# Dispatches

Winter 2018
No. 91

## First day on the job

Iraq

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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

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*Médecins Sans Frontières/Doctors Without Borders (MSF) is a leading independent humanitarian organisation for emergency medical aid. In more than 70 countries worldwide, MSF provides relief to the victims of war, natural disasters and epidemics irrespective of race, religion, gender or political affiliation. MSF was awarded the 1999 Nobel Peace Prize.*



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# Striking back at snakebite

**3,000 SNAKEBITE VICTIMS TREATED BY MSF IN 2017**

MSF nurses Claire and Mutola dress seven-year-old Kabiru's suspected snakebite wound, in Goronyo, Nigeria. Photograph © Lindsey Mackenzie/ MSF

Every year, an estimated 2.7 million people are bitten by venomous snakes, resulting in more than 100,000 deaths, and life-long disfigurement and disability for 400,000 more.

Although effective treatment exists for poisoning from snakebite, people in many parts of the world can't access it.

MSF teams witness the devastating impact of snakebite on victims, their families and communities in many of the places we work. In 2017, more than 3,000 people were admitted to MSF-supported hospitals for snakebite treatment, mostly in sub-Saharan Africa and the Middle East.

"The vast majority of patients are from rural areas and areas affected by conflict," says Dr Gabriel Alcoba, MSF's medical adviser for snakebite.

"Imagine how frightening it must be to be bitten by a snake – to feel the pain and venom spread through your body – knowing it may kill you and there is no treatment available, or that you can't afford to pay for it."

## NEW ANTIVENOMS

However, there is hope. In 2017, the World Health Organization (WHO) placed snakebite on its list of the world's most neglected diseases. With this renewed focus on snakebite, MSF is calling for the development of new antivenoms, and for a new approach to treatment that involves effective prevention, diagnosis, education and health surveillance.

"We now have an opportunity to end the terrible neglect and needless suffering caused by snakebite," says Dr Alcoba. "By working together, we can deliver lifesaving treatment."

Find out more about MSF's snakebite campaign at msf.ie/snakebite

**Snakebite kills 40 times more people each year than landmines** and leaves 60 times more people with severe and permanent disabilities.


**Snakebite can kill or cause permanent disability.** Victims can suffer from respiratory paralysis, suffocation, kidney failure and severe tissue damage that can require amputation.

**Antivenoms can cost hundreds of dollars.** High prices mean patients turn to more affordable antivenoms; however, some of these are substandard, toxic or ineffective.

UZBEKISTAN, BELARUS, SOUTH AFRICA

# Breakthrough tuberculosis trial

**Bern-Thomas Nyang'wa** leads the *TB-PRACTECAL* clinical trial. The study is evaluating new approaches to combat multi-drug-resistant tuberculosis (TB) – a strain of the disease that does not respond to regular antibiotics and can require an arduous two-year treatment.

"This month, in the city of Nukus, Uzbekistan, something special happened. We began treating our 100th patient as part of our clinical trial, TB-PRACTECAL.

Bibizada* is one of an estimated 600,000 people worldwide living with multi-drug-resistant or extremely drug-resistant TB. She has agreed to participate in our trial, which is looking for more effective, less toxic, shorter treatment programmes for these forms of the disease.

During her time with TB-PRACTECAL, Bibizada will take a combination of drugs (including bedaquiline and pretomanid) under the expert care of our team. For now, she says she's feeling better since she started her treatment. After a few hours of rest in the morning, she's been taking walks in the fresh air and chatting with other patients.

## THE END OF TERRIBLE SIDE EFFECTS

We decided to run this trial because, despite so many people currently living with multi- and extremely drug-resistant TB, there's been nowhere near enough investment in finding better treatments for them.

The side-effects of the current standard treatment can be worse than the disease itself: nausea, headaches, deafness, even psychosis. Patients take up to 20 pills a day, alongside painful injections, and treatment can last more than two years.

During that time, some patients are unable to go to work, socialise, or even visit public places. Their lives are put on hold.

And after all that, only about half of patients are cured. It's not good enough. That's why MSF took the decision to launch this trial.

## WE HAVE LOTS OF WORK TO DO

The trial is happening in three countries: Belarus, South Africa and Uzbekistan. We still have lots of work to do – we'll be recruiting 630 patients to the trial in total. We're expecting the final results in 2021.

We're proud to have reached the milestone of treating our 100th patient. It's a good step on the way to improving the lives of people struggling with this disease."

**Name has been changed.*

msf.ie/tb-practecal

Photograph © MSF/Laurence Hoenig

NIGER

In the paediatric unit stabilisation room at the Magaria district hospital, the MSF team administer an intravenous catheter.

msf.ie/niger

Photograph © Elise Mertens/MSF

CENTRAL AFRICAN REPUBLIC

An MSF physiotherapist helps Jean-Noël regain mobility at the SICA hospital in Bangui, following a serious road accident where he fractured his kneecap.

msf.ie/car

Photograph © Nyani Quarmyne/MSF

MAURITANIA

Faya Walet Alfaki with her children in the outpatient malnutrition centre at the MSF hospital in the Mbera refugee camp, Mauritania.

msf.ie/mauritania

Photograph © Gabriele François Casini/MSF

ETHIOPIA

A child is vaccinated against measles at the Kedida health centre, as part of a mass vaccination campaign organised by MSF and the regional health authorities.

msf.ie/ethiopia

DEMOCRATIC REPUBLIC OF CONGO

# Ebola outbreak

On 2 August, an Ebola outbreak was declared in North Kivu, in eastern Democratic Republic of Congo (DRC). **Patient Kamavu** is a nurse working on the frontline of the outbreak.

"Our team of four nurses arrived at the local health centre in the epicentre of the outbreak on 4 August. We knew we had to act fast. We saw that the centre was overwhelmed. They were doing their best, but the patients were all together in one ward and weren't properly isolated. Staff and visitors were moving in and out of the centre.

This would be problematic in a normal clinic, but during an Ebola outbreak, it's especially dangerous. Without proper hygiene, health staff can easily get infected and then spread the virus further.

**I wouldn't say we were frightened of going back in, just a little nervous. The working conditions were unsafe, but we could see people were dying so we had to help.**

At the time, the local staff were only using light protective equipment and clothing. So the first thing we did was give them the right protective equipment and teach them how to use it.

Then we established a fixed circuit for staff and patients to guide the flow of people through the centre. Having the right processes in place is vital when you're treating Ebola. It cuts down the risk of cross-contamination and makes the work safer for everyone.

One such process is establishing a set order for the day. We organised regular ward rounds and made sure there were staff present day and night. We ensured there were always three staff at the triage point in front of the hospital and taught them how to identify patients who might be infected with Ebola. It's vital that those patients are isolated before they can enter the general wards and possibly spread the infection.

We also set up a case investigation process for everybody who came through the triage point with Ebola-like symptoms. We made sure forms with contact details were filled out, so our teams in the community could monitor contacts and identify whether the virus was spreading.

## WE DANCE WHEN PATIENTS ARE CURED

When we see patients walk out cured, we dance. We are just so happy. I'm very proud of the work we have done. It's been hard, but we've achieved good results. My DRC is full of people who are capable of doing amazing things. We just need the support."

msf.ie/ebola

INDONESIA

# Tsunami emergency update

On 28 September, an earthquake and tsunami hit the Indonesian island of Sulawesi. As of 4 October, 1,581 people have been confirmed killed, 2,549 seriously injured, and 71,000 people displaced.

An MSF team, composed of medical, logistics and water and sanitation specialists, arrived on the afternoon of Tuesday 2 October. In collaboration with the Ministry of Health, the teams have been running mobile clinics, restocking medicines, providing mental health support and ensuring people have access to clean water.

For the latest updates visit **msf.ie/indonesia**

Top left: MSF nurse Seraphine and her colleagues in the Pool D'urgence de Congo team prepare to go into the high-risk zone at the Ebola treatment centre in North Kivu. Photograph © Carl Theunis/MSF

Above: A ship was stranded in Wani Port, 25 km from Palu City, as a result of the earthquake and tsunami that hit the area on 28 September. There were 118 casualties reported at the port. Photograph © Tommy Onsent/MSF

DEMOCRATIC REPUBLIC OF CONGO

**146**
confirmed cases

**80**
deaths

**74**
patients treated by MSF

## More than 60 babies born each day, 500 deliveries a week...

# Welcome to the world's busiest maternity ward

There is a hospital in Khost, in eastern Afghanistan, not far from the Pakistani border, where MSF midwives and doctors have helped bring more than 100,000 babies into the world.

As taking photographs and videos is extremely restricted inside, MSF sent illustrator **Aurélie Neyret** to document the vital, lifesaving work of this unique, women-only facility.





HERE ARE YOUR ADMISSION SLIPS, DON'T LOSE THEM.

PLEASE FOLLOW MY COLLEAGUE, SHE WILL TAKE YOU TO THE LABOUR ROOM FOR HIGHER-RISK PATIENTS.

**Dr Séverine Caluwaerts,** an obstetrician from Belgium, has worked in MSF's Khost maternity hospital nine times in the past six years. Séverine was there to witness the first baby born on the ward, and again earlier this year when the team celebrated its 100,000th birth. She remembers the morning a woman was brought to the hospital, unresponsive and bleeding profusely...

"She arrives at the hospital after delivering her 11th child at home. She started bleeding during the night, the placenta still stuck inside her. She should have received care hours ago, when the bleeding first started. But it was too dangerous to travel at night. Her family had no choice but to hold on for a few more hours until first light, when they were able to drive to hospital.

As she is rushed through the gates, pale and completely breathless, I take one look at her and think she is already dead. But still, we have to try and save her.

We rush her into the stabilisation room – I can't feel a pulse and her blood pressure is non-existent. We try to resuscitate her. I plan to stop in 20 minutes – I can see it's no use. She's already gone.

This is so sad, I think to myself; she will die under my hands, leaving 11 children behind at home. When a mother dies, it's not just her life, but the lives of her children and the life of her husband that are shattered too. Everybody is affected. A mother, a woman, has a huge impact on the family.

Then, suddenly, I felt a very weak pulse. We quickly give her a blood transfusion, then a second and third, until four units have been pumped into her. Her blood pressure starts to rise and we rush her into the operating theatre. She is bleeding profusely. We have no choice but to remove her uterus.

Miraculously, she starts to improve. She starts to stabilise. The bleeding slows, then stops. In the end, we give her 10 units of blood just to keep her alive.

**She goes home five days later, and I still can't believe it. I never thought she would make it. But she survived – a fighter, like so many of the women I've met in Afghanistan.**

This woman's story is not uncommon in Khost. The extraordinary happens every day on the MSF maternity ward. I've been coming back

"Then, suddenly, a very weak pulse. We give her a blood transfusion... and rush her into the operating theatre."


Below: Scenes from *Hila: Born in Afghanistan*, a graphic novel charting one day at the MSF maternity hospital in Khost, drawn by Aurélie Neyret. Photograph © Aurelie Neyret/ MSF


to work in the hospital nine times since we first opened our doors in 2012 and it holds a very special place in my heart.

I saw the first baby born here, and now 2,000 women come through our doors every month to give birth. Earlier this year we celebrated 100,000 babies born here. It is MSF's busiest maternity hospital in the world.

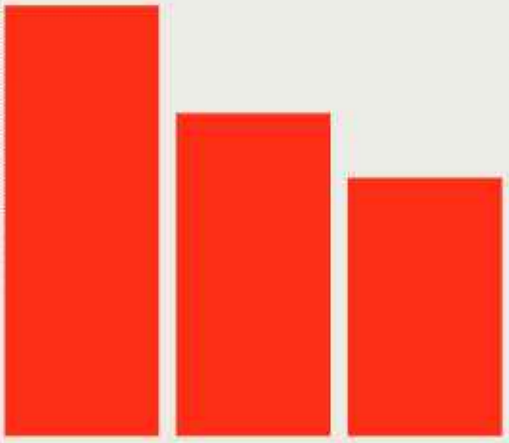
## A HOSPITAL FOR WOMEN, BY WOMEN

Afghanistan remains one of the most dangerous places in the world to give birth. When MSF first came to Khost province, we found that many women and babies were dying needlessly, simply because they could not get the medical care they needed. Back in 2012, there was a severe lack of qualified staff, and mothers and babies were dying of preventable and treatable conditions.

But MSF is offering more than just quality, free-of-charge care for pregnant women and babies in Khost. It's a hospital of women, for women. Almost all of our staff are female. This is incredibly important in this area of Afghanistan: there is a strict separation of the sexes which must be upheld, especially on a maternity ward.

From the moment they step through our doors, we want patients to feel at ease. It's a place where families know their wives, mothers, sisters and daughters will be safe. Our Afghan colleagues

### How busy is busy?



| 2,000 | 1,500 | 1,200 |
|---|---|---|
| MSF Hospital, Khost, Afghanistan | Busiest maternity ward in Cairo, Egypt | Busiest maternity ward in New York, USA |

### It's equal to:


| 500 | 64 | 2.66 |
|---|---|---|
| per week | per day | per hour |

"Afghanistan remains one of the most dangerous places in the world to give birth."


feel responsible for their patients and treat them like family. They say things like, "My sister, I will take care of you." And quite often, they are actually family, as our staff encourage their sisters and other relatives to come to deliver at the hospital too.

There's a feeling of openness inside the ward: women can remove their burqas, they can show their hair, they can breastfeed their babies. This is because there are no men on the ward: it's women taking care of women.

## IF YOU PLANT SEEDS, YOU WILL GROW FLOWERS

MSF is also one of the largest employers of women in Khost: we employ 431 people, the majority of them women, some who had never had jobs before. We've hired female cleaners, nurses, midwives, nannies and doctors.

Many of our staff have families of their own and are often the primary caregivers. So they don't have to stop working, we run a nursery at the hospital with free childcare. It's great for us because we retain really valuable staff, but it also gives women the opportunity to keep on working, even when they have small children at home.

So many of our female staff are eager to learn new skills and gain qualifications: midwives become doctors; receptionists become midwives; cleaners become receptionists.

> "There's a feeling of openness inside the ward: women can remove their burqas, they can show their hair."

That's why it's so wonderful to keep returning: I see the doctors I taught to do caesarean sections doing the procedure by themselves, confidently, only one year later, with no need for help from me. You plant seeds, you get flowers and the occasional rose.

## HOPE FOR THE FUTURE

Working in Khost has changed my life. It has been a real privilege to see the beautiful aspects of the Afghan culture. I have met some wonderful, strong women who are trying to make a difference in their communities. We all have so many things in common, more than all of our differences. I felt this more than ever in Afghanistan.

I am so proud of the work MSF is doing in Khost: the hospital is offering real hope to the community, and our work across the country is having an impact on reducing the number of neo-natal and maternal deaths.

Perhaps that's why so many women here name their daughters 'Hila'. It means hope; hope for a better future, for Afghanistan, for children and for women. Because they have hope, I also have hope that one day things will be better. Not yet, but one day. I have hope."

**Find out more**

Read the full comic at msf.ie/hila

# Thrown in the deep end

**Martin Kašpar** is a Czech surgeon currently on his first assignment with MSF in the city of Al Qayyarah, in Iraq. He recounts a dramatic first day on the job...

"You might wonder how quickly you adapt when you start working with MSF? Very quickly, it turns out.

Suddenly, you are in a brand-new world, where a few containers bolted together like a Lego set form a hospital. Inside, these containers became an emergency room, intensive care unit, a patient burns unit, male, female and paediatric units, and two operating theatres, serving an area populated by around 250,000 people.

When I first arrived, I was a bit stunned and wanted to ask some questions. But there was no time.

A young man had been waiting in the emergency room since the previous night. His right hand had been injured by an engine propeller. My colleague from Japan had been called to another emergency case, so it was my turn. There's no place for complex reconstructive surgery in an MSF project like this. All the work must be done simply and to maximum effect. I got to work and patched up his hand.

A short while later, a little nine-year-old girl, who had been in a car crash, was rushed in with injuries to her face and mouth.

I tried to fix her wounds as best I could. I didn't even ask how the others were doing; there are often whole families travelling in cars, with more passengers than the car can safely carry.

## THREE BROTHERS AND A BOMB

My first day at work happened to be during Eid – the long-awaited

**Left: MSF medics treat a teenager with a bullet wound at the Al Qayyara hospital, 60 km south of Mosul.** Photograph © Javier Rius Trigueros/ MSF.



"There's nothing hard to understand about why MSF is here. Everybody who arrives – regardless of their race, ethnic origin, religious or political belief – is simply a patient."

Top: MSF staff at the Al Qayyara hospital prepare a patient with a cranial injury for transfer to a hospital in Erbil.

Bottom: The MSF emergency room team treat an infant suffering from pneumonia at the Al Qayyara hospital.

Photograph © Javier Rius Trigueros/MSF

celebration to mark the end of Ramadan – an opportunity for Muslims to celebrate the end of the holy month together with their families. Even during the morning rounds, the ward was in a festive mood.

Unfortunately, not everybody celebrates the day. Somebody had placed a bomb on a road approximately 50 kilometres from our hospital.

Pedestrians and cars had used this road every day for several months since Mosul was taken by the Iraqi army.

Unfortunately, three brothers walked by the device that morning.

One brother died immediately. Another died a few hours after arriving in our hospital's emergency unit. I operated on the last brother. It was a long and difficult surgery, and even now, I find it upsetting to describe in detail.

But now, a couple of days later, the boy's intestines are now holding together, his lungs are working, his legs are intact, and although some pieces of shrapnel could not be removed, they will not bother him in the future.

## SIMPLY A PATIENT

Even if my assignment had ended on that very first day, there would still be so many things I'll never forget.

What's happening outside the hospital door, and why it is happening, is difficult to understand. But inside, there's nothing hard to understand about why MSF is here. Everybody who arrives – regardless of their race, ethnic origin, religious or political belief – is simply a patient."

**Find out more**

To read more blogs visit: **blogs.msf.org**

# I catch mosquitoes to fight malaria

In the Gambella region of Ethiopia, on the border with South Sudan, malaria is endemic. In 2017, MSF treated more than 72,000 people with malaria in this region. Most were South Sudanese refugees living in scattered camps along the border.

In a bid to reduce the number of infections, MSF brought in **Jeanine Loonen**, an entomologist (a scientist who studies insects). Her job: identify the types of mosquitoes that live in the area and determine which insecticides to use against them.

Above left: Jeanine explains the mosquito traps which the outreach workers will distribute to selected refugee households. Above right: Jeanine distributes mosquito traps to the community outreach teams, which they will then give to refugee households. Opposite top: Children from the camp join Jeanine in catching mosquito larvae. Opposite bottom: Some different types of mosquitoes caught in the refugee camp. Photographs © Gabriele François Casini/MSF

**"To find out which species are in the area, we placed mosquito traps in randomly selected shelters around the camps.** We installed the traps next to beds, so that the mosquitoes would be attracted by the sleeping people. However, they are actually sucked into traps that are equipped with a light and a fan. The next morning, we collected the traps and took them to the lab, to see what kind of mosquitoes were caught during the night.

**So far, we have identified three different species of mosquito** in the Gambella area: culex mosquitoes – which can be carriers for Japanese encephalitis; anopheles mosquitoes – carriers for malaria; and aedes mosquitoes – which can carry the dengue, chikungunya and Zika viruses.

**Working out which insecticides are effective involves collecting mosquito larvae from breeding sites around the camps.** We grow the larvae into adult mosquitoes in our lab so we can study them.

First, we put mosquitoes in a tube with insecticide-impregnated paper for one hour to see how many die and how many survive. This helps us understand whether the insecticide is effective.

The second experiment tests how effective mosquito nets and surfaces that have been sprayed with insecticide will be against them. We expose the mosquitoes to the mosquito net or to a wall to see if the chemicals used will kill them. The study will test 14 different types of insecticide.

**My cages were custom-made by my dad and sister.** My dad created the frame, while my sister weaved the nets that keep the mosquitoes trapped. They aren't entomologists, but they are very resourceful.

**After the field study, we take the samples back to the Netherlands,** to identify the various sub-species we collected and determine whether they are carrying any parasites or viruses. This allows us to create maps with hotspots of malaria transmission and guarantees we use the right insecticide and bed net type.

**I love being an entomologist with MSF.** The work is fascinating. It's always fun to arrive in a project and have people ask, "Why is an entomologist working for MSF?" When you start explaining what you're doing, people are really interested.

**I decided to study entomology, and mosquitoes in particular, after my mother was infected with dengue fever.** I am determined to contribute to the eradication of these types of diseases. It was my dream and now I find myself working for MSF, helping so many people."

## MSF'S Irish Field staff

**Afghanistan** Sarah Campbell, *Obstetrician*, Co. Cork

**Bangladesh** Daniel Crowell, *Watsan Manager*, Co. Dublin
Mary Flanagan, *Medical Activity Manager*, Co. Westmeath
Clare Abdel-Basit, *Health Promoter Activity Manager*, Co. Kildare

**Honduras** Samuel Almeida, *Advocacy Manager*, Co. Dublin

**Ethiopia** Federica Crickmar, *HR/Finance Project Manager*, Co. Dublin

**Greece** Declan Barry, *Medical Co-Ordinator*, Co. Longford

**Jordan** Eve Bruce, *Deputy Medical Coordinator*, Co. Kerry
John Roche, *Logistics Finance/HR Manager*, Co. Limerick

**Yemen** Rachel Fletcher, *Hospital Coordinator*, Co. Dublin
Alex Dunne, *Humanitarian Affairs Officer*, Co. Dublin

**Iraq** Ismail Inan, *Logistics Manager*, Co. Dublin/Turkey
Michael Galvin, *ER Doctor*, Co. Limerick

**South Sudan** John Maheady, *Logistics Manager*, Co. Meath
Jennifer Collins, *Nursing Activity Manager*, Co. Dublin

**Uzbekistan** Louise McKenna, *Medical Doctor*, Co. Donegal

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By leaving MSF a gift in your Will, you can help us save lives.

To find out how you can continue your support for MSF's work this way, please contact **Colm Dolan** at **01-2815184** or **colm.dolan@dublin.msf.org**

# Some patients you remember forever

**Heidi Wikström** is a Finnish surgeon in the Abyei Special Administrative Area – a disputed region between Sudan and South Sudan – where MSF operates the area's only healthcare facility.

The inpatient department at the MSF Hospital in Agok, the only secondary healthcare facility in the Abyei Special Administrative Area. Photograph © Peter Bauza

"What is the most difficult part of being a field surgeon? It isn't simply that you see so many patients with terrible injuries and diseases you cannot cure. It's having to process the once-in-a-lifetime emotional experiences. During my seven-week assignment, I met hundreds of people. Most, I will probably never see again, but many of them I will never forget.

There was a 31-year-old woman called Ayak* who was on the surgical ward when I arrived in Agok.

She was seriously ill with a post-caesarean section infection in her abdominal cavity. She was septic and looked very unwell when I saw her for the first time.

## THE BOGOTA BAG

Everyone was convinced she was not going to make it. She had been operated on many times already; during my first week in Agok I operated on her twice.

After the second operation, she had a 'Bogota bag' fitted. A Bogota bag is a sterile plastic bag placed over an abdominal wound so it can be left open. This is done when all other means to control an infection have failed. Patients with Bogota bags are always critically ill.

Ayak became my personal patient, as I had made the decision to put her on open abdomen treatment. I also changed her dressing most days.

She had many issues and, despite being on enhanced nutrition, steadily lost weight.

**Her skin became very sensitive. Every day I changed her dressings, cleaned her, and tried not to cause her too much pain.**

I knew she was suffering and I felt strangely guilty about my unsuccessful efforts to help. Then, one day she grabbed my arm when I was cleaning her. She looked at me and said she would allow no one else to do this but me.

After weeks of wavering at the crossroads between death and recovery, she began to improve. One day, astonishingly, she weighed more than she had two days earlier.

A few days later I arrived on the ward to learn she had been walking outside and had watched some television. Our smart Austrian nurse had fashioned a special corset for her that she could wear when not lying in bed, which seemed to work quite well.

Soon Ayak was well enough that every morning, after a dressing change, she would put on her corset and go outside to sit in the shade and socialise with other patients and visitors.

## SAYING GOODBYE

When we first met, Ayak always looked very sad when her baby was

brought to her. By the end of my time at the project, this had changed completely. Now, it was such a delight to see her surrounded by family with her baby boy in her lap.

The looks on her family's faces had changed, and the tension I once felt when explaining to them the complicated facts about Ayak's situation had vanished.

I don't like goodbyes. I often feel awkward and can't find anything appropriate to say. But it was different with Ayak.

I bought her small son some clothes from the market and took some pictures of Ayak and her family.

In truth, I will most likely never see her again. But at least I can go back and find that photograph, take a good look at it every once in a while, and be amazed at how different people – from unlikely parts of the world – can govern corners of my heart."

**Name has been changed*

"After weeks of wavering at the crossroads between death and recovery, she began to improve. One day, astonishingly, she weighed more than she had two days earlier."

**Find out more**

msf.ie/surgery

Top: Mother Adeck with her malnourished baby in the inpatient therapeutic feeding centre at the MSF hospital in Agok.

Bottom: The team at the MSF hospital in Agok treat 12-year-old Nyuol Makuch's severely infected leg.

Photographs © Peter Bauza

## Dr Mark Sherlock is an Irish doctor working as the medical director in the MSF hospital in Aweil, South Sudan.

**What's been the best thing about working in South Sudan?**

"There have been so many things. At times it's been horrifically tiring and difficult, and often I've just wanted to run away. But it's also been incredibly interesting both personally and from a medical point of view. The medicine here is fascinating; you find ailments and diseases that you just don't see anywhere else in the world. But more than that, it's so rewarding to provide healthcare to people who really need and appreciate it. This is one of MSF's largest projects. If we weren't here, you'd have a population of 1.4 million people without any healthcare at all. That makes everything worthwhile."

**Is there one patient who has really stayed with you?**

"There was a six-year-old boy who came to us with a collapsed lung. We put a chest tube in to fix the problem, but he got so sick that he was in our ICU for two weeks. His body swelled up and he couldn't lie down because he was having so much difficulty breathing. We carried on caring for him and, after two weeks of intensive treatment, he was able to walk out of the hospital with a big smile on his face. He was a great kid. Now, he reminds me that sometimes it's the simple interventions that can save a life."

**What is your team like?**

"Fantastic. One of the things I love about MSF is how it brings together people from all over the world, puts them in a location and sets them to work. You end up forming close bonds with national and international staff; you all work hard together to get the job done."

**What do you take on assignment?**

"My glasses. Because, you know, I can't see without them. I know lots of people have weird things they like to take, like favourite pillows or Egyptian cotton sheets, but I think I'm a bit more low-maintenance than that. Although this time around I did take a USB-powered fan to clip onto my mosquito net at night…"

**What's most impressed you during your time in South Sudan?**

"The people here are so resilient. Conflict has been going on for decades, but people always come to the hospital with a smile on their face and they always want to talk. I just hope that strength will see them through the coming years and they will finally get to live the peaceful lives they've dreamed of.

South Sudan is one of those places you don't hear so much about back home, but it's a place that still desperately needs help. The world may have forgotten South Sudan, but MSF hasn't. I'm proud we're here."

Read more about Mark's work in South Sudan at **msf.ie/southsudan**

# My hope is that we're restoring some dignity

It has been a year since the first groups of Rohingya fled Myanmar. Now, 919,000 Rohingya refugees are living in desperate conditions in camps across the border in Cox's Bazar, Bangladesh. **Jonathan Skillen** is a Canadian nurse and the medical team leader for MSF's emergency response in the Balukhali refugee camp, where teams are gearing up for the rainy season...

"Now that we're in the rainy season, we've begun to see a lot of acute watery diarrhoea, especially in children under five, but also among adults. Today I was in the diarrhoea treatment unit. Three new adult patients were admitted who have all been sick for the past few days with diarrhoea, to the point where it became life-threatening. We're having to give people litres of IV fluid to resuscitate them. The team have been doing a great job and we've successfully treated a lot of patients.

## PEOPLE ARE LITERALLY EVERYWHERE

It's difficult to understand the situation people are living in here in the camp without actually seeing it. Families of five to 10 people living on top of each other. No open space other than the road you're walking on. People are literally everywhere.

When you put close to a million people in such a tiny space, diseases spread very quickly. We've already seen outbreaks of measles and diphtheria, and we're looking at the spread of mumps right now.

A lot of work has been done to improve water and proper sanitation in the camp, but it's still not perfect. The latrines that people use are eroding in the rain now that monsoon season is with us, and there's a lot of standing water that's probably quite contaminated. All of that leads to a situation where waterborne diseases can spread quickly.

## SAVING LIVES EVERY DAY

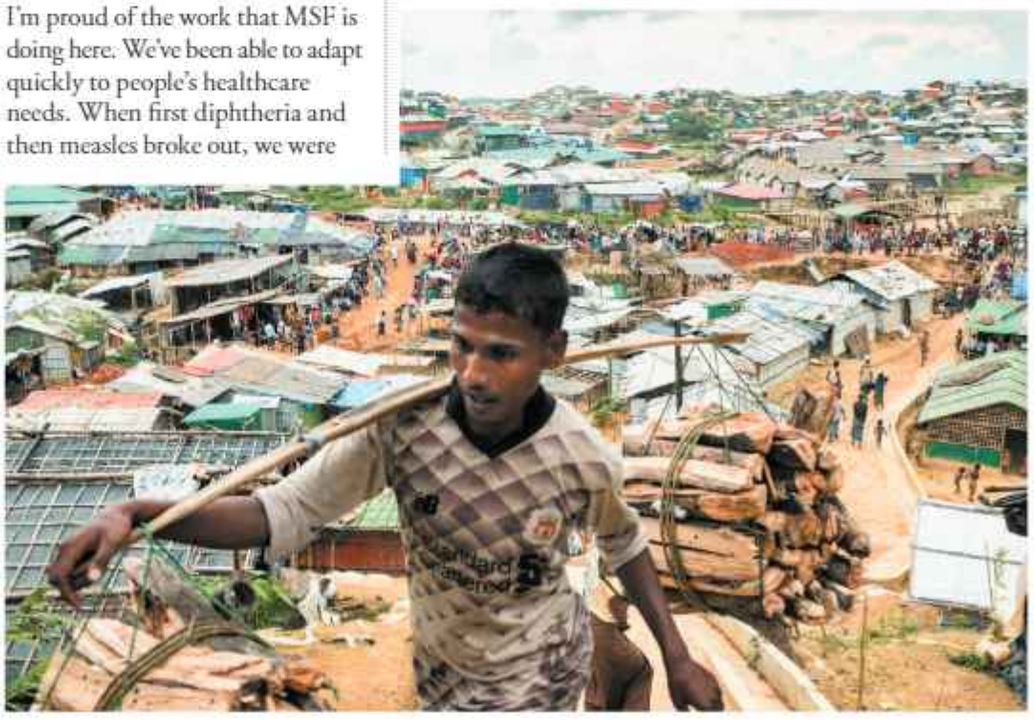
Despite the conditions, I think people in the camps feel safe right now. Myanmar is only a few kilometres away, but people want to stay where they are, safe with their families.

I'm proud of the work that MSF is doing here. We've been able to adapt quickly to people's healthcare needs. When first diphtheria and then measles broke out, we were able to react quickly and treat people right away. It's been fantastic to see staff and experts from all over the world come here and work tirelessly to provide high-quality healthcare for these people.

The difference that MSF is making by being here is not only about saving lives every day. We're also providing emergency services, inpatient and outpatient treatment, care and counselling to survivors of sexual violence, and much more. My hope is that we're restoring some dignity to the lives of people who have had everything taken from them. We're here to help, and to let them know that we see them and care about what's happening to them."

**Find out more**

msf.ie/rohingya



A Rohingya man carries wood through the Kutupalong-Balu Khali mega-camp, in Cox's Bazar District. Photograph © Robin Hammond

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