

THE PULSE

BRINGING MEDICAL HUMANITARIAN ACTION TO YOU



MAY 2015

MEDICAL CARE UNDER SIEGE

EMERGENCY HEALTHCARE
IN THE SYRIAN CIVIL WAR

Preventive care

VACCINATING REFUGEES IN SOUTH SUDAN



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EBOLA IN
SIERRA LEONE



SEXUAL
VIOLENCE IN
SWAZILAND



CRISIS
IN SYRIA



BY PAUL MCPHUN



The northern city of Aleppo has been subject to almost daily bombings, making access to healthcare almost impossible.

EDITORIAL

Syria's background noise is deafening



As we enter the fifth year of war in Syria, we are constantly reminded of how frustrating it can be to get the world's attention.

It's all too easy when reflecting on humanitarian issues today to portray everything as bigger, more complex, more compelling and disastrous than in the past. And there is a risk, with mobile phones in the hands of every victim and a 24-hour news cycle, that disastrous events are sensationalised and truths sorted and stretched in the search of a good story. It is little wonder there can be 'disaster fatigue' when reporting on people in crisis.

As an organisation founded by doctors and journalists, we are frustratingly aware of how difficult it can be to get the attention of the outside world. Now, as we enter the fifth year of war in Syria, we are tragically reminded of that frustration. The Syrian people's cries for help fill social media, but they have become little more than background noise. Yet those cries come from so many, and we in Australia should grasp the numbers. Syria's population is similar to ours: 22 million, compared to our 24 million. The recent *Failing Syria* report—a report authored by 21 NGOs—states that 12 million, or half our population, are in need of humanitarian assistance. Furthermore, the number of Syrian people living in areas difficult or impossible for aid agencies to reach has almost doubled from the 2013 figure of 2.5 million and now stands at 4.8 million – the equivalent of the entire population of Sydney.

Never have we faced a more complex, bloody and catastrophic situation. Never have we confronted such a combination of operational constraints in the delivery of life-saving medical care. Rarely have we witnessed such brutal violence with no distinction between civilians and combatants, where Government and opposition alike act with complete impunity committing war crimes laid bare for the world to witness. We have watched towns besieged, barrel bombed, and even bombed with chemicals like Sarin gas and chlorine. Our underground operating theatres piece together men, women and children. The Syrian Government continues to deny aid

to those in most need, and the opposition in turn targets civilian populations, isolating and cutting off essential supply chains. Some of the most powerful, like Islamic State, threaten, abduct and kill. Aid workers including those from Médecins Sans Frontières, have been directly targeted by Islamic State, threatening the little cross-border aid that remains. As international aid is locked out, medical staff, hospitals and supplies are attacked for the very life-saving help they represent.

As this perfect storm stalls over Syria, the international community charged with restoring global peace and security stands by largely unable or unwilling to act. Again, drawing from the *Failing Syria* report, we know that in the past three years, those needing humanitarian assistance inside Syria have increased twelvefold, from 1 million to 12 million. We also know that the 2015 humanitarian funding appeal for Syria, launched as part of the Syria Response Plan in December 2014 that called for \$2.9 billion, will fall tragically short. The sum required is much closer to \$8.4 billion. So when Médecins Sans Frontières called out recently that Syria should be the aid sector's largest-scale humanitarian mission, we meant exactly that. It is an unacceptable political and humanitarian failure that has led to hundreds of thousands of deaths, unimaginable suffering and the largest-scale internal and external displacement of people today. In the absence of a political solution – something that seems a long way off yet – we have to do more.

It should be stated that some political progress has been made among UN member States. Australia can claim some credit in pushing for this. Security Council resolution 2139 in February 2014 demanded that all parties, in particular the Syrian authorities, allow humanitarian access in Syria across conflict lines, in besieged areas and across borders, and expressed the intent to take further steps in the case of non-compliance. Later in July 2014 this was followed by another Security Council resolution (2165)

authorising cross-border and cross-line access for the UN and its partners to deliver humanitarian aid in Syria without State consent. However, we see little real impact from this. In fact neighbouring countries such as Turkey, Jordan and Lebanon have reduced the number of access points where aid can go directly into Syria. UN cross-border activities have only reached hundreds of thousands, not the millions of peoples intended. The two most intransigent blockages – Islamic State targeting of humanitarian workers, and the Government's siege tactics – still have to be overcome.

And yet assistance is not altogether impossible. Médecins Sans Frontières continues to manage six hospitals in opposition-held territories, and through these support a network of 100 more facilities around Syria. There are a large number of Syrians actively trying to set up and manage emergency relief in the absence of international responders. This edition of *The Pulse* highlights the experience of some of those we work directly with. In the absence of any other means to access Syria, they must be supported in whatever way possible. However, to address the needs in Syria on anything like a proportionate scale will clearly require a political solution. I imagine this will be a bitter one. At the very least some level of workable guarantee is needed now, from the top, that the parties to the conflict are willing to take practical steps to allow humanitarian access into Syria on all sides of the conflict. Only through re-establishing respect for the basic provisions of humanitarian law can the politics of war continue to be waged while at least life-saving assistance starts. This is the responsibility of all those backing directly or indirectly those currently at war. And yes, the consequences of not achieving this are more complex, more compelling and more disastrous than in the past.

Paul McPhun
Executive Director
Médecins Sans Frontières Australia

ABOUT MÉDECINS SANS FRONTIÈRES

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

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

Today, Médecins Sans Frontières is a worldwide movement of 23 associations, including one in Australia. In 2014, 191 field positions were filled by Australians and New Zealanders.

Front Cover:
A mother and her daughter at the Médecins Sans Frontières hospital in Yida. © Karin Ekholm/MSF

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4,100
SURGICAL INTERVENTIONS
 performed by Médecins Sans Frontières staff in **Yemen** in 2014

1.2 MILLION
 PEOPLE HAVE BEEN DISPLACED
 BY VIOLENCE IN **NIGERIA**

MÉDECINS SANS
 FRONTIÈRES TREATED
32,000
 PEOPLE FOR TUBERCULOSIS IN 2013

Médecins Sans Frontières
 has donated supplies to treat
15,000
 wounded patients in eastern **Ukraine**



5,300
 Médecins Sans Frontières
 staff have fought Ebola on
 the ground in **West Africa**



1 SYRIA

“I often operated on two people at once. We worked around the clock. Sleeping and resting were an impossible luxury. The numbers of injured people were way beyond what we could handle.”

- DR A, SURGEON IN A MÉDECINS SANS FRONTIÈRES-SUPPORTED HOSPITAL IN SYRIA. READ MORE ABOUT THE GROWING MEDICAL CRISIS IN SYRIA ON PAGE 12.

2 NIGERIA **Medical care for those displaced by Boko Haram**



A camp for internally displaced people in Nigeria.

BACKGROUND

As many as 1.2 million people have become internally displaced, and others have fled into neighbouring countries as Boko Haram continues its offensive throughout Nigeria. Many are experiencing psychological trauma and are living in precarious conditions without access to health and hygiene facilities. Health centres in the communities hosting internally displaced people (IDPs) and refugees are struggling to cope with the influx of thousands of new patients.

ACTION

Médecins Sans Frontières teams are working in several IDP and refugee camps to ensure access to basic health care, running vaccination campaigns, mobile clinics, and supplying hygiene and medical kits. Médecins Sans Frontières psychologists have also been running individual and group mental health sessions in various camps. Teams have worked with local health facilities throughout the country to ensure that they have adequate supplies and training to cope with further influxes of patients during emergencies.



A young boy receives emergency skin graft surgery at Médecins Sans Frontières' specialist unit in Aden.

Surgical care for the wounded

BACKGROUND

Political tensions have been high in Yemen since late 2013, and insecurity has cut off many Yemenis from basic healthcare. Regular outbreaks of violence have caused dramatic upsurges in wounded patients needing emergency surgery, with hundreds of people injured during clashes in Aden in March.

ACTION

Médecins Sans Frontières provides emergency medical care in several facilities across Yemen, and also supports a number of health structures with training and supplies. Teams carried out more than 100,000 consultations across the country in 2014, and conducted 4,100 surgical interventions. In March, the emergency surgical unit in Aden admitted approximately 500 wounded patients as violence erupted in the city. However, insecurity continues to compromise Médecins Sans Frontières' operations in Yemen, with teams having to pull out of the country a number of times over the past twelve months.

JOIN OUR TEAM

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

Wednesday 20 May	Perth
Tuesday 21 July	Sydney
Tuesday 4 August	Auckland

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

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



4 UKRAINE **Dire medical and humanitarian needs in eastern Ukraine**

Médecins Sans Frontières staff deliver urgently needed medicines to a hospital in Donetsk, Ukraine, on the frontline of the ongoing conflict.

BACKGROUND

More than one million people have been displaced by the ongoing conflict in eastern Ukraine, and thousands more have been injured. The medical and humanitarian needs in this context are vast, but medical facilities in the country have repeatedly come under fire, forcing staff to flee and depriving thousands of people of healthcare. The conflict is also disrupting medical supply lines into the country.

ACTION

Médecins Sans Frontières has started running mobile health clinics in 19 locations in eastern Ukraine to provide basic healthcare to thousands of those displaced or affected by the conflict. Médecins Sans Frontières psychologists are also providing mental health support throughout the region, running more than 700 individual and 1,760 group counselling sessions. Teams have been responding to critical national shortages in medical supplies by donating enough medicines and materials to treat more than 15,000 patients.



A Médecins Sans Frontières doctor examines a young patient to determine if she has tuberculosis in a temporary clinic in Papua New Guinea.

5 PAPUA NEW GUINEA

New clinic to fight tuberculosis on Australia's doorstep

BACKGROUND

Papua New Guinea (PNG) has the second-highest tuberculosis (TB) rates in the Western Pacific region. With 85 per cent of the population living in rural areas, lack of access to treatment and limited resources have contributed to a growing TB crisis in the country. Of particular concern is the emerging threat of drug-resistant strains of the disease, for which the treatment is lengthy, complex and arduous.

ACTION

Médecins Sans Frontières is expanding its tuberculosis program in PNG by opening a new project in the district surrounding Port Moresby in May 2015. The project will provide better access to TB diagnosis and care facilities and ensure that patients in rural areas are not lost to treatment. Médecins Sans Frontières has been running a TB project in Kerema, PNG since May 2014.

6 LIBERIA **Largest Ebola management centre set for handover**



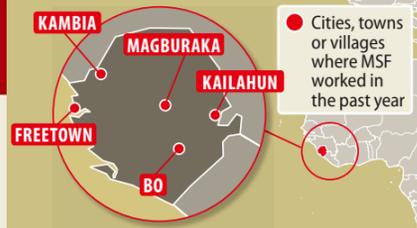
BACKGROUND

With no Ebola patients currently confirmed in Liberia, Médecins Sans Frontières is beginning preparations to hand over its largest Ebola management centre to the Liberian Ministry of Health. The centre has admitted a total of 1,917 patients since opening in August 2014. The handover comprises part of Médecins Sans Frontières' evolving response to the ongoing Ebola outbreak in the country.

ACTION

Médecins Sans Frontières is currently supporting 23 health facilities in Liberia, and is training staff on infection prevention and control. Teams will continue health promotion and outreach activities in Liberia and will maintain a rapid response team in case of a resurgence of the virus. Since the beginning of the outbreak, Médecins Sans Frontières has admitted more than 8,000 patients to its Ebola management centres in the region.

A Médecins Sans Frontières rapid response team works to contain an outbreak of Ebola in Qewein, Liberia.



OF THE
25,000
PEOPLE INFECTED
BY **EBOLA** IN THIS
OUTBREAK



ALMOST
1/2
OF THEM
HAVE BEEN IN
SIERRA LEONE

MÉDECINS SANS FRONTIÈRES
HAS CARED FOR MORE THAN
5,000
PEOPLE CONFIRMED **EBOLA-POSITIVE**
(INCLUDING 1,500 IN SIERRA LEONE)



MORE THAN **2,400**
PEOPLE HAVE SURVIVED
EBOLA IN MÉDECINS SANS
FRONTIÈRES' CENTRES



Cases have recently
dropped significantly
in Sierra Leone, from more
than 180 new cases a
week at the start of 2015,
to 9 cases per week in
mid-April

BY SOPHIE MCNAMARA

Tackling Ebola in the villages and slums of Sierra Leone



Overlooking Moa Bay wharf slum area in Freetown.

As Ebola cases decline, Médecins Sans Frontières has adapted its response. From running large Ebola Management Centres, Médecins Sans Frontières is now focusing on activities in the community, where most of the needs exist today.

The residents of Moa Bay Wharf slum in central Freetown have ocean views from almost every corner, but the cramped and chaotic living conditions make the environment anything but idyllic.

As pigs laze nearby, epidemiologist Dr Kieran O'Connor and his outreach team talk to a family which has recently lost two members to Ebola. As primary contacts of Ebola patients, the remaining members of the household are at risk of infection themselves. The team asks if anyone is experiencing any symptoms, and checks for fever using an infrared thermometer.

"We are feeling well but we are tired of this," says Ibrahim, whose mother was one of the people who passed away. "We are praying to God for this epidemic to come to an end."

The Médecins Sans Frontières team is responsible for contact tracing and

surveillance in nine 'wards' (sub-divisions) of Freetown. When a new alert comes through the government's Ebola hotline, they visit the household to see if the patient meets the Ebola case definition. For suspect and confirmed Ebola cases, the team starts work on mapping out everyone who came into close contact with the patient.

The aim is to create a list of all contacts of the patient, as well as to determine how the patient became infected.

"We try to link up new cases to existing chains of transmission," says Dr Kieran. "Most of the time we are able to do that now, which is a good sign. We follow each chain carefully to extract any contacts who are manifesting the earliest Ebola symptoms and send them to a treatment centre for further investigation. This reduces the risk of cross-infection. A chain goes dead when no new contacts develop the disease after

21 days of follow up. Once this happens the incidence of Ebola drops rapidly," he adds.

Detective work

Health promoter Shekhu Jabbe says contact tracing is not as easy as simply asking for the names of family members. Instead the team have to become detectives, tracking down everyone they may have had close contact with.

"We ask about their occupation, whether they're a farmer, trader, or a traditional healer. We interview them about their marriage background, their children, the people they live with, the people they share a latrine with."

Many of the people living in Moa Bay Wharf are traders at the local market, and come into contact with hundreds of others every day. In other cases, hundreds of people share the same latrine, increasing the risk of Ebola transmission.

The outreach team asks about any recent travel history, funeral attendance or visits to sick relatives or friends. It often takes several

"We try to link up new cases to existing chains of transmission. Most of the time we are able to do that now, which is a good sign."

visits to build up trust, and at that point previously hidden details emerge.

"Sometimes people will remember, 'oh yes, she did visit her sick aunty last week'. At the end of the day the answers that people give us help us determine how they got infected," says Shekhu.

Other healthcare needs

In addition to checking for Ebola symptoms, the team also look for anyone with other health conditions and makes referrals for tests and treatment as required. The biosafety risks mean they ideally try to keep a distance of two metres, but the crowded environment sometimes makes this impractical.

"It's a challenge to do clinical diagnosis because we have to keep a distance, but we make the best assessment that we can," says Dr O'Connor.

"We work with other organisations to ensure that contacts get the non-Ebola healthcare they need. There are a lot of downstream effects of this outbreak... We've seen people with conditions like HIV and TB left untreated."

Removing any trace of the virus

Following a suspected Ebola case or death it is critical that the home is disinfected to remove any trace of the virus. In Freetown,

a Médecins Sans Frontières water and sanitation team disinfects the home and latrine by spraying with chlorine, removes the mattress used by the person and destroys it safely, and provides a new mattress.

Eric Pitts, Médecins Sans Frontières' water and sanitation outreach manager, says the disinfection process aims to stop the infection at the source.

"If sick people are taken from a home it's likely that their personal belongings are also infected with Ebola. Disinfecting their home reduces the risk of the infection spreading from the sick person to people they share their home with."

Working in the unpredictable environment of a crowded urban slum with contacts of Ebola patients can be particularly risky.

"The big difference is that an EMC [Ebola Management Centre] is a controlled environment. You know what obstacles you will encounter. When we go into a house, we don't know what we will encounter – animals, sharp objects, no space to work. You need a very strong understanding of the protocols because they sometimes need to be adapted," says Eric.

Sophie McNamara is Communications Coordinator at Médecins Sans Frontières Australia and recently worked as Field Communications Officer in Sierra Leone.

HEALTH PROMOTION THROUGH THEATRE



© Sophie McNamara / MSF

Health promotion activities are a key part of Médecins Sans Frontières' community approach. In Magburaka, a small town in central Sierra Leone, Médecins Sans Frontières' outreach team uses innovative techniques such as drama to engage the community.

A crowd gathers round to watch the entertainment as health promotion staff act out scenes that encourage sick people to seek care early, avoid unsafe burials, and support their neighbours whose loved ones have Ebola. "We learnt that there is no shame in being sick, no judgement," says one local man. "The play has given us a lot of ideas of how to protect ourselves."

CROSS-BORDER OUTREACH

Despite the high mobility of people across the border between Sierra Leone and Guinea, the Ebola response has too often stopped at country boundaries, with little regional cooperation. Médecins Sans Frontières' outreach team in Kambia, Sierra Leone, has just completed a project focusing on case investigation of Ebola patients with a cross-border component. The team collaborates with Médecins Sans Frontières colleagues and other organisations in Forecariah, on the Guinea side, to allow follow up across the border. The team has also worked to raise awareness about the importance of cross-border issues with other organisations, which has contributed towards ensuring that cross-border activities are now integrated into case investigation in the area.



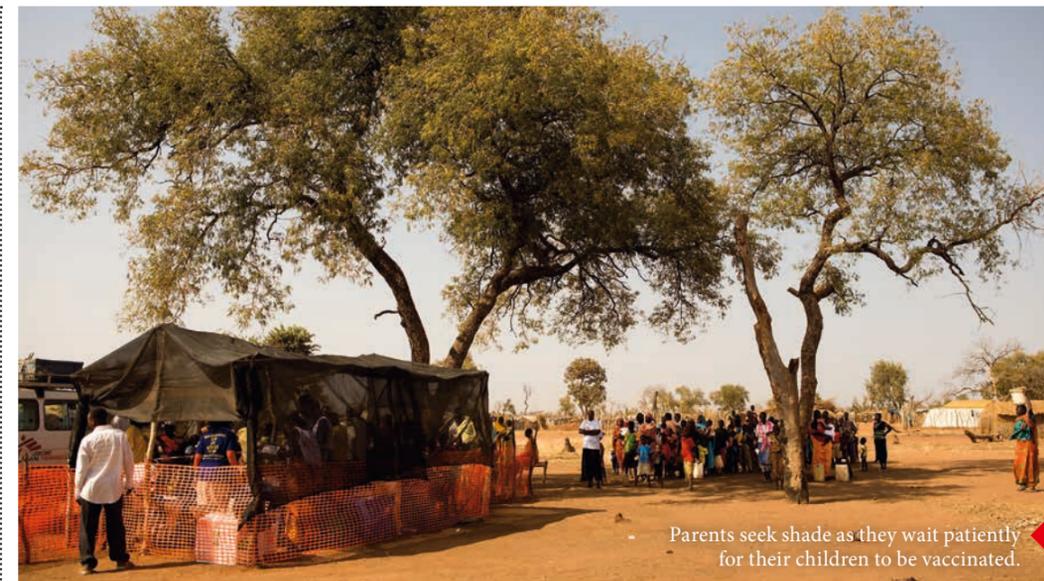
Contact tracing in Freetown.

Protecting against measles and polio in Yida

Médecins Sans Frontières launched a vaccination campaign to stem a measles outbreak and to increase immunisation coverage in the population to protect them from future outbreaks.



There are approximately 35,000 children aged between 0 and 15 years in Yida. The aim is to vaccinate 90 per cent of them against measles and polio, in an effort to stem the ongoing measles epidemic and protect the population from future outbreaks.



Parents seek shade as they wait patiently for their children to be vaccinated.



Local staff inform the community about measles and polio, and let them know about the upcoming vaccination campaign.



All children up to 15 years get the oral polio vaccine.



All vaccinations are recorded to ensure that the required coverage is achieved.



Most vaccines need to be kept cold, within a small temperature range, to be effective. This creates a significant challenge for our logisticians as they transport vaccines in a "cold-chain" from Europe to remote refugee camps like Yida in South Sudan.



Crowd controllers keep the vaccination line moving and organised.

“Laughter erupts from our survivor... Somehow, the thaw has begun.”



Patients wait for treatment for a variety of medical conditions at the comprehensive clinic in Matsapha, Swaziland.

BY KAREN CHUNG

Auckland general practitioner Dr Karen Chung recently spent a year in Swaziland, where she was Médecins Sans Frontières’ focus person for survivors of sexual violence.



Karen checks patient notes in Swaziland.

A young girl sits silently, eyes downcast. Her jersey is tied tight around her waist. Her clothes are torn. Her skin bruised and scraped. She is so slender a slight breeze might blow her over. She is so quiet and still that she seems an extension of the chair on which she sits. Three hours ago, this was a normal day. She and her classmate were walking to school when a man jumped out from the bushes. He had a knife. The day then became a nightmare. He caught her friend first and threatened to hurt her if either of them ran. He made her lie on the ground on her belly, and lay her friend on top of her. He raped her friend while she lay underneath and made them swap positions and then raped her. Now she sits like a shadow; her parents hovering around her protectively. She is a survivor.

In Manzini, we are working on improving access to medical care for survivors of sexual and gender-based violence (SGBV). We are providing care at our comprehensive clinic in Matsapha and supporting Mankayane Hospital to provide SGBV care. In Matsapha, survivors arrive and are

immediately seen by psychosocial staff. Then they see the nurse and doctor who perform examinations and give the appropriate medications and vaccinations. They are seen again by our psychosocial team who provide a ‘dignity pack’ (a small bag of toiletries), and arrange follow-up. There is a 24-hour phone line for SGBV advice outside working hours. In Mankayane we are supporting SGBV care through staff training and community education activities.

“You want to protect, to undo, to smite... We want to do everything but we can only do so much.”

We can only do so much

SGBV care is complex and emotive. Survivors and their families have many needs. They have medical needs certainly; care of wounds and injuries, prevention and/or management of pregnancy, sexually

transmitted infections, HIV, hepatitis B and tetanus. But they also have psychosocial and medico-legal needs. We interact with other organisations to address these multi-faceted needs. Their stories are so sad, so terrible, so infuriating that, as health professionals, we may find we have our own needs to be met. A staff nurse said in a training session, “you go home from this so upset, so angry, especially when you think of your own children, that you just cannot function.” You want to protect, to undo, to smite. We are reminded sharply of our limits and vulnerabilities. We want to do everything but we can only do so much.

Resilience and hope

Providing SGBV care is both a devastating and a beautiful thing. In the deepest darkness, there can be rays of light. Our frozen girl sitting silently; at some stage, she has to get up from that chair. When her tightly tied jersey falls away, we see her skirt is caked with dried brown blood. She looks so bewildered, so ashamed. I get her some new underwear from the children’s drawer. As they unfold themselves I must look genuinely dismayed to find they are roughly the size of the girl’s torso. A short burst of laughter erupts from our survivor

which turns into a stream of merriment when I look into her eyes. Somehow, the thaw has begun. A week later, she is seen by our psychosocial team. She draws a picture of a beautiful smiling lady with gorgeous long hair and stunning high heels, labelled with the word ‘love’. When asked who this person is, she says it’s our counsellor. This little girl is nothing like the frozen creature of a week before. She radiates warmth. What a beautiful thing the human spirit can be, filled with resilience and hope and love.

Like HIV and tuberculosis, which comprise our core work in Swaziland, SGBV is fraught with issues like ignorance, fear and stigma. These are huge barriers to access. According to a UNICEF survey in 2007 of 1,244 females aged 13–24, only 2.1 per cent of survivors sought medical help. SGBV work cannot be done in the clinic alone. As such, we have embarked on ‘sensitisation’, or community engagement. SGBV was the focus of our activities at Umhlanga, the annual Swazi reed dance ceremony. In partnership with One Stop Centre, a new care facility providing integrated SGBV services, we shared our message of getting medical care for SGBV within 72 hours. More than 100 girls with bright young faces danced, chanting ‘72 hours’, laughing and giggling, full of life. More than 100 girls raised eager hands to answer questions about SGBV. When an opportunity came to speak, over a dozen girls were seen to move forwards then step hastily back; eyes downcast, shy, afraid. One brave girl came forward and shared her story. It was unexpected, that movement, that desire to share then and there. They were too many. Too much. It broke your heart.

Strengthening relationships

With the community engagement activities, more and more survivors are presenting to us. But we cannot do our work in isolation. We are forming and strengthening our relationships with the police, public prosecutors and other clinics and NGOs.

This year we have also embarked on multiple onsite training sessions for all our medical and psychosocial staff. We have been fortunate to have had staff complete international SGBV training. They have taken leading roles in training other staff and in improving the services we offer.

Sometimes it is the most immeasurable things that reflect the highest quality; the softest smile, the gentlest touch, the knowledge that good and kind people were there when they were needed. In our training sessions, people were asked what the needs of survivors were. Every person wrote something about support, love and care. As SGBV care evolves, we will continue to strive for quality in providing this support, love and care for our patients.

SUPPORTER PROFILE



NAME: Harriet Barker
HOME: Brisbane
OCCUPATION: Registered Nurse

Harriet Barker has been a supporter of Médecins Sans Frontières since 2010 and signed up to be a Field Partner last year. She is also one of our newest Field Workers.

I have wanted to work for Médecins Sans Frontières ever since I was a nursing student. My mother (a regular donor for the past ten years) used to put the magazines in my room, so I would look at them instead of reading my textbooks! I always imagined that as a nurse one day I would have the opportunity to work with Médecins Sans Frontières – although I imagine working on a Médecins Sans Frontières project will be vastly different from Australian hospitals.

I have worked previously on Christmas Island with asylum seekers and their families and I feel strongly about providing care and support to people who flee their own countries.

I used to donate to lots of different organisations sporadically then decided it was better to donate to one organisation regularly. I chose Médecins Sans Frontières as I wanted to work for the organisation one day, and because I strongly feel that Médecins Sans Frontières does good work.

Médecins Sans Frontières works in places where other organisations do not and if the country’s health system has collapsed and there is no support from other organisations, how can these people access the care they need?

Médecins Sans Frontières seems to just get in there and do it. They tackle regions and diseases that other organisations don’t. When you hear about a crisis or conflict, Médecins Sans Frontières often seems to be one of the first organisations to respond.

I hope I get a posting soon!

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



SCAN to read more letters from the field on msf.org.au



22 MILLION POPULATION
SUPPORTING MORE THAN
100 MEDICAL FACILITIES



12,300
SURGICAL OPERATIONS

have taken place in Médecins Sans Frontières-supported medical facilities since 2012.



7.6 + 3.2
MILLION
PEOPLE
DISPLACED
WITHIN SYRIA
REFUGEES
REGISTERED
OUTSIDE



410,000

PRIMARY HEALTHCARE CONSULTATIONS
TO SYRIAN REFUGEES IN **LEBANON**



100

MEDICAL FACILITIES
SUPPORTED BY MSF IN SYRIA



16,000

consultations conducted by doctors
at an MSF-supported hospital in the
outskirts of **Aleppo** in 2014

“Apocalyptic”: medical care in the Syrian civil war



A child is treated for burns at one of Médecins Sans Frontières' few medical facilities in northern Syria.

When the Syrian civil war erupted in the spring of 2011, Dr S had just finished training to become a surgeon. Within a short time, he had operated in some of the most difficult medical conditions in the world – in one of the most dangerous locations.

Dr S recalls performing his first ever Caesarean section, in an improvised field hospital while his city came under violent siege.

“I had never done the operation before, but there was no maternity hospital we could get her to,” he says. “A few days before the expected delivery date, I was trying to get a working internet connection to read up information on doing a C-section. I wished I could stop time, but the woman’s labour started.”

As shells hammered the surrounding area, the woman was brought into the operating theatre, and Dr S successfully delivered a healthy baby girl. “It was a magical moment,” he says.

As the war in Syria enters its fifth year, Dr S continues to care for those affected by the world’s gravest humanitarian disaster. Since 2012, he has been running a hospital in a deserted school building east of Damascus, one of over 100 medical facilities being supported by Médecins Sans Frontières across the country.

Humanitarian access restricted

An estimated 200,000 people have been killed, and countless more injured since the conflict in Syria began. The country’s health system—once well-functioning and comprehensive—has been decimated by the conflict, leaving many Syrians without access to even basic healthcare.

Yet despite the desperate medical needs, Médecins Sans Frontières has largely been prevented from providing health care to the Syrian people. The government has not given permission for the organisation to work in the country, and humanitarian workers have been a target of violence and abductions from all parties in the conflict. In 2014, five Médecins Sans Frontières staff members were kidnapped for five months by Islamic State militants.

As a result, it is almost impossible for Médecins Sans Frontières to provide hands-on medical care in Syria. Teams are running six health structures in the country, but are otherwise only able to remotely support local medical facilities with training, supplies and equipment.

Health care under siege

Access to medical supplies has become one of the most significant obstacles to providing

“We only have one path for supplies, but we call it the ‘death path’ because there are snipers; whatever reaches us is covered in the blood of the people who have risked their lives to get it here.”

care in Syria. In order to weaken resistance to the regime, government forces block medical supplies from reaching areas controlled by opposition groups.

“We only have one path for supplies, but we call it the ‘death path’ because there are snipers; whatever reaches us is covered in the blood of the people who have risked their lives to get it here,” says Dr A, who directs a Médecins Sans Frontières-supported hospital in a large area under government siege.

“Our top priority is to try to secure the medicine and material we need for surgery and emergency care. Often we struggle even to get basics like gauze.

“With Médecins Sans Frontières’ support we can at least count on some medicine; it covers more than half of our needs. But when we can only get hold of one box at a time, how much medicine can we stock for 90,000 people?”

Medical work targeted

With the constant risk of abduction, and the targeting of health workers and facilities by both government and opposition forces, medical staff work in a constant state of

fear. Many have fled the country and, of an estimated 2,500 doctors working in Aleppo at the beginning of the conflict, fewer than one hundred remain.

“We work underground, literally. There are entire hospitals below the earth,” says another Médecins Sans Frontières-supported doctor. He says that he and his staff are afraid that their hospital will be a bombing target, and that working in basements is the only way to ensure their patients’ safety.

Dr S speaks of the day his own hospital was hit by a rocket, remembering it as “apocalyptic.”

“The explosion turned the place upside down and tore out the wooden walls. Medical tools and people were thrown in all directions,” he says.

“From then, we were under siege. I often operated on two people at once. We worked around the clock. Sleeping and resting were an impossible luxury. The numbers of injured people were way beyond what we could handle,” he says.

Dr S says that, after just three years in the profession, he is already waiting for the day he will no longer need to work as a surgeon.

“I was on the phone recently with my surgery professor and he said, ‘your work these three years matches my whole thirty years. You have reached retirement in just three years.’

“Every moment of every day I feel I have had enough, but we have no other choice,” Dr S says. “People here need us.”

Note: the names of doctors working inside Syria have been abbreviated for security reasons.

Supplies are transported by donkey along the dangerous road to a Médecins Sans Frontières-supported hospital in northern Syria.



FLEEING THE CONFLICT

For many, life in Syria has become untenable. The conflict has driven more than three million Syrians across the country’s borders into Lebanon, Jordan and Iraq, where Médecins Sans Frontières is working to meet the refugee population’s vast health needs.

Médecins Sans Frontières is the main healthcare provider in a number of refugee camps in these countries, including Domiz refugee camp in Northern Iraq, which houses more than 60,000 Syrian refugees. Since the beginning of 2014, Médecins Sans Frontières has treated over 60,500 patients in the camp, with services ranging from vaccinations to mental health care to a specialist maternity unit.

In neighbouring Lebanon, Médecins Sans Frontières has provided more than 410,000 health care consultations to Syrian refugees. In particular, Médecins Sans Frontières psychologists work with refugees struggling to come to terms with the violence, abuse, and loss that they have suffered as a result of the war.

Médecins Sans Frontières counsellor Samar Ismail says that he tries to help patients understand their feelings and behaviour, before working on ways that they can manage their stress.

“We do work on self-care. We look at things that can bring them pleasure. After coming from Syria, here in Lebanon, they can forget the things that made them happy. Some used to enjoy working as tailors; others remember that they used to enjoy visiting with friends. I help them remember what used to make them happy.”

NAME: **Paul Yarnall**
HOME: **Hobart, Tasmania**



Field Role: Logistician

From coordinating transport, to managing supply, water and sanitation and electricity, Médecins Sans Frontières logisticians ensure that emergency medical operations run smoothly in extremely challenging settings.

MÉDECINS SANS FRONTIÈRES EXPERIENCE:

- May to September 2013:
General logistician, Aweil, South Sudan
- July 2014 to January 2015:
Logistics manager, Ndhiwa, Kenya

“I had always dreamed of doing humanitarian work but I thought it wouldn’t be an option.”



Paul discusses supply needs with a colleague in Ndhiwa, Kenya.

What were you doing before you applied for Médecins Sans Frontières?

After leaving school I studied stage management and lighting for three years at NIDA [National Institute of Dramatic Art] in Sydney. Stage management is effectively all the logistics of putting on a theatrical show or an event. After finishing NIDA the bulk of my work was big outdoor cultural events in Australia and overseas, like the Arab Games in Qatar and the Rugby World Cup in New Zealand. All these events had a major logistics component but after a while I started to feel a little less satisfied.

I had always dreamed about doing humanitarian work but I thought it wouldn't be an option because I didn't have an academic background. But I explored Médecins Sans Frontières, and saw that there was this ability to become a logistician. I looked through the required skills and thought, “this is me. I am flexible, I do have the interpersonal skills, I have a lot of travel experience and I do regard myself as a kind of jack-of-all-trades”. It became apparent quite quickly that the skill set I had developed in production management actually translated really well to humanitarian logistics.

What did your role in Ndhiwa, Kenya involve?

The prevalence of HIV in Ndhiwa in 2012 was 24.1 per cent, which is astronomically

high. That's a fraction less than one in three people who are HIV positive. Médecins Sans Frontières is working closely with the Ministry of Health, with the overall aim of reducing the rate of new infections and increasing the diagnostic capabilities and quality of care.

I was there at the start of the project, so a lot of my work involved identifying the needs. For instance we identified a space to create isolation wards at an inpatient department. Another time we identified where we could put a bore hole so we could get running water to a maternity ward. We started the construction to convert an old mortuary into a pharmacy, which was urgently needed. From my theatrical work, I had a lot of experience with drawing and computer aided design so I took measurements and drew up the construction designs. Along with my team we selected and briefed suppliers, and monitored the construction.

A massive part of my role was training local staff. The team I had in Kenya was incredibly competent. I was still across everything but the more I could delegate to the local staff so they could develop their skills, the better off we all were. Because one day Médecins Sans Frontières will leave, and it will be the local staff who will be there to maintain the work.

I also looked after the maintenance and management of the car fleet; I maintained all the generators along with a mechanic who was a local staff member; I did all the

IT support. Generally speaking, the medical and paramedical staff are responsible for all patient care, administrators handle all the finance and HR, and the logisticians cover everything else. A logistician's remit from placement to placement, and in some cases from day-to-day, is rarely the same.

What advice would you have for other people considering this work?

You've got to be able to roll with the punches, because there will be hundreds of them and it won't necessarily get any easier. In terms of skills, your ability to adapt is the most critical aspect. You can get training in whatever technical skills you need. If you're the type of person who can pick things up quickly and is willing to accept new ideas, accept criticism, accept your failings and work on them, then that makes you a fantastic logistician.

What are the most challenging aspects of working with Médecins Sans Frontières?

You won't get to pick the country you're going to, you'll be assigned a room in a share house with potentially 20 other people, all different nationalities, all with completely different upbringings and value systems, and then you have to work with them everyday, and live with them every night. There is limited escape capability. To some people that would sound like hell – and it is challenging. But I think it's one of the most enriching parts too.

What have been some of the unexpected aspects of the work?

What surprised me is the diversity of people's backgrounds. That continues to amaze me. Among the logs, I've met a guy who used to be an instrumentation engineer on super-yachts; an Aussie girl who ran a large cattle ranch; a motorbike tour guide; a guy who was a carpenter and had also worked on oyster farming ships. That diversity was a real surprise, because I thought everyone but me would have a degree in supply chain management or be a trained civil engineer, but in fact I haven't met anyone like that.

To learn more about becoming a logistician with Médecins Sans Frontières, visit: www.msf.org.au/logistician

AFGHANISTAN

Alison Moebus
Nurse
Flemington, VIC

Matthew Nicholson
Pharmacist
Buninyong, VIC

Sam Templeman
Nurse
London, UK

ARMENIA

Kerrie-Lee Robertson
Admin-Finance
Coordinator
Marsfield, NSW

CAMEROON

Don McCallum
Logistician-General
Isaacs, ACT

CENTRAL AFRICAN REPUBLIC

Annekathrin Muller
Nurse
Midland, WA

CHAD

Rachel Creek
Logistician-General
Millswood, SA

DEMOCRATIC REPUBLIC OF CONGO

Brian Willett
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Gisborne, VIC

EGYPT

Stella Smith
Medical Team Leader
Waitakere City, NZ

ETHIOPIA

Philippa Cox
Midwife
Maroochydore, QLD

Declan Overton
Logistics Coordinator
Wynn Vale, SA

HAITI

Melissa Hozjan
Nurse
Herston, QLD

Lisa Searle
Medical Doctor
Sandy Bay, TAS

INDIA

Cindy Gibb
Nurse
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Tambri Housen
Epidemiologist
Ascot, WA

Simon Janes
Medical Coordinator
Ascot, WA

IRAQ

Sita Cacioppe
Medical Team Leader
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Natalie Schulz
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Victoria Mowat
Nurse
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Logistician-General*
Psychologist*

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Nicolette Jackson
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Mission
Mullumbimby, NSW

Ellen Kamara
Admin-Finance
Coordinator
QLD

Johanna Wapling
Pharmacist
Wodonga, VIC

MALTA

John Cooper
Logistician-General
Clifton Hill, VIC

MYANMAR

Hannah Jensen
Psychologist
West Leederville, WA

Alexandra Stewart
Medical Doctor
Forrest, ACT

NIGERIA

Shanti Hegde
Obstetrician-
Gynaecologist
Montmorency, VIC

Loren Shirley
Pharmacist
North Hobart, TAS

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Midwife
Mt Lawley, WA

Prue Coakley
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Enmore, NSW

Siry Ibrahim
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Wellington, NZ

Claire Jackson
Midwife
Ivanhoe, VIC

Corrinne Kong
Admin-Finance
Coordinator
Southbank, VIC

Peter Mathew
Surgeon
Dundee, UK

Catherine Moody
Head of Mission
Wollongong, NSW

Thomas Volkman
Medical Doctor
Perth, WA

Shelagh Woods
Head of Mission
Rose Park, SA

PALESTINE

Rochelle DeLacey
Nurse
Auckland, NZ

Gregory Keane
Psychologist
North Balgowlah, NSW

Devash Naidoo
Psychologist
Napier, NZ

PAPUA NEW GUINEA

Warren Grief
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Elsbeth Kendall-Carpenter
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Sierra Leone
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Epidemiologist*
Field Administrator*

Midwife*

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Nicole Campbell
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Shaun Cornelius
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William Johnson
Logistician-Electrician
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Raque Kunz
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David Nash
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UZBEKISTAN

Amrita Ronnachit
Medical Doctor
Strathfield, NSW

Susanne Schmitt
Medical Doctor
Rutherford, NSW

JOIN OUR TEAM

Engineers, electricians, event managers: help build solutions in medical emergencies

Logistical skills are crucial to every Médecins Sans Frontières project.

To learn more visit: www.msf.org.au/join-our-team



▶ A Médecins Sans Frontières psychologist runs a group mental health session with high school students in Donetsk, Ukraine. Their school had been hit by shelling in a battle for the city.

