DISPATCHES

Fighting Ebola

Moments of joy amid the outbreak

Delighted staff at Guékédou treatment centre in Guinea say goodbye to Sia Bintou, who survived Ebola. Photograph: © Sylvain Cherkaoui/Cosmos, 2014

Autumn 2014
No 74

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

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© Favila Escobio

IRAQ

Helping people fleeing Islamic State violence

Eleven days after militants from the Islamic State (IS) group stormed the district of Sinjar in Ninewa governorate, Iraq, thousands continue to flee the region, heading to the relative safety of the northern border between Syria and Iraq.

Teams from MSF, working on both sides of the border, are rapidly responding to the urgent health needs by running mobile clinics and setting up health facilities in transit camps.

An estimated 200,000 people have fled their homes since 3 August.

In temperatures of 50 degrees and above, thousands of civilians have walked seven hours across the mountains to reach Syria, followed by a rough ride in the back of trucks to the closest border crossing back into Iraq further north.

Others remain stranded in Iraq's Sinjar mountains, unable to escape for fear of violence from IS forces who are surrounding the area.

"With the help of local relief organisations, we have so far distributed over 20 tonnes of food as well as 60,000 litres of bottled water at three transit points along the way to the border crossing," says Dr Gustavo Fernandez, MSF programme manager.

"We have also managed to send food and water supplies to people still stuck in the Sinjar mountains and we are now looking at possible ways to deliver medical supplies there."

MSF is also running two health posts for first aid and rehydration at a transit point as well as in a transit camp where over 10,000 people have already gathered.

Since the beginning of this recent wave of displacement, MSF medical teams have provided first aid and rehydration for around 1,000 Iraqis, and provided surgery to 147 war wounded people.

"As time goes by, we are witnessing all the signs of extreme exhaustion. These people are tired, hungry and thirsty. Many are traumatised, and burst into tears once they reach the camp," says Dr Fernandez.

Since the onset of the violence, over 60.000 displaced people transiting through Syria have crossed back into the still safe Kurdish controlled region of Iraq.

MEXICO

Migrants riding 'the beast', a Mexican cargo train used by thousands of Central American migrants every year in their hope of making it to the United States. Migrants clamber onto the train's roof, or squeeze themselves between the wagons, exposed to the elements and at risk of attacks by criminal gangs.

MSF mobile teams provide medical care to some of these migrants, many of whom are fleeing the violent urban gang culture of El Salvador and Honduras, where abductions, extortion and threats are making ordinary people's lives increasingly difficult.

Photograph: © MSF, Mexico, 2014

SEASONAL CARDS

Sending seasonal greetings cards to friends and family is a great way to support our emergency medical work.

This year we have 12 different designs. A pack of ten cards with envelopes costs £5.00 – of which £3.66 goes directly to us to help our work.

Choose your designs and place your order online at msf.org.uk/cards, or call Anne Farragher on 020 7067 4214.

MYANMAR

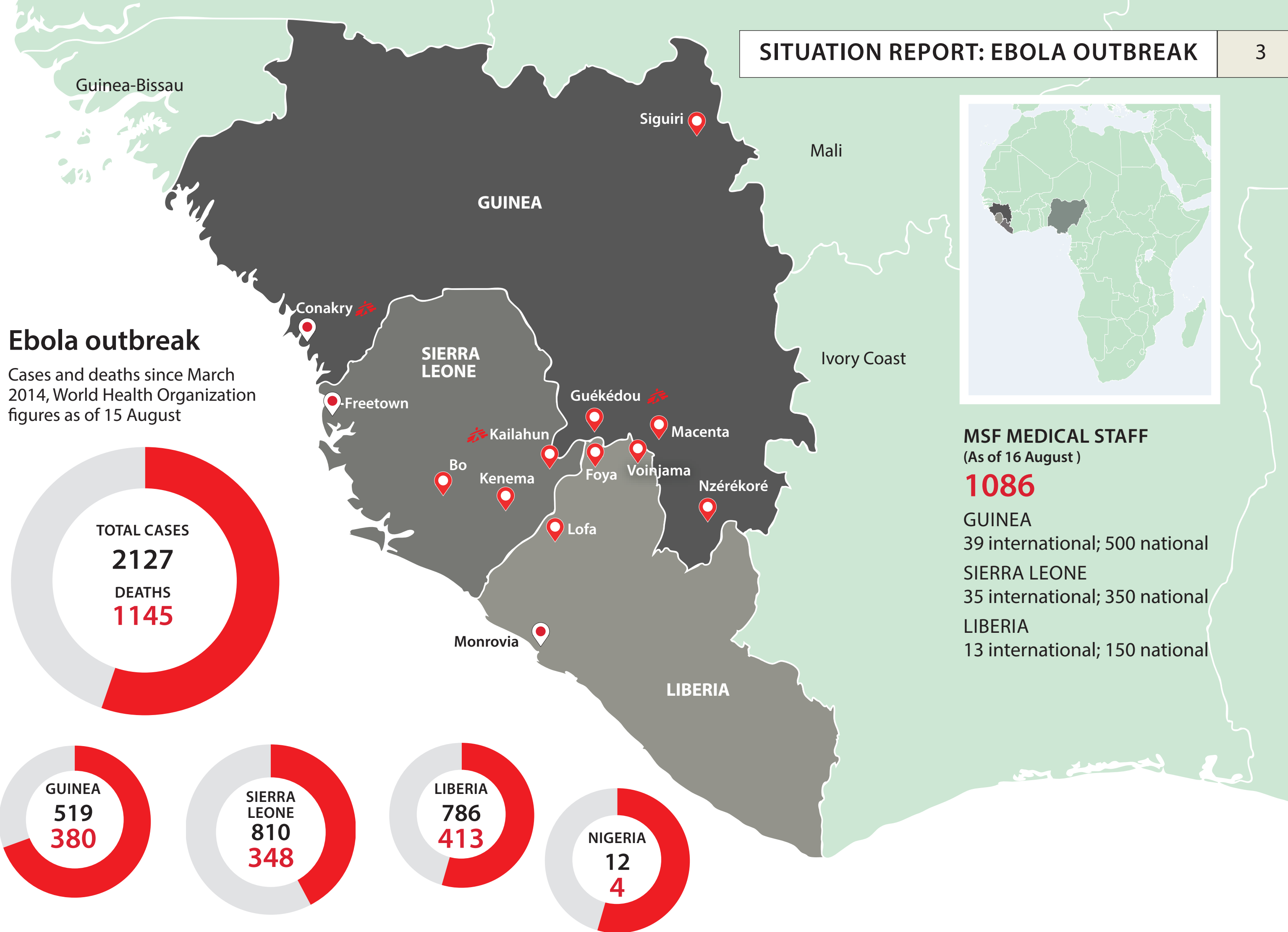
Breakthrough in treatment of HIV-linked eye disease

Back in 2012, we brought you the story of HIV patients in Myanmar suffering from CMV retinitis, a disease linked to HIV that can lead to permanent blindness if left untreated. The only treatment option available to these patients was a once-weekly injection directly into the eye; an extremely uncomfortable procedure for the patient administered by specially-trained doctors.

But now, after extensive price negotiations with the Swiss pharmaceutical company Roche, patients undergoing CMV treatment in MSF clinics in Myanmar can receive an oral pill to combat the disease — the first time MSF has been able to use this pill in any of its HIV/AIDS projects around the world. Although the drug has long been available in the developed world, its high cost has meant that its availability in countries like Myanmar — where rates of CMV retinitis among severely ill HIV/AIDS patients are as high as 25 per cent — has been severely limited.

Mother of four Ma Khin Khin was the first patient in Myanmar to receive the oral drug. "I didn't feel any side effects and I am feeling better now," she says. "Before it was not like that, and I had to lie down all the time. But now I can go everywhere by myself. I have even got my vision back and can read the text messages on my mobile phone."

© Marcus Dunk/MSF



'MSF doesn't cure Ebola – only an individual's own body can win the fight'

The outbreak of Ebola that began in March this year is wreaking havoc across a swathe of west Africa as the number of cases surges. Here five MSF volunteers talk about their experiences of the arduous and dangerous battle to halt the virus – and the euphoria that the teams feel when a patient recovers and returns home

HANNAH SPENCER

A DOCTOR FROM SURREY

When I heard about the Ebola outbreak in west Africa, I contacted MSF and asked if I could help. When I told my mum, she said, 'As if I could stop you from going!' Naturally my family were concerned. Ebola is highly infectious, and while you can never say there's no risk, if you follow all the procedures, the risk of catching it is low.

Medical staff check their protective clothing at the treatment centre in Kailahun, Sierra Leone *Photograph © Sylvain Cherkaoui/ MSF, 2014*

TIM JAGATIC

A DOCTOR FROM CANADA

When I'm dressed up in my full personal protective equipment, I know I'm not exposed to the virus. Before we go back to our compound, we go through multiple decontaminations – there are all these checkpoints to make sure we're washing our hands. There is a very strong sense of safety.

BENJAMIN BLACK

AN OBSTETRICIAN FROM SUSSEX

Trying to work in the heat is unbearable. Coupled with the stress of the environment, the high stakes of getting it right and of not exposing oneself to the disease make the work incredibly intense. Once inside the isolation ward, you have to rely on yourself and your 'buddy' – you never go inside alone.

TIM JAGATIC

We would like to keep visits to between 45 minutes and one hour, but now we're stretching it to almost two hours. So we're sweating, we're losing water,

Continued on page 4

'Ebola kills those you love the most, those you care for'

Continued from page 3

we're getting hotter and it wreaks havoc on the body. Our own endurance starts to wear down.

COKIE VAN DER VELDE

A SANITATION SPECIALIST FROM YORKSHIRE

This morning I woke with a sore throat – it's almost certainly due to inhaling chlorine, but paranoia has set in and I take my temperature for the tenth time this morning. Not sure this is a healthy obsession.

ANE BJØRU FJELDSÆTER

A PSYCHOLOGIST FROM NORWAY

Dealing with the dead bodies is disturbing. The hygienists experience feelings of sadness and fear, and also disgust. With Ebola, patients can die in a disgraceful manner – there's bleeding, vomiting and diarrhoea. The cleaners tell me they experience flashbacks – of things they have seen and of things they have smelt. Even wearing a mask, you can't shut out all the smells. The stigma also makes it hard for the hygienists and cleaners – who are all locals – to maintain their image of what they are doing. We tell them, 'You are heroes, you're doing a very important service for your community – it's absolutely vital that someone is doing this job.' But although we see them as heroes, this isn't always how they are perceived by their families, their friends or their villages.

TIM JAGATIC

The isolation unit is in a tent and the barriers are made of plastic fencing, so family members can sit on chairs outside and talk normally with the patients, who sit inside. I'd say there are a good 10 to 15 patients in there who will survive. Social bonds form among many

Hannah Spencer

Benjamin Black

Ane Bjøru Fjeldsæter

Cokie Van der Velde

Tim Jagatic

of the patients. There's a group of women sitting there over lunchtime, and because it's kind of boring in these isolation units, they become friends, they're gossiping.

COKIE VAN DER VELDE

I've been working ridiculous hours. At night we go back to the house for a team meeting to discuss what's happened during the day. At the end of our meetings, we always say, has anybody got any good news? That's my cue to tell a really rude joke.

BENJAMIN BLACK

An expert in Ebola recently told me, "This disease kills those you love the most, the people closest to you and those that you are most likely to care for". Wise and poignant words, true to the cruel nature of transmission in this disease.

ANE BJØRU FJELDSÆTER

Last week a very little girl came out of the isolation ward. Her name was Bintu, and she was 21 months old. Both her parents had tested positive for Ebola, but she had tested negative, so we had to take her out of the ward because the risk of contamination was too high. That was a horrible day.

The nurses told me she didn't know how to speak. For the two days she'd been in the ward, she'd been so shocked that she hadn't uttered a word. This can happen to children – it's called elective mutism. When she came out, she didn't make eye contact, she didn't speak to anyone. We put her in a chair and she turned around, with her back to the world.

It must have been a terribly disturbing experience for a child: to see someone come into the ward in a spacesuit; to hear them speaking to your mother in words you don't understand; to see your mother start crying; and then to be handed over to the stranger in the spacesuit and carried off.

I sat with her for four hours, trying to talk to her in a calm voice and singing her songs, to see if the shock would pass. By the end, she had turned around and was facing me. She made eye contact, she put her hand out for me to touch her, she started a conversation. You could see that she was warming up to me, and that she wasn't in the same condition.

Both of Bintu's parents died that day. Now she is in the care of a child protection organisation which is trying to locate other family members who can take care of her. I just hope she'll be ok.

BENJAMIN BLACK

Occasionally everyone stops what they are doing – doctors, nurses, cleaners, everyone. All attention is directed at the exit from the high-risk zone. A patient is being discharged. Like a celebrity, the survivor is surrounded by an excitable crowd, whooping and clapping. The beaming faces of the crowd are reflected in the broad smile and shining eyes of the survivor. It is an intensely emotional moment.

ANE BJØRU FJELDSÆTER

When we discharge a patient who has survived Ebola, it makes an enormous difference. Yesterday, three people who had been cured were discharged from the isolation ward, and all the cleaners were dancing around the ward, deliriously happy and taking photographs.

HANNAH SPENCER

One 15-year-old girl was inside the isolation ward for over a week, along with her seven-year-old sister and her mother, who was very unwell at first – I really thought she was going to die. But then they all started to get better. When, finally, the girl's test came back negative, she had a shower in chlorine, changed into new clothes and was discharged from the ward. Her family were all there to meet her at the gate and she was crying because she was so happy. That was a wonderful moment – to see that and to know that her mother and sister would soon be well enough to join her.

Left: Delighted staff at Guékédou treatment centre in Guinea say goodbye to Sia Bintou, who survived a case of Ebola and is now going home.

Above, a weak patient is carried into the treatment area at Kailahun, Sierra Leone.

Below, a technician tests a patient's blood for Ebola in Kailahun

Photographs © Sylvain Cherkaoui/ MSF, 2014

> 'My family are not the happiest, but they understand why I'm here. There's a need, plain and simple'

BENJAMIN BLACK

Everyone feels a huge sense of achievement when a cured patient leaves the centre. But MSF doesn't cure Ebola – only an individual's own body can win the fight. But I sense that the emotional and psychological impact of seeing that you are not alone, and of witnessing the euphoric moment when others are discharged, has an important restorative effect.

TIM JAGATIC

My family are not the happiest, but they understand why I'm here. There's a need, plain and simple. I have the training to help bring an end to this problem, so I'll give everything I can.

COKIE VAN DER VELDE

Tomorrow's my last day in Liberia. Once us tired ones have left, new people will come in. I'm going home to Yorkshire, to see my grandchildren and to have a jolly nice cup of English tea. But in a month's time, I'll be ready to come back with MSF to west Africa, to wherever I'm needed.

HANNAH SPENCER

I'm back in the UK now, and a bit tired. Working in an Ebola epidemic isn't easy, but it's exactly the kind of work MSF should be doing.

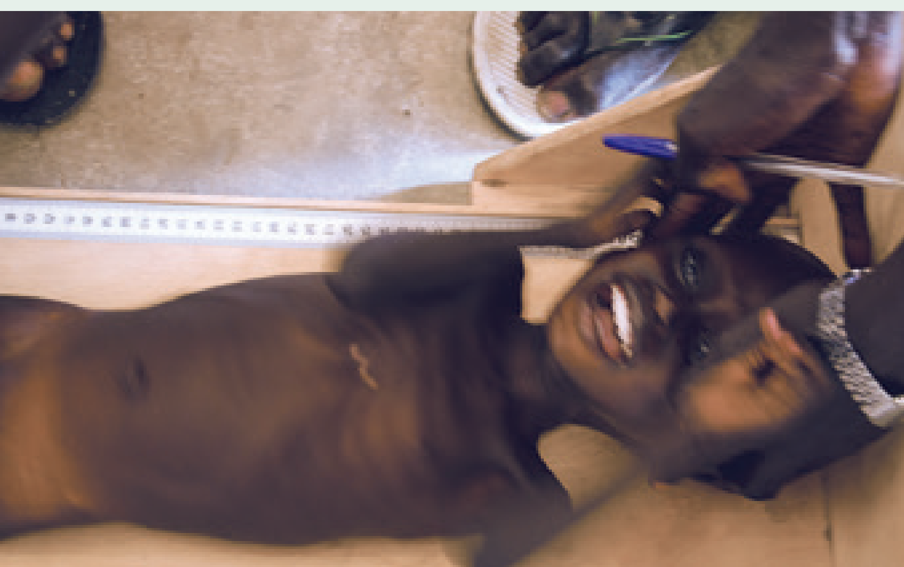
South Sudan is facing a malnutrition crisis. Conflict has driven thousands of people from their homes and into the bush, where they have gone months without eating anything other than wild roots and whatever they can gather from the land.

At the MSF hospital in Leer, severely malnourished children are admitted to the intensive therapeutic feeding centre. One of them is two-year-old Gatluok...

Photo essay by Nick Owen/MSF

1 Carrying her son, 25-year-old Angelina arrives at MSF's hospital in Leer, Unity state, South Sudan. After walking for five hours from their home village, Angelina and Gatluok are seen almost immediately by MSF doctor John Yonk Both, who recognises that Gatluok's condition is critical.

2 Before his consultation, Gatluok's measurements are taken. The suspended baby scale shows that he weighs just 5.7 kg. A healthy boy of his age should weigh 14 kg.
Gently lowered onto a measuring board, Gatluok finds the situation distressing, like most children who go through this process. His height is recorded as 78 cm.



3 MSF nutrition nurse Charles Mpona Kalinde tries to comfort him as he, very carefully, carries Gatluok back to his mother after his measurements are taken.

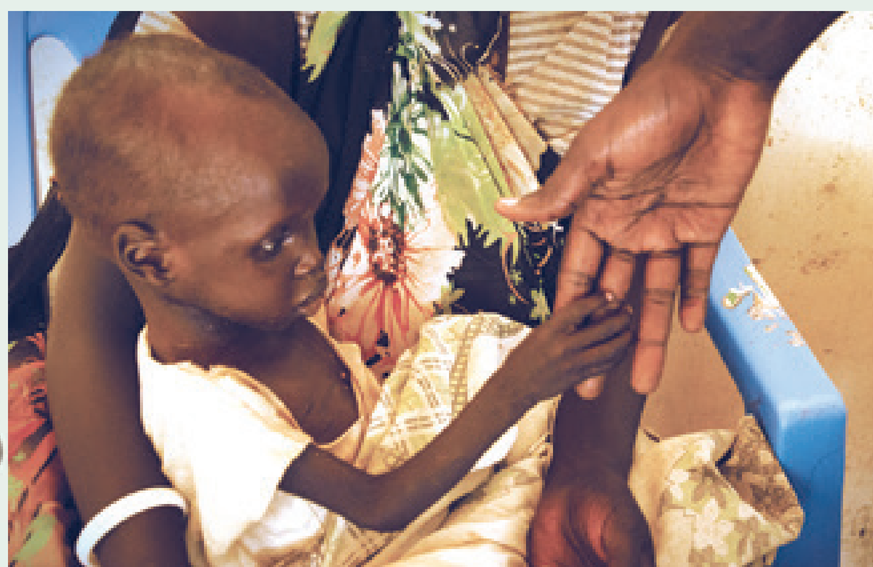
4 Gatluok is given the all-important MUAC (mid-upper arm circumference) test. His MUAC measures just 94 mm, well within the red area, indicating that he has severe acute malnutrition.

5 Gatluok and his mother, Angelina, are given a moment to recover after the measurements are taken. He reaches for the hand of an MSF clinic officer.

6 Gatluok is taken for his consultation with MSF nurse Peter Bitoang Machar. Angelina tells Peter how their house was burned and their food stocks were looted, and how they had to flee into the bush.

ELYSTAN HUGHES
ANAESTHETIST

1) a moka pot for some really strong coffee in the morning
2) ear plugs to stop the camels waking me
3) exercise DVDs — there's nothing like a good workout to relieve stress!



7 During the consultation, Peter tests Gatluok's appetite with some Plumpy'Nut (a nutritious peanut paste). But he won't eat. Peter carries out another test and establishes that Gatluok has malaria and a high fever. Despite being unwilling to eat, Gatluok is very thirsty and eagerly drinks some rehydration solution.

8 Within half an hour of arriving, Gatluok is admitted to MSF's intensive therapeutic feeding centre. But it will not be easy. His mother has no food at home and she is worried about her other child, who she left behind in the care of her brother.

9 One week after Gatluok was admitted to the feeding centre, he has recovered from malaria and has started eating again. MSF staff hope that, within the coming days, Gatluok will be well enough to be discharged and receive follow-up care as an outpatient.

One deadly night in a Gaza City hospital

Al Shifa hospital in Gaza City has been dealing with large influxes of wounded civilians caught up in the conflict between Israel and Hamas. This account and these pictures tell the story of 24 hours in July, when the missiles were exploding just a few kilometres from MSF's base in Gaza

The MSF team is returning from Al Shifa hospital, in the centre of Gaza City. Throughout the night, the wounded have been streaming into the emergency department – many of them patients transferred from Al Aqsa hospital, which was bombed the previous day.

"It's going to be a busy night," says Alaa, an MSF driver, as the sun goes down on 21 July. With missiles from Israeli tanks and navy ships exploding a few kilometres from MSF's base in Gaza, the surgical team head for Al Shifa hospital, where medical staff are already anticipating a large influx of wounded.

"I've been caring for two new patients in intensive care in the major burns unit," says Adriana Dumitru, an anaesthetist, who has just joined MSF's emergency team in Gaza. "One was a young mother, aged 24.

"The young woman had been buried under the rubble of her house for 12 hours. She lost her daughter and ten other family members there. We did everything we could to save her, but she died this morning."

Clockwise from left: ambulance staff arrive at Al Shifa with two colleagues who have been injured; staff wait for casualties in the early morning hours; Kelly Dilworth, MSF anaesthetist, looks after one of two brothers who were severely burned in a missile strike. Below, the operating theatre at Al Shifa *Photographs © Samantha Maurin/ MSF; Nicholas Palarus, 2014*

Life-saving surgery

Adriana's second patient was a ten-year-old boy. "The little boy had lost his father. His mother was with him. A missile struck their house, which collapsed. He suffered burns, crush syndrome and trauma, and had 100 wounds over his body from exploding shells."

After surgery, the boy was admitted to Al Shifa's burns unit. One small wound on his abdomen particularly worried Kelly Dilworth, the second anaesthetist in MSF's emergency team. "It was a small cut in the belly that wouldn't stop bleeding," Kelly says.

"I requested a scan of his abdomen and we saw that he had an internal haemorrhage. The bomb fragments had made seven perforations in his small intestine."

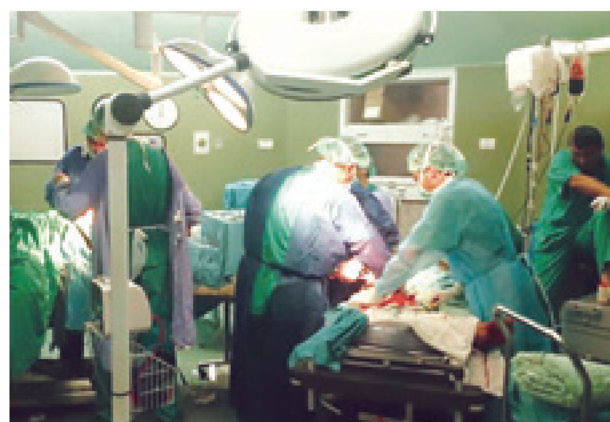
"She saved his life," says Adriana.

MSF IN GAZA

With 600 beds, Al-Shifa is the main referral hospital for the entire Gaza Strip. MSF began work in the hospital on 17 July in the emergency room, intensive care unit, operating theatre and burn unit departments.

Since Israel launched operation 'Protective Edge', approximately 2,000 people have taken refuge inside the hospital. On 28 July, the hospital was hit by shelling as MSF staff worked inside. This attack has been strongly condemned by MSF.

For more information about our work in Gaza, visit **msf.org.uk/gaza**.



Bombed hospital

Cosimo Lequaglie, an MSF surgeon, has just extracted a bullet from the cardiac vein of a 20-year-old woman. "The other two patients I operated on last night had chest wounds from explosions that occurred near them," he says.

Many of the wounded arriving at Al Shifa hospital have been transferred from Al Aqsa hospital.

"A 20-year-old man was being treated at Al Aqsa when the hospital was hit," says Kelly. "He was brought to Al Shifa's emergency room. We had to amputate both legs below the knee. The operation took nearly three hours."

Most of the patients in the operating theatre have serious injuries that require several surgeons. "Yesterday we had at least two neurosurgery cases," says Kelly. Sometimes, by the time patients reach the operating theatre, it is too late to save them. "An eight-year-old girl was brought in to the operating theatre," says Adriana.

"She had lost both her legs in an explosion and suffered multiple traumas, including head trauma. Other than ease her pain, there was nothing else we could do."

RUBY SIDDIQUI
EPIDEMIOLOGIST

1) I always make sure I have a travel towel (because normal towels never dry in humid countries)

2) a head torch for those precarious visits to the latrine.

Casualties of war

The emergency room is crowded with children with minor wounds. According to Cosimo, some 30 percent of those admitted to the hospital are children.

Tonight, the wounded are arriving at the intensive care unit in groups of three, four or five at a time. The first to be brought in come from the Shuja'iyeh neighborhood, which is still being shelled. The last group seen by the MSF team come from the area around Al Aqsa hospital.

> 'Sometimes, by the time the patients reach the operating theatre it is too late to save them'

At least five of the patients do not make it through the night.

In the early hours of the morning, there is an airstrike nearby. "The entire burns unit building shook, like during an earthquake," said one MSF team member.

Dawn in Al Shifa

At 8 am the team leaves the hospital and returns to MSF's office. In turn, each person, cradling a cup of coffee, describes their night.

The others listen, eyes lowered, to the grisly reports. According to the UN, more than ten people were killed and 130 were wounded in the night's bombardment.

Given what they witnessed the previous night at Al Shifa hospital, the team agrees that the figures sound low.

A Paralympic hero inspires injured Syrians

In May, British gold-medal winning Paralympian and double amputee Richard Whitehead visited the MSF-supported Ramtha hospital and Zataari refugee camp in Jordan. Here, Syrians who have been injured and lost limbs in the conflict undergo treatment, rehabilitation and counselling. We accompanied Richard on a trip designed to encourage and inspire patients coming to terms with life-changing injuries.

We're standing in the centre of a makeshift ward which, at this time of day, is usually in the midst of quiet routine. Today, though, there is a buzz of excitement in the air.

A group of patients and staff are gathered around Richard Whitehead, closely examining his prosthetic legs. The questions come thick and fast.

'A lot of these patients couldn't imagine they'd ever walk again. But when they saw Richard and spoke to him, I think the images they had in their minds about themselves became different. He's given them hope'

ROLA AL MARAHFEH PHYSIOTHERAPIST

"Are they heavy?" asks one.

"Do you run in these?"

"Do they hurt?"

Richard looks happy and busy as he does his best to answer everybody's questions. Happier still are some of the staff here, who have been working closely with many of these patients for months.

"A lot of these patients couldn't imagine that they'd ever walk again," physiotherapist Rola Al Marahfeh tells us later. "But when they saw Richard and spoke to him, I think the images they had in their minds about themselves became different. He's given them hope."

Hope is something that has been in short supply for most of these young men. Back in 2012, when Richard was crossing the finishing line at the London Paralympics, many of them were getting caught in the crossfire in their home country.

Ali, 20, from Daraa in Syria, was helping perform first aid when he was injured in an airstrike. His right leg had to be amputated below the knee and, since arriving at the clinic, he has struggled with depression.

"I was living the life back in Syria," he says with a sad smile. "Is there anything better than a father and a mother? There isn't. It was the life. I would go home and find my parents there. I'd go out with my brothers and sisters. Back in Syria, thinking about my home, I remember the old days. But they're not there anymore, and here I'm going crazy.

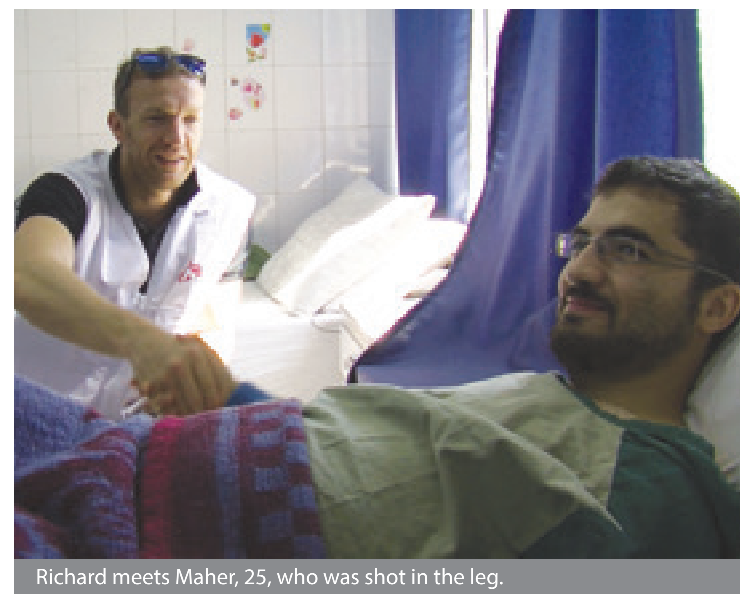
"I'm hoping that one day I'll get a prosthetic leg," Ali says, touching his stump. "That's all I want. To get a prosthetic leg and go back to Syria."

Richard sits beside Ali's bed, and the two begin to joke together.

"Do they move by themselves, or do you move them?" grins Ali, as he points to Richard's prosthetic legs.

"No, I have to work them,"

Ali, 20, and Richard Whitehead talk about using a prosthetic leg. Ali was injured while performing first aid during an airstrike. His leg had to be amputated.



Richard meets Maher, 25, who was shot in the leg.

Rabee, 21, (above and right) lost a leg and his right eye after stepping on a landmine. 'My life was normal before the war,' he says. 'I was a student at university, but then all of life stopped. My hope is to complete my treatment and go back to Syria. I want to. Then the conflict will end and we can all go back home. Richard's visit benefited us a lot. It benefited me a whole lot … A lot of us regained hope.'

Photographs: © Fabio Basone/MSF, Jordan, 2014

'For me, it's about reassuring these guys that there will be some ups and downs now that they've suffered these injuries, but ... there's always the opportunity to have a more fulfilled life'

RICHARD WHITEHEAD
PARALYMPIC CHAMPION, 200M T42

says Richard. "Do you think with a prosthetic you'll be able to get back to normal life?"

"I hope so," says Ali. "You get used to them, right?"

Nothing profound or revelatory is said, but as Richard removes one of his prosthetic legs and allows Ali to examine it, it's clear that Ali is animated by seeing this life-changing piece of kit up close.

For Richard, who was born with no legs above the knee, having the chance to spend time with these young men is a reminder that, although people may have similar disabilities, everyone's response to dealing with a disability is different.

"All these guys have to deal with different circumstances," he says. "And I think it's important that each of them has their own mindset about their rehabilitation, because some might take years, while others might take a lot less.

"For me, it's about reassuring these guys that there will be some ups and downs now that they've suffered these injuries, but if you've got hope, and if you're positive, there's always the opportunity to have a more fulfilled life.

"I hope I've been able to relate to them, through my disability and through some of the challenges I've had to overcome."

MSF'S UK VOLUNTEERS

Afghanistan Joseph Mclean *Logistician*

Bangladesh Richard Kinder *Project coordinator*

Central African Republic Eleanor Hitchman *Project coordinator;* Barbara Pawulska *Pharmacy manager;* Emma Pedley *Nurse;* Anna Carole Vareil *HR coordinator;* Robert Verrecchia *Medical manager*

Dem Rep Congo Richard Delaney *Logistician;* Jacob Goldberg *Nurse;* Demetrio Martinez *Logistician;* Louise Roland-Gosselin *Humanitarian affairs officer*

Ethiopia Robert Allen *Logistician;* Josie Gilday *Nurse;* Elizabeth Harding *Deputy head of mission;* Joan Hargan *Nurse;* Sean King *Logistician;* Geraldine Willcocks *HR manager*

Haiti Dominique Howard *Logistician*

India Luke Arend *Head of mission;* Melanie Botting *Nurse;* Shobna Singh *Mental health specialist*

Jordan Tharwat Al-Attas *Medical coordinator;* Paul Foreman *Head of mission;* Samuel Taylor *Regional communications coordinator;* Lucy Williams *Nurse*

Kenya Beatrice Debut *Coordinator*

Lebanon Michiel Hofman *Head of mission;* Judith Nicholas *Midwife;* Ilaria Rasulo *Logistician*

Myanmar Jose Hulsenbek *Head of Mission;* Laura Smith *HR coordinator*

Nigeria Patrick Leeper *Logistician;* Danielle Wellington *Project coordinator*

Sierra Leone Benjamin Black *Gynaecologist*

South Africa Andrew Mews *Head of Mission;* Amir Shroufi *Deputy medical coordinator*

South Sudan Andrew Burger-Seed *Logistician;* Stuart Garman *Logistician;* Niall Holland *Logistician;* Joanna Kuper Bruegel *Humanitarian affairs officer;* Roberta Masotti *Midwife;* Emma Rugless *Nurse;* Sophie Sabatier *Project coordinator;* Nicholas Tunstill *Logistician*

Sudan Alison Lievesley *Doctor;* Shaun Lummis *Project coordinator;* Alvaro Mellado Dominguez *Deputy head of mission*

Tajikistan Sarah Quinnell *Medical coordinator*

Turkey Forbes Sharp *Head of mission;* Terri Anne Morris *Intersectional HR*

Uganda Christopher Hall *Logistical coordinator*

Uzbekistan Marielle Connan *Nurse;* Emily Goodwin *Project coordinator;* Nina Kumari *Mental health specialist*

Zimbabwe Rebecca Harrison *Epidemiologist*

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

Médecins Sans Frontières/Doctors Without Borders (MSF) 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.

DEBRIEFING

SARAH MAYNARD
PROJECT COORDINATOR, LEER, SOUTH SUDAN

What does it mean to be a project coordinator? It means you're in charge. A lot of it is about managing the team and giving them the support to do their jobs. It's about managing security and making sure that the project is doing what it's supposed to be doing, and that you're not missing anything: are we treating the people we're supposed to be treating? It's also about taking responsibility for the budget. But mainly it's about being organised. I'm a bit of a control freak, so I go into more detail than is probably necessary. You're also in charge of MSF's relationship with the local authorities and local communities, and of ensuring that the way the team behaves and the work they do reflects properly on MSF.

Fighting broke out while you were there... When I arrived in September last year, South Sudan was an optimistic place. I had a couple of months of relative normality and then, on 15 December 2013, things changed. The conflict started.

So there was no build-up?
It was quite a shock. MSF had been managing this project for 25 years: the hospital was big and all the services were running smoothly. I wasn't expecting my mission to turn into this emergency.

Did you see the effects of the violence? Yes, in January, in particlar, we had a lot of patients with gunshot wounds. I remember one night when a truck arrived around midnight and it was packed to the brim with wounded people, some of whom were really seriously injured and needed surgery. It was chaotic and dark. There were guys with guns walking around outside the hospital, so I walked up to the soldiers to talk to the most senior officer. It went quite well, and we managed to get the wounded into the hospital. We have a rule whereby you can't bring weapons into an MSF hospital, so we made sure that didn't happen. The guards did a really good job of just letting in those people who really needed to come in.

Now you're home, is it hard to switch back to normal life?
Sometimes coming home is more difficult than going out – though the culture shock going out can be quite tricky. I see it with people in my team. I call it the 'first mission look'. They look wide-eyed for the first few weeks, thinking 'Oh my goodness what have I got myself into?' I know I was like that when I first started. But now I think coming back is harder: trying to explain what you have been doing and where you have been. It's nice in a way to be back: you can turn a tap on and water comes out; you can plug something in a wall and it charges up. Sometimes it's hard adjusting to not worrying about the things that I worried about last week. I said to my mum the other day, 'Wow, I haven't heard a gunshot in about a week, it's so nice'. Then I remembered that I'm not supposed to tell her about that kind of stuff.

How does your family feel about you going?
My family are used to it by now. When my nephew was five, I explained to him that I was going to Democratic Republic of Congo. He kept asking, 'But why are you going?' I explained that we were going to help people, and he said, 'Why can't they help themselves?'
It was a pretty good question, to be honest. My other nephew is two and whenever he sees a plane, he thinks I'm on it. Unless someone has been there, it's really hard to explain, but if you come back with photos and videos, then that helps. I don't think you can ever really tell the whole story of what an MSF mission is like.

What was your greatest achievement?
I'm really happy that we went back to Leer. We'd been evacuated because of the fighting, when the town was empty and the population had left. To go back and to be able to do something right away – I was so proud of the team. We set up a nutrition programme in a day and a half, and in the first week we enrolled 900 kids in the programme. That was pretty amazing. When you're leaving, people say a lot of nice things to you, but I remember one of our cleaning ladies came up to me at the end and said, 'My children are alive because of you' and I burst into tears. If you can do something like that, it's pretty cool.

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Dispatches is written by people working for MSF and sent out every three months to our supporters and to staff in the field. It is edited in London by Marcus Dunk. It costs 8p to produce, 17p to package and 27p to send, using Mailsort Three, the cheapest form of post. 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 MSF works. We welcome your feedback. Please contact us by the methods listed, or email: *marcus.dunk@london.msf.org*

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Tel **0207 404 6600** *Address* **Médecins Sans Frontières, 67-74 Saffron Hill, London. EC1N 8QX** **@msf_uk** **msf.english**

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