DISPATCHES

‘I’m struggling here - we’re losing her...’

Yemen, pages 4-5

Photograph: Nurse Fatima Othman Saleh in Abs hospital
© Rawan Shaif, 19 August 2016

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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

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Drug company bows to MSF pressure

Drug company GlaxoSmithKline (GSK) has announced it will cut the price of its pneumonia vaccine for MSF and other humanitarian organisations treating child refugees as well as children affected by other crises.

The move comes after MSF put sustained pressure on the company over its exorbitant pricing. Earlier this year, MSF was forced to pay £50 a dose in order to vaccinate thousands of refugee children in Greece fleeing conflicts in Syria, Iraq and Afghanistan.

"GSK has taken a critical step forward for children in emergencies," says Dr Joanne Liu, MSF's international president. "With this price reduction, our teams will finally be able to expand their efforts to protect children against this deadly disease. GSK should now redouble its efforts to reduce the price of the vaccine for the many developing countries that still can't afford to protect their children against pneumonia."

Pneumonia is the leading cause of child deaths worldwide, killing almost one million children every year. Children caught up in conflicts or other humanitarian emergencies are particularly susceptible to pneumonia.

GSK has now pledged to offer humanitarian organisations the vaccine for about £7 per child. While GSK's announcement is welcome, drug company Pfizer continues to refuse to offer an affordable price for its equally-vital pneumonia vaccine.

"Pfizer should now match GSK's move by also offering the lowest global price," says Liu.

Find out more at msf.org.uk/gsk

MSF chosen as FT's seasonal appeal partner

The *Financial Times* has chosen MSF as its 2016-17 charity seasonal appeal partner. The FT appeal raises money and increases awareness of a chosen charity through dedicated editorial coverage of its work. FT appeals have raised more than £16 million for charities over the past 10 years.

"The scale of humanitarian crisis today is staggering," says MSF UK's executive director Vickie Hawkins. "Many crises – be they conflict in South Sudan and Yemen, mass displacement in Cameroon and Burundi, or outbreaks of disease in Democratic Republic of Congo – happen out of the public eye. This partnership between the FT and MSF gives us an opportunity to share the experiences of our medical staff working in these forgotten crises and provide lifesaving support to those affected by them."

The appeal goes live at the end of November. Visit FT.com

MEDITERRANEAN

Teams from MSF and SOS Mediterranée help refugees and migrants transfer from a small wooden boat in the Mediterranean, 3 October. The MSF search and rescue teams on board the Bourbon Argos, the Dignity I and the Aquarius rescued nearly 2,000 men, women and children from 11 separate boats in less than seven hours on 3 October. Many of the rescues were conducted in dramatic circumstances, with some people needing to be evacuated to the Italian mainland for urgent medical treatment. Since 21 April, MSF teams have rescued a total of 14,547 people from boats adrift in the Mediterranean in more than 100 different rescue operations. *msf.org.uk/european-refugee-crisis*

Photograph © Johannes Moths

HAITI

A teenager rests at the side of the road near Port Salut, in southwestern Haiti, after Hurricane Matthew tore through the Caribbean on 4 October, devastating large parts of the island. MSF teams rapidly began treating patients, including those affected by cholera. "Many of us fear that malnutrition, further cholera and other waterborne diseases will emerge," says Paul Brockman, MSF head of mission in Haiti. "Let's not forget that Haiti was already at risk from Zika, dengue and malaria." Find out more: *msf.org.uk/haiti*

Photograph ©Andrew McConnell/Panos Pictures

GREECE

MEDITERRANEAN SEA

SYRIA

IRAQ

CHAD

IRAQ

Roberto, from Brazil, comforts an elderly man who was forced to leave his home because of the conflict, in Khanaquin camp in northeast Iraq.

Photograph © Ton Koene

CHAD

An MSF nurse weighs a baby in Bokoro region, Chad. Malnutrition is endemic in Bokoro, with almost half of child deaths in the country associated with the condition. MSF is running 15 mobile outpatient clinics for malnourished children in villages across the Bokoro region.

Photograph © Tiziana Cauli/MSF

SYRIA

Aleppo: Medical care under siege

Some 250,000 people trapped in besieged east Aleppo are experiencing some of the fiercest bombing since the onset of the Syrian conflict. Medical facilities are a target, with at least 23 attacks on the eight surviving hospitals recorded since the siege began in July.

"The situation is unbearable," says Carlos Francisco, MSF's head of mission in Syria. "The few remaining doctors with the capability to save lives are also confronting death. Only a few days ago, the manager of one of the health centres we support and his whole family, including his children, were killed by a barrel bomb."

There are just seven surgeons left in east Aleppo to treat the wounded, out of a total of 35 doctors, and just 11 working ambulances to bring the injured to hospital.

"The Syrian and Russian governments have taken this battle to a new level," says Pablo Marco, MSF's operations manager in the Middle East. "The whole of east Aleppo is being targeted. Hundreds of civilians are being massacred; their lives have turned into hell.

Russia and Syria must stop the indiscriminate bombing now and abide by the rules of war."

Mustafa Karaman volunteers as a physiotherapist in one of the MSF-supported hospitals in east Aleppo.

7 September

"Life has become almost impossible in the city. The suffering is unimaginable, and people living in east Aleppo are trapped here at the mercy of constant bombing. We barely have any electricity or water.

All health facilities in the city have been affected. We do what we can and we use what we have to provide care to people trapped in the city. We can't afford to stop, not even for a day.

At my hospital we receive up to 100 sick and wounded every day, and some days we carry out up to 30 surgeries. The concept of working hours does not exist here; you need to be available around the clock.

The few remaining hospitals are under immense pressure, with very few staff. We are inundated with patients and the wounded. It's impossible to refer patients elsewhere, because other facilities are overwhelmed and this part of the city is totally cut off from the rest of Aleppo.

'We cannot leave our people behind'

As medical staff, we cannot leave our people behind. They have suffered, they are being wounded and killed, and we do not have the right to leave them. We know them – they are our relatives and our neighbours – and we have to take care of them.

We hope that our supporters can put pressure on the international community to put an end to the suffering. They are our lifeline, and having a safe passage into east Aleppo will help us continue to do our job and treat people."

MSF supports eight hospitals in Aleppo city. It runs six medical facilities across northern Syria and supports more than 150 health centres and hospitals across the country, many of them in besieged areas.

msf.org.uk/syria

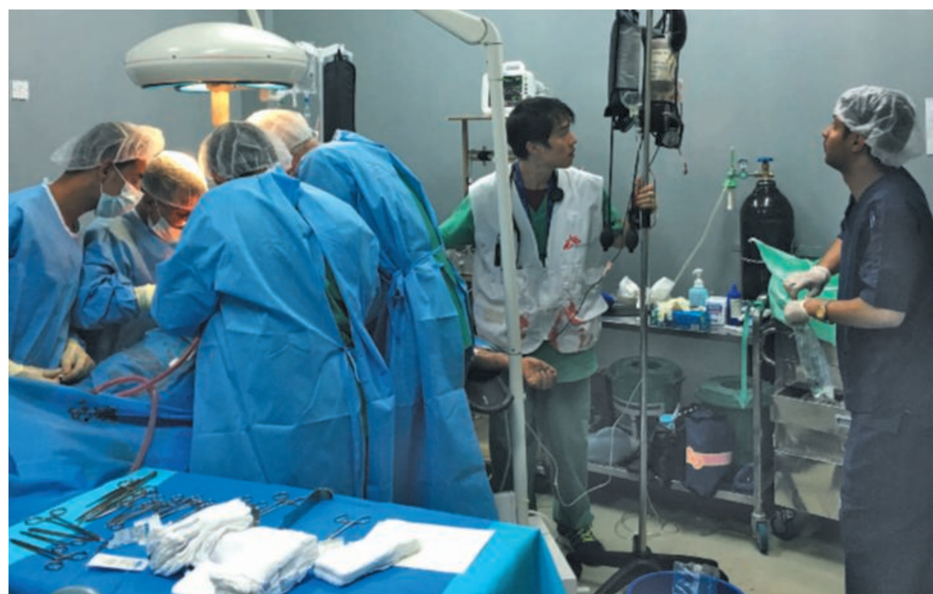
"I'm struggling here – we're losing her..."

It's 2 pm, the desert sun is blazing and a woman with mysterious injuries suddenly starts bleeding out as you're treating her. For British-based anaesthetist Dr Zhihao Oon, working amid the conflict in Abs, northwest Yemen, the fight to save her life became a gruelling test of skill and ability.

Twelve-year-old Ali is treated for shrapnel injuries in Al Salam clinic after a bomb destroyed his house. MSF teams work in 11 hospitals and health centres throughout Yemen, and provide support to a further 18. Below: Ali with his sister and family.
Photograph © Mohammed Sanabani/MSF

"I'm struggling here – we're losing her," I said to the surgeon as I squeezed the adrenaline through the IV drip. "Maged, you need to slow down on the chest compressions and go harder." The charge nurse grunted in agreement, his forehead glistening with sweat from the effort of doing CPR. Three minutes earlier, her heart had stopped, but there was no defibrillator. I looked desperately at the monitor for reassurance. There was none. We didn't have the equipment for it to monitor heart tracing. All it told me was that it was picking up trace amounts of carbon dioxide from the patient. My mind flashed back to my usual role as an anaesthetist in the NHS where all this basic equipment was taken for granted.

Half an hour earlier, the surgeon and I were in the minor injuries section of the emergency room. It was 2 pm and the desert sun was making its presence felt. Outside it was 43 degrees; inside wasn't much better. A 45-year-old woman was brought in with a gash to her right shoulder, just above the shoulder blade.



Dr Zhihao Oon and the team operate on a patient in Abs hospital.
Photograph © Zhihao Oon

'It looks like a stab wound'

"How did this happen?" I asked her son, who had accompanied her. "A car accident," came the reply. The surgeon and I looked quizzically at each other. "It looks like a stab wound," I muttered to the surgeon. He nodded.

"We need to take her to theatre now," declared the surgeon. "The wound's quite deep and it is still bleeding." Soon we were pushing her in a wheelchair along the sandy path to the operating theatre. "Is she going to be ok?" her son asked anxiously. *"Inshah'Allah,"* I replied confidently. "The wound is quite small and the surgeon will probably give it a good clean and close it up. We've had worse cases." Just a few weeks earlier, we had operated on a patient with grave injuries sustained whilst attempting to defuse a landmine. A laceration like this seemed minor in comparison.

Just as we arrived at the operating theatre's holding area, the woman's head suddenly lolled backwards and her eyes glazed over. She was taking rapid, shallow breaths and her skin had taken on a waxy grey tone. Her pulse was racing, a faint flutter underneath my fingertips. This was class four hypovolaemic shock – she was bleeding out.

'I've got my finger on the artery – it's stopped pulsing'

We rushed her into theatre and lifted her onto the operating table. I rapidly administered the anaesthetic – a mixture of ketamine and diazepam with a small amount of adrenaline – and secured the airway with a breathing tube. The surgeon wasted no time in beginning to explore the wound, as I grabbed a bag of saline and squeezed it as hard as I physically could to get it through the IV – she needed fluids and fast. In the NHS we had a machine that did this for us. But this was not the NHS – this was Yemen.

The monitor buzzed; it was not picking up a pulse. The surgeon exclaimed almost simultaneously, "I've got my finger on the artery – it's stopped pulsing." Her heart had stopped beating and she was in cardiac arrest.

"Quick, quick, start CPR," I said to the charge nurse. Maged dropped the retractors and started chest compressions. "One... two... three... four..." he counted as he pushed down.

"Fawaz, I want you to squeeze the bag," I instructed the translator as I went to prepare the adrenaline solution. "You are now breathing for her – each time you take a breath, you squeeze the bag." Fawaz would always help out where possible.

This brings us back to the present moment. I was in theatre with a dead patient. CPR was ongoing. The surgeon was desperately trying to stem the bleeding from the severed subclavian vein.

No phones, no hospital switchboard, no crash team

I sent Fawaz off to collect some much-needed blood from the laboratory. Two minutes later, he returned with a cool box containing two bags of dark red blood. He panted, "Boss, the blood is here. The lab says that they can get more blood ready soon – they just have to bleed the relatives." I thanked him and smiled bitterly.

In the NHS, if I wanted blood, a porter would just get some from the blood bank. And in an emergency, we would call the hospital switchboard and the crash team of doctors and senior nurses would be 'fast-bleeped' and be on site within minutes.

But here in Abs hospital, there were no phones, no hospital switchboard and no crash team. No one else knew that we were struggling with a dying patient in the operating theatre. We were well and truly alone.

More than 10 minutes had elapsed and there were no signs of life from the patient. We had done all that we could with the resources we had. We grimly went outside to tell her son to prepare for the worst. And just then, a medical miracle happened. Her pulse returned and she started breathing for herself.

'This was true teamwork'

Astounded, we rushed back to the operating table. She had a good blood pressure and heart rate. Normal levels of carbon dioxide were being detected. She was alive. When the surgeon stopped the bleeding by tying the vein off, it allowed the adrenaline that I gave her and the blood that Fawaz collected to take effect, with assistance from Maged, who helped circulate it around her body with his chest compressions. This was true teamwork.

Two hours later, we wheeled her into the recovery room. We were not out of the woods yet. As she was still anaesthetised, it was impossible to know if she had suffered irreversible brain damage as a result of her cardiac arrest. We waited anxiously by her bedside for her to wake up. Soon her eyes flickered open. "How are you?" I asked eagerly. "*Alhamdulillah* (praise be to God)," she replied, her voice a whisper. "*Alhamdulillah*," I echoed, as I closed my eyes in silent gratitude.

We found out the next day that she had not been involved in a car accident. Her husband frequently physically assaulted her and, on this occasion, had stabbed her in the shoulder with a kitchen knife.

Over the next three days, she made a full recovery and was discharged to a women's shelter on the fourth day. If it wasn't for MSF's involvement in Yemen, this woman, and countless others like her, would have died.

On 15 August, one month after Zhi left Yemen, Abs hospital was hit by an airstrike that killed 14 people, including MSF staff member Abdul Kareem Al Hakeemi. This was the fourth attack against an MSF facility in less than 12 months. Find out more about our #NotATarget initiative. Visit msf.org.uk/notatarget. Read an interview with Zhi at msf.org.uk/DrZhi

Fighting a yellow fever outbreak

When an outbreak of deadly yellow fever struck Democratic Republic of Congo in August, MSF and Congolese authorities launched a mass vaccination campaign to prevent the disease from spreading.

Over ten days, MSF mobilised 100 teams to vaccinate 7.5 million people in the capital, Kinshasa. A vaccination campaign on this scale presents numerous logistical challenges, from navigating the crowded alleyways of the city in a fleet of 65 vehicles, to ensuring the vaccines are kept at between 2°C and 8°C despite the hot and humid weather.

"This campaign is an essential step in containing the spread of the outbreak," says MSF emergency coordinator Axelle Ronsse. "Vigilance will remain crucial in the coming months."

Photos by Dieter Telemans

What is yellow fever?

Yellow fever is a viral haemorrhagic disease transmitted by female Aedes aegypti mosquitoes – the same mosquito responsible for spreading the Zika and dengue viruses. The 'yellow' in the name refers to the jaundice that affects some patients.

Symptoms include fever, headaches and muscle pain, with some patients experiencing internal bleeding. Up to 50 percent of severely-affected patients will die within 14 days, according to the World Health Organization. There is no treatment for yellow fever, and vaccination is the most effective method of prevention.

A girl waits calmly for her shot in the arm, administered by a local nurse, in the courtyard of a primary school in Kinshasa on the first day of the vaccination campaign.

It's early morning on day one of the campaign, and an MSF team at base camp unloads the vaccines, which are stored in cool boxes.

First to be vaccinated are the children lining up outside a school in Kinshasa's Zone de Santé Kikimi, where the campaign kicks off.

A young man screws up his face as the nurse pushes the syringe home.

Bartazard Tshimanga, a motorcycle taxi driver who knows his way around the backstreets of the city, is employed by MSF to take vaccination cards to the sites that are impossible to reach by car.

Bah Moudjitaba, an MSF water and sanitation expert from Guinea, makes sure that all the used needles and other waste are correctly disposed of.

The letter that changed me

Dr Javid Abdelmoneim travelled to Haiti in 2010 to assist in the aftermath of the devastating earthquake. In the midst of the mayhem, a patient handed him a letter that would change his life. Four years on and still coming to terms with the death and destruction he'd witnessed, Javid sat down to write a reply…

"Dear Dr Javid, I salute you in the name of He who, through his death, gave us life, Jesus Christ."

Thus starts one of the most important thank you letters of my life. The setting: Haiti, 2010, post-earthquake, intra-hurricane, pre-cholera. I cried when I read it then. I cry when I read it now. Different tears though.

The patient who wrote it doesn't know how much it means to me. I haven't seen or heard of him since the day he gave it to me. Perhaps he has since died of another near-fatal asthma attack. I'll never know. But even today, in my darkest moments, all I have to do is recall his letter and I am comforted.

Emergency care in Cité-Soleil

I went to Haiti with MSF in June 2010 to help reinstate emergency and internal medicine services at our hospital in Cité-Soleil. 'Sun City' is the capital's gang-ridden slum and is anything but filled with rays of hope. I found violence, accidental trauma and infectious diseases; death, death and death.

In November in Cité-Soleil we were busy. Hurricane Thomas was due the next day. We intended to evacuate the entire ground floor of our 100-bed hospital to the first floor to avoid the expected flooding. The logistics of the move had taken our team one week of planning and preparation. Persuading the Haitian staff and patients to enter the building's upper floor, which had no quick escape route in case of emergency, was difficult. People were still scared, despite it being nearly 11 months since the earthquake.

I'd been there almost five months. It had been very hard, and I still had to persuade myself every day to remain, not to give up and go home prematurely.

As head of the medical department, I was to supervise our part of the evacuation. I made the rounds of the 22-bed tent, which served as an inpatient ward, with the aim of discharging as many patients as possible. The wind had really picked up and gusted ominously through the tent. I wasn't even sure how many spaces I had been allocated upstairs, tucked away at the back of the neonatal ward. It was going to be a tight squeeze. I remember thinking, "Is there room for this one? Evacuate upstairs or discharge?"

Then I was handed a letter by a patient.

'I couldn't believe I had forgotten him'

Oddly, I couldn't recall him at all. The resident doctor told me the patient had been admitted a week previously with acute asthma and cardiac arrest. She confirmed that I had seen him when I was called into the emergency room. He had not responded well to nebulisers (a device that enables you to breathe), then had had a seizure followed by cardiac arrest. Still I had no memory of him. Then suddenly it came flooding back and I couldn't believe I had forgotten him.

I remembered: he was young. I watched his eyes cloud over as he stopped breathing. He continued to struggle and looked straight into my eyes. We didn't stop. We tried every treatment available: adrenaline, aminophylline, magnesium and salbutamol. We carried out CPR for what seemed an age, through three arrests and three returns. I reflected afterwards that I'd forgotten ketamine, but we would never have intubated him anyway, since there were no ventilators and no blood gas measurements.

Children play in the streets of Cité-Soleil. *Photograph © Stephane Delpech*

A woman recovers from cholera in a hospital compound in St Marc, Haiti, in November 2010. Cholera patients need to replace lost fluids by drinking lots of oral rehydration solution or receiving fluids intravenously. *Photograph © Spencer Platt;* Bottom: Javid outside the MSF hospital in Cité-Soleil. *Photograph © Javid Abdelmoneim*

He had survived and written me a letter.

"He who despises his neighbour, sins. Blessed is he who pities the poor.' *Proverbs 14:21.* God is the source of life but it is for man to try to conserve it. God raised your spirit and you did not abandon me. Therefore you are blessed. You are blessed by God in your hard work in saving life. I tell you 'thank you' – the biggest words in the human dictionary."

'He was watching me as I cried'

I was reading this eloquent letter in the busy tent in front of him as he prepared himself for discharge. The beds were being lifted up around us by the orderlies. The nurses were dismantling their desk. The medication was being packed away by the nursing assistants. The logisticians were taking down the electrics and securing the tent. It looked like it would start to rain at any moment and he was watching me as I cried.

Why was I crying? Because he was my exception to the rule of death in Haiti. Because I was ashamed that I had forgotten him. Because I was tired. Because I had had enough. Because he'd touched a raw spot.

Hurricane Thomas did not strike us with full force that night. It swerved north at the last minute. The cholera epidemic arrived in the capital with the overflow of rainwater the next day. My last few weeks in Cité-Soleil swept me up in a whirlwind of vomit, diarrhoea and much more death. I'd never before seen so much unchecked misery. It took me a while to recover. I took away many memories, both fond and foul. I took away one particular memory of one particular patient. I took away a letter.

'Your letter helps me'

Mr Letter-writer, I salute you. I'm sorry it's taken me so long to write back, but I was hurt by Haiti. You've helped me a lot and I haven't forgotten you.

I can honestly say that I have struggled every day with what I do and why. My need to find fulfilment in what I do overtakes me frequently. Sadly, I am often left despondent after my day's work. I don't know when I became this full of angst. Did I make the right choice in becoming a doctor? It's been 13 years since I graduated. Should I still be asking that question? Your letter helps me answer it.

Your letter addresses my needs, allays my fears and gives me emotional support. Your letter shows me that the doctor-patient relationship runs two ways. I am not sure that this is revolutionary, but it has been to me.

Your letter reminds me to be kind, gentle, patient and humble, even if I don't feel those things some days.

I feel as indebted to you as you felt to me. Do you think of me as often as I think of you?

"May the All-Powerful grant you a lengthy and successful career, which you accomplish so well. Be blessed by God for ever, Dr Javid." Thus ends your letter.

The biggest words in the human dictionary end mine. Thank you.

Away from home

This December, more than 100 British volunteers will be working for MSF in the field. We asked two members of the team to tell us what it's really like to work for MSF and how they will be spending Christmas this year.

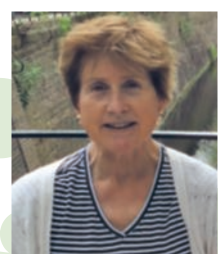
Dr Sarah Wookey, who is in charge of clinical care at a hospital in North Kivu, Democratic Republic of Congo (DRC), and Dr Paul van den Bosch, who manages our medical activities in Irbid, Jordan, tell all…

What made you want to work for MSF?

Dr Paul van den Bosch, Jordan

"I left my practice in the UK and I wanted to work overseas with an organisation I knew to be effective."

Dr Sarah Wookey, DRC



"I was a GP in the UK for over 20 years. My children have grown up and I wanted to do something different with the skills I'd acquired. I was looking for an organisation which was efficient, effective and which treated people on the basis of need. MSF fitted the bill."

Sarah stands in front of an MSF Land Cruiser in North Kivu. She was delighted to find that the team grow their own vegetables in the MSF compound. *Photograph © Sarah Wookey*

Is this your first mission?

Sarah "Yes, I'm a newbie! I'm in charge of clinical care at Mweso hospital in North Kivu, DRC. It's the only health facility in the area."

What kind of work are you doing?

Paul "MSF's clinics in Irbid, in the north of Jordan, provides medical care to Syrian refugees. The majority live in towns and villages, rather than camps, but life is still very difficult for them. Not only are they living in distress, having lost their homes and sometimes their family members, but legally they are not allowed to work. Although they can use the local health service for urgent problems, they can't use it for chronic problems such as diabetes and heart disease. MSF's clinic in Irbid aims to fill this gap."

What's been the biggest surprise?

Sarah "We're able to grow our own fresh vegetables. We're very lucky here – the hospital is situated in a beautiful, lush, hilly area which is very fertile."

What is a typical day like?

Paul "My role is to supervise, support and guide the young and able Jordanian doctors and nurses. This means being alongside them, discussing clinical problems, running education sessions, developing protocols and a host of other activities. But while perhaps half my time is spent in the clinic or on home visits, the other half is spent in meetings and in front of a computer. But as the clinic only operates during office hours, I am free most evenings for the first time in my working life."

Sarah "We're only 100 km from the equator, so there's no such thing as dawn or twilight. It goes from darkness to day instantly, so we tend to get up at dawn. The day is spent supporting the local doctors, who are doing an amazing job looking after patients in this large hospital. There are always lots of meetings as well as planning and audit activities. As it gets dark so early, we tend to go to bed early. But we do have time for a couple of hours' relaxation with the other members of the team."

Do you miss anything about home?

Paul "I miss my family, although my wife has been out to visit me twice, and I've been back to the UK. Skype, WhatsApp and FaceTime keep us in touch in a way that was unimaginable in my previous missions overseas. The internet service here is generally fairly good, so I certainly expect to be in touch at Christmas, although it will be the first Christmas my wife and I will have spent apart in nearly 40 years."

What will you do this Christmas?

Sarah "We'll have a party – everyone will cook something from their home country. At the moment, there are staff from the UK, Canada, France, Romania, Hungary, Kenya, Poland, Sardinia, Cameroon and Switzerland, so we'll probably have beef and maize perogies with goat goulash pizza, and plantains with maple syrup on the side."

What are the biggest challenges?

Paul "The challenges are in trying to provide the best possible service with other people who may share the same ambition, but want to do it in a different way. We have robust and sometimes difficult discussions, but remain friends in the end."

What is daily life like?

Sarah "Everyone is incredibly friendly and patient with my terrible French – the team I'm working with is really supportive. I love the food!"

Paul "Jordan has virtually everything you could need, but one of the best aspects of working for MSF is the range of people you have the privilege of meeting. I was at a party yesterday with a group of about 15 people, and I ran out of fingers counting the nationalities. There is so much food, but most of it is rather high-calorie, so I'm starting to miss home cooking."

Is there anything you forgot to pack?

Sarah "My hairbrush! It's a bit difficult to get stuff sent here, as there's no postal service, so I haven't received any parcels yet."

Paul "The things I lack are not ones which can be sent, unfortunately. Perhaps what I miss most is that there is nowhere nearby where one can walk. We live in a noisy urban environment with little in the way of green space."

What could you not live without?

Sarah "Earl Grey tea – I'm using each bag three times."

Do you have a message for MSF's supporters?

Paul "However much we grumble about our difficulties – and most of us do – we usually have control over much of our life, and we have some freedom to make choices. Most of our patients here in Jordan don't have this luxury, so MSF's work here is really important."

What would you be doing if you were at home for Christmas?

Sarah "Doing a shift at the local emergency GP service in Oxford, before meeting up with the family, and my daughter's best friend's family, for smoked salmon, silly games and champagne. In our house, our proper Christmas meal is usually on Boxing Day, with roast goose."

Paul "Probably eating rather too much dinner and then going on a family walk."

Is there a person who has really stood out for you on this mission?

Sarah "I remember a small boy with an injury who was carried to the hospital by a series of porters. The journey took three days and went through several areas controlled by different armed groups. At every crossover point, those carrying the boy handed him over to another team who were able to carry him safely through the next stage of the journey. There was something very moving about that."

Paul "Two people who stand out for me are Jordanian doctors in the clinic. They are, as are young doctors in the UK, thoughtful, questioning and ambitious. They are professional, kind and committed to helping serve the patients. We in MSF need to do our best to help nurture these qualities, as these doctors will be around long after we have moved on."

Please send a message of support to Sarah, Paul and other members of the MSF team working abroad this Christmas:

visit msf.org.uk/ecards

MSF'S UK VOLUNTEERS

Burundi Judith Kendall, *Anaesthetist*

Central African Republic Miriam Franca, Nurse; Andrew Ledger, *Logistician;* Michael Barclay, *Logistician;* Ghita Benjelloun, *HR manager;* Miriam Peters, *Medical team leader;* Timothy Tranter, *Deputy head of mission;*

Chad Victoria Neville, *HR manager;* Lydia Giramahoro, *Nurse*

Dem Rep Congo Laura Esposito, *Project coordinator;* Sarah Wookey, *Doctor;* Justin Thomas Healy, *Doctor;* Anna Halford, *Deputy head of mission;* Emily Gilbert, *Project coordinator;* Anthony Channing, *Logistician;* Sarah Maynard, *Head of mission;* Alice Gautreau, *Midwife; ;* Forbes Sharp, *Head of mission;* Mark Blackford, *Finance coordinator*

Ethiopia Isla Gow, *Midwife;* Cara Brooks, *Logistician;* Thomas Hoare, *Psychologist;* Georgina Brown, *Midwife;* Lucy Williams, *Nurse;* Aoife Nicholson, *Lab scientist;* Kate Nolan, *Deputy head of mission*

European migrant and refugee mission Jane Grimes, *Psychologist* (Greece); Jonquil Nicholl, *Midwife* (Italy); Jens Pagotto, *Head of mission* (Italy); Andrea Contenta, *Advocacy manager* (Serbia)

Georgia Mark McNicol, *Doctor*

Guinea Sophie Sabatier, *Project coordinator*

Guinea Bissau Danila Luraschi, *Paediatrician;* Johanna Francesca Phelan Bosowski, *Nurse*

Haiti Mathieu Vanhove, *Epidemiologist;* Sarah Coates, *Midwife;* Dominique Howard, *HR coordinator;* Stuart Garman, *Project coordinator*

India Ian Cross, *Doctor;* Christopher Cunningham, *Doctor;* John Canty, *HR manager;* Sakib Burza, *Medical coordinator;* Rebecca Welfare, *Project coordinator;* Gillian Fraser, *Doctor*

Iraq Jonathan Henry, *Head of mission*

Jordan Usman Ali, *Anaesthetist;* Paul van den Bosch, *Doctor*

Kenya Anthony John Trethowan, *Logistician;* Daniel Acheson, *Logistician;* Sam Faber, *Doctor*

Lebanon Yvonne Ovesson, *Logistician;* Michiel Hofman, *Head of mission*

Libya Jean-Marie Karikurubu, *Head of mission*

Mozambique Besufekad Yirgu Asfaw, *Doctor*

Myanmar Marielle Connan, *Project coordinator;* Christopher Peskett, *Nurse;* Federica Kumasaka Crickmar, *HR manager*

Nigeria Ali Abdella, *Medical team leader;* Aimen Sattar, *Logistician;* Ann Lomole, *Finance coordinator*

Pakistan Andrew Burger Seed, *Project coordinator;* Keith Longbone, *Project coordinator;* Lily Daintree, *Midwife;* Megan Powell, *Logistician;* Roberta Masotti, *Midwife*

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Zimbabwe Mihir Rajnikant Pithadia, *Doctor*

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.

"An hour later, she opened her eyes"

Lucy Williams is a nurse working in Bentiu, South Sudan. The 'protection of civilians' site is home to thousands of people who have been displaced from their homes by fighting in the area.

"I first arrived in Bentiu last November as the rainy season was ending. At the beginning, malaria was our main issue. I was working in paediatrics and, on an almost daily basis, I saw children convulsing, suffering from the most severe form of malaria. Many had scarily low haemoglobin levels and we never had enough blood in the bank. It was tough.

On top of that, the numbers were so huge that we didn't even have enough beds. Doing the rounds each day, I had to step over children sleeping on mattresses on the floor while an additional ward was under construction.

'The girl went into cardiac arrest'

There's one evening in particular that I'll never forget. As a nurse, you do on-call shifts through the night. At around 9 pm, I was called to the emergency room. An 11-month-old baby had been carried in, unconscious and very pale. We quickly tested her haemoglobin levels and they were the lowest I've ever seen: they should be at least 10, but hers were just 1.8.

Immediately we rushed the mother to the lab to donate blood and see if her blood group was compatible with her daughter's. While the mother was being tested, the little girl went into cardiac arrest. We spent the next five minutes doing chest compressions and breathing for her. We also administered adrenaline. Finally, her heartbeat came back, but she still didn't start breathing.

Thankfully, mum's blood was compatible, so we administered it to the baby straight away, even though she was still not breathing. For the next few hours we had to take it in turns to operate a small 'ambubag' – essentially a hand-operated ventilator which was breathing for her. Shortly before midnight, we asked the mother to give another unit of blood. As soon as we gave it to the baby, she started to breath for herself. It was incredible.

Back from the brink

Less than an hour later, this tiny baby, who had spent the past four hours on the cusp of death, opened her eyes. I can't begin to express how shocked we were; even her mother couldn't believe it. By 2 am she was breastfeeding. She really brings meaning to the phrase 'back from the brink'.

Her story is so special to me because many of the other children I treated weren't so lucky. In those first few months, we had several babies and children who started to breathe, and we got our hopes up, only for them to die a few hours later.

In the morning, we started the little girl on intensive feeding and malaria treatment. She stayed with us on the ward for a few weeks and, by the time she left, she'd put on a lot of weight. She looked like a different child.

When things went well, children were usually out of the ward within a few days. When you think about it, that's pretty remarkable. A child is carried into our ward completely unconscious and convulsing – but, with a blood transfusion and an IV, they are often running around and playing within two days.

Returning to Bentiu

Fast forward a few months and, once again, it's rainy season. I left Bentiu in April, but now I'm back. I returned to this hospital expecting more of the same, but can't believe how different things are.

Before this rainy season had even begun, spraying was underway to kill mosquitoes, which spread malaria. MSF helped distribute thousands of mosquito nets and established 'malaria points' in partnership with other medical organisations. Not only does this mean that people can access healthcare much faster, but also that we are catching malaria cases long before they become serious.

In September 2015, we had treated 30,312 people with malaria so far that year. This year, we have treated 18,414 in the exact same period. When you compare these figures, it is truly remarkable – almost 12,000 fewer patients, despite the protection of civilians site being the busiest it's ever been.

It's clear that this proactive and relentless approach to preventing malaria in Bentiu is saving thousands of lives. When I walk through the hospital now, there are empty beds in almost every ward, and that really is a great feeling. Let's hope that this time next year we have empty wards too."

Read more of Lucy's blog at blogs.msf.org

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Dispatches is written by people working for MSF and sent out every three months to our supporters and to staff in the field. It is edited by Marcus Dunk. It costs 8.6p to produce, 2.3p to package and 31p 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: *dispatches.uk@london.msf.org*

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