

# THE PULSE

BRINGING MEDICAL HUMANITARIAN ACTION TO YOU



MEDECINS SANS FRONTIERES  
DOCTORS WITHOUT BORDERS

SEPTEMBER 2015

## GLOBAL DISPLACEMENT

MEDICAL CARE ON THE MEDITERRANEAN

### Violence in Yemen

VAST HUMANITARIAN NEEDS



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Sebastiano Tomada/Getty Reportage

In the historical old city of Sana'a, Yemen, civilians, local response teams and Houthis clear the rubble of four houses that were destroyed by a Saudi Arabian air strike in June, 2015. Six people were killed and others are missing.

### ABOUT MÉDECINS SANS FRONTIÈRES

Médecins Sans Frontières is an international, independent, medical humanitarian organisation that was founded in France in 1971. The organisation delivers emergency medical aid to people affected by armed conflict, epidemics, exclusion from healthcare and natural disasters. Assistance is provided based on need and irrespective of race, religion, gender or political affiliation. When

Médecins Sans Frontières witnesses serious acts of violence, neglected crises, or obstructions to its activities, the organisation may speak out about this.

Today, Médecins Sans Frontières is a worldwide movement of 23 associations, including one in Australia. In 2014, 190 field positions were filled by Australians and New Zealanders.

Front Cover: A person attempting to cross the Mediterranean on a small fishing boat is rescued by the MY Phoenix, a boat run by Médecins Sans Frontières and the Migrant Offshore Aid Station. More than 500 people were brought to safety in this rescue. © Ikram N'gadi/MSF

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## EDITORIAL

# Policies outpaced by tragedy of global displacement

**There's no easy solution to the global displacement crisis – but one thing is certain: denying a humanitarian response is not the answer.**

**R**ecently, a new world record was set – but not one that warrants any celebration. Global displacement is now at a staggering 59.5 million people. Post World War II conventions have not prevented a return to the tragedy of displacement on a critical global scale. The international legal architecture of compassion for forced migrants, like the 1951 Refugee Convention, was never perfect but its humanitarian intent was clear. Sadly today it is all but overwhelmed: almost three times the population of Australia have been forced from their homes due to conflict, persecution and despair. Absurdly, the vast majority of those now in greatest need are hosted by poor countries in the developing world. It is little wonder these people are on the move.

Providing medical humanitarian assistance to displaced people like these – refugees, asylum seekers and those displaced within the borders of their own country – has always been a core part of Médecins Sans Frontières' work. In fact, one of our first major emergency responses in the 1970s involved providing medical care for waves of Cambodian refugees seeking safety.

Médecins Sans Frontières teams are witnessing the fear, misery and violence among these displaced the world over. We work in most of the countries that people are fleeing from, including Syria, Iraq, Sudan and Yemen. We work in huge refugee camps where hundreds of thousands have languished for years, in countries like Kenya, Lebanon and Iraq; and we work in transit countries like Libya, Egypt and Mexico, where people are exploited and victimised as they search for safety. And for more than 15 years we've worked in Europe, providing clinical and psychological care for asylum seekers, refugees and migrants.

We treat people on the move in very different parts of the world, proof that this 'migration problem' is a global one and that current refugee and migrant policies are

failing. The 1951 Refugee Convention and other national and international migration policies, established to provide safe haven and protection, are spectacularly inadequate. One reason for this is that the international asylum and refugee framework is limited by the political will of the very people tasked with handling it. Even then it remains unrecognised by many countries, including most of our neighbours in South East Asia.

For some time now the Mediterranean has been the scene of an unprecedented mobilisation of people taking to boats in search of protection on European shores. A total of 1,900 people have already died this year, and yet thousands more attempt this dangerous crossing, telling us the risk is nothing compared to the horrors they are leaving behind. In the face of this crisis Médecins Sans Frontières has this year started search and rescue missions on three boats on the Mediterranean, in coordination with Italian authorities. Since the first boat was launched on 2 May, our teams have provided assistance to more than 9,300 men, women and children in distress. We've treated serious medical conditions including hypothermia, pregnancy-related conditions and trauma injuries. As in many of today's conflict settings we are also providing lifesaving treatment for people with chronic conditions like diabetes (Read more on page 6).

Closer to home, we have also seen the regional failure to deal with this global crisis. In the Andaman Sea in South East Asia, thousands of people from the stateless and persecuted Rohingya ethnic group as well as from Bangladesh and elsewhere have been left to starve to death at sea. Here, a search and rescue mission similar to those in the Mediterranean is virtually impossible because no country is willing to host and offer protection to those onboard. We are limited to provide what assistance we can in those countries that have agreed to temporarily host small numbers of those displaced.

State signatories to the Refugee Convention fail to meet obligations, and basic policy fluctuates with domestic sentiment. Non-signatory states evade responsibility altogether. Paradoxically prosperous governments promote their humanitarian credentials by financing humanitarian aid to refugee camps in Lebanon, Pakistan, Ethiopia and elsewhere, often interning people for years, while at the same time making it difficult for those living in these extreme conditions to set foot within their own borders.

These same countries then reach agreements to externalise migration, often to third-party countries economically much worse off than themselves. This not only raises barriers to entry, but displaces accountability for what are often violations of the most basic human rights. Australia forcibly returns people at sea, detains would-be asylum seekers offshore and is also in the process of cutting overseas aid commitments.

As this edition of *The Pulse* goes to print, the Australian Labor Party has kept open the possibility of supporting the boat turn-back policy, which sees boats pushed out of Australia's waters, out of sight, and – many hope – out of mind. It is deeply disappointing that both major parties continue to label these policies as humanitarian. There is nothing humanitarian about leaving people to suffer or die out of sight, or take their suffering elsewhere in the world.

There is no easy solution to global displacement, but what is clear is that people who are the victims of some of the world's most dire crises need more compassion, and less punishment. What is needed, in addition to humanitarian assistance, are more legal and safe channels for the world's most desperate to reach protection and safety. This was exactly the conclusion drawn in the aftermath of the Second World War, when States came together to declare they would never again turn away those with a desperate need for protection.

**Paul McPhun**  
Executive Director  
Médecins Sans Frontières Australia

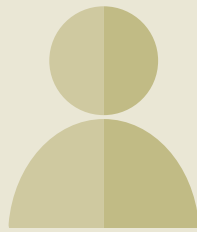




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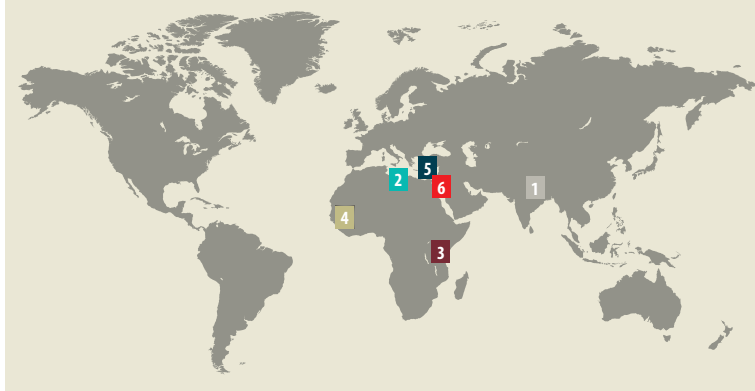
Médecins Sans Frontières conducted more than 9,100 individual and group mental health consultations in Palestine in 2014

THERE ARE CURRENTLY

66,000 BURUNDIAN REFUGEES

64,000 DEMOCRATIC REPUBLIC OF CONGO REFUGEES

IN NYARAGUSU REFUGEE CAMP, TANZANIA



1 NEPAL

"Life is indeed temporary, life is short, and you have to take risks to help other people."

NURSE GANDHI PANT, WHO RECENTLY WORKED WITH MÉDECINS SANS FRONTIÈRES IN NEPAL. READ MORE ABOUT GANDHI'S EXPERIENCES IN NEPAL ON PAGE 10.

2 LIBYA



Médecins Sans Frontières donates medical supplies to Yefren General Hospital, near Tripoli.

Surgical support in Libyan hospitals

BACKGROUND

More than four years after the fall of former Prime Minister Gaddafi, Libya is divided into two camps, each with its own government. One is located in the west, in Tripoli, and the other in the east, in Tobruk. The country is also crisscrossed by many dividing lines, along which the Islamic State has risen in power. Armed confrontations have intensified and, as a result, medical needs are increasing.

ACTION

A Médecins Sans Frontières team has been based in Al-Bayda, in eastern Libya, for two months. In mid-June, it began providing support to hospitals. Benghazi has seven major hospitals, but only three are still functioning. Médecins Sans Frontières provided 100 surgical kits for treating wounded patients to Al-Jalah Hospital, one of those three. Médecins Sans Frontières also donated drugs to a psychiatric hospital in Benghazi and to the Al-Marj General Hospital.

3 BURUNDI/ TANZANIA

Resources run low with influx of Burundian refugees

BACKGROUND

As elections in Burundi approach and the political unrest continues, 7,000 Burundian and Congolese refugees are fleeing to Nyaragusu Refugee Camp in neighbouring Tanzania every week. The camp's population has doubled in the space of two months, and now holds 122,000 people. As a result, access to water, sanitation, shelter and healthcare has reduced, putting the population at a high risk of communicable diseases.

ACTION

In Burundi, Médecins Sans Frontières is supporting three health posts close to the demonstration locations and has supported treatment for more than 200 wounded. Meanwhile, in Tanzania, Médecins Sans Frontières runs mobile clinics at one of the entry points to the camp. Teams have screened for malnutrition and will be providing intensive therapeutic feeding care for severely malnourished children in the main hospital in the camp, as well as training staff. Following a cholera outbreak, Médecins Sans Frontières constructed cholera treatment centres and vaccinated 107,000 refugees against cholera.



Refugees wait for vaccinations at Nyaragusu Refugee Camp, Tanzania.

JOIN OUR TEAM

Learn how you can become a Médecins Sans Frontières field worker at one of our upcoming recruitment information evenings.

Table with dates and locations: Tuesday 1 September Melbourne, Tuesday 15 September Darwin, Tuesday 27 October Online webinar, Tuesday 24 November Sydney

Additional information evenings are scheduled in other Australian and New Zealand cities throughout the year.



Past webinars are also available online to watch on demand. Visit msf.org.au for details on all our recruitment events.



**IN 2014 IN IRAQ, MÉDECINS SANS FRONTIÈRES CARRIED OUT 219,800 OUTPATIENT CONSULTATIONS**



Since the **Ebola outbreak** began in March 2014 more than

**27,000**

people have been infected

#### 4 WEST AFRICA

## Ebola outbreak lingers along the West African coast



A health promoter explains how to prevent and recognise the symptoms of Ebola.

#### BACKGROUND

Médecins Sans Frontières' response to the largest Ebola outbreak in history began more than 16 months ago in March 2014 and, despite progress, Ebola stubbornly lives on in Guinea, Sierra Leone and Liberia with more than 27,678 people infected and 11,276 lives lost. For the past eight weeks, the number of cases in the region has stagnated at around 30 new infections per week, a number that would be considered a disaster in normal circumstances. Health systems in Guinea and Sierra Leone have been paralysed following the deaths of hundreds of health workers.

#### ACTION

Médecins Sans Frontières currently employs 92 international and 1,760 local staff in Guinea, Liberia and Sierra Leone and has cared for 9,626 people, including 5,149 confirmed to be infected with Ebola since March 2014. In Sierra Leone, Médecins Sans Frontières runs an Ebola Management Centre [EMC] in Freetown with obstetric services for Ebola positive pregnant women. Further afield, in Bo District, Médecins Sans Frontières continues to operate an EMC. In Guinea, Médecins Sans Frontières runs an EMC in Conakry, and is continuing outreach activities to combat rumours, fear and fatigue. Médecins Sans Frontières has also opened a new EMC in Boke, northern Guinea, in response to a new cluster of cases.

#### 5 PALESTINE



**Gaza: One year on**

Médecins Sans Frontières staff examine a 20-year-old man injured during the conflict.

#### BACKGROUND

One year after the 51-day war in Gaza, hundreds of Palestinians with devastating injuries from the Israeli assault still fill the waiting rooms of the Médecins Sans Frontières medical centres in need of complex reconstructive surgeries and physical rehabilitation. The human toll of the latest Gaza war was appallingly high: more than 2,200 were killed and more than 11,000 were wounded, including almost 7,000 women and children. More than 12,000 houses were damaged or destroyed, as were more than 70 hospitals or health structures.

#### ACTION

Médecins Sans Frontières doubled its capacity in Palestine last year to meet the medical and psychological needs caused by the war. One year on, Médecins Sans Frontières is still treating Palestinians dealing with the complications of their war injuries, as well as others – mostly young children – who have suffered severe burns from home heating and cooking accidents as result of being forced to live in makeshift or damaged homes.

#### 6 IRAQ

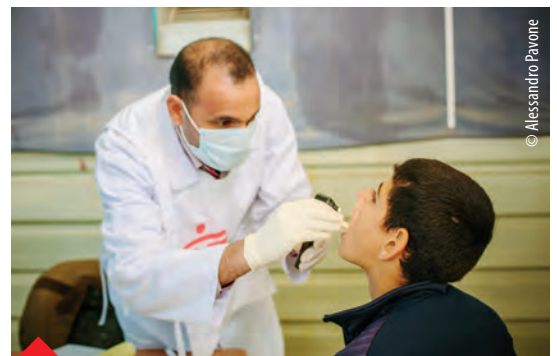
## Operations expand as conflict shows no signs of slowing

#### BACKGROUND

In the last year, intense fighting has led to almost three million people fleeing war-torn central and northern areas of Iraq. The civilian population continues to pay a high price for the conflict, and the humanitarian response remains largely insufficient. Local infrastructure and health facilities are no longer functioning, and there is a growing shortage of medical staff. Many people have no access to even basic healthcare, while reaching a functioning hospital can be extremely difficult in areas where it is unsafe to move around.

#### ACTION

In an effort to respond to the ever increasing needs, Médecins Sans Frontières has expanded its operations in central and northern Iraq. Médecins Sans Frontières medical teams are running mobile clinics in Kirkuk, Salah Al-Din, Diyala, Ninewa and Baghdad governorates to provide healthcare to people fleeing conflict areas, as well as to the local population. Teams provide general healthcare, with an emphasis on non-communicable diseases, reproductive health and mental healthcare.



A consultation in Kirkuk.



## MEDITERRANEAN

150,000 PEOPLE CROSSING

THREE BOATS



- MSF project location
- MSF mobile clinics
- Search & rescue boat
- Balkan Migration Route

**59 million**  
people are displaced worldwide,  
**THE LARGEST DISPLACEMENT  
ON RECORD**

# Doctors on the sea for the world's



A family from Nigeria rest after being rescued by the MY Phoenix.

**With global displacement at record levels, a new Médecins Sans Frontières project is helping save lives at sea.**

**O**n inflatable dinghies and wooden fishing boats, more than 150,000 people have taken the risky passage across the Mediterranean this year, seeking safety from conflict and despair.

Although the numbers are huge, this is only a small part of a much bigger global crisis. More than 59 million people are displaced from their homes worldwide, the largest global displacement on record.

The factors prompting this range from the brutal Syrian war that has now entered its fifth year, to the decades of conflict in Somalia, to oppressive regimes in countries like Eritrea.

One of those making the journey is Jamil\*, from Yemen, a country that has recently experienced worsening conflict after a decade of unrest (see page 12 for more details on the Yemen crisis).

"Yemen is badly affected by war, and the situation is very difficult due to the conflict that involves Saudi forces, Sunnis, Ali Abdullah Saleh [the former President], Government

forces and the tribes. We do not know what is going on but we cannot stay in our country. Yemeni people suffer and they do not have food to eat. The country is destroyed, and the people do not know what to do. We used to work and did not care about war. But the situation affected the people, especially women and children. Many people lost their lives. This war has forced us to flee our country."

Jamil is one of an estimated 1.3 million people who have been displaced by the conflict in Yemen. After a long journey via Djibouti, Sudan, Eritrea and Libya, where he was imprisoned, he boarded a small boat with more than 500 others attempting to cross into Europe.

"The trip was difficult and scary. The biggest ships would struggle, but small ones could flip over. You feel like your heart stops until the trip is over."

### Medical care on three boats

Jamil and the others on the boat were rescued by the MY Phoenix, a search and

rescue boat run in partnership with the Migrant Offshore Aid Station. On board, a team of six Médecins Sans Frontières staff provide medical care to those rescued.

The boat is one of three Médecins Sans Frontières vessels providing medical care and search and rescue on the Mediterranean, in a new project launched this year. All rescues are under the direction of the Italian authorities.

Leading the medical team on board the Phoenix is Carol Nagy, a nurse from Tasmania, who has helped her team treat conditions ranging from dehydration to chronic diseases and trauma injuries.

"We are able to provide a wide range of medical care on board including advanced life support. Luckily the majority of people are in reasonable health, but we do have people with serious health conditions," says Carol.

### Serious medical conditions

Carol recalls one woman with chronic kidney failure who had not been able to afford her twice-weekly dialysis in Libya for the last three weeks.

"She was in a pretty bad way and at risk of having a cardiac arrest when I assessed her



**86 PER CENT**  
OF REFUGEES WORLDWIDE  
ARE HOSTED IN  
DEVELOPING COUNTRIES

**Syria, Eritrea,  
Afghanistan,  
Nigeria  
and Somalia**  
– the countries  
with the most  
people crossing  
the Mediterranean



**12 MILLION  
PEOPLE  
HAVE BEEN  
DISPLACED BY  
THE SYRIAN  
CONFLICT ALONE**



**MORE THAN 9,300 PEOPLE  
HAVE BEEN ASSISTED BY  
MÉDECINS SANS FRONTIÈRES'  
THREE SEARCH AND RESCUE  
BOATS SINCE MAY**

# displaced

on the Phoenix. We arranged to have her evacuated for urgent treatment in Italy,” she says.

Other patients are suffering the ill-effects of the journey itself, such as four young men recently rescued who were in a serious condition due to exposure to diesel fumes.

“We evacuated them quickly to the Phoenix and treated them in the clinic for the next two to three hours. They were barely conscious, had very shallow breathing and fast heart rates. Luckily they made a full recovery. But they were very, very lucky. I hate to think what would have happened if we had not rescued them at this time.”

## “It is shocking to see up close”

In the first five months of the year, when there was much less search and rescue capacity on the Mediterranean, more than 1,800 people died on the crossing – an increase from 96 deaths in the same period last year, when Italian authorities were running Mare Nostrum, a large scale search and rescue.

**“Many people lost their lives. This war has forced us to flee our country.”**

“It is quite shocking to actually see what is going on up close, seeing all these people crammed into small boats, risking their lives



Carol Nagy with a young boy rescued on the MY Phoenix

© Gabriele Casini/MSF

to find freedom. On my first rescue it was quite surreal but then you quickly realize that this is the real deal and the gravity of the situation. People I talk to often say they know they could die doing this but it is worth the risk because they can't continue to live the way they have been. Médecins Sans Frontières works to save lives and that is what we are doing on this mission,” says Carol.

In addition to working on the Mediterranean Sea, Médecins Sans Frontières also provides medical care in the countries surrounding it (see box), as well as in many of the countries that people are fleeing.

Carol is on her 16th field placement with Médecins Sans Frontières, and has witnessed some of the conditions forcing people to flee. Her previous assignments have included several stints in Palestine, as well as in the world's biggest refugee camp, in Dadaab, Kenya.

“There is of course the obvious difference of working on a boat, but as for the people we help they are the same as the people we care for in many of the contexts where we work. People fleeing oppression, war, ethnic violence. They are all in search of a safer, free life. Isn't this the right of everyone?”

\* Name has been changed

## MÉDECINS SANS FRONTIÈRES' MEDITERRANEAN MIGRATION PROJECTS



© Gabriele Casini/MSF

**Mediterranean** Médecins Sans Frontières teams provide medical care on three search and rescue boats in the Mediterranean.

**Sicily** Médecins Sans Frontières works in the reception centre for new arrivals in Pozzallo in collaboration with Ministry of Health, providing medical and psychological care to migrants, asylum seekers and refugees. Médecins Sans Frontières also provides mental healthcare in reception centres in Ragusa province.

**Greece** Médecins Sans Frontières provides medical care and distributes relief items to migrants arriving in the Dodecanese islands. Médecins Sans Frontières also runs mobile clinics by boats to smaller islands in the area. In Idomeni, close to the border with FYROM (Former Yugoslav Republic of Macedonia), Médecins Sans Frontières runs mobile clinics and distributes relief items.

**Serbia** Médecins Sans Frontières runs mobile clinics and distributes relief items to undocumented migrants, asylum seekers and refugees in Subotica near the Hungarian border, as well as running mobile clinics in Belgrade.

# Fighting a neglected disease in re



A girl with Post Kala Azar Dermal Leishmaniasis, a recurrent but non-fatal form of Kala Azar that affects 5–10 per cent of patients between six months to three years after cure.



Transmitted by the bite of a sand fly, Kala Azar is a parasitic disease that affects the poorest of the poor. Like many farmers, 55-year-old Jageshwar Rai occasionally sleeps in a cow shed which is typically unhygienic and humid, offering an ideal ground for sand flies to breed.





# more India

Kala Azar (visceral leishmaniasis) is a significant public health concern in Bihar, India. The disease is most common in agricultural villages and is almost always fatal without treatment. Médecins Sans Frontières has been on the frontline of fighting Kala Azar for the past eight years and has treated more than 12,000 patients to date.

A Médecins Sans Frontières nurse prepares a single dose of LAmB, an intravenous infusion administered over a short period of 2–3 hours. The old treatment required 28 days.



Dr Deepak Kumar examines a patient at Sadar Hospital, Vaishali District, Bihar, India.



After several weeks of being sick and missing school, 15-year-old Naina waits excitedly with her mother to receive the intravenous infusion at Médecins Sans Frontières' Kala Azar ward. She returned home a few hours later.



Médecins Sans Frontières staff conduct an information session about the spread and symptoms of Kala Azar on the river island of Raghapur, where more than 25 per cent of Kala Azar cases in Vaishali district originate from.

Villagers on the river island of Raghapur listen to a Médecins Sans Frontières information session about Kala Azar.





“Seeing the suffering that people went through... Life is so fragile and we do need to treat it very preciously.”



**Nepalese-Australian nurse Gandhi Pant recently spent a month in Nepal providing emergency medical aid to earthquake victims. This was his third field assignment with Médecins Sans Frontières.**



Gandhi Pant in Nepal.

I was born in Nepal, grew up in Nepal, did my high school there and still have family there, my five sisters and two brothers. So I have a very strong connection to Nepal. But I've lived in Australia since 2008, because I have two beautiful daughters here. I am an Australian now.

I was at my cousins' house in Sydney when I saw that there had been a massive earthquake in Nepal. In some ways we'd been waiting for this because Nepal lies right on the fault line and the last major earthquake was some 80 years ago. And Nepal being Nepal, the building codes are not as strict, so we knew the damage was going to be massive. I got in touch with my family in Nepal and they were all alright. The next thing I did was email Médecins Sans Frontières to let them know I was ready to go.

**“I had to help”**

The next day, Sunday, I decided I was going to leave. I felt powerless not doing anything. I've responded to emergencies in far off

places like South Sudan and Darfur with Médecins Sans Frontières. And here was a disaster happening in my own country! I had to help. I arrived in Nepal on Monday morning, said hello to my family members, and then travelled out to Gorkha, near the epicentre of the quake.

**“Here were people who had lost everything, but they still offered us food and welcomed us in to what was left of their homes.”**

The hardest part was seeing the destruction of people's houses. There were whole villages absolutely devastated, with not a single house standing. That was village after village. Schools were flattened in most villages, but luckily the earthquake hit on a Saturday morning, so kids were not at school. But it was really heartbreaking to see that people's lives had been completely wiped out.



SCAN to read more letters from the field on [msf.org.au](http://msf.org.au)



© Brian Sokol/Panos Pictures

Médecins Sans Frontières staff assist a man back to his village after he received medical care for his broken leg.

BY GANDHI PANT

For the first couple of weeks I worked on my own, which was only possible because I know Nepal so well. I met up with a few local doctors and helped run some mobile clinics. And then for the next seven or eight days I headed up the mountains, with two porters and a paramedic. We had some medicines, tents, mats and simple food like nuts to keep us going. And we just started providing immediate medical relief to people, mostly with simple complaints like infected wounds, arthritis, upper respiratory infections and diarrhoea. The generosity of the Nepalese people was amazing – here were these people who had lost everything, but they still offered us food and welcomed us in to what was left of their homes.

### Medical care high up in the mountains

After a week of hiking, I ended up meeting with the Médecins Sans Frontières team who had flown in by helicopter to assess the area. I introduced myself and went back with them to Kathmandu, and from there I started working with Médecins Sans Frontières. Because of my Nepalese background, my initial role was to help navigate the government bureaucracy and get the relevant permits, as well as helping

in the clinic. My official role was Nursing Team Supervisor, but I also had many other responsibilities like logistics and organising the base.

Many roads were blocked and unpassable because of damage during the earthquake and landslides. Médecins Sans Frontières hired a helicopter so we could travel to small villages in remote places. We provided tents, food and immediate medical help to people high up in the mountains. A lot of people had lost their houses, clinics were destroyed, all the infrastructure was gone... We helped re-establish government clinics, so that the people could continue to receive basic medical services. As well as direct injuries from the second earthquake, people had hurt themselves trying to salvage belongings that were buried. There were a lot of nail injuries, a lot of cuts and bruises and a lot of infected wounds.

As well as the direct medical care we provided, there were also quite a few people who needed immediate evacuation to Kathmandu for tertiary care support. One little boy that we brought back to Kathmandu by helicopter had a severe depressive skull fracture, which was successfully treated. There was a pregnant lady who was having great difficulty giving birth because she had a breech presentation. If we had not retrieved her she would have surely lost the child as well as her own life. There was also an elderly lady who had a severely infected wound in her back, and she actually had temporary paralysis from the infection. She was also evacuated to Kathmandu.

### A tragic reminder

It was often quite difficult to land the helicopter because of the mountainous terrain. We sometimes landed in corn fields or rice paddies, and there was the ever-present danger of overhead wires. So it was not very comfortable. Tragically, on 2 June, three of our colleagues lost their lives in a helicopter crash, which also killed the helicopter pilot. Jessica, a Dutch doctor, Sandeep, a Nepalese doctor and Raj, a Nepalese psychologist, were flying back to Kathmandu after delivering medical assistance when the accident occurred. I attended their memorial in Kathmandu. They all three did a great job, helping a great many people and their memory will stay with us. The memorial was a tragic reminder that life is indeed temporary, life is short, and you have to take risks to help other people. The stories I heard from talking to Nepalese people augmented the same lesson. Seeing the destruction, the suffering that people went through, hearing story after story of how they lost their daughter, how somebody is still buried in the rubble... Life is so fragile and we do need to treat it very precious. We need to make the most of it with our kindness, with our love, with our care for others.



## SUPPORTER PROFILE



NAME: **Dr Paul Henning**

HOME: **Adelaide**

OCCUPATION: **Paediatrician**

**Paul Henning is a long-term supporter of Médecins Sans Frontières, having been a Field Partner since 2005. He was also inspired to make an additional donation following the recent Nepal earthquakes.**

I have always been greatly impressed by Médecins Sans Frontières' core principles around providing medical care in all circumstances and to all who need it, free of any allegiance or dependence upon governments.

It aligns with my understanding of medical care as a primarily humanitarian activity which should enhance the lives of all whom it touches. I believe that Médecins Sans Frontières prosecutes their goals in line with this philosophy in a remarkably consistent and energetic way.

Over time, I have realised that my support of Médecins Sans Frontières has also given me a sense of solidarity with my fellow human beings who suffer through no fault of their own. I think this helps me to retain a sense of commitment to the future of our world.

I also have a particular interest in supporting Médecins Sans Frontières where they find ways to assist children and parents caught in extreme and dangerous circumstances. For example after the recent earthquakes in Nepal, I was inspired to support Médecins Sans Frontières due to the scale of the disaster and the lack of services and infrastructure in the region. However I was happy for my donation to be used wherever the need was greatest.



For more information on becoming a Field Partner, please visit [www.msf.org.au](http://www.msf.org.au)



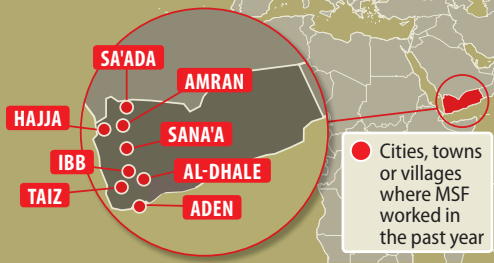
YEMEN



26 MILLION POPULATION



550+ FIELD STAFF



MÉDECINS SANS FRONTIÈRES HAS SENT MORE THAN **100 TONNES** OF MEDICAL SUPPLIES SINCE MARCH

# Medical aid for victims of Yeme



© Malak Shaker/MSF

Displaced people receive medical care in Khamer, Yemen.

## The conflict in Yemen is showing no signs of abating – with devastating humanitarian consequences for the Yemeni people.

Yemen has faced ongoing insecurity for much of the past decade, but the conflict has rapidly worsened since March this year.

In March, the president of the transitional government fled to Saudi Arabia as the Houthi movement consolidated their power in the south of the country. A coalition of mostly Gulf states, led by Saudi Arabia, began airstrikes against the Houthis in March. Four months on, the violence continues, the government remains exiled, and United Nations peace talks have failed.

People are affected by violence and insecurity on a daily basis, with Médecins Sans Frontières teams regularly treating victims of air strikes and ground shelling. More than 18,000 people have been injured, and 3,800 killed since March. Many people are traumatised by the bombardments,

while shortages of fuel, food and water are making everyday life a struggle. Access to healthcare, which was limited before the conflict, has worsened. Some hospitals have closed because they are unable to access the fuel they need to run their generators.

### A heavy toll

Dr Colin Chilvers is an anaesthetist from Tasmania who recently worked with Médecins Sans Frontières in Al-Salam hospital in Khamer, Amran, in the north of the country. The conflict has taken a heavy

toll on the Ministry of Health hospital, where Médecins Sans Frontières has worked since 2010.

During Dr Chilvers' assignment, about 18 per cent of the surgical operations were for treatment of injuries from air strikes. A further 20 per cent were for gunshot wounds due to accidents, or disputes among tribal groups, indicating the high level of general insecurity in the region.

"The violence-related injuries were mostly peripheral injuries. People would come hobbling in and we were usually able to repair their injuries so they could get back to their lives as best they could," says Dr Chilvers.

**"There was a mass casualty episode about once a week. Half were from airstrikes and half from road traffic accidents."**

# 1986

THE YEAR THAT MÉDECINS SANS FRONTIÈRES FIRST WORKED IN YEMEN



MORE THAN **6,700 WAR WOUNDED TREATED BY MÉDECINS SANS FRONTIÈRES** FROM MARCH TO JULY 2015



# 91,000

outpatient consultations were provided by Médecins Sans Frontières in Yemen in 2014

## n's war

### MÉDECINS SANS FRONTIÈRES' ACTIVITIES IN YEMEN

**ADEN:** Runs an emergency surgical hospital within Al-Sadaqa Hospital; supports Crater Health Centre; runs surgical mobile clinics and outpatient care in surrounding areas.

**AMRAN:** Provides mobile clinics and relief items for displaced people, including water tanks; supports 12 departments of the Al-Salam Hospital; supports Huth Health Centre.

**HAJJA:** Supports displaced people with water, relief items and medical care; provides emergency services at Haradh Hospital.

**AL-DHALE:** Provides healthcare services including surgery and emergency care in the Al-Nasser Hospital; supports several departments of the Al-Azarik Health Centre; provides nutrition and antenatal care in Al-Salam

Hospital, Qataba; provides access to water to 25,000 people in Qataba town.

**SA'ADA:** Supports the emergency room, operating theatre and maternity department in Al Jumhuri hospital in Sa'ada town; supports Haidan Health Centre.

**TAIZ:** Provides medicines and supplies to four hospitals; runs an ambulance service in

Taiz area; has expanded the emergency department at At Al-Rawdah hospital.

**IBB:** Donates medical and surgical materials to two hospitals; helped secure 500,000 vaccine doses.

**SANA'A:** Donated dialysis materials and fuel; bolsters emergency services following explosions.

Médecins Sans Frontières runs key services in Al-Salam hospital, including the emergency, surgery, paediatrics and maternity departments. Before the current conflict, the hospital did not usually receive large influxes of wounded at one time, but this was unfortunately a common occurrence during Dr Chilvers' posting.

"There was a mass casualty episode about once a week. Half were from airstrikes and half from road traffic accidents. The injured usually came from some distance away, and because there is no ambulance service and limited access to fuel it took hours for them to reach the hospital. Unfortunately the seriously injured would not survive the prolonged journey."

#### Insufficient humanitarian aid

The hospital where Dr Chilvers worked is one of many projects that Médecins Sans Frontières runs across the country (see box).

Médecins Sans Frontières is one of the only organisations providing humanitarian aid in the country, and there is a need for assistance to be dramatically scaled up. But there are many challenges of operating in Yemen, including the difficulty of bringing in medical supplies. Many hospitals are suffering shortages of medicines and equipment, and while Médecins Sans Frontières is currently able to send in staff and supplies, this has not always been the case in recent months. It is also extremely difficult to travel safely within Yemen, which hampers both the delivery of humanitarian assistance as well as the ability of patients to seek healthcare.

The conflict is also exacerbating existing weaknesses in the Yemeni health system. United Nations figures from 2014, estimate that more than 8 million people in Yemen had no access to healthcare.

#### Indirect victims

Dr Chilvers saw many indirect victims of the conflict who were unable to receive the medical care they needed. "The strain on Yemen's healthcare system from the current conflict has meant patients with chronic illnesses that are not life-threatening are unable to access treatment," he says.

More than 1.3 million people are displaced across Yemen due to the conflict. Khamer has experienced a huge increase in population, with more than 15,000 internally displaced people flooding into the area from the north. As such, most of Dr Chilvers' work involved providing care for non-conflict conditions such as caesareans, or appendectomies.

"This influx put such huge pressure on the health system. If Médecins Sans Frontières wasn't there, these people with 'normal' health conditions would have missed out on this sometimes life-saving care," says Dr Chilvers.

### A LOCAL STAFF MEMBER'S STORY, MAY 2015



A patient receives emergency care in Aden, Yemen.

© Benoit Fink/MSF

"There are areas of Aden that are completely empty. People have evacuated as they did not have the basic necessities of electricity, water and food, let alone the extreme deterioration of the security situation which is jeopardising their lives.

MSF is still present in Aden and we are still receiving injured on a daily basis. We have received hundreds of injured since the beginning of the clashes on 19 March. Yet we are facing many difficulties.

Movement is extremely difficult and sometimes dangerous. The MSF hospital is now in the middle of the fighting. All the time we hear bombings and airstrikes. Windows at the hospital have been broken many times. The hospital and the ambulance have been hit by stray bullets.

Aden has changed 180 degrees. The airport is damaged now. Many areas have been demolished. When you walk in the city you feel shocked and you do not believe you are in Aden. We are expecting death from anywhere and everywhere."

NAME: **Mohana Amirtharajah**

HOME: **Balmain, NSW**



**Field Role: Surgeon**

As a Médecins Sans Frontières surgeon your role could include operating on those wounded in conflict, providing surgical care in places with no functioning healthcare system, conducting surgical needs assessments and training local staff.

**MÉDECINS SANS FRONTIÈRES EXPERIENCE:**

- September to November 2014: **Surgeon, Tabarre, Haiti**
- February to April 2015: **Surgeon, Tabarre, Haiti**
- June to August 2015: **Surgeon, Al Ramtha, Jordan**

**“You will definitely see interesting and challenging cases and have an opportunity to think creatively.”**



Patients in the waiting room in Tabarre, Haiti.

of my patients had a badly injured hand from an industrial accident. After several surgeries and some creative use of skin grafting, I was able to save all but one digit. After some time, he was able to return to work. I got to see him during my second placement in Haiti, about five months after my last treatment and, although the hand is far from normal, it is functional, which was great to see.

**What are some of the most challenging aspects of working for Médecins Sans Frontières?**

With Médecins Sans Frontières you will not have the resources that you would have in a developed country. Orthopaedic surgery is a very technology driven field, and many interventions such as arthroscopy [examination of the inside of a joint] are simply outside the scope of care. The work can also provide some emotionally challenging moments. For example, seeing the effects of the Syrian conflict on children, some of whom may be orphaned, many of whom will be permanently disabled, is very difficult. The most unexpected aspect of working with Médecins Sans Frontières is the camaraderie that develops between you and the rest of the team. Not only do you get to work with highly dedicated national staff, but also with a multicultural international team. You become extremely close to people in a very short amount of time.

**What advice do you have for other surgeons considering this kind of work?**

With Médecins Sans Frontières, you have the backing of a large, well-run logistics team so that although the context may be difficult, you will feel supported. You will definitely see interesting and challenging cases and have an opportunity to think creatively. Although you will not have the material resources that you would in your practice at home, you will be freed from large amounts of clerical and bureaucratic work. You can really concentrate on the best way to treat the patient, which is a very liberating feeling. You will get to make a significant difference in the lives of your patients during a time of great upheaval and uncertainty for them. In turn, your patients will astound you with their resilience, their ability to adapt, and their graciousness.

**What made you decide to work with Médecins Sans Frontières?**

I have wanted to work with Médecins Sans Frontières ever since I first heard about the organisation as an undergraduate. I was always interested in international health and wanted to devote part of my career to working abroad and serving populations in need. In addition, as a Médecins Sans Frontières surgeon, you gain experience with types of injuries you would simply never see in a civilian setting including high velocity gunshot injuries and blast injuries. Moreover, you get to learn about the political situation, culture, and healthcare systems in many different countries. For example, after working in Jordan, my understanding of the Syrian conflict is much more nuanced.

**What does your role in Jordan involve?**

The project in Ramtha involves treating patients wounded in the Syrian conflict. It is truly a war surgery project, and we see the effects of the conflict first hand. I am currently the only orthopaedic surgeon in the project, and I work closely with both the Jordanian and international general surgeons. Most patients are referred from one of the field hospitals in Syria and have had some initial treatment there, but we also receive patients directly from the place where they were injured. As an orthopaedic

surgeon, I perform debridements [removal of dead tissue from a wound], amputations, wound care, and external fixation of fractures or wounds. I also work closely with the national staff on the management and post-operative care of our patients. Finally, I travel weekly to the Zaatari refugee camp to see our patients who have been discharged and am thus able to provide some form of follow-up care.

**And what about in Haiti? How do the two roles compare?**

The injuries in Haiti are quite different and consist mostly of road traffic accidents as well as some gunshot injuries. The project in Haiti not only treats acute trauma but also performs trauma reconstruction, so, unlike in Jordan, I performed both internal and external fixation. Furthermore, the Haitian project is supported by a large group of well-trained Haitian orthopaedic surgeons as well as orthopaedic surgery residents. Therefore the expatriate orthopaedists perform more of an educational and consulting role, partnering with the national surgeons to optimise the treatment of patients.

**Could you describe a patient who has made a big impact on you?**

I have subspecialty training in hand surgery, and during my first mission to Haiti, one



## AFGHANISTAN

**Lisa Altmann**  
Nurse  
Mount Barker, SA

**Colette Connors**  
Theatre Nurse  
Walwa, VIC

**Alison Moebus**  
Nurse  
Flemington, VIC

**Matthew Nicholson**  
Pharmacist  
Buninyong, VIC

**Sam Templeman**  
Nurse  
London, UK

**Kathleen Thomas**  
Medical Doctor  
Carlton, NSW

**Kerrie-Lee Robertson**  
Admin-Finance  
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Marsfield, NSW

## BELARUS

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**Don McCallum**  
Field Coordinator  
Isaacs, ACT

**Annekathrin Muller**  
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Midland, WA

**Johanna White**  
Midwife  
Porirua, NZ

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## EGYPT

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## INDIA

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Christchurch, NZ

**Tambri Housen**  
Epidemiologist  
Ascot, WA

**Simon Janes**  
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## JORDAN

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Balmain, NSW

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**Janthimala Price**  
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**Amy Neilson**  
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## LIBERIA

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Assistant  
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## MALTA

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Clifton Hill, VIC

**Carol Nagy**  
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Psychologist  
West Leederville, WA

**David McGuinness**  
Nurse  
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**Alexandra Stewart**  
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**Loren Shirley**  
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**Gregory Keane**  
Psychologist  
North Balgowlah, NSW

**Devash Naidoo**  
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Napier, NZ

## PAPUA NEW GUINEA

**Jim Cutts**  
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Somerville, VIC

**Jeff Fischer**  
Construction-  
Logician  
Healesville, VIC

**Judith Forbes**  
Anaesthetist  
Christchurch, NZ

**Elsbeth Kendall-  
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Nurse  
Carterton, NZ

**Jessica Ramsay**  
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**Keiole Rima**  
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**Dymphna Halls-Smith**  
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## UZBEKISTAN

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**Susanne Schmitt**  
Medical Doctor  
Rutherford, NSW

## YEMEN

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Midwife  
Mitcham, VIC

**Madeleine Habib**  
Logistics Manager  
South Hobart, Tas

**Kimberley Hikaka**  
Field Administrator  
Auckland, NZ

**Lisa Trigger-Hay**  
Medical Doctor  
Auckland, NZ

Note: This list of field workers comprises only those recruited by Médecins Sans Frontières Australia. We also wish to recognise other Australians and New Zealanders who have contributed to Médecins Sans Frontières programs worldwide but are not listed here because they joined the organisation directly overseas.



Surgeon Dr John Swinnen, from Sydney, operates on a patient in Gaza.

# JOIN OUR TEAM

## Surgeons: Challenge yourself and help us keep operating

Every year Médecins Sans Frontières surgeons perform more than 80,000 major surgical interventions. Your skills can support this important work.

To learn more visit:  
[www.msf.org.au/join-our-team](http://www.msf.org.au/join-our-team)



A Médecins Sans Frontières medical team arrives to conduct a mobile clinic in a village in Dhading district, Nepal.

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