

# THE PULSE

BRINGING MEDICAL HUMANITARIAN ACTION TO YOU



MEDECINS SANS FRONTIERES  
DOCTORS WITHOUT BORDERS

AUGUST 2016

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## JORDAN: HEALING INVISIBLE WOUNDS

TREATING MENTAL HEALTH IN SYRIAN  
REFUGEE CHILDREN

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## Pensioners stuck in a war zone

FORGOTTEN IN EASTERN UKRAINE



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### CRITICAL PAEDIATRIC NEEDS IN SOUTH SUDAN



© Mohammad Ghannam/MSF

Walid, his pregnant wife and their two children left Iraq in February this year. It took them a month to reach the Greek island of Samos through Turkey. They are now in a makeshift detention centre waiting desperately for information on what their future holds.

#### 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 2014, 190 field positions were filled by Australians and New Zealanders.

Front cover: A woman is vaccinated against yellow fever by a Médecins Sans Frontières staff member in Matadi, Democratic Republic of Congo. © MSF

*The Pulse* is the quarterly magazine of Médecins Sans Frontières Australia.

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BY PAUL MCPHUN

 EDITORIAL

# Europe, don't turn your back on refugees like Australia



**In March, Europe's leaders passed a deal with Turkey that allows Greece to send people back to Turkey in exchange for, amongst other things, a multi-billion euro financial aid package. Sound familiar?**

Just like Australia's 'push back' policy and off-shore detention program, this 'EU-Turkey Deal' threatens the right of all people to seek asylum and violates governments' obligations to assist each man, woman or child asking for protection. Putting people's lives or health at risk is not a justifiable way to stop others risking their lives at sea or to control borders.

There are obvious alternatives to these inhumane policies that are effective and safe, but they require rich countries that are able to take care of refugees. They must fully accept that responsibility – for however long it takes – and to share the burden fairly with those poorer countries, like Jordan, Lebanon, Pakistan or Malaysia who are currently hosting the majority of the world's displaced people. Only then will the boat journeys stop and the desperate suffering of those trapped in camps and in no-man's land end.

A refusal to accept this responsibility treats people as bargaining chips in a game of domestic politics that is determined to keep refugees as far away from our borders and the eyes of the voting public as possible.

In exchange for this deal, Europe promises "humanitarian" and development aid to fulfil the needs of Syrian refugees and presents these funds as a measure to ease human suffering. But this aid to willing neighbours such as Turkey (just like some of the aid given to Papua New Guinea and Nauru), is conditional on shipping suffering offshore. It betrays the humanitarian principle of providing impartial aid based on need, and need alone, without political strings attached. By offering billions of euros to care for people out of sight in Turkey, Europe is also asking aid agencies to become complicit in their border control scheme. Médecins Sans Frontières feels we can no longer maintain funding relationships with EU countries that are not living up to their fundamental

humanitarian responsibilities when it comes to assisting those fleeing war and insecurity, but are instead utilizing aid and other political incentives as a means to avoid taking responsibility at home. Médecins Sans Frontières will not risk complicity in such efforts, and has suspended any future funding partnerships with ECHO and EU nations.

The Australian government has also referred to its push back policy as 'humanitarian'. It has similarly funded it at the cost of its overseas development aid budget. Again, there is nothing whatsoever humanitarian about denying people their right to seek protection. Médecins Sans Frontières Australia does not and will not seek funding from the Australian Government, relying instead on the independent financial support provided by you, our highly valued and generous partners.

I cannot say strongly enough, that this deal in Europe is the most organised and collective attempt yet to push people back rather than take them in. With this, Europe, just like Australia, sends a dangerous signal to the rest of the world: you can buy your way out of providing temporary protection and asylum. If replicated by other nations, the concept of refugee will cease to exist. People will be trapped in war zones unable to flee for their lives, under constant threat from warring parties, even bombed in displaced camps congregated along closed borders – as we have recently witnessed in Syria. By the end of the year, the exportation of such policies will have already resulted in quite a number of 'no-man's land' refugee tragedies in Kenya, Libya, Greece, Jordan, Bangladesh, Nauru and Manus Island, and the list will grow.

Not only does this have a dramatic effect on those seeking protection, but it significantly undermines the credibility of the refugee convention. When signatories like Australia and European nations systematically flout

these norms, how can we expect to convince our Asian neighbors to adopt the same international standards and responsibilities?

The EU and Australia go to great lengths to explain how such deals respect international and European law. We're not convinced. Similar assurances in the past have failed to materialise and our teams witness abuses on European soil, including brutal interceptions of boats by Turkish authorities in the Aegean Sea, the suffering of stateless refugees and the displaced across Southeast Asia.

Meanwhile the welcome offered to those in Greece echoes Australia's welcome, often erasing what little hope people had left. In the Mediterranean island 'hotspots' there are virtually no safeguards in place. Women fear to go to the toilet once darkness falls, mothers beg for milk to feed their babies, and men of all ages lose their dignity fighting over scraps of food and who is next in line.

We understand that meeting the huge challenges of the global displacement crisis has become a controversial political issue but for us it is first and foremost a humanitarian one. We know these people. We have seen them fleeing war and we have saved them from drowning at sea. We have treated their wounds and sickness, and cared for their newborn babies. Quite simply they are people who need our help and protection. While many people around the world have risen to this challenge by volunteering to help others, world leadership has lagged behind for fear of political consequences.

We ask that leaders of Europe, Australia and the rest of the world, rise to the challenge: stop pushing suffering off-shore, stop trying to buy your way out of your responsibilities, don't instrumentalise aid as a tactic for border control, and instead use your substantial resources to protect those who need your help.

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



MORE THAN 8,000 PEOPLE STRANDED

ON THE GREEK ISLANDS AS A RESULT OF EU TURKEY DEAL.



350,000

vaccinated against Yellow Fever in Democratic Republic of Congo.



MESSAGE OF SUPPORT

“Your courage, dedication and humanity hold me in awe. Humankind has no finer or more honourable representatives. You make such a difference to those most in need.”

- DONOR, MESSAGE OF SUPPORT TO OUR DEDICATED FIELD WORKERS. READ MORE ABOUT THE WORK OF FIELD WORKERS ON PAGE 14.

1 BRUSSELS



Syrian refugees are blocked at the Greek border with Macedonia (FYROM).

Médecins Sans Frontières no longer taking funds from EU

BACKGROUND:

Three months into the EU-Turkey deal, which European governments are claiming as a success, people in need of protection are left counting its human cost. On the Greek Islands, more than 8,000 people, including hundreds of unaccompanied minors, have been stranded as a direct consequence of the EU-Turkey deal. They are living in dire conditions, in overcrowded camps, sometimes for months. They fear a forced return to Turkey yet are deprived of essential legal aid, their one defence against collective expulsion.

ACTION:

In June Médecins Sans Frontières announced that it will no longer take funds from the European Union and Member States, in opposition to their damaging deterrence policies. This decision will take effect immediately and will apply to Médecins Sans Frontières projects worldwide. Médecins Sans Frontières are calling on European governments to shift priorities – rather than maximising the number of people they welcome and protect, not push back.

2 DEMOCRATIC REPUBLIC OF CONGO



Controlling Yellow fever

BACKGROUND:

An outbreak of the mosquito borne yellow fever virus, has been ravaging Angola since December 2015. Fears are now raised that the disease will spread to other African countries or Asia following 48 confirmed cases in Democratic Republic of Congo (DRC) since the end of February.

ACTION:

Médecins Sans Frontières is working in cooperation with the Angola and DRC Ministries of Health and the World Health Organization to help contain the spread of the virus through vector control (destruction of mosquitoes and breeding sites), case management, and the training of health staff to care for yellow fever patients. A vaccination campaign for 350,000 residents of Matadi, DRC, and the training is also included.

Medecins Sans Frontieres staff members fumigate a neighbourhood in Matadi, during an operation to kill adult mosquitoes.

**19 PERCENT OF CHILDREN ASSESSED SUFFERING SEVERE ACUTE MALNUTRITION IN BAMA, NIGERIA.**

## 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 30 Aug *Melbourne*

Thur 27 Sep *Live Webinar*

Tues 22 Nov *Sydney*



PAST WEBINARS ARE ALSO AVAILABLE ONLINE TO WATCH ON DEMAND.

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

### 3 NIGERIA



Children are treated for malnutrition in Médecins Sans Frontières medical facilities in Maiduguri, Nigeria.

© MSF

## 24,000 displaced people in dire health situation in Bama

### BACKGROUND:

A catastrophic humanitarian emergency is currently unfolding in a camp for internally displaced people in Borno State, Nigeria. The town of Bama in north eastern Nigeria is normally closed off, but for several hours on 21 June a Médecins Sans Frontières medical team was able to access the town. Twenty-four thousand people, including 15,000 children (among them 4,500 under five years of age) are sheltered in a camp located in a hospital compound.

### ACTION:

The Médecins Sans Frontières medical team discovered a health crisis – referring 16 severely malnourished children at immediate risk of death to the Médecins Sans Frontières in-patient therapeutic feeding centre in Maiduguri. A rapid nutritional screening of more than 800 children found that 19 per cent were suffering from severe acute malnutrition – the deadliest form of malnutrition.

### 4 SOUTH SUDAN



## Deep concern after upsurge of violence in Juba

© MSF

### BACKGROUND:

At the time of writing, Médecins Sans Frontières is deeply concerned by the recent upsurge in violence in Juba, South Sudan. We fear it is putting the lives of thousands of people at risk, trapping them in an active warzone, under heavy fire, without access to food, water or medical care.

### ACTION:

Médecins Sans Frontières' teams in Juba are now responding to some of the medical needs following the fighting. Two thousand five hundred people have taken refuge in St Theresa's Church and mobile clinics are focusing on the 115 most in need of medical care, including 82 children. The main medical needs include lower respiratory tract infections, fever and diarrhoea. Two patients were treated for gunshot wounds. Mobile clinics are also operating in Gudele 1 and Gudele 2. Médecins Sans Frontières is continuing to monitor the security situation around the country closely.

Taking health care to the people that need it most, Juba, South Sudan.

### 5 JORDAN



© HH/MSF

## Syrian refugees stuck in the desert

### BACKGROUND:

Around 60,000 people are stuck in an informal camp in an area known as The Berm, in extremely harsh conditions close to Jordan's north eastern border with Syria. In the wake of a suicide attack on a nearby military post on 21 June – where seven Jordanian soldiers were killed and 14 others injured – no food or medical assistance and only extremely limited water has reached the people living there.

A Syrian refugee child sits next to his grandmother at an informal tented settlement near the Syrian border, Jordan.

### ACTION:

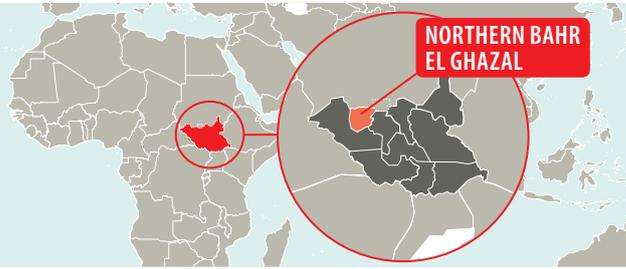
Before the forced suspension of its activities following the attack, Médecins Sans Frontières had been running a mobile health clinic for the people trapped at The Berm. Médecins Sans Frontières is calling for humanitarian aid to be resumed immediately, for international protection to be offered and a safe place to relocate. More than 50 per cent are children.



## SOUTH SUDAN

OVER 12.3 MILLION POPULATION

3,322 MSF STAFF



NORTHERN BAHR EL GHAZAL



IN MARCH 2016 MSF VACCINATED 18,460 CHILDREN BETWEEN 6 MONTHS AND 5 YEARS OF AGE AGAINST MEASLES

A baby burnt on the foot by boiled water rests with his young mother. The medical team will clean his wound and renew the dressing in the operating theatre, and continue wound care until the patient can be discharged.



# Responding to malnutrition and paediatric care



© Jean-Christophe Maugaret/MSF

When babies and children arrive at Aweil State Hospital they are first screened at triage. Here a baby is weighed to evaluate potential risk of malnutrition.

**Two-year-old Wuk is malnourished. He only weighs as much as a baby a few months old. Three days ago he was admitted to Aweil State Hospital to receive stabilisation treatment with low caloric milk and antibiotics to treat infection. This morning he started eating ready-to-use therapeutic food made of peanut paste and including energy, protein, fat, vitamins and minerals. He will be discharged in a few days if he can eat and does not require further treatment. His mother will then take him home – a five hour journey from the Médecins Sans Frontières hospital.**

**W**uk's story is just one example of the critical cases the Médecins Sans Frontières medical team manage at Aweil State Hospital on an almost daily basis during the dry season. "In April 2016, at the end of the dry season, on average 44 severely malnourished children were admitted every week in the paediatric department,"

said Florence Okatch, head nurse for Médecins Sans Frontières in Aweil.

Sadly many of the most severe cases do not reach the hospital due to the difficulties of travelling from remote locations. Decades of war and instability in South Sudan have resulted in widespread significant poverty in much of the country, including Aweil.



SINCE  
**2008** MÉDECINS SANS FRONTIÈRES HAS RUN THE PAEDIATRIC AND MATERNITY DEPARTMENT IN AWEIL STATE HOSPITAL.

Aweil State Hospital is the only hospital servicing over  
**1 million** people in the whole state.



THE CAPACITY OF 145 BEDS DURING DRY SEASON CAN INCREASE TO MORE THAN 225 DURING RAINY SEASON DUE TO CHILDREN SUFFERING FROM MALARIA.



A child receives medical treatment at Aweil State Hospital after breaking his arm.

### Providing critical care

By the end of April the hospital is admitting quite a number of young patients with trauma from accidents. John is only four years old. He was climbing a mango tree with his friends when he accidentally fell while trying to pick the last fruit of the season, and broke both his wrists. He was in pain but tried to be stoic. After a few days the pain was intolerable – he could hardly move his hands and his wrists were swollen. His parents took him to the Médecins Sans Frontières run hospital in Aweil as they knew he would be treated well. John is strong while he waits without complaint in the assessment room for the team to take care of him. He and his parents answer the questions from the staff, as John slowly moves his fingers. He will have an X-ray and will be transferred to the operating theatre for a further assessment on the need of surgery.

Since 2008, Médecins Sans Frontières has been running the paediatric and maternity departments of the Aweil State Hospital in the north region of South Sudan. It is the only hospital for a population of more than 100,000 in Aweil town and over 1 million people in the whole state. The capacity of 145 beds during dry season can increase to more than 225 during rainy season to absorb the increased caseload of children suffering from malaria.

This has recently been exacerbated by several months of very high inflation making day-to-day survival a challenge for many. But while the recent civil war did not affect Aweil directly, the indirect consequence has been the further decline in an already scarce welfare and health system. Insufficient medical facilities, an absence of transport, limited coverage of humanitarian and medical aid, and the crippling shortage of essential drugs, has drastically limited people's access to health.

The Aweil State Hospital has approximately 380 employees, including approximately 20 international staff – numbers that can increase during emergencies such as the malaria peak. But the shortage of trained medical personnel in South Sudan is one of

many constraints to providing healthcare. World Health Organization statistics suggest there are fewer than 200 doctors for the total South Sudanese population of 12 million. To overcome this challenge Médecins Sans Frontières is welcoming and training student nurses and paramedical staff from the nursing school in nearby Wau.

The hospital also deals with epidemic emergencies. In March 2016, the Médecins Sans Frontières team responded to a measles outbreak, treating patients and organising a vaccination campaign that reached 18,460 children between six months and five years of age.

Florence Okatch explains the paediatric department's set up. "The general paediatrics

department has 110 beds and operates 24/7. The medical team provides intensive care, surgery, and neonatal care, and receives many patients with burns due to the precarious living conditions, not to mention fractures and other trauma," she said.

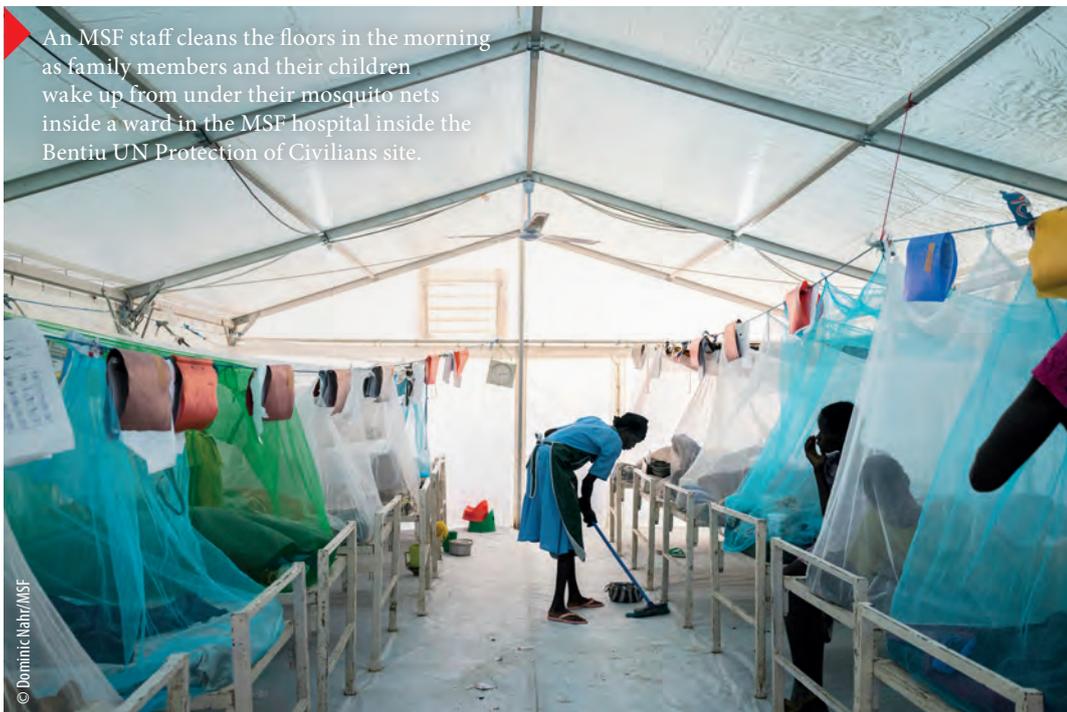
"In addition to the paediatric department, the hospital also operates a busy maternity department with 35 beds and provides maternity care for standard and complicated deliveries, emergency obstetrics and gynaecology. The medical team supports an average of 110 deliveries per week."

"The presence of Médecins Sans Frontières' maternity and paediatric department in Aweil hospital is an essential life-saving service for the population," said Florence.

# Displaced in Bentiu, South S



A woman tends the burning of rubbish inside the UN Protection of Civilians site, Bentiu, South Sudan.



An MSF staff cleans the floors in the morning as family members and their children wake up from under their mosquito nets inside a ward in the MSF hospital inside the Bentiu UN Protection of Civilians site.



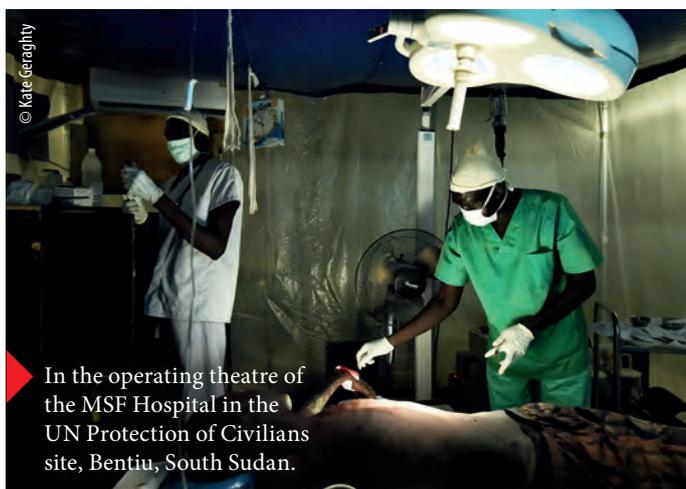
# udan

After fighting broke out across South Sudan in 2013 many civilians were forced to flee their homes. In the country's north, thousands of civilians sought the protection of United Nation peacekeeping troops at the UN Protection of Civilians site in Bentiu. Médecins Sans Frontières provide medical support and supplies to the 125,000 living in the camp.



18 year-old Riak receives outreach visits from MSF staff at the UN Protection of Civilians site, Bentiu, South Sudan.

© Kate Geraghty



In the operating theatre of the MSF Hospital in the UN Protection of Civilians site, Bentiu, South Sudan.



Blood transfusions underway for malaria patients with anemia. Blood is collected on site by family donors whose blood is tested for Malaria, Syphilis, Hep B and C, HIV and blood grouping, Bentiu, South Sudan.

© Brendan Lannon/MSF

View of the UN Protection of Civilians site in Bentiu, South Sudan.



© Dominic Vahr/MSF

Patient receives treatment for sepsis at the MSF hospital inside the Bentiu Protection of Civilians Site.





# Healing invisible wounds

Mental health is often referred to as the 'invisible wound'. As such, it can be easily overlooked in emergency situations despite its neglect causing long-term psychological trauma and suffering, especially in children. Australian Psychologist Johanna Van Grinsven recently spent time working as a Child Mental Health Manager in Irbid, Jordan, assisting Syrian refugee children who had fled to safety.



Australian Child Mental Health Manager Johanna Van Grinsven (bottom right) with colleagues in Irbid, Jordan.

The Médecins Sans Frontières Child Mental Health Clinic is located in Irbid, Northern Jordan approximately 15km from the Syrian border. Operating since October 2014, the clinic's main priority is to respond to the psychological needs of the Syrian refugee children and their families who had fled to Jordan as a result of the conflict in Syria.

The psychological trauma faced by refugees worldwide is very similar, whether that is in northern Jordan living in a run down, moldy and overcrowded apartment or in an Australian detention centre on an island in the middle of nowhere.

It is generally the thought that as soon as a refugee flees from the dangers of war and into a place of "safety" that everything will be ok. But even if they are out of immediate danger they are still fleeing from something terrible, still missing their homes, grieving

from the separation of loved ones and plagued by memories and nightmares of their past traumas.

The presentations and common symptoms seen in the children in detention and in Jordan are very similar - sleeping disturbances, nightmares, enuresis (bed wetting), anxiety, separation anxiety (for some children being separated from a parent was severely distressing and unbearable), intense fear, social withdrawal, stuttering, tics, hyperactivity and lacking hope and future focus. Some parents also describe their children complaining of physical ailments such as stomachaches, headaches

Play is the most powerful form of communication for a child as is it the most natural way for a child to express themselves, toys become a child's words and the play is their language.



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



Murals by Syrian refugee children receiving treatment at the Médecins Sans Frontières Child Mental Health Clinic in Irbid, Jordan.

© Johanna Van Grinsven

BY JOHANNA VAN GRINSVEN

and light-headedness, which is often attributed to anxiety and stress.

Most of these symptoms began in Syria or their home country. Parents describe hoping they would disappear when fleeing to safety, although some symptoms deteriorated new ones began due to other challenges faced, including financial concerns of the family, poor access to education, poor housing, psychological distress of the parent, school situation and living with constant fear and anxiety of being deported. Jordan isn't their home, and most are desperately missing and grieving their old life.

The team at the Médecins Sans Frontières Child Mental Health Clinic consisted of an expatriate psychologist, a national clinical psychologist, two national psychosocial counselors, two translators (for the international staff), a social worker and myself, the mental health manager. My role included managing my own individual patients for treatment and therapy as well as supporting and building the therapeutic skills of the national counselors and psychologists.

The national staff showed so much passion and commitment to their patients and

their families. During my mission the team worked really hard to transform the clinic into a child and family friendly space. Initially, with limited resources as a team we made dollhouses from cardboard boxes to brighten up the clinic. One mother who was experiencing severe domestic violence once came to the clinic, as it was the only place she felt safe.

Play is the most powerful form of communication for a child as is it the most natural way for a child to express themselves, toys become a child's words and the play is their language. As adults we find it incredibly difficult to verbally describe or explain what has happened to us or how we are feeling so how can we expect a child to articulate it when they don't have the verbal language. I used play therapy with my patients as it allows the child to feel heard, accepted, validated and empowered.

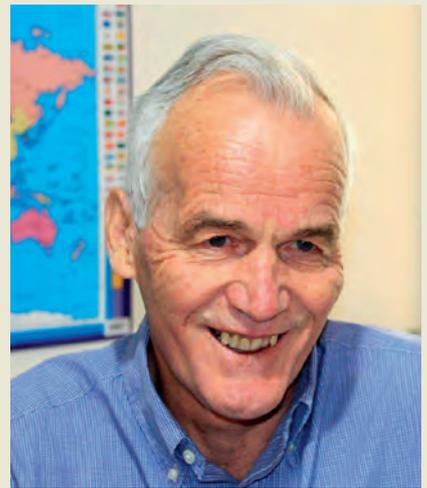
It is through play and in a safe and trusting therapeutic relationship that they can start to process what they have experienced, this may be through role-play, art activities, re-enacting life events, expressing overwhelming emotions (anger, sadness, frustration, jealousy). It is in the play therapy room they can start to try and understand their world again as for most children their world has been turned upside down.

Even though our patients are generally children, there is a large focus on supporting the whole family, particularly mothers, through providing family support, parenting strategies and parental self-care. We run group therapy programs for children with post-traumatic stress disorder symptoms and aggressive behaviors while the psychosocial counselor runs a psycho-education group to the child's primary caregiver. A father's support group has also been established to cater for the individual needs of the father.

There are always many different external factors affecting the patient and family, such as not being able to pay rent, afford food or basic necessities, access medical support, access educational activities, school or legal aid. Our psychosocial counselor would regularly be in contact with different NGOs to allow the clinic to refer patients who require additional support. This is very common, and a large part of our role, in order for the child to start to develop a sense of safety we need to identify the whole needs of the family.

As a team we had clinical supervision once per week, which provided all of the staff with an opportunity to share and discuss difficult cases to make sure we were providing quality and effective treatment. There is a large importance placed on building the skills of the national staff, with the hope that this project will be able to continue for years to come. The work being done in Médecins Sans Frontières Child Mental Health Clinic is the first step of the journey in starting to heal these children's invisible wounds.

## SUPPORTER PROFILE



NAME: **Martin Kros**

HOME: **Perth, Western Australia**

OCCUPATION: **Surveyor and Educator**

### **Martin first began supporting Médecins Sans Frontières as a Field Partner in 2012.**

Médecins Sans Frontières always seemed to be one of the first to go into troubled areas. They do so much wonderful humanitarian work in a non-political, non-judgemental manner. I particularly like the support work Médecins Sans Frontières does in areas of conflict, where their emergency response and medical teams bring rapid, valuable assistance to people in need. I am full of admiration for their field staff.

Attending the Perth Briefing was an uplifting experience! It was wonderful to see the doctor so enthusiastic about her work and to hear firsthand accounts of what Médecins Sans Frontières does in a refugee camp. It was also nice to see how local specialists were being used or trained with Médecins Sans Frontières in supporting their own people.

Médecins Sans Frontières is a truly worthwhile organisation to support as it is non-political and has such dedicated people working to help others in distress. From the Executive Director to all the field staff, they all appear so dedicated and professional.

This is our chance as Médecins Sans Frontières supporters to help the field staff really make a difference to so many people who through no fault of their own are in need of some form of urgent medical assistance right now.



For more information on becoming a Field Partner, please visit [www.msf.org.au](http://www.msf.org.au)



## EASTERN UKRAINE



MÉDECINS SANS FRONTIÈRES HAS 254 FIELD STAFF IN THE UKRAINE.



9,900 PATIENTS RECEIVED TREATMENT FOR CONFLICT RELATED INJURY.



# “We are lost here and very scared”

**It's been more than two years since conflict erupted in eastern Ukraine. More than 9,300 people have been killed and some 21,500 injured since mid-April 2014. Despite fading from the international spotlight, the protracted conflict has taken a heavy toll especially on the many elderly people remain stuck close to the line of contact, with minimal access to essential healthcare for chronic diseases and acute mental health needs.**

**M**édecins Sans Frontières is currently one of the few international organisations providing much-needed direct medical and mental health assistance in areas close to the conflict. Teams based in Bakhmut and Mariupol, are running mobile clinics and supplying facilities with drugs and equipment. They travel to around 40 locations to reach those most in need. They operate clinics from empty schools, community buildings, or within abandoned health facilities, and some people have even opened up their homes to offer Médecins Sans Frontières doctors a location to provide care. While some health facilities are today recovering in many locations along the line of contact,

medical staff have still not returned due to the village's dangerous proximity to the ongoing conflict. In some areas, many clinics or hospitals remain without medications. In others, health facilities have been partially or completely destroyed.

### Treatment for chronic diseases

The lack of treatment for chronic diseases such as diabetes and cardiovascular conditions is one of the major medical needs facing elderly people. It is estimated that of the 1.75 million people who are still displaced by the conflict, more than one million are pensioners. In the line of contact areas, Médecins Sans Frontières is working to fill gaps created by a severe

lack of healthcare. In cities to where people have fled, such as Mariupol, high rates of unemployment and rampant inflation mean people living with such diseases simply cannot afford essential treatment. Without care, they are left with serious risk of medical complications.

Due to the high numbers of elderly patients, more than half of Médecins Sans Frontières patients present with cardiovascular disease. Diabetes is also common, with approximately one in ten of patients on or requiring treatment. Providing care for chronic diseases is a challenge, particularly in areas which are not always easy to reach because of insecurity.

### Persistent psychological scars

Raisa, 80 years old, is a pensioner living in Taramchuk, a small village close to the line of contact. In August 2014, her house was destroyed by shelling and she now lives in the house of a neighbour who fled the village when the conflict intensified. “We are lost



**5,100**  
WOMEN WERE ASSISTED TO DELIVER THEIR BABIES.



**12,000**  
consultations carried out in 2015 by Médecins Sans Frontières for mental health patients

OF THE **1.75 MILLION** DISPLACED BY CONFLICT MORE THAN 1 MILLION ARE PENSIONERS



IN 2015 MÉDECINS SANS FRONTIÈRES TREATED 61,000 PATIENTS WITH CHRONIC DISEASE



79-year-old Valentina receives treatment from Dr Alexander Gontarev in the MSF mobile clinic located in Granite.

© Sarah Pierre/MSF

**Australian Field Coordinator Sita Cacioppe recently spent four months working in Mariupol, Ukraine.**



Australian Field Coordinator Sita Cacioppe at work in Mariupol, Ukraine.

© Sita Cacioppe/MSF

here and very scared,” says Raisa. “Life here is terrible, and sometimes I have suicidal thoughts. I am in despair to find myself in this situation in my old age.”

Following two years of conflict, psychological trauma is pervasive, with families and communities torn apart. The elderly are particularly vulnerable. Many have had to say goodbye to their children and grandchildren who left to find safety in larger cities, and they often remain alone without emotional support. Living with direct exposure to the conflict, anxiety and depression are commonplace.

Anxiety affects more than half of Médecins Sans Frontières’ mental health patients. Médecins Sans Frontières began mental health support as part of its medical activities in July 2014. Since then, Médecins Sans Frontières has conducted around 18,000 individual and group consultations. A significant number of these consultations are for the elderly.

Mariupol is situated in the south east of Ukraine right on the Azov sea and is about 15-20 kilometres from the contact line. While accessibility to healthcare is quite good, there are gaps for thousands of displaced people escaping the conflict, as well as those living inside the grey zone, particularly as people experience limited movement as a result of checkpoints.

My primary role really was supporting the medical team and their movements and making sure the security was okay for them to move. Security was taken very seriously; it is the only project where we have had to wear flak jackets. Initially our operations were quite low key and a lot of people were not aware of who Médecins Sans Frontières were. So we put in a lot of effort into working with the authorities and educating populations about why we were there and what services we were providing.

We ran three mobile clinics across 25 sites; two in and around Mariupol and the other three hours north in a town called Kurakhove. Each mobile clinic consisted of a doctor, a nurse and a psychologist,

so we were running the mental health component within the mobile clinic. We also made regular small donations to hospitals within the buffer zone who had limited access to medical supplies.

We saw many elderly patients with diabetes, cardio vascular disease, high blood pressure, hypertension, and some hyperthyroidism. Some of the villages we visited only had a total of 50 people and 40 of them were over 65 with non-communicable diseases, so it was really important they received a continuous supply of medication until our next visit.

There was also a lot of stress related anxiety such as post-traumatic stress disorder due to the conflict or the fact that people’s families had left, so having Médecins Sans Frontières responding to mental health needs was helping to have a positive impact in these communities.

I have such huge respect for my national team who were going into those locations every day and hearing the shelling and continuing to understand the need for being there.

**No access to non-government controlled areas**

Until October 2015, Médecins Sans Frontières was providing assistance on both sides of the frontline. Today, teams are only able to work in areas controlled by the Ukrainian government. Médecins Sans Frontières concluded activities in Bakhmut and surrounding areas at the end of July 2016.

NAME: Elisha Swift  
HOME: Nundah, QLD



### Field Role: Clinical Midwife/Clinical Nurse

Médecins Sans Frontières' is continuing to provide treatment for chronic diseases, mental healthcare and sexual and reproductive care to Syrian refugees in Domiz camp, Iraqi Kurdistan, as well as ensuring a safe place for women to give birth in its maternity unit.

### Médecins Sans Frontières Field Experience

• February 2016 to August 2016  
Domiz, Iraq (first mission)

# “Stop thinking and go for it!”



© Elisha Swift/MSF

Elisha Swift at work in Domiz refugee camp in Iraq.

security has become a big part of my life here. Here in Dohuk we have quite a lot of freedom when compared to other projects. We are able to walk to the souk [market], we have drivers who move us about and we are always kept up to date about the military activities that are planned around us. So being conscious of security at this new level has quickly become second nature.

### Can you think of a particular patient who has benefitted from the treatment they received?

There are many stories, but two women who will always stand out for me - Fatima and her elderly mother. Abla, the National Midwife Supervisor, Nojin, my Translator, and I had all worked together to make sure the arrival of Fatima's baby, a little girl, was safe and straightforward. Like so many women Fatima was exhausted after the delivery, but her mother's main focus was to take the family home. The women here only stay a short amount of time before wanting to go back to their homes, so I knew that we only had a small window to support and provide advice to Fatima during the most important, first breastfeed. Before they left we let them know that they should come back at any time if they needed us.

Then next day one of the first people I saw when I arrived at the maternity unit was Fatima and her mother, who came straight up to me and said, 'We need help, the baby is not feeding. If we can't get the baby to feed Fatima is going to stop trying to breastfeed.' We spent the much needed time together and the baby started to breastfeed. Then each time Fatima and her mother came to the maternity unit, Fatima's mother would search me out and proudly show me how big her granddaughter was, and always delighted to tell me that Fatima was still only breastfeeding and never gave her baby water or artificial milk.

### What advice would you give to someone thinking about going on their first mission?

Stop thinking and go for it! I am not quite at the end of my mission but I know that I want to take what I have learned from the international team, national team and the women that I have cared for here to another project, build on that and share it again.

### Can you tell us about the community you are working with?

Domiz refugee camp in Iraqi Kurdistan was opened in March 2012 to support and care for Syrian people escaping the escalating conflict in their country. Médecins Sans Frontières' maternity unit was opened in collaboration with the Directorate of Health in August 2014, in response to the increasing need to keep the women of Domiz healthy and safe during delivery. The maternity team is mostly made up of Syrian refugees. They provide quality antenatal care, support and management of labour and birth, schedule regular postnatal consultations, commence vaccinations for the newborns and provide advice on family planning. On average each month we have around 800 antenatal care consultations, 120 births, 200 postnatal care visits and 450 family planning sessions. We refer high-risk and complicated deliveries to Dohuk hospital.

### What does a typical day involve?

My day here begins at Médecins Sans Frontières office at 8.30am. I make sure my name is on the movement board, I check in with the administration/pharmacy/logistic teams if there are any updates and then we drive to Domiz refugee camp. The first stop of the day is the primary health care centre and then the maternity unit. Once I am in the unit it is a matter of checking in with each member of the team in all the areas: triage, antenatal, postnatal, sterilisation and the labour and delivery rooms. My day is always busy. It involves assessing patients and making a care plan for women with

more complicated pregnancies who come through the antenatal care and postnatal care clinics, attending births and managing staffing levels and needs. At the end of the day we head back to the Médecins Sans Frontières office to update the right people about our day and the plans that have been set into motion to ensure the maternity unit continues to run smoothly.

### What have you found to be the most challenging aspects of living/working in Iraq? Have you been able to overcome this?

When it comes to the work, the lack of available resources is a challenge that I share with both the maternity team and the women here in Domiz. Before the crisis in Syria erupted, Syrian women had access to high quality healthcare including routine ultrasound screening. We only have limited access to ultrasound screening and even then it is only intended for serious maternal fetal conditions. Added to this challenge is that the sonographer is only here on Sundays and Wednesdays for four hours. For our Syrian patients, when they are used to having a grainy ultrasound picture in their hand after a consultation it can be hard to accept that this is no longer possible. To overcome this, we have created posters and flyers explaining why we cannot provide routine ultrasound screening, and that the maternity team here are very skilled and can be trusted in their clinical judgement and knowledge.

Living in Kurdistan Iraq I have everything I could possibly need, which makes life here so very easy. Understandably safety and



## 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

- Kelly Drew**  
Neonate Nurse  
Peakhurst, NSW
- Katherine Franklin**  
Medical Doctor  
Melbourne, VIC
- Shanti Hegde**  
Gynecologist  
Montmorency, VIC
- Jacqui Jones**  
Nursing Activity  
Manager  
Wyoming, NSW
- Hannah Rice**  
midwife  
Mile End, SA

### ARMENIA

- Kerrie-Lee Robertson**  
Finance and HR  
Coordinator  
Marsfield, NSW

### CENTRAL AFRICAN REPUBLIC

- Brian Willett**  
Deputy Head Of  
Mission  
Gisborne, VIC

### DEMOCRATIC REPUBLIC OF CONGO

- Sam Templeman**  
Nursing Activity  
Manager  
Eastwood, NSW
- Raque Kunz**  
Flight Manager  
Cornubia, QLD

### ETHIOPIA

- Shaun Cornelius**  
Logistics Manager  
Wellington, New  
Zealand

### GREECE

- Elsbeth Kendall-Carpenter**  
Nursing Activity  
Manager  
Carterton, New  
Zealand

### HAITI

- Terri Bidwell**  
Orthopedic Surgeon  
Kohimarama, AKL,  
New Zealand

### INDIA

- Tambri Housen**  
Epidemiological  
Activity Manager  
Ascot, WA
- Simon Janes**  
MEDICAL  
COORDINATOR  
Ascot, WA
- Stobdan Kalon**  
Medical Coordinator  
Leeton, NSW
- Rose Stephens**  
Nursing Activity  
Manager  
Fitzroy, VIC
- Kelly Wilcox**  
Project Coordinator  
Bullcreek, WA

### IRAQ

- Graham Baker**  
All Round Logistcian  
Woodroffe, NT
- Robert Onus**  
Project Coordinator  
Chittaway Bay, NSW
- Elisha Swift**  
Midwife  
Nundah, QLD
- Sally Thomas**  
Project Coordinator  
Rozelle, NSW
- Jeanne Vidal**  
WHS Manager  
Caroline Springs, VIC

### JORDAN

- Nicole Campbell**  
Nursing Team  
Supervisor  
Maroubra, NSW
- Judith Forbes**  
Doctor Anaesthetist  
Christchurch 2, New  
Zealand
- Jessica Ramsay**  
Laboratory Manager  
Perth, WA
- Natalie Thurtle**  
Project Medical  
Referent  
Arncliffe, NSW

### KENYA

- Rachel Lister**  
Medical Doctor  
Dunedin, New  
Zealand
- Mike O'Connor**  
DRTB Doctor  
Ivanhoe East, VIC
- Zen Patel**  
HR Coordinator  
Bondi, NSW
- Janthimala Price**  
PROJECT  
COORDINATOR  
Penrith, NSW

### KYRGYZSTAN

- Marie Reyes**  
Nursing Activity  
Manager  
Yagoona, NSW

### LEBANON

- Kezia Mansfield**  
Medical Activity  
Manager  
Hurstville Grove, NSW
- Shelagh Woods**  
Head of Mission  
Rose Park, SA

### LIBERIA

- Kaye Bentley**  
Finance/HR  
Coordinator  
Wellington, New  
Zealand

### LIBYA

- Janet Coleman**  
Midwife Activity  
Manager  
Tauranga, New  
Zealand
- Jessica Dwyer**  
Nursing Team  
Supervisor  
New Plymouth, New  
Zealand
- Melissa Hozjan**  
Project Medical  
Referent  
Herston, QLD
- Kriya Saraswati**  
Logistics  
Administration  
Manager  
Prahlan East, VIC

- Grace Yoo**  
Country Pharmacist  
Bankstown, NSW

### MALAWI

- Rebecca Bloor**  
Project Pharmacy  
Manager  
Dunedin, New  
Zealand
- Rose Burns**  
Qualitative Research  
Assistant  
North Melbourne, VIC
- Nicolette Jackson**  
Deputy Head of  
Mission  
Mullumbimby, NSW

### MALAYSIA

- Robert Gardner**  
Finance/HR  
Coordinator  
Masterton, New  
Zealand

### MYANMAR

- Roslyn Brooks**  
Medical Doctor  
Cooma, NSW
- Linda Pearson**  
Project Coordinator  
Auckland, New  
Zealand
- Eric Boon**  
Flight Manager  
Swanbourne, WA
- Colin Chilvers**  
Doctor Anaesthetist  
Launceston, TAS
- Siry Ibrahim**  
Project Coordinator  
Wellington, New  
Zealand

### PAKISTAN

- Catherine Moody**  
Head Of Mission  
Wollongong, NSW
- Loraine Anderson**  
Clinical Psychologist  
Woy Woy, NSW

### PALESTINIAN TERRITORY

### PAPUA NEW GUINEA

- Petra van Beek**  
Project Fin/HR  
Manager  
Burnett Heads, QLD

### SOUTH AFRICA

- Ellen Kamara**  
Project Coordinator  
Beerwah, QLD

### SOUTH SUDAN

- Harriet Barker**  
Nursing Activity  
Manager  
Chapel Hill, QLD
- Susan Bucknell**  
Logistics Team Leader  
Sutherland, NSW

- Jocelyn Chan**  
Epidemiologist  
Strathfield, NSW

- John Cooper**  
Logistics  
Administration  
Manager  
Avalon, New Zealand

- Jai Defranciscis**  
Nursing Activity  
Manager  
Home Hill, QLD

- Nicole Ganderton**  
Deputy Head Nurse  
Gold Coast, QLD

- David McGuinness**  
Nursing Activity  
Manager  
Gaven, QLD

- Amy Neilson**  
Medical Activity  
Manager  
Sandy Bay, TAS

- Jessica Paterson**  
HR Coordinator  
Ararat, VIC

- Miho Saito**  
Midwife Activity  
Manager  
Glengowrie, SA

- Rachel Sun**  
Mission Pharmacy  
Manager  
Helensvale, QLD

- Adrian Thompson**  
Project Coordinator  
Port Macquarie, NSW

### SYRIA

- Sarah Dina**  
Mental Health Activity  
Manager  
Beeliar, WA

### TANZANIA

- Jananie Balendran**  
Medical Doctor  
Cherrybrook, NSW
- Amanda Lam**  
Nursing Activity  
Manager  
Nightcliff, NT

### TANZANIA

- David Nash**  
Head of Mission  
Cremorne, NSW

### UGANDA

- Rob Baker**  
Logistics Manager  
Darwin, NT
- Stephanie Davies**  
Project Fin/HR  
Manager  
Pacific Pines, QLD

### UZBEKISTAN

- David Lister**  
Medical Activity  
Manager  
Ashwood, VIC

### YEMEN

- Rodney Miller**  
HR Coordinator  
Elsternwick, VIC
- Emma Parker**  
Head Nurse  
Aranda, ACT
- Jessa Pontevedra**  
Nursing Activity  
Manager  
Hamilton, New  
Zealand
- Kate Tyson**  
Gynaecologist  
Brooklet, NSW
- Kyla Ulmer**  
Outreach Nurse  
Karratha, WA
- Suzel Wiegert**  
Head Nurse  
Engadine, NSW



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DOCTORS WITHOUT BORDERS



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DOCTORS WITHOUT BORDERS

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A staff member working in Kok Island makes his way back towards a Médecins Sans Frontières helicopter during a food drop for thousands of internally displaced people in the troubled Unity State in South Sudan.