

# THE PULSE

BRINGING MEDICAL HUMANITARIAN ACTION TO YOU



MEDECINS SANS FRONTIERES  
DOCTORS WITHOUT BORDERS

DECEMBER 2019

## UNCERTAIN FUTURE

THE ROHINGYA:  
A REGIONAL CRISIS

## GAZA

TREATING DRUG  
RESISTANT INFECTIONS



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ONGOING  
AID FOR  
ROHINGYA



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A patient receives treatment at a Médecins Sans Frontières mobile clinic in a village in Guerrero state, Mexico. See more photos of our work in Guerrero on page 8.

### 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.

### Front cover:

A man sits with his child in the paediatrics ward of a Médecins Sans Frontières hospital in the Cox's Bazar refugee camps, Bangladesh.

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BY PAUL MCPHUN

EDITORIAL

# A partnership to be proud of

From the ongoing conflicts in the Middle East, to disease outbreaks across Africa, and the plights of displaced people in the Asia-Pacific and the Mediterranean, *The Pulse* covers the experience of our patients and the field workers who deliver their care.



**A**bove all, the stories we tell in these pages highlight *why*, as Médecins Sans Frontières, we do what we do.

I authored my first *Pulse* Editorial as the new Executive Director for Médecins Sans Frontières Australia at the beginning of 2011, reflecting on the humanitarian aid response to the 2010 earthquake in Haiti and the ensuing cholera outbreak. At that time, Haiti was the largest single emergency response Médecins Sans Frontières had managed in our 40-year history.

As Operations Manager in Haiti in 2010, I had first-hand experience of our response, which was launched from makeshift emergency clinics as our hospitals were severely damaged. Despite the trauma experienced, and with the contribution of an incredibly resilient Haitian community, a phenomenal level of emergency assistance was organised. It evolved from surgery and emergency care to treat crush victims into a broad range of emergency medical services, including treatment of almost 100,000 cholera patients.

Our teams went on to re-establish the essential care we had provided prior to the earthquake, including emergency obstetric care, burn care and paediatrics. Yet the international aid community proved unable to cope with the crisis. By February 2011 more than 3,600 lives had been lost to cholera in just six months, and Médecins Sans Frontières called for difficult questions to be asked: why had the world failed these people yet again?

Today, alongside our efforts to deliver quality, patient-centred care for people

facing conflict, epidemics, natural disasters and exclusion from healthcare around the world, there remains a great need for us to advocate on behalf of our patients.

In Gaza, we have shifted our role from providing emergency trauma care to demonstrators shot by the Israeli army, to being the only current provider of multidisciplinary care for patients who have developed severe bone infections from these gunshot wounds. A generation of young people in the territory face lifelong health challenges due to these injuries, and an uncertain future under the blockade. With limited essential health services or options to leave Gaza for care, they must not be forgotten.

In Southeast Asia, our staff working in Bangladesh, Malaysia and Myanmar know only too well that the situation facing the Rohingya is not simply an emergency, but a long-term crisis of statelessness and persecution, with decades-long impacts for both individuals and the region. While many of the Rohingya remain wholly reliant on humanitarian aid, the international community must urgently give these people recognition – and facilitate a political, safe and sustainable solution for their future.

As we continue to expand our medical reach and adapt to the new emergencies of tomorrow, I am very proud to be part of the Médecins Sans Frontières movement. I could have never imagined that today we would be saving lives through search and rescue operations at sea in the face of adverse political pressure; nor that we would be grappling with non-communicable

disease in middle-income settings, as we are now in the Middle East. I am excited to witness the huge progress made in women's health and sexual violence response in emergency settings, and I am glad to see the lasting change we can effect by driving down the cost of essential medicines.

However, after nine fulfilling years as Executive Director of Médecins Sans Frontières Australia, I will step down in December 2019. This has been my longest single assignment of my 22 years with Médecins Sans Frontières, yet it also seems the shortest! It has been an exceptional honour to hold this role, and with it learn so much from you, our supporters, and enjoy the enormous trust you place in us. I have a deep respect for the partnership we have built together – one that puts our patients first, whatever challenges that may bring.

It is my pleasure, therefore, to introduce and welcome Jennifer Tierney as the new Executive Director. I know Jennifer well, and am very happy in the knowledge that she will bring new energy and strong stewardship to all we do. She brings impressive experience to the role, and I am extremely confident she will continue our collaborative and positive partnership on behalf of our patients worldwide.

My best wishes and deepest respect to you all,

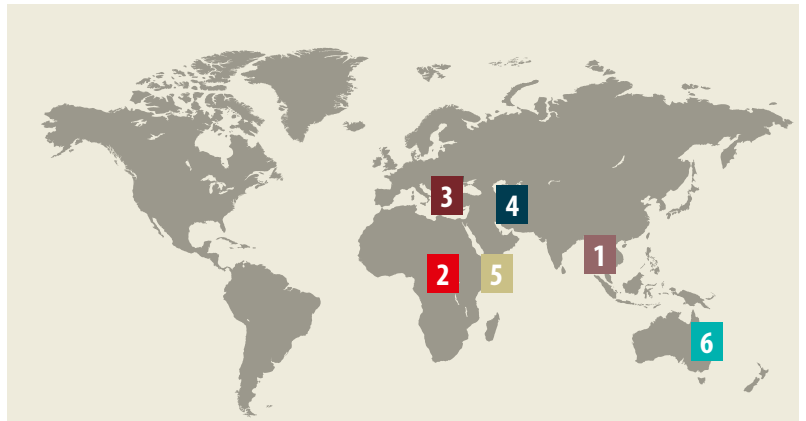
**Paul McPhun**  
Executive Director  
Médecins Sans Frontières Australia



1 SOUTHEAST ASIA

"Conditions in the camps remain precarious and big questions about people's futures are still unanswered."

EMERGENCY COORDINATOR ARUNN JEGAN ON THE SITUATION FOR ROHINGYA STRANDED IN COX'S BAZAR, BANGLADESH. READ MORE ON PAGE 6.



2 DRC

Concern as measles outbreak spreads

The Democratic Republic of Congo (DRC) has been hit by the deadliest measles outbreak to affect the country since 2012. Officially declared on 10 June, the epidemic killed 2,758 people and infected more than 145,000 people between January and early August 2019; and a rise in new cases has been reported in several provinces over the last months. Since the beginning of 2019, working alongside the local Ministry of Health in 13 provinces, Médecins Sans Frontières has vaccinated more than 474,000 children aged between six months and five years old; and provided medical care for more than 27,000 patients with the disease. An emergency team has also been deployed to Mai-Ndombe province to limit the spread of the epidemic along the Kasai River and reach people in remote areas. Médecins Sans Frontières is calling for an urgent mobilisation of funds and humanitarian response organisations to contain the epidemic.



MORE THAN 474,000

children have been vaccinated against measles in the Democratic Republic of Congo

3 MEDITERRANEAN



© Hannah Wallace Bowman/MSF

A four-day-old baby is carried aboard the Ocean Viking, after being rescued on 17 September.

Search and rescue demands place of safety

Following August's resumption of search and rescue operations in the central Mediterranean, the Médecins Sans Frontières and SOS MEDITERANEE-operated ship, the Ocean Viking, has performed multiple rescues of people in distress at sea. On 14 September, 82 rescued men, women and children were assigned a place of safety in Lampedusa, Italy, after six days at sea, and on 24 September a further 182 survivors were able to disembark in Messina, Italy, after one week spent on board. But transfers of survivors to a place of safety continue to be delayed by European states, with no sustainable disembarkation system yet in place. "For people who have fled from desperate circumstances in their home countries and suffered horrific abuses in Libya, safety cannot come soon enough," said Erkinalp Kesikli, Médecins Sans Frontières Project Coordinator on board the Ocean Viking.

4 IRAQ

Making safer births a priority in Mosul

More than two years after the end of the military offensive in Mosul, the city's healthcare system has been slow to recover. Médecins Sans Frontières is running two maternity facilities in West Mosul to support women to deliver their babies safely and provide specialised care for sick and premature babies. The first facility was opened in Nablus hospital in 2017, and the second in July 2019. As of 31 August, Médecins Sans Frontières midwives and gynaecologists in Mosul had assisted 5,176 women to safely deliver their babies so far this year.

ALMOST 170 BABIES



ARE BORN EACH WEEK IN OUR MATERNITY CENTRES IN WEST MOSUL

## 5 ETHIOPIA



© Markus Boering/MSF

A staff member listens to a malnourished child's chest at the stabilisation centre in Gedeb hospital, in the Gedeo area of southern Ethiopia.

## 3,800 malnourished children treated

Médecins Sans Frontières has handed over activities in the Gedeo area of southern Ethiopia after five months of emergency intervention to support people internally displaced by ethnic violence. From April to August, teams treated 5,100 patients in the region, including more than 3,800 severely malnourished children under five years old. Other patients included children with conditions such as diarrhoea, pneumonia and dehydration. Pregnant women were assisted with more than 80 deliveries and neonatal intensive care was provided for 32 newborns. Though the number of children admitted for malnutrition has dropped, Médecins Sans Frontières will continue to monitor the humanitarian situation in the region and assess the needs of internally displaced people in the neighbouring Guji area of Oromia region. Teams previously responded to the crisis in 2018.

AT THE PEAK OF THE HUMANITARIAN CRISIS IN SOUTHERN ETHIOPIA IN 2018, AN ESTIMATED



**1 MILLION**  
PEOPLE WERE DISPLACED BY  
ETHNIC VIOLENCE

## 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 3 Dec *Webinar*



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.

## 6 AUSTRALIA



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Executive Director of Médecins Sans Frontières Australia, Paul McPhun, addresses a press conference in October 2018, following Médecins Sans Frontières' exit from Nauru.

## Advocating for medical ethics

In October, Médecins Sans Frontières marked one year since our mental health team was forced to discontinue care for asylum seekers, refugees and local people on Nauru. In July, as the Australian Parliament prepared to debate repealing the Home Affairs Legislation Amendment (Miscellaneous Measures) Bill 2018 (or 'Medevac Bill') – under which two doctors can determine whether sick asylum seekers and refugees held offshore should be transferred to Australia for medical treatment – Médecins Sans Frontières submitted our findings from 11 months of providing independent mental health services on Nauru to the Senate inquiry. Addressing the Senate, Legal and Constitutional Affairs Legislation Committee in Canberra, Médecins Sans Frontières recommended that asylum seekers and refugees held on Nauru and in Papua New Guinea should be immediately evacuated to a place of safety where they can rebuild their lives. "Until then, patients should have unfettered access to consult with medical doctors, and medical doctors should remain at liberty to offer medical advice and opinion, including recommending medical evacuation to Australia when necessary," said Dr Stewart Condon, President of Médecins Sans Frontières Australia.



SOUTHEAST ASIA



660 MILLION POPULATION (APPROX.)



© Vincent Zou / Médecins Sans Frontières

# 1978

Year the Cox's Bazar district first hosted Rohingya refugees

BETWEEN

AUG 2017

JUNE 2019

Médecins Sans Frontières performed

**1.3 MILLION** consultations in Cox's Bazar

# Rohingya: A forgotten people



Aziza fled Myanmar for Cox's Bazar in October 2017. With her young son's mental disorder difficult to manage in the camps, they made a 60-day journey to Penang, Malaysia.

© Arnaud Finistre/MSF

**"Many NGOs are looking at this crisis from the perspective of the last two years, but I'm looking at it from the past 40 years – my whole life. I'm still trying to prove my identity as a human being and that causes me immense pain and suffering."**

**T**hese are the words of a Rohingya man who Arunn Jegan first met in 2017, when a renewed wave of targeted violence against the Rohingya in Rakhine state, Myanmar, forced hundreds of thousands of people to flee across the border into Bangladesh.

Arunn, from Sydney, is an emergency coordinator with Médecins Sans Frontières. He recently returned to Cox's Bazar in Bangladesh and met up with this man and his family again.

"Two years on [from August 2017], there are better roads, more latrines and clean water points in and around the camps," says Arunn. "There is more sense of order. But conditions in the camps remain precarious and big questions about people's futures are still unanswered."

## Decades of persecution reach crisis point

In August 2017, pillars of smoke could be seen rising from Rakhine state, Myanmar. The sight signalled the

beginning of the largest-ever episode of violence against the Rohingya.

Those arriving in Bangladesh shared stories of their villages being burnt to the ground and of people being raped and killed, in a concerted campaign of violence by the Myanmar authorities. "At the border crossings, we saw Rohingya arriving with burns, gunshot, lacerations and smoke



© Dalila Mahdawi/MSF

Mohammad left Myanmar for Cox's Bazar 12 years ago after suffering violence at the hands of the army.



MORE THAN  
**740,000**

Rohingya have fled from **MYANMAR**  
INTO **BANGLADESH** since **August 2017**



Our teams are providing care for  
**ROHINGYA**  
in Bangladesh, Myanmar and Malaysia

asphyxiation,” says Arunn. “The trauma was visible on people’s faces and bodies.”

“They settled in informal camps that were already well below basic living standards,” adds Arunn. “One of the most striking things was the lack of dignity people had... they were ordered around by many different people and organisations. They did not seem to have much say in what happened to them.”

Since 25 August 2017 to date, more than 740,000 Rohingya refugees have fled Myanmar – many seeking safety in camps in Cox’s Bazar. But this is not the first time the Rohingya have been forced from their home; the ethnic group has endured marginalisation and persecution in Myanmar for over 50 years. Lacking both citizenship rights in Myanmar and refugee status in Bangladesh – where they are unable to work or access formal education – they remain bound to a life of limbo and largely reliant on humanitarian aid.

### Ongoing aid needed

Many of the health issues Médecins Sans Frontières treats camp residents for, such as acute watery diarrhoea and skin infections, are caused by the poor living conditions. There are still not enough clean latrines, and it is difficult for people to find clean water and food. Our teams see tens of thousands of patients each month: between August 2017 and June 2019, we performed over 1.3 million consultations. Teams have also distributed more than 87.8 million litres of clean water.

People are better protected from outbreaks of diseases like diphtheria and measles, thanks to several vaccination campaigns carried out by Médecins Sans Frontières in partnership with other medical organisations and the Bangladeshi Ministry of Health. However, the risk still exists, and routine vaccinations are vital. Mental healthcare is also an urgent priority, to support the many who have witnessed traumatic events, or experience hopelessness about their future.

Maternity care services are still not reaching many women. Many Rohingya prefer to give birth at home, aided by traditional birth attendants, while others remain unable to reach care due to barriers such as distance from a healthcare facility. Women who do come to a hospital to deliver often arrive

teams are working to support Rohingya who remain in Rakhine state, as well as those who have fled to Malaysia.

“Over the past two years, very little real effort has been made to address the underlying causes of the discrimination the Rohingya face and enable them



Rohingya children are growing up in the Cox’s Bazar camps with no safe spaces to play, poor hygiene and little education.

© Mohtammad Ghanam/MSF

“Conditions in the camps remain precarious and big questions about people’s futures are still unanswered.”

late, without seeking antenatal care beforehand. Our staff continue to see women facing complicated deliveries due to conditions such as pre-eclampsia, or prolonged labour.

### A regional issue

This humanitarian crisis not only affects Bangladesh but has regional impacts too. Currently, Médecins Sans Frontières

to return home safely,” says Benoit de Gryse, operations manager for Myanmar and Malaysia. “If the Rohingya are to have any chance of a better future, the international community must redouble its diplomatic efforts with Myanmar and champion greater legal recognition for an incredibly disempowered group.”

“My biggest hope [for the Rohingya] is that they are able to return home safely,” says Arunn. “Until then, I hope they are afforded greater self-sufficiency, education rights, and the legal recognition they deserve. If these things don’t happen now, I fear the Rohingya will be in the same situation in another two years, only with even fewer services available to them.”

“We have an opportunity to do better by them.”

# A lifeline amid violence

➤ Médecins Sans Frontières staff visit a patient at his home. Accessing medical services is a struggle for many, as clashes between gangs, security forces and police cut towns off from the outside world.



➤ Ana María has been helping the women in her community give birth for decades. Local people returned to traditional medicine when most doctors and nurses became unable or afraid to visit.



➤ As well as delivering medical and psychological care, Médecins Sans Frontières deploys an exploratory team to places where violence has just occurred to assess the medical needs of the people there.





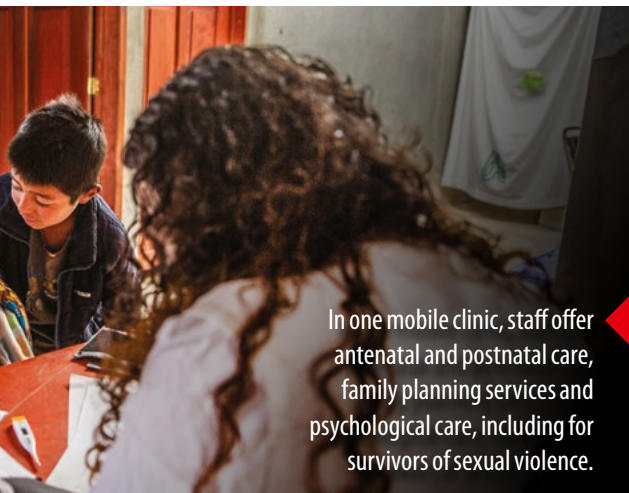
**In Guerrero – one of the most dangerous states in Mexico – Médecins Sans Frontières outreach teams are providing care for rural communities who have been terrorised and isolated by violence.**



Our teams run activities for local children – like the piñata pictured here – to provide some relief and bring communities together.



“I want to get out of here, to get away from this place where there is so much violence.” Gabriela\* is from a village visited by the outreach team. Her husband was killed by armed men. \*Name has been changed.



In one mobile clinic, staff offer antenatal and postnatal care, family planning services and psychological care, including for survivors of sexual violence.



Poor roads add to people’s isolation. Families are often forced to survive on what they grow in the fields or have been able to store.





# Resilience in the face of resistant infections

A patient, Moataz, sits in his isolation room in a hospital in Gaza. He is being treated by the Médecins Sans Frontières team for a drug resistant infection after being shot by the Israeli army.



© Jacob Burns/MSF

**Meet the Australians and New Zealanders working, as part of a multidisciplinary team in Gaza, to offer a smooth road to recovery for patients with complex gunshot injuries and severe infections.**

**Anne Taylor, from Wellington, New Zealand, has been on three assignments to Palestine as Head of Mission during 2018 and 2019.**

“Since the ‘Great March of Return’ demonstrations began in Gaza in March 2018, the local healthcare system has been overwhelmed by the volume of Palestinian patients wounded by live ammunition fired by the Israeli army.



Between 30 and 50 people are still shot in a regular week. While Médecins Sans Frontières has been present in Gaza for many years, we have scaled up and shifted our care to support the Ministry of Health with treatment of these very severe injuries and find solutions for patient’s complex medical needs.

Right now, there is the concerning issue of osteomyelitis – a serious infection of the bone – affecting an estimated 1,000 people who have sustained gunshot wounds in Gaza. This condition requires specialised surgical and drug-based care. Despite the limited resources available under the blockade, Médecins Sans Frontières is now offering multidisciplinary care for this condition through a new microbiology lab and orthopaedic and antibiotic treatment across two inpatient departments. Many of our patients, who are mostly young men, will have ongoing medical issues due to their injuries – probably for life. Coupled with the continued blockade of Gaza, they face an uncertain future. What stands out for me is their resilience in the face of these challenges.”



**Dr Thomas Schaefer is an orthopaedic surgeon from Albany, Western Australia.**

“When I first went to Gaza in January 2019, the injuries I saw on patients were, from an orthopaedic point of view, horrendous. The gunshot wounds were mainly to the lower legs, with an extensive damage zone – most people have open fractures (where the broken bone is not covered by any soft tissue), meaning many are maimed and can’t walk. Some of these patients were boys as young as 11 years old. We provided initial care for these patients, stabilising the fractures and cleaning the wound tissue. But gunshot wounds by their nature are prone to infection,



To read more letters from the field, please visit: [msf.org.au/stories-news](https://msf.org.au/stories-news)

and coupled with the lack of hygiene outside of the hospitals we started to see many patients who had developed osteomyelitis.

**"What stands out for me is their resilience in the face of these challenges."**

Returning to Gaza in August, I worked as part of a team providing orthopaedic treatment for these patients. This includes surgery to take a bone sample to test people for a drug resistant infection, as well as multiple surgeries and dressings for their recovery. Although our patients will require months, if not years, of care – and will always live with the risk of the condition re-flaring – we are finally finding solutions for the long-term survival of most people's limbs. Many people are improving with physiotherapy and walking again, and that is hugely encouraging to see."



**New Zealander Dr Lisa Noonan recently returned from working as the Antibiotic Steward in Gaza.**

"In Gaza, many people with gunshot wounds develop serious bone infections associated with significant soft tissue damage. Gunshot wounds easily become contaminated, including by the bullet or the person's environment, and in the case of open fractures the risk of infection is particularly high. Worryingly, many of the patients we admit for osteomyelitis have a multi-drug resistant infection, meaning they cannot be treated with common or first line antibiotics. There are many reasons for increasing antimicrobial resistance, one being that antibiotics have been overused in the community or in the environment. This is a problem worldwide.

Our antibiotic stewardship team in Gaza coordinates the microbiology and complex antimicrobial therapy

needed for these patients. While at the beginning of 2019, Médecins Sans Frontières had to send bone samples outside of Gaza, we have now worked with the Ministry of Health to increase the capacity of a laboratory within Gaza that is able to analyse samples from 20 patients each month. If the person is found to have osteomyelitis, our team provides antibiotic treatment. In the case of multi-drug resistant bacteria, there are often no oral antibiotic options available – so patients need to be treated with intravenous drugs, meaning a stay of at least six weeks in hospital."



**Queenslander Edith Torricke joined the nursing team as the Infection Prevention and Control Manager.**

"Our nursing staff in Gaza play a major role in wound care as well as in infection prevention and control. Alongside isolating patients, this an important tool to limit and prevent the spread of multi-drug resistant bacteria. My role was to set up infection prevention and control measures in our inpatient unit for patients with osteomyelitis, including everything from hand washing to waste management and keeping the environment of the unit clean.

Nursing staff have the most contact with patients, so we play a major part in providing the patients with health education and enforcing infection precautions. Nurses are also the patients' main support. Being isolated in a hospital room for months is very hard on most people. One day, I noticed that one of our long-term patients, Moataz, had covered his walls with pictures he had drawn. I told him I enjoyed art too, and the following week I brought in some adult 'mindfulness' colouring books. It seems simple, but something like art can make a huge difference in helping someone finish their treatment. A social support team and local peer counsellors also help our patients to cope with the trauma they have experienced and their treatment, and prepare them for the future."

## SUPPORTER PROFILE



NAME: **Lilian Khaw and Ivy Lin**

**Lilian and Ivy are dedicated supporters. Every year, they use their talents to make Christmas crafts and generously donate all money raised to Médecins Sans Frontières.**

Lilian (pictured right):

"My husband introduced me to Médecins Sans Frontières, and I have been inspired by their work ever since. What impresses me most are the teams in the field, who are made up of skilled and dedicated professionals such as doctors, nurses and logisticians. They volunteer to work in often dangerous and precarious conditions to save lives and alleviate the pain of those who are suffering.

"I love doing crafts, and I am committed to running a craft charity project to raise funds for Médecins Sans Frontières every year. I have worked on this project for three years, and last year I was lucky to have a friend, Ivy Lin, join me."

Ivy (pictured left) adds:

"Lilian and I make items such as coin purses, make-up bags and pin cushions from beautiful materials that we source ourselves. I am proud to be part of this project, knowing that I can use my passion for crafts to help people in need. Every time I look at the stories and photos shown in *The Pulse*, I can see the field workers' enthusiasm, persistence and courage in providing care for patients, and this has really moved me.

"This project adds a lot of meaning to my life. We would like to thank those who have purchased our crafts. Without them, our project would not have been so successful."



For more information about Community Fundraising, please visit [msf.org.au/community-fundraising](https://msf.org.au/community-fundraising)



**NIGERIA**



**203 MILLION  
POPULATION (APPROX.)**



**LASSA FEVER KILLS  
AN ESTIMATED**

**5,000**

people each year in West Africa



Treatment for Lassa fever must be commenced within

**6 DAYS OF  
ONSET**

# Lassa fever in Ebonyi



© Albert Masfias/MSF

Late in the evening, staff in personal protective equipment admit a Lassa fever patient to the Virology Unit of the Federal Teaching Hospital in Abakaliki.

**It's an infectious disease that affects up to 300,000 people across West Africa each year, and kills more than 5,000.**

Lassa fever, like Ebola, is a type of viral haemorrhagic fever. Discovered half a century ago, it remains poorly understood and continues to cause fear among West African communities. In 2018, Nigeria experienced one of its largest Lassa fever outbreaks on record. Of more than 3,000 suspected cases across 23 states, 633 people were confirmed to have contracted the virus. In Ebonyi state, in the southeast of the country, 16 healthcare workers were infected by the disease and eight died.

Médecins Sans Frontières began working in Ebonyi in March 2018, partnering with the Federal Teaching Hospital in Abakaliki and the local Ministry of Health to improve knowledge of this neglected disease among communities, and support healthcare workers to diagnose and treat it. Now, as the dry season approaches

once again, people are returning to farming and hunting – increasing their contact with rats, the transmitters of the virus. And healthcare workers are preparing for a spike in cases.

### Challenges in care

New Zealander Malaika El Amrani is the Nursing Team Supervisor for Médecins Sans Frontières in Ebonyi. “Many people here live in villages in poor, rural areas,” says Malaika. “They have mostly never heard of Lassa fever and don’t know what it is. When a person becomes sick, they might first go to a local herbalist or a traditional healer. Lassa fever is a fast-moving disease, so people can become very unwell extremely quickly, and by the time they reach a health facility, they are normally in very bad shape.”

When people come to the Federal Teaching Hospital with symptoms of Lassa fever, or are identified as a suspected case by healthcare worker outreach teams, they undergo a blood test to determine whether they are positive or negative for the virus. If confirmed positive, the patient is moved to the hospital’s Virology Unit to receive treatment.

**“We are dealing with a double stigma: around Lassa fever, and around mental health.”**

Direct contact with a patient’s bodily fluids is a potential health risk for everyone in the hospital. “One of the areas we have been working on is ensuring patients are isolated from the moment they enter the hospital, as a precaution for other patients and

In 2018, Médecins Sans Frontières supported the **training of 500 Nigerian staff in Lassa fever infection prevention and control measures**



PATIENTS WHO SURVIVE LASSA FEVER REPORT DIFFICULTIES **RELATED TO MOOD, ANXIETY AND COGNITION**



staff,” adds Malaika. “Staff need the tools to keep themselves safe – such as correct handwashing procedures and knowledge of how to apply and remove personal protective equipment (protective clothing). These tools also help remove their fear of working with the disease.”

### Mental health needs

Médecins Sans Frontières is also supporting the mental health side of the project, which provides psychological care for patients throughout their treatment and isolation period, as well as at home after discharge. If the patient doesn't survive, the team provides their family with grief support.

Alie Rodwell, a psychologist from Melbourne, is working as the Mental Health Activity Manager in Ebonyi. “The time during which the patient is isolated can be highly distressing for them,” says Alie. “They have little to no contact with others, besides healthcare staff in protective clothing. Many people are very religious here and being in isolation means they can't attend church like they usually would.” Due to the stigma around the disease, isolation –

in the form of social exclusion – can continue even once the patient has been discharged from the hospital.

As well as supporting the team of two counsellors and a Mental Health Supervisor to provide quality mental healthcare for patients, Alie also runs trainings, covering skills like counselling and grief work for the mental health team, and ways of communicating with people in distress for other medical staff. Nurses, for example, play an important role in making patients comfortable. “Simply making the effort to listen to the patient when you are in the room beside them can make a big difference,” says Malaika.

The common belief in the region is that Lassa fever is linked to wrongdoing by the person. At the same time, mental health remains highly misunderstood, as in many places around the world. “We are dealing with a double stigma: around Lassa fever, and around mental health,” says Alie. Quality, personal care and ongoing health education are essential to support people facing this disease.



Médecins Sans Frontières community educators raise awareness of Lassa fever in a village market in Ebonyi state.

## A PATIENT STORY



Mental Health Activity Manager Alie Rodwell recalls the story of a mother of twins, one of whom

died at home from suspected Lassa fever, while the other recovered after being treated at the Médecins Sans Frontières-supported hospital. The mother also underwent treatment after caring for her son.

“The mother understandably had a lot of fear of the disease, and was unhappy in isolation to the point that she told me she would leave the hospital. I had brought some Australian wool away with me; I showed her how to weave it around a piece of cardboard, and for the next week this was how she kept her mind occupied. She produced amazing weaving as well!

When she became well enough to be discharged, saying goodbye was a touching moment: she told me that without the weaving she would have walked out. It was great that we could support her to finish her treatment, and even though the family still has to work through their grief over their son's death, it stands out for me as a positive story.”

## WHAT IS LASSA FEVER?

Lassa fever is a viral haemorrhagic fever that spreads to humans through contact with infected *Mastomys* rats. Human-to-human transmission can also occur through direct contact with bodily fluids of an infected person.

NAME: **Dr Paras Valeh**

HOME: **Melbourne, VIC**



**Field role: Epidemiologist**

Our epidemiologists typically work in outbreak response and control, surveys and research. They may establish a surveillance system for a disease outbreak, conduct a mortality survey, or design and implement a monitoring and evaluation plan for targeted diseases.

**Médecins Sans Frontières Field Experience**

17 field placements, including:

2005 – 2006  
2011, 2012, 2014  
2016  
2018, 2019

South Sudan  
Chad  
Sierra Leone  
Democratic Republic of Congo

# “An epidemiologist is like a disease detective.”

**What led you to work with Médecins Sans Frontières?**

I can't remember a time when I hadn't heard about Médecins Sans Frontières. As a medical student in Melbourne in the 1990s, I experienced the peak of the HIV/AIDS epidemic in Australia. Globally, it was a terrifying disease, and when I saw that people with HIV/AIDS were dying from new viruses I decided I would specialise in infectious diseases. I met colleagues who had worked with Médecins Sans Frontières, and their humanity and dedication solidified my desire to do humanitarian work.

**What does an epidemiologist do?**

As in the movie *Contagion* [Ed: a 2011 release], an epidemiologist is like a disease detective. Epidemiology is a sub-speciality of public health medicine, looking at patterns of disease in large populations of people. This can include chronic disease like heart disease and cancers, but my interest lies in infectious disease epidemiology – particularly in outbreaks, where the work involves finding out where the outbreak started and where it has spread, so that it can be controlled and stopped.

**Your recent assignments took you to the Ebola outbreak in the Democratic Republic of Congo (DRC). What did the job involve?**

I first went to the DRC in May 2018, after Ebola cases were reported in Mbandaka, on the banks of the Congo river in Équateur province. I worked in surveillance – looking at the trends of the outbreak and predicting how it might evolve – while our medical team cared for patients in a treatment centre built in under two weeks. The epidemic was contained in three months, but then a second occurred in North Kivu. This outbreak is still ongoing. People in North Kivu have been living with violence, displacement and deprivation of healthcare for many years, and this



An epidemiology team speak with a family in Sierra Leone, during the Ebola outbreak in West Africa, 2015.

has contributed to making the outbreak a very complex humanitarian crisis.

In May 2018, the epidemic was already in a phase of increasingly active transmission when I arrived, and there was a real urgency to understand the situation as well as possible to set up the most appropriate response. So in North Kivu, our team of epidemiologists, water and sanitation experts and a medical coordinator worked in Goma – a massive city and transport hub for the region – and in Butembo to the north, to evaluate gaps in preparation for treating patients and how Médecins Sans Frontières could help address these. When the epidemic first reached Goma in August 2019, our teams were ready.

I also worked in surveillance in the town of Beni – one of the most active hotspots since early in the epidemic – trying to determine the chain of transmission, and modelling different scenarios to make sure we were prepared if there was a sudden influx of patients. Beni is in an area of active conflict, making it very difficult to find people with Ebola and trace their contacts. We had to work hard to understand where the disease was spreading.

**What stands out for you from this assignment?**

In Beni, I worked with a young local man, Germaine, a data entry operator. He did amazing work despite living in very difficult conditions. When violence targeting the Ebola response escalated in March 2019, I immediately thought of Germaine and his family. As international staff, we have a ticket, we say goodbye and many of us go back to comfortable lives. But for Congolese Médecins Sans Frontières colleagues, this is their home. I was humbled and grateful to work alongside them. Thankfully, Germaine is fine and we remain in contact.

**What does working with Médecins Sans Frontières mean to you?**

As Médecins Sans Frontières, we talk about what we see. This is important, especially in the context of the Ebola outbreak. Speaking out about our medical experience has contributed to recognition of the need to look at different strategies for controlling this outbreak – ones that bring Congolese communities to the centre of the response. We are not perfect, but we do take time to reflect and acknowledge where we can do better.



## CURRENTLY IN THE FIELD

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.

### AFGHANISTAN

**Prue Coakley**  
Head of Mission  
Enmore, NSW

**John Cooper**  
Logistics Team  
Leader  
Avalon, NZ

**Jeffrey Fischer**  
Construction  
Manager  
Healesville, VIC

**Kimberly Morris**  
Nursing Team  
Supervisor  
Redfern, NSW

**Jessica Vanderwal**  
Nursing Activity  
Manager  
Hayborough, SA

### CAMEROON

**Matthew Gosney**  
Project Finance/  
HR Manager  
Brisbane, QLD

### CENTRAL AFRICAN REPUBLIC

**Patrick Brown**  
Water Sanitation  
Manager  
Kaleen, ACT

**Lisa Searle**  
Project Medical  
Referent  
Huonville, TAS

### DEMOCRATIC REPUBLIC OF CONGO

**James Ricciardone**  
Specialised  
Medical Doctor  
Tuart Hill, WA

**Heidi Woods  
Lehnen**  
Nursing Activity  
Manager  
Taroona, TAS

### ETHIOPIA

**Trudy Rosenwald**  
Mental Health  
Activity Manager  
Mount Helena, WA

**Linda Pearson**  
Project  
Coordinator  
Auckland, NZ

### INDIA

**Stobdan Kalon**  
Deputy Head of  
Mission  
Leeton, NSW

### IRAQ

**Ben Collard**  
Deputy Head of  
Mission  
Corrimal, NSW

**Kaitlin Daw**  
Medical Activity  
Manager  
Bondi, NSW

**Kate Goulding**  
ER Doctor  
Katunga, VIC

**Birgit Krickl**  
Mental Health  
Activity Manager  
Tauranga, NZ

**Virginia Lee**  
Mental Health  
Activity Manager  
Lindfield, NSW

**Britta Walker**  
Mental Health  
Activity Manager  
Lyneham, ACT

**Rose Wilson**  
Nursing Activity  
Manager  
Brunswick, VIC

### JORDAN

**Devash Naidoo**  
Psychologist  
Auckland, NZ

**Janthimala Price**  
Project  
Coordinator  
Penrith, NSW

### KENYA

**Lucy Butler**  
Project Finance/  
HR Manager  
Waipawa, NZ

**Frederick Cutts**  
Regional  
Technical  
Referent  
Somerville, VIC

**Reinhard Hohl**  
Construction  
Manager  
Kirribilli, NSW

**Hazel Singh**  
Personnel  
Development  
Manager  
Bronte, NSW

**Kerryn Whittaker**  
Logistics  
Manager  
Auckland, NZ

### LEBANON

**Rachel Robertson**  
Medical Doctor  
Queenstown, NZ

### LIBERIA

**Llewella Jane  
Butland**  
Paediatrician  
Turrumurra, NSW

### MALAWI

**Lucinda Caffin**  
Project Finance/  
HR Manager  
East Ballina, NSW

### MYANMAR

**Jennifer  
Duncombe**  
Project  
Coordinator  
Coal Point, NSW

**Nastaran Rafiei**  
Medical Activity  
Manager  
Brookfield, QLD

### NIGERIA

**Corinne Baker**  
Project  
Coordinator  
Glenhaven, NSW

**Malaika El Amrani**  
Nursing Team  
Supervisor  
Napier South, NZ

**James Neeson**  
Project Supply  
Chain Manager  
Balliang, VIC

**Steven Purbrick**  
Deputy Head of  
Mission  
Jeeralang  
Junction, VIC

**Alexandra  
Rodwell**  
Mental Health  
Activity Manager  
Moonee Beach,  
NSW

**Jeanne Vidal**  
Deputy  
Coordinator  
In Charge of  
Logistics  
Caroline Springs,  
VIC

### PAKISTAN

**Jenny Yang**  
Obstetrician  
Gynaecologist  
Erskineville, NSW

### PALESTINE

**Chloe Basford**  
Nursing Team  
Supervisor  
Woodside, SA

**Lisa Noonan**  
Specialised  
Medical Doctor  
Kirribilli, NSW

**Kerrie-Lee  
Robertson**  
Finance  
Coordinator  
Cabarita Beach,  
NSW

**Simone Silberberg**  
Deputy Medical  
Coordinator  
Killarney Vale,  
NSW

### PHILIPPINES

**William Johnson**  
Regional  
Technical  
Referent  
Padstow Heights,  
NSW

### SIERRA LEONE

**David Danby**  
Electricity  
Manager  
East Fremantle, WA

### SOUTH AFRICA

**Janine Issa**  
Midwife Activity  
Manager  
Riverview, NSW

**Ellen Kamara**  
Project  
Coordinator  
Beerwah, QLD

### SOUTH SUDAN

**Cushla Coffey**  
Epidemiology  
Activity Manager  
Highgate hill, QLD

**Renee Collisson**  
Nurse Specialist  
Supervisor  
St Kilda, VIC

### Tanyth De Gooyer

Epidemiology  
Activity Manager  
South Yarra, VIC

**Jairam Kamala  
Ramakrishnan**  
Psychiatrist  
Auckland, NZ

**Thomas Niccol**  
Medical Doctor  
Canowndra, NSW

**Rowan Pollock**  
Project Pharmacy  
Manager  
Christchurch, NZ

**Vino Ramasamy**  
HR Coordinator  
West Perth, WA

**Stephanie Sarta**  
Deputy  
Coordinator  
In Charge of  
Logistics  
Middle Park, QLD

**Amanda Skene**  
Midwife Activity  
Manager  
Wavell Heights,  
QLD

### SUDAN

**Debra Hall**  
Midwife Activity  
Manager  
Manunda, QLD

### SYRIA

**Michael Hering**  
Logistics  
Coordinator  
Kingsbury, VIC

**Sally Thomas**  
Project  
Coordinator  
Newtown, NSW

### TANZANIA

**Peter Clausen**  
Head of Mission  
Thornlands, QLD

### UGANDA

**Gemma Arthurson**  
Logistics  
Manager  
Fitzroy, VIC

**Kate Edmonds**  
Medical Activity  
Manager  
Auburn, SA

### UZBEKISTAN

**Tasnim Hasan**  
Medical Doctor  
Baulkham Hills,  
NSW

### YEMEN

**Susan Bucknell**  
Logistics Team  
Leader  
Sutherland, NSW

**Janine Evans**  
Paediatric Nurse  
Trainer  
Hughesdale, VIC

**Angela Keating**  
Project Finance/  
HR Manager  
Parkville, VIC

### VARIOUS

**Claire Manera**  
Head of Mission  
Mount Pleasant,  
WA

**Kiera Sargeant**  
Deputy Medical  
Coordinator  
Beachport, SA

# WE RECRUIT EXPERIENCED EPIDEMIOLOGISTS

Interested?  [msf.org.au/yes](https://msf.org.au/yes)



A Médecins Sans Frontières nurse changes the dressing of a patient who is in isolation while being treated for a drug resistant infection in a hospital in Gaza.