Allen & Unwin, please email your name and address to events@dublin.msf.org



A young girl bleeding from her cheek. A man bleeding from his neck. A woman, crying, laid down in the corner.

Others arrive. They sit against the wall and people step around them and shout, more squeeze in, this room is far too small – 'Wait!' I call to Tim. 'Tell them to stop bringing people in here. We'll see them outside. In the yard.'

– but they keep coming in, now a man with a bloodied shirt that's torn open, and the ferric smell of wet blood is strong in the little room. Carlos runs in with two enfermeiras, and I ask him where the rest of the staff are. He says they've all gone home for lunch.

'All of them?'

'Yes.'

Jesus, what timing!

'Okay, let's triage them outside, under the tarp. No more in here.'

More people rush into the room. It's impossible to tell who's injured and who's not.

'Pascal – can you get some stretchers and set them up outside? And bags of fluid. And bandages –

A woman with a red headscarf yells, and I break off although I have no idea what she's saying. One of the enfermeiras has stopped to bandage a small hand injury. 'No!' I say. 'Tim – tell her we need to assess everyone first. We'll treat later. Ask her to set up IVs.'

Another young boy arrives, bleeding from the scalp, then another boy with a facial laceration. Police rush in. The woman with the red headscarf is still yelling –

Health workers run back from lunch and recognise many of the injured – family members, neighbours, friends – and head straight to them. Everyone begins doing their own thing, seeing patients anywhere and

Damien Brown with some of the children he met

MSF IRELAND VOLUNTEERS

DRC, Goma	DRC, North Kiva	Ethiopia, Aroressa	Haiti, Cruo	India, Darbhanga	Lebanon, Tri
Sharon Mealy	Aileen Ní Chaoilte	Geraldine Kelly	Anna Carole Vareil	Éimhín Ansbro	Aoife Doran
Supply Logistician	Nurse	Midwife	Admin Field	Doctor	Doctor
Co. Kilkenny	Co. Galway	Co. Cork	Co. Dublin	Co. Dublin	Co. Dublin

e met on assignment in Mozambique in 2008 Photographs: © MSF, 2008-12

bandaging injuries and getting suture kits to sew lacerations.

'No one is to treat minor injuries yet. We've got to do this systematically. All non-injured, wait on that side. Only injured on this side. One relative can stay with them. First thing is to check vital signs and make sure no one's bleeding heavily. Anyone with an injury gets an IV line inserted. Everyone else must stay out of that room – '

No one listens.

People are frightened and in shock and want their relatives seen immediately. More spill in through the gate, the front yard is boiling with people. Andrea and I walk between all patients to quickly assess wounds. A basic triage for major incidents: who needs immediate intervention, who can wait a little while, who can safely wait hours? We make a first pass around the yard then back into the assessment room, but by the time we've finished our staff have moved patients –

'Where's that boy with the facial injury gone?'

– and there are new faces everywhere. We start again.

Back outside. Through all the rooms. The yard. Within minutes we think we've seen everyone. If no more patients arrive we'll be okay; most injuries seem minor – facial and limb lacerations that appear dramatic as blood seeps onto light clothing or trickles down faces, but that are easily manageable. Two people have chest injuries but their breathing sounds normal and blood pressure is good – for the moment. They could have life-threatening internal injuries, but who knows how deep the wounds go, or into what, because we don't have an X-ray out here, so for now we're just going to have to –

Shouting at the gate. Two policemen arrive, carrying a colleague who's slumped and dragging his feet. We lead them straight through to Intensivo.

Carlos shows me the patient he's dealing with, a boy of about ten with an open jaw injury. He's lying on his own and looks impossibly calm, no tears, and he nods when we tell him we're going to rinse the wound to have a better look. I inject local anaesthetic and Carlos pours saline through the entry wound, a long jagged gash above the left jawline. Carlos applies bandages and gives antibiotics.

Maybe half an hour passes without more people arriving. Things seem to be settling. All staff are back and now working systematically.

Only two patients appear to be severely injured – the policeman, now losing consciousness, and the young boy with the jaw injury – and all others have relatively minor injuries: that neck laceration, a breast wound, several limb and facial lacerations, and two men with chest wounds.

We organise the beds that are needed. We give antibiotics and tetanus cover and spend the remainder of the afternoon exploring wounds, trying to assess their depth and retrieve shrapnel, but without X-ray it's largely a fishing expedition. Hard to tell how many fragments there are, or how deep, so we retrieve them where we can; for others, we leave the wounds open but bandaged, hoping the metal will extrude itself in coming days.

'Health workers run back from lunch and recognise many of the injured – family members, neighbours and friends'

By evening there's little evidence of the disaster. Patients have been admitted or discharged, and onlookers have dispersed. In a lucky coincidence, the police have a supply plane arriving tomorrow and offer to fly out their injured colleague and the boy with the jaw injury. The de-mining team have meanwhile dug extensively around the site, and their suspicion is that a small fire had triggered a forgotten cache of explosives, either grenades or an anti-tank mine, buried deep beneath a hut. Those who'd been injured had merely been walking past the hut at the wrong time.

ı, Tripoli ran in	**Pakistan, Chaman** Elaine Badrain Medical Team Leader Co.Offaly	**Pakistan, Karachi** Declan Barry Doctor Co. Longford	**South Sudan, Jammam** Deirdre Lynch Doctor Co. Louth	**South Sudan, Mobile Team** Barrie Rooney Lab scientist Co. Leitrim	**Uganda, Arua** Emma Kinghan Doctor Co. Antrim

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

Médecins Sans Frontières MSF (Doctors Without Borders) is a leading independent humanitarian organisation for emergency medical aid. In more than 60 countries worldwide, MSF provides relief to the victims of war, natural disasters and epidemics irrespective of race, religion or political affiliation. MSF was awarded the 1999 Nobel Peace Prize.

See more at msf.ie/Leer_Video

The ex-patients inspired to join MSF

MSF has been in the land that is now South Sudan for decades. Speaking to our local staff prompts powerful stories of child soldiers and lives saved, by Ben Holt

Leer is a town drowned in the vast wetlands of South Sudan, a country not yet two years old. Anchored between the puddles, huts and cattle is an MSF hospital, part of a presence in the region that stretches back to the 1980s, through decades of civil war and the fight for independence.

As I arrive it rains, hard and hot, and turns paths between wards to streams, courtyards to lakes. Blue tarpaulins over open corridors billow in the wind, making the hospital look like a ship about to sail. Surgeries continue, doctors do ward rounds under umbrellas, logisticians check for leaks, stretchers arrive and kids play in the puddles.

Patients arrive with gunshot and spear wounds, complicated pregnancies, tropical diseases, TB and HIV ... tens of thousands of consultations every year. This is the only healthcare for a population of 220,000.

Felix is an HIV counsellor with an easy smile and shaved head. The 35-year-old was born in Leer. As a child he herded cattle, until he was kidnapped by rebels fighting for independence from Khartoum.

"You are taken and your parents have no say at all. They are told it is part of their contribution – you must contribute," he says.

He was 12 years old. Along with thousands of others, Felix was forced to march across a desert to Ethiopia. The method used to encourage the children to move was brutally simple, he says. "They managed to get two water tanks, with a half litre cup, a very small one, to be given to you a day. Then tomorrow they just put the water tank so you have to walk for seven hours to find water. If you don't reach there, you don't get water."

Felix became part of the notorious 'Red Army' – children sent to 'education camps' until they were old enough to fight. The outbreak of civil war in Ethiopia forced the Red Army to run, fleeing across swollen rivers that drowned boys who couldn't swim. "We were almost six months without food in the Sahara. Many people died," he says.

Felix found himself a refugee in Uganda, where he was educated. He came home 16 years later, to piece together his family and find out who had died in the years of civil war. Now he is an HIV counsellor with MSF. He tells me he was lucky to get an education and wants to help his community now he is back, married and healthy. "When [MSF] accepted me to work with them I was very glad to help. That was my contribution to the people of Leer, my community. I couldn't lie down with the little knowledge I had; I had to give some help."

Felix was away when MSF first arrived, but others were growing up in Leer . Nurse James Tot pauses with an armful of patient records: "My dad is the one who told me that I would work for MSF, because MSF was the one who kept me alive. In 1991 I had kala azar and I was treated here – I almost died, I was critical."

"I know everything through MSF," he says. "Even my children, they are healthy because I learned to keep everything clean. I have decided to work for MSF for the rest of my life."

As the sun starts to soak up the puddles, a new generation is growing up with MSF. It may be a long way from the disasters that dominate news headlines, but without MSF's long-term commitment, towns like Leer, and people like Felix and James, would be facing emergencies alone.

'My dad told me that I would work for MSF because MSF kept me alive. In 1991 I had kala azar and I was treated here'

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