

THE PULSE

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**MEDECINS SANS FRONTIERES**
DOCTORS WITHOUT BORDERS



DECEMBER 2015

KUNDUZ: WHAT WAS LOST

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BY PAUL MCPHUN



A Médecins Sans Frontières staff member walks through the grounds of the Kunduz trauma centre on 3 October, hours after it was bombed by US forces.



EDITORIAL

Even war has rules

On 3 October, Médecins Sans Frontières' hospital in Kunduz, Afghanistan was destroyed in a US military attack, resulting in one of the most tragic moments in our organisation's history.

Dr Kathleen Thomas is an Australian doctor who was in Kunduz on her first mission with Médecins Sans Frontières at the time of the attack. She describes the events that unfolded on 3 October as a "nightmare".

"The staff that had tirelessly looked after victims of war trauma for the past six days, had now sustained the same injuries as their patients – limbs blown off, shrapnel rocketed through their bodies, burns, pressure wave injuries of the eyes and ears."

The first airstrikes hit the intensive care unit, where a number of patients were immobile. Two children were inside. Patients burned in their beds, medical staff were decapitated and lost limbs, and others were shot by circling AC-130 gunship while fleeing for safety. The bombing destroyed the entire central Médecins Sans Frontières hospital building, housing the intensive care unit, operating theatres, emergency room, outpatient department, X-ray and physiotherapy facilities. At least 30 patients and Médecins Sans Frontières staff were killed.

As I write this editorial, over a month since the attack, Médecins Sans Frontières has just released its own report of what was witnessed. Christopher Stokes, leading the Médecins Sans Frontières emergency task force, drew this stark conclusion: *"The view from inside the hospital is that this attack was conducted with the purpose to kill and destroy"*. As we wait for an outcome from the investigations under way by the US, NATO and Afghanistan forces, we chose to publically present the facts we have established from within the hospital compound, particularly to dispel the many circulating rumours and misinformation regarding that fateful night.

Our report reasserts what we have claimed since day one. The Kunduz Trauma Centre was very well known, having been established for over four years. Our activities were accepted by all military forces in the area and the hospital's precise GPS coordinates had been confirmed as recently as 29 September. The hospital was clearly demarcated and visible with signs and flags. Despite large-scale military operations it had been afforded protection as a medical facility for years, and in the preceding days had provided

vital trauma care for almost 400 people as fighting raged across the city. The hospital was in no way militarised, nor was it being used as a Taliban base. Our 'no weapons' policies were rigorously in place, and on the night of the attack the hospital and surrounding neighbourhood was calm.

Following the release of the report, I am repeatedly asked 'was this a war crime?' To be clear, destroying a fully functioning hospital, clearly identified and known to all parties, targeting and killing those inside in a sustained and precise military operation is a gross violation of International Humanitarian Law – and as such certainly constitutes a war crime. Yet several issues remain unfathomable. What could have led to such a well planned and executed US military intervention? With what possible justification and under what chain of command did this occur? These questions absolutely have to be answered by those directly responsible.

Whether this is a war crime or not, however, must not be misunderstood as the real issue at stake here. What is now crucial for Médecins Sans Frontières and the humanitarian community at large to redress, is if the rules of war can be so abjectly flouted, and such attacks dismissed as a 'mistake' or a 'terrible tragedy', what does this then mean for the security and safety of our patients and staff operating under the very same international guiding principles and agreements in so many other conflicts around the world? We work with only our medical identity and the principles of humanitarian action – independence, neutrality and impartiality – to protect us. These principles are embedded in International Humanitarian Law, intended to safeguard injured people and those that assist them during conflict. As Dr Kathleen Thomas says:

"As the war raged around us, we huddled together, taking comfort in the fact that both warring parties respected our hospital's neutrality and impartiality, understood our rules which aligned with those of International Humanitarian Law, and knew our GPS coordinates. We all believed the hospital was the safest place to be."

What then can be done to reclaim respect for the rules of war? Médecins Sans Frontières

has called for an independent investigation under the auspices of the International Humanitarian Fact Finding Commission (IHFFC). It would be a step in the right direction for the international community to support this call. This would not only ensure the facts are established in a fair and objective way, but far more importantly it would acknowledge that the rules of war matter, and that violating them will have consequences. How can we expect non-state armed actors to respect such principles if states and coalitions of states themselves do not?

Although the commission has now been activated, there is no sign that the international community has the political courage to support an independent investigation, or that the United States and Afghanistan will agree to collaborate with the IHFFC. Doing so could help reaffirm commitment to International Humanitarian Law, and reassert the protected status of medical facilities in conflict zones. Bluntly put, hospitals should not be bombed.

As shocking as the attack on the Kunduz Trauma Centre is, sadly this is not an isolated case. Most recently the Médecins Sans Frontières-supported Ministry of Health hospital in Haydan, Yemen, was destroyed in a Saudi-led airstrike. Both parties to the brutal conflict in Yemen are targeting civilian infrastructure, including hospitals, with impunity. Meanwhile in Syria, soon entering its sixth year of conflict, the systematic targeting of hospitals and medical staff is used as a strategy of warfare, again with abject impunity. We are compelled to denounce similar atrocities in Central African Republic, South Sudan and elsewhere.

My message is this: as we grieve for our colleagues in Kunduz, let us be clear, the stakes go beyond this tragedy. If Kunduz is to stand for anything we must make sure this shocking event forces the international community to confront and be accountable for how war is waged today. Only in this way can humanitarian organisations such as Médecins Sans Frontières continue their lifesaving work on the front lines of conflict. As you, and our patients, rightly, expect us to do.

Paul McPhun
 Executive Director,
 Médecins Sans Frontières Australia

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 father comforts his injured daughter in Médecins Sans Frontières' trauma centre in Kunduz, Afghanistan, May 2015. The facility was bombed by US forces in October.
 © Andrew Quilty/Oculli

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MÉDECINS SANS FRONTIÈRES SUPPLIES ANTIRETROVIRAL DRUGS TO 34,000 PEOPLE WITH HIV IN MYANMAR



SOUTH SUDAN IS MÉDECINS SANS FRONTIÈRES LARGEST COUNTRY PROGRAM, WITH

3,996 FULL-TIME STAFF LAST YEAR



4.2 million people have fled Syria; 6.5 million are internally displaced due to the conflict

173,000

MEDICAL CONSULTATIONS WERE CONDUCTED BY MÉDECINS SANS FRONTIÈRES IN MALI IN 2014



1997 The year Médecins Sans Frontières started working in Central African Republic



1 MYANMAR

“They had floated around in the ocean for weeks – hungry, cold and scared – before being picked up and moved to the camps.”

AUSTRALIAN NURSE DAVID MCGUINNESS DESCRIBES HIS EXPERIENCES IN RAKHINE STATE, MYANMAR. READ MORE ON PAGE 10.

3 SYRIA

Medical work continues despite ongoing violence



A displaced person's camp in northern Syria.

BACKGROUND

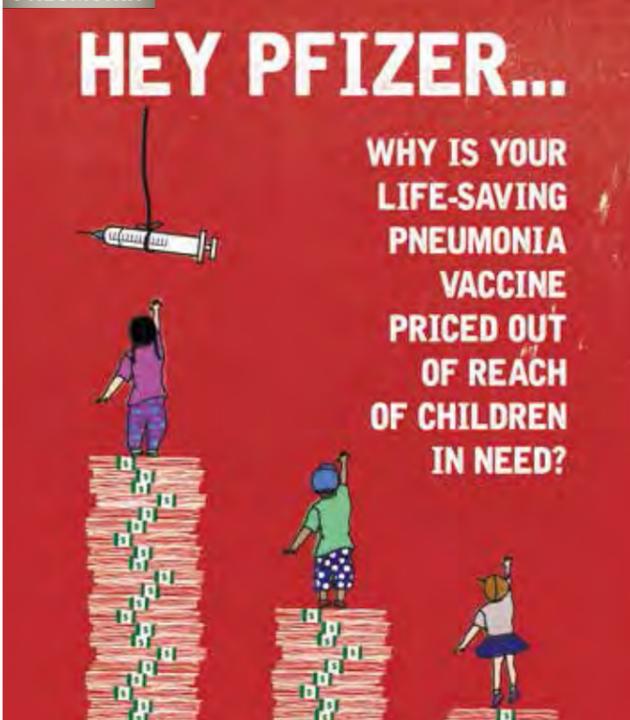
The scale of death, injury and displacement from the Syrian conflict that began in 2011 is unimaginable. An estimated four million people have now fled the country, while hundreds of thousands of people live in besieged areas inside Syria, with extremely limited access to healthcare.

ACTION

Despite extreme operational challenges, Médecins Sans Frontières continues to run a number of health facilities, including a 27-bed hospital in Aleppo that conducted more than 11,200 emergency room treatments from January to August 2015. In Kobane, northern

Syria, Médecins Sans Frontières works with local health authorities providing vaccinations, outpatient care and psychological support. Médecins Sans Frontières also runs a 15-bed burns unit in Idlib governorate, and several medical centres in Hasakah governorate, with a focus on maternity care and chronic diseases. Nationwide, Médecins Sans Frontières is providing remote support – through donations of equipment and supplies, personnel training, and ambulance services – to more than 150 medical structures, particularly those in areas under siege. Médecins Sans Frontières also continues to care for Syrian refugees in neighbouring countries, including Lebanon, Jordan, Turkey and Iraq.

PNEUMONIA



Giving children a fair shot at preventing pneumonia

BACKGROUND

Nearly one million children worldwide die each year due to pneumonia. It's the number one killer of children under five. A vaccine to prevent the disease exists, but 75 per cent of children around the world remain unprotected. One key barrier is the price. The vaccine is currently produced by just two companies: Pfizer and GSK who have reported more than US\$26 billion in global sales from the vaccine. Today it costs 68 times more to fully immunise a child than it did in 2001, and the pneumonia vaccine accounts for nearly 50 per cent of that increase.

ACTION

Like many countries and humanitarian organisations, Médecins Sans Frontières has had difficulties in accessing the pneumonia vaccine at an affordable price that would allow us to scale up vaccinations. After five years of failed negotiations Médecins Sans Frontières has started a global campaign, the Fair Shot Campaign, calling on Pfizer and GSK to reduce the price of the pneumonia vaccine to \$5 per child for all developing countries and humanitarian organisations. We have just launched a global petition directed at the CEOs of the two companies. Please sign the petition at change.org/AFairShot and share it with your networks.

4 CENTRAL AFRICAN REPUBLIC



Médecins Sans Frontières staff treat patients wounded in the outbreak of violence in Bangui.

New wave of violence engulfs Central African Republic capital

BACKGROUND

Violence broke out again in Bangui, capital of Central African Republic, in late September, with large demonstrations, clashes and looting across the city. Hostilities resulted in large numbers of wounded and forced approximately 40,000 people to flee their homes. The insecurity also compromised medical and humanitarian activities, with road blocks preventing ambulances and medical supply vehicles from making their way across the city.

ACTION

At the peak of the violence, Médecins Sans Frontières provided care to nearly 400 patients across three facilities in Bangui. When the fighting eventually abated, Médecins Sans Frontières began delivering emergency medical care to those who had been newly displaced, running mobile clinics and providing additional support to existing local health facilities. In the week following the cessation of hostilities, Médecins Sans Frontières conducted a total of 1,063 consultations across two hospitals, of which 17 per cent were for children under age five.

5 MALI

Follow the journey of three young patients

BACKGROUND

In southern Mali, children struggle with endemic malnutrition, seasonal malaria, and other preventable diseases such as diarrhoea and lower respiratory tract infections. In this region, Médecins Sans Frontières is partnering with the Ministry of Health to link prevention and treatment across community and hospital levels of care for the best outcomes for children under five.

The Koutiala project, as it is called, began in 2009. It is Médecins Sans Frontières' most comprehensive and innovative paediatrics project, committed to strengthening prevention, early detection and diagnosis, as well as improving the quality and scope of care to treat the sickest children.

ACTION

Médecins Sans Frontières is launching an interactive website (www.msf.org.au/childhealthmali) immersing the visitor in the journey of three young patients cared for in the Koutiala project. Tiemoko, Fatoumata and Youssef were followed from the community health centre, through their individual treatment pathway in the hospital, to the moment of recovery or discharge. Their stories are revealed through videos, photographs, interviews and text, complemented by a variety of 'deeper dives' on the project. The website launches 3 December.

A screen shot of the new website.



2 SOUTH SUDAN



An outreach worker helps a child take his malaria medicine in Bentiu.

Mass malaria treatment campaign

BACKGROUND

Rates of malaria have skyrocketed in the UN's Protection of Civilians Camp in Bentiu over the past few months. The camp, which houses more than 110,000 people, has severely limited access to healthcare, making diagnosis and treatment of malaria extremely difficult. For almost two months, Médecins Sans Frontières was treating up to 4,000 people for malaria each week.

ACTION

Médecins Sans Frontières, in collaboration with UNICEF, conducted a door-to-door health campaign across the camp to identify children under five with symptoms of malaria. Nearly 30,000 children were assessed as part of the campaign, with 16,000 receiving treatment.

Médecins Sans Frontières has recently expanded activities in Bentiu, opening three emergency child health clinics and three dedicated malaria health points.



700,000 PEOPLE CROSSING BY BOAT THIS YEAR



1 IN 122 PEOPLE WORLDWIDE ARE REFUGEES, ASYLUM SEEKERS OR INTERNALLY DISPLACED

Top 3 nationalities of Mediterranean sea arrivals:

- 53% from Syria
- 16% from Afghanistan
- 6% from Eritrea



A Médecins Sans Frontières staff member examines a man from Afghanistan at the border of Serbia and Croatia © Achilleas Zavallis

MORE THAN 700,000 people have arrived in Europe by sea this year, compared with 216,000 last year, and 59,000 in 2013



MSF WORKED ON THREE SEARCH AND RESCUE BOATS ON THE MEDITERRANEAN THIS YEAR, RESCUING MORE THAN 16,000 PEOPLE

Searching for safety in Europe



Chaotic scenes at the Serbia-Hungary border, September 2015.

Médecins Sans Frontières is caring for migrants and people seeking asylum across Europe who are facing dire conditions and unpredictable border restrictions.

A humanitarian crisis is unfolding across Europe as record numbers of migrants and asylum seekers arrive, desperately seeking security. Global displacement is at record highs, with more than 700,000 people having crossed the sea into Europe this year, the vast majority from countries where conflict and persecution are unfortunate realities. Yet in Europe they are often confronted with dire living conditions, putting their health and safety at further risk.

Most new arrivals to Europe first set foot in Greece. Nurse Ruth Dabell, from Rockingham, Western Australia, is currently working as nursing team supervisor on the Greek island of Lesbos, near Turkey. On the island, Médecins Sans Frontières is providing medical and mental healthcare, distributing relief items and working to improve the water and sanitation situation. Among the hundreds of patients Ruth sees each week, some have made a particularly strong impact on her.

“There was a female teacher from Syria, who was told by Islamic State not to teach. The next day they went to her school and shot at her and the children. As she ran, her daughter was shot in the back – luckily not fatally. But these are the situations forcing people to Europe.”

Sleeping on the dirt

On Lesbos, many of the new arrivals are forced to sleep outside, some on cardboard boxes or on the dirt. There is scarce access to food, medical care, water or toilet facilities.

Médecins Sans Frontières teams are working in two makeshift camps on the island and at the port of Mytilene, holding

consultations wherever they can find a space – in a campervan, a shipping container and a tent. The most common pathologies are respiratory tract infections, hypothermia, gastritis and huge blisters from walking. But for many, stress and psychological trauma take the biggest toll.

“I attended a man two days ago with a very small blister and I recognised his emotional need. After talking, cleaning his feet and giving him a blanket – such simple things for us – he started crying. He said it is the first time he has felt human in 13 months,” says Ruth.

The team has also treated people with wounds sustained during violence at the registration sites on the island. As well as providing direct medical care, Médecins Sans Frontières continues to advocate for improved reception conditions for people arriving on Lesbos, as well as across Europe.

A changing patchwork of policies

From Lesbos, most people continue their journey into mainland Europe. Here, they are faced with an ever-changing patchwork of policies, which has seen borders unpredictably closed or restricted, leaving people stranded in the cold and rain without shelter, or facing violence as authorities attempt to control refugee intakes.

Médecins Sans Frontières is working in many of the key locations people pass through



on their journey across Europe, from Athens in southern Greece, to Calais in northern France near the Channel Tunnel.

In Idomeni on the Macedonian border, Médecins Sans Frontières provides primary care through mobile clinics and distributes relief items such as hygiene products, energy food and blankets. When violent clashes flared in August, Médecins Sans Frontières was on site treating people wounded by the border troops.

Further along the refugee journey, in Serbia, Médecins Sans Frontières has been providing medical and mental healthcare and distributing relief items including tents and raincoats since late 2014. The unpredictable border changes have prompted the team to implement a mobile strategy, moving according to the routes people take. After Hungary closed its border with Serbia in September, Médecins Sans Frontières provided 24-hour medical care at the border and distributed tents to families.

Living in the Jungle

Further west, in Calais, more than 6,000 migrants and people seeking asylum live in slum-like conditions in the so-called “Jungle”. Here they hope to cross through the Channel Tunnel into England, or seek a future in France. Médecins Sans Frontières logistics teams have taken on the huge job of organising garbage collection, as well as setting up toilets and showers to improve hygiene. The medical teams are seeing many cases of scabies and dermatitis – conditions directly related to the unhygienic environment.

“He said it is the first time he has felt human in 13 months.”

Aurelie Ponthieu, Médecins Sans Frontières’ Humanitarian Advisor on Displacement, says that the approaching winter increases the urgency to improve conditions.

“The lack of basic services is already having an impact on their health, and the situation will only get worse this winter if adequate shelter, warm food and hygiene facilities at registration and transportation points are not rapidly provided,” she says.



Mohammed and his family, from Syria, at the Serbia-Croatia border. Read their story below.

“A safe place for our family”

Mohammed is an accountant from Idlib, Syria, who is travelling with his extended family. They came to Médecins Sans Frontières’ mobile clinic at the Serbian border with Croatia in late September.

“We left our country because it was no longer possible for us to live there safely – we have stayed through four years of war. The hardest part was the sea crossing from Turkey to Greece. We tried to tell the children that it was like an adventure to try to keep them calm, but it was very dangerous.

We travelled through Greece and Macedonia, before crossing into Serbia yesterday. We reached the border with Croatia and were told that it would be two or three hours before everyone would be moved but most of us were stranded and had to sleep here.

We’ve never slept outside before – this was a first.

Unfortunately it started raining continuously for three hours. Most of the families received some sheeting to sleep under, but a lot of the single people, maybe around 200, didn’t have any at all. They slept in the rain. There was thunder and lightning for three hours and the children were shaking with cold, but also with fear. They already had colds and now my brother has the flu. We are all very tired, and the children are cold and hungry.

They need to put a camp here or some shelter, or at least to make their procedures faster. We suffer with every country that we pass through. Above all else we want to live in a country that is at peace; a place that is safe for our family.”

Lifesaving care in Yemen's war

Yemeni people are affected by violence and insecurity every day, as the country remains in the grip of a complex civil war. Médecins Sans Frontières has almost 800 staff in the country, providing mobile clinics, emergency care, surgery, maternity services and mental health support.



A wounded civilian receives emergency medical treatment at the Médecins Sans Frontières-supported Al Jumhori hospital in Sa'ada. Many civilians still live in the area, despite daily airstrikes. Another Médecins Sans Frontières-supported hospital in Sa'ada province was destroyed by airstrikes in late October, leaving many without access to hospital-level care.



A settlement for internally displaced people in Hajjah province, northern Yemen, July 2015.



The Médecins Sans Frontières team in Khamer prepare to install a water tank for internally displaced people in the area.



A man looks at the damage caused by a series of airstrikes conducted by the Saudi Arabian air force in a densely populated area of Sana'a, the capital of Yemen.



Australian midwife Margie Barclay with a newborn baby in Al Jumhori hospital, Sa'ada. Médecins Sans Frontières has performed more than 500 deliveries in the hospital since May.



A father holds his wounded child at Al Jumhori hospital in Sa'ada city, where Médecins Sans Frontières supports the emergency room, operating theatre and maternity departments.



A mother of two sits outside her small tent in Khamer. She is one of 1.5 million people who are currently internally displaced within Yemen, and who have increasing needs for medical care, food, water and shelter.



A man receives physiotherapy from Médecins Sans Frontières in Aden, after injuring his arm.



© Aye Pyae Sone / MSF

“People attempt to leave a life of persecution and fear, a life without hope or possibilities, for something more promising”

A patient receives treatment at a mobile clinic in Rakhine state, Myanmar.

and beatings, but they go anyway. Hope of a life with some freedom, or the ability to earn some money and send it back to their family, gives them the strength for the voyage.

Some of the people in the camps had boarded these boats, but had been unable to make it out of the bay before the storm season hit.

“They had floated around in the ocean for weeks – hungry, cold and scared – before being picked up and moved to the camps.”

Surrounded by barbed wire and guards, these men, women and children are cramped into damp barracks awaiting their repatriation. When they arrived they were thin and unwell, but after some time they gained weight and most medical ailments have been attended by the Médecins Sans Frontières team and other organisations.

Smiling despite the hardships

When I first visited, there were over 1,000 people in the camp, who were slowly sent back home. On one of my visits there were fewer than 100 people in the camp, which made me happy as I was hopeful that everyone would gain their freedom by the time I finished my mission.

Unfortunately, two weeks before I was due to head home, another 105 men were transferred in. They had spent weeks at sea and months in a camp outside the view of the international community. When they mixed with the people who had been there for some time, it became shockingly clear how thin the new arrivals were. The barbed wire, their skeletal bodies and gaunt faces are something I'd only seen in old Second World War photos. But, despite their obvious hardships, these men were smiling. They were happy to see new faces, happy to receive energy biscuits, and happy that they might have some hope of release. One of the hardest things to see was the women and children—some as young as two or three—locked up for so many months. As I walk away, I see their fingers wrapped around the fencing and they call out to me in a language I don't understand.

We can bring them medicine, nutrition and toys but nothing we do will change the fact that children don't belong behind barbed wire fences.”

Australian nurse David McGuinness had just started working at a Médecins Sans Frontières project in Rakhine state, Myanmar, when the region was struck by severe floods that displaced more than 4,000 people in Rakhine and affected more than 1 million across the north and west of the country.



Above: David McGuinness, nurse.

I wasn't sure what to expect of Myanmar before I left. As I was flying into the country, a thick blanket of black and grey cloud obscured Yangon from view, but once we broke through the cloud the lush countryside came into view. Even though we were above a city of millions I could see more treetops than rooftops. It was approaching the end of the wet season and the country was lush and fertile. After a night in Yangon I was on my way to Rakhine state, where I would spend the next two months. My introduction to the program was hampered by bad weather for the first few days – when I thought it couldn't rain any harder, it did. It was a Wednesday night when the cyclone struck. The wind roared through the trees and the rain battered the town. I was fortunate to be able to get some sleep that night, and it wasn't until the morning when I went outside that the full magnitude of the storm was evident. Within two steps of our front

door a large tree had fallen over, and the tree to its left was swaying so hard that its roots were coming out of the ground.

“Whole villages were cut off”

Once the wind had eased we went to survey the damage. Whole villages were cut off due to flooding and fallen trees. The only road out of town was also flooded and part of it had been covered by a landslide. Roofs, food stores, livestock and lives had all been lost that night. Due to access problems it would be difficult for any relief agencies from outside the area to be able to assist anytime soon.

The storm severely affected ethnic Rohingya, but hit areas populated with ethnic Rakhine people hardest. I was working in north Rakhine state, mostly with Rohingya people. These people are from the lower socioeconomic areas of Rakhine state and have very poor health compared to other groups in the area. The Muslim Rohingya people are not recognised as citizens of Myanmar, and face difficulties daily with restrictions on their human rights. Although the Government had set up refugee centres in several sites, we received word that the Muslim people either weren't

accepted or were too fearful to go to these sites. We were able to find and provide medical assistance to hundreds of people in several locations. After the floodwaters had subsided, most people who had been displaced were able to integrate back into the community with their friends or family as the slow road to recovery began.

Medical care in clinics and camps

We were then able to resume regular activities. For me, this consisted of working in the various clinics that Médecins Sans Frontières had set up, where we treated conditions like skin infections and respiratory tract infections, chronic diseases such as diabetes and hypertension, and ran a large antenatal and postnatal care program.

I also visited people originating from both Myanmar and Bangladesh who were being held in camps near the Bangladesh border. During the dry season, many people such as them attempt to leave a life of persecution and fear, a life without hope or possibilities, for something more promising. People board overcrowded ships knowing that not everyone makes it to the destination alive. They are aware that the journey is filled with perils and have heard the stories of rapes

DAVID MCGUINNESS



NAME: Christine Robbins
HOME: Perth, WA
OCCUPATION: Retired Wellness Facilitator

Christine Robbins first began supporting Médecins Sans Frontières in 2004.

I first heard about Médecins Sans Frontières through a television program about the help they were giving people in a war zone. I liked the concept of helping those in need without concern for political borders, race or religion. If I'd been younger and had the skills needed to work for Médecins Sans Frontières in the field, I may have contemplated my involvement in this way.

In lieu of this I decided to donate to Médecins Sans Frontières from time to time, and then found out about becoming a Field Partner. Each month I know that my financial help is going towards a very worthy cause. The magazine *The Pulse* keeps me informed about the work being done throughout the world, and I read it regularly.

I am very interested in the work being done in emergency and trauma situations, especially with refugees. This is particularly close to my heart, as my parents were refugees from Romania after the Second World War.

I would like to say congratulations to all those working in the field, and would encourage anyone who may be interested in Médecins Sans Frontières to find out about the organisation and to help in any way they can.

For more information on becoming a Field Partner, please visit www.msf.org.au



To read more letters from the field, please visit www.msf.org.au/from-the-field



LAKE CHAD SITS AT THE INTERSECTION OF CAMEROON, CHAD, NIGER AND NIGERIA

MÉDECINS SANS FRONTIÈRES HAS WORKED IN CHAD FOR 30 YEARS, PROVIDING MORE THAN 250,000 MEDICAL CONSULTATIONS LAST YEAR



CLOSE TO 300 SCHOOLGIRLS WERE KIDNAPPED BY BOKO HARAM IN BORNO STATE, NIGERIA, IN APRIL 2014. ALTHOUGH SOME ESCAPED, MOST ARE STILL MISSING

2 million
people are displaced by the crisis in Nigeria alone

“You are not only a victim of Boko Haram, you now have to accept life as a refugee”



A Médecins Sans Frontières psychologist talks with a group of women in Dar Es Salam refugee camp, Chad.

Violent insurgencies by Boko Haram, and counter offensives by regional governments, have led to an escalating humanitarian crisis in Lake Chad region.

Hauwa, a 38-year-old mother of nine, had just woken up early for her morning prayers when armed insurgent group Boko Haram entered her village in north-east Nigeria.

“I could see some people walking outside my house with guns, they had turbans tied around their head. They had also knives and other weapons... Then they started to open fire on the soldiers.”

Hauwa started packing and her husband immediately fled for safety.

“Boko Haram usually kill men, not women. So my husband ran away. He met another group of Boko Haram in the bush. They tied him and tried to kill him. Luckily they left him because they did not know which village he was from.”

As Hauwa fled to another village, the full atrocities of Boko Haram became apparent.

“On our way to the village where we took refuge, we saw them cut the heads of three people. They kept the heads and tied them to their backs.”

Horrific random attacks like this continue to occur regularly in Borno state, north-east Nigeria. Many people have fled to other parts of Nigeria, or have crossed into the

neighbouring countries of Chad, Cameroon or Niger. Some flee violence perpetrated by Boko Haram, but many also flee reprisal acts carried out by the regional military forces as they attempt to suppress the violent insurgency.

In displaced camps in Borno’s state capital, Maiduguri, many face inadequate shelter, healthcare, water and security. Médecins Sans Frontières runs primary healthcare services in two urban communities and two camps, including antenatal care and maternity services. In two hospitals, Médecins Sans Frontières supports the

emergency room and operating theatre, as well as providing intensive care and malnutrition treatment in one of these hospitals.

The long road to recovery

Hauwa continued her journey, eventually crossing into Chad. She is now working with Médecins Sans Frontières’ mental health program in Dar Es Salam refugee camp in Lake Chad region.

In the camp, Médecins Sans Frontières psychologists listen to many stories like Hauwa’s. Among the patients seeking psychological support, more than one in three show symptoms of depression or anxiety, linked to the traumatic events and the living conditions and ongoing insecurity they face.

Aurelia Morabito, a Médecins Sans Frontières psychologist, explains that the recovery process is often long.

“People have witnessed horrible things, they become refugees, and then they arrive to a camp where life is grim and very tough... You are not only a victim of Boko Haram, you now have to go through the process of accepting life as a refugee, of having to take care of life in a different place, and of having to live with the reality that you have no idea what tomorrow holds.”

The mental health program aims to lessen the burden of the refugees’ trauma. Psychologists listen to patients in a safe and confidential space, and through acknowledgement of their suffering, help them find the best coping strategies.

Médecins Sans Frontières psychologists have held more than 670 consultations since the program began in March, providing individual, family and couple consultations.

“I would like to go back, but there is no safe road to my country.”

Children are also offered a weekly drawing workshop as it is often easier for them to express their fears through pictures rather than words.

“We see pictures of guns and helicopters, and decapitated people,” says Aurelia. “Afterwards, we talk about the pictures with them and their parents with the aim to help them control their fears.”

Going hungry

The conditions in the camp itself can also be tough for the refugees, with many not receiving adequate food.

Hauwa says she feels safe in the camp but is sometimes going hungry.

“We are not getting enough food. When we arrived we got cooking pots, blankets, wood – but we had to sell them to buy food in the market.”

While Hauwa would one day like to return to Nigeria, the situation is not currently safe enough.

“I would like to go back, but there is no safe road to my country. I wish to all the world to defeat terrorism, not only just in Nigeria.”



© Sally McMillan/MSF

Hauwa fled Boko Haram and now works with Médecins Sans Frontières in Chad.

MSF’S WORK IN LAKE CHAD REGION

Nigeria

- Runs primary healthcare in two urban communities and two camps, including maternity care
- Supports two hospitals, providing services including operating theatre, intensive care and malnutrition treatment
- Provides safe water and sanitation in nine camps

Chad

- Provides mental healthcare in Dar Es Salam refugee camp
- Has provided more than 24,000 mobile clinic consultations near Baga Sola and Bol since March, as well as establishing a new mother and child health program at Bol District Hospital
- Has distributed 2,230 relief kits containing items such as plastic sheeting, blankets and mosquito nets, as well as 1,650 water treatment kits
- Provides medical supplies and training to health staff in Tchoukoutalia, as well as in the capital, N’djamena

Cameroon

- Supports local health authorities in Maroua to respond to mass casualties
- Delivers medical care and clean water in Minawao refugee camp
- Provides paediatric and nutrition care in Mokolo hospital
- Conducts surgical activities, paediatric and nutrition care in Kousseri hospital
- Provides paediatric and nutrition care at Mora hospital

Niger

- Supports the main maternal and paediatric medical centre in Diffa city, plus several health centres in Diffa, Nguigmi and Bosso districts
- Has provided more than 10,000 consultations from a health post in Bosso district
- Runs psychosocial support activities for local and displaced people
- Provides medical care and water and sanitation to newly arrived refugees in Chetimari, Gagamari, and Assaga



Field Role: Medical Coordinator, Emergency Desk

The Emergency Desk is a specialist emergency response unit based in Amsterdam, Holland. Members of the Desk launch and coordinate Médecins Sans Frontières' responses to international medical emergencies.

NAME: Kate White
HOME: Brisbane, QLD

- Feb to Jul 2011: Operating Theatre (OT) Nurse, Libya and Tunisia
- Aug to Dec 2011: OT Nurse, Sri Lanka
- Mar to Dec 2012: OT Nurse and Medical Team Leader, South Sudan
- Jan to Oct 2013: Medical Team Leader, Papua New Guinea
- Nov 2013 to Jul 2015: Medical Coordinator, Emergency Desk



“For me, the higher the stakes, the better.”

Kate White attends to a patient in Libya, 2011.

How did you first come to work on the Emergency Desk?

I'd been working with Médecins Sans Frontières for a couple of years, and was in Papua New Guinea when I heard a role on the Emergency Desk was opening up. I'd been working in leadership roles in the organisation and was interested in doing more emergency work, so I applied and had what I thought was an absolute bomb of a Skype interview. To my total surprise, I got the job and had to pack up and move to Amsterdam!

How does the Emergency Desk work?

The Emergency Desk is a team of about a dozen medical staff, logisticians, and administrators, and its objective is to make sure that Médecins Sans Frontières is serving the populations most in need around the world in the right way. Every week, the head of the desk sits down and looks at what's come up around the world – a refugee crisis, or disease outbreak, or violence somewhere—and decides whether the organisation needs to do something new or differently in order to respond to that adequately. Then, someone from our team will be sent in for a few months to try and sort that out, which may involve helping to start up a project, or going to an existing project to help them change the way they

do things. You spend a few months in a project at a time getting systems in place and making sure that everything is working well, and then fly back to Amsterdam for about a week until you are sent off to your next emergency with hardly any notice!

What projects did you work in while you were on the Emergency Desk?

The very first thing that I was asked to do was to go to Syria! It had been too dangerous for us to work there for a while and we wanted to figure out if it would be viable to set up any sort of project. I flew to Jordan, which was the country we were going to enter Syria from, but we eventually realised that even if we managed to get into Syria, we might not make it out again. After that, I went to projects working with an influx of refugees in Ethiopia, violence in Central African Republic, and spent a lot of time dealing with Ebola in Sierra Leone and Guinea. I would usually only be in a country for a maximum of three months at a time.

What was it like to be working on the Emergency Desk during the worst of the Ebola outbreak?

I was on holiday back in Australia when I got a call asking if I'd be interested in leaving to go to Gueckedou in Guinea and help out with Ebola – and, being the weird person I am, I told them that I'd love to!

At that stage, we had no idea how bad the outbreak would be, so we thought that we could bring it under control quite quickly. We were working 16 hours a day, seven days a week to try and contain it. But by the time I left two months later it was obvious that it was completely beyond us, and that the outbreak just wasn't going anywhere. I worked in quite a few Ebola projects over the next year or so, and it was really interesting to see how differently Médecins Sans Frontières was approaching the outbreak in the later stages than we had at the beginning.

What were the challenges of the role and how did you deal with them?

The pace of the Emergency Desk is obviously very challenging, in that you're constantly out in the field and working all hours of the day – you really do come to dread that alarm going off every morning. But, for me, the higher the stakes and the greater the pressure, the better. As long as I can try to get one morning every few weeks where I can just sleep until I want to, then that's OK. And you get holidays so you can lie on a beach and relax and see friends, and I always made sure to get back to Australia once a year. For me, really, the greatest challenge has been leaving the emergency desk behind and coming back to Australia – I really miss being constantly surrounded by such great people doing such great things!

AFGHANISTAN
Lisa Altmann
Nurse
Mount Barker, SA

Colette Connors
Theatre Nurse
Walwa, VIC

Claire Fotheringham
Obstetrician-Gynaecologist
Brisbane, QLD

Nikola Morton
Medical Doctor
Chatswood, NSW

Matthew Nicholson
Pharmacist
Buninyong, VIC

ARMENIA
Kerrie-Lee Robertson
Admin-Finance
Coordinator
Marsfield, NSW

BANGLADESH
David Nash
Head of Mission
Redfern, NSW

CAMBODIA
Rachel Creek
Logistics Coordinator
Millswood, SA

CENTRAL AFRICAN REPUBLIC
Don McCallum
Field Coordinator
Isaacs, ACT

Annekathrin Muller
Nurse
Midland, WA

DEMOCRATIC REPUBLIC OF CONGO
Jezra Goeldi
Logistics Team Leader
Watson, ACT

Suzel Wiegert
Nurse
Engadine, NSW

ETHIOPIA
Kay Hodgetts
Medical Doctor
Blenheim, NZ

GEORGIA
Virginia Lee
Counsellor
Lindfield, NSW

GREECE
Ruth Dabell
Nurse
Rockingham, WA

HAITI
Eugen Salahoru
Medical Doctor
Fremantle, WA

INDIA
Cindy Gibb
Nurse
Christchurch, NZ

Tambri Housen
Epidemiologist
Ascot, WA

Simon Janes
Medical Coordinator
Ascot, WA

IRAQ
Robert Onus
Logistics Team Leader
Chittaway Bay, NSW

Kathleen Pemberton
Midwife
Narara, NSW

Sally Thomas
Field coordinator
Rozelle, NSW

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Madeleine Habib
General Logician
South Hobart, TAS

JORDAN
Jessica Ramsay
Medical Scientist
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Janthimala Price
Field Coordinator
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Sandy Bay, TAS

Kate Tyson
Obstetrician-Gynaecologist
Brooklet, NSW

LIBERIA
Christopher Lee
Construction
Logician
Mosman, NSW

Emma Parker
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Aranda, ACT

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Kiera Sargeant
Nurse
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Corrinne Kong
Admin-Finance
Coordinator
Southbank, VIC

Amy Le Compte
Midwife
Brunswick, VIC

Catherine Moody
Head of Mission
Wollongong, NSW

Tim Pont
Medical Doctor
Strathpine, QLD

Adrian Thompson
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Shelagh Woods
Head of Mission
Rose Park, SA

PALESTINE
Devash Naidoo
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Napier, NZ

PAPUA NEW GUINEA
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Jeff Fischer
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Logician
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Ellen Kamara
Field Coordinator
Beerwah, QLD

SOUTH SUDAN
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Medical Doctor
Morley, WA

Andrea Atkinson
Medical Doctor
Shelley, WA

Eric Boon
General Logician
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Nurse
Maroubra, NSW

Louisa Cormack
Field Coordinator
Apsley, VIC

Jim Cutts
Electrician
Somerville, VIC

Skye Giannino
Nurse
Sunbury, VIC

Sonia Girdle
Midwife
Cairns, QLD

Lauren Gourley
Nurse
Geraldton, WA

Jacqueline Gowers
Nurse
Forest Lodge, NSW

Mark Meredith
General Logician
Berkeley Vale, NSW

Jessica Paterson
Admin-Finance
Coordinator
Ararat, VIC

Jessa Pontevedra
Nurse
Auckland, NZ

Keiole Rima
Pharmacist
Boroko, PNG

Miho Saito
Midwife
Glengowrie, SA

Jill Smith
Medical Doctor
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Kyla Ulmer
Nurse
Karratha, WA

TAJIKISTAN
Frances MacDonald
Nurse
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YEMEN
Kevin Baker
Anaesthetist
Darlinghurst, NSW

Michael Seawright
Field Coordinator
Auckland, NZ



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A group of Syrian refugees set off to cross the Greek border with the Former Yugoslav Republic of Macedonia (FYROM), June 2015.

