

# DISPATCHES



‘We were seconds away from touching down when it hit...all around us was a landslide...’

An MSF nurse reports from the Nepal earthquake, pages 4-5

An evacuation helicopter arrives for seriously injured patients as an MSF medical team conduct a mobile clinic at Kuni village, Nepal on May 6, 2015 Photograph © Brian Sokol/Panos



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## UKRAINE

## Médecins Sans Frontières (MSF) expands its activities

Despite a calming of the conflict in eastern Ukraine, thousands of people remain displaced from their homes or are living in dire conditions without access to basic healthcare. **Dr. Natalie Roberts** is part of a team providing assistance to people in Debaltseve.

“The team I’m working with reached Debaltseve, three days after the fighting had stopped. There were still unexploded shells in the city. Almost every window had blown out, walls had huge holes and most roofs had extensive damage. You couldn’t turn around without seeing a damaged building and you still can’t.

Today people are living in the same conditions. Most of them have left the basements and shelters where they took refuge during weeks of shelling, and have moved back into their houses. But shelter remains the most significant issue.

People are still living in buildings with no heating and no water supply. Those who stayed, as well as those who are coming back, are completely dependent on food aid.

I went to see one man suffering from arthritis, who



was living in an apartment whose roof and walls had been badly damaged. It was incredibly cold, and without medication his arthritis had deteriorated to the point that he was now immobile.

Another of our patients is a double amputee who lost both his legs when he worked on the railways. He can no longer use his wheelchair because the wheels don’t work on the uneven ground.

We also run a mobile clinic out of a van which moves around the town in different, pre-advertised locations each day. We treat about 60 people per visit, limiting the numbers so that each person has enough time with the doctor.


People are not sure what the future holds, and they don’t know what to do with themselves. It is almost as if the fighting went on for so long that people are afraid to hope that it won’t start again.”

[msf.ie/ukraine](http://msf.ie/ukraine)



The cities of eastern Ukraine emptied when the shells started falling, but many of the elderly, sick and disabled had no choice but to stay behind. *Photograph © John Levy*

UKRAINE

Debaltseve 
 Sarmin  
SYRIA


KENYA

Garissa 

Hundreds of traumatised students spent the night at Garissa airport, in eastern Kenya, after their university was attacked by Islamist militants. An MSF team dressed their wounds and provided them with food and water. *Photograph © MSF*



In Idlib area, MSF runs a 15 bed hospital dedicated to the treatment of burn patients. The hospital has also an emergency room where MSF treats medical cases. *Syria, 2015*  
© MSF

## SYRIA

### Chlorine attack in northern Syria

A chlorine attack in the north-west of Syria on 16 March killed six people and poisoned a further 70, according to reports by Syrian doctors working in the region who were contacted by Médecins Sans Frontières (MSF).

Helicopters were seen dropping barrels, which released

a suffocating gas on impact with the ground. The attacks happened around the rebel-controlled town of Sarmin, in Idlib province.

MSF is supporting Sarmin hospital where the wounded were treated and received reports of the dead and injured. “Attacking a village and its civilian population with chlorine shows once again that the Syrian conflict knows no limits,” said Dr. Mego Terzian, president of MSF.

“We saw people arriving at the hospital from a neighbouring village”, said Dr. T, the director

of Sarmin hospital. “There was a family – three young children with their parents. They were in a very serious condition, dying. Their parents were able to speak, but they were having a lot of difficulty breathing.”

The entire family died in the hospital, while their grandmother died of asphyxiation before receiving medical assistance.

“There were 20 patients in a serious condition: agitated, with foaming blood at the mouth and skin rashes,” said another doctor at the hospital.

The hospital team treated 70

victims of the chlorine attack, including residents of a village near Sarmin, where the first barrel bombs landed; residents of Sarmin town, which was attacked later that night; and Syrian civil defence volunteers who arrived to give first aid to the victims.

**MSF operates six medical facilities inside Syria and directly supports more than 100 clinics, health posts and field hospitals.**

[msf.ie/syria](http://msf.ie/syria)

## KENYA

### Médecins Sans Frontières (MSF) responds to Garissa University attacks

On 2 April, Islamist militants stormed the campus of Garissa University in Kenya. In the attack and the siege that followed, 148 people were killed. **Dr. Bashir Abdiweli** coordinated MSF’s response to the attacks.

“We heard early on Thursday morning about the incident, and a couple of hours later, the Kenyan authorities asked us to respond. We immediately put a team together and organised medical supplies, including drugs and equipment for surgery and emergency medical care. But we had no idea how bad the situation actually was. We didn’t know that it would turn out to be this kind of disaster.

#### Stretched to the limit

When we arrived at the hospital, the situation was chaotic. Casualties were coming in rapidly, and the existing hospital team was extremely stretched.

Immediately we started to help triage patients to make sure that the most severely wounded received surgery quickly. One of our nurses assisted in the operating theatre. We also worked in the emergency unit, as well as providing post-surgery care.

The main wounds we saw were blast-related or were gunshot wounds to the legs, arms and hands. A few of the patients had head wounds. We helped treat more than 70 wounded patients.

We worked until midnight, by which time most of the casualties had been taken care of.

#### A feeling of deep shock

The following morning we went to the airport, where more than 300 rescued students had spent the night. Many

had sustained wounds as they tried to escape through broken windows. We cleaned the wounds and provided dressings.

Some needed to be referred to hospital as their injuries were quite severe. The general feeling at the airport was one of deep shock. Most of the students did not want to talk about what they had experienced.

#### Enormous trauma

The mental trauma they had been through was enormous. Many broke down as they talked to us about the events they had witnessed. We had to refer most of the patients for whom we provided medical care for post-traumatic counselling.

Most of the students had had nothing to eat or drink since the attack, and they were exhausted from the trauma and lack of sleep. Our team provided them with water and food.

The feeling in Garissa town is very sombre and sad. The general public are in shock about what happened. A sadness

has descended.

Now the hospital is calm, and there is minimal activity. We provided some medical supplies to the hospital, and then the team left, as the medical situation was under control.”

[msf.ie/kenya](http://msf.ie/kenya)



Many of the students sheltering at Garissa airport had cuts from jumping out of broken windows. *Photograph*  
© MSF



MSF teams are running mobile clinics by helicopter to remote villages in the mountains outside Kathmandu. Photograph © MSF

# The earthquake o

On 25 April, a 7.8 magnitude earthquake struck Nepal, causing widespread destruction and leaving thousands dead, and many more injured and destitute. Médecins Sans Frontières (MSF) teams were quickly on the ground, where it became apparent that many of the worst-affected areas were remote mountain districts accessible only by helicopter. MSF nurse **Emma Pedley** reports.

“We’ve been rotating days out on the helicopters, leading exploratory missions to unvisited areas and running mobile clinics, with taking days in the office to restock our depleted kits and plan the coming days.

I’ve been to so many villages now, maybe 25 in the past few days, but there are some fragments of stories that really stand out in my memory.



Emma Pedley

**“At the time, there’s no chance to process all of this. It’s hard to run a mobile clinic out of the side door of a helicopter..”**

A wiry boy of 18 told us how he had carried a severely injured woman from his village for three hours over broken paths and landslides to reach a road and get her to a hospital.

A small village totally cut off by enormous landslides, whose residents thought they were the only ones to have experienced the earthquake, and who were weeping and horrified to learn that other areas were similarly destroyed.

A little boy who told me, in broken English and with swaying motions of his arms, how he had seen the houses and trees “dancing this way and that way”, and how his home was now all broken, so he was sleeping with 20 other people in a tiny tarpaulin shelter.

A shy, bright-eyed nurse whose health post had been crushed, taking her medical supplies with it, and who was delighted to receive a big bucket full of basic drugs and dressing



An injured man undergoes surgery at MSF’s inflatable hospital in Arughat. Photograph © Benoit Finck/MSF

materials which would enable her to treat her community.

The rumple-faced old man who was kneeling, gnarled hands to the ground, chanting “Ram, Ram, Ram” (“God, God, God”) when a strong aftershock shook the terraced field we were standing on, and who stayed kneeling for many minutes afterwards, clearly deeply traumatised by the reliving of the initial quake.

At the time, there’s no chance to process all of this. It’s hard to run a mobile clinic out of the side door of a helicopter like a bizarre car boot sale, rummaging in boxes for drugs, listening to our Nepali doctor’s translations of sicknesses and symptoms, triaging and trying to do crowd control all simultaneously. It’s an intense and distracting business.

## BREAKING NEWS

On 2 June, a helicopter delivering humanitarian aid crashed in Sindhupalchowk district, Nepal, killing three of our colleagues in the crash. MSF extends its deepest condolences to the families and friends of our staff, and to those of the pilot of the helicopter, who was also killed.



Gorkha District, Nepal on May 7, 2015. Photograph © Brian Sokol/Panos



# on top of the world

On 12 May a second major earthquake with a magnitude of 7.3 hit Nepal.

We were seconds away from touching down when it hit. At first I thought it was the helicopter rotor blades causing the houses to fall down, and I tried to warn the pilot, but then suddenly all around us was a 360 degree landslide.

All I could hear was the helicopter blades. We had our headsets on and I could hear the pilot, our doctor and our ops safety guy all shouting as it happened. It was a visually overwhelming experience.

I could see people running away from collapsing houses as the pilot tried to pull back up into the air. He had to do everything he could to gain height quickly so we could get away from the mountainsides.

It was horrible to have to back away and leave them.

The next day we were able to return and treat the villagers who had been injured in the quake. One old lady's legs were crushed, and there were a few head injuries from rocks and tin roofs falling. Many people had been in the process of trying to rebuild. I can't imagine what it's like watching your home crumble in front of you just as you start to rebuild it.

The monsoons are starting in a few weeks. As soon as it starts to rain we won't be able to access these villages via helicopter. We've only got a small window to help and get medical care to people. I dread to think about the effect the rains will have and the damage that will happen. It will be off the scale."



An MSF team unloads boxes of high-energy biscuits, shelter kits and blankets in Sindhupalchowk district. Photograph © Brian Sokol/Panos

## Nepal – Everyone is afraid

**Ann Taylor, MSF head of mission, explains how aid was deployed after the second quake struck.**

### Is the situation returning to normal?

We feel daily aftershocks. The other day, I was at the Kathmandu orthopedic hospital, where I am working. I did not see any patients entering the hospital buildings. All the patients were outside. These people, who were injured during the quakes and underwent orthopedic surgery, were hospitalised in tents. However, because of lack of space, some were in beds under plastic tarps or shade netting. Given the situation, the first thing we managed to do was provide tents. We set up two large tents that can house 50 patients and an additional 70-patient tent.

The Kathmandu orthopedic hospital has an operating room that could function quite well, but no one wants to go there. To prepare for the risk of new jolts, surgery is performed outside under a specially-furnished tent set up on the hospital grounds. It's going fine. The needs focus on post-operative care, which will be central to our work. A physical therapist is working with patients on their rehabilitation. We have set up a special tent for physical therapy and a psychologist is providing support to earthquake victims in need of care.

### Is the population experiencing widespread fear?

Yes, people are traumatised. They

are afraid. People panicked when the second quake hit. Those who were inside houses fled, running, and those nearby also fled, running. They are fully aware of the risk of remaining inside a building. I was in Arughat, in Gorkha district, where many houses were severely damaged. I saw walls that were still standing, but they are cracked and at risk of collapse.

### What assistance can MSF provide in this situation?

In the mountainous regions, the residents of isolated villages have received the least aid. Only the wounded were transferred to hospitals by the army for treatment. Many roads are cut off and helicopters are the only way to reach these high-altitude villages. Our teams landed in a village in the Arughat region and distributed hygiene kits and held consultations. The helicopter had to come back several times to deliver the hygiene kits. Two teams are visiting isolated villages. We are distributing tents, blankets, and jerry cans because 80-100% of the houses in this area were destroyed. People are sleeping outside and need shelters. It's pretty urgent as the monsoons will start soon.

This helicopter operation allows us to refer patients to our hospital in Arughat, if necessary. It includes an operating room, a labour and delivery unit, and an emergency room. We set up and opened this 20-bed hospital in early May, but patients still face considerable difficulty moving around the country.

# Search and rescue in the Mediterranean

**Every year, thousands of people fleeing violence, insecurity and persecution at home attempt a treacherous journey across the Mediterranean to reach Europe. And every year, countless lives are lost on these journeys.**

In 2014, more than 3,400 people are thought to have died during the crossing; in 2015, the 'boat season' has only just started, but already more than 1,750 people have been left to drown.

"A mass grave is being created in the Mediterranean Sea," says Loris De Filippi, president of MSF Italy.

"Faced with thousands of desperate people fleeing wars and crises, there is no more time to think – these lives must be saved now."

In partnership with Migrant Offshore Aid Station (MOAS), MSF has launched a search and rescue operation, which will run between May and October, when the number of desperate people attempting to cross the Mediterranean is expected to peak.

Two boats are currently in operation: the 68-metre Bourbon Argos and the 40-metre MY Phoenix, both of which are equipped with high-speed, rigid-hull inflatable boats and surveillance camcopters.

On board, MSF doctors and nurses have the necessary skills, equipment and drugs to provide lifesaving emergency care and treat conditions such as dehydration, fuel burns, severe sunburn and hypothermia.

They are also equipped to deal with more complex emergencies, including obstetric emergencies, and to provide resuscitation and basic life support.

**ERNA RIJNIERSE**  
doctor on MY Phoenix

"The next morning, we got a call to go and rescue a vessel in distress, and in 30 minutes we had to be ready, so we were rushing around. The vessel was a wooden boat with 369 people on board. The boat was taking on water and people were starting to panic. The rescue team went out, they calmed down the people on board, and they

explained who we were and what we had come to do. The people on the boat were relieved to see us."

**SIMON BRYANT**  
doctor on MY Phoenix

"It took three and a half hours to bring all 369 people on board. They didn't have any realistic hope of staying afloat or alive for much longer."

**ERNA RIJNIERSE**

"On the Phoenix, we made sure everybody got some food and some water. The men were moved to the upper deck and the women and children to the lower deck. It all went surprisingly well. The people who were sick or who had a fever we saw straightaway in our clinic."

**CHIARA MONTALDO**  
MSF coordinator at the reception centre in Pozzallo, Sicily

"When people arrive, we ask where they are from and how the journey went. The replies can be shocking. A 19-year-old Nigerian woman with chemical burns over her body told me how the hold of the boat in which she was travelling was awash with petrol mixed with salt water. Two people swallowed some by mistake and died; she didn't know what had happened to their bodies."

**ERNA RIJNIERSE**

"We thought we were prepared for everything on the boat, but one of my first patients was a pregnant woman who had fallen over and since then had not felt her baby move. It was then I realised that there was no gel to use on the skin for the ultrasound. But I discovered that if you use

On board the MY Phoenix, Dr Erna Rijnierse talks to a man rescued from a boat on the Mediterranean.  
Photographs © Ikram N'gadi





An Eritrean man is helped onto the rescue ship by MSF project coordinator Will Turner. Photograph © Ikram N'gadi



On their first rescue, the MSF team picked up 369 people, including eight pregnant women and 45 children, crowded into a 12-metre-long wooden fishing boat. Photographs © Ikram N'gadi

liquid soap it works just as well. Luckily, I found a foetal heartbeat.”

### SIMON BRYANT

“Whatever the reasons these people began their journeys from Eritrea, Bangladesh, Nigeria, Syria or wherever, many have since come through a kind of hell that I do not like to think about. I simply won in the birth lottery, and they lost. Embarking on those dubious crafts to cross the Mediterranean, they were prepared to risk death over the life they had come to know, through no fault of their own. They have stories to break your heart, and are some of my heroes.”

### ERNA RIJNIESE

“You get attached to people even if it is just a short period of time. There was a lovely lady with a small girl who everybody was secretly in love with. When they left it was like saying goodbye to a friend. It was a very good feeling to hand them over to MSF Sicily. On one hand it was a bit sad, on the other hand it was a touching moment, because the moment they saw land, they started to sing and to clap and to chant. It was beautiful.”

### SIMON BRYANT

“You can check the website:

<http://bit.ly/1IAb3rL> for our current location, but it won't tell you anything about the lives of the souls on board. About the Somali woman with a bullet still in her belly from her time in Libya. About unjustified, arbitrary time spent in Libyan jails by countless numbers of people, beaten for merely having bouts of diarrhoea, and extorted for all the money their family could muster. About having your family exterminated in front of your eyes, and fleeing Somalia along with so many others. About escaped child soldiers, growing older fast in the chaos and cruelty of present-day Libya.”

### CHIARA MONTALDO

“A couple of people have arrived with gunshot wounds – they told us that in Libya it is anarchy, and you risk being shot every time you go out in the street. The medical conditions we see reflect peoples' trip across the sea, but also what happened to them before: the detention centres, the journeys across the Sahara, the countries they've fled from.”

### ERNA RIJNIESE

“We've had one very difficult rescue. The waves were high, between one and two metres, but the team did a great job of getting everybody aboard safely.

What struck me was the number of small children present. The problem with small kids is that, if there is a wave coming and they're in a wooden boat, adults get a wet leg or a wet arm, but these kids get soaking wet and cold.

Mary-Jo, our incredible nurse, took them into our clinic, put all the heaters on, and within half an hour all the children were happy and playing again. We gave them a change of clothes and they were reunited with their parents.”

### CHIARA MONTALDO

“I remember a paraplegic woman who arrived in a wheelchair after travelling all the way from Somalia. I remember whole Syrian families, their eyes filled with images that will never be erased. An old man repeating a single sentence, ‘I saw death three times’. A baby girl, saved by the lifejacket that her parents had managed to put on her before they both drowned. I remember the words of a Senegalese girl: ‘I don't want to fall asleep because I'm afraid of dreaming about what happened. I don't want to see the sea ever again. Never.’”

### SIMON BRYANT

“Why am I here? Why did I decide to do this? Those are difficult questions. It's

unsatisfactory to reply that I've been very fortunate in my life so far, and that while it's easy to have an opinion, I wanted to give my time. Or that I'd volunteer to go anywhere with MSF, without reservation. It has more to do with these people and their stories, and what needs to be done. It's definitely not about simply rescuing them from dehydration, hypothermia and drowning, but about sharing one's humanity, witnessing their emotional gashes, and listening to their stories. Giving a damn. Giving a damn about a couple of young men in the clinic, quietly weeping, telling a tale I can't imagine living through."

### CHIARA MONTALDO

"Our doctors and our nurses are there on the frontline. They listen, they offer first aid: some medication, a sticking plaster, a pill to alleviate the pain. They carry out basic diagnostic tests, for glycaemia or malaria. Sometimes they merely listen and respond. No one in the team is ever the same after these encounters."

### ERNA RIJNIESE

"The first night I couldn't sleep. I was watching the sun go down, which was beautiful. But at the same time it was getting dark, and I realised that people

were already out on the sea in their little boats. And when it was pitch dark I tried to imagine what it would be like on such a small boat with so many people."

### CHIARA MONTALDO

"MSF has decided to stay in Sicily because of the scale of the crisis, and because it concerns the dignity and health of thousands of people. We want to maintain our independence, our neutrality and our physical proximity to our patients, and we want to represent their voice."

### SIMON BRYANT

"People at sea needing rescue and medical care can't really wait for the long-term solution of peace and justice in Syria, Libya, Eritrea, Iraq and sub-Saharan Africa to begin, let alone fully kick in. They deserve at least a chance, and certainly nobody deserves to drown at sea."



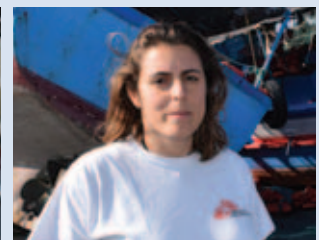
An Eritrean woman and her baby rest in the migrant reception centre in Pozzallo, Sicily.  
Photograph © Alessandro Penso



ERNA RIJNIESE



SIMON BRYANT



CHIARA MONTALDO

### The MY Phoenix

A 40 metre (130 ft) former research vessel extensively modified to support the search and rescue mission. The crew of 20 includes medics, search and rescue staff, operators for two remote-piloted aircraft, and two rigid-hulled inflatable boats (RHIBs).

#### Upper deck

Used for single men, awnings are erected during the day. When rescued migrants are not on board, the upper deck is used as a helipad for the remote-piloted aircraft.

#### Lower deck

Families, women and unaccompanied children

#### Container for remote-piloted aircraft

#### Toilet

#### Crane for lifting RHIBs

#### Life jackets and life rings

#### Antennae

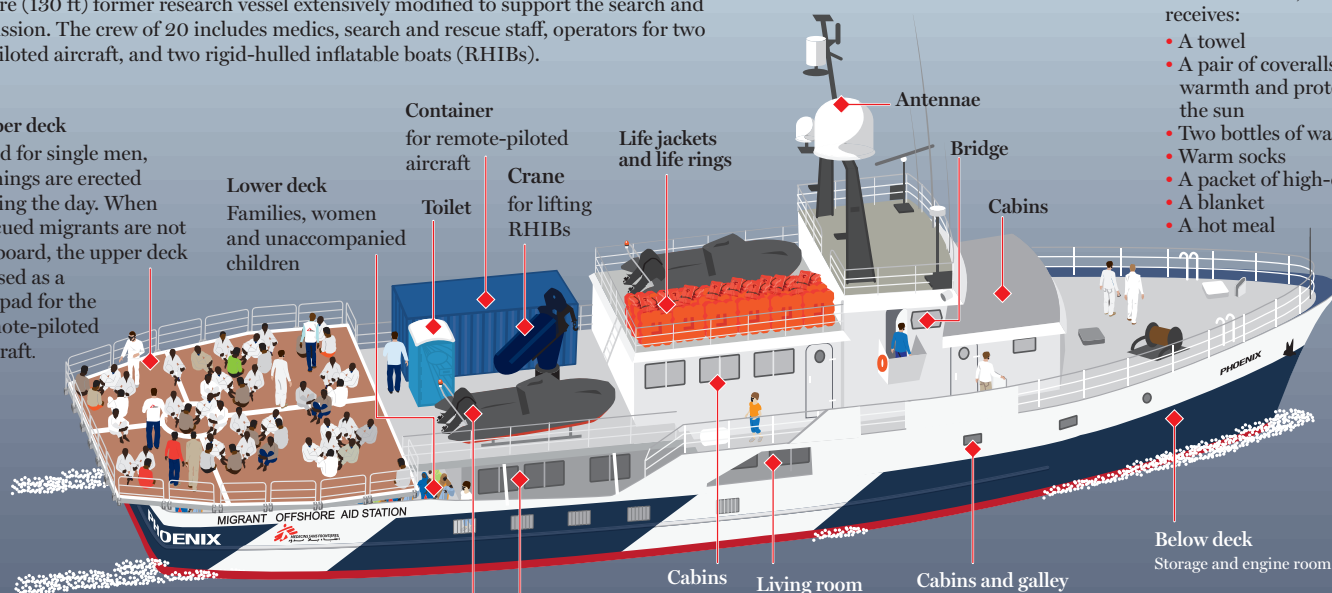
#### Bridge

#### Cabins

#### Standard rescue kit

Once on board, each migrant receives:

- A towel
- A pair of coveralls for extra warmth and protection from the sun
- Two bottles of water
- Warm socks
- A packet of high-energy biscuits
- A blanket
- A hot meal



#### Rigid-hulled inflatable boat

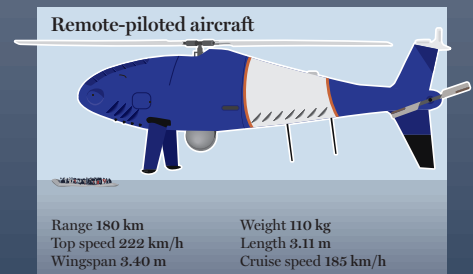


Graphic: Jenny Ridley

#### Clinic



#### Remote-piloted aircraft



Range 180 km  
Top speed 222 km/h  
Wingspan 3.40 m

Weight 110 kg  
Length 3.11 m  
Cruise speed 185 km/h



# Yemen crisis



Injured people are brought in to MSF's emergency surgical unit in Aden, but with roads blocked and ambulances attacked, it is becoming more difficult for the wounded to reach hospitals. Photograph © MSF



Since conflict broke out across Yemen on 19 March, Médecins Sans Frontières (MSF) teams have treated more than

1,600 patients across the country. **Teresa Sancristóval**, MSF emergency coordinator at Al Gumhury hospital in Sa'ada, reports from the crisis.

"The bombing in Sa'ada has been intense. A few days ago, 140 bombs hit the city in a single day, with government buildings, water pumps and petrol stations all hit. The situation was already bad here in the city due to the conflict, but now the level of destruction is huge. The main street is absolutely destroyed. People don't want to open their shops and everything is closed.

The city is emptier than it was, but there are still a lot of people here, despite the lack of supplies and electricity. Many people didn't hear the order to evacuate, and have been hiding in their homes.

**'A bomb landed 100 metres away'**

People are traumatised. We had

a man in the hospital who lost 27 members of his family in one day. Now there are only four of them left. We have people who have been injured by bombings and by snipers.

Just the other day a bomb landed 100 metres away from us – it felt very close. One woman broke down and was on the floor, crying and screaming. You really feel that people can't take this any longer.

One of the biggest problems we face is the lack of fuel. It's reached the point where even those petrol stations that do have fuel are too afraid to open, because as soon as a queue forms, they become an obvious target for bombing. But without fuel, there is no electricity, which makes it difficult to conduct surgical operations in hospitals.



Najeeba is a one year old child suffering from acute malnutrition. Yemen, 2015 © Malak Shaher/MSF

## Water shortage

Even getting water is a problem. Yemen already has one of the smallest amounts of water per capita in the world – it's actually forecast that, by 2017, Sa'ada will run out of water. So the situation is bad anyway, but this conflict is making it much worse. Water is pumped from very deep wells, but you need fuel to do that. Many neighbourhoods in Sa'ada have no water at all. Some water is being trucked in, but it's not enough – and it's expensive. People are bathing once a week and are not cooking hot meals.



Children and people in Khamer district, Amran governorate fetching water as the fuel shortage caused the water trucks to not be able to provide water to the area. Yemen, 2015 © Malak Shaher/MSF

The blockade of fuel needs to stop so that people can have water. And more humanitarian agencies need to be here to support the Yemeni people. It's amazing to witness the dedication and courage of the medical staff in the hospitals here. All of the medical staff at Al Gumhury hospital are at work today – every single one of them. They are doing incredible work under extremely difficult conditions. Whenever a hospital closes because of the lack of fuel, its staff simply head to the nearest functioning hospital to volunteer their help. It's very inspiring. But the medical workers are exhausted and they need more support."

msf.ie/yemen

## New technology developed by MSF and Google during the Ebola epidemic offers hope of improved medical care

As cases of Ebola reached their peak in September 2014, Médecins Sans Frontières (MSF) reached out to the tech community, appealing for a way to help medical staff quickly and accurately record patients' notes while in the high-risk zone of an Ebola treatment centre.

Ebola medics working in the heat could spend only an hour at a time inside the personal protective suits, and usually spent the final 10 minutes of their shift shouting basic patient notes over a fence to a colleague on the other side – as even a piece of paper leaving the high-risk

zone posed an infection risk.

Not only did this waste precious time that medics wanted to spend with patients, but dictating notes across a fence while wearing a mask was a recipe for error.

### Tablet adapted to challenging conditions

In response to MSF's call for help, a group of tech volunteers formed, later joined by a team from Google. Together they developed a waterproof electronic tablet that can be dropped into chlorine, sterilised and safely taken out of the high-risk zone. The tablets were successfully trialled in MSF's Ebola management centres in Sierra Leone and are now

**“We wanted to make sure the tablets would be as simple and as safe as possible to use.”**



The tablets have no sharp edges, which might puncture gloves. Photograph © Nick Fortescue

also in use in Guinea.

“We had to put on full personal protective equipment to understand how difficult it was for doctors working in the high-risk zone,” says Ganesh Shankar, product manager for Google.

“We wanted to make sure that the tablets would be as simple and as safe as possible to use. We got rid of all the sharp edges, pre-configured the technology so that it could be taken out of the box and used, and spent time thinking about the extreme environments that MSF staff often work in.”

The tablet recharges quickly by being placed on a specially constructed re-charging table. Normal wire-based chargers have a sharp edge which could puncture gloves, posing an infection risk.

The team also developed a local network server for the tablet which is the size of a postage stamp, runs on minimal energy and uses batteries that can be quickly recharged with a generator.

The tablet is built to withstand humidity and storms, and is robust enough to withstand the challenging conditions in which MSF teams often work.

**‘We still know so little about this disease’**

The tablet also allows staff to access a patient's history and allows medics to collect more complete



English teacher Beatrice Yardolo was the last person to be cured of Ebola in Liberia. On 9 May, the country was declared Ebola-free. Photograph © Adolphus Mawolo/MSF

## Liberia is Ebola-free

After 42 days with no recorded cases of Ebola, Liberia has been declared Ebola-free by the World Health Organization (WHO).

However, MSF warns that with new cases of Ebola still being recorded in neighbouring Guinea and Sierra Leone, the outbreak is not over yet.

“For Liberia to record 42 days with zero cases of Ebola is a real milestone,” says Mariateresa Cacciapuoti, MSF's head of mission in Liberia. “But we can't take our foot off the gas until all three countries record 42 days with no cases.”

[msf.ie/ebola](http://msf.ie/ebola)



uncture protective clothing, and they are simple to use even when wearing three layers of rubber

health data – such as pulse and respiration rates – to better track patients’ progress and provide them with individually tailored care.

At the same time, collecting data from a large group of Ebola patients will enable medics to better understand the disease in future outbreaks. “In the longer term, if we are able to collect more and better information about our patients, we will also learn more about the disease and how best to treat it,” says MSF’s technology advisor Ivan Gayton, who developed the project.

“Although we have just treated the largest cohort of Ebola patients in human history, we still know distressingly little about the progression of the disease.

“It will take many months to file, organise and analyse the data we have collected. Now that the technology has been developed and successfully trialled, we know that data will be instantly ready for both analysis and patient care in the future.”

### ‘Help us adapt this technology’

MSF is now appealing to the tech community to adapt the software for use in other humanitarian emergencies, such as cholera outbreaks, nutrition crises and in refugee camps –

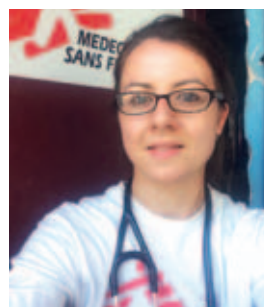
settings where having detailed medical notes could make a difference to patient care, or where collecting data could improve medical understanding of a disease or outbreak.

“In Western hospitals, doctors take for granted the detailed medical notes that allow them to build up an individualised pictures of their patients,” says Dr Jay Achar, MSF Ebola advisor. “This gives them the ability to properly track a patient’s blood pressure, for example, or their breathing when they come into an emergency room.

“Finally, we have technology adapted to the challenging environments that MSF doctors have to work in, which will allow us to keep on improving the care we can provide, and ultimately allow us to save more lives.”

## i 60 SECOND INTERVIEW

**Eileen Sweeney, a Medical Doctor from Donegal** is departing on her first assignment with Médecins Sans Frontières (MSF) to Katanga province in Southern Democratic Republic of Congo (DRC).



### Tell us about your mission

I’ll be working with the Malaria Emergency Response Unit in the south of the country. My work will be based outside of the main MSF hospital there, responding to higher levels of malaria in the surrounding areas. There are also the chronic problems of malnutrition and poor access to healthcare. There will be a lot of outreach and mobile clinics

to areas only accessible by boat or motorbike. A nice introduction to MSF!

### How are you feeling before you leave?

I’m really excited to go. It really sounds cheesy but I actually wanted to work with MSF before I wanted to be a doctor. I initially thought about working with MSF in logistics but then went into medicine. I met a childhood friend last week and she remembered ‘wow, we used to talk about this at sleepovers’ and now I am going to DRC.

### How did your family and friends react when you told them you were going to DRC?

Well it was no surprise, they knew this was what I always wanted to do. People I work with were like ‘bring MSF to Letterkenny!’ Also my mother is French and she used to tell me when I was young if you don’t practice your French you will never get to work with an organisation like MSF. So I have to thank her for that!

### What ‘essentials’ are you bringing with you?

Walking shoes, a kindle, ‘Jungle Speed’ which is a game where you don’t need to speak the language. I’ll also bring a head torch, few pairs of long trousers, good pair of socks, sun cream - (factor 50) some porridge, and hopefully I’ll be able to squeeze some chocolate in for the team who are already there.

### What are you most looking forward to?

Working in a team with people from all over the world and working with patients. I’ve been studying tropical medicine since July, and I really want to work with patients again. I’m also looking forward to speaking French (I’m half French). In St James’ I used to jump at the opportunity to chat with every French speaker I could find!

### Do you feel ready to go?

I don’t think you could ever feel ready to go. I’m not going to fool myself but I’ve been waiting and preparing for this for a long time. And MSF match a doctor’s capabilities with the mission. It’s something that is definitely worth the wait!

## MSF’S IRISH VOLUNTEERS

**Afghanistan** Declan Barry, *Doctor*, Co. Longford

**Afghanistan** Emer McCarthy, *Nurse*, Co. Derry

**Central African Republic** Dominique Howard, *Supply Logistician*, Co. Dublin

**DR Congo** Eileen Sweeney, *Doctor*, Co. Donegal

**Kurdistan/Iraq** Christopher McAleer, *Logistician*, York

**Myanmar** Anne Carole Vareil, *Project Coordinator*, Co. Dublin

**Pakistan** Séan King, *Logistician*, Co. Mayo

**Papua New Guinea** Aoife Ní

Mhurchú, *Nurse*, Co. Cork

**South Sudan** Niamh Allen, *Doctor*, Co. Dublin

**Uzbekistan** Cormac Donnelly, *Doctor*, Co. Galway

**Uzbekistan** Donal Doyle, *Biomedical Scientist*, Co. Dublin

## DEBRIEFING

**Omar Altarwaneh** is a Jordanian doctor working in Médecins Sans Frontières (MSF) trauma surgery clinic in Ramtha, three miles from the Syrian border. At the clinic, severely injured Syrians who have been wounded by bombs and shelling receive life-saving emergency care.

**I chose MSF before I went to medical school.** My father was in Kashmir in 2006 when the crisis broke out, and saw first-hand the amazing work that MSF was doing. From that point I was also taken by what they did, and I knew I had to work for them.

**War trauma surgery fascinates me,** so I applied directly for this position. It's a good opportunity to learn from a great team. I love working here.

**I work 24-hour shifts in the hospital and I'm always on call.** The most difficult days are those when 20 patients arrive and everyone is shouting over each other trying to conduct triage. One day, we had 30 patients arrive in just three hours, and another day 15 patients in one hour. Sometimes the patients are made to wait at the border, so that by the time they reach us they're in a very weak state. On the day that 15 patients arrived in an hour, we lost three



of them. They just arrived too late.

**Every day there is something new to learn.** One day a patient arrived with a serious chest injury and our surgeon was five minutes away. I was so frustrated because I didn't know what to do to help the patient, but I knew that if we didn't do something quickly, he would die. Luckily, the surgeon arrived in time and showed me how to respond to the injury. The patient was saved, and I now know how I can save others like him in the future.

**There are always challenges.** The biggest came on my first day. There were multiple serious trauma cases in the emergency room and I didn't know exactly how to deal with them. Luckily for me, our surgeon Michael was there to

advise me. I worked with him all day and all night in the hospital, and he helped build my confidence and got me used to the types of cases coming through the door.

**You get close to the patients.** We had a small boy from Syria come to us with some soft tissue damage, and he ended up staying for quite a long time. As he recovered, he began to help other patients, and sometimes slept in the room with other young patients to care for them. One month before he left, we heard that his father had been killed in Syria. The day he left to return to Syria was hard for all of us – all the patients and staff wanted to say goodbye. We were so sad to see him go.

**On days I'm not working, I still want to be here,**

and any chance I get when I'm working, I like to be in the emergency room. After leaving here, I want to study more. I'm applying for a surgical intervention programme and hope to return here one day as a surgeon for MSF.

**What would I say to an MSF supporter?** I would tell them that if MSF were not here, people would simply not survive. I would say that even if you have nothing in your pocket, you can still help by telling people about MSF. Any small way you can help will make a big difference. You will be in peace because you will know that someone, somewhere, is getting the help they need.

## YOUR SUPPORT | [www.msf.ie/support-us](http://www.msf.ie/support-us)

### 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. It costs 11 cents to produce, 10 cents to package. We send it to keep you informed about our activities and about how your money is spent. Dispatches gives our patients and staff a platform to speak out about the conflicts, emergencies and epidemics in

which Médecins Sans Frontières works. We welcome your feedback. Please contact us by the methods listed, or email: [alice.sachova@dublin.msf.org](mailto:alice.sachova@dublin.msf.org)

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