# Dispatches

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"Walking into the valley isn't an option. The army is trying to open a direct road. Will our team get into the district tomorrow?"

## Cyclone Idai report

PAGE 6

MEDECINS SANS FRONTIERES
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# Contents

## REGULARS


**3**
SITUATION REPORT
**Myanmar:** Bringing healthcare to cut-off communities
**Venezuela:** A severe shortage of medicines
**Afghanistan:** Displaced families in Herat
**Mali:** MSF treats villagers affected by violence
**Mexico:** Armed groups and street shootings in Mexico
**South Africa:** TB survivors fight for better treatment
**Honduras:** MSF combats an outbreak of dengue fever
**Democratic Republic of Congo:** The Ebola outbreak continues to spread


## FEATURES


**6**
CYCLONE IDAI
**'Like a roaring truck with no brakes'**
MSF team members report on our response to Cyclone Idai.

**10**
YEMEN
**'I feel compelled to keep going back'**
Mass casualty incidents, bombings and newborn babies in Yemen.

**12**
SOUTH SUDAN
**Crossing the swamp**
Join nurse Melissa Buxton as she endures snakes, mosquitoes and 45-degree heat to bring medical care to people living in a swamp.

**14**
REFUGEE CAMP
**From child refugee to medic**
As a child, Thok Johnson was treated by medics in a refugee camp. He grew up determined to join their ranks…

**16**
CENTRAL AFRICAN REPUBLIC
**How to land a plane in Bossangoa**
Think your job is tough? Try landing a plane on an airstrip filled with cattle, people and random potholes…


**Front page: An MSF boat with medicines and supplies makes its way to Chibuabuaba in the Dondo District, Mozambique.** Photograph © Giuseppe La Rosa/MSF

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# Bringing healthcare to cut-off communities

MYANMAR

**The mobile medical team take a short break on their way back to base.** Photograph © Scott Hamilton/MSF

MSF has been working in the Naga Self-Administered Zone, in the far northwest of Myanmar, since 2016.

Mountainous terrain and remote villages make it difficult for the Naga people to access basic healthcare – even more so during the rainy season, when villages can be cut off for several months at a time.

Each week, MSF mobile medical teams provide basic healthcare to 15 different remote communities. A doctor and pharmacist always travel with the team, who mostly rely on motorcycles to traverse the rough terrain, with journeys taking up to eight hours.

"Travelling to the more rural villages is particularly difficult during the rainy season," says Moses Mawlan, the team's health promotion officer. "The roads and paths become far more challenging, and small streams swell to the size of rivers – in some cases we need to use rafts to cross them. Sometimes mountain paths collapse from landslides, creating sheer drops. There are times when we have to carry our motorbikes."

The Naga people live on both sides of the India-Myanmar border and retain a strong sense of cultural identity.

Given the challenges the Naga people face in reaching health facilities, MSF's mobile teams are a lifeline in emergencies and for those with serious illnesses.

In 2018, the teams conducted more than 8,400 medical consultations, treating respiratory tract infections, conducting vaccination campaigns, testing for TB and organising hospital referrals for people needing further treatment.

"I think that MSF's work has made an impact," says assistant project coordinator John Saw Hlaing. "People are beginning to see healthcare differently here, and the provision of effective medicine has made a real difference."

**msf.org.uk/myanmar**

VENEZUELA

# 'A severe shortage of medicines'

An MSF health promoter discusses malaria prevention in Sifontes. Photograph © Diana Puyo/MSF

Years of political and economic crises continue to have a major impact on the people of Venezuela. MSF has been providing medical care in Venezuela since 2015. Kristel Eerdekens, MSF operations coordinator, describes our work in the country.

## WHAT IS THE MEDICAL SITUATION IN THE COUNTRY?

"Venezuela is going through an economic and political crisis which affects every strata of society. We see skilled health professionals doing their best to serve their communities, despite the limitations. They face irregular supplies of medications, while the maintenance of medical equipment and infrastructure is almost non-existent. The hyperinflation occurring in the country and the lack of investment in the health system make it very difficult to provide quality care. We also see medical professionals – including from our own teams – who decide to leave the country.

This has led to an increase in cases of diseases that were previously under control, such as malaria, and outbreaks of preventable diseases such as diphtheria and measles."

## WHAT IS MSF DOING IN VENEZUELA?

"MSF has four medical programmes in Venezuela. We are providing medical and psychological assistance to victims of violence in Caracas, one of the most violent cities in the world.

Through a local partner medical organisation, we also support a healthcare programme in the north of the country, providing much-needed support for a population experiencing a severe shortage of medicines.

We are also on alert and ready to respond to possible outbreaks of violence and to medical consequences of the economic, social and political crises. We have made donations of medical supplies to hospitals in various parts of the country to help them cope if the situation deteriorates acutely. We have trained local medical staff to deal with mass casualty events and have provided psychological first aid to civil defence and voluntary rescue groups.

We're also supporting the malaria programme in Sifontes municipality. Malaria has spread rapidly through the region due to the highly mobile population and the poor conditions in which they are living. In 2018, MSF teams treated 137,936 people for the disease."

## WHAT ARE MSF'S FUTURE PLANS?

"MSF remains committed to providing medical care to the Venezuelan people. We are determined to strengthen our existing activities and explore ways to expand them.

All of the funding for MSF's work in Venezuela comes from private donations from individuals around the world – none comes from governments. This is one of a number of measures we take to ensure our independence from political interference, which is critical in such a polarised environment."

msf.org.uk/venezuela

Photograph © Adhmadullah Safi/MSF

## AFGHANISTAN

Abdul Jalil holds his nine-month-old son Ramin, who has a fever, at MSF's clinic in Herat. The family left their village in northwestern Afghanistan because of conflict and severe drought, and now live in a tent in Herat, alongside 30,000 other families.

msf.org.uk/afghanistan

Photograph © Lamine Keita/MSF

## MALI

A child and his mother wait to be seen at a mobile clinic run by MSF in central Mali's Mopti region after being forced to flee their village some weeks earlier when it was attacked by armed men.

msf.org.uk/mali

Photograph © Juan Carlos Tomasi

## MEXICO

A mother and child visit an MSF mobile clinic in Guerrero, a Mexico region caught up in violence, where clashes between armed groups and street shootings are commonplace.

msf.org.uk/mexico

Photograph © Jelle Krings

## SOUTH AFRICA

Ingrid Schoeman contracted drug-resistant tuberculosis in 2012 while working as a dietitian in hospitals in the Eastern Cape. She underwent two years of treatment, and almost died from liver failure caused by the TB medication. She was in a coma for several days, spent one month in intensive care and was hospitalised for 75 days.

"I was fortunate to have access to excellent medical care when I was sick," she says, "but I realised that most people with TB do not. Our laws and policies enshrine the right to health for all, yet equal access to quality TB services is not the reality."

Ingrid is part of MSF's *TB leaders* project, which aims to empower a new generation of TB activists to work for better treatment, medications, prevention and care. Although tuberculosis is the leading cause of infectious death in South Africa, only 0.2 percent of the total current national budget for HIV/AIDS, TB and maternal and child health has been allocated to TB treatment.

Ingrid and her story form part of a photo series commissioned by MSF to promote the contribution that local TB advocates have made in the fight against TB.

**See the portraits and read their stories at msf.org.uk/south-africa**

Photograph © Yves Magat/MSF

## HONDURAS

During an outbreak of dengue fever, an MSF worker fumigates people's back yards in Choloma to prevent the mosquitoes which spread the disease from breeding. Honduras is seeing a sharp increase in cases of dengue fever following a prolonged rainy season. The disease, which is endemic in Central America, has symptoms similar to flu. However, it can develop into haemorrhagic dengue, which can cause bleeding, shock and death. There is no specific treatment for dengue fever, but early diagnosis and appropriate care can drastically decrease the death rate.

msf.org.uk/honduras

Photograph © Alexis Huguet

## DEMOCRATIC REPUBLIC OF CONGO

An MSF health worker wearing protective clothing is sprayed with chlorine after coming out of the high-risk zone of an Ebola treatment centre in Kalunguta, near Butembo, the epicentre of the current Ebola outbreak in eastern Democratic Republic of Congo. There have been 1,224 confirmed cases and 833 deaths since the outbreak of the epidemic last August.

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# 'Like a roaring truck with no brakes'

On 14 March, Tropical Cyclone Idai made landfall in southern Africa, causing widespread devastation in Malawi, Mozambique and Zimbabwe. MSF emergency teams rapidly deployed to assist teams already on the ground.

**MSF logistician Francois Ballong carries essential relief items from a truck to a boat, to deliver them to areas cut off by flooding in the wake of Cyclone Idai.** Photograph © Giuseppe La Rosa/MSF





## The first six days

**Dr Marthe Frieden** is the medical team leader for MSF's emergency response in Zimbabwe. She was working on an MSF pilot project for managing diabetes and hypertension when Cyclone Idai hit Zimbabwe's mountainous Manicaland province on the night of 15 March, causing flooding and deadly landslides.

"'Nyamavhuvhu' – the month of wind. That's what August, the windiest month before the first rains, is called in Shona, one of the local languages in Zimbabwe.

Yet this year, winds of more than 200 km/hour swept down from the mountains on the night of 15 March, heralding the arrival of an immense cyclone.

It knocked down trees and turned placid streams into wild torrents. Bridges and essential roads crumbled before it, as did houses and animal shelters. Landslides raged down the mountains, lifting up rocks and rushing them downhill – 'like roaring trucks with no brakes', in the words of one resident.

Entire families and homes disappeared under the seething mud and rock, and when the earth stopped moving what was left was a mass grave.

### DAY 1

I attend an urgent meeting at which a sense of desperation and helplessness grows as the extent of the damage becomes clear. We are in emergency mode now. We swap our casual football shirts for official MSF T-shirts.

### DAY 2

The MSF team leaves Mutare with the aim of delivering medical supplies to Mutambara hospital.

After a day of muddling through a labyrinth of collapsed bridges and roads blocked by land and rockslides, we realise that neither the two main roads nor the secondary dirt roads into the district are accessible. The district is completely cut off.

### DAY 3

Contact is established with the Zimbabwean army and permission is given to erect three tents as part of a stabilisation centre for survivors at a strategic point overlooking the affected area in Chimanimani, now known as 'Skyline'.

A request is made to the army to help deliver much-needed supplies to cut-off hospitals. Members of the local community gather in groups to discuss strategies to save lives of friends and family members trapped in the Chimanimani valley. Meanwhile, the rains continue to pour down and mist turns into fog, keeping the helicopters grounded.

Dozens of deaths have already been reported and missing persons reports are flooding in. The clock is ticking.

### DAY 4

The MSF emergency coordinator arrives from Harare. A team of young, highly specialised Zimbabwean volunteer doctors have seemingly popped out of nowhere and taken possession of our tents.

They are from an energetic network of churches, hospitals and the University of Zimbabwe. Some have already been flown into the disaster zone by helicopter. 'Welcome!' we cry.

The first patients arrive. Lying on plastic sheeting on the floor, patients are examined and stabilised by doctors and nurses.

As the sky clears up, more patients with broken bones and deep lacerations are evacuated by helicopter to Skyline. Private ambulances take patients to hospital, while MSF transports people with less severe injuries to Chipinge district hospital, 50 km away.

### DAY 5

A well-known soft drinks company gains my respect by dragging hundreds of bottles of drinking water to where clean water is so desperately needed. A fuel company comes in with heavy equipment to reopen roads, while mobile toilets are starting to appear and a national life insurance company has provided many beds. The process of rescuing the injured, stabilising them and transferring them to

hospital continues, amid deep concern for those not being reached.

Walking into the valley isn't an option. The army and private companies on site are trying to open a direct road. Can our team get into the district tomorrow?

## DAY 6

Finally, a water tank arrives at Skyline. The number of patients arriving with trauma injuries decreases rapidly.

Residents of the mountainous area surrounding Skyline turn up on foot in search of medication for HIV, diabetes, hypertension and asthma.

Some have lost their medication to the floods, and many can no longer access their health facilities. We have to bridge the gap, and so the stabilisation centre becomes a primary healthcare unit.

A road is opened up, and our mobile teams are now able to access the affected areas by vehicle.

With the emergency response ongoing, the dead being buried, the survivors being supported to rebuild their lives, and infrastructure being reconstructed, it becomes clear to me that a bridge must be built between the emergency response and chronic care.

**100 tonnes** of supplies, including medical kits, water and sanitation equipment and logistical items have been sent to Beira in Mozambique.

**7,500** litres of clean water supplied by our treatment facility every hour in Beira, Mozambique.

Trauma victims with fractures or those who have sustained severe injuries will need follow-up care in the medium or long term, especially those with spinal injuries.

Our MSF teams will remain, helping where we can."

**Steve Labana** is a logistician and health promotor working in Makhanga, one of the worst affected areas in Malawi.

"The destruction has meant that around 87,000 people have fled their homes. Most are sheltering in schools, churches and makeshift camps, but some are sleeping outdoors.

It isn't just crops that have been lost, but also food stored in homes in an area that was already in need of food support.

The flood waters have also submerged boreholes, which usually supply people with drinking water. They have also destroyed toilets, forcing thousands of people to defecate in the open. The risk of waterborne diseases such as diarrhoea and cholera breaking out is high.

The borehole at Makhanga health centre was contaminated by the floodwaters, but MSF staff have managed to clean it and ensure that the water is safe to use.

## WE WERE PREPARED

Elsewhere, MSF's water and sanitation teams have been distributing chlorine to kill bacteria, cleaning water points, and constructing toilets and showers. The medical team is seeing approximately 150 people per day – many with respiratory infections and malaria.

**Far Left: A boat laden with supplies moors in Chibuabuaba, in Mozambique's Dondo district.** Photograph © Giuseppe La Rosa/MSF

**Left: A woman receives medications at a mobile clinic in Beira, Mozambique.** Photograph © Pablo Garrigos/MSF

We are also running a mobile clinic to ensure people receive the healthcare they need, and providing services and medicines for patients with chronic diseases, including HIV and tuberculosis, who lost their medications in the floods.

This is the third time I've been part of a major flood response in this area – I was part of the MSF team working to save lives after the floods in both 2008 and 2015.

In 2015 we mapped the riskiest, flood-prone areas in order to focus our response on the places where the needs were greatest.

As part of that work, we identified people to work with closely in the community. Having those relationships already in place has enabled MSF to work quickly this time.

When the heavy rains were just starting, our teams were able to assess the situation and plan an immediate response with the community, who already had some experience of how to distribute relief items.

Our health centre in Makhanga was severely flooded, but our experience of responding to previous floods meant we were prepared. In 2015, a lot of medicines were soaked in floodwater, ruining them. After that, we raised the height of the shelves so that the medicines would be safe from the water. This time, they were spared and can be used to treat patients who really need them.

MSF is providing healthcare, water and sanitation, and we're distributing essential relief items and hygiene kits. But more organisations need to respond to areas that we cannot reach."

**803,125** vaccinated for cholera after the disease breaks out in Beira, Mozambique.

**Find out more**

msf.org.uk/cyclone

**Above: An MSF vehicle gets stuck in the mud on its way back from Chimanimani district in Zimbabwe, where Cyclone Idai destroyed roads and bridges.** Photograph © Gloria Ganyani/MSF

**Right: An MSF water and sanitation team clean a well in Beira, Mozambique. Wells across the region have been contaminated by floodwater.** Photograph © Giuseppe La Rosa/MSF

# ‘I feel compelled to keep going back’

**Elma Wong** is a Birmingham anaesthetist recently returned from her fourth assignment in Yemen.

“In Yemen I’ve been involved in a number of mass casualty incidents, which is when 10 or 15 injured patients arrive at the hospital all at once.

The first two times were in our emergency trauma hospital in Aden – the result of suicide bombers detonating themselves in the middle of large gatherings of people. On both occasions, 50 to 60 people died at the scene.

Most of the time, you don’t know how many wounded are going to come through the door or what state they’ll be in. You just know that there are going to be a lot of them. As they arrive, we triage the patients, deciding whether they need to come to theatre straightaway, or whether they need to be stabilised first with blood and fluids in the emergency room.

Mass casualty incidents are awful, and they’re not helped by the chaos. The injured are arriving and you don’t know when they’ll stop. Relatives and family members are all in the mix. You create space in corridors, you grab mattresses where you can. You keep your head, you stay focused, you work as a team and you save as many lives as you can.

It’s afterwards that it hits you. Then you realise what you’ve just witnessed: a terrifying scene of so many people injured, and the knowledge that, somewhere quite close to you in the city, 50 or 60 people just lost their lives for nothing.

**Above: Medical staff do their morning rounds at MSF’s surgical field hospital in Mocha.** Photograph © Agnes Varraine-Leca/MSF

## THE CHRISTMAS BABY

Having worked in Yemen so many times treating emergency trauma patients, it was nice to branch out into maternity care on my recent assignment. I was based in Mocha, an area which has seen a lot of fighting. We set up a tent hospital to treat trauma injuries from landmines and gunshots. But almost immediately, a lot of pregnant women with complications during childbirth began to arrive, as we were the only healthcare facility within a six-hour drive. We couldn’t send them away, so we had to adapt. We converted some critical care beds to a neonatal ward and began to provide maternity services, performing caesarean sections and caring for premature babies.

It made me feel very proud about the way MSF works: we respond to people’s real needs, adapt and do whatever we can.

I remember on Christmas Day, at 10 minutes past midnight, we delivered a baby for a mother who had come in bleeding. Her placenta had come away from her womb and she was in a life-threatening condition, so we had to do an emergency caesarean. We wrapped the baby in one of our survival foils and managed his feeding. It was incredibly challenging, but we made it work and he did well.

Even our tough, old-school trauma surgeons soon got to love having the babies around. When you’re dealing with a lot of trauma injuries, it’s a real boost to be involved with the successful delivery of a newborn.

## WE COULDN’T DO IT WITHOUT YOU

I feel compelled to keep going back to Yemen. It’s my way of dealing with the frustration of seeing the headlines, of knowing that every day people in Yemen are living in a persistent warzone.

Each time I go back, the situation is worse. The trauma injuries are relentless, whether from gunfire or landmines or airstrikes. Meanwhile the health system has completely broken down.

> ‘Even our tough, old-school trauma surgeons soon got to love having the babies around’

That’s why MSF’s work in Yemen is so important. We’re there helping to fill the gap, providing trauma surgery, running nutritional programmes for malnourished children, treating infectious diseases. The sad and devastating truth is that if we weren’t there, many Yemenis would have virtually no healthcare.

We couldn’t work where we’re working and do the things we’re doing without supporter donations. Our ability to react to situations and set up tents and hospitals in no time whatsoever is purely because we have the funds to do so.

So this is a huge thank you to you, for enabling us to do this work. It really does save lives and, if we weren’t there, I can’t imagine what would happen to these people.”

**Find out more**

msf.org.uk/yemen

**Right: Elma checks a child injured by a landmine in the surgical field hospital. Most landmine victims in Mocha are children injured while out playing in the fields.** Photograph © Agnes Varraine-Leca/MSF

## MSF’s UK volunteers

**Afghanistan** Diletta Salviati, *Advocacy manager*

**Bangladesh** Massimo Campagnolo, *Water & sanitation manager*; Richard Maltman, *Logistics manager*; Cressida Arkwright, *Humanitarian affairs officer*; Kate Thompson, *Finance coordinator*; Gemma Gillie, *Communications officer*; Mansur Abdulahi, *Water & sanitation manager*; Owen Bicknell, *Water & sanitation manager*

**Central African Republic** Michael Barclay, *Logistician*; Marc Wilkinson, *Pharmacist*; Davina Hayles, *Project coordinator*; John McGuckin, *Water & sanitation manager*

**Chad** Jean Marie Vianney Majoro, *Logistician*

**Democratic Republic of Congo** Robin Scanlon, *Logistician*; Jeanette Cilliers, *Project coordinator*; Sunmi Kim, *Logistician*; Ghita Benjelloun; *Project coordinator*; Marsha Mattis, *HR manager*; Katherine Tomlinson, *Nurse*; Camille Wauthier, *Midwife*; Iain Bisset, *Logistician*; Philippa Pett, *Doctor*

**Ethiopia** Manon Ayme, *Midwife*; Rosanna Buck, *Midwife*; Sarah Wookey, *Doctor*

**European migrant and refugee mission** Sophie McCann, *Advocacy manager (Greece)*

**Honduras** Samuel Thame de Toledo Almeida, *Advocacy manager*

**India** Hannah Spencer, *Doctor*; Sakib Burzer, *Head of mission*; David Garley, *Doctor*

**Iraq** Daniel Acheson, *Logistician*; Joshua Fairclough, *Logistics coordinator*; Aimen Sattar, *Project coordinator*; Jacklyne Scarbolo, *Midwife*

**Jordan** Vittorio Oppizzi, *Head of mission*; Amreet Battu, *Doctor*

**Lebanon** Laura Gregoire Rinchey, *Doctor*; Luz Macarena Gomez Saavedra, *Project coordinator*; Peter Garrett, *Doctor*

**Libya** Samuel Turner, *Head of mission*; Federica Kumasaka Crickmar, *Humanitarian affairs officer*

**Malawi** Brian Davies, *Deputy head of mission*; Alexander Hunter, *Water and sanitation manager*; Gabriella Bidwell, *Doctor*; Mark Sherlock, *Doctor*

**Malaysia** Fadumo Omar Mohamed, *Mental health manager*

**Mexico** Juan Paris Perez, *Psychiatrist*

**Myanmar** Marielle Connan, *Project coordinator*; Emily May, *Humanitarian affairs officer*; Miriam Willis, *Logistician*; John Canty, *Project coordinator*

**Nigeria** Serina Griffin, *Finance & HR manager*; Rosalind Hennig, *Doctor*

**Palestinian Territories** Jacob Burns, *Field communications manager*

**Russia** Rebecca Welfare, *Project coordinator*

**Sierra Leone** Claire Reading, *Midwife*; Anton Zhyzhyn, *Water & sanitation manager*

**Somalia** Ruth Zwizwai, *Epidemiologist*

**South Sudan** Laura McAndrew, *Field communications manager*; Stephen Boulton, *Logistician*; Michael McGovern, *Doctor*; Helen Taylor, *Logistician*; Laura Williams, *Nurse*; Sarah Hoare, *Nurse*; Sarah Elizabeth Leahy, *HR manager*; Carl Rendora, *Hospital facilities manager*; Christine Tasnier, *Midwife*; Daniel Campbell, *Logistician*; Elizabeth Wait, *Pharmacist*; Aine Lynch, *Project coordinator*; Paula Boyle, *Doctor*

**Syria** Olivia Hill, *Medical coordinator*; Luke Chapman, *Doctor*; Cara Brooks, *Project coordinator*

**Uzbekistan** Ffion Carlin, *Doctor*; Mansa Mbenga, *Medical coordinator*; Rebecca Roby, *Advocacy manager*; Yuhui Sha, *Head of mission*; Gillian Fraser, *Doctor*; Birgitta Gleeson, *Lab manager*

**Venezuela** Emi Alicia Takahashi Bensusan, *Epidemiologist*

**Yemen** Andrew Beckingham, *Hospital director*

# Crossing the swamp

Sometimes MSF staff have to go the extra mile to reach patients, even if it's through a vast swamp. British nurse **Melissa Buxton** shares her story...

"I've just spent eight months working as an outreach nurse in South Sudan, flying between eight small clinics. Most are in areas so remote that people have no access to even basic medical care.

The remotest clinic is situated in the southern islands – a vast swampland with small areas of raised ground. The islands were previously used by fishermen but, due to insecurity, many families have fled there seeking refuge from the violence.

As a result of security concerns and annual flooding, an MSF team had not been able to visit the clinic for nearly a year.

There was a desperate need for us to resupply the clinic and to treat people. So early one morning, a small team – two logisticians, a midwife, a health promoter and me – set off into the unknown.

## THE JOURNEY BEGINS

Our journey began in a light aircraft. After landing in a field beside a small village, we faced a three-hour trek across grasslands and swamps to the first island.

We had to transport camping equipment and food for the duration of our trip, as well as medicine for the clinics.

As there were no roads, and the amount of equipment and supplies was too much for us to carry, we hired some local women as porters to assist us.

We set off in 45-degree heat shortly after midday. The first hour or so, walking over decent terrain, was reasonably comfortable, but with a fierce African sun beating down and the weight of heavy backpacks, it soon began to get uncomfortable.

Little did we know that things were about to get a lot worse.

## ENTERING THE SWAMP

We arrived in the swamplands to find that there were no canoes or boats to help us across to the first island. The swamp itself was a murky chocolate brown colour, teeming with wildlife.

We waded in and the water was soon above my knees. I wondered what lurked beneath the surface. I couldn't see anything. We knew there were fish, but what else?

The porters made walking through the swamp look easy. Most of them were very tall and would not have looked out of place on a fashion catwalk.

They were greatly amused by our less-than-refined efforts, as we tripped and stumbled through the reeds.

> 'I spotted a small green snake wrapped around a reed stem. I wondered what other creatures might be lurking in the depths.'

**Women carrying supplies of food walk through swamps near Kok island, in South Sudan's Unity state.** Photograph © Dominic Nahr/MAPS



At times, the water was chest-deep and we had to carry our backpacks above our heads.

We trekked on. It was beginning to get dark and we were hungry and tired, having eaten nothing since our departure.

## EXHAUSTION

I was exhausted and fell under the water several times.

One of the local team forged ahead and found a termite hill on a small island. We stopped for a few moments to catch our breath but were soon on the move again.

We were suffering from cramps and blisters; our morale was low and it was getting late. And to make matters worse, the mosquitoes were starting to bite.

## ARRIVING AFTER DARK

As we continued onwards, I spotted a small green snake wrapped around a reed stem. I wondered what other creatures might be lurking in the depths.

Finally, we arrived at our destination in complete darkness. We were greeted with rapturous applause, singing and dancing, with small excited children all wanting to shake our hands. It was an amazing feeling.

At the clinic, we busied ourselves erecting our tents under moonlight before cooking some noodles. We couldn't get into bed fast enough. We were totally exhausted and knew that the next day in the clinic would be busy.

In the distance, we heard the sound of gunfire. Later we learned that it was local people shooting hippos.

These animals, although vegetarian, can be extremely dangerous, and are responsible for more human casualties than lions and crocodiles put together. In an area where many people die of malnutrition, a hippo can feed a large number of people.

## RESUPPLIED AND REASSURED

The next morning the clinic was buzzing with women and small children. The most common health problems we saw were diarrhoeal diseases, respiratory infections and malaria.

There were moments on the journey when I questioned why I was putting myself through all this. But to see the appreciation of the people who were relying on us for medical care made me understand that it was all so worthwhile.

We had a long trek back to the plane, but we were happy. The clinic had been resupplied. The local people who relied on it had been reassured that their health needs would still be met. And I had been reminded why I had chosen humanitarian aid and medical care as my life's work."

**Find out more**

msf.org.uk/south-sudan

**Below Left: A woman carries MSF supplies through the swamp.** Photograph © Tricia Khan

**Below Right: An MSF staff member leads the way through the swamp water near Kok island.** Photograph © Dominic Nahr/MAPS

# From child refugee to medic

After his family were forced to flee violence in Sudan, **Thok Johnson** spent his childhood in the harsh conditions of a refugee camp. Amid the suffering and despair, he decided he was going to become an MSF nurse. This is his story.

"A refugee camp is not an ideal place to grow up. Insufficient food, inadequate shelter and medical care, as well as a lack of education, are all typical of life in a refugee camp.

That is where I grew up.

My name is Thok Johnson Gony. I was born in Bor, in the Greater Upper Nile region of what was then Sudan, in 1975 – three years after the signing of the peace agreement which ended the first Sudanese civil war.

Uncertain whether the peace would hold, my family moved to Itang refugee camp in Ethiopia, where I started my primary school education.

As a child refugee, I almost lost my life to measles. Being alive today is itself a miracle.

## MY EYES BECOME TEARY

I went through a lot of suffering. My eyes become teary whenever I remember my childhood. It was filled with distress, misery and hopelessness in the camp.

We depended on humanitarian agencies for food and shelter. Host communities were sometimes hostile towards us.

Often enough, life tosses you along like a fretful stream moving among rocky boulders. It's a life not worthy of a child.

## FINDING MY PURPOSE

In the face of all this suffering, at a tender age I learned that I should have a purpose in life.

I cleared my mind of the anguish that was consuming me. As a result, I started excelling in school, one educational level after another.

**Thok gives a woman packets of nutritious food for her children at MSF's mother-and-child clinic in Goronyo, northern Nigeria.** Photograph © Dirk-Jan van der Poel/MSF

**Top: Thok holds a health education session for mothers at MSF's mother-and-child clinic in Goronyo, northern Nigeria.** Photograph © Dirk-Jan van der Poel/MSF

**Above: Thok helps a mother feed her daughter in MSF's mother-and child clinic in Goronyo, northern Nigeria.** Photograph © Dirk-Jan van der Poel/MSF

As I grew up, seeing medical professionals saving lives in the refugee camp, including my own, deeply moved me. Their empathy inspired me a lot.

At that point, I decided I would become a medical professional. I believed that, through medical practice, I could return the favour once extended to me when I needed help the most.

The burning desire to directly help people in need of medical care became my greatest motivation.

After getting my bachelor's degree in nursing, I started working with MSF in 2000 at Akobo hospital, near the Ethiopian border in what was then Sudan. I worked in various departments, including epidemic response, nutrition and the emergency room.

I then worked with MSF in other locations. One of the most remarkable experiences was in the town of Maban, just after South Sudan attained independence from Sudan. I remember the influx of returnees and the multitude of medical cases we had to attend.

## REALISING THE DREAM

Working alongside professionals from different parts of the world enhanced my expertise and taught me the beauty of humanity. I wanted to travel far to help those in need.

In 2010, I applied to become part of MSF's international staff. However, when the news came that I was successful, I felt both excited and nervous.

First of all, I couldn't believe that my hard work had won out over my childhood suffering. Secondly, I was excited because I knew I was to carry the flag of South Sudan into the international humanitarian world as a healthcare provider – my childhood dream.

The whole day a smile flashed over my face, like sunshine over a flower.

## A GREAT JOURNEY

My eagerness to go on my first assignment started growing. I imagined, as a professional, how life would be in a foreign country and how I would connect with fellow international staff from other parts of the world. How would the host community perceive me? All these were questions that lingered in my mind, heightening my excited nervousness.

'The burning desire to directly help people in need of medical care became my greatest motivation'

Since 2012, I have been undertaking assignments in different MSF projects around the world.

I have grown within the organisation, from a medical staff member to being MSF's medical coordinator in Afghanistan – where, among other activities, we have opened a project which provides care to people with drug-resistant tuberculosis.

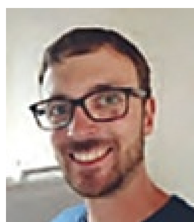
My experience in all the countries where I have worked is living proof that South Sudan is full of professionals who can work in any part of the world.

From a child refugee to an international medical coordinator. Isn't it a great journey?"

**Find out more**

blogs.msf.org

# How to land a plane in Bossangoa



**Antoine Clogne** is a logistician working in Central African Republic, where his role is to ensure that the project has the vital supplies it needs to function. Recently, however, he's been taking on some additional responsibilities...

"As the technical logistician is on vacation, I am filling in for him by coordinating the landing of our planes in Bossangoa. That makes it sound like it's a casual and straightforward event, which is far from the reality...

Every week, the MSF plane comes to deliver cargo, pick up patients who need an urgent transfer to Bangui for further surgical treatment, and transport the staff coming to and leaving the project.

## A HOLE IN THE AIRSTRIP

My first role is to ensure that the UN is aware of the flight, as they are responsible for the security of the airstrip. That's the easy bit.

After that, things get more complicated. Early in the morning, I go to the airstrip to check that everything is safe. I check that the rain hasn't caused too much damage to the landing strip, that there aren't too many cows using it for grazing, and that nobody has decided to dig a hole in the middle of it (which has happened at least once already).

Once everything is checked, I give the green light to the MSF flight coordinator in Bangui.

About one hour before the flight is due to arrive, I gather a team of three cars and 10 people to accompany me to the 'airport'.

Once there, I position one person every 100 metres along the airstrip. Their job is to stop people from walking across the strip when the plane gets close. We park a car at each road access to stop any vehicles from crossing.

## CATTLE CAN BE STUBBORN

With cars and people taken care of, we then start on the hardest job: clearing cattle from the airstrip.

At this point, the kids and families who live nearby usually come to enjoy the show. Cattle can be stubborn.

Shortly before the planned time of arrival, the pilot contacts me on a special airband radio:

'Bossangoa-MSF, Bossangoa-MSF for Mercy-Eight.'

'Mercy-Eight, I copy you loud and clear.'

'Bossangoa-MSF, how is the situation?'

'The situation here is good: three green lights, weather is good and no wind. What is your estimated time of arrival?'

'Copy, we are landing in 11 minutes.'

'Copied, over.'

I then inform the team that the plane is on its way and that we should start blocking access to the airstrip. The women coming back from the fields start to run so they can get across the strip in time. For a couple of minutes, it always looks quite terrifyingly messy, but eventually we manage to get it clear, locked-down and secured just in time.

The plane lands. I wander up to the aircraft and greet the pilots casually and calmly, as if helping to land a plane is an everyday occurrence for me. I then help unload and reload the plane, before repeating the clearance and safety procedures for the plane to take off again safely.

As I watch the plane fly into the distance, I breathe a deep sigh of relief. Then I turn around and head back to the base with the new arrivals.

What a morning!"

**Find out more**

blogs.msf.org

**Antoine stands on the airstrip in Bossangoa after a successful landing.** Photograph © Antoine Clogne

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