DISPATCHES

‘We need all types of people’

Volunteering for MSF, pages 10-11

Malawi, 2015: MSF nurse Kate Gannon leads a team evacuating Yanesi Fulakison by helicopter from an area cut off by flooding. *Photograph: Luca Sola*

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No 80

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

INSIDE

Children play amidst the icy mud of an informal refugee camp in Grande-Synthe, near Dunkirk. MSF is building a new camp nearby that will meet basic humanitarian standards. *Photograph © Sophie-Jane Madden/MSF*

FRANCE

MSF refugee camp

MSF has been granted permission to set up a new camp in northern France for 2,500 people currently stranded in appalling conditions at an informal site in Grande-Synthe, near Dunkirk.

The new site is 10 minutes' walk from the current location and will include 500 heated, winterised tents which each have room for five people.

The camp will also include enough water points, toilets, showers and kitchens to meet minimum humanitarian standards, as well as communal facilities, electricity points, spaces for volunteer organisations and a warehouse.

"Conditions in Grande-Synthe are some of the worst I've seen in 20 years of humanitarian work," said Vickie Hawkins, MSF UK executive director.

"Hundreds of families from Iraqi Kurdistan, including many young children, are stranded in rivers of mud with just flimsy tents and blankets for protection from the cold.

"The site is prone to flooding, and there are not enough toilets, food or water points. These deplorable conditions are already causing health problems and, when temperatures drop further, people could start dying of hypothermia."

MSF's medical teams have been working in Grande Synthe for the past 12 weeks and in the camp known as 'the Jungle' in Calais for more than six months.

As well as treating stomach problems, upper respiratory tract infections and skin diseases such as scabies, the medics regularly see people – many of them children – with

continued on page 9

MALI

Seven-month-old Youssouf, from Mali, is receiving treatment for severe pneumonia and malnutrition in Koutiala hospital. MSF has been managing the paediatric ward for the past six years, with the aim of preventing and treating the diseases that cause most deaths amongst under-fives in southern Mali: malaria, malnutrition, diarrhoea and respiratory tract infections. *Photograph © Yann Libessart/MSF*

SYRIA

At least 25 killed and 11 wounded in latest hospital attack

At least 25 people were killed after an MSF-supported hospital in Idlib province in northern Syria was destroyed in an attack on 15 February.

The hospital in Ma'arat Al Numan was hit by four missiles in two attacks within a few minutes of each other, according to staff from the hospital.

Around 15 other houses and buildings in the area were struck on Monday morning, including a nearby hospital not supported by MSF.

Deliberate hospital attack

"The destruction of the MSF-supported hospital appears to be a deliberate attack on a health facility," says Massimiliano Rebaudengo, MSF's head of mission.

Nine staff members were killed in the attack and ten were wounded.

"The destruction of the hospital leaves around 40,000 people without access to medical services in an active zone of conflict," says Massimiliano.

There were also reports on Monday morning of two more hospitals, including a children's hospital, being attacked in Azaz city, some 125 km to the north. These facilities were not supported by MSF.

Hundreds of patients

The 30-bed hospital in Ma'arat Al Numan had 54 staff, two operating theatres, an outpatient department and an emergency room.

Some 1,500 people a month received outpatient treatment, an average of 1,100 people a month were seen in the emergency room, while the surgical team performed around 140 operations a month, mainly orthopaedic and general surgery. MSF had been supporting this hospital since September 2015, covering all its running costs, paying staff salaries and providing medical supplies.

Healthcare under fire

In the past 13 months, MSF-supported facilities in Syria have been struck by aerial bombardments and shelling 101 times.

msf.org.uk/syria

IRAQ

Wasira, from Iraq, was forced to leave her home because of fighting, and is spending her second winter in a camp for displaced people in Kirkuk, Iraqi Kurdistan. MSF teams provide mobile clinics in the camp, where Wasira is being treated for high blood pressure. "We built these houses ourselves – even the children helped," says Wasira. "Now the biggest problem is water. But at least here we are safe." *Photograph © Baudouin Nach*

CENTRAL AFRICAN REPUBLIC

A family of nomads rests outside their tent in the forests of northern Central African Republic. The Mbororo tribe come from Niger and Chad, but travel throughout the region grazing their livestock. MSF has worked in CAR since 1996, and runs activities in 15 locations across the country. *Photograph © Juan Carlos Tomasi/MSF*

DEMOCRATIC REPUBLIC OF CONGO

Children walk with bags on their backs through the mountainous landscape of Ziralo, eastern Congo. MSF teams have been responding to a sharp increase in cases of malaria in the region which has affected thousands of children, who are particularly susceptible to severe forms of the mosquito-borne disease. *Photograph © Surinyach Anna/MSF*

EBOLA

Antimalarial drug reduces risk of dying among Ebola patients

A malaria drug may have reduced the risk of dying among a group of Ebola patients in Liberia during the height of the outbreak in 2014, according to a study published by MSF.

The study found that Ebola patients who were prescribed the antimalarial drug artesunate-amodiaquine (ASAQ) had a 31 percent lower risk of dying than those who were prescribed the standard antimalarial medicine, artemether-lumefantrine (AL).

MSF teams give antimalarial drugs to all suspected Ebola patients as a matter of course.

This effect was only discovered when supplies of the usual antimalarial drug ran out at MSF's Ebola management centre in Foya, Liberia, during the peak of the Ebola epidemic in August 2014.

Positive effect of antimalarials

For a two-week period until new supplies arrived, patients were prescribed ASAQ instead of AL, with no other changes in clinical care. While no clinical trials on treatments have yet led to conclusive evidence, this retrospective study provides promising new information, and should encourage further testing of ASAQ.

"We must remain cautious about drawing broad conclusions," says Dr Iza Ciglenecki, co-author of the study. "To date, however, ASAQ appears to be a promising path towards an effective treatment.

"While this epidemic seems to be coming to an end, we hope this will not divert resources and attention away from the work needed to find effective treatments, diagnostic tests and vaccines against Ebola, and to make them available for those who will need them most in the next epidemic."

msf.org.uk/ebola

On the ground in Yemen

A boy rides his bike through a checkpoint in Aden. *Photograph © Guillaume Binet/MYOP*

Celine Langlois spent five months in Yemen as MSF's emergency medical coordinator. From dodging sniper bullets to sheltering from airstrikes, she describes what it's like to deliver medical care to people caught up in conflict.

"In the city of Taiz, the main threat was snipers. Even though you can't see them, they are always there. When you cross a frontline, they are always on your mind.

You become hyper-vigilant and super-sensitive to the noise of gunshots – you can tell if it is an AK47 or a sniper's gun. You learn quickly in this environment; you have to – it can be a matter of life or death.

However many measures you take, you can still suddenly find yourself in the middle of a fight.

One day we were visiting the hospitals that MSF supports across Taiz, which involved crossing frontlines. As we entered no man's land, we saw that two fighters had just been shot in the head by snipers.

Before we knew it, we were caught in crossfire

We got out of the car and tried to find a place to take shelter. Gunshots were coming from everywhere, landing a few metres from us. We crouched behind a water tank. One Yemeni colleague managed to squeeze himself into a tiny gap between the water tank and a brick wall – the adrenaline rush to save your life makes you do things you never imagined doing.

After 20 minutes, a family kindly let us into their house. The father of the house was barefoot, wearing only a Yemeni traditional skirt and a white tank top, and holding a Kalashnikov, ready to protect his home and family.

The children looked tired– they had had no sleep for the past few days, as the fighting had been so intense, with wounded fighters screaming in the streets after being shot.

It became more and more obvious that we have to offer psychological support to the Yemeni people as soon as possible. Taiz formerly had 20 hospitals for its population of 600,000; now only six are functioning, and these only partially. Basic healthcare is mainly being provided by medical staff in people's homes.

Medical staff treat the wounded at MSF's emergency surgical hospital in Aden. *Photograph © Guillaume Binet/MYOP*

The gunfight lasted nearly two hours. I'll never forget the hospitality of that Yemeni family who saved our lives.

The whole house shook

In the capital, Sana'a, the warplanes flying over our heads were the main threat. These planes keep people alert, give children sleepless nights, wake babies in the middle of the night, and – most dangerously – kill people. Yemenis have learned to live with them, and so did we.

The plane flies over, drops a bomb and goes away – and then comes back. It can stay in the sky for hours, making everyone nervous. All people want is for the plane to empty its deadly cargo and go away so they can continue with their day.

Before an airstrike, there is a whistling noise. The reaction is automatic: find shelter. There were a couple of nights when I rolled under my bed, afraid the windows would be blown in by the blast. The whole house shook.

Bombs are being dropped in Yemen on a regular basis and this is how everyone lives.

Healthcare system collapsing

One day, a compound in front of the main mother and child hospital in Sana'a was heavily bombed by the Saudi-led coalition. While the hospital staff were evacuating patients from the building, two children died – not because of the airstrikes, but because of a lack of oxygen.

The main impact of this war is not directly related to the fighting; most deaths are caused by the healthcare system collapsing. Those two unfortunate children were two among many.

Life goes on

Travelling around Yemen, you see how people are adapting to living with this indiscriminate war. The fuel and water crisis affects everyone.

Every day, you see long queues of cars waiting for petrol, sometimes for days at a time. You see families walking to wells to get water; people riding motorbikes which have been modified to run on natural gas; men riding horses and donkeys through the middle of Sana'a – proof of how Yemenis have to be creative to be able to get on with daily life.

Dr Mahmood Menapal and his team treat a war-wounded patient in Al Rawdah hospital in the besieged city of Taiz. *Photograph © MSF*

What astonishes me is that life does go on. The markets are always busy; ice cream sellers ring their bells amid throngs of heavily armed fighters; windows are repaired; chickens are sold next to checkpoints. I asked a Yemeni doctor in one of our hospitals if she had had any problems crossing the frontline. She said, 'Well yes, but we can't just stop our life because of the war'.

Yemenis' wounds are wide open and will need a long time to heal. I sincerely hope they will get that chance soon."

What is MSF doing?

Since conflict broke out across Yemen on 19 March 2015, MSF teams have treated more than 20,539 patients with injuries directly caused by the violence. MSF has 2,102 staff on the ground working in the cities of Aden, Al Dhale, Taiz, Sa'ada, Amran, Hajja, Ibb and Sana'a and in surrounding provinces, providing medical care, emergency surgery, maternal healthcare and mental health support.

msf.org.uk/yemen

MSF hospital hit in rocket attack

The corridor of Shiara hospital was bustling with staff, patients and their relatives when it was hit by the rocket, leaving six dead and seven seriously injured. *Photograph © MSF*

On 10 January, an MSF-supported hospital in northern Yemen was struck, resulting in six deaths. This was the third attack on a health facility directly managed or supported by MSF in Yemen in the past three months. Teresa Sancristoval, head of MSF's emergency desk, describes the attack on Shiara hospital.

"At 9.20 last Sunday morning, the medical team in Shiara hospital heard the noise of a rocket exploding. The border with Saudi Arabia is only half an hour away so everyone here is used to the sound of bombs and rockets. Knowing it had hit somewhere nearby, they set about preparing for mass casualties. What they didn't realise was that the missile had hit the hospital itself, and soon they would be treating their own colleagues and patients.

The rocket hit a corridor leading from the main gate to the hospital buildings, with a metal fence alongside. The wounded were hit by shrapnel from the missile, and also by shards of metal from the fence. The injuries were brutal.

The corridor was very busy at the time. Six people were killed, including three hospital staff, and seven people were seriously injured, including two staff members who are in a critical condition. Many others received shrapnel injuries, but were able to leave on their own.

Staff immediately began to do triage and to stabilise the injured. Two refused to be brought into the hospital – they were expecting a second hit, and they were fearful of being inside the building. This meant we couldn't stabilise them before the five-hour journey to the MSF hospital in Sa'ada city. One died; the other is in a very serious condition. But we managed to stabilise the rest.

The town of Shiara is up in the mountains. Most of its 40,000 residents are living in caves to shelter from the bombs. People don't want to leave the area because their crops, which they grow on terraces on the mountainsides, need intensive cultivation. If they left now, they wouldn't have food for the coming year.

The hospital serves about 120,000 people in the area. Although it has six inpatient beds for emergencies, it only really functions in the daytime. People won't drive to the hospital at night – they are scared their headlights will give them away and they'll be bombed. And neither patients nor staff want to stay overnight in the building, as they know that all too often hospitals are targets. Shiara hospital has been hit twice before.

People are more afraid than ever. Since the attack, there have been no deliveries in the maternity room – pregnant women are giving birth in caves rather than risk coming to hospital.

Immediately after the attack, Shiara hospital closed, but six hours later, it reopened to attend to a new wave of emergency cases arriving at the hospital. The MSF team is doing emergency stabilisation of the wounded, but without guarantees that it won't be attacked again, we can't just return to business as normal."

Making a drama out of a crisis

My name is Rob Verrecchia and I'm a UK doctor on my second mission for MSF. I'm based in South Kivu, in Democratic Republic of Congo, where I'm the 'flying HIV TB doctor'. This means that I mainly work for our HIV and tuberculosis projects in Baraka and Kimbi. The region has been plagued by instability and chronic conflict for decades and local people have suffered distressingly high levels of sexual violence.

We're working with a local theatre group to educate people about HIV in eastern Congo, an area where this subject is sorely misunderstood.

You can follow Rob's photo blog at: blogs.msf.org/rob-verrecchia

Or on Instagram robverrecchia

The play they're performing tells the story of a group of friends who spread the virus amongst each other through unsafe sex and sharing a bloodied razor. (Pictured: Members of the theatre group backstage)

We see the characters learning that they are HIV-positive and their colourful reactions to the news.

Like many people in this community, the friends' first port of call is the traditional healer. After the treatment makes one girl's condition much worse, the healer flees and the group heads to the hospital looking for help.

Here they are educated about HIV and taught to use condoms, including a surprisingly realistic demonstration by our outreach nurse, Fidel, of how to use a female condom.

The wacky characters cause great amusement, drawing big crowds and getting local people, young and old, engaged in the subject.

Dr Thierry from our medical team takes advantage of local people's interest to spread other important messages about HIV.

At each performance, we set up a number of HIV testing stations where people can have counselling and take an HIV test with the help of our team from the hospital. Nurse Alice takes a break to watch a scene from the play.

Around 100 people at each event have come forward for an HIV test, taking a break from the entertainment to find out their status.

This collaboration between our medical team and the local theatre group has allowed us to gain access to large numbers of people, and is helping us, little by little, to tackle the huge problem of public misunderstanding around HIV.

The Giraffe River's floating a mbulance

The Bahr Al Zeraf river winds its way for 200 miles through the swampy Sudd region of South Sudan. Meaning 'giraffe river' in Arabic, this branch of the White Nile is home to scores of remote communities, all cut off from healthcare.

Paulino Khan hands out lifejackets and settles his patients into the boat ambulance, ready for their journey along the river to Old Fangak. *Photograph © Sarah Vuylsteke/MSF*

Since June 2015, MSF has been operating an ambulance boat on the river, providing medical care for local people as well as new arrivals who have fled fighting in other parts of the country. South Sudanese community health officer Paulino Khan pilots the boat.

"My first day on the boat was magic. Travelling along the river I saw people gathered on the shore waiting for us – they knew we were their ambulance.

We pulled up to the riverbank and I jumped off the boat. I took people's vital signs, assessed their symptoms and administered first aid. Once I had decided who needed to go to hospital, I took my patients to the boat and gave them each a lifejacket.

I will never forget that first day. It was very chaotic – it was a new way of working for me and there was a lot to learn. But human life is important and you do whatever you can to help.

One of the best things about my job is that I get to help my community. I grew up here in Fangak county and I have worked in healthcare for most of my life. I wanted to join MSF because I saw them providing a good medical service.

Many of the people waiting on the riverbank have minor medical problems that can be treated on the spot. *Photograph © Sarah Vuylsteke/MSF*

Most of our patients are children and women who cannot get to see a doctor, and who we treat on the spot. But the boat is also an emergency ambulance. People call us when there is a critical emergency. We bring the boat to pick them up and then we take them to the hospital MSF supports in Old Fangak.

Her family had to carry her in their arms

There are a lot of women with complicated pregnancies. One woman who was seven months pregnant came to us with very severe bleeding. She came from a place called Wangel, not far from the river. Her family had to carry her in their arms from her home to the shore. It was a real emergency and we took her to hospital on the boat. I was afraid she would die. At the hospital, the MSF team induced labour. Her baby did not make it, but she survived. She was discharged and is now in good health. Although tinged with sadness, it is one of my favourite memories of my job.

It's rewarding work

With children, it could be malaria, kala azar (a neglected disease spread by female sandflies) or another critical illness. One day there was a boy who had fallen from a high tree and who was urinating blood. He was in a very serious condition – I thought he might have a rupture in his body. We took him by boat to Old Fangak, and they referred him to Lankien, where he was operated on by an MSF surgeon. It's rewarding work.

The patients we take with us are almost always critically ill. We can't take everyone because we don't have a lot of time. If someone has complicated malaria, a trauma or a serious infection, then we put them on the boat.

Every day you see how much the ambulance means to people. On my second day on the boat, I stopped at a village called Kolenyang on the shore of the river. There were six people waiting, all of them critically sick. Four had kala azar, one had severe pneumonia and the last one had suspected tuberculosis. I was able to take them to hospital. That was the day I realised how important the boat ambulance is. If it had not been there, these people would have suffered so much.

When I visit the hospital, the patients that I brought by ambulance boat all recognise me. They talk happily to me and I can see they are getting better. It makes me feel proud to work for MSF and to have done something for my community."

msf.org.uk/southsudan

MSF refugee camp

continued from page 2

burns caused by standing too close to open fires as they try to keep warm.

'We're here to provide humanitarian aid'

Standing in the middle of the informal camp, MSF project coordinator Angelique Muller shakes her head as she looks around at the mud and makeshift shelters.

"I've worked for MSF for four years and it still shocks me that I'm working in a humanitarian camp in my own country," she says. "People here are completely traumatised by the situation in their countries. They've fled their homes, they've lived for a long time in bad conditions, and now they're living here in this mud. You can imagine the psychological impact that is having.

"The worst I've seen it here was when the water and mud began running into the tents. I saw a woman sitting there crying after sleeping in the water. It's cold here, and when it rains it's crazy.

"As MSF, we are here for these people. We're not here for political reasons and we've got nothing to do with security. We're here to provide humanitarian aid and healthcare."

'I didn't want my girls to grow up without a father'

A short distance away, 27-year-old Merdan stands warming his hands in front of a fire with two of his daughters. "We've been here for three months," he says. "I was a police officer in the Kirkuk area of Iraq, but the violence drove us away. We were afraid of ISIS, and many people I knew, including my brother-in-law, had been killed. I decided I didn't want my girls to grow up without a father."

Accompanied by his wife and three daughters, aged six, four and one, the group travelled through Turkey and onto a crowded boat to Greece, and then up through Europe to northern France. Their goal is to make it to the UK to join other family members.

"There is no life for us here," he says, looking down at his daughters. "We don't feel safe here and we spend each day trying to keep warm by the fire. This is not a life for my daughters."

'All my life has been war'

There are an estimated 250 children in the camp, some of them unaccompanied. Sheltering from the rain are Aska and her daughter, from Iraq. "ISIS were 15 minutes away and we had to leave," says Aska, shaking with anger. "We made it to Turkey and got the boat. There were 35 of us on it, and we all got wet. It was frightening – I thought we were going to drown.

"All my life has been war. All my memories from childhood are war. When I went to school, there was war. When I graduated, there was war. When I became a teacher, there was war. I got married, and there was still war. Had a child, still war. Enough! I've had enough of war. I want to live and I want my family to live. We had to leave. I feel I've never had any happiness apart from my daughter, and I want her to have a different life. A better life."

Find out more at msf.org.uk/france

"We don't feel safe here and we spend each day trying to keep warm by the fire. This is not a life for my daughters." *Photograph © Marcus Dunk/MSF*

MSF logistician Ralph Heeschen transports a box of essential supplies to Dr Saleem Kassam so he can provide basic medical treatment to a group of displaced people in Democratic Republic of Congo. *Photograph © Remco Bohle*

‘MSF needs all types of people’

What does it take to be an MSF field worker? MSF’s HR team explain what they’re looking for in prospective applicants.

Do all field workers need medical backgrounds?

As a medical organisation, the majority of our international staff are medical, but we also need capable people from other professions to support medical activities – for example people who can do financial management or human resources. We also need logisticians to do fleet management, mechanics, water and sanitation and more. In general we only employ international staff to bring skills and experience that we can’t find locally.

What do you look for in a prospective field worker?

First and foremost we need people who are very good at their job. But we are also looking for very specific personalities. With MSF, you’re working and living with people from all over the world, and you don’t know what is going to happen from one day to the next. The reality is that you’re away from your home and your family, and the work, though rewarding, can be difficult. The people who are most successful are those who are resilient, flexible and willing to learn.

What sort of professional requirements are needed?

There are specific requirements for each medical and non-medical profession. But we also need people to meet certain requirements in addition to their professional skills. The majority of our projects operate under very difficult and challenging circumstances. We look for people with experience in similar situations: for instance people who have done volunteer work abroad or have already travelled a lot. You will need to demonstrate that you can cope with stress and ambiguity.

In most roles abroad with MSF, you will be asked to manage a team of people, so it is vital you have significant management experience. This will make your time with us more beneficial for both other staff and the patients. Finally, language skills are important – French is especially useful but other languages such as Arabic are highly valued.

How long are assignments with MSF?

We ask for a minimum commitment of 9 to 12 months for all roles. The exceptions are operating room staff – such as surgeons and anaesthetists, who are likely to be on call 24/7 – from whom we can accept a commitment of one to three months. The majority of the people we hire are from the communities we work in – the staff in our South Sudan projects, for instance, will be mostly South Sudanese. It’s hard for them when there’s a high turnover of managers or people coming from elsewhere.

Do MSF field workers get paid?

For the first 12 months that people work with us we offer a salary of just under £1,000 a month. This is to enable them to put their lives back home ‘on hold’ and not go into debt working for us. MSF covers all travel costs to and from the projects and takes care of food and accommodation in the field. The pay rises as people complete more assignments and take on more responsibility.

What kind of training do people get when they first join MSF?

We only recruit staff who are already fully qualified in their professional roles, but we do offer some induction training to prepare people for working abroad, and to help them get to know the culture and aims of MSF.

All doctors and nurses need to have completed a tropical medicine course prior to applying. Apart from that, there is no specific training for medical staff before going to work in one of our projects. This makes some people a bit nervous. They think, “If I’ve never seen cholera first-hand or treated malaria before, how will I know what to do?” But we know your experience and training will have given you the skills you need to hit the ground running. We also have protocols and guidelines. If there’s a cholera outbreak, there are specific guidelines to follow, for medical and non-medical staff.

However challenging it gets (and it does get extremely challenging at times), we want people to remember that supporting people who have no access to healthcare is not only vital work; it’s also an enormous privilege.

Can I make a career out of working for MSF?

Definitely. And a rewarding one. We’re committed to retaining skilled staff and supporting them throughout their careers, and we offer a range of training and development opportunities for people who want to work with us for a longer period of time.

We are always looking for qualified and enthusiastic people to work with MSF. It’s not easy, but it’s genuinely life-changing work!

For more information, visit msf.org.uk/work-overseas

The things I’m grateful for

Photograph © MSF

When a disaster strikes or an epidemic breaks out, MSF’s Emergency Unit is usually the first to respond. Nurse Antonia Zemp explains what it’s like to receive the phonecall…

“It won’t be New York, Tokyo, Australia or Hawaii, but rather South Sudan, Afghanistan, Congo or Syria. It won’t be peak season, beach weather and tourist attractions that determine my destination, but rather hunger crises, epidemics, wars and natural catastrophes.

This month, I signed a two-year contract with MSF’s Emergency Unit. From now on, I have to be ready to leave for emergency missions within a couple of days.

No sooner said than done. While unsuspectingly attending an epidemics training workshop in Paris, my phone rings during the five-minute break and I am told where I will spend the next three months: Ethiopia.

MSF has identified an emerging hunger crisis in the country and wants to respond as soon as possible in order to keep consequences at bay. Since I am not familiar with nutrition programmes, an experienced MSF nurse is going to accompany me at the start.

The nurse and I have already met, when we worked together in Sierra Leone, and I really appreciate her support – plunging in at the deep end is not ideal. Meeting a lot of people from around the world is also part of the job. Some of these encounters turn into friendships that outlast a mission, and it’s always nice to meet again, even if the circumstances could be more pleasant.

When arriving in a foreign county that is completely unfamiliar, with no clue about what is awaiting you – when you’re unsure where the office is, how you’re going to get there, or even if an everyday gesture like shaking hands could cause offence – a familiar, friendly face means the world.

Before I leave, I still have enough time to visit my family and friends and run some errands. A last jog around the park, enjoying the cold winter air; a dish of fresh vegetables to eat; a peaceful walk through the city, without any haste or tension. For the next three months, I will have neither the time nor the opportunity to do these things. This is why I am so grateful for even simple things, like being able to drink a glass of clean, cold water directly from the tap.

Time to go…”

MSF’S UK VOLUNTEERS

Armenia Victoria Parris, *Doctor*
Bangladesh Alva White, *Communications manager*
Central African Republic Erin Kilborn, *Doctor;* Basil Maillet, *HR manager;* Stephen Bober, *Doctor*
Chad Kerstin Saupe, *Nurse;* Joanna Read, *Water & sanitation expert;* Eleanor Hitchman, *Project coordinator*
Dem Rep Congo Barbara Pawulska, *Pharmacist;* Owen Wood, *Pharmacist;* Mark Blackford, *Finance coordinator;* Iain Bisset, *Logistician* George Shirreff, *Epidemiologist*
Ethiopia Jonquil Nicholl, *Midwife;* Rachel Jane Fletcher, *Nurse*
Guinea Sophie Sabatier, *Project coordinator*
Guinea Bissau Miriam Franca, *Nurse*
Haiti Leanne Sellars, *Nurse;* Dalip Ahir, *Pharmacist;* Marielle Connan, *Pharmacist*
India Gillian Fraser, *Doctor;* Sakib Burza, *Medical coordinator;* Rebecca Welfare, *Project coordinator*
Iraq Sarah Turner, *Doctor;* Maurice Scott, *Water & sanitation expert;* Alison Buchanan, *Nurse;* Jonathan Henry, *Head of mission;* Megan Powell, *Logistician*
Jordan Caroline Bwango, *Doctor;* Fadumo Omar Mohamed, *Mental health officer;* Samuel Taylor, *Communications coordinator;* Melanie Villarreal, *Pharmacist;* Keith Longbone, *Water & sanitation expert*
Lebanon Michiel Hofman, *Head of mission;* Declan Barry, *Medical team leader*
Malta Will Turner, *Head of mission*
Myanmar Sylvia Kennedy, *Nurse;* Daniella Ritzau-Reid, *Advocacy manager*
Nigeria Thomas Hoare, *Mental health manager;* Timothy Hull-Bailey, *Logistician*
Pakistan Mary Flanagan, *Doctor;* Simon Tyler, *Head of mission;* Roberta Masotti, *Midwife;* Anokhi Ali Khan, *Doctor;* Aisling Semple, *Doctor*
Papua New Guinea Aoife Siobhán Ní Mhurchú, *Nurse*
Serbia Benjamin Hargreaves, *Logistician*
Sierra Leone Aiden Berry, *Logistician;* Justin Healy, *Doctor;* Andrew Burger-Seed, *Logistician;* Catherine McGarva, *Mental health officer*
South Africa Andrew Mews, *Head of mission;* Amir Shroufi, *Deputy medical coordinator;* Janice Ward, *Doctor;*
South Sudan Elizabeth Harding, *Deputy head of mission;* Sonja Kelly, *Midwife;* Raymond Kelly, *Logistician;* Christopher McAleer, *Logistician;* Laura Heavey, *Doctor;* Haydn Williams, *Project coordinator;* Ahmed Seedat, *Doctor;* Adam Ruffell, *Project coordinator;* Christopher Hook, *Doctor;* Katie Barnett, *Deputy HR coordinator;* Johanna Bosowski, *Nurse;* Daniel Acheson, *Logistician ;* Christopher Sweeney, *Nurse;* Niall Holland, *Logistician;* Georgina Brown, *Midwife*
Swaziland Shona Horter, *Researcher;* Cecilia Ochieng, *Coordinator;* Maria Verdecchia, *Epidemiologist;* Simon Blankley, *Doctor;* Katie Lloyd, *Doctor*
Uganda Jane Bell, *Doctor*
Uzbekistan Joan Hargan, *Medical team leader;* Monica Moschioni, *Coordinator;* Claire Simpson, *Pharmacist*
Yemen Tharwat Al-Attas, *Doctor;* Conor Prenderville, *Project coordinator;* Temilola Erinle, *Doctor*
Zimbabwe Mihir Pithadia, *Doctor;* Daniela Stein, *Nurse*

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.

On the road to recovery

Kay Hodgetts is a doctor from New Zealand who recently spent six months working with Somali refugees in Deghabur, Ethiopia, where MSF supports the regional hospital.

"Working in the Somali region of Ethiopia, it is routine for us to come across children with severe acute malnutrition. Our job is to identify them and then start them on the multifaceted road to recovery. Every week we make a visit out to an abandoned rural health centre where we hold a clinic. It is during our usual triage at the beginning of one visit that I notice a withdrawn child clinging to his father's leg. The many sores around his mouth are cracked and oozing, and his cry, when I examine him, causes them to split open and bleed some more.

Mohammed is malnourished. Slipping the conventional screening tool around his arm and checking his weight and height don't exactly indicate this, but the signs are there all the same. His brittle hair, the painful mouth sores and the white under his eyes, which should be a healthy pink, tell the tale of a diet lacking in essential vitamins and minerals. As a result, his vulnerable body is riddled with infections, from the virus causing his high fever to the tinea creeping across his scalp. He needs care far beyond what we can provide here in the bush.

His father's decision to leave the rest of the family at home and walk three hours with Mohammed to our mobile clinic in the bush was the right one. He knew MSF would be able to help. What he doesn't realise is that his son is at the start of a very long road to recovery, one that will span several weeks, take him hundreds of kilometres from home, and save not one, but two of his children's lives.

Kay with Mohammed and his father.
Photograph © MSF

We help Mohammed and his father into the MSF Land Cruiser and drive back along the bumpy road to the hospital. Mohammed's case is complicated and his progress is slow. After an initial poor response, we have to sample his bone marrow to ensure we aren't dealing with something much more sinister, like a haematological malignancy or bone marrow cancer. We sigh in relief at the result: malnutrition and infection, but no cancer. We plug on with the treatment, his father holding his hand day in, day out – the only male caretaker on a ward full of boisterous Somali mothers.

It takes weeks and weeks but, finally, Mohammed begins to turn the corner. His fevers settle, he stops crying, his sores heal, he smiles. At the age of four, what does Mohammed's diet consist of to allow his bone marrow to fail him? We discover that the boy has a taste for milk, and only milk. We send word that his siblings need assessment. The next thing we know, a smaller version of Mohammed arrives on the ward – his younger brother, Ahmed. Same diet, same problems, although at the age of two, he is even more vulnerable. Thankfully, our malnutrition treatment and the dedication of a loving father stand true, and it is not long before both boys are successfully discharged.

MSF is well-versed in the intricacies of treating malnutrition. Treating the individual is only part of the job. Mohammed had slipped into the vicious cycle of infection, poor appetite, malnutrition, more infections, worsening appetite – and on it goes. Relying on food rations of maize to feed a household of 12 means that it is hard enough for his father to stave off the family's hunger, let alone provide them with a balanced diet.

Months later we are back at the same abandoned health centre, running the same mobile clinic. I spot Mohammed's father. For a brief moment my heart sinks… what's happened – are they sick again? But no. This time he has come, hand in hand with two healthy, smiling Somali boys for one reason only. To say thank you."

Take part in the MSF Fun Run on 23 April. Register now at msf.org.uk/fun-run

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