



DISPATCHES

Médecins Sans Frontières is a leading independent organisation for emergency medical aid. In over 80 countries world-wide, 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.

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August 4, 2006: MSF workers form a human chain across the Litani River to bring medical supplies to hospitals in the south. Four tonnes of supplies were carried across by hand.

“It is rare for a war to end so suddenly,” says Bart Rijs, of the MSF team in Lebanon. “At 8am on 14 August the sound of explosions, which had been echoing through the towns and valleys for a month, suddenly stopped. By 9am some of the displaced people who had taken refuge in the collective centres in the Lebanese capital Beirut began gathering their belongings. It seemed an extraordinary thing to do in a region where ceasefires often last only a couple of hours, or at best a couple of days. By 10am the first cars appeared, packed with men, women, children and their belongings piled high on the roofs. They were heading home. By noon, the bomb-cratered highway leading south was clogged by a gigantic traffic jam.”

The war between the Israeli army and the Hizbollah militia fighters lasted a month, killed over a thousand people, mostly Lebanese civilians, and injured over 3,000. Half a million people fled their homes, according to the Lebanese authorities, particularly in the south of the country bordering Israel, and took refuge in collective centres further north, as well as in Syria.

A short but devastating war

MSF provided medical assistance to people who were displaced by the conflict as well as those who stayed south of the Litani River, cut off from the outside world. The people who remained in the south were either too old, too poor, too ill or simply refused to leave. In the days preceding the ceasefire, heavy fighting and shelling had made it all but impossible for MSF to reach people in certain areas of Lebanon, especially in the south and in the eastern Bekaa valley.

© Kadir Van Lohuizen



Bodies under the rubble

Throughout the conflict, an MSF team was based in Tyre, the largest city south of the Litani River, supplying hospitals and clinics with drugs, medical materials and food. When the fighting stopped, they were able to move through the area without fear of bombing and fighting for the first time in weeks. ‘Now we need to concentrate on assisting those who stayed behind and were cut off all these weeks, and on those who are returning,’ said Christopher Stokes. In a two-car convoy the MSF team made its way through the war-ravaged villages, stopping to ask people what they needed most.

The village of Aita ech Chaab, only a few hundred metres from the Israeli border, was heavily damaged. When the MSF team made its way through the streets, shrapnel clinked under their feet. ‘Be careful,’ somebody warned. ‘That part isn’t checked for explosives yet.’ A whole neighbourhood was razed to the ground; the day before villagers had pulled seven bodies from under the rubble. Relatives were arriving from the north, embracing each other with tears in their eyes. Two women were trying to gather their family’s belongings but soon gave up realising there was nothing left.

In Aita ech Chaab, as in other villages, MSF teams didn’t find anyone so seriously wounded that urgent treatment was required. ‘Curiously, we have seen many people killed but only category four wounded,’ said MSF surgeon Martial Ledecq. ‘That means they are only slightly wounded. I have worked in many conflict areas, but in Lebanon the ratio of dead to wounded is really very high.’

While most displaced people have now left Tyre and nearby Saïda to return home, MSF continues to operate a fixed clinic in each of the two coastal cities. Previously, MSF teams had distributed hygiene and cooking kits as well as blankets, bed sheets and baby milk formula to about 23,000 displaced people in and around the two cities.

A LOGISTICAL NIGHTMARE

During the conflict, MSF’s priority was to support Lebanese health workers by providing medical supplies. Christopher Stokes, Director of MSF operations, explains: “There are a lot of highly qualified medical staff in the country and they remained in the hospitals to treat the wounded throughout the conflict, even in the areas where there was immediate danger. However they quickly became overwhelmed and started to run out of basic supplies, which is why MSF stepped in.”

To get the necessary supplies into Lebanon was a major challenge since Lebanon became completely sealed off, Beirut’s airport had been bombed and naval ports were blocked by Israeli warships. MSF had to transport aid shipments from the island of Cyprus by sea and from Syria over land to Beirut.

The next challenge was to get it from Beirut to

the south of Lebanon. The destruction of roads, bridges and infrastructure made it extremely difficult to distribute the supplies to patients, displaced and other needy people. Teams had to travel over insecure roads, where trucks and other vehicles were targeted.

MSF also focused on getting basic relief materials to displaced families gathered around the country in collective centres. The teams distributed cooking equipment, mattresses, blankets, stoves and hygiene kits containing soap, toothbrushes etc.

In total MSF teams managed to distribute relief goods to about 60,000 displaced people in Lebanon and 8,500 refugees in Syria throughout the conflict. The 310 tonnes of material sent to Beirut and distributed to the different areas where MSF teams worked also included drugs and surgical kits.



© Zohra Bensemra

“Over one hundred patients came to the centre every day between 26 July and 14 August,” explains Martial Ledecq, MSF surgeon in Tyre. “A third of them were displaced families from small towns and villages looking for somewhere safe to stay. Others were people from Tyre who decided to stay despite the constant sound of shelling and bombardment. This man rushed into the consultation room and started talking frantically. He was very angry and there was no way I could interrupt. He explained that he lived in the small village of Aitaroun near the Israeli border. He went to buy some bread one morning when his village was bombed. When he came back, his house had been reduced to rubble from which the lifeless bodies of his wife and four children were pulled out. He said he could not sleep anymore and his whole body ached. There was not much I could do, anything I say would sound hollow. I gave him an anti-depressant and tranquilizer and he left.”



MSF surgeon Martial Ledecq examines a patient at the Bashour Hospital in Tyre.

© Sergio Cecchini

New beginning

Hama Srour, a local resident, led the MSF team into one of the houses that was still standing. One of the outer walls had been knocked away and there were shards of glass everywhere. What do the villagers need? “Water,” he said after a pause. “We think the wells have been contaminated by bodies. And we need tents. People have nowhere to stay. Some drugs to start the clinic again. But first, the village will bury its dead.”

After Aita ech Chaab the MSF team visited other villages and it soon became clear what needed to be done. From assisting displaced in Tyre and transporting emergency medical supplies to hospitals and clinics in the combat zone, the team would help returnees with a new beginning.

The day after the funerals, MSF distributed some tents, blankets, sheets and hygiene kits and started installing a drinking water supply in Aita ech Chaab. Later, they did the same in the other villages. “MSF is an emergency medical organisation, we will not engage in reconstruction,” says Christopher Stokes. “But in the first few days and weeks, before other organisations arrive, MSF can make a difference.”



To listen to Christopher Stokes talking about his experiences at the height of the crisis and for other information about MSF's activities in Lebanon, please visit www.uk2.msf.org/dispatches/

MSF workers and locals use a tree trunk as a makeshift bridge across the Litani River to bring emergency medical supplies south of the river.

MSF staff travel by boat to reach the people in need of measles vaccination in the most remote parts of Papua's southern Asmat region.



On the outer limits of the Indonesian archipelago lies the isolated island of Papua, a region so covered in impenetrable jungle, mountains and swamp that large swathes of its interior remain inaccessible. But along its water courses and mountain ranges, small scattered communities continue to eke out an existence. Out of reach of health services and off the radar to the outside world they easily fall prey to many of the region's infectious diseases. In May, a measles epidemic threatened people in the south. MSF surmounted huge logistical challenges to reach and vaccinate the most vulnerable people. Petrana Ford followed the MSF teams.



Reaching the sick through the jung

“When I first arrived in Papua I was shocked,” says Dr Kabul Priyantoro, an Indonesian doctor who is a member of MSF measles intervention team. “People are living in conditions that I did not think were possible in Indonesia, and dying from simple, curable illnesses. This is not because of any natural disaster but because of chronic neglect. It makes me sad to see people living like this in my country.”

Behind Dr Priyantoro a queue of mothers has formed and are waiting patiently and curiously in the searing midday heat. Strapped to their backs are their children: toddlers with arms so stick-thin it is painful to look, and flesh so riddled with rashes and flaking skin you involuntarily scratch yourself in sympathy.

Papua, an island the size of France with a population of just 2.3 million, is the least densely populated of the Indonesian archipelago. Although rich in natural resources and one of the biggest world producers of copper and gold, the indigenous population has seen few of the benefits. Today, Papuans have the lowest health status in the whole of Indonesia.

Earlier this year, MSF started receiving reports of measles cases in Papua’s southern swamplands of Asmat. The population here is semi nomadic, with families disappearing for weeks on end deep into the forest to fish and hunt.

On paper this didn’t look like an area where a measles epidemic was likely. Just 755,000 people are spread over an area the size of Belgium, and measles, often the first cause of mortality in refugee camps, is normally associated with high population density. However, poor nutrition, low vaccination coverage and constant movement along the rivers placed the Asmat population at high risk. So in April MSF decided to join forces with the Ministry of Health and launch a mass vaccination campaign targeting 17,000 children.

“The mortality rate from measles was unusually high and the disease was clearly spreading,” explains Wim Franssen, MSF’s Head of Mission for Indonesia. “The inaccessibility of this region meant the Ministry of Health didn’t have the capacity to effectively cover the area on its own so we decided to offer our support.”



MSF workers are vaccinating a baby and a young man against measles in a remote part of the jungle.

le and swamps

Photos © Jean-Pierre Amigo

Although our strategy was fairly simple in principle, the difficulties in actually implementing it in the Papuan context have been immense. “I have never worked in a place where the logistical constraints are so overwhelming,” says MSF’s field co-ordinator Dr Liliana Carrizo, who has previously worked with MSF in Angola and Mozambique. “Figuring out how we can reach distant villages several days journey upstream while keeping vaccines cold in tropical heat has been a nightmare. There is nothing here but jungle and swamp, and the only form of transport is boat. Everyday there is a new obstacle to overcome.” For emphasis she gestures to the mobile clinic staff who are presently sinking knee deep in mud as they cart their equipment from the boat to a forest hut.

“There is nothing here but jungle and swamp, and the only form of transport is boat.”

In order to keep the vaccines at a minimum temperature – otherwise they won’t work – MSF put together a complicated system of cool boxes, called a cold chain. It enabled the teams to keep vaccines cold for up to 72 hours, which gave them the opportunity to reach more distant areas. But the cool boxes can only be opened twice a day so they have to know exactly how many vaccines they need to take out each time, with no room for error. It also means that the teams had to come back to base every 72 hours.

Work here has been exhausting. For the first eight weeks, vaccination teams have been travelling through Papua’s intricate waterways, constantly moving from one village to another. By early June the first intensive phase was complete and the immediate threat of measles to the people of Asmat was over. Teams began to shift their focus to follow up care and the mobile clinics. But as they continue their work, the overwhelming health needs of a population living with no sanitation or health education, with poor nutrition and limited access to health care, becomes more and more evident.


For the Indonesian national staff it has been a disturbing realisation to see the desperate conditions others live in their country. The question remaining for MSF is what should be done to prevent similar outbreaks occurring again. Any real change in the health situation calls for long-term investment and development, something which lies beyond the means and mandate of MSF. Nevertheless, MSF is using the information gathered by its mobile clinics to assess whether it could meet more on-going health needs.

“I really hope we can do something for these people,” says Dr Priyantoro as he hands over a sachet of high nutrition paste to yet another mother with a malnourished child. “Otherwise I fear the situation will just get worse and worse.”

Petrana Ford

Watch and listen to Petrana Ford’s audio slideshow on Papua at www.uk2.msf.org/dispatches/





Alice, 19 years old, in her house in Goma, Democratic Republic of Congo. She was kidnapped and gang raped and had to undergo several operations, including for fistula, to repair the damage she suffered.

Fistula

Living in secret pain and shame

“To me it is as if the women are dead when they arrive. They have been forced to hide and live in a prison, feeling guilty. Now we can show them that life is possible again,” says Dr Bilé, an MSF gynaecologist.

© Sven Torfinn

The smell of old urine is already strong when 28-year-old Rita enters the small room for medical examination at the hospital in the town of Man, in western Ivory Coast. Dr. Bilé, the MSF gynaecologist, asks Rita to undress. As she takes off her dress and removes the pad between her legs, the stench of even more urine spreads in the room.

Rita is a tiny woman. It took her 96 hours to deliver a baby, which had died by the time it was pulled out. While in labour, Rita's child became stuck in the birth canal for four days and nights. During that time, the constant pressure against the tissue between her vagina and bladder caused a fistula – a hole through which urine constantly leaks down her legs from the bladder. Both her thighs are scarred and wrinkled from the constant drip. The smell cannot be ignored, and neither can Rita's pain. She had it for years now.

“I was crying all the time. I felt there was no reason to keep on living.”

The consequences of fistula are life-shattering: the baby usually dies and the woman is left with chronic incontinence. Because she can't control her flow of urine or faeces, she is often ostracized by the community. The scale of the problem is immense in Africa and Asia where there are thought to be over two million women living with fistula.

Another of Dr Bilé's patients, Marie, was abandoned by her husband when he discovered that she was leaking urine. He never returned and she moved in with her parents who then took care of her.

“I was crying all the time. I felt there was no reason to keep on living. My once-active life got down to washing myself, my clothes and my linings”, Marie explains.

“You're rotten”

Women with fistula are generally badly treated by the local community, and many shout in public “you're rotten” or “you stink”.

“I couldn't leave the house because people were being so mean to me. I just stayed in my room. When I did get out of the house to visit friends, I wouldn't be able to sit down because I would leave wet imprints behind” Marie says. She has been living this way for five years.

“People told me I was bewitched, or that I had been unfaithful to my husband and that this was my punishment. I couldn't talk back. What has one to say when urine and stools are running down one's legs?” Marie asks.

Growing waiting list

More than 65 women have now undergone a fistula repair operation at the Man hospital. As more people hear about the possibility of the surgical intervention, the waiting list is growing. Fistula surgery is relatively simple: it involves the mending of a hole in the bladder or rectum. Success rates can be as high as 90 per cent for experienced surgeons working in well-equipped facilities. But the operation is delicate, and it takes up to six months to train surgeons to operate on fistulas.

When Dr Bilé, a gynaecologist who has had his training from MSF surgeons, conducts his ward round, women smile. They obviously feel very safe in his presence. “To me it is as if the women are dead when they arrive. They have been forced to hide and live in a prison, feeling guilty. Now we can show them that a normal life is possible again”, Dr. Bilé says.

MSF UK volunteers currently in the field



MSF is working in partnership with others to eliminate fistulas in Ivory Coast, Liberia, Rwanda, Sierra Leone, Mali, Chad and Ethiopia, and is planning to start new projects in Burundi and DR Congo.

Life starts all over again

Two to five weeks after the operation, the catheter that was used as a temporary canal for the urine is removed so the wound can heal. It is at this stage women know if the operation has been successful.

“When doctors removed the catheter, and I did not leak anymore, it was wonderful. I could once again feel when I had to urinate and could control my urine”, says 28-year-old Christine who suffered from a fistula for nine years.

“Everything simply feels fantastic now. My life can start all over again”, says Christine.

A lot more than surgery

Education and prevention are crucial to help eliminate fistulas. MSF’s objective is not only to find and operate on as many women with fistulas as possible, but also to inform the local communities how to prevent it.

“When training local health workers, it is important to explain that if labour lasts a long time, a caesarean section or other methods can be necessary to deliver. If nothing is done the child may die and the woman develop fistulas,” says Peter Bech Larsen, an MSF gynaecologist who has been working with women with fistulas in Ivory Coast, Liberia and Rwanda.

MSF recommends teaching local health workers to use a partogram, a simple method monitoring progress. If the labour is progressing too slowly, the midwife knows she must seek medical help. “It is incredibly simple but it works”, explains the gynaecologist. Surgery is the last resort but still, unfortunately, very necessary.

What is a fistula?

A fistula is an abnormal canal created between organs that should not be normally connected. The vesico-vaginal fistula (VVF) and the recto-vaginal fistula are holes that emerge respectively between the vagina and the bladder or the vagina and the rectum. They often occur because of an obstructed labour during childbirth and prevent women from controlling urine or stools.

Women who get pregnant at a very young age, or have suffered malnutrition and therefore have stunted growth, are more likely to get fistulas. If the baby is too big to get through the immature pelvis of the mother, it might get stuck there for several days. The child usually dies, but continues to press on the vagina, rectum and bladder until it can be removed. The pressure causes a hole to appear in the tissue. Fistulas may also appear after a very violent rape or an attempt to induce abortion.

In the western world the problem is almost non-existent because women benefit from good obstetric care, and caesarian sections are readily available.

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DISPATCHES is a quarterly publication designed to keep our supporters updated on the work of Médecins Sans Frontières.

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You will have noticed that this issue of Dispatches has been printed in colour instead of black and red. This is why.

Dispatches in colour



Last issue we sent a colour version of the newsletter to 10% of our supporters to find out what they thought. We explained that changes to the cost of printing now means that we can print in colour for the same price as black and red. We also explained that advances in

digital photography meant that we often had to spend time converting colour images to black and white. Printing in grey-tone means that distinctions fade and the quality is lost. Finally we explained that colour images give our supporters a better idea of how their money is helping our work.

We were overwhelmed by the response from people who kindly took the time to tell us their views. Although a handful of people said they would rather keep the black and red version, the vast majority of respondents preferred the colour version. Therefore we decided to print this issue in colour.

You may also want to know the following:

- MSF UK sends Dispatches every three months to our supporters and our volunteers in the field. It is written by people in MSF.
- Colour Dispatches costs 8 pence per copy to produce (the same as when we printed in black and red).
- We use Mailsort Three to post it to you which means that it can take up to seven days to arrive. This is the cheapest form of post and costs 22.5p to send (compared with the cost of second class – 33p under the new postal charging system).

Dispatches in depth www.uk2.msf.org/dispatches/

We have created a web page for our readers who are interested to know more about the articles featured in Dispatches. The website contains articles that provide more written information, audio files, slideshows and video clips about the places and issues in the newsletter. This edition of www.uk2.msf.org/dispatches/ features Christopher Stokes talking about his work in Lebanon at the height of the crisis, and an audio slideshow by Petrana Ford in Papua.

Tell us what you think

We would welcome your views about any of the changes that have been made to Dispatches, whether it's about the use of colour issue or the new website: www.uk2.msf.org/dispatches/. If you have any suggestions, comments or questions please contact odile.mendel@london.msf.org

If you do not wish to receive Dispatches or if you have changed address or contact details please call us on 020 7404 6600

Why do we send Dispatches?

Accountability

Through Dispatches, we aim to be accountable to our donors and our field workers. We want to keep you, our donors, informed about how your money is spent and what our latest activities are.

Témoignage

MSF's main mandate is to provide medical care. But it also has a duty of *témoignage*. This French word means to speak out and bear witness to the suffering we see. We do this, not as defenders of human rights, but simply to act as direct witnesses to the suffering of the sick and the poor all over the world.

We bear witness because it is part of our humanitarian responsibility and our desire not to reduce our actions to the merely charitable or logistical. We bear witness because, for many victims, from Chechnya to Somalia to the Democratic Republic of Congo, there is nothing worse than neglect or indifference.

Dispatches plays an important role in our *témoignage*. It gives our patients, staff and volunteers a voice. It enables us to speak out about the conflicts, emergencies, disasters and epidemics in which we work and about the plight of those we strive to help.

“Silence has long been confused with neutrality, and has been presented as a necessary condition for humanitarian action. From its beginning, MSF was created in opposition to this assumption. We are not sure that words can always save lives, but we know that silence can certainly kill.”

James Orbinksi, former MSF President.

How to make a donation

If you would like to support MSF further, you can make a donation by:

- Telephone on 0800 731 6732
- Online at www.uk.msf.org
- Send a cheque/postal order (payable to MSF) to: Médecins Sans Frontières, FREEPOST NAT209338, West Malling, Kent ME19 4BR

Please quote your supporter number (located on the top right hand side of the letter) and name and address when making a donation.

Thank you very much for supporting our work, you give us the independence to provide medical care in the most difficult conditions.

