

THE PULSE

BRINGING MEDICAL HUMANITARIAN ACTION TO YOU



AUGUST 2019

SPECIAL EDITION

MSF AUSTRALIA
25TH ANNIVERSARY

IN FOCUS

FIELD WORKER STORIES
FROM 1994 TO 2019



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CHAMPIONING
WOMEN'S AND
CHILDREN'S
HEALTH



Requiem for an Enclave



ESPERANZA DE VIVES

It is a year since the fall of Srebrenica. Another summer has come, and the unmarked graves of Bosnia are covered with flowers. Nature mourns when mothers and wives cannot

Srebrenica, an enclave of 80,000 people, had been a security zone, under the protection of the United Nations.

In the summer of 1995, the Bosnian Serb army began to shell the town. The only foreign soldiers present were two MSF volunteers: a German nurse and an Australian doctor. For those injured by an artillery shell, these two did the best with what they had. When the attack came, however, they could only watch in horror.

The conquering army rounded up the entire population and separated out the men and adolescent boys. Women, children and the elderly were herded at gunpoint into buses, then sent into exile. The young men were taken away in another direction. Some say they were 7,000, others as many as 8,000. They were never seen again. One can only presume that they were executed in field E-609.

The United Nations could have acted to prevent the massacre. They had the means, and they had the means. The commander of the Blue Helmets in Srebrenica had asked for a NATO air strike, to protect the enclave, but his UN superiors refused.

The perpetrators themselves are all known to the Blue Helmets, who watched as the town was shelled and then emptied. Yet they do not seem to be prosecuted, for it seems that they have a better quality of doctor immunity for the sake of the peace negotiations.

For the survivors of Srebrenica, however, justice is not a luxury. How can they even begin to rebuild their lives, while the mass murderers are free?

Dr Peter Hakewill,
Executive Director

Editorial

sans frontières (septembre 1996)

First Executive Director of Médecins Sans Frontières Australia, Dr Peter Hakewill, highlights the plight of the people of Srebrenica, in a 1996 editorial. © MSF

Front cover: Australian doctor Saschveen Singh dresses in personal protective equipment before entering the high-risk zone of the Médecins Sans Frontières-supported Ebola treatment centre in Butembo, 2018. © John Wessels/MSF

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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 24 associations, including one in Australia. In 2018, 217 field positions were filled by Australians and New Zealanders.

THANK YOU FOR YOUR SUPPORT

This special issue of The Pulse marks 25 years of Médecins Sans Frontières Australia. Over the past quarter-century, our organisation has made an invaluable contribution to the global medical-humanitarian movement – and it is your incredible generosity that has enabled us to do so.

The ongoing loyalty and trust of individuals like you allow us to maintain our independence and to stay impartial, to reach the people who need our care – and to speak out on behalf of our patients.

Thank you for supporting lifesaving humanitarian medical aid, where it is needed most.

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📧 @MSFAustralia





UNCONVENTIONAL APPROACHES

6



8



FIELD WORKERS



10

DR STEWART CONDON

 EDITORIAL

Always evolving, always moving forward



Oneill Photographics

As we mark 25 years of Médecins Sans Frontières Australia, we celebrate the people who have shaped our organisation – and continue to champion our mission.

Médecins Sans Frontières is an incredible associative venture. Our world-renowned medical humanitarian work has contributed to saving lives and alleviating suffering in many global crises over the last 50 years. And this year we mark a quarter century of Médecins Sans Frontières Australia.

Growing up in the 1990s, the time that Médecins Sans Frontières Australia was founded, I was inspired by aid workers in places like Ethiopia, Rwanda and Bosnia. The news events of my adolescence reminded me that, as an Australian, I also had a responsibility to be a citizen of the world. More than that, they affected so many people and caused so much pain.

I myself joined Médecins Sans Frontières in the early 2000s. The crises we met then included the Indian Ocean tsunami of 2004, violence causing mass suffering in Darfur, Sudan, the earthquake in Kashmir, the ongoing crisis in Haiti, further complicated by the earthquake of 2010: the list goes on. If it involves armed conflict, epidemics, natural disasters or people who are excluded from healthcare, chances are it's a Médecins Sans Frontières operational context.

In the many years that I have been involved with Médecins Sans Frontières Australia, as a field worker, a Board member and President, I've seen our organisation mature and evolve. About two years ago, for example, our International Board and Executive platforms validated a statement confirming what we already knew: there are three 'peoples' in our work – our patients, our workforce and our supporters.

Patients have rights, wherever Médecins Sans Frontières works. A patient charter currently being drafted will reaffirm that the patient is at the centre of our work. No longer is it acceptable, if it ever was, that patients in low- and middle-income countries should feel fortunate to have low quality medical care.

Patients deserve to have experienced humanitarians delivering their care. Knowing that many of our field workers don't stay with us after their first field placement, we've become better at understanding professional needs and providing career paths in an industry that struggles with longer-term human resource planning.

“There are three ‘peoples’ in our work – our patients, our workforce and our supporters.”

Furthermore, we are now better able to balance the medical needs we see in the field with our duty of care as a responsible employer. Our charter talks of our field workers understanding “the risks and dangers of the missions they carry out”. It will soon say more on the responsibility to ensure field workers remain safe despite the dangers of the active warzone, the risk of infectious epidemics, or the uncertainties of natural disaster.

Finally, it's our supporters who enable our mission. It is with your trust and generosity that we can maintain our independence and impartiality, to reach the people who need us. Unlike other organisations, we don't simply seek dollars, but look for supporters of our medical humanitarian social mission – to amplify our patients' stories, giving them a global reach. Médecins Sans Frontières' ability to speak out, bear witness to atrocities and tell truths to power is part of our DNA, and should never be re-engineered.

Another 25 years from now, wars will still exist, and Médecins Sans Frontières will continue to treat both direct or indirect victims of these conflicts. Myanmar, Bangladesh and Afghanistan come to mind; places where an ethnic minority has been

expelled; wars where civilians are regularly the largest proportion of dead and injured.

After World War II, the Geneva Conventions were written to bring a sense of humanity to places where little existed. International humanitarian law was set down on paper, but these words are challenged time and again. Hospitals are bombed despite their coordinates being known, civilian ambulances are targeted, and non-combatants are drawn into conflicts they don't wish to be part of. This is the world in 2019, and Médecins Sans Frontières sees it today in places like Yemen, Iraq, Afghanistan, Libya and more.

The other challenge Médecins Sans Frontières faces today is the way nation states are shutting their borders and closing their minds. People seeking asylum are committing no crime: whether it be in Central America, the Mediterranean or the Pacific, they simply want safety. The men, women and children detained have broken no laws. Their stories, whether from their home countries, journeys or their ongoing detention, are often horrific.

Marking 25 years is difficult for Médecins Sans Frontières Australia. We have lost people along the way, both in the field and our Association. But our mission remains clear: independent medical humanitarian action, wherever people need it, however we can.

Thank you for your incredible support over the last decades. It's only through increasing public generosity that we've been able to sustain – and massively increase – Australia and New Zealand's contribution to the Médecins Sans Frontières movement. Our shared project is still needed, on a regional and global level. As we embark upon the road of the next 25 years, I hope that you will continue the journey with us.

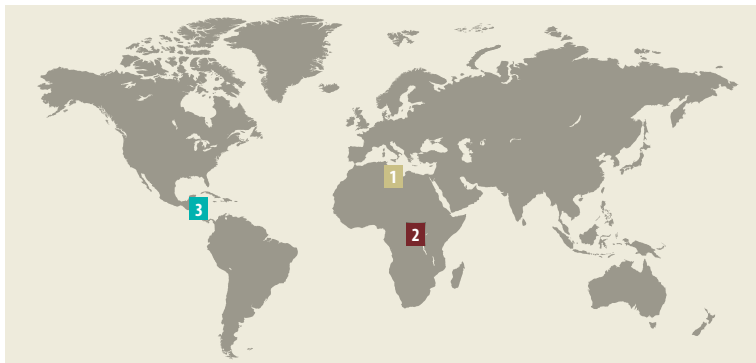
Dr Stewart Condon
President
Médecins Sans Frontières Australia



OUR TEAMS PROVIDED
46,900
OUTPATIENT
CONSULTATIONS
IN LIBYA IN 2018



Médecins Sans Frontières has treated **14,785 patients** for measles in the DRC since the beginning of 2019



1 LIBYA



© Sara Cretz/MSF

Women and children in a detention centre in Libya, September 2018.

Airstrike hits detention centre

BACKGROUND:

On 3 July, Tripoli's Tajoura detention centre was hit by an airstrike. Of more than 600 migrant and refugee detainees, at least 50 were killed and 130 injured. The fighting around Tripoli has killed hundreds of people in the city and displaced tens of thousands.

ACTION:

Following the attack, our teams transferred four critically injured people to Al Najat Hospital, and attempted to visit the detention centre to provide support to survivors. Médecins Sans Frontières called again for immediate evacuation from Libya of migrants and refugees trapped in detention. In Tripoli, Médecins Sans Frontières continues to provide primary healthcare consultations, mental health support, emergency food, water and medical referral services for people in detention.

2 DRC



© Pablo Garrigos/MSF

A Médecins Sans Frontières nurse provides care for a child suffering from measles, at a health post in the displaced persons camp in Bunia, DRC, where people have sought safety from violence.

Congolese face Ebola, measles and displacement

BACKGROUND:

The Ebola epidemic in the Democratic Republic of Congo (DRC) continues to worsen. At the time of going to print, there were 2,438 confirmed cases and 1,705 confirmed deaths since the outbreak began. Meanwhile, the people of Ituri province are facing an upsurge in violence, the peak malaria season, and a measles outbreak which has killed 1,887 people as of mid-June.

ACTION:

Médecins Sans Frontières is working in both North Kivu and Ituri provinces. While forced to withdraw from our Ebola treatment centres in Katwa and Butembo due to attacks in February, teams continue to support triage and infection prevention and control activities and are scaling up health promotion and community engagement. Our teams are also supporting the local health system to provide healthcare for other conditions such as measles and malaria. In Ituri province, Médecins Sans Frontières is supporting the Ministry of Health to deliver medical care to people displaced by violence in Drodro, Nizi and Bunia, and have also provided water and sanitation support.

3 MEXICO



Médecins Sans Frontières staff speak with people in a migrant shelter in Nuevo Laredo, Mexico.

Violence along migration route

BACKGROUND:

Between January and May, more than 45 per cent of patients treated by Médecins Sans Frontières in Nuevo Laredo - a city along the US border in Mexico's Tamaulipas State - had suffered an episode of violence in the city as they waited to cross into the US. Meanwhile, Médecins Sans Frontières teams have also witnessed raids and mass arrests of migrants, refugees and asylum seekers on Mexico's southern border with Guatemala. Around 500,000 people cross into Mexico each year, the majority fleeing violence and poverty in El Salvador, Honduras and Guatemala.

ACTION:

Médecins Sans Frontières is providing medical, mental health and social services support to people in migrant shelters in Nuevo Laredo, and in Reynosa and Matamoros cities. From January until May this year, teams treated 378 patients in Nuevo Laredo, and collected testimonies from people who reported kidnapping, forced labour, sexual exploitation and death threats. Médecins Sans Frontières has called on the Mexican and US authorities to put humanitarian assistance at the centre of its migration policies.

Increase in the number of Australian and New Zealand field workers filled.

1994 = 20 field roles filled

2018 = 221 field roles filled

JOIN OUR TEAM

Find out more about becoming a Médecins Sans Frontières field worker at one of our upcoming recruitment information evenings. Additional information evenings are scheduled in Australian and New Zealand cities throughout the year.

INFORMATION EVENINGS

Tues 10 Sept *Webinar*

Tues 17 Sept *Auckland*

Tues 29 Oct *Sydney*



PAST WEBINARS ARE ALSO AVAILABLE ONLINE TO WATCH ON DEMAND.

Visit [msf.org.au](https://www.msf.org.au) for details on all our recruitment events.

FOUNDATIONS

From one generation to the next

The founding of Médecins Sans Frontières Australia in 1994 coincided with one of the 20th century's most tragic events: the Rwandan genocide.

The crisis proved defining for Médecins Sans Frontières doctors Mitchell Smith and Chatu Yapa, who reflect on serving on the Médecins Sans Frontières Australia Board at very different times in the organisation's history.

For former medical coordinator Dr Mitchell Smith, 1994 marked his return to Médecins Sans Frontières to take up a position on the first Australian Board.



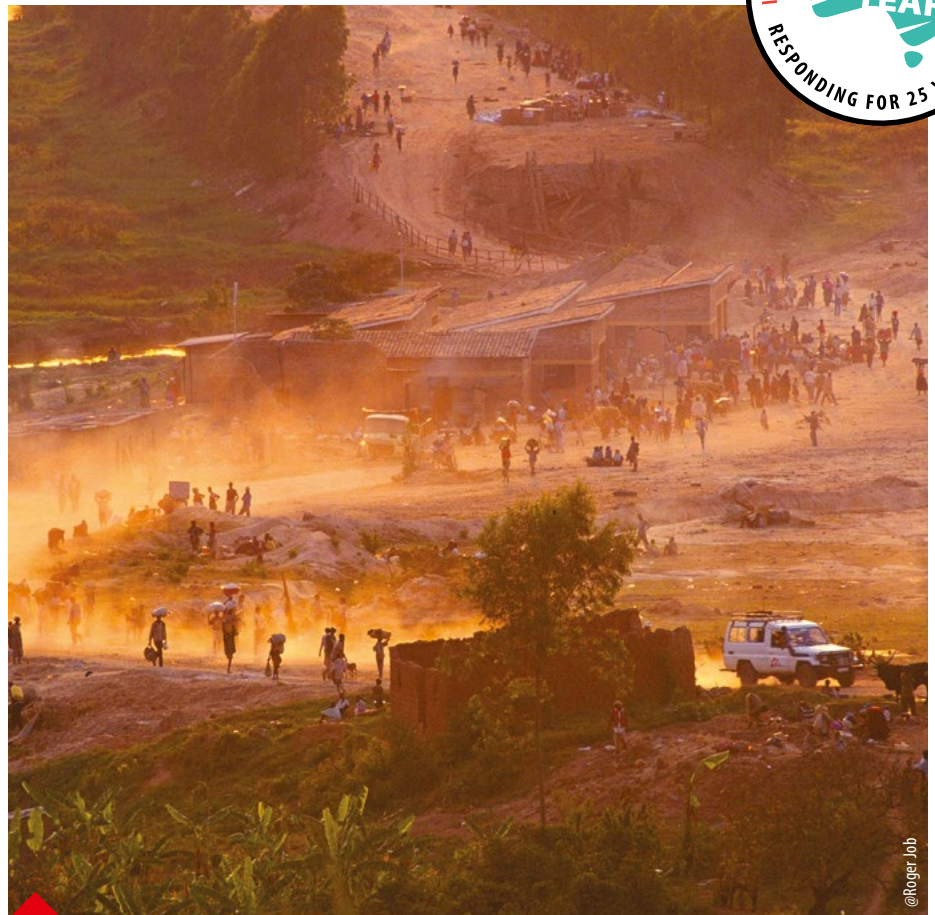
“The perspective from the field is at the heart of all we do at Médecins Sans Frontières and informs not just our medical activities, but our whole management structure, how we

communicate and how we fundraise. Having worked with Vietnamese refugees in Hong Kong from 1989 to 1990, I was asked to provide this perspective for the new Board in 1994.

Setting up a Médecins Sans Frontières post in the southern hemisphere, far from Europe, and working to build our reputation with the Australian public was an unknown; but we could feel the huge potential.

Reflecting on that time 25 years later, I feel an enormous sense of pride in the contribution that Médecins Sans Frontières Australia staff, volunteers, field workers and the Board make. We have helped build structures that are sounder and better organised. With our input, Médecins Sans Frontières' clinical protocols are more numerous, and the clinical and epidemiological support we have to call on is greater. All of this contributes to better medical care and more effective programs in the field.

Although I am no longer working in the field or on the Board, my commitment to the health of people affected by humanitarian crises and to Médecins Sans Frontières' work to alleviate it has never wavered. I look forward to seeing what the next generation of Médecins Sans Frontières Australia will bring.”



Around 100,000 people passed through Rwabusoro transit camp in Rwanda over 10 days in 1994.

For medical epidemiologist and current Board member Dr Chatu Yapa – nine years old in 1994 – Rwanda was the event that inspired her to pursue a career in international health.



genocide unfold on our TV screen in 1994. I still pinch myself today to know that I continue to live my dream working for an organisation which strives to care for some of the most vulnerable people in the world.

“I knew from a young age that I wanted to be a doctor working in Africa. I didn't know what that could look like at the time, but I can still vividly remember images of the Rwandan

For me, as a Médecins Sans Frontières doctor, what I value most is the constant questioning. How can we improve the quality of care we deliver? How do we get to the people no one can reach? This critical thinking leads to all sorts of creativity, driven by the field itself: new diagnostic tools designed for remote settings; drugs to treat neglected diseases; guidelines and protocols adapted to our patients; campaigns to bring about political action. It also stops us from becoming complacent.

The world in which we deliver humanitarian aid may have changed dramatically since I was a nine-year-old and since Médecins Sans Frontières Australia first opened its doors. But I am confident that we will continue to challenge ourselves to meet the needs of this changing humanitarian landscape. As a humanitarian, I live in hope that we never cease to care for our fellow human beings and continue to remember the world's most forgotten.”





In 2018, the Medical Unit conducted 27 field visits to provide hands-on support and supervision in 14 countries.



These countries were: Bangladesh, the Central African Republic, Chad, Iraq, Ivory Coast, Kenya, Lebanon, Liberia, Mali, Malawi, Niger, Nigeria, Uganda and Yemen

Championing women's and children's health

The Sydney-based Medical Unit has supported Médecins Sans Frontières programs around the world for almost 15 years. Its focus is on women's and children's health, and care for survivors of sexual violence.

Before 2005, most of Médecins Sans Frontières Australia's activity focused on fundraising, communications, some advocacy and recruiting Australian field workers to work in humanitarian projects around the world. Towards the end of 2004, however, the 10-year-old Australia office expressed the desire for a more direct link with field operations.

There was a gap that needed filling, since the Medical Department in Paris didn't then have enough expertise in women's, and particularly children's, health.

"Children were more or less treated like mini adults," says Dr Myrto Schaefer, a paediatrician and the Medical Unit's founding member. "There was little recognition that children needed specialised care. Mostly their specific needs were invisible, even though children comprise at least 50 per cent of our patients."

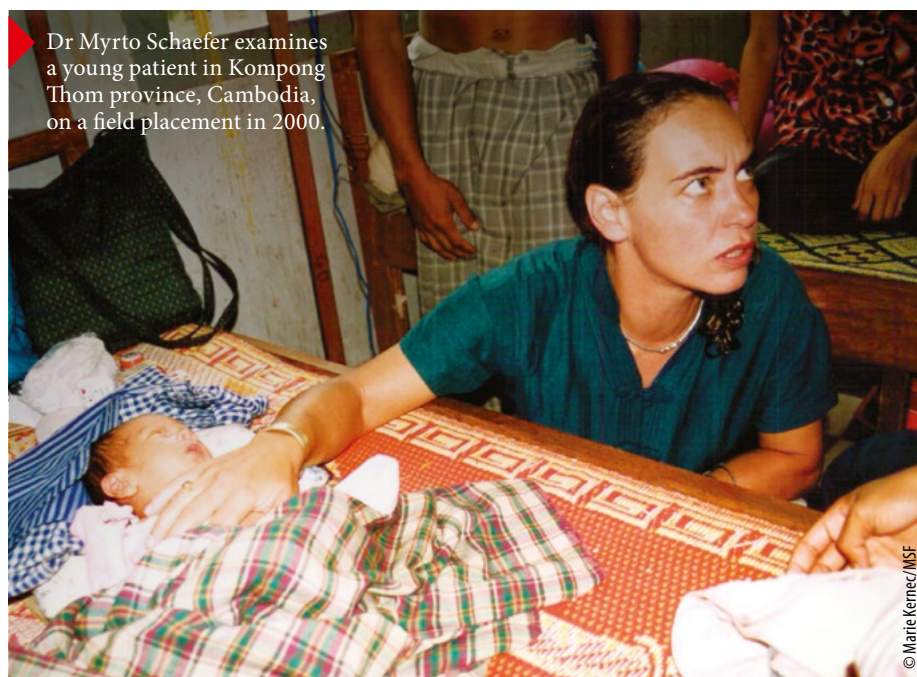
A former field worker and operations advisor covering seven countries, Myrto was uniquely equipped for the challenge. She created a service with a dual purpose: a direct link to the field for Médecins Sans Frontières Australia; and provision of paediatric expertise to the movement as part of the Médecins Sans Frontières France Medical Department.

At that time, there was a large gap in medical support related to HIV and tuberculosis care for children. "As the field of paediatrics is vast, I started with what was perceived as most urgent at the time. We had just started treating patients with antiretroviral drugs, but the drugs and treatment approaches were not at all adapted to children. There was also very little expertise in low resource contexts," says Myrto.

Myrto's first initiative was to develop protocols, work on the correct dosing of antiretrovirals and advocate for child-friendly drug formulations for children with HIV.

Later, the Unit expanded to women's health and general paediatrics with a focus on severely sick children, malnutrition, and, what was particularly new in Médecins Sans Frontières, the care of newborns. Now care for survivors of sexual violence is also included under the Unit's remit.

The Unit advocates for more and improved care of survivors of sexual violence and co-develops and implements numerous training packages to that end. This includes, for example, piloting the first organisation-wide face-to-face training for sexual violence care which is now offered several times a year and is listed in Médecins Sans Frontières' training catalogue.



Dr Myrto Schaefer examines a young patient in Kompong Thom province, Cambodia, on a field placement in 2000.

Achievements

- The Unit firmly established the agenda of quality care for the specific populations of newborns, children and women in Médecins Sans Frontières and speaks up for their needs;
- There are now specific guidelines for the care of children and newborns which are used across operations run by Médecins Sans Frontières Switzerland;
- The Medical Unit supported the creation of a Paediatric Working Group: it contributed to Paediatrics now being recognised as a speciality of its own across the whole organisation;
- Neonatal care is also now regarded as an integral part of Médecins Sans Frontières' maternity care;
- Women and girls in Médecins Sans Frontières projects have improved access to safe abortion care including contraceptives.



WHAT DO THE NEXT
25 YEARS
 HOLD FOR THE MEDICAL UNIT?
 PRIORITIES WILL INCLUDE:



1. CARE FOR CHRONIC CONDITIONS
2. PALLIATIVE AND END-OF-LIFE CARE
3. CARE FOR SURVIVORS OF SEXUAL VIOLENCE

The Medical Unit supports emergency obstetric and neonatal care services and complicated deliveries at the Dasht-e-Barchi hospital in Kabul, Afghanistan.



© Kate Stegeman



Dr Myrto Schaefer today.

Into the future

Looking forward, the Unit plans to investigate how to better equip field projects for patients with specific needs. For example:

- Providing a continuum of care for children with thalassaemia and sickle cell disease, including advocacy for affordable drugs;
- Care for children with other chronic conditions such as epilepsy and diabetes;
- Offering comprehensive care for patients with pre-stages of and advanced cervical or breast cancer in collaboration with the oncologic team;
- Improving palliative and end-of-life care;
- Improving care to survivors of sexual violence;
- Increasing availability of services for women who desire a termination of pregnancy;
- Continuing efforts to improve and measure quality and patient-centred care;
- Piloting diagnostic and prescription guidance using digital health tools.

“We will do this by tapping into existing expertise in the medical world, in Australia and beyond, by creating networks and thus channelling up-to-date knowledge into the practice and care offered to the populations we work with. Training will remain a big part of our portfolio in an effort to upskill our colleagues and maintain the standard of quality that we set ourselves,” says Myrto.

From a team of one in 2005, the Medical Unit is now eight members strong, including paediatricians, a paediatric nurse, midwives and an obstetrician. This year, as Myrto farewells the Medical Unit, the team can reflect on a legacy where the needs of children, women and survivors of sexual violence have been permanently placed on the agenda of Médecins Sans Frontières and beyond.

“The Unit advocates for more and improved care of survivors of sexual violence and co-develops and implements numerous training packages to that end.”



Unconventional approaches



A Médecins Sans Frontières team treats a premature baby for severe hypothermia and low oxygen levels, in Maradi, Nigeria, 2012.

For Médecins Sans Frontières, operating in unconventional settings requires creative approaches.

Offering high-quality, evidence-based treatment in challenging, low-resource settings means innovation has to be in our life blood. From developing new technologies and adapting existing ones, to launching campaigns to bring about change, here are some examples of how Médecins Sans Frontières has embraced innovation over the past 25 years – and what the next 25 years may hold.

Spotlight on the Access Campaign

In 1999, when the Australian office was just five years old, the international Médecins Sans Frontières movement launched the Access Campaign against the backdrop of the HIV/AIDS epidemic. While new HIV medications offered a lifeline to people who could afford them, the exorbitant prices charged by pharmaceutical corporations kept them out of reach for most.

At the same time, Médecins Sans Frontières medical staff lacked adequate treatments for diseases such as tuberculosis, malaria and African sleeping sickness, because pharmaceutical corporations did not consider

it profitable to develop drugs for people who could not pay high prices. The co-founder and first director of the Access Campaign, Dr Bernard Pécoul, put it very simply: “We had to do something!”

Since then, in close partnership with teams in the field, the Access Campaign has been successful in bringing down the prices of key medicines for some of the world’s most disadvantaged people, such as drugs for HIV and hepatitis C (see box), and securing new treatments for neglected diseases.

New Zealand doctor Greg Elder became medical coordinator for the Campaign in 2016. He recalls what inspired him to take the role. “Pneumonia is the biggest killer of children under five, but the pneumococcal conjugate vaccine (PCV) can protect against it. In South Sudan, our hospital was overwhelmed by children dying of this preventable disease, but our field teams were struggling to access the vaccines at an affordable price. Our operations were blocked. We were outraged.”

The Access Campaign and medical teams worked together on a public campaign to

pressure pharmaceutical companies GSK and Pfizer to lower their prices. In 2017 the ‘Humanitarian Mechanism’ was set up, securing price reductions and access not just for Médecins Sans Frontières, but for other actors too. Greg adds: “It showed me first-hand the difference the Campaign could make to our field operations.”

ACCESS CAMPAIGN

Key achievements

- Reducing the price of antiretrovirals (ARVs) for HIV by 99 per cent.
- Through the ‘ACT Now’ campaign, encouraging countries to switch to artemisinin-based combination therapy (ACT) – a far more effective treatment for malaria.
- Enabling affordable access to the pneumonia vaccine.
- Contributing to price reductions of key hepatitis C medicines from US\$1,000 per pill (around AU\$1,400) to roughly US\$1 per pill in selected countries. But tens of millions of people are still waiting for the cure.



The Drugs for Neglected Diseases initiative aims to deliver 16 to 18 new treatments for patients living with neglected diseases by 2023

1999-2019

Médecins Sans Frontières' Access Campaign celebrates 20 years

In 2019, many new drugs, vaccines and diagnostics remain priced out of reach, while monopolies are more entrenched and pharmaceutical corporate powers more globalised. But the Access Campaign continues to demand transformative changes centred on people's health rather than profit – as a matter of justice, not charity.

“In South Sudan, our hospital was overwhelmed by children dying of [pneumonia], but our field teams were struggling to access the vaccines at an affordable price.”

Looking forward: a partnership in solutions

Surviving their first 24 hours can be the biggest challenge a newborn will ever face, with one- to two-thirds of deaths occurring during this period. Maintenance of body temperature is vital, and the simple act of drying and warming the infant can help

prevent hypothermia. But some require extra care, and technologies such as incubators are not always well adapted to low-resource settings.

“Finding alternatives to incubators in the field could have a real impact on neonatal mortality in our projects,” says Dr Myrto Schaefer from Médecins Sans Frontières Australia's Medical Unit. “It may seem simple, but preventing hypothermia is one of the most critical interventions we could have.”

Enter Médecins Sans Frontières Japan's Innovation Unit. Explaining the Unit's work, Head Stefano Di Carlo says, “Using design thinking and creative problem solving, and by constantly testing our ideas, we hope to contribute to improving the way we address challenges in Médecins Sans Frontières – to ultimately, better respond to the needs of the patient.”

The Innovation Unit is now teaming with Médecins Sans Frontières Australia to develop a device for preventing and treating hypothermia in newborns. The aim is to come up with a system that can be cost-effectively produced and affordably priced for use in the field. The work is still in its early phases, but prototypes for field testing are currently underway.

INNOVATION IN ACTION

Many other new ideas, methods and devices have enabled our teams to deliver medical care where it is most needed:



Drugs for Neglected Diseases initiative: In 2003 Médecins Sans Frontières helped found the DNDi, a patient-needs driven, not-for-profit research and development organisation that develops safe, effective and affordable treatments for neglected diseases. DNDi developed the first new treatment for sleeping sickness in 25 years – nifurtimox-eflornithine combination therapy (NECT) – replacing an old therapy that killed one in 20 patients.



Inflatable hospitals: When the 2005 earthquake hit Pakistan, Médecins Sans Frontières used an inflatable hospital – comprising nine tents, four operating theatres, an emergency room, an intensive care unit and 120 beds – to provide immediate care. Since then, such hospitals have become a common sight in places where medical infrastructure has been damaged by conflict or natural disasters.



Telemedicine: First piloted in 2009, Médecins Sans Frontières' platform allows medical staff in the field to consult with experts and specialists around the world – even from remote locations. In 2019, teams used telemedicine to provide mental healthcare to patients on Nauru.



Mobile Unit Surgical Trailer: First used to treat patients in Mosul, Iraq in February 2017, the unit enables teams to quickly reach people in need of lifesaving trauma surgery, close to the frontline of conflict, with hygienic, temperature-controlled conditions.



A team constructs an inflatable hospital in Arughat, Nepal, to treat patients after the 2015 earthquake.

© Benoit Finckh/MSF

25 years of Australian and New Zealand humanitarianism

The following pages commemorate the amazing contribution made by Australian and New Zealand field workers over the 25 years since Médecins Sans Frontières Australia was established. They have been, and continue to be, leaders in Médecins Sans Frontières' response to humanitarian crises around the world – and their stories honour the voices of those we serve: our patients.

Dr Nicole Gilroy, the first field worker recruited by Médecins Sans Frontières Australia, on assignment in a refugee camp in Burundi, 1994.



In 1994, Médecins Sans Frontières remained in Kigali, Rwanda, throughout the genocide of more than 800,000 people, and made the unprecedented decision to call for international military intervention. Médecins Sans Frontières teams – including our first Australian-recruited field worker, Dr Nicole Gilroy – also worked in Burundi, extending assistance to Burundians repatriated from Rwanda.

“Rwanda was a nightmare no one who lived through will ever fully wake up from.”

– Dr Peter Hakewill, Médecins Sans Frontières Australia's first Executive Director.

IN MEMORIAM

On the 25th anniversary of Médecins Sans Frontières Australia, we commemorate the life of Dr Jane Connor, who was killed in a helicopter crash in Honduras in 1998 while responding to Hurricane Mitch with Médecins Sans Frontières. Our heart goes out to Jane's family.



IN THE FIELD: 1994 - 2019

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.

Ahmoose Abraham
Jay Achar
Brett Adamson
Chinelo Adogu
Kwaku Agyemang-Baah
Yvette Aiello
Mustafa Al Ani
Abdul Aleem
Aiesha Ali
Nicole Allard
Barbara Allen
Lisa Altmann
Haydar Alwash
Ursula Alwash
Christina Ambrose
Mohana Amirtharajah
Jordan Amor-Robertson
Vanessa Andean
Jason Andean
Kathryn Andersen

Lisa Anderson
Loraine Anderson
Sarah Andrews
Nilza Angmo
Matthew Apostola
Damien Archbold
Mattias Armstrong
Cassandra Arnold
Eugene Athan
Roger Athersuch
Margaret Atkin
Lisa Atkins
Kerry Atkins
Mark Atkinson
Rebecca Atkinson
Robert Atkinson
Andrea Atkinson
Rachael Auty
Daniel A'Vard
Niyi Awofeso

Mary Louise Bagley
Antonia Bagshawe
Emma Bailey
Sahar Bajis
Kevin Baker
Alana Baker
Corinne Baker
Rob Baker
Graham Baker
Michael Bala
Jananie Balendran
Matthew J Ball
Danielle Ballantyne
Tobias Ballerstedt
Steven Bannister
Liz Bannister
Kelly Banz
Robin Barbar
Margie Barclay
Gina Bark

Harriet Barker
Sam Bartlett
Toby Barton
Daniel Baschiera
Florence Bascombe
Damien Bates
Michael Bates
Euan Beamont
Agnes Beaton
Deanna Beaumont
Kevin Bell
Margaret Bell
Rebecca Bennett
Kaye Bentley
Melinda Berry
Emily Berry
Catherine Berry
Elizabeth Bews
Terri Bidwell
Nikki Bielinski

Simon Black
Sanja Blackburn
Kara Blackburn
Debra Blackmore
Nikki Blackwell
Dennis Blackwell
Kirsten Blair
Bronwen Blake
Lisa Blaker
Anita Blandford
Rebecca Bloor
Helen Boland
Kirsten Bond
Eric Boon
Brendon Bott
Gilbert Bouic
Franck Boulay
Philippa Boulle
Dominic Bowen
Stephanie Boyd

Katja Boyd-Osmond
Stephanie Bracknell
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Sam Brophy-Williams
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Kelwyn Browne

Medical care based on humanity

Paul McPhun, Executive Director of Médecins Sans Frontières Australia, reflects on the contribution of the people who have made our organisation what it is today.

When I set off on my first field assignment to Tajikistan with Médecins Sans Frontières in 1997, it was almost impossible to imagine that this small fledgling office on the other side of the world would grow into the heavyweight player we see today.

Committed and innovative, passionate and resourceful, the founding field workers and staff of Médecins Sans Frontières Australia embodied the very values of Médecins Sans Frontières as a humanitarian movement. On the ground, our field workers quickly developed a reputation for being brave and bold whilst eminently competent. Once home, their work carried on as they stood in solidarity with their patients, giving them a voice by sharing their stories and expressing their outrage. This still holds true today. And it is thanks to our field workers, staff and volunteers, supported by the tireless generosity of our donors, that we are in this position.

These last 25 years have seen transformations not just in our office, but in the contexts where we work and the scope of our medical response. The ever-growing professionalism of our teams on the ground, and the increasing complexity in which



Paul McPhun meets with children in the Bentiu Protection of Civilians site, South Sudan, in April 2016.

they deliver care has been inspirational, invigorating and humbling.

The culture of innovation that has developed – driven by refusing to accept the status quo – has resulted in outcomes we never could have predicted, and saved lives we never thought we could reach.

But whilst so much may change, there is one thing about Médecins Sans Frontières, and the people who make up our organisation, that will never change: our humanity.

Médecins Sans Frontières is about people. Every life has value, everyone has a right to healthcare, and just because you're disadvantaged, it doesn't mean you deserve to be forgotten. This is the real story of who we are – and it is an ethos I believe will be carried by the next generation of Médecins Sans Frontières Australia.

“Despite grand debates on world order, the act of humanitarianism comes down to one thing: individual human beings reaching out to those others who find themselves in the most difficult circumstances. And they reach out one bandage at a time, one suture at a time.” James Orbinski, Médecins Sans Frontières, Oslo, December 10, 1999 Nobel Peace Prize acceptance speech.

Eunice Bruce
Kate Bruck
Andreas Bruechle
Bob Bucat
Ingrid Bucens
Susan Bucknell
Monika Buhner Skinner
Van Tung Bui
Brigid Buick
Benjamin Burford
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Ruth Dabell
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Natasha Davies
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Alison Davis
Rebecca Davis
Trudi Davis
Rachal Davis



© Grant Somers

An image taken by Australian logistician Grant Somers, showing a Médecins Sans Frontières team in Afghanistan, 2001.

“We were there to build a residential tuberculosis clinic, a straightforward enough job on paper but a logistical nightmare in reality. Organising a building project in an environment with no infrastructure (no water, no electricity, limited supplies and a low skill base) is a challenge at the best of times, but to discover the site was on a former battlefield complicated things beyond our wildest expectations. Clearing a site of landmines and UXO (unexploded ordnance), unearthing an anti-tank mine and a rocket, were simply things that hadn’t been part of our initial game plan.”

– Logistician Grant Somers, from Sydney, remembers the challenges of his first field assignment in Ghazni, Afghanistan, 2001.


IN THE FIELD: 1994 - 2019

Karen Day
 Monica de Castellarnau Cirera
 Veronique De Clerck
 Tanyth de Gooyer
 Gail de Lucia
 Hugo De Vries
 Cath Deacon
 Gillian Deakin
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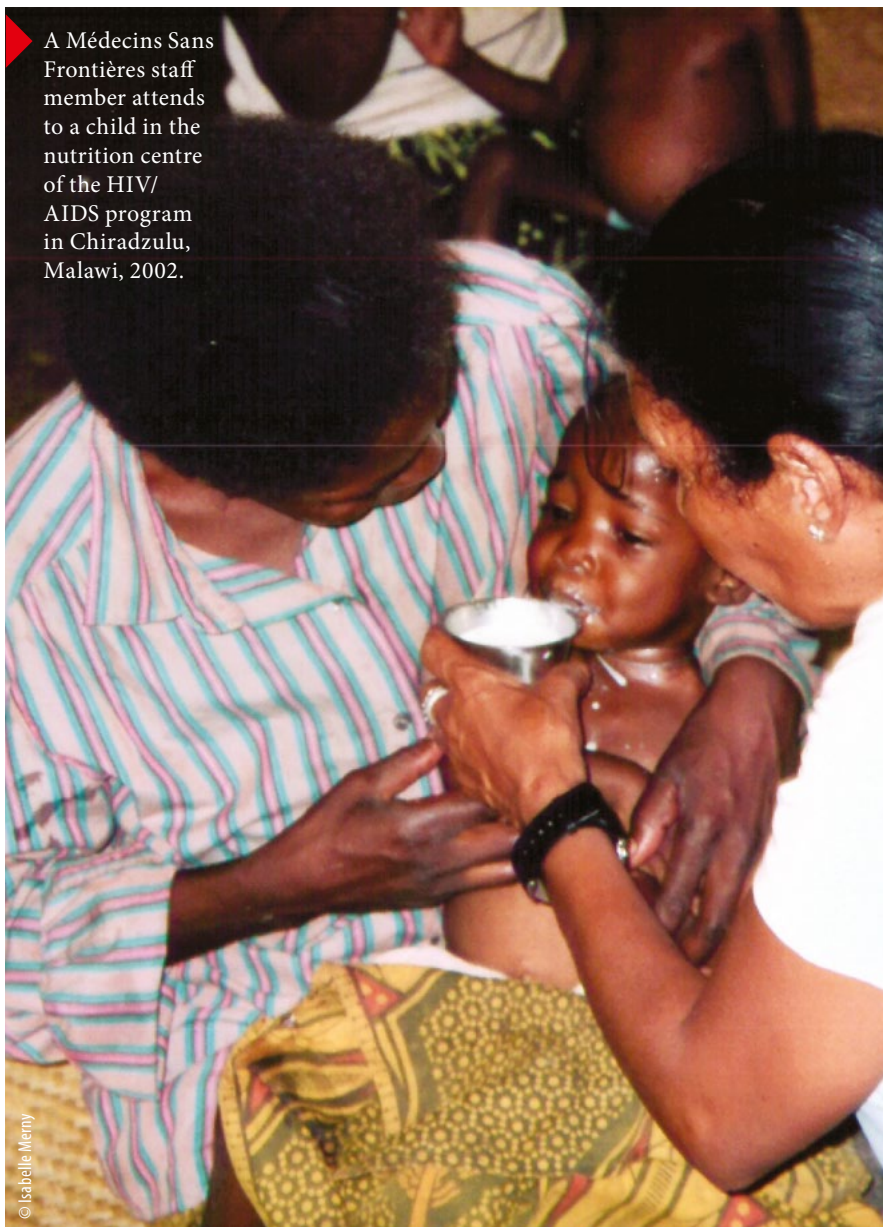
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 Katharine Elliott
 Sarah Elliott
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 Brendon Gray
 Lisa Gray
 Stephen Green
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A Médecins Sans Frontières staff member attends to a child in the nutrition centre of the HIV/AIDS program in Chiradzulu, Malawi, 2002.



© Isabelle Merny

“I was first sent to Malawi with Médecins Sans Frontières in 1997. The year was spent working with children who were affected by HIV/AIDS. We barely had enough medication to treat their symptoms, never mind the source. As I watched the children die one by one, I became increasingly frustrated and angry... when I heard that a new pilot program for treatment of HIV was being trialled in Chiradzulu, Malawi (in 2002), I chose to return.

The Médecins Sans Frontières program was set up in the local district hospital... we offer the drugs free of charge (at a cost to Médecins Sans Frontières of \$30 per patient per month). HIV patients are treated with antiretroviral drugs and HIV-infected pregnant women are offered a short course treatment when they commence labour. Their babies are given Nevirapine syrup within 72 hours of birth to reduce the transmission of HIV from mother to unborn child.

Though critics of our program have told us that patients would not be able to follow the strict drug regime or return for clinical follow-up (“they don’t even own a clock, how will they know what time to take their pills?”), we have found, without exception, that patients not only adhere to the strict regimes but also walk for up to three hours to keep their clinic appointments.”

– Helle Poulsen-Dobyns, from Sydney, on witnessing the impact of antiretroviral drugs for HIV/AIDS patients on assignment as field coordinator in Malawi, 2002.

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Carol Greenwell
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Anne-Sophie Guiraudou
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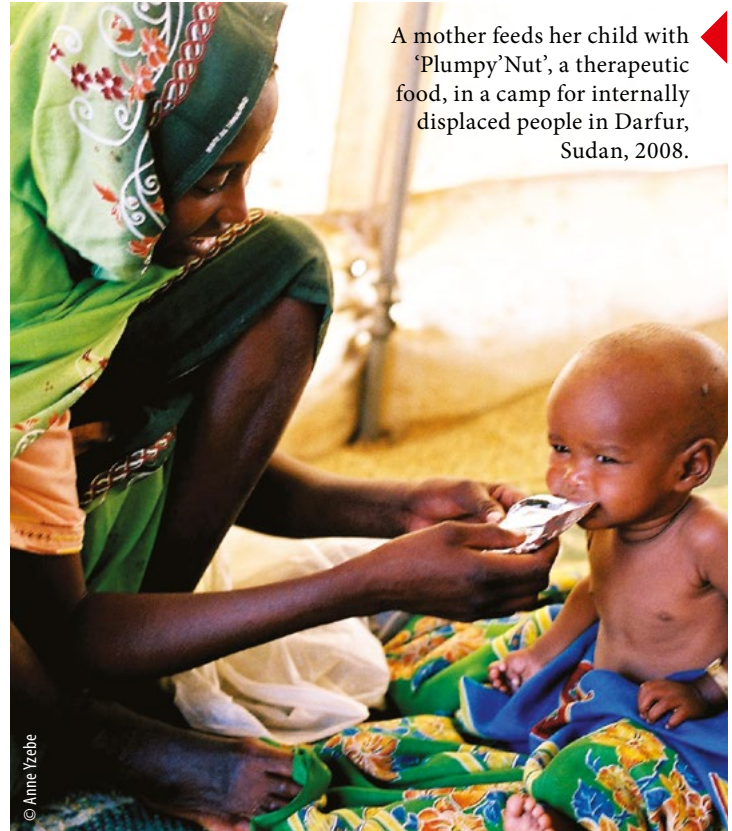


Psychologist Malcolm Hugo in Aceh, Indonesia, 2005.

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“Since I arrived, I have seen dozens more reasons for both elation and dismay. If vulnerability is the defining feature of displaced persons, then their response to this surely shows the depths of the human capacity to survive. So, while my hospital round each day is full of people who have tipped over the edge of vulnerability, it is also full of those who survive against the odds.”

– Dr Hamish Graham, from Melbourne, writes from a field placement in Darfur, Sudan, in 2008. Médecins Sans Frontières began working in Darfur in 2004 to provide nutrition, water and sanitation and medical care for hundreds of thousands of people fleeing violence.



A mother feeds her child with ‘Plumpy’Nut’, a therapeutic food, in a camp for internally displaced people in Darfur, Sudan, 2008.

© Anne Izabe

“After the tsunami in Aceh, Médecins Sans Frontières conducted an assessment of basic material needs and we were subsequently able to distribute necessary items such as blankets, cooking utensils and clothing. We also facilitated and restored community activities such as soccer games, playgroups for children and public meetings where people can share their experiences and ways of coping. In Aceh, I held weekly meetings over three months with a Muslim women’s group. Discussions included grounding techniques (for coping with dissociation related to flashbacks), dealing with children’s nightmares, grief issues and shared problem solving.”

– Malcolm Hugo, a psychologist from Adelaide, reflects on responding to the 2004 Indian Ocean tsunami in Banda Aceh, Indonesia. Australians donated more than \$1 million within 36 hours to the cause – exceeding the estimated cost of an operational response to the tsunami, and leading Médecins Sans Frontières Australia to make the unprecedented decision to close its fundraising appeal to help focus donations back to other crises.

IN THE FIELD: 1994 - 2019

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Sara McCulloch
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Anne McGeechan
Shauna McGlone
Emily McGrath
David McGuinness
Ben McKenzie
Alistair McKeown
Naomi McLean
Bronwynne McNeill
Ewen McPherson



Logistician Damien Moloney on a field assignment in Niger, 2010.

“When I see a desperately sick kid come into the hospital, on the verge of death, and see the worried face of the mother as she hovers helplessly around the bed while the doctors and nurses treat her child, I know that we will all do our best, just for that mother and child.

The result isn't always happy, but when, three weeks, a month, or six months later, that mother and her child walk out of the hospital, I know that everyone – from the doctors and nurses who looked after them, to the logisticians who made sure the oxygen was working, to the cleaner who swept the floor, and all the way back to the office staff in Sydney who sent us to the field and the generous donors who make our work possible – contributed to the health of that child.

And while we may not be able to save the world, we saved the life of that one child, and for that mother, we saved her flesh and blood, her world. And that is a joy that is impossible to replicate. This is the most rewarding job I can imagine.”

– Damien Moloney, from Melbourne, on working as a logistician during 12 field placements with Médecins Sans Frontières.

“Over the last four weeks, we have admitted over a hundred people to the hospital for dehydration, infection or severe malnutrition. We've had women getting off buses already in labour, people with malaria, lots of people who need hospital-level 24-hour care to simply secure their survival.

Within this culture, it's not always easy for women to make decisions in these circumstances. Some evenings, I've talked to women about bringing their sick child to the hospital and they say they have to wait until their husband arrives. In those cases, we do what we can to provide immediate health care on the spot until someone can make that decision to bring the child to hospital.

We're meeting this community for the first time, so we have to be patient and try to understand their needs. What we might see as a priority is not necessarily the same for the family; that's part of this new relationship we're trying to develop.”

– Vanessa Cramond, a nurse from Auckland, writes from the 2012 refugee crisis in South Sudan, where she worked as medical coordinator with people who had crossed into Maban County after fleeing fighting in Sudan's Blue Nile state.



Vanessa Cramond with a woman and her child in a refugee camp in South Sudan, 2012.

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Mark Meredith
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Ken Pettit
Eike Pfluger

"It is an incredible yet tragic situation to witness... thousands of desperate people risking their lives – at times, their entire family – to escape from intolerable conditions. On one day in the Mediterranean our small medical team of six rescued 1,000 people who were on three separate leaking vessels (two inflatable dinghies and one wooden fishing boat) from perishing at sea.

It is very sad to realise that many of us living comfortable, safe lives have a sense of fear and suspicion toward these people, and that many governments play on these fears to avoid responding in a humanitarian way."

– Carol Nagy, from Hobart, reflects on assisting people making the dangerous journey from Africa to Europe, while placed with the Médecins Sans Frontières joint search, rescue and medical operation in the Central Mediterranean, 2015.



Nurse Carol Nagy rushes an eight-month-old Nigerian baby to the clinic on the search and rescue vessel MY Phoenix, 2015.

© Gabriele François Casini/MSF



Nurse Gandhi Pant assesses a patient in Nepal, 2015.

© MSF

"Here were people who had lost everything, but they still offered us food and what was left of their homes."

– Gandhi Pant, a nurse from Bathurst, NSW, worked as part of the Médecins Sans Frontières emergency team that provided healthcare to people in remote mountainous areas of Nepal after the 2015 earthquake.


IN THE FIELD: 1994 - 2019

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Karen Poole
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Amelia Shanahan
Jacqui Shand
Rachna Shankar
Hema Shankar
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Bruce Sharp
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John Shephard
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Hazel Singh
Dan Siskind
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Brent Skippen
Vicki Slinko
Kirsten Sloan



© Antonio Facalongo

A young boy recovers in the Médecins Sans Frontières clinic in Kutupalong camp, in Cox's Bazar, Bangladesh, September 2017.

“We have a baby on our ward who is dehydrated and so severely malnourished that we’re not quite sure how old she is. She was brought to us by a woman who found her left behind at one of the border crossing points. This child has no family that we know of. And yes, she’s getting medical treatment, and thankfully improving every day, but where is she meant to go from here?”

I can only imagine how incredibly terrible it must have been in their home village, if this is what they chose. If this is the better option, the other must have been a living hell.”

– Kate White, a nurse from Brisbane, writes home from Cox’s Bazar in 2017, as Médecins Sans Frontières teams provided urgent medical care to a massive influx of Rohingya refugees fleeing targeted violence in Rakhine state, Myanmar.

“Yesterday was tough. Sadly, we lost a very kind young man despite the incredibly compassionate care our team provided.

But, thankfully, some wonderful news today with one of our patients being cured – cause for celebration indeed! The first patient who was discharged as cured from our unit was Mwamini. The literal translation of her name is ‘faith’. When she heard the news, Mwamini broke into song and dance. Our hardworking team and two fellow patients joined in to celebrate this most joyous moment.

Mwamini is an incredible inspiration to our whole team and has continued my faith in humanity. This has touched my heart forever.”

– Dr Saschveen Singh, from Perth, shares a story of hope from the ongoing Ebola outbreak in the Democratic Republic of Congo.



© John Wessels

Dr Saschveen Singh inside the Médecins Sans Frontières-supported Ebola treatment centre in Butembo, Democratic Republic of Congo, 2018.

Mitchell Smith
Geoff Smith
Donna Smith
Sarah Smith
Ian Smith
Richard Smith
Stella Smith
Jill Smith
Robyn Smythe
Lana Snipes
Oleg Sokhiev
Grant Somers
Sally Somi
Martin Sosa
Rebecca South
Michelle Spelman
Heidi Spillane
Adelle Springer
Erica Spry
Geoffrey Spurling
Jonathan Stacey
Amanda Stack
Peter Stadly
Jeff Stanton
Yvette Stanton

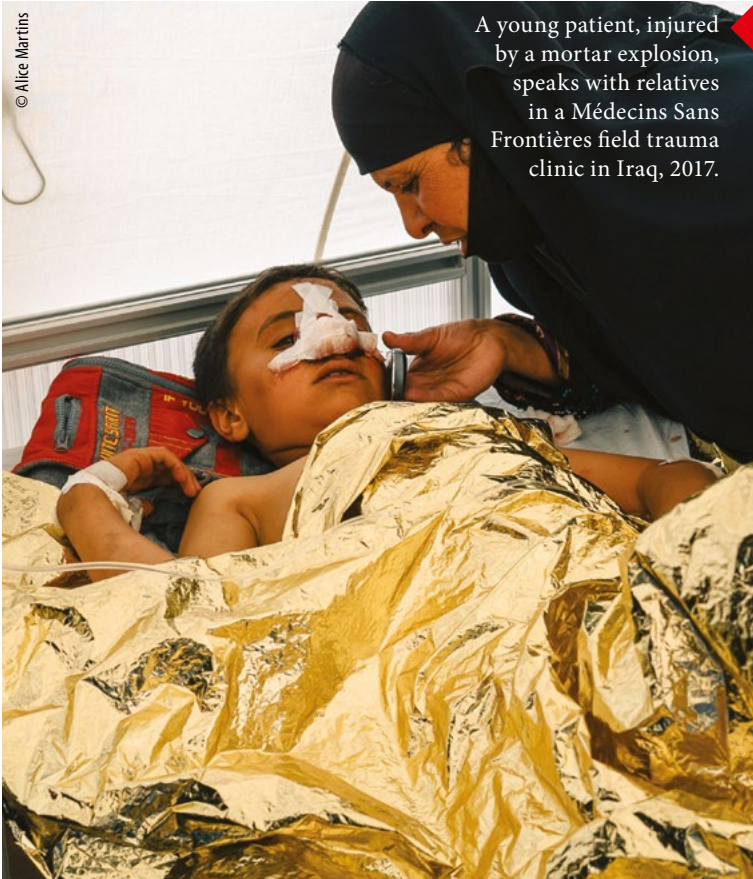
Brett Stathis
Melinda Staunton
Margaret Stebbing
Henri Stein
Robin Stephan
Graham Stephen
Rose Stephens
Cassie Stephens
Sally Stevenson
Danielle Stewart
Jeff Stewart
Deanna Stewart
Judith Stewart
Alexandra Stewart
Hilary Stiel
Rosemary Stone
Adam Stone
Benjamin Storey
Adrienne Storken
Ivan Stratov
Wei-Yuen Su
Barry Suckling
Penelope Summons
Rachel Sun
Brett Sutton

Marianne Sutton
Katrina Swanson
Elisha Swift
John Swinnen
Nicola Syrett
Gordon Tam
Wanda Tan
Evan Tanner
Mary-Jane Tattersall
Mauricia Anne Taylor
Jemma Taylor
Barbara Telfer
Sam Templeman
Fiona Terry
Marianne Testi
Anna-Lena Tews
Matthew Tey
Devika Tharumaratnam
Rogan Thavarajah
Theane Theophilos
Susan Thomas
Sally Thomas
Kathleen Thomas
Melanie Thompson
Greg Thompson

Ann Thompson
Adrian Thompson
Neil Thompson
Ivan Thompson
Johanna Thomson
Natalie Thurtle
Louise Timbs
Emma Timmins
Helen Tindall
Sue Todd
Jacqui Tong
Edith Torricke-Barton
Sarah Touzeau
Amy Towle
Russell Townsend
Mohamad-Ali Trad
Kylie Travers
Katie Treble
Melanie Triffitt
Lisa Trigger-Hay
Nicole Trim
Murray Trubshaw
Samantha Tuckwell
Rachel Tullet
Caitlin Tunnicliffe

Megan Turkington
Catherine Turner
Raewyn Turner
Kate Tyson
Kyla Ulmer
Wayne Ulrich
Gearly Umayam
Richard Urmonas
Paras Valeh
Ester Vallero
Hedwig van Asten
Petra van Beek
Angela Van Beek
Shereena-Lee Van de Berkt
Anita van den Broek
Claire Van der Linden
Rhys van der Rijt
Johanna van Grinsven
Maureen van Rossum du Chattel
Corinne van Veldhuisen
Pauline Vandenberg
Jessica Vanderwal
Deidre Vaughan

Anousha Victoire
Jeanne Vidal
Luis Villa Villanueva
Laura Villoldo Salvatella
Ramona Vlaar
Thomas Volkman
Tina Voolmann
Caroline Wade
Sue Wainwright
Laurence Walker
Britta Walker
David Walkley
Rebecca Walley
Peter Wallis
Amanda Wallis
Genevieve Walls
Helen Walsh
Adam Walter
Johanna Wapling
Margaret Ward
Mark Ward
Michael Ward
Michael Ward Jones
Sally Warriner
Graeme Washer



A young patient, injured by a mortar explosion, speaks with relatives in a Médecins Sans Frontières field trauma clinic in Iraq, 2017.

© Alice Martins

“A call came through that a suicide vest had been detonated at a checkpoint and ‘a few ambulances were on the way.’

I’ve never wanted to forget something so desperately as the first time I saw you. As I finished treating the sixth patient in an hour, I watched as you were wheeled into the only empty space in a rapidly shrinking emergency room. Yours was one of two tiny bodies laid out on a steel bed meant for broken adults, bodies destroyed as tokens of war. Your baby brother was next to you.

I choked back tears and the acrid taste of vomit as my world hurtled from one where babies cried when they were immunised, hungry only in the minutes it took to prepare a bottle, hurt only in learning to walk – to one where children are brought to hospitals bloodied and seemingly lifeless.

Two weeks later, I was the fortunate one. Tracking you down to a hospital two hours away, I walked with quiet apprehension into your room to find you sprawled in childish sleep – one hand instinctively flung over your younger sibling, your ally. And then on waking, seeing you vital, playing, cuddling for hours is the most precious memory I could take from an experience that overwhelmed every sense.”

– Dr Georgie Woolveridge, from Hobart, recalls a child patient she treated in 2018 in Tal Maraq, Iraq.

“I witnessed a system that shatters people’s resilience, identity and hope. . . It is extremely concerning that our patients remain on Nauru, with no access to independent mental health services. As a doctor, I believe I have a professional duty to advocate for my patients; to address the cause of their mental health decline rather than continuing to simply provide individual treatment.”

– Psychiatrist Dr Beth O’Connor, from Christchurch, treated asylum seekers and refugees on Nauru for 11 months, until the forced exit of Médecins Sans Frontières from the island in October 2018.



The Médecins Sans Frontières mental health team attends to a patient on Nauru in 2018.

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IN THE FIELD: 1994 - 2019

Colin Watson
Jessie Watson
Gabrielle Watt
Nicholas Watt
Jared Watts
Jean Wauchope
Catherine Webb
Peter Weiske
Diana Wellby
Janine Wendeling

Susanne Weress
Melissa Werry
Richard Wesley
Florence West
Prudence Wheelwright
Eline Whist
Kate White
Johanna White
Victoria White
David Whitehead

Virginie Whiteway-Wilkinson
Kerryn Whittaker
Annie Whybourne
Suzel Wiegert
Peter Wigg
Ann-Marie Wilcock
Evelyn Wilcox
Paul Wilcox
Brian Willett
Kelly Williams
Neil Williams
Timothy Williams
Kate Williams

Stephanie Williams
Anita Williams
Penny Wilson
Christine Wilson
William Wilson
Bill Wilson
Alexander Wilson
Paula Wines
Noni Winkler
Chris Withington
Helen Wolsey
Thomas Wong
Nicholas Wood
Michael Woodman

Jocelyn Woodman
Shelagh Woods
Heidi Woods Lehnen
June Woolford
Georgina Woolveridge
Brian Worboys
Helen Wright
Vicki Wright
Shelley Wright
Barbara Wyatt
Olivia Yacoub
Hakan Yaman
Chatu Yapa
Paul Yarnall

Sofie Yelavich
Chui Hsia Yong
Grace Yoo
Kristi Young
Lisa Yu
Mathew Zacharias
Peter Zauner
Peter Zelas
Tracy Zordan



A legacy without borders



NAME: **Robert and Mitzi Robinson**

Robert and Mitzi Robinson met in post-war Japan in 1945. Robert was in the Australian Army and volunteered to serve in Japan as a part of the Australian Occupation Forces. On Shikoku Island he headed the local Civilian Labour Office, which helped the Japanese people recover and rebuild. There he met Mitzi (then known as Mitsuko) who managed the Labour Office finances.

Although Robert and Mitzi came from vastly different backgrounds, they shared fundamental beliefs and life goals: these formed the basis of a partnership that endured for seven decades. Their marriage was only the second Australian-Japanese union recorded by the Tokyo Australian Embassy.

Both understood that all people share the same fundamental needs. But by accidents of birth, some are born in peaceful developed nations while others are not.

Both Robert and Mitzi strongly believed that the fortunate ones hold an obligation to assist those less fortunate. They became Field Partners (monthly supporters) of Médecins Sans Frontières Australia in 2001 and also elected to provide generous bequests in each of their Wills. They discussed their decision with their family at the time of writing their Wills, which was understood and fully supported.

Just as important as the financial legacy left by Robert and Mitzi is the strong belief which they impressed on their children and grandchildren - that all people are equal and everyone shares an obligation to be compassionate and supportive to those less fortunate.

Katherine Quin is a long-time supporter who has also made the extraordinary commitment to leave a gift to Médecins Sans Frontières Australia in her Will.

“I first began supporting Médecins Sans Frontières in 2001 after seeing an exhibition of pictures drawn by children in war-torn areas. The drawings were confronting and quite distressing. As a person who’s worked in education and has a real passion for young people, I am disturbed that we have these cycles of war leaving a lasting impact on children – and that there are people who don’t know what life without war looks like.

There was also an exhibition area explaining the nutritional work Médecins Sans Frontières undertakes when responding to emergencies. One of the volunteers showed us the MUAC armbands used to determine if a child has malnutrition, and it was horrendous to think that anyone could have an arm that small and still be considered healthy.

The reason I have continued to support Médecins Sans Frontières for over 17 years is because I believe the organisation’s actions are in line with its clearly-stated mission and that they are particularly efficient and sustainable in their work. I really value their vision, it speaks closely to my heart. I also believe in their impartial and long-term approach. They respond to a crisis, work in partnership with the local population to manage the situation, and offer support.

For me, the concept of a legacy is not about having your name in stone somewhere, it’s about the positive impact your legacy can have. I know the dollars I leave will have a more substantial benefit in the global

community than if I had just left everything to my healthy and secure family, and that’s very important to me.

“For me, the concept of a legacy is not about having your name in stone somewhere, it’s about the positive impact your legacy can have.”

Médecins Sans Frontières is a fantastic organisation and I feel comfortable knowing that my bequest to them will be well spent. It is a privilege to be involved in the work of such an amazing group of people. We are incredibly lucky to be in a position to make such a marked difference on the world, and a bequest is an opportunity to leave something behind.”

Leaving a gift

By remembering Médecins Sans Frontières in your Will, you are making a unique commitment. Your legacy will ensure that our teams can continue to respond rapidly to emergencies whenever they occur and provide medical assistance to future generations.

For more information about leaving a gift in your Will, please visit msf.org.au/bequest or contact our Planned Giving Coordinator on **02 8570 2680**.

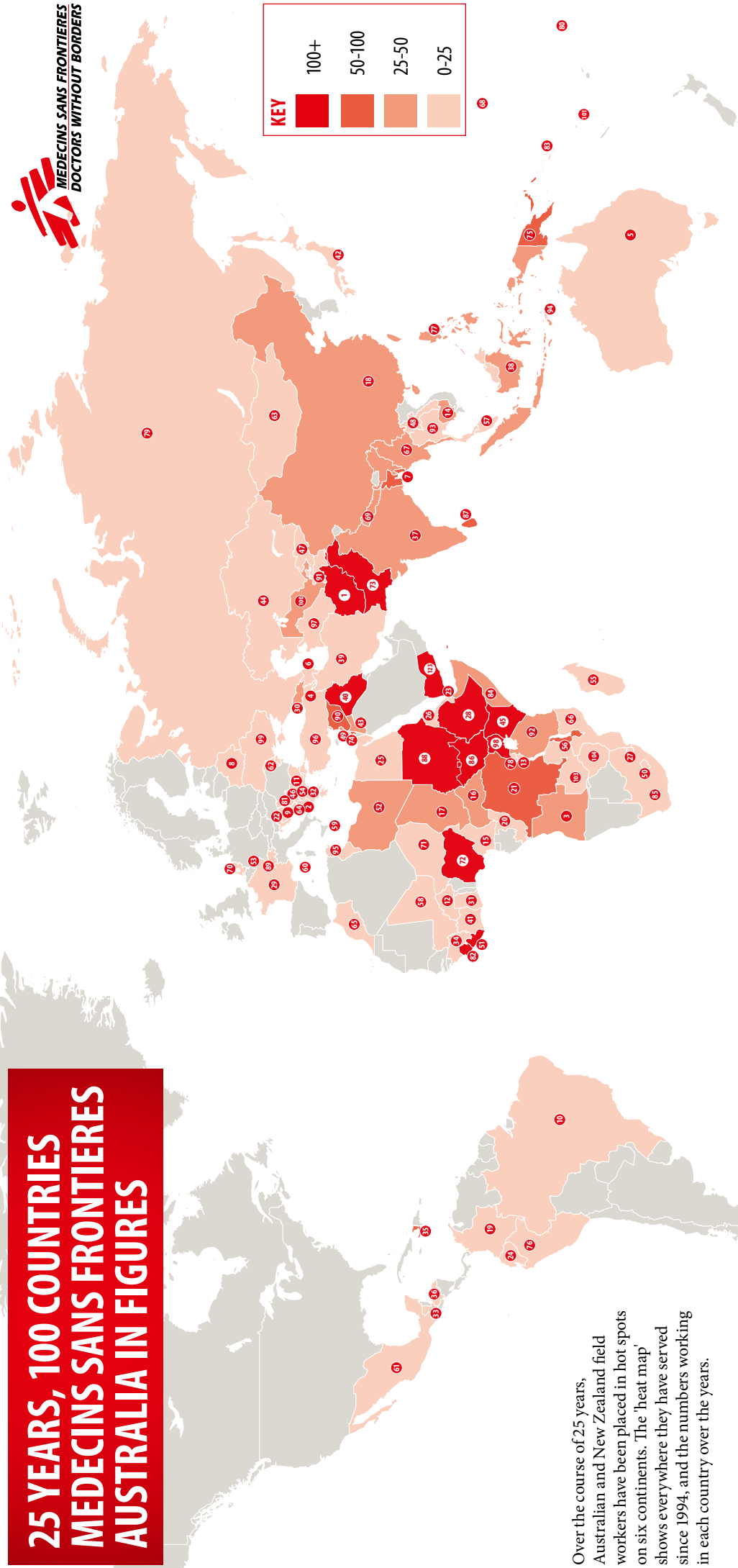
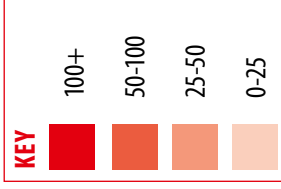


For more information on making a gift to MSF, please visit www.msf.org.au/bequest

25 YEARS, 100 COUNTRIES MECINS SANS FRONTIERES AUSTRALIA IN FIGURES



MECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS



Over the course of 25 years, Australian and New Zealand field workers have been placed in hot spots on six continents. The 'heat map' shows everywhere they have served since 1994, and the numbers working in each country over the years.

Country	Departures
1 Afghanistan	173
2 Albania	1
3 Angola	28
4 Armenia	22
5 Australia	1
6 Azerbaijan	3
7 Bangladesh	64
8 Belarus	1
9 Bosnia and Herzegovina	11
10 Brazil	1
11 Bulgaria	1
12 Burkina Faso	5
13 Burundi	20
14 Cambodia	29
15 Cameroon	13
16 Central African Republic	41
17 Chad	39
18 China	37

Country	Departures
19 Colombia	10
20 Congo	7
21 Democratic Republic of Congo	92
22 Croatia	3
23 Djibouti	3
24 Ecuador	1
25 Egypt	3
26 Eritrea	1
27 Eswatini	14
28 Ethiopia	125
29 France	4
30 Georgia	31
31 Ghana	1
32 Greece	5
33 Guatemala	3
34 Guinea	7
35 Haiti	67
36 Honduras	3

Country	Departures
37 India	31
38 Indonesia	45
39 Iran	18
40 Iraq	129
41 Ivory Coast	24
42 Japan	2
43 Jordan	41
44 Kazakhstan	3
45 Kenya	102
46 Kosovo	9
47 Kyrgyzstan	17
48 Laos	2
49 Lebanon	27
50 Lesotho	1
51 Liberia	127
52 Libya	34
53 Luxembourg	1
54 Macedonia	3

Country	Departures
55 Madagascar	2
56 Malawi	59
57 Malaysia	6
58 Mali	2
59 Malta	1
60 Mediterranean Sea Rescue	13
61 Mexico	2
62 Moldova	1
63 Mongolia	3
64 Montenegro	2
65 Morocco	2
66 Mozambique	20
67 Myanmar	44
68 Nauru	3
69 Nepal	32
70 Netherlands	1
71 Niger	22
72 Nigeria	178

Country	Departures
73 Pakistan	145
74 Palestine	75
75 Papua New Guinea	76
76 Peru	2
77 Philippines	33
78 Rwanda	6
79 Russian Federation	10
80 Samoa	1
81 Serbia	3
82 Sierra Leone	102
83 Solomon Islands	2
84 Somalia	40
85 South Africa	5
86 South Sudan	380
87 Sri Lanka	88
88 Sudan	161
89 Switzerland	2
90 Syria	94

Country	Departures
91 Tajikistan	15
92 Tanzania	30
93 Thailand	24
94 Timor-Leste	21
95 Tunisia	2
96 Turkey	2
97 Turkmenistan	4
98 Uganda	119
99 Ukraine	19
100 Uzbekistan	34
101 Vanuatu	2
102 Yemen	123
103 Zambia	15
104 Zimbabwe	19
105 Other countries	9