Dispatches

Autumn 2018
No. 90

Welcome to the team

25 years of frontline care

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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

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Christmas cards
Purchasing Christmas cards is a great way to support our emergency medical work and spread the word about MSF. We have a varied selection of designs, including photos from our work in Zimbabwe and Democratic Republic of Congo. We also have two images donated by Royal Institute Artist Delia Cardnell. Cards come with envelopes in packs of ten and cost £6.00; MSF will receive 66% of the pack price. You can view the selection and place your order at **msf.org.uk/cards**. If you require further information, please call us on **020 7404 6600** and speak to our Supporter Care team.

FEATURES

Médecins Sans Frontières/Doctors Without Borders (MSF) is a leading independent humanitarian organisation for emergency medical aid. In more than 70 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.

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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 15.6p to produce, 3.3p to package and 34.5p to send, using Mailmark, 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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Eleven illnesses, eight vaccinations, four months:

Vaccinating 10,000 children over 37,000 miles of desert

MALI

Being vaccinated against diseases such as diphtheria, measles and whooping cough is a commonplace event for many children. But in the vast desert of northern Mali, where insecurity, isolation and limited health infrastructure mean many can't access healthcare, it can prove almost impossible to protect children against these illnesses.

Almost impossible, that is, until now. Late last year, MSF and the Mali Ministry of Health set out to vaccinate 10,000 children aged five-years and under from 11 potential life-threatening diseases including tuberculosis, measles, yellow fever, meningitis and diphtheria.

"A large proportion of the inhabitants in this region are nomadic, moving from one place to the next with their cattle," says Patrick Irenge, MSF's medical coordinator in Mali. "This posed an additional challenge, as some of these vaccines had to be administered in three separate doses over a number of weeks.

"We had to use motorcycles and other vehicles adapted to the arid terrain. The vaccines had to be kept between two and eight degrees in the middle of a desert, where temperatures were reaching 50 degrees."

Despite these obstacles, the teams successfully carried out the campaign in three stages over four months, travelling over 37,000 miles; the equivalent of driving around the globe one and a half times.

"These vaccinations mean that fewer children will become ill over time," says Irenge, "which will have a big impact on the finances of families who won't have to spend money on healthcare. In a region like this, that really matters."

msf.org.uk/mali

11
Illnesses: tuberculosis, measles, yellow fever, meningitis, diptheria, polio, Haemophilus influenzae type B, tetanus, pneumococcus, hepatitis B and rotavirus

10,000
children vaccinated

37,280 miles
covered in northern Mali

The distance covered is 1.5 times the circumference of the Earth

YEMEN

Cut off from care

MSF teams in west Yemen continue to treat significant numbers of children suffering from malnutrition.

Although the security situation in the area is now more stable, with fewer airstrikes than in the northern and coastal regions, malnutrition and difficulties in accessing healthcare remain serious problems.

"People often think malnutrition is the result of food not being available," says Dr Vinh Kim Nguyen. "But here, it's more an economical problem where people can't afford the food available in the markets.

"Living conditions in the country have been difficult for a long time. There was already a high level of malnutrition, but the war has clearly made the situation worse. Some areas are more affected than others, particularly remote valleys with very isolated communities."

In Amran governorate, Yemenis can now travel more safely to access healthcare, but they can't always afford the cost of transportation to reach a health facility. Since March 2015, the national average prices of fuel commodities have more than doubled, and Amran governorate is still suffering from scarcity of fuel.

To help address the problem, MSF teams have been running outreach clinics in some of the more isolated regions, providing basic health services, treating malnutrition and referring more critical patients to the MSF-supported Al-Salam hospital in Khamer.

msf.org.uk/yemen

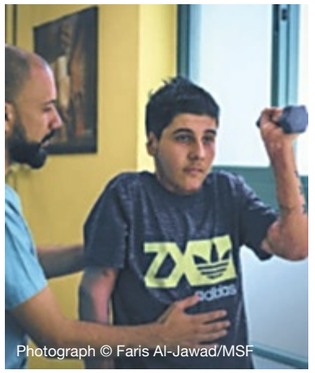
Left: A young boy with burns receives a physiotherapy session during surgery to help him recover mobility in his right arm at the Al-Salam hospital in Khamer, north Yemen. Photograph © Agnes Varraine-Leca/MSF

Photograph © Alpamis Babaniyazov/MSF

TAJIKISTAN

The MSF team celebrate World Children's Day with patients suffering from drug-resistant tuberculosis, inside Machiton hospital, Dushanbe, Tajikistan.

msf.org.uk/tuberculosis



Photograph © Faris Al-Jawad/MSF

JORDAN

Sixteen-year-old Yousef receives intensive physiotherapy at MSF's reconstructive surgical hospital in Amman, Jordan. He suffered third-degree burns which left him unable to move his upper body, after being robbed and set on fire in Baghdad, Iraq.

msf.org.uk/jordan

ETHIOPIA

How baby Joy found a family

One morning in early February, a baby girl was found on a pile of rubbish in a side street next to Saint Michael's Church in Gambella town, Ethiopia.

The baby was naked, suffering from severe hypothermia and very low blood sugar levels. She was rushed to the Gambella general hospital where the MSF paediatric team took charge of her care.

"We think that her mother might have given birth to the baby in the street, and can only assume that there was some sort of family or social problem," says MSF's Dr César Pérez Herrero. "The baby was in a very bad condition, but our neonatal intensive care team were able to stabilise her condition.

"We were all touched by her plight and did our best to ensure that she was well cared for. One of our colleagues, Abang Ochudo Gilo, a translator in the maternity ward, was especially taken with her."

The hospital's medical director brought the case to the attention of the child and women's affairs department in Gambella, as is the standard procedure. By this time, Abang had made a very important decision. She decided that she would like to adopt the child. Abang immediately filed a request with the authorities, and permission was granted after a search for the baby's family proved unsuccessful.

"I fell in love with the baby and wanted to protect her," says Abang. "I felt huge happiness when I saw her and that's why, from that first moment, I decided to call her Joy. Joy is always smiling at everybody. We are all so happy with the new arrival who has changed our lives."

MSF's neonatal intensive care unit in Gambella hospital treats premature babies, neonatal infection, meningitis and malformations through pregnancy. In March 2018, more than 270 mothers gave birth and over 40 babies were admitted to the neonatal unit.

msf.org.uk/ethiopia

SOUTH SUDAN

The mechanic of Juba

MSF's workshop in Juba, South Sudan, services vehicles, trucks, and generators for MSF projects across the country. Poni Betty is one of the workshop's mechanics.

"My name is Poni Betty and I'm a mechanic working for MSF. I love this work. There are so many things to do, like repairing the steering system, the AC system. There are so many different things to work on in the car."

"What a man can do, a woman can do. So, I'm encouraging ladies to join the mechanics. You should not see this as a man's work. But we women can also do it."

"I'm married and I have two children. My youngest child is five-years-old. When he sees me driving and working, he tells me he feels good. There was a day he told me he wants to study, so that he can also become a mechanic and he can drive as well."

"When I go home in my overalls and see my Mum she says, 'Okay, this is our engineer. This is our girl and she is an engineer.' They feel proud of me, and that makes me proud."

msf.org.uk/southsudan

Top left: Abang and baby Joy Photograph © MSF

Above: Poni Betty working inside MSF's workshop in Juba Photograph © Jason Rizzo/MSF

Ebola

A race against time

A nurse prepares the Ebola vaccine in Bikoro, Equateur Province Democratic Republic of Congo. Photograph © MSF/ Louise Annaud

An Ebola outbreak in northern Democratic Republic of Congo (DRC) in May and June saw MSF emergency teams scale up to deal with the crisis. **Paul Jawor** is a British water and sanitation specialist who recently returned from the frontline of the outbreak.

"We arrived in Mbandaka city by plane on the morning of 20 May.

Our team's job was to go and start work in and around Iboko, a remote village where a patient had just been confirmed as infected with the Ebola virus.

THE RACE TO REACH IBOKO

There was no helicopter available, so we hit the road an hour after landing with three rented cars full of all the provisions and materials we would need.

With an outbreak like this, it's a race against time. One Ebola patient with symptoms can infect several people every day. The best way to contain the disease is to respond as soon as possible. The race was on.

It was a long journey and we arrived in Itipo – a village on the way to Iboko which has also been affected by the outbreak – at night, after suffering mechanical problems and repairing numerous broken wooden bridges along the way.

One of our vehicles even drove off the edge of a bridge. In the dark, it took us what seemed like hours to put it back on track.

After spending the night in tents on the terrace of a nunnery, we set off again for Iboko, a further two to three hours' drive away.

"WE COULD SEE THEY WERE VERY SCARED OF THE DISEASE"

Iboko is a village made up of grass huts with a church in the middle and a functioning hospital.

We met with the local people to explain what we were coming to do and to raise awareness about Ebola; how it can be transmitted and how to prevent its spread.

The villagers welcomed us, but we could see they were very scared of the disease.

BUILDING THE TREATMENT CENTRE

I hired some staff and we focused on one of the first priorities: building an isolation ward, along with a latrine, shower room, dressing and undressing rooms, and a waste management area. We found and converted a deserted building with five rooms. In 24 hours it was ready for patients.

Over the following days, we started building a 13-bed centre that could be extended to 26 beds if needed.

Building an Ebola treatment centre is quite complex. Everything must be meticulously planned and constructed to avoid cross-contamination between patients and healthcare workers, their families, and the people living nearby.

RESPECTING LOCAL CUSTOMS

The main challenge we faced in this outbreak is that, despite our efforts to raise awareness, people with Ebola-like symptoms don't want to come and be tested.

Some of them also live far away from the treatment centre and prefer to stay at home. But this can be dangerous for the people caring for them. They could easily become infected.

One woman confirmed with Ebola died in a village called Bobale, after she had chosen to stay at home.

We were quickly notified and an MSF colleague and I, along with a member of the Red Cross, travelled to Bobale. Her body would have been very infectious when she died, so we wanted to make sure she was buried with the necessary precautions while trying to respect local customs.

THE DANGERS OF DISINFECTION

Night was falling by the time we arrived in Bobale. I needed to disinfect the woman's house and place her in a safe body bag which would go into a sealed coffin the community had made.

Autumn 2018 DISPATCHES

But it was dark and there wasn't enough light to enter the house without the risk of tearing my protection suit on sharp objects. We decided to postpone until the next morning.

It took an hour, sweating in my protection suit, to spray the house and disinfect the woman's body in a respectful way. Her husband stood close by, watching as I collected all the clothes, sheets and other potentially contaminated materials into a bag that I sprayed with chlorine. That was, in turn, put into another bag, sprayed again, and put into another bag. It was then taken back to our treatment centre and burnt.

We are taking the maximum number of precautions to avoid spreading the disease."

Luis Encinas, a nurse from Spain, spent several weeks working in MSF's Ebola treatment centres in northern DRC.

"Tonight, I accompany two nurses inside the Ebola treatment centre. I ask if there are any children in hospital. There aren't. Since becoming a dad, the image of a dying child puts a knot in my stomach.

I'm wearing my canary yellow suit. XL this time as I'm 6"4. I can breathe. But the boots are another story. The biggest size they have is 43. I sink my feet inside as best I can but my toes are scrunched.

I finish dressing in the protective suit and check the suits of my colleagues: Patrick and Héritier. Their fear transmits to me. One of the patients inside the centre is a colleague of theirs. We head into the high-risk area.

"It was dark and there wasn't enough light to enter the house safely without the risk of tearing my protection suit."

THE WORDS ARE TOO MUCH

We enter the first room: four beds and two patients wandering around, complaining of joint pain. They are waiting for their medication and the evening meal. We exchange some words with them and help them.

There is a nurse in the process of recovery. He gives me his hand. I rest mine on top. We look at each other without talking much, the words are too much. I give him all my energy and wish him courage. 'It will be fine!' he says with a half-smile. It's poignant.

THE SMELL OF CHLORINE

Before arriving at the second room, we must go through a long passageway. Two patients are lying on the floor: a priest and another nurse. They have trouble getting up.

They sit up with difficulty, and have trouble speaking. We try to help them inside the room, but they refuse. It's the smell of the omnipresent chlorine that disturbs them.

Then I arrive in room two. There are four patients inside. We help a woman up on to her bed. Her strength has gone and we struggle to connect her IV bag.

My colleagues are with me. Our eyes meet and we check how each other is doing. We attend to the other patients. Time is running at incredible speed. Here we are in the last room: the antechamber of death.

I CROUCH DOWN AND TAKE HER HAND

A woman is lying here with swollen lips. Saliva foams from her nose. She's barely breathing and the breaths she takes are fast and shallow.

Here, too, the desire to be with her and comfort her as she makes the journey to the hereafter overwhelms me. I crouch down and take her hand. A few seconds, maybe a little more. A minute or two. I stroke her hair. I feel my throat knotting, to the point where I can't feel anything.

I get up, wash my gloved hands in chlorinated water, and head for the exit. On my return to base, I still have enough energy to take a shower.

ENOUGH IS ENOUGH!

At three in the morning, I wake with a start. I realise that the sheets are soaked. It's sweat. My heart races.

What happened? Where am I? Where do these cries come from?

"Help me Lord! Help!"

It's the voice of Madeleine*, a patient who was admitted to the Ebola treatment centre two days ago. But where is she?

I open the zip of my mosquito net and go out. There's no one there.

I realise I'm having a nightmare. I take the opportunity to go outside and get some fresh air. I sit on the edge of the small wall and look at the sky and the stars. I see the faces of the patients scroll by, one by one, slowly. Why them?

I take my head in my hands and cry silently. I feel so small, so helpless in the face of this. Then I'm filled with an incredible energy. I make a promise to fight for them.

Enough is enough!"

Name has been changed.

Above left: Luis and his colleague Josué assess a young boy who has been in contact with an Ebola patient, during a vaccination campaign for the virus in Ikoko Impenge. Photograph © Louise Annaud/ MSF

Above: The MSF health promotion team receives training in Bikoro. Photograph © Louise Annaud/ MSF

Right: A doctor checks on people recently vaccinated against the Ebola virus to monitor any side effects in Ikoko Impenge. Photograph © Louise Annaud/ MSF

The Ebola outbreak in DRC was officially declared over on 22 July. *From 8 May to that date, MSF teams and the Congolese Ministry of Health provided care to:

38
confirmed patients

24
of who survived

120+
other patients were treated after presenting with symptoms consistent with Ebola

*As we went to press, it was announced that a new outbreak of the disease had broken out in the Beni region of North Kivu. MSF teams are currently on the ground establishing treatment centres. msf.org.uk/ebola

EBOLA VACCINE

3,199 people were vaccinated against Ebola with the investigational Ebola vaccine rVSVDG-ZEBOV-GP by teams from MSF, the World Health Organization (WHO) and the Congolese Ministry of Health.

This investigational vaccine has not yet been licensed and was implemented through a study protocol, which was accepted by national authorities and MSF's Ethical Review Board.

"The results of the trial suggest that the vaccine will present a real benefit to people at high risk of contracting Ebola," said Micaela Serafini, MSF's medical director, "protecting them against the infection. However, vaccination remains just one additional tool in the fight against the disease."

Participants received information on the vaccine before consenting, and continue to be carefully monitored. Participation was voluntary and the vaccination is free.

Find out more

Find out more: **msf.org.uk/ebola**

Support us now at msf.org.uk

"People are alive because MSF was there"

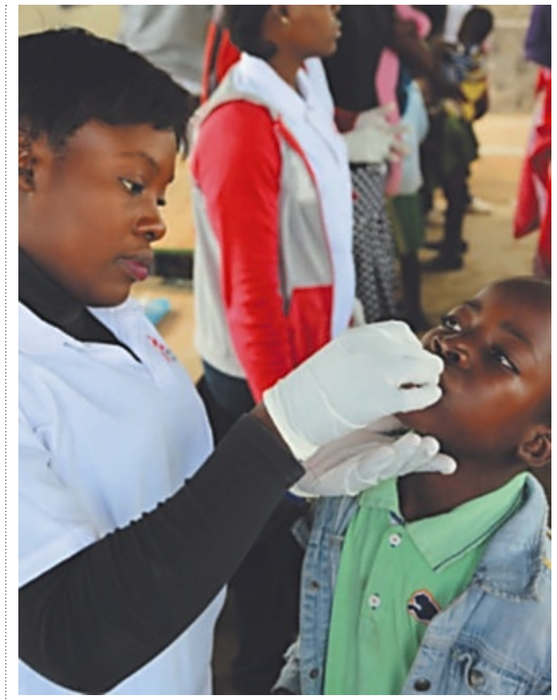
Over the past 25 years MSF UK has sent 4,329 experienced medical and logistical staff from the UK to work in countries around the world.

To celebrate this milestone, we asked long-standing MSFers to reflect on some of their most memorable experiences working on the frontline. From running mass vaccination campaigns in Zambia to facing deadly landmines in Angola, no day is the same when you work for MSF.

4,329
UK staff departures to the field since 1993

70+
countries worldwide

£52 million
raised from our UK supporters in 2017



Left: Zambia, April 2016: A child receives a single-dose oral vaccination against cholera during an MSF campaign in Lusaka. Photograph © Laurence Hoenig/MSF

Below: Chad, January 2004: A team from MSF delivers aid to Sudanese refugees. Photograph © Peter Casaer

Right: Angola, January 1998: A mine-clearance expert at work. Photograph © MSF

Chris Peskett
joined MSF as a nurse in 2002.

"I've been on 19 missions with MSF. What always strikes me about the organisation is how seriously they take our security. I've always felt safe, although, of course, we can never predict what's going to happen. But if you're going to be with anybody, MSF is the one to be with if you're in an insecure environment.

I worked in a very basic clinic during my first mission in South Sudan. The building was made of stone with a straw roof and dirt floor. We had an improvised little operating theatre to conduct simple surgeries. That experience showed me what MSF is capable of doing in the most basic, most isolated locations. You don't need nice facilities, you don't need nice buildings. What you need is a dedicated team following very professional, simple guidelines. Everybody who works for MSF is trying to deliver the best possible care to the people most in need.

I've worked a lot in HIV and TB projects around the world. In many countries these diseases are still emergencies, because people do not always have access to the care they need and patients can also face a lot of stigma from their communities. A lot of people don't realise that TB is an emergency, because it's ever-evolving into drug-resistant forms and normal medications don't work.

In Zambia I was also involved in one the biggest cholera vaccination campaigns in history. We vaccinated about 423,000 people of all ages and genders in just three weeks. It was incredibly challenging – we got up at quarter past four every morning and finished late at night. But it was worth it in the end because of what we managed to achieve.

Earlier this year I spent several months working in a remote part of South Sudan, where we are running mobile clinics for displaced people living in the bush. On one occasion I remember a nine-year-old boy was brought to us with a gunshot wound to the leg. Someone had tried to patch him up, but by the time he arrived his leg was really infected and puffy. Luckily he reached us in time and we managed to treat his infection. If he hadn't been to the clinic, he could have died.

I've been working as a nurse for MSF for many years. I've been to a lot of different countries, but I keep returning to South Sudan. The challenges are great, but the needs are even greater. The satisfaction of working in the country, bringing much needed healthcare to very vulnerable people, is one of the driving forces for me and my colleagues. I could see myself going back again."

"It's the source of my greatest pleasure and pride to know that men and women are alive, looking after their children and walking the earth, because of something you've been involved in."

Paul Foreman
spent 16 years working for MSF as a project coordinator and Head of mission.

"Working in a country with landmines really scared me. My first proper mission with MSF was in Angola, which was just coming out of a very long civil war. There were landmines everywhere, and we lost a Land Cruiser ambulance with 13 people in it, six of whom were killed.

They'd gone out with five or six people in the vehicle, had picked up a load of patients so there were 13 in the car, which is the maximum you could take. That was the difference between driving over the sandy road earlier in the day and not setting the mine off, and driving back on the same road later in the day with a load of extra weight, and setting it off.

You can't negotiate with a landmine. You can't see them and nobody will tell you that they're coming. Having people arrest you or frequently facing guys armed to the teeth is scary, but you can look them in the eye, find some humanity and appeal to it. But working in a country that was heavily mined, making decisions every single day about where people should go with the knowledge that they could be blown to bits because of those decisions; that was incredibly stressful and scary. I've worked in Ebola outbreaks and in areas where kidnappings were common and would do so again. But I'd think long and hard about going back to a country where land mines are prevalent.

The best thing about working for MSF is knowing that there are people who are alive who would be dead if MSF hadn't been there. It's depressingly easy to count graves and corpses, and we do that all the time. But to go somewhere, work as a team to bring the mortality rate down and improve the health of people – there's nothing better than that. It's the source of my greatest pleasure and pride to know that men and women are alive, looking after their children and walking the earth, because of something you've been involved in.

It's a huge privilege to do what we do. Stuff goes wrong all the time and things fall apart; it's the nature of our work. Catastrophe and disaster are our stock in trade. But you go anywhere in the world and ask people what they want, it's always the same. They want health and education so that their children can grow up in a better world than they grew up in. If you can help in providing half of that equation, it makes everything else worthwhile."

Tish Shah joined MSF as a doctor in 1999.

"A patient I'll never forget was a little nine-month-old boy called Ali. He was very sick and I was not sure he would survive even one day. He stayed with us for two months and near the end he gave me a smile, for the first time. While it was one of the most rewarding moments of my career, I realised that we were sending him back to an awful situation where there was limited clean water, no nutritious food and practically no health care provision.

My second mission was as project coordinator. It was not just about treating the people who came to our facilities, but also the possibility of reaching those that could not make the journey. Next to medical engagement this also required negotiating with the military for security reasons and ensuring a positive team spirit.

I feel a lot of affection for so many colleagues and patients I have met along the way, who have been determined, humbling and inspiring. It's been a privilege to work with MSF."

Join our 25-year celebration

Instead of buying a gift, dedicate your birthday, anniversary, Christmas or other special occasion to MSF by asking friends and family to donate to our medical work.

How it works

Let us know if you are celebrating with us by calling Meera Patel on **020 7067 4245** or register online at **www.msf.uk/celebration**.

We will then send you all the information you need to get started.

Ask your friends and family to donate to MSF's medical work in celebration of your special day. Thank you so much for your support.

"My highlights are all those small miracles of patient survival, those that bring you back to your sense of purpose."

Above: Angola, September 1999: An MSF health worker negotiates with an armed soldier. Photograph © Hans-Jüergen Burkard

Below: Rwanda, January 1993: Burundian refugees flee inter-ethnic violence. Photograph © MSF

Jacqui Tong joined MSF in 1994 as a nurse before taking on numerous senior roles in the field and at headquarters.

"How do you feel about Rwanda?' was the first thing MSF said to me in my interview. It was the time of the genocide and I had never for a moment imagined I would go there. But I got on a cargo plane in Belgium and flew into Goma, in the now DRC. I was sent to what was at the time the world's largest refugee camp. I remember looking around and… it was so awful. I saw some terrible things. I think it was my innocence that saved me.

My second mission was Somalia. It was a really tough mission and I almost fell apart there. Psychologically it was really heavy going. This was in the mid-90s and at that stage, Chechnya, Liberia, Somalia, and then of course, Bosnia, were considered to be the most toughest missions to go to.

My highlights are all those small miracles of patient survival, those that bring you back to your sense of purpose."

Jacqui sadly passed away on Saturday 14 July at home in Geneva. She will be sincerely missed by her MSF family.

"A call came through the radio: a suicide vest had been detonated..."

Responding to an influx of patients injured by a suicide bomber late last year in Iraq, Australian doctor **Georgie Woolveridge** was confronted with injuries she had never seen before. She recalls the moment a severely wounded toddler was wheeled into MSF's emergency room...

"I've never wanted to forget something so desperately as the first time I saw you. As I finished treating my sixth patient in one hour, I watched them wheel you in. You were one of two tiny bodies laid out on a steel bed meant for broken adults. Your baby brother was next to you.

I choked back tears as my world hurtled away from the one I was used to, where babies cried when they were immunised, hungry only in the minutes it took to prepare a bottle, hurt only when learning to walk. Here in Tal Maraq, north Iraq, children are brought to hospitals bloodied and lifeless.

An hour before, a call came over the radio: a suicide vest had been detonated at a checkpoint and a few ambulances carrying survivors were on the way to us. Mechanisms were in place to accommodate the arrivals, but nothing could prepare me for the flood of human debris that was to arrive.

Chaos descended and by the time your stretcher was wheeled in we were engaged in a morbid game of Tetris with all the extra beds. We hunkered down for the worst.

"I STOOD AT YOUR BEDSIDE AND LOST IT"

I was dubious about you, little one. Limp, verging on lifeless and with injuries that could potentially prove fatal, we worked as hard and fast as possible to stabilise you and your brother, while our colleagues petitioned authorities to grant us passage through checkpoints so you could be referred for more definitive care.

Medicine can make us hard, detached and emotionally disengaged. But in a moment of uncharacteristic calm between arrivals, I stood at your bedside with my hand on the side of your head and lost it just a little.

Implying you were lucky that day is overstating things. Being involved in a blast that killed your mother and another sibling, leaving you and your brother severely injured doesn't seem all that lucky.

But it was fortunate when permission was granted to send a single ambulance through the checkpoints. We stabilised you the best we could and squeezed three tiny, war-ravaged bodies – you, your brother and an 11-year-old boy – into the back of the ambulance and sent you off.

MUSTERING HOPE

Vague reports filtered back to us about your prognosis: alive, severe brain injuries, no family.

Two weeks later, I tracked you down in a hospital two hours' away. I walked with quiet apprehension into your room to find you sprawled in childish sleep – one hand instinctively flung over your younger sibling, your ally. And then seeing you playing and cuddling for hours when you woke is the most precious memory I could take from an experience that overwhelmed me.

The day we met, I struggled to dream of a future for you. Now, I can muster hope. My hope is that one day, your biggest concern will be which grassy hill to roll down, how to kick a ball past your brother, and how to negotiate a later bedtime. My hope is that you will thrive."

Above: Georgie holds a newborn baby in Tal-Maraq hospital. Photograph © MSF

Find out more

Read more from Georgie at blogs.msf.org

“We’ll be at port in five minutes. She’s giving birth now!”

In a remote hospital in South Sudan, a call crackles through the radio. An MSF boat is speeding towards port. Onboard, a woman is going into labour and is bleeding heavily. Emergency Room (ER) doctor **Alexander Nyman** and the team are ready to meet them…

OLD FANGAK 4:22PM

The radio is calling.

Alex: “ER for Camille…”

Camille: “We’ll be arriving at the port in five minutes. The woman is giving birth right now, we need a stretcher!”

Alex: “The emergency team will be there to meet you!”

Camille, an MSF midwife, puts her hand on the belly of 36-year-old Martha to check her labour, as the boat speeds down the river.

Martha lays at the bottom of the boat and clings to a bench. She is experiencing contractions and is in a lot of pain.

Her sister, Nyajine, accompanies her for support.

Just a few hours earlier the boat was urgently called to retrieve Martha from the nearby village of Wanglel. She had gone into labour the day before and received support from friends and family. If there are no complications, giving birth at home can often go well. But this time the delivery has been going on too long, and Martha is also bleeding heavily.

The family have been trying to seek our help since yesterday, but the hospital is far away and the journey is difficult.

Camille opens the paper case of a compress to help stop the bleeding, as Martha goes into the final stages of labour on the floor of the boat.

An MSF translator leans in to comfort Martha, over the roar of the boat’s engine.

Her pain and contractions are now more intense.

Martha already has five children at home: one girl and four boys. Sadly, she has lost two children.

The boat is approaching the riverbank at full speed. It slows down as it hits the sand. The emergency team is already in place.

The whole crew is seated right on the deck of the boat. I’m overseeing Camille, the midwife who’s helping Martha to deliver her baby.

The child is in a cephalic position (head first). The head is already out. The umbilical cord is wrapped around the baby’s neck; Camille puts two forceps on it, cuts the cord with scissors and releases it as she continues the delivery.

The baby is quickly wrapped up in a cloth and placed in the arms of the ER nurse. We all run the 30 metres to the ER. Martha is put onto a stretcher and rushed into the hospital. The infant isn’t crying or breathing. The situation is critical.

The MSF emergency team gathers to treat Martha’s baby. Nurse Delphine Jacquet and doctor Mustafa Alajeeli join the efforts.

Martha is also in a serious condition. She’s lost a lot of blood and is in shock. Here in Old Fangak, there is no blood bank. If you need a transfusion, it’s usually a family member who will be the donor – if their blood group is the right match, that is.

Luckily her sister had the right blood group. We rapidly started the transfusion, and four hours later her condition was stable.

Sadly, the baby did not survive. By the time they arrived at the hospital, it was already too late. It’s terrible that we couldn’t save the child. But we did save Martha.

Photos by Frederic Noy in Old Fangak, South Sudan

MSF’s UK Volunteers

Afghanistan Suzanne Thorpe, *Nurse*; Diletta Salviati, *Advocacy manager*

Bangladesh Sophie Sabatier, *Head of mission*; Amy Garrett, *Midwife*; Sunny La Valle, *Nurse*; Emi Alicia Bensusan, *Epidemiologist*; John Phillips, *Water and sanitation manager*; Alexander Hunter, *Water and sanitation manager*; Elisabeth Ganter Restrepo, *Pharmacist*; Mary Flanagan, *Doctor*

Cambodia Wendell Junia, *Lab manager*

Central African Republic Katherine Tomlinson, *Nurse*; Claire Simpson, *Pharmacist*

Chad Zuzanna Kucharska, *Humanitarian affairs officer*; Jillienne Powis, *HR manager*; Jean Marie Vianney, *Logistician*

Democratic Republic of Congo Mark Blackford, *Finance coordinator*; Marsha Mattis, *HR manager*

Ethiopia Christine Tasnier, *Midwife*; Kenneth Lamden, *Health promoter*; Emma Turner, *Deputy head of mission*; Harriet Zych, *Nurse*

European migrant and refugee mission Declan Barry, *Doctor (Greece)*; Faris Al-Jawad, *Communications manager (Greece)*; Sophie McCann, *Advocacy manager (Greece)*; Elizabeth Ashford, *Doctor (Greece)*; Clare Brigid Atterton, *Nurse (Greece)*; Ben Du Preez, *Advocacy manager (Greece)*

Guinea Mohammed Sesay, *Advocacy manager*

Haiti Aglaia Manesi, *HR manager*

Honduras Samuel Thame de Toledo Almeida, *Advocacy manager*

India Fadumo Omar Mohamed, *Psychologist*; Sakib Burza, *Head of mission*

Iran Nicole Claire Nyu Hart, *Medical team leader*

Iraq Aimen Sattar, *Logistician*; Ismail Inan, *Logistician*; Peter Garrett, *Doctor*

Jordan Vittorio Oppizzi, *Head of mission*; Eve Bruce, *Medical coordinator*

Kenya Michael McGovern, *Doctor*; Ian Cross, *Doctor*

Lebanon Laura Gregoire Rinchey, *Doctor*; Luz Macarena Gomez Saavedra, *Project coordinator*; James Kelly, *Logistician*

Malawi Brian Davies, *Advocacy manager*

Mauritania Mohamed Camara, *Pharmacist*

Myanmar Bryony Lau, *Deputy head of mission*; Marielle Connan, *Project coordinator*

Nigeria Andrew Mews, *Head of mission*; Christopher Hook, *Doctor*

Pakistan Alexis Mackleworth, *Doctor*; Justin Healy, *Doctor*; Laura Holland, *Water and sanitation expert*

Palestinian Territories Jacob Burns, *Communications manager*; Alva White, *Communications manager*

Papua New Guinea Claire Mason, *Doctor*

Sierra Leone Lara Flatters, *Nurse*

Somalia Ruth Zwizwai, *Epidemiologist*

South Africa Amir Shroufi, *Doctor*

South Sudan Danila Luraschi, *Doctor*; Timothy Hull Bailey, *Logistician*; Jennifer Benson, *HR manager*; Tereza Kaplanova, *Epidemiologist*; Melissa Buxton, *Nurse*; Joan Hargan, *Medical team leader*; Isla Gow, *Midwife*

Sudan Alexandra Malet, *Nurse*

Syria Padraic McCluskey, *Humanitarian affairs officer*; Duncan Stokoe, *Logistician*; Benjamin Hargreaves, *Logistician*; Joshua Rosenstein, *Project coordinator*

Turkey Hayley Morgan, *HR coordinator*

Uganda Ryan Bellingham, *Water and sanitation expert*; Julianna Smith, *Research coordinator*

Uzbekistan Ffion Carlin, *Doctor*; Yuhui Sha, *Head of mission*

Yemen Marissa Gripenberg, *Epidemiologist*; Cristina Ceroli, *Midwife*; Rachel Jane Fletcher, *Hospital director*; Alex Dunne, *Humanitarian affairs officer*

A Saturday like no other

Reem Bouarrouj is a Tunisian doctor on assignment in the remote town of Walikale, Democratic Republic of Congo (DRC). Here she recounts how a football match suddenly turned into a medical emergency...

"It was a Saturday like any other. In the morning I went to the hospital. My patients were stable. I went home, had lunch, and thought about taking a nap. Except this is Walikale, in the heart of the Democratic Republic of Congo. As my project coordinator told me when I first arrived: 'You never know what will happen here. You must always be ready for anything.'

He was right. This Saturday was going to be unlike any other…

"THERE ARE PATIENTS WITH BULLET WOUNDS IN THE HOSPITAL"

Suddenly we received an emergency call. "There are patients with bullet wounds," said the voice on the other end. "There was shooting at the nearby stadium and injured people are arriving."

With the shooting ongoing, I was not allowed to move about until our project coordinator could confirm it was safe. After a few, endless minutes, he called: "Do you feel able to go?"

His question made me realise, once again, a reality about MSF: I will never be forced to do something against my will.

Of course my answer was, "Yes, I'm ready!" As far as I'm concerned, my role is to be present, do my very best and give everything I can.

MASTERING THE SITUATION

I went by motorbike with our midwife to the hospital. The people we greeted along the way were calm.

While I was getting off the bike, I saw traces of blood. The hospital was full of people. I immediately went to the emergency room and found two children. One had a superficial injury and the other was suffering from anaphylactic shock – a severe and dangerous allergic reaction – caused when he was stung by something while hiding from the gunshots.

After examining and treating the two children, I went to the surgery department and then to the ward to examine the gunshot wounds.

It took us about three hours to master the situation, with everyone focused on doing the best for our patients.

That afternoon there was an exceptional mobilisation of personnel, even those who were not supposed to be at the hospital. They heard the shots and didn't hesitate to rush in and help their colleagues. I was proud to be part of this team.

WILL THE CALM RETURN?

Returning to base after this extraordinary Saturday, I felt conflicted. I was excited, having been at the heart of the action, but scared that Walikale would no longer be as calm as it was before.

The next day going to the hospital, I did not know what to expect or how people were going to be. But Walikale was the same. People smiled as if nothing had happened.

Most Congolese people I meet have a wonderful temperament and a rich kindness. Despite the country's traumatic history and uncertain present, people seem joyful. Meeting new people every day has been pure happiness for me.

"I LAUGHED SO MUCH MY JAW HURT"

One day we had a party in a small improvised shed that was covered in tarpaulins. Suddenly it began to rain and the earth under our feet turned to mud. Do you think it stopped us from dancing and singing? Oh no! We were wet, had mud up to the knees and we continued to dance. I laughed so much my jaw hurt!

Each day I'm learning to develop a taste for simplicity and spontaneity. We don't know what tomorrow will bring, but if it's something unexpected like a shooting at a football match, we'll be ready and willing to give our all."

Find out more

Read MSF blogs at **blogs.msf.org**

Above: February 16, 2017: A plane brings supplies to the Walikale Hospital and the 4 health centres supported by MSF in this region of North Kivu province. Photograph © Gwenn Dubourthoumieu

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