

DISPATCHES



The boy who survived Ebola



Patrick Poopel clutches the certificate that proves he survived Ebola at Médecins Sans Frontières' treatment facility in Monrovia, Liberia *Photograph: Morgana Wingard/MSF, 2014*



**MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS**

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Fourteen-year-old Malik plays chess with Médecins Sans Frontières' anaesthetist Ben Gupta in Ramtha hospital, Jordan. Malik lost one leg and sustained severe injuries to his arm and other leg when a bomb fell on a wedding party at his family's home in Syria Photograph: © Ton Koene, 2014

SYRIA

Hundreds wounded in bombing of market in besieged Damascus

The bombing of a crowded market on 9 October caused hundreds of casualties in Erbin, on the outskirts of Damascus. At the Médecins Sans Frontières-supported hospital in Erbin, staff reported an influx of 250 wounded.

"After the bombing of the market last Thursday our emergency room was overflowing," said one of the doctors in the hospital, who wished to remain anonymous. "I was working through my tears when we had to amputate the limbs of three children with severe wounds. We have used 95 percent of our stocks of drugs and medical supplies over the past days of non-stop emergency. With the bombs still falling, and another mass casualty influx this morning [16 October], we are very worried about the coming days and weeks. We are under siege



and it is hard to get the supplies we need. So I am sad – and angry – that I cannot provide the high level of care we should be giving to all our patients."

Some 50,000 people have been under siege here for more than two years, and bombing and shelling has intensified since early October. Médecins Sans Frontières supports more than 100 health facilities throughout the country including this hospital.

"This horrific bombing and carnage in Erbin is a clear example of the relentless violence in Syria's besieged enclaves, and illustrates why these hospitals need massive support," says Bart Janssens, Médecins Sans Frontières' director of operations. "The conditions and stress for the Syrian medics, who live under direct threat every day, have reached unbearable levels. The doctors have been on call 24/7 for two years, always on standby to treat emergency cases. They never know when there will be power cuts, or water shortages in the hospital, or whether there will be any fuel to run an ambulance. It is hard enough for them to keep routine medical services running when every box of medicine is difficult to get hold of, let alone responding to extreme medical emergencies."

For more information, visit msf.ie/syria

CAR

Violence surges in capital of Central African Republic

Bangui, the capital of Central African Republic, has been extremely tense since violence broke out on 7 October. Médecins Sans Frontières' team treated 13 wounded at the general hospital: one person died of his injuries.

Access to medical care has become increasingly perilous, with most of the city's inhabitants taking refuge in their homes. Over three days, Médecins Sans Frontières' teams treated 56 wounded people.

"The security situation is preventing us from getting around the town," says Claude Cafardy, Médecins Sans Frontières' deputy head of mission, in Bangui. "There is a real risk that the injured won't



come to hospital for treatment, either because they can't find transport or because they are afraid of being attacked on the way."

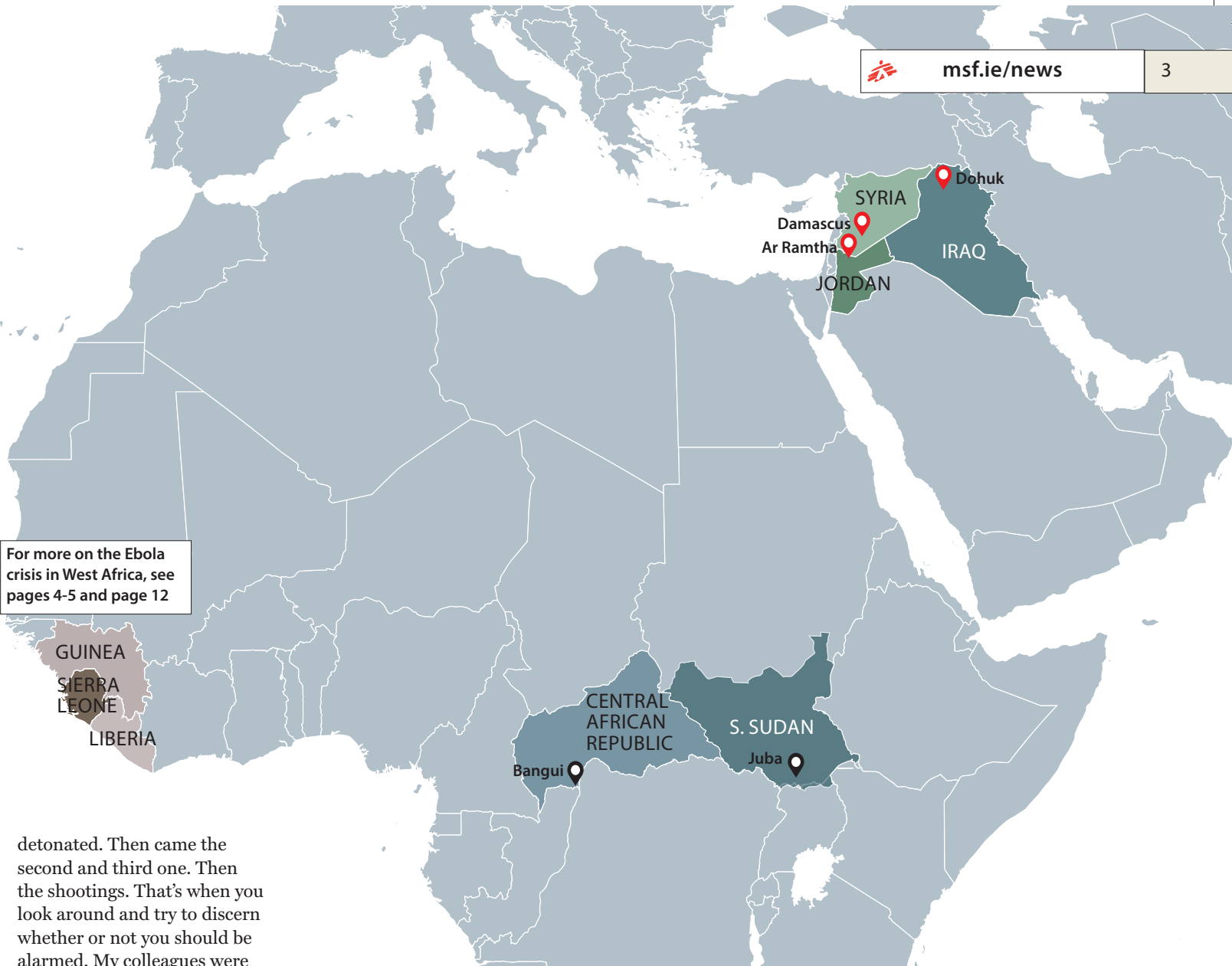
Henriette Huynh (above) is a Médecins Sans Frontières' deputy finance coordinator in Bangui

"Shootings here and there, grenades now and then... The mind is exceptional at adapting and, soon enough, your standards of what is normal shift. But when you hear explosions so close that it reverberates in your gut, your illusions of safety fall away.

What started as a normal day at the office quickly turned tense when the first grenade



An injured man is brought into the hospital. Photograph © Aurelie Baumel/MSF



For more on the Ebola crisis in West Africa, see pages 4-5 and page 12

detonated. Then came the second and third one. Then the shootings. That's when you look around and try to discern whether or not you should be alarmed. My colleagues were alert but calm. We continued with our work.

I heard from our staff that someone had hijacked a taxi, entered another group's area, and then thrown grenades, killing and wounding a few. This man got caught, beaten, dragged on the streets for a few kilometres, then was beheaded and burnt. This morning's confrontation occurred when some people from his community came to claim the body. The tension is real.

By early afternoon, the streets had calmed. Twenty of us huddled into two vehicles and drove through the streets. The main roads were deserted, except for military men and convoys, and a few lingering civilians. I am now home and, in between the sound of helicopters hovering above our heads, I will try to get some shut-eye. Good night, Bangui. Hope to see you in a good shape tomorrow."

Follow Henriette's blog at blogs.msf.org/henriette



SOUTH SUDAN

A Médecins Sans Frontières' team travels by boat to run a mobile clinic in Jigmir, Upper Nile state, South Sudan. More than 1.5 million people are currently displaced from their homes in South Sudan due to the conflict that broke out last December. Many families in remote areas have no access to healthcare, prompting Médecins Sans Frontières to operate mobile clinics. Médecins Sans Frontières currently runs 26 projects in nine of South Sudan's 10 states, with 3,800 staff on the ground. Please visit: msf.ie/southsudan

Photograph: © Ton Koene, 2014

My friend from across the fence

Ane Bjøru Fjeldsæter, a psychologist from Trondheim, Norway, recently spent a month working at Médecins Sans Frontières' Ebola treatment centre in the Liberian capital, Monrovia.

Liberia is divided by an orange double fence. We built it to keep the sickness at bay. We built it to separate us (the healthy, the privileged) from them (the sick, the needy). We built it to feel less mortal. We built it for the noble purpose of barrier nursing.

Patrick is on the inside, I am on the outside.

THE EBOLA OUTBREAK

Cases and deaths since March 2014

World Health Organization figures as of 31/10/14

	Cases	Deaths
Guinea	1,667	1,018
Sierra Leone	5,338	1,510
Liberia	6,535	2,413
Total	13,540	4,941

What is Médecins Sans Frontières doing?

The outbreak of Ebola in West Africa is the largest Ebola epidemic ever recorded. The virus has already infected more than 13,000 people and the outbreak is far from over. Médecins Sans Frontières has been combating the outbreak since the first cases were reported.

We are operating six treatment centres in affected areas, but more needs to be done. We are stretched to the limit of our capacity.

Médecins Sans Frontières has 3,481 staff on the ground and has brought in more than 1,019 tonnes of equipment and supplies to help fight the epidemic. It's the financial support of individuals like you that enables us to do this. Thank you.

For the latest news and information, visit msf.ie/ebola

I see him every day, and we smile and wave at each other. Patrick is just a child, but he is hanging out with guys five times his age, as if trying to make up for the fact that he is much too young to die. They play checkers and poker when they have the energy for it, and they listen to BBC Africa on the radio I brought in one day in my space invader outfit. Patrick has a shy, crooked smile and a bruise near his right eye. He has just lost his mother, but his father is with him in this horrible place.

Dangerous to get close

Every day I tell myself: Ane, don't lose your heart to this child who no longer belongs among the living. He is here for a week and then will be gone forever. How will you do your job once he has gone? Don't you know what you are dealing with here? "This Ebola business", as they say on the radio. Ninety percent mortality rate. People on that side of the fence don't return to this side. You know that it is dangerous to get close.

I tell myself this every day, and I never listen. It is impossible not to look out for his crooked smile once I arrive at work in the morning. It is impossible not to notice the small changes in his energy levels from day to day. I can't resist waving at him, or scanning his face and his medical chart for any indication, anything that will allow me to hope that he is taking a turn for the better. Anything that will allow me to hope that we will play poker together one day, without all the bother of wearing a mask, goggles and double gloves.

The horrible morning arrives

Then the horrible morning comes. The one I had tried to prepare for. The morning when Patrick is not waving anymore. I look across the fence and he is lying on a mattress in the shade. His group of man-



'People on that side of the fence don't return to this side'

friends tiptoes around him, looking concerned. I suit up. I fear the worst. I make my way through the ward. His father tells me Patrick has complained of stomach pains all night. Patrick has parched lips, feverish, shiny eyes, and none of his usual energy. He tries to smile



when he sees me.

– Patrick, my friend, you don't look so well. It worries me to see you like this. Is there anything I can do for you?

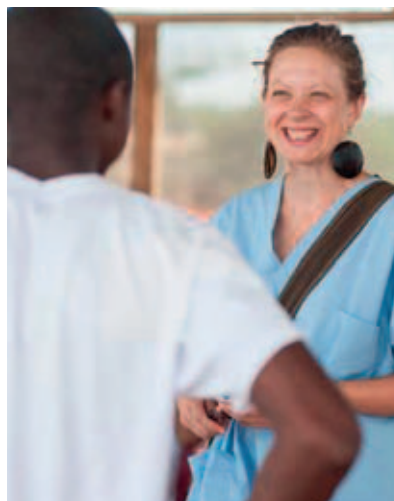
He looks up, whispers something, and I lean closer in my bulky space suit. What did he say?

'Patrick had become so skinny we had to tie his trousers up with a piece of string'



Left, Ane Bjøru Fjeldsæter with six-year-old Patrick Poopel after his discharge. Above right, a week after being cured, Patrick got a surprise present from Médecins Sans Frontières - a bicycle. Below, Ane talks to a survivor about life after Ebola.

Photographs: Morgana Wingard/MSF; Martin Zingg/MSF, 2014



– I said, can you get me a bicycle?
Oh Patrick, where would you ride your bicycle?

You loved your mother and you were near her while she was sick. Now you are surrounded by orange fences and you will never learn to ride a bike. Do you think this is just an upset stomach? Didn't your older friends tell you about Ebola? Or did they turn down the volume when BBC Africa told you that soon you would be shitting your own blood?

I make my way out. I don't want to start crying inside the goggles. I hate myself for having met this kid. Why do I never stay at home?

I take the rest of the day off. I promise myself I will get a normal job.

The next morning, something drives me back. I want to be there for Patrick's father, no matter what he is going through. He looks tired, but he grins as soon as he sees me across the fence. And slumped in the chair next to him, someone is sending me a crooked, shy smile. We wave. I can see that Patrick doesn't have the energy to leave the chair, so I

get dressed in my suit and go inside. In spite of seeing only a fraction of my face, Patrick recognises me:

– I see my friend. I don't see my bicycle!

I can't tell him I didn't think he would make it through the night. I try to find the right words. Can I say it slipped my mind? Patrick looks at me sternly.

– The lady forgets, but the man does not!

Oh Patrick, where do you pick this stuff up? Is this the kind of talk you hear from your entourage? Promise me you'll start hanging out with kids your own age one day.

Crossing the fence

Patrick was discharged last Sunday with his father. They both looked worn out. I could hardly believe that Patrick had healed from Ebola before the bruise near his right eye had faded. He had become so skinny that we had to tie his trousers up with a piece of string.

Being discharged from the centre is a confusing affair. After weeks when people are afraid to go near you, suddenly they want to hug you and kiss you. It can bewilder anyone, even a worldly young man like Patrick.

On the rare occasions when somebody recovers, we provide them with a certificate of their negative status. Patrick Poopel, standing here on my side of the fence, smiling a shy smile and holding his Ebola graduation papers, ready to learn how to ride a bike.

Contrary to what you might think, Patrick, this is something the lady will never forget.

Safe births for refugee mothers

Iraq is facing a refugee crisis. Thousands of Syrians fleeing the conflict in their home country have taken refuge in Iraqi Kurdistan, where they have been joined by almost one million Iraqis who have fled from areas under the control of Islamic State militants.

Most of the refugees are sheltering in schools, camps or unfinished buildings, where poor living conditions, overcrowding and a lack of sanitation pose a serious threat to their health.

Médecins Sans Frontières has scaled up its activities in Iraqi Kurdistan in order to provide more people with medical care.

In Domeez refugee camp, Médecins Sans Frontières has opened a maternity unit to provide for the estimated 2,100 babies born in the camp each year. Médecins Sans Frontières teams are also running three mobile clinics in the Dohuk region.

In the centre of Kirkuk, another Médecins Sans Frontières' team is providing medical care in a mosque and a church. The team's two doctors and two nurses carried out more than 600 consultations in October alone.

Despite the ongoing conflict and security risks, we are committed to continue providing medical care in this region.

Right: Midwife Marguerite Sheriff poses with a mother and her baby – the first to be born at Médecins Sans Frontières' new maternity unit in Domeez refugee camp. Before the unit opened, many Syrian women in Domeez chose to give birth in their tents, which could be risky if they experienced complications during the delivery.

The staff have a close connection with their patients, as most are refugees from Syria. "We employ Syrian staff, people who are themselves refugees," says Dr Guadarrama. "Our team currently includes a gynaecologist, nine midwives and four nurses, who between them provide round-the-clock care."

Already there are five births each day in the new maternity unit. "So far we are coping," says Dr Guadarrama, "but our limit is seven deliveries each day. Given the great demand, we are already studying the option of further expanding our operations."

Photographs: Gabrielle Klein/MSF

'With the new maternity unit up and running we only need to refer high-risk pregnancies to Dohuk, taking pressure off the hospital'



Midwife Marguerite Sheriff advises staff at the unit. Photographs: Gabrielle Klein/MSF

Below, left to right: Ayla Hamdo, the first baby to be born in MSF's new community members in Sharya; a Yazidi man talks to MSF staff in the





Above right: Yazidi families come for medical consultations soon after arriving at a refugee camp in northern Iraq.
 Below: Violence has forced some 1.8 million people to leave their homes in Iraq in 2014, with almost half finding shelter in Iraqi Kurdistan.
 Photographs: Gabrielle Klein/MSF, 2014



‘We employ Syrian staff, people who are themselves refugees’

MSF's new maternity unit in Domeez refugee camp; MSF health workers meet local people in the tent where his family is sheltering. Photographs: Gabrielle Klein/MSF



Conor Prenderville from Castleknock, Dublin is a Project Coordinator for Médecins Sans Frontières/Doctors Without Borders (MSF). Over the past five years, he has worked in Chad, Haiti, the Democratic Republic of Congo, Colombia, Ethiopia, Turkey and Syria. Here Conor describes a busy year on the front line of some of 2014's toughest emergencies.

Having worked in the desert on the Chadian-Sudanese border as well as in the sweaty, mosquito-infested jungles of Colombia and the Democratic Republic of Congo, I thought a cold climate would be nice for a change. It would be good not to wake up in a pool of my own sweat for once and maybe to wear boots to work, instead of flip flops. I was wrong!

It only took a single winter in northern Syria to convince me that Médecins Sans Frontières' meagre living conditions are best weathered in the heat rather than the cold.

In the north of Syria's Aleppo province, we lived in containers within the grounds of our hospital. My morning routine was to get up before everyone else, wrap myself up in as many layers as possible, and run out into the snowy courtyard to light our solid fuel burner. I used to pile kindling into it, throw some big pieces of wood and a few scrunched up newspapers on top, drench the lot in kerosene then throw a match in... it was great craic actually! Then I would run into the kitchen container, turn on the gas heater and put a big pot of water on to boil. I would sit in the kitchen rocking back and forth waiting for the water to heat up, before pouring it into a bucket and bringing it into the latrine for my morning shower.

The idea was to have the place as warm as possible for the rest of the staff when they woke up. As a project coordinator, my role is to manage Médecins Sans Frontières' programme of work in that area and to ensure that the team has all the necessary resources to carry out our life-saving activities. This ranges from complex decisions around risk assessment and security management, to the more mundane, every day practicalities such as having sufficient hot water ready.

By the time I was out of the shower, the first few heads would be up and huddled around the burner, bringing each other up to date on the previous night's emergencies, anything from gunshot wounds to emergency caesarean sections. Although Syrian medics are the highest quality health



Conor Prenderville

'After five years, I've learned that anything that reduces complaining is worth it.'



My year of emergencies

workers I've known in my five years with Médecins Sans Frontières, most of them have left the country by now and those that have stayed are in heavy demand, therefore, Médecins Sans Frontières was heavily reliant on international staff for our work in Syria.

But like everything else in life, with experience you gain perspective. When I visited the camps for IDPs (Internally Displaced People) on the Syrian side of the Turkish border after the first heavy snowstorms I realised that, as bad as we had it, others had it worse, a lot worse: Huge families cramped into tents, kids trudging through the snow in old, broken runners, with wet socks exposed to the elements.

So Médecins Sans Frontières kicked into action. Within a few days of conducting our first assessment in the camps, we had a queue of trucks at the Turkish border laden with essentials relief items such as blankets, plastic sheeting and tents, which we distributed with the support of local relief agencies to the neediest IDP families in the district.

This is where I feel really proud to be part of Médecins Sans Frontières when things get serious, the emergency logistics machine gets going: We do a quick evaluation, we see the situation is bad, we buy what we need, we organise quickly, we intervene and help... Basta! Other organisations would need to do a report, find funding, and maybe a



‘2014 was my year of emergencies’

month or two later the first trickles of aid might start arriving. Our independence sets Médecins Sans Frontières apart. Specifically our financial independence, something we get from our individual private donors all over the world. In places as politically complex as Syria being able to say that all our activities are funded by ordinary people who just want to help is a very powerful message for the patients we treat.

I finished my mission in northern Syria in a whirlwind of insecurity caused by rebel infighting. My last actions before handing the project over to my replacement were to evacuate both national and international staff, medically evacuate all patients, and close the doors. It was a sad time for me; it's not a pleasant way to end your mission. The hospital reopened again a few weeks later, albeit remotely across the border.

Three weeks later I landed in Bangui, the capital of the perennially

continued on page 10



Top: Peuhls women awaiting medical consultation at MSF' health post inside Muslim IDP camp, Central African Republic. © Yann Libessart/MSF

Top left: The entrance to an Médecins Sans Frontières' hospital in northern Syria. © Mario Travaini/MSF

Bottom left: Children at Bangui Airport in Central African Republic. © Yann Libessart/MSF

‘As in Syria, the main challenge was the insecurity’



challenged Central African Republic. Another emergency mission, another kaleidoscope of rebel groups and another population caught in the middle.

We did an exploratory mission to a rural town right on the front line between the two main rebel groups. The hospital had been closed for months and the population had fled into the jungle. A sole Rwandan nun, with some light previous nursing experience was catering to the health needs of a population of about 15,000 people, dispersed in the jungle in one of the most malaria endemic zones in the world.

Nobody else was interested in working here, hell nobody else even comes here. It's far away from the capital, difficult to get to with roads patrolled by child rebels. A population forgotten by everyone except the Anopheles mosquito. Never mind the great white shark, rattlesnakes or black widows, this little critter is responsible for most human deaths because it carries and transmits the malaria parasite.

My team decided to open an emergency intervention in the town. Despite the challenges en route, we arrived with

trucks of relief items and medical supplies, as well as doctors, nurses and midwives, and began a programme of in-patient hospitalisation and out-patient treatments focused on malaria and mother and child healthcare.

We were living and operating in a town controlled by rebel group A. When there was fighting, inevitably they brought their wounded to us. Médecins Sans Frontières is an impartial organisation meaning that although we primarily treat civilians we also treat militants, as long as they leave their guns and uniforms at the door. However, this rebel group B incorrectly perceiving us as the 'doctors of rebel group A', something that could be quite dangerous when you're constantly travelling across the front line.

At the same time we were also hearing reports of medical needs in surrounding villages, in territory mostly held by rebel group B. So we also sent out our mobile clinic teams to determine what the needs were and to provide essential primary care to the displaced population. The villages were mostly deserted, but if you sent out word that there would be a

mobile clinic on a certain day, then you would get hundreds of people including women, children and wounded rebels coming out of the jungle, all in need of medical care.

Flip flops vs. boots

When I started working with Médecins Sans Frontières, the trainers on our preparatory course went on and on about Médecins Sans Frontières' principles: The financial independence that we have due to our donors which allows us to act quickly and decisively when needed; the impartiality of our medical activities which reminds us of our shared and indisputable humanity; and the neutrality of our position no matter what the context. I remember thinking to myself that it all sounded well but theoretical. Now, five years on, I've learned that these principles are Médecins Sans Frontières' most important asset; they constitute our only line of defence in hostile environments and act as an invaluable guide through a quagmire of frequently challenging decision-making. Everything else, including whether you can wear flip flops or boots to work, is really just arbitrary.



Top: The malnutrition ward of Berbérati University hospital, Central African Republic's second largest city.
© Ricardo Garcia Vilanova/MSF

Left: A boy collects essential items for his family after an Médecins Sans Frontières distribution.
© Nicole Tung/MSF

i 60 SECOND INTERVIEW

Donal Doyle, a bio-medical scientist from Sligo is heading out on his first assignment with Médecins Sans Frontières to Uzbekistan.



Why Médecins Sans Frontières (MSF)?

I have always known about the organisation and admired the work that they do. I am greatly impressed by their determination to continue their projects, even in the most challenging and difficult situations.

What will your work involve on the ground?

The project involves tuberculosis, which is often multidrug resistant. I will be working as a quality manager in the laboratory, providing support and training for the laboratory staff.

Uzbekistan in winter sounds cold.

It certainly does! I've been told that it goes as low as minus 10. This combined with the Lonely Planet description of Nukus as being "isolated" makes me think that it is going to be a very interesting winter experience.

What has been the reaction of family and friends?

Geography has been the main talking point, with "Where?" being the most common response. Everyone has been really interested about the mission and very supportive.

What are you most looking forward to?

I'm excited to be working with an international Médecins Sans Frontières team and I'm looking forward to the Uzbekistan cultural experience. I'm expecting it to be very different from anything I have known before and I like the challenge of that.

What will you miss most from home?

We have just christened my new nephew and I am his godfather, so I will miss not being around for his first year. Other than that, I guess I will miss things like afternoon films at the IFI, the craic in the pub on a Saturday night and Thai takeout!

What essential items will you pack in your rucksack?

I got a gift of a thick Aran jumper so that will come in very handy heading into the winter months. We are only allowed 20kg of luggage, so at least 10kg of this will be taken up by Lyons tea and Cadburys chocolate.

MSF'S IRELAND VOLUNTEERS

Central African Republic Anna Carole Vareil, HR Coordinator, Co. Dublin

Central African Republic Aileen Ni Chaoilte, Medical Team Leader, Co. Galway

Central African Republic Sharon Mealy, Logistician, Co. Dublin

DR Congo Richard Delaney, Logistician, Co. Kilkenny

DR Congo Laura McMeel, Pharmacy Manager, Co. Dublin

Ethiopia Sean King, Supply Logistician, Co. Mayo

Haiti Dominique Howard, Logistician/Admin, Co. Dublin

Liberia Declan Barry, Doctor, Co. Longford

Sierra Leone Emer Kilbride, Doctor, Co. Dublin

Sierra Leone Simon Collins, Doctor, Co. Dublin

Uzbekistan Cormac Donnelly, Doctor, Co. Galway

Uzbekistan Donal Doyle, Biomedical Scientist, Co. Sligo

BRIEFING

Laura Duggan is a nurse from Dublin. She previously worked with Médecins Sans



Frontières (MSF) in Nigeria and South Sudan. Here, she shares her diary from MSF's Ebola Treatment Centre in Kailahun, Sierra Leone.

I arrived a week ago but it almost feels like a month. The country is very green and lush and we are about 20 minutes' drive from the Guinean border at the end of what most people back home would call a very "off-road" road.

'Real Heroes'

The people here are very friendly and welcoming and everyone wants to know your name which can lead to some confusion as many will have not met a Laura before. And vice versa as I have not met many Fatimatas or Tambangas in Dublin. For this reason I have shortened my name to Laulau which I was told yesterday means "Superior Wife" in the local language, Mende. I've decided to hold onto this nickname for the time being.

The national staff are the real heroes in my eyes. When I was getting ready to fly out here, I

felt uncomfortable with the high praise people were lauding on me when really I am just dropping in for a few weeks. Yes, I will work hard and place myself at an increased risk but these guys have been here from the start, losing friends, family and colleagues along the way and still they come back every day to help their friends and neighbours in the treatment centre.

'Back to Nursing 101'

The patients are all based in the high risk zone and to enter here we need to wear the astronaut suits. We wear gloves, body suits, hood with mask, more gloves and goggles, and when fully dressed, no skin should remain exposed. We never enter alone and each team must check each other before entering, almost like a dive buddy checking each others' equipment before entering the water.

Actually there are a lot of similarities with diving and the high risk zones: your equipment must be correct, you must move slowly and calmly to reduce energy consumption, you need a plan and you must check your buddy all the time.

The patients are always happy to see us and we try to communicate as much as possible asking how their night's sleep was, how they are feeling, and encourage them to drink plenty of rehydration solution and keep their spirits up. It



Kailahun, Sierra Leone, 2014. © Fathema Murtaza/MSF

really is back to basic nursing 101, but this is the joy as you can give them the help and support without too many machines and paperwork to distract.

The last two tents are the convalescents and these patients are self-caring and waiting for confirmation that they have been lab-confirmed negative. This is the best part of the centre, as if they have made it this far, they will survive.

'Just typing this, tears are coming to my eyes'

To see the survivors coming out after showering and receiving new clothes to go home in can be very emotional. Yesterday two young girls were discharged alone after losing their mother and father to Ebola. The whole team stopped

and shouted and clapped for them as they walked out with big happy smiles. Even now, just typing this, the tears are coming to my eyes.

The centre now receives many patients from many areas as there are so few treatment centres in the country. Ambulances will arrive with up to 8 people inside; some people may have lost their fight along the way. This is the busiest time in the treatment centre as all patients need to be triaged and an extensive contact list compiled before they can be allowed into the centre. Yesterday we received 21 patients in the afternoon shift alone and believe me this is a lot of work.

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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 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

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.

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**.

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