

DISPATCHES

The earthquake on top of the world

Nepal crisis response, pages 4-5

Maila Gurung is carried by an MSF team in the remote Gorkha District, Nepal on May 21 2015. Photograph: Brian Sokol/Panos Pictures



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UKRAINE

Mobile clinics in half-destroyed cities

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

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

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

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

I went to see one man



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

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

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

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

msf.org/ukraine



When the shells started falling, most people fled the cities of eastern Ukraine, but many of the elderly, sick and disabled had no choice but to stay. Photograph © John Levy

UKRAINE

Debaltseve

Sarmin
SYRIA



KENYA
Garissa

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

A Syrian man is treated at Sarmin hospital after barrels of toxic chlorine gas were dropped on the town. Photograph © Unknown



Dr Clément Van Galen carries a child with meningitis in Niamey, the capital of Niger, where an epidemic has claimed 443 lives. Photograph © Sylvain Cherkaoui/Cosmos

KENYA

MSF responds to Garissa University attacks

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

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

Stretched to the limit

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

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

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

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

A feeling of deep shock

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

SYRIA

Chlorine attack in northern Syria

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

Helicopters were seen dropping barrels, which released a suffocating gas on impact with the ground. The attacks happened around the rebel-controlled town of Sarmin, in Idlib region.

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

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

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

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

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

The hospital team treated 70 victims of the chlorine attack, including residents of a village near Sarmin, where the first barrel bombs landed; residents of Sarmin town, which was attacked later that night; and Syrian civil defence volunteers who arrived to give first aid to the victims.

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

msf.org/syria

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

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

Enormous trauma

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

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

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

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



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



The main village in Langtang Valley was completely buried under an avalanche triggered by the first quake. Survivors fled further up the mountain to the village of Kyanjin Gumba. Photograph © MSF

The earthquake on top of the world

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

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

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

A wiry boy of 18 told us how he



Read Emma's blog at msf.org.uk/nepal-blog

“My only hope is that we can reach everyone who needs it in time.”

had carried a severely injured woman from his village for three hours over broken paths and landslides to reach a road and get her to a hospital.

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

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

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

The rumple-faced old man who



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

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

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

My only hope is that we can reach everyone who needs it in time.

BREAKING NEWS

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

Anne Kluijtmans, an MSF nurse from Holland, was on holiday in Nepal when the earthquake struck. She quickly joined the MSF teams responding to the emergency.

“We went first to Langtang National Park and flew over where the main village had been. It was completely buried under an avalanche on the day following the quake. People had fled further up the mountain to the village of Kyanjin Gumba. They told us that more than 30 children had been orphaned by the avalanche. They didn’t see it coming; they thought everything was ok, and then this happened.

The most severely injured people had already been evacuated, but those who remained hadn’t received any healthcare. There were people with skin infections and small

children with deep cuts. We found many people with infected wounds, some of which already had worms in them. We had to give out a lot of antibiotics so that their wounds wouldn’t become septic, which could cause more deaths.

It was very tough before touching down in the helicopter each time, but I knew that people wouldn’t benefit from me being upset. So I tried not to show my emotions and to let them show theirs.

People are very scared that there will be another earthquake or landslide, or that they will run out of food. In Kyanjin Gumba village, there were people who were obviously traumatised and couldn’t speak. They just looked right through us. But there was also a woman who had started cooking for everyone. So people are coping in different ways. Mental healthcare is going to be crucial.”



Emergency medical supplies arrive at Kathmandu airport. Photograph © Brian Sokol/Panos

A second major earthquake of 7.3 magnitude hit Nepal on 12 May, just over two weeks after the first. Emma Pedley was in the air when it struck.

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

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

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

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

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

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



An MSF team arrives by helicopter at a remote village in Gorkha district. Photograph © Brian Sokol/Panos



MSF staff and local Nepalis unload boxes of high-energy biscuits, shelter kits and blankets in Sindhupalchowk district. Photograph © Brian Sokol/Panos

Search and rescue in the Mediterranean

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

Photographs © Ikram N'gadi

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

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

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

must be saved now."

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

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

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

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

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



An Eritrean man is helped onto the rescue ship by MSF project coordinator Will Turner.

ERNA RIJNIERE
doctor on MY Phoenix

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

SIMON BRYANT
doctor on MY Phoenix

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

ERNA RIJNIERE
"On the Phoenix, we made sure everybody got some food and some water. The men were moved to the upper deck and the women and



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

children to the lower deck. It all went surprisingly well. The people who were sick or who had a fever we saw straightaway in our clinic."

CHIARA MONTALDO
MSF coordinator at reception centre in Pozzallo, Sicily

"When people arrive, we ask where they are from and how the journey went. The replies can be shocking. A 19-year-old Nigerian woman with chemical burns over her body

told me how the hold of the boat in which she was travelling was awash with petrol mixed with salt water. Two people swallowed some by mistake and died; she didn't know what had happened to their bodies."

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

skin for the ultrasound. But then I discovered that if you use liquid soap it works just as well. Luckily, I found a foetal heartbeat."

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

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

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

CHIARA MONTALDO

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

ERNA RIJNIESE

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

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

Mary-Jo, our incredible nurse, took them into our clinic, put all the heaters on, and within half an

hour all the children were happy and playing again. We gave them a change of clothes and they were reunited with their parents.”

CHIARA MONTALDO

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

sea ever again. Never.”

SIMON BRYANT

“Why am I here? Why did I decide to do this? Those are difficult questions. It’s unsatisfactory to reply that I’ve been very fortunate in my life so far, and that while it’s easy to have an opinion, I wanted to give my time. Or that I’d volunteer to go anywhere with MSF, without reservation. It has more to do with these people and their stories, and what needs to be done. It’s definitely not about simply rescuing them from dehydration, hypothermia and drowning, but about sharing one’s humanity, witnessing their emotional gashes, and listening to their stories. Giving a damn. Giving a damn about a couple of young

**ERNA RIJNIESE****SIMON BRYANT****CHIARA MONTALDO**

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

men in the clinic, quietly weeping, telling a tale I can’t imagine living through.”

CHIARA MONTALDO

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

ERNA RIJNIESE

“The first night I couldn’t sleep. I was watching the sun go down, which was beautiful. But at the same time it was getting dark, and I realised that people were already out on the sea in their little boats. And when it was pitch dark I tried to imagine what it would be like on such a small boat with so many people.”

CHIARA MONTALDO

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

SIMON BRYANT

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

Yemen crisis



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



Since conflict broke out across Yemen on 19 March, MSF teams have treated more than 1,600 patients across the country. Teresa Sancristóval,

MSF emergency coordinator at Al Gumhury hospital in Sa’ada, reports from the crisis.

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

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

‘A bomb landed 100 metres away’

People are traumatised. We had a man in the hospital who lost 27 members of his family in one day. Now there are only four of them left. We have people who have been injured by bombings and by snipers. The other night we had seven women in the hospital giving birth, but five of them ended up fleeing because the bombing was so intensive. They just don’t feel safe, and many are worried that the hospital will be a target.

Just the other day a bomb landed 100 metres away from us – it felt

very close. One woman broke down and was on the floor, crying and screaming. You really feel that people can’t take this any longer.

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

Water shortage

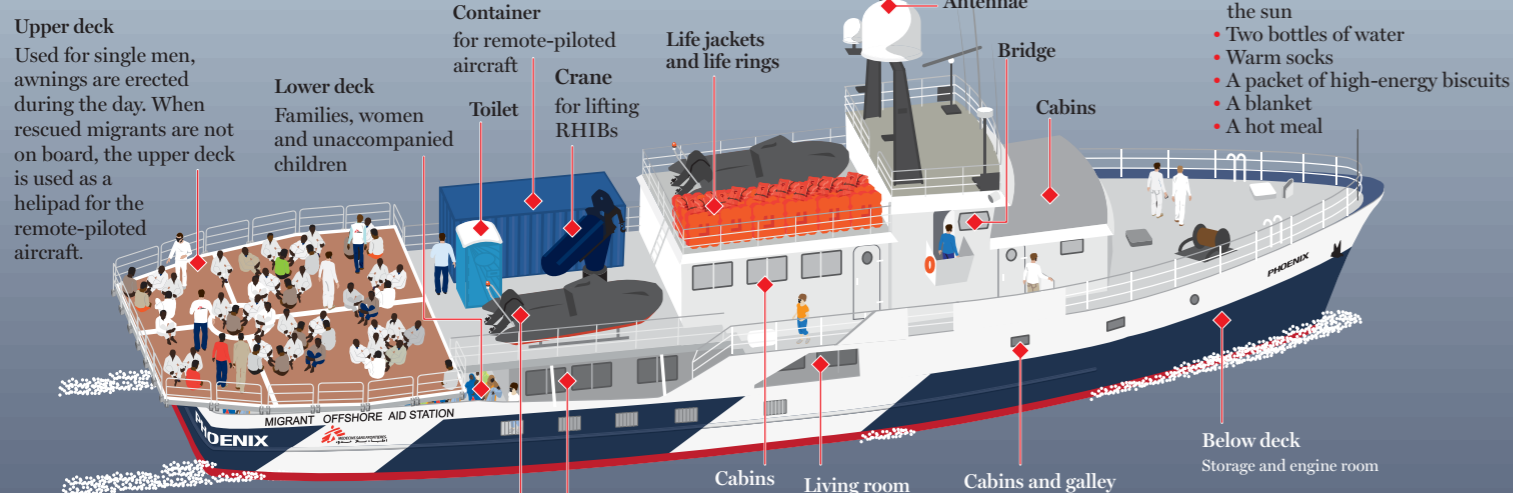
Even getting water is a problem. Yemen already has one of the smallest amounts of water per capita in the world – it’s actually forecast that, by 2017, Sa’ada will run out of water. So the situation is bad anyway, but this conflict is making it much worse. Water is pumped from very deep wells, but you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

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

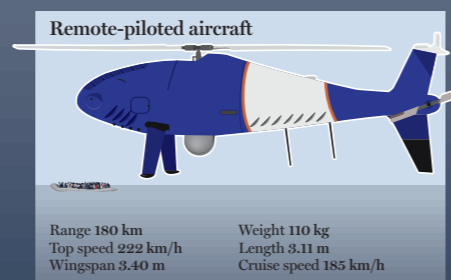
msf.org.uk/yemen

The MY Phoenix

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



Graphic: Jenny Ridley



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

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

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

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

Tablet adapted to challenging conditions

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

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

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

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

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

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

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

"We still know so little about this disease"

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



The tablets have no sharp edges, which might puncture protective clothing, and they are simple to use even when wearing three pairs of gloves. Photograph © Nick Fortescue

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

At the same time, collecting data from a large group of Ebola patients will enable medics to better understand the disease in future outbreaks. "In the longer term, if we are able to collect

more and better information about our patients, we will also learn more about the disease and how best to treat it," says MSF's technology advisor Ivan Gayton, who developed the project.

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

"It will take many months to

file, organise and analyse the data we have collected. Now that the technology has been developed and successfully trialled, we know that data will be instantly ready for both analysis and patient care in the future."

'Help us adapt this technology'

MSF is now appealing to the tech community to adapt the software for use in other humanitarian emergencies, such as cholera outbreaks, nutrition crises and in refugee camps – settings where having detailed medical notes could make a difference to patient care, or where collecting data could improve medical understanding of a disease or outbreak.

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

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

Liberia is Ebola-free

After 42 days with no recorded cases of Ebola, Liberia has been declared Ebola-free by the World Health Organization (WHO). However, MSF warns that with new cases of Ebola still being recorded in neighbouring Guinea and Sierra Leone, the outbreak is not over yet.

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



Medical staff test one of the new electronic tablets in MSF's Ebola management centre in Magburaka, Sierra Leone. Photograph © Nick Fortescue



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

MSF'S UK VOLUNTEERS

Afghanistan Laura Latina, *Midwife*; Emer McCarthy, *Nurse*; Declan Barry, *Doctor*
Bangladesh Daniela Stein, *Nurse*
Central African Republic Hayley Morgan, *Project coordinator*; Robert Malies, *Logistician*; Emily Gilbert, *Logistician*; Jacob Goldberg, *Nurse*; Dominique Howard, *Logistician*; Sunmi Kim, *Logistician*; Benjamin Black, *Doctor*
Chad Madhu Prasai, *Medical team leader*; Philippa Tagart, *Nurse*
Columbia Alvaro Mellado Dominguez, *Project coordinator*
Dem Rep Congo Mark Blackford, *Finance coordinator*; Louise Roland-Gosselin, *Deputy head of mission*; Sally Pearson, *Doctor*; Claire Reading, *Midwife*; Florence Bascombe, *Nurse*; Eileen Emille Sweeney, *Doctor*; Samira Lahfa, *Pharmacist*
Ethiopia Angela Clare O'Brien, *Nurse*; Katherine Roberts, *Humanitarian affairs officer*; Emily Goodwin, *Deputy head of mission*; Alvin Sornum, *Medical manager*; Timothy Tranter, *Project coordinator*; Monal Acharya, *Midwife*; Clifford Kendall, *Medical manager*; Shobha Singh, *Mental health manager*; Fadumo Omar, *Mental health manager*
Guinea Anna Halford, *Project coordinator*
Haiti Leanne Sellars, *Nurse*; Zoe Allen, *Logistician*; Stuart Garman, *Logistician*; Peter Brooks, *Surgeon*
India Luke Arend, *Head of mission*; James Cheasty, *Mental health manager*; Anthony Boniface, *Logistician*; Angelica Orjuela, *Logistician*
Iraq Christopher McAleer, *Logistician*; Marwa El-Zanfaly, *Doctor*; Jonathan Henry, *Head of mission*
Iraq Barbara Sollerova, *Midwife*
Jordan Paul Foreman, *Head of mission*; Tharwat Al-Attas, *Doctor*; Lucy Williams, *Nurse*; Samuel Taylor, *Communications coordinator*; Freida Newlands, *Medical manager*; Laura Smith, *HR coordinator*
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Kyrgyzstan Rebecca Welfare, *Project coordinator*
Lebanon Michiel Hofman, *Head of mission*
Liberia Zafeiroula Evlampidou, *Epidemiologist*; Forbes Sharp, *Head of mission*
Malawi Orijit Banerji, *Doctor*; Simon Burroughs, *Project coordinator*
Myanmar Marielle Connan, *Nurse*; Daniella Ritzau-Reid, *Advocacy Manager*; Miriam Pestana Galito da Silva, *Pharmacist*; Tom White, *Head of mission*
Nepal Emma Pedley, *Nurse*; Ian Atkinson, *Logistician*; David Nott, *Surgeon*
Nigeria Gillian Onions, *Nurse*; Thomas Hoare, *Mental health manager*
Pakistan Stefanie Wittmann, *Doctor*
Sierra Leone Jose Hulsenbek, *Head of mission*
South Africa Andrew Mews, *Head of mission*; Amir Shrouf, *Deputy medical coordinator*; Ilaria Rasulo, *Logistician*
South Sudan Sophie Sabatier, *Project coordinator*; Josie Gilday, *Nurse*; Georgina Brown, *Midwife*; Heather Dugavel, *Midwife*; Michael Shek, *Nurse*; Cara Brooks, *HR manager*; Niamh Allen, *Doctor*; Melanie Villarreal, *Pharmacist*; Peter Roberts, *Water and sanitation manager*; Francesca O'Hanlon, *Water and sanitation manager*; Claire Kilbride, *Doctor*
Swaziland Ian Cross, *Doctor*
Syria Natalie Roberts, *Doctor*; Haydn Williams, *Logistician*; Rosamund Southgate, *Doctor*
Tajikistan Sarah Quinell, *Medical coordinator*
Turkey James Underhill, *Mental health manager*
Ukraine Amy Edwards, *Mental health manager*; Emma Rugless, *Nurse*
Uzbekistan Donal Doyle, *Lab manager*; Cormac Donnelly, *Doctor*
Zimbabwe Rebecca Harrison, *Epidemiologist*



**MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS**

Médecins Sans Frontières/Doctors Without Borders (MSF) is a leading independent humanitarian organisation for emergency medical aid. In more than 60 countries worldwide, MSF provides relief to the victims of war, natural disasters and epidemics irrespective of race, religion, gender or political affiliation. MSF was awarded the 1999 Nobel Peace Prize.

DEBRIEFING

Omar Altarwaneh is a Jordanian doctor working in MSF's trauma surgery clinic in Ramtha, three miles from the Syrian border. At the clinic, severely injured Syrians who have been wounded by bombs and shelling receive lifesaving emergency care.

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

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

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



of them. They just arrived too late.

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

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

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

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

On days I'm not working, I still want to be here, and any chance I get when I'm working, I like to be in the emergency room. After leaving here, I want to study more. I'm applying for a surgical intervention programme and hope to return here one day as a surgeon for MSF.

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

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About Dispatches

Dispatches is written by people working for MSF and sent out every three months to our supporters and to staff in the field. It is edited by Marcus Dunk. It costs 8p to produce, 17p to package and 27p to send, using Mailsort Three, the cheapest form of post. We send it to keep you informed about our activities and about how your money is spent. Dispatches gives our patients and staff a platform to speak out about the

conflicts, emergencies and epidemics in which MSF works. We welcome your feedback. Please contact us by the methods listed, or email: marcus.dunk@london.msf.org

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