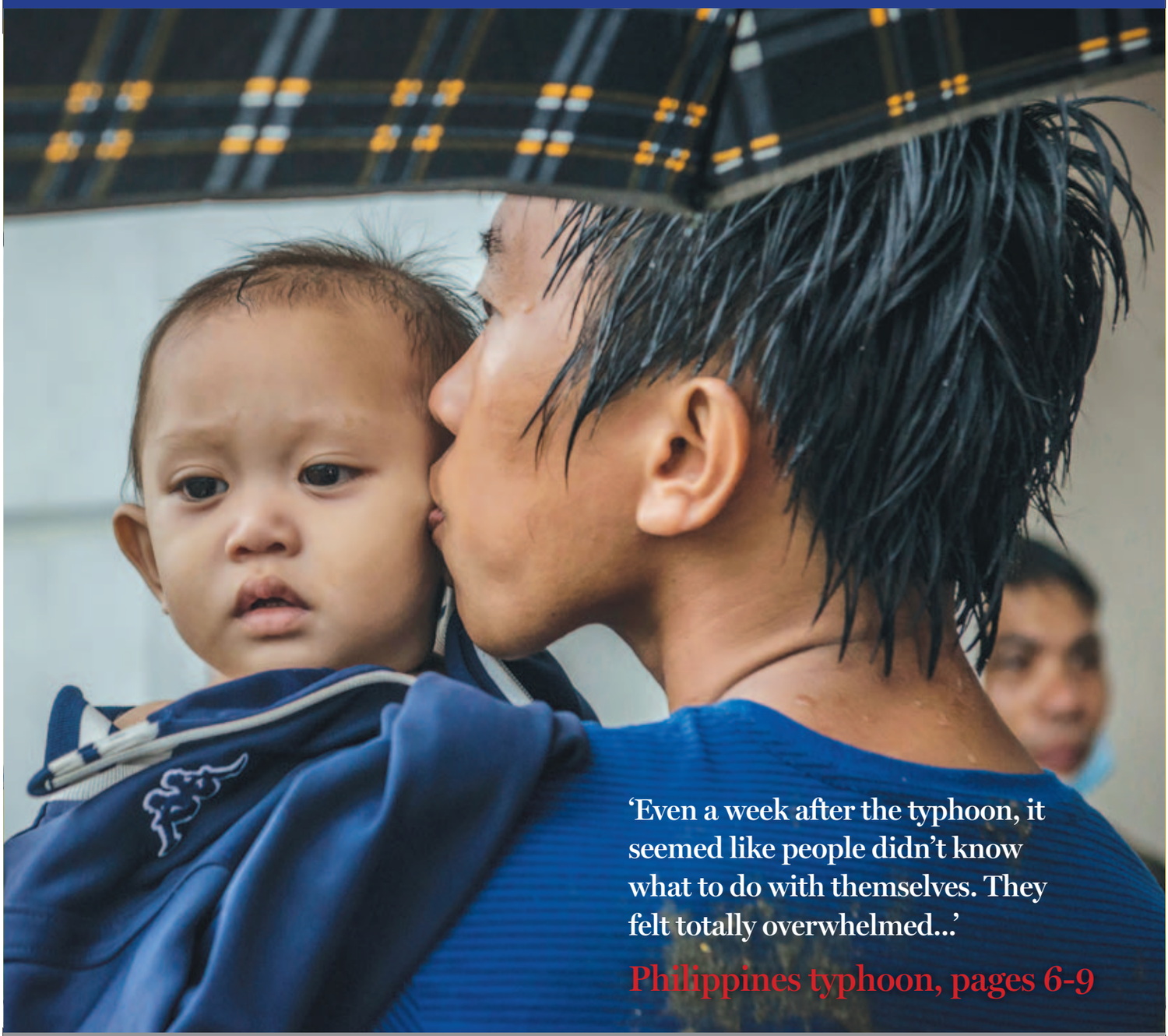
DISPATCHES



'Even a week after the typhoon, it seemed like people didn't know what to do with themselves. They felt totally overwhelmed...'

Philippines typhoon, pages 6-9

Four days after the typhoon, a father and child wait to be evacuated from the badly-hit city of Tacloban to the capital, Manila. Photograph: © Yann Libessart/MSF 2013

Spring 2014
No 72

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

INSIDE

Mauritania
Quadruplets in the desert

Médecins Sans Frontières' (MSF) teams have safely delivered a set of quadruplets to a couple living in Mbera refugee camp in Mauritania. The couple, Taghry Walet Tokeye and her husband, Masaya, only became aware that they were expecting four children when the MSF team conducted an ultrasound. Needless to say, the news came as something of a shock.

"The helpless husband did not know what to say or do," says Karl Nawezi, MSF's head of mission in Mauritania. "He didn't see how he would ensure the survival of all these kids with the load he already supports."

Taghry and Masaya, along with their six other children, were among the 15,000 people who fled the conflict in Mali in January 2013 to seek safety in neighbouring Mauritania. Like the tens of thousands of others in the camp they arrived with nothing other than the clothes on their backs and are now completely dependent on humanitarian aid. With the situation in Mali yet to return to normal, refugees like Taghry and Masaya face a future of isolation and uncertainty in the desert.

"My family left our village, as we were afraid of the war," explains Masaya. "We came to Mbera to hide and be protected."

After a rushed journey across the desert in an MSF ambulance, Taghry gave birth to three healthy boys and one healthy girl. They weighed between 1.8 kg and 2.45 kg. At the moment, the children are simply called Baby 1, 2, 3 and 4, as names are traditionally given when a child is baptised.

In the three weeks since they have been born, the four babies are doing well and the team has provided Taghry and Masaya with all the supplies necessary to keep their children healthy as they grow.

While the team is overjoyed at the quadruplets' progress since their dramatic entry into the world, one question remains: with 12 mouths to feed and little prospect of returning home, what does the future hold for this family in Mbera camp?

PARENTS TAGHRY AND MASAYA WITH THEIR QUADRUPLETS BORN AT MBERA REFUGEE CAMP, MAURITANIA. PHOTOGRAPH: © MSF, 2013

QUADRUPLETS BORN AT MBERA REFUGEE CAMP, MAURITANIA. PHOTOGRAPH: © MSF, 2013

Médecins Sans Frontières to share medical data

Médecins Sans Frontières (MSF) has taken the bold step of becoming the first humanitarian organisation to commit to a policy of sharing our medical data for the purposes of public health research, with the ultimate aim of benefiting the communities with whom we work.

"We have an imperative to ensure that the data we collect can be used for the greater public health good," says Leslie Shanks, ex-medical director of MSF.

"This is particularly important for the communities from which the data originated, many of which are neglected or largely inaccessible due to conflict or geography," says Shanks. "By opening the data up to other experts to analyse, we hope that we can stimulate improvements in medical and humanitarian practices that we might not have had the capacity or resources to deliver."

South Sudan
Diary of a crisis

Violence erupted across South Sudan, the world's youngest country, in December. Surgeon ***Paul McMaster*** *spent a month on the ground providing medical support.*

'I was phoned by MSF's emergency desk on the weekend before Christmas. The fighting in South Sudan had broken out a few days before, and I was asked if I'd take in an emergency team to get some extra surgical capacity into the areas where the fighting was really intense. We left the next day.

We went first to Bentiu, the capital of Unity state. There had been fighting in the town the day before; the markets had been trashed and looted, and the doctors had left the local hospital. We found a ward full of about 45 quite severely wounded people, so we set about trying to help them medically. I started operating that evening. But the situation was deteriorating, and there were rumours of a major attack on the town. The next morning we were evacuated.

The town was extremely tense as we left. Lots of men with guns were walking around. Small columns of people with bundles were heading out across the main bridge. There was a sense of expectation that things were going to get worse.

Not long after, government forces went in and took over Bentiu. By then the population had disappeared to small villages and to the bush. Another MSF team went in five days later but again was pulled out because of disturbances. Our compound was trashed and looted and broken up, so it remained a very tense situation.

From Bentiu, we flew to Nasir. There had been fighting in the area all week and MSF's hospital was full of casualties. We worked for 36 hours with the local MSF team, with the surgeon and I doing some complex cases. Then we left for Lankien, where more casualties were coming in.

Lankien is a small, remote town of mud huts. When we got there the town was crowded; the population of 7,000 had more than doubled with people fleeing the fighting; and the hospital was full of casualties and distressed people.

MSF's hospital is usually focused on infectious diseases so the first thing we did was set up a casualty centre and an emergency operating room in a tent. We treated 130-140 people with gunshot wounds over the next three or four weeks.

The majority were young men of 16 or 17, some younger, who had been injured in the fighting to the north of us in Malakal, or to the south of us in Bor. They were brought to us two or three days after being injured, with major gunshot wounds and fractures, all of which were contaminated with dust and becoming infected. It took a lot of work to prevent these wounds developing blood poisoning and sepsis.

There was also a significant number of civilians, including children, who had been wounded in the fighting. One young boy of 11 had been shot in the spine and was paralysed from the waist down. I operated twice, and although I was able to remove the bullets and repair the area I very much doubt he will be able to walk again.

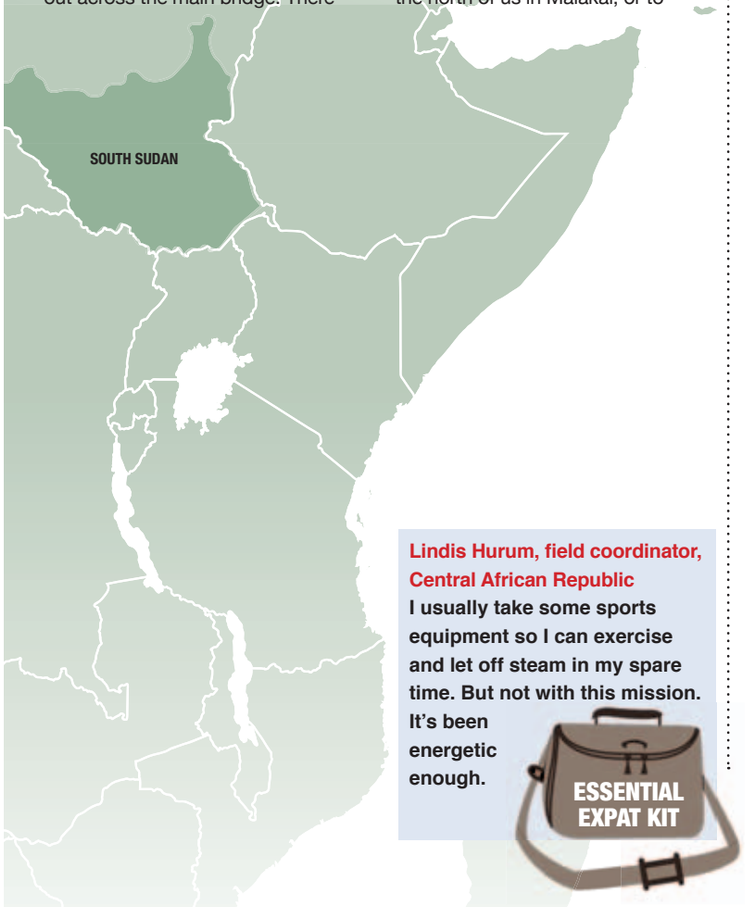
Late one evening I was asked to see a girl of about 12 who had been convulsing and had other medical problems. We worked hard, and I was thrilled to see her in the morning looking very much better and with a good prospect of a full recovery. But I was anguished to see that her carer was her nine-year-old brother. Her father had stayed in Malakal, and I don't know what had happened to her mother. I had to wonder what the future held for this little girl.

The hospital itself was under great pressure. A lot of our admissions were ordinary people who had made the three-day trek from either Bor or Malakal, walking through the heat of the day in temperatures in the mid to upper 30s. They had no food and very little water and some of them were simply collapsing from exhaustion. The number of outpatient consultations trebled in our clinics, which were overwhelmed.

The displaced people had very few possessions and it was clear that they were anxious to move on as soon as they had rested. Many had nothing more than the clothes they stood up in and were sleeping out under the stars. People were desperately short of water and food. Only four of the town's 12 water pumps were working, and our malnutrition facilities were very quickly filling up with malnourished children.

It's imperative that we keep up our work to provide essential medical care and emergency surgical care across the country – that we manage to keep our teams safe enough to carry on working with the wounded and the people who have been displaced from their homes. I don't know of any other organisation that could do what MSF is doing there right now.

South Sudan is the world's youngest country, not yet three years old and it's tearing itself apart. My thoughts are with the people of South Sudan in their hour of need; we need to support them through this.'



A PATIENT IS TREATED AT THE UN COMPOUND IN JUBA. © JACOB SIMKIN, 2014

A GIRL WITH BURNS TO HER HEAD IS TREATED IN ONE OF MSF'S CLINICS IN JUBA, SOUTH SUDAN. PHOTOGRAPH: © PHIL MOORE/MSF 2014

Lindis Hurum, field coordinator, Central African Republic

I usually take some sports equipment so I can exercise and let off steam in my spare time. But not with this mission. It's been energetic enough.

New Year in a co

Central African Republic is spiralling into chaos, as conflict and violence grip the country. Over 100,000 people have fled to the capital's airport, where they are living in fear of their lives. Lindis Hurum, a Médecins Sans Frontières (MSF) field coordinator, described the situation in January.

"The situation here at the airport is terrible. There are 100,000 people living in the worst conditions. They've been here for one month now; they don't have enough water or food, and we're the only provider of healthcare in the camp. It's been hard to keep pace.

It's been a tense and absurd four weeks. All these people are living literally right by the runway. Look around and you're confronted by these surreal images of people living in, on and around old planes, with people trying to keep as close to the barbed wire as possible, because that's as near to the French army as they can get. We've been giving these people assistance for four weeks. They feel a lot of fear, frustration and anger. Of course they do.

Chased by a mob

Early on, this was a safe site – that's why people came here. They fled their homes to come to the airport because they felt safe being close to where the French army was based. But then it changed. We've had some bad security situations. On Christmas Eve, a guy ran into our clinic to hide. Somebody chased him in, armed with a grenade, and then a whole mob came into the clinic trying to get him. The tension and the hatred were difficult to deal with, and we had to do our very best to keep them out. We successfully hid the guy, but we were very much under threat. In the small hours, we managed to smuggle him out in the dark.

(Clockwise from below) An MSF ambulance passes a French armoured vehicle in Bangui. At Bangui airport, people are camped out on the runway, finding shade beneath aeroplane wings. An MSF support team heading to Castor Health Centre has to take cover from gunfire. A mother and her children are escorted from a triage area to receive medical treatment. Photographs: (clockwise from below) © Juan Carlos Tomasi/MSF, Samuel Hanryon/MSF, Juan Carlos Tomasi/MSF, Samuel Hanryon/MSF

nflict zone

CENTRAL AFRICAN REPUBLIC

What's happening in CAR?
Central African Republic is slipping deeper into crisis. With almost half the population of 4.6 million people in need of emergency aid and with no functioning government, people are living in fear without adequate food, shelter or healthcare. Violence in the capital, Bangui, has been raging since early December and security continues to be a challenge for our teams.

What is Médecins Sans Frontières doing?
Despite the security situation, MSF has treated 3,000 wounded people, provided 43,200 general consultations and vaccinated 68,000 children against measles in Bangui since 5 December. As well as our emergency response in the capital, we have three other emergency interventions in Bossangoa, Bouca, and Bria, and seven regular projects running in other areas of the country, with more projects opening soon.

For latest information, visit msf.ie/car

It didn't calm down after that. On New Year's Day there was gunfire at our clinic coming from the surrounding area. A number of children were shot. Three died, including a six-month-old baby. I don't know who was doing the shooting, because we were inside, treating patients. All I know is that somebody fired, and our staff and our patients had to spend an hour on the ground to avoid the bullets.

Dodging bullets

Every day things seemed to be getting worse, and we ended up having to reduce our activities for four days, only treating life-threatening emergencies. You simply can't carry on as normal and do the work you need to do while dodging bullets.

A lot of people have been attacked. Every day we deal with medical emergencies. There are so many problems and the situation is extremely tense. Early on it felt like two steps forward and one step back. Wherever I work for MSF, I find our staff remarkable, but the local staff here have been inspiring. Eighty percent of them are living in the camp itself. To see how, despite everything, they come to work with a smile – well, it really motivates us.

'We've had situations where we've been inundated with 50 wounded in a day... but we keep on working.'

Every mission is challenging in its own way. I worked in the aftermath of the Haiti earthquake, which was tough, but this is a man-made problem which gives it another dimension. The violence is a terrible thing to witness. We've had situations where we've been inundated with 50 wounded in a day, people who have been tortured and who have horrible stories to tell. But we keep on working.

One of the most difficult things has been the fact that, until very recently, MSF was the only aid organisation working at the airport. It may be Central African Republic, but it's not like we're in the middle of the bush in some isolated region.

Before I came here I wasn't sure how I would react to the dangerous security conditions, but I'm not afraid. Stressed, yes; but not afraid. Mainly because I feel that, in the main, we are not being targeted. As with so many places, the MSF T-shirt gives a measure of acceptance, credibility and protection. Like everywhere, it's through our actions as MSF that we gain acceptance from all the different factions and parties.

We can't leave because these people need a lot of assistance. We will continue working because they need us to be here.

Saving lives after the

Dr Natalie Roberts spent two months working in the Philippines, running Médecins Sans Frontières' inflatable hospital in Tacloban.

I arrived in Tacloban on 17 November, just over a week after the typhoon struck. As soon as the town came into view from the air, the level of devastation became apparent. The airport is on a piece of land that juts out into the sea, so the storm surge came from both sides, washing right over it. The runway was surrounded by debris – cars, bits of tin roofing, broken wood, as well as aid packages and military planes. Airport departures was just a hole in the wall, partially covered by mangled barbed wire.

Driving away from the airport, it looked pretty post-apocalyptic. Few buildings were identifiable as houses, most were just reduced to debris. It was really sad to see people picking through the ruins of their houses. One man sat alone clutching a cuddly toy. I can only imagine that he was sitting where his house had been and that he'd lost his family. Even a week after the typhoon, it seemed like people didn't know what to do with themselves. They felt totally overwhelmed and I can understand why.

Smell of dead bodies

We put our bags down in the disused hotel where we were staying, which was also home to a number of displaced families, and headed to the site chosen for the inflatable hospital. We picked our way along the streets. About one metre had been cleared in the middle of the road – enough room for a motorbike. The smell was atrocious. What made it horrific was that you knew it was the smell of dead bodies. This smell lingered for about two more weeks – three weeks after the typhoon. You could even smell it on the seventh floor of our hotel.

When we arrived at the site – the car park of Bethany hospital – people were already busy clearing the debris, which in some parts reached above the first floor of the building.

The hospital itself was badly damaged. The rooms were covered in mud and the roof had blown off. We decided to try to salvage a couple of rooms to run an operating theatre, a sterilisation unit and X-ray services, as well as a maternity and neonatal unit. It's unusual for MSF to run a baby unit in an emergency project, but we expected complicated deliveries, and we also knew patients might not have anywhere else to go. The emergency room and the outpatient and inpatient departments would be housed in the tents.

'One man sat alone clutching a cuddly toy. I can only imagine that he was sitting where his house had been and that he'd lost his family.'

We all worked incredibly hard to get the site cleared. We already had a logistics team of about 20, but everyone else got involved – even the surgeons and the medical team mucked in. We worked until about midnight, then went back to the hotel to eat noodles by the light of our head torches, before returning to the hospital at about 5 am. The hotel, like the rest of the city, had no electricity or water, but the team spirit was amazing.

The hospital kit came off the cargo ship from Cebu at about 6 pm on 20 November. It was pouring with rain but we decided to work

Philippines typhoon

Rubble from people's ruined homes is brought by truck to a municipal dump as the big clear-up operation begins (left). An MSF team work with local volunteers to help set up the inflatable hospital (top). Nurse Vincent Pau, from Hong Kong, examines a child at a rural health unit in Guiuan, on the east coast of Samar island (above). Boxes of medical supplies are unloaded in Guiuan (below).
Photographs: © (clockwise from left): Julie Remy/MSF, Yann Libessart/MSF, Francois Dumont/MSF, Francois Dumont/MSF

through the night to get the tents up. We put up three tents, before going back to the hotel for a couple of hours sleep. We came back at five the next morning to put the rest up – I was adamant that we would start work in the hospital the next day.

I slept three hours out of 60

On Thursday the medical team took over, staying all night to put up shelves, assemble beds and unpack boxes of drugs and dressings. I think I slept for three hours out

continued on page 8

continued

of 60. We opened the outpatient department on Friday, and the rest of the hospital on Saturday morning. Things weren't running perfectly – there was a lot of making do – but we were all happy that the hospital was finally up and running.

It didn't take long for patients to start coming. We saw the usual conditions you would expect after a typhoon – people who had sustained wounds from floating debris, and those with upper respiratory tract infections and worsening of their chronic diseases. There are high rates of hypertension and diabetes in the Philippines anyway, and many people had lost their medication in the typhoon. There were few medicines on the island – all the supplies in the pharmacies and hospitals had been damaged.

Some people had wounds in an advanced stage. People hadn't been able to access proper treatment early enough to keep their wounds clean. It's hot and wet in the Philippines – and people were wading through dirty water. The conditions were perfect for infections, which meant we sometimes even had to amputate. We also saw many cases of pre-eclampsia – high blood pressure in pregnancy – which can be very dangerous. Under usual circumstances, rates of pre-eclampsia are high in the Philippines, but the stress of the typhoon seemed to have made them higher.

We spent weeks performing tetanus vaccinations in our mobile clinics, emergency room and outpatient department, but we were prepared for clinical tetanus cases. One boy of 17 came in with a deep wound on his shin from the typhoon – probably from debris floating around in the water – and the classic signs of tetanus: a locked jaw, muscle spasms and extreme sensitivity to light and noise. Although his wound was badly infected, we couldn't take him into surgery to clean his wound because we couldn't give him an anaesthetic – his jaw was so locked and his breathing could have been compromised.

But after about a week of treatment he was improving and we started taking him into surgery every couple of days to clean his wound. The whole team was following his case, but at the same time we knew that tetanus has a very high mortality rate. When he walked out of the hospital a few weeks later, it was an incredible moment for us all.

Logistician Quirijn Dees and his team land at the coastal village of Libertad, which cannot be reached by road (above). Villagers from San Miguelay, on Leyte island, queue to receive essential relief items from MSF such as cooking equipment, mosquito nets and jerrycans (right). Rommy was the first baby to be born in MSF's inflatable hospital set up in the devastated city of Tacloban (below). Photographs: © (above and right): Florian Lems/MSF, (below) Yann Libessart/MSF

'A nurse who stayed at the hospital that morning told me that as the water began rising she put all of the neonatal unit babies into a single cot to try to save them.'

I've worked in the Philippines before, and I know that people rarely open up about anything sad or difficult. But after a couple of weeks the Filipino staff we employed started talking about the typhoon and were visibly upset and crying – something that I'd not seen before in this country.

A nurse who stayed at the hospital that morning told me that as the water began rising she put all of the neonatal unit babies into a single cot to try to save them. Other staff stayed to look after patients before walking long distances to get home, wading through water as bodies floated past. There was no mobile phone network so they didn't know what had happened to their families – all the way home they were just hoping that they would find them alive.

The roof blew off and the windows smashed

Other staff told me that they'd been sheltering upstairs in the hospital, but when the roof blew off and the windows smashed they ran downstairs. Water started flooding the hospital's lower floors until it reached up to their necks. The nurses tried to open an air vent to escape but snakes swam out. They were terrified.

PHILIPPINES

Since the typhoon struck, MSF emergency teams have carried out 81,261 patient consultations, admitted 1,639 patients into hospital, performed 516 surgeries, and delivered 589 babies. MSF has also distributed 94,033 items of humanitarian relief including reconstruction kits, shelter kits, hygiene kits and cooking sets.

Now we are out of the emergency stage, but some parts of Tacloban are still devastated. There is a piece of land behind the hospital where there used to be houses, but now it looks like a steamroller has driven over it. I'm always really struck by the houses that have had no work done on them since the typhoon; it makes you wonder what happened to the owners.

We're still seeing strong demand for our services, and that's why we're staying for the foreseeable future. So far we've treated 6,000 people as outpatients, treated more than 1,000 emergency cases, performed more than 250 surgical procedures and delivered more than 100 babies. I don't think that level of demand will change any time soon.

At midnight on New Year we all went up to the roof of our hotel. Only weeks earlier the place had been devastated, but now all over town fireworks were going off. After everything that has happened it was quite emotional to see. It really demonstrates the strength and resilience of the Filipino people. All over Tacloban are posters and T-shirts saying "Tindog Tacloban" – it means "rise up" in the local dialect – and people take it seriously.

A quiet day in Kunduz

Tomas Sebek **previously worked in Dublin's Mater hospital as an orthopaedic surgeon. Now he's a Médecins Sans Frontières surgeon in Kunduz, northern Afghanistan. It can be a dangerous region to work in, but one day the team decided it was safe enough to take a walk...**

Until now, we haven't been allowed to walk to the hospital, but today is our first opportunity to go on a hiking trek through Kunduz to work. Five of us are going. We have been preparing for it for months, with the help of some locals, so everybody is 100 percent certain that no one will be taking pot shots at us.

Wake-up call at 6 am. I brush my teeth and have breakfast. I am looking forward to our walk, which is due to start at seven. At 6.35 we receive a phone call: "We've had an explosion. An unstable home-made grenade; the patient has an injured pelvis, possibly blood in the abdomen, so please come, okay?"

When I arrive at the hospital the patient is already in the operating theatre. There is a hole where his right hip should be. As soon as I open up the abdomen, waves of dark venous blood came rolling out.

It is not a torn liver, judging by the direction of the explosion. The intestines are good, both the large and the small, so I take a look at the spleen. Then I see it. The entire area between the abdomen and spine, known as the retroperitoneum, has been lifted up. As soon as I make a hole in it, a jet of blood sprays onto my chest. When I open it up properly, the blood tsunami continues. After just three minutes of suction there are two litres of blood in the suction flask. I don't think he will survive this.

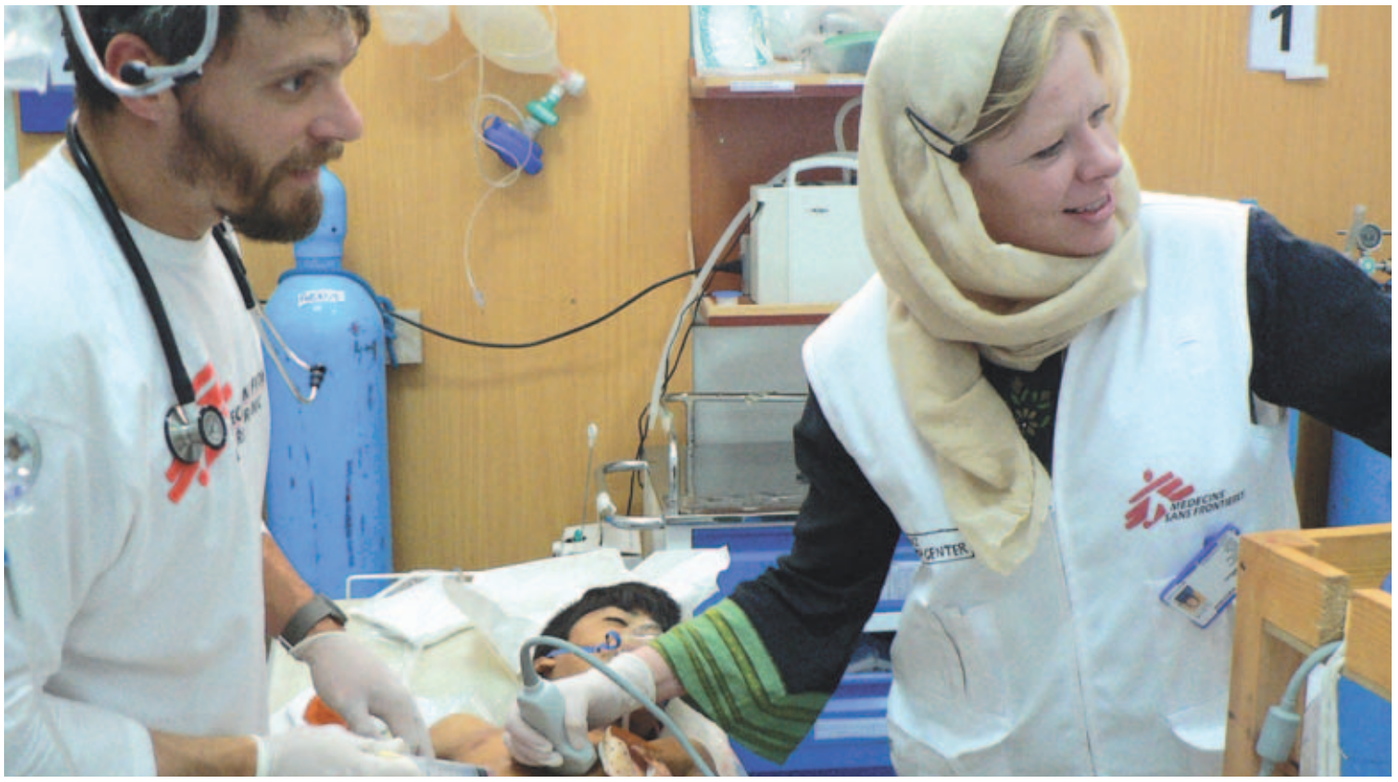
I can't see properly, the pump is not removing the blood fast enough and I'm sweating like a pig. I wrap one cloth over the top of the area that's bleeding and another under it and, "SQUEEZE!" This reduces the blood flow enough so that what we are searching for appears below the vacuum pump. Oh my goodness! Almost 2 cm of the common iliac vein is ripped. This vein is garden hose calibre. I scroll through my brain to the relevant chapter and decide that we will sew it up.

Sweat is pouring off me like rain. It drips off me everywhere, down the inside of my glasses, and especially into the patient's open abdomen. My hands, however, remain absolutely calm. At moments like this, my hands always cease to belong to me; they work independently and I look down on them from above, just watching. The shaking comes later, after many long minutes have gone by. Stitch by stitch, with a fine needle, and using thread that's nearly invisible, I sew the mess together.

'My fist would fit into the hole in his side. I have a big fist – it doesn't fit into my mouth, and I have a big mouth.'

We go through the abdomen and remove a single piece of shrapnel. Otherwise, nothing. We go through it again, hoping we haven't missed anything. My fist would fit into the hole in his side. I have a big fist – it doesn't fit into my mouth, and I have a big mouth.

The patient is bleeding from everywhere: from his torn buttocks, from around the ilium bone that



Tomas Sebek (on the right) and his team operate on a patient injured by a home-made grenade (left). Tomas and anaesthetist Eva Kusikova examine a young boy who has been shot in the heart (above). Tomas and his team treat an injured man (below). Photographs: © (above and below): Tomas Sebek/MSF, (left): Camille Gillardeau/MSF

was blown off. Unfortunately, we can't stop the bleeding and we don't have any wax for the bones. So it is a case of washing the wound out, removing the plastic cap from the grenade and putting gauze inside. He is stable, so we take him to the intensive care unit. I feel a kind of temporary victory. In the evening, after six transfusions, he is quite calm, hardly restless at all. We'll see how he is in the morning…

Here in Afghanistan you have to accept the fact that you can't do everything, and certainly not always at a 100 percent level. Adapting to this fact takes a week or two. I'm almost there, but it still bothers me when I see how some patients were treated before arriving at MSF's hospital: wires pierced where they shouldn't be; people with rotten limbs because nobody did a fasciotomy after they were shot. They have more antibiotics than you could stuff into an ox, but those who need them don't get any. We have 60 beds in our hospital, so during rounds we have time for just two minutes with each patient. You have to focus on what matters the most.

Before rounds, we receive a safety report from a colleague. He reports that the situation in Kunduz is quiet and activity is normal. The security level is one, which is the lowest. He goes on to say that several people have been killed in the vicinity, there have been a few mass casualties on the roads, and there has been a murder. I cannot imagine what level two is like.

'I can't see properly, the pump is not removing the blood fast enough and I'm sweating like a pig.'

Catherine Sutherland, doctor, DRC

1. Diet Coke
2. Good cooking
3. Mangoes

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

Médecins Sans Frontières/Doctors Without Borders (MSF) is the only medical humanitarian organisation in Ireland where your money goes directly to saving lives on the front line. We provide emergency medical care to people caught up in war, disasters and epidemics. We are funded primarily by donations from the public which gives us the independence to provide quality medical care wherever it's needed most, free from any political, military or religious agendas. With independent donations, we can quickly deploy skilled teams to the front lines of wars and disasters while also retaining capacity to respond to forgotten crises.

HIV treatment in the midst of conflict

Our teams are demonstrating that it is possible to provide HIV treatment successfully in some of the world's most troubled countries, such as Central African Republic and Democratic Republic of Congo, where an estimated two-thirds of people with HIV are not receiving the antiretroviral drugs they need to stay alive.

"In many cases, these are countries affected by conflicts or political instability, with weak governments and weak health systems that do not have the will or the means to deal with this situation," says Médecins Sans Frontières' Cecilia Ferreyra. "HIV is not usually one of their main health priorities."

While many southern African countries have seen significant progress in the battle against HIV/AIDS, in parts of central Africa, treatment for the disease is still erratic. HIV tests and treatment are not widely available in the region, and many people feel discouraged from seeking treatment – even when very sick – because of the widespread stigma associated with the disease.

Yet despite the obstacles, our teams have shown that it is possible to provide lifesaving antiretroviral treatment on a long-term basis. Sometimes this means adapting treatment to the circumstances. During the recent violence in Central African Republic, which has seen one in four people fleeing their homes in fear, our HIV patients in Ndele, Kabo and Batangafo were provided with two months' worth of antiretroviral drugs so that they could continue to take their medication even when hiding in the bush.

The results of Médecins Sans Frontières' HIV programmes in central Africa are comparable to those obtained in more stable countries. "But we still have much to do" says Ferreyra. "In countries like Central African Republic and Democratic Republic of Congo, the fight against AIDS has only just begun."

ILLUSTRATION: © NATASHA LEWER,2014

60 SECOND INTERVIEW

Dr. Deirdre Lynch, a GP from Dundalk has recently returned from her first assignment in South Sudan, where she worked in a refugee camp providing medical care to thousands of families who have fled violence in neigbouring Sudan.

How was it?

Extremely busy but extremely rewarding. We had a tent hospital with a number of departments including emergency, inpatients, maternity and the feeding programme for malnourished children. Mornings would start with ward rounds and we could see up to 100 patients. It was so hot in the tents that for the first few weeks I'd need to take a rest mid-round just to catch my breath!

What resources did you have?

One of our best resources for transporting sick people to and from the far reaches of the camp was our 'ambulance' - a cart pulled by Omar the donkey. His braying became like a siren; I'd always hear him late in the evening and my heart would sink a bit knowing that another emergency case was on the way in. But he was a real pet too, all the staff loved him.

Challenging aspects?

I arrived during the Hepatitis E outbreak. It was a very busy time for all the team and quite exhausting. The outbreak had frightened many people in the camp - Hepatitis E in those conditions has a very high mortality rate, especially amongst pregnant women, so we had a lot of tiny babies who had lost their mothers. It was very sad.

Will you do another assignment?

Definitely, once I get some rest! Six months working in temperatures of up to 50 degrees takes its toll but the work was incredible and the team I had around me were brilliant.

MSF IRELAND VOLUNTEERS

Central African Republic Anna Carole Vareil, *HR Coordinator,* Dublin
Pakistan Aoibhinn Walsh, *Doctor,* Dublin
Ethiopia Sean King, *Logistician,* Co. Galway
Syria Deirdre Healy, *Pharmacist,* Sligo
Kurdistan Richard Delaney, *Logistician,* Co. Kilkenny
Syria Conor Prendeville, *Project Coordinator,* Dublin
Jordan Eimhin Ansbro, *Doctor,* Co. Dublin
South Sudan Vicky Hergelian, *Nurse,* Dublin
Jordan Sharon Mealy, *Supply Logistician,* Co. Kilkenny

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 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: **alice.sachova@dublin.msf.org**

MAKING A DONATION

You can donate by phone, online or by post. If possible please quote your supporter number (located on the top right-hand side of the letter) and name and address.

CHANGING YOUR ADDRESS?

Please call **01 660 3337** or email: **fundraising@dublin.msf.org**

1800 905 509
www.msf.ie

Médecins Sans Frontières, 9-11 Upper Baggot Street, Dublin 4, Ireland

@msf_ireland
msf.english

CHANGING A REGULAR GIFT

To increase or decrease your regular gift, please call us on **01 660 3337** or email: **fundraising@dublin.msf.org** with your request. Please also get in touch if your bank details have changed.

LEAVING A GIFT IN YOUR WILL

Have you thought of remembering Médecins Sans Frontières 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**.

Irish Charity Reg No. 18196