

# DISPATCHES

**Kunduz**  
**3 October 2015**  
**MSF hospital under attack**  
pages 4-5

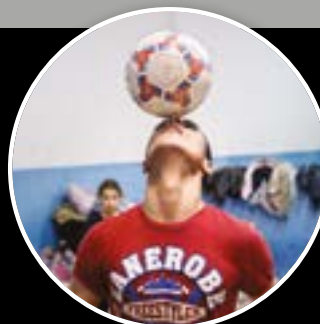
Hamza, 12, sits in his hospital bed at the MSF trauma hospital in Kunduz, northern Afghanistan, 29 November, 2011. On 3 October 2015, the hospital was struck by repeated airstrikes, killing 30 people, both patients and staff.

*Photograph: Michael Goldfarb/MSF*



**MEDECINS SANS FRONTIERES**  
**DOCTORS WITHOUT BORDERS**

Winter 2015  
No 79



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## UKRAINE

## MSF refused permission to work in Lugansk

In September, the self-proclaimed Lugansk People's Republic in eastern Ukraine refused permission for MSF to continue providing critical humanitarian assistance in the area.

"We find the decision unacceptable given the significant medical and humanitarian needs of people affected by the ongoing conflict in Lugansk," says Dr Bart Janssens, MSF director of operations. "MSF has been one of the few international organisations providing vital assistance in Lugansk for more than a year. We have been dedicated to supporting doctors and nurses to be able to carry out their crucial work. As in all conflict zones where MSF works, our only aim has been to help vulnerable people, no matter their political beliefs or which side of the frontline they find themselves on."

Since June 2014, MSF has supported 109 facilities in Lugansk with essential medicines, medical supplies, hygiene materials and relief items. Through mobile clinics in 35 locations, our teams have provided more than 42,000 primary healthcare consultations alongside doctors from the public health service.

"We see people struggling to access antibiotics, pain killers, insulin, psychiatric drugs, and medications for chronic illnesses such as high blood pressure, heart disease and kidney disease," says Janssens. "It is vulnerable people – the elderly, sick, disabled and displaced – who suffer most. We are deeply upset that we are not allowed to continue helping them."

**As we went to press, MSF was ordered to halt its activities in the neighbouring Donetsk region, also controlled by separatists. MSF will continue its efforts to work on both side of the frontline in eastern Ukraine.**

[msf.org.uk/ukraine](http://msf.org.uk/ukraine)

## IRAQ



An Iraqi woman and her child wait for a consultation outside an MSF mobile clinic in Kirkuk, Iraq. Over the past year, more than three million people have been displaced within Iraq due to aerial bombings and the advances of Islamic State. MSF teams are operating mobile clinics throughout the Kirkuk region and beyond, providing medical care to Iraqis fleeing conflict. Photograph © Natacha Buhler/MSF

## CENTRAL AFRICAN REPUBLIC



Boris Minikahori proudly displays his immunisation certificate in the village of Pougol. Since July, MSF has been conducting a mass vaccination campaign throughout Central African Republic for children under the age of five, with the aim of immunising 220,000 children against nine diseases by the end of 2016. "The criers come to our village to let us know about the vaccination," says Boris' mother, Nadine. "That way we know about it even if we are in the bush. Boris, he loves to eat. He also plays ball and goes to school." Photograph © Anthony Fouchard

## COLOMBIA

## MSF provides care to deportees from Venezuela

MSF is providing vital medical and mental healthcare to 3,000 people staying in temporary shelters in the city of Cúcuta, Colombia, after they were deported from neighbouring Venezuela following a crackdown by authorities on unauthorised migrants.

Many Colombians have been forced to return from Venezuela without loved ones. "One woman moved to Venezuela in 2000, where her children were born," says Nestor Rubiano, MSF's mental health advisor. "Now the children have been denied entry to Colombia, and she has been forced to leave them behind."

"They are in Venezuela with their dad," the mother says. "I'm trying to keep busy at this shelter, because if I don't, I'll go crazy thinking about my children. Look what's happening to us: we've had to come back with nothing, just like we left with nothing."

Since early September, the MSF team has been providing medical consultations and counselling sessions at 20 shelters and hotels where the returnees are staying. The team is also training psychologists from the local health service so they can offer increased mental health support.

## SOUTH SUDAN



With many roads becoming impassable during the rainy season, MSF teams in Agok have come up with a novel solution to ensure they can continue to reach remote communities: fitting MSF Land Cruisers with specially designed tracks. Photograph © Pierre-Yves Bernard/MSF

## ETHIOPIA



A pregnant woman is examined by MSF staff in Fiq hospital, in eastern Ethiopia. This is the only hospital in the region where women can get free antenatal and postnatal care. Photograph © Matthias Steinbach

## KYRGYZSTAN



Aisara Goboeva, who has multidrug-resistant tuberculosis (MDR-TB), is being treated at her home in Kara-Suu district, Osh province. As far as possible, MSF teams in Osh provide home-based care for MDR-TB patients, as being in familiar surroundings, with their families around them, can help patients stick to the difficult course of treatment. For two years, patients must take a daily cocktail of toxic drugs, many of which have severe side effects, including nausea, deafness and occasionally psychosis. Photograph © Helmut Wachter/13photo

## YEMEN

## Conflict continues

**Sarwat Al-Attas** was MSF's medical coordinator in Yemen's Taiz and Al Dhale regions until August. Here she describes her work in the warzone.

"It was a very intense nine weeks during which the hospital in Taiz came fiercely under attack. I remember a day in July when we heard a plane flying very low and then a huge bang. It wasn't long before the first casualties started coming in. The first was a father bringing his child, then another couple came in carrying their little girl in a bed sheet. She was already dead. The father was so calm; he helped other families bring in their wounded. It was chaotic – we had to work in the corridor because that was the only safe place. We had around 13 casualties in the corridor and there was blood everywhere. I spend a lot of time thinking about all of those broken limbs. I just feel so sorry for the families."

A few days before my departure, there was an airstrike very close to us that destroyed a man's home. He survived because he was out with his son, but the rest of his family died. That happens a lot. It's really ugly.

I have never been so close to a war. It is gruesome. A lot of the wounded in Yemen have been shot by snipers, and by the time they get to you there is sometimes not a lot you can do. Our clinic didn't have an operating theatre; we were just a simple emergency

room doing the best that we could.

In Al Dhale we ran an outpatient department dealing with all those conditions that get ignored during a conflict: diarrhoea, respiratory problems, tonsillitis, complications during pregnancy. People are grateful MSF is there. There aren't any other NGOs operating. But though we are there on the ground, we can't cover everything.

### Dangerous checkpoints

Going through checkpoints is nerve-racking. Within a few hundred feet, everything can change and the snipers can start shooting. We travelled in a van with an MSF sticker on it, but every day you knew that anything could happen to you. At one stage, I was really nervous, especially when the driver said, 'I can see people moving around', which is a sure sign that they are going to start shooting. The driver was scared and my heart skipped. As soon as we got to the other side it was a massive relief.

### The brave ones

I'm pleased that we are there, side by side with local health staff. I admire the fact that they have carried on working even though it's so risky for them. You listen to them crying and just hold their hands – they are the brave ones. No side is winning in this war and I think Yemen will take a long time to recover. I'm glad MSF will be there to help with that recovery."

**Support our Yemen appeal.**  
Visit [msf.org.uk/yemen](http://msf.org.uk/yemen)



# Tragedy in Kunduz

Fires burn in the MSF emergency trauma hospital in Kunduz, Afghanistan, after it was hit and partially destroyed by a bombing raid, 3 October 2015 Photograph © MSF

From 2.08 am until 3.15 am on Saturday 3 October 2015, MSF's trauma hospital in Kunduz, Afghanistan, was hit by a series of aerial bombing raids at approximately 15-minute intervals, all carried out by Coalition forces. The main hospital building, which housed the intensive care unit, emergency rooms and physiotherapy ward, was hit with precision, repeatedly, during each aerial raid, while surrounding buildings were left mostly untouched.

Thirty people were killed in the attack: 10 were our patients, three of them children, 13 were MSF staff and seven have yet to be identified. Thirty-seven people were injured, including 19 members of the MSF team. The MSF hospital in Kunduz has been partially destroyed and is no longer operational, depriving tens of thousands of people of lifesaving surgical care.

The attacks took place despite the fact that MSF had provided the GPS coordinates of the trauma hospital to Coalition and Afghan military and civilian officials as recently as Tuesday 29 September. The attack continued for more than 30 minutes after we first informed US and Afghan military officials in Kabul and Washington that it was a hospital being hit.



The MSF hospital opened in August 2011 and provided surgical care and physical therapy. It was the only trauma centre of its kind in the region. Photograph © Michael Goldfarb/MSF

**"In Kunduz our patients burned in their beds. MSF doctors, nurses and other staff were killed as they worked. Our colleagues had to operate on each other. One of our doctors died on an improvised operating table – an office desk – while his colleagues tried to save his life.**

**Today we pay tribute to those who died in this abhorrent attack. And we pay tribute to those MSF staff who, while watching their colleagues die and with their hospital still on fire, carried on treating the wounded.**

**This was not just an attack on our hospital – it was an attack on the Geneva Conventions. These Conventions govern the rules of war and were established to protect civilians in conflicts – including patients, medical workers and health facilities. They bring some humanity into what is otherwise an inhumane situation."**

**Dr Joanne Liu,  
MSF international  
president,  
7 October 2015**



In the aftermath of the attack, the MSF team desperately tried to move wounded patients out of harm's way, and tried to save the lives of injured colleagues and patients, setting up a makeshift operating theatre in an undamaged room.

When the aerial attack occurred, there were 105 patients in the hospital and more than 80 MSF international and Afghan staff present. Our staff reported no armed combatants or fighting in the compound prior to the airstrike.

From 28 September, when major fighting broke out in Kunduz city, until the time of the attack, MSF teams in Kunduz had treated 394 wounded people in the hospital. The hospital was the only facility



Dr Mahboobullah Shafiq examines a young patient in the intensive care unit of Kunduz trauma centre in October 2012. More than 22,000 patients received care at the hospital last year. The airstrike of 3 October 2015 reduced the hospital to ruins and it is no longer functioning. Photograph © MSF

of its kind in northeastern Afghanistan, providing free life and limb-saving trauma care. In 2014, more than 22,000 patients received care at the hospital and more than 5,900 surgeries were performed.

MSF demands an independent investigation by the International Humanitarian Fact-Finding Commission (IHFFC.org) to establish the facts of this event. The IHFFC is not a UN body; it was created in 1991 by Additional Protocol 1, article 90 of the Geneva Conventions, which govern the rules of war. The IHFFC was set up for precisely this purpose: to independently investigate violations of humanitarian law, such as attacks on hospitals, which are protected in conflict zones.



MSF staff comfort each other in the aftermath of the attack. Photograph © MSF

## 'It was absolutely terrifying'

MSF nurse **Lajos Zoltan Jecs** was in Kunduz trauma hospital when it was struck by a series of aerial bombing raids in the early hours of 3 October.



"It was absolutely terrifying. I was sleeping in our safe room in the hospital. At around 2 am I was woken up by the sound of a big explosion nearby. At first I didn't know what was going on. Over the past week we'd heard bombings and explosions before, but always further away. This one was different – close and loud.

At first there was confusion, and dust settling. As we were trying to work out what was happening, there was more bombing.

After 20 or 30 minutes, I heard someone calling my name. It was one of the emergency room nurses. He staggered in with massive trauma to his arm. He was covered in blood, with wounds all over his body.

He was calling for help. In the safe room, we have a limited supply of basic medical essentials, but there was no morphine to stop his pain. We did what we could.

**"We saw the hospital destroyed, burning"**

I don't know exactly how long, but it was maybe half an hour afterwards that they stopped bombing. I went out with the project coordinator to see what had happened.

What we saw was the hospital destroyed, burning. We went to look for survivors. A few had already made it to one of the safe rooms. One by one, people started appearing, wounded, including some of our colleagues and caretakers of patients.

We tried to take a look into one of the burning buildings. I cannot describe what was inside. There are no words for how terrible it was.

We looked for some staff who were supposed to be in the operating theatre. It was awful. A patient was lying there on the operating table, dead, in the middle of the destruction.

And then back to the office. Full – patients, wounded, crying out, everywhere.

**"We saw our colleagues dying"**

It was crazy. We had to organise a mass casualty plan in the office, seeing which doctors were alive and available to help.

We did an urgent surgery for one of our doctors. Unfortunately he died there on the office table. We did our best, but it wasn't enough.

The whole situation was very hard. We saw our colleagues dying. Our pharmacist – I was just talking to him last night and planning the stocks, and then he died there in our office.

The first moments were just chaos. Enough staff had survived so we could help all the wounded with treatable wounds. But there were too many we couldn't help because they were so badly injured.

Somehow, everything was very clear. We just treated the people who needed treatment, and didn't make decisions – how could we make decisions in that sort of fear and chaos?

**"I have no words to express this. It is unspeakable"**

Some of my colleagues were in too much shock, crying and crying. I tried to encourage some of the staff to help, to give them something to concentrate on, to take their minds off the horror. But some were just too shocked to do anything.

Seeing adult men, your friends, crying uncontrollably – that is not easy.

I have been working here since May, and I have seen a lot of heavy medical situations. But it is a totally different story when they are your colleagues, your friends.

These are people who had been working hard for months, and non-stop for the past week. They had not gone home, they had not seen their families, they had just been working in the hospital to help people... and now they are dead.

These people are friends, close friends. I have no words to express this. It is unspeakable.

The hospital, it has been my workplace and home for several months. Yes, it is just a building. But it is so much more than that. It is healthcare for Kunduz. Now it is gone.

What is in my heart since this morning is that this is completely unacceptable. How can this happen? What is the benefit of this? Destroying a hospital and so many lives, for nothing. I cannot find words for this."



Malawi's Maula prison is one of the country's harshest penal institutions. Built to accommodate 800 prisoners, it is now bursting at the seams with 2,650 inmates. For 15 hours a day, men sit squeezed together in cement blocks, with less than half a square metre of space per inmate. Prisoners eat a basic meal of maize flour paste once a day with little or no additional protein, resulting in some inmates suffering from moderate-to-severe malnutrition. HIV and tuberculosis infections are on the rise.

The most vulnerable among this desperate population are 300 undocumented migrants who were arrested while making their way to South Africa. Sentenced for periods up to three months, these migrants often languish for longer in prison, unable to raise the funds to be repatriated.

MSF has been working in Maula and Chichiri prisons since June, providing basic healthcare to prisoners and to prison staff, along with improving food, water and sanitation in both prisons.

All photographs: Luca Sola/MSF

Find out more at [msf.org.uk/malawi-prison](http://msf.org.uk/malawi-prison)



Chichiri prison, 27 May 2015. A prison guard closes the main gate as she shouts to prisoners' relatives that visiting time is over. MSF staff provide medical care to the guards as well as the prisoners.

# Life in Malawi's prisons



Food distribution in Chichiri prison. Prisoners are fed just once a day, due to the small budget that the Malawian government allocates to the penal system. The quality of the food is poor, with boiled maize flour served six days a week, and boiled beans once a week. As a result, many prisoners suffer from malnutrition.



Tasfaya Lanago (centre) is 18 years old. He left Ethiopia due to economic hardships and arrived in Malawi in December 2014, where he was arrested for illegal entry and sent to Maula prison. "If you ask if I would do this again," says Tasfaya, "I would say no, I would stay in Ethiopia. This prison is terrible. I thought Africans were all brothers, but we don't have food, clothes or soap. They are killing us."



A member of MSF's medical team examines a patient. Detainees in Maula prison often suffer from poor health due to overcrowding and a poor diet.



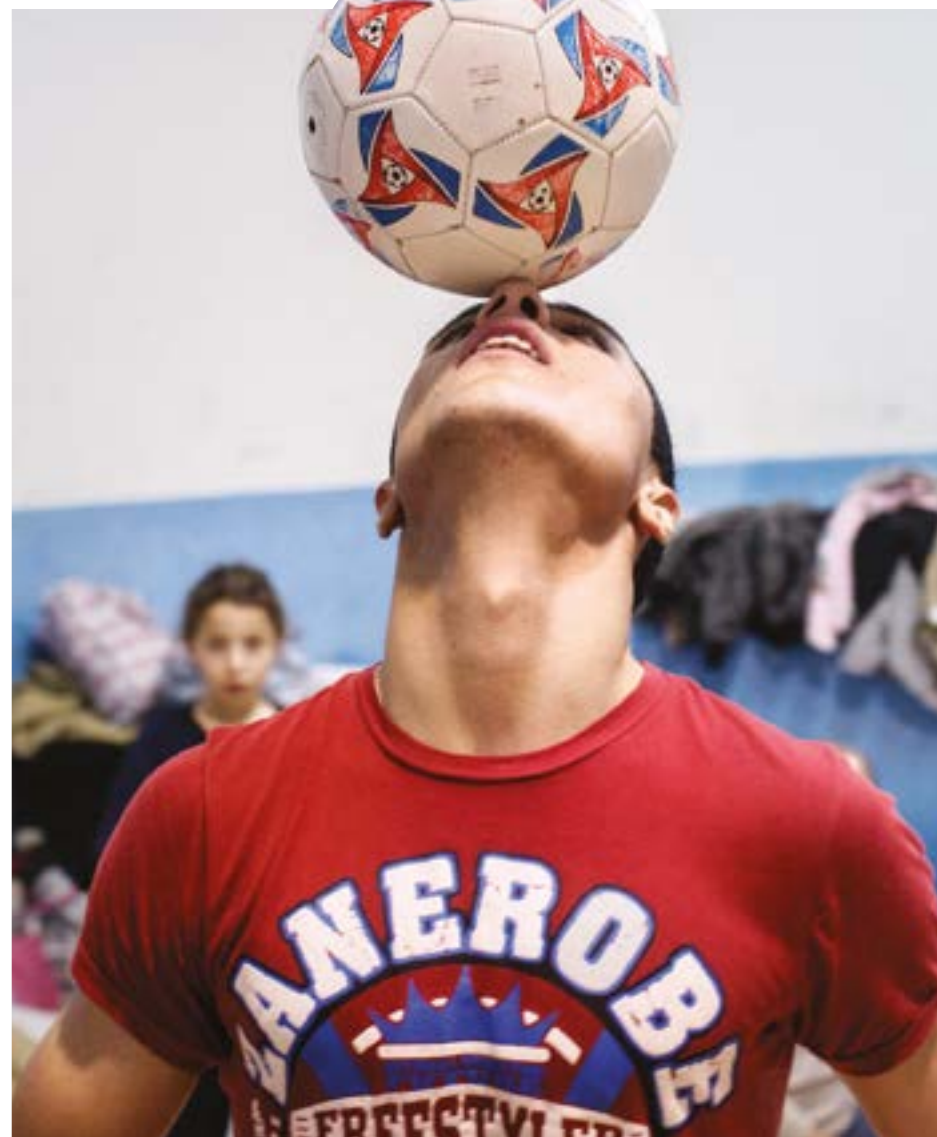
A prisoner sleeps on the ground after a night spent awake in an overcrowded cell. Built to accommodate 800 prisoners, Maula prison now houses 2,650 inmates.



6 am, 25 May 2015. Prisoners in an overcrowded cell in Chichiri prison wait for permission to go outside after 14 hours locked up. Cell 5 is one of the most overcrowded in the prison, and its inmates have the highest incidence of tuberculosis, hepatitis, malaria and HIV in the prison.



# Escape to victory?



Mohammed had always dreamed of a career in international football. At the age of 17, he was captain of Syria's national youth team, despite being their youngest player. He was a striker, number 10 in the team, and had scored a record 64 goals in 52 matches. But he left all this behind to escape Syria on a rickety boat across the Mediterranean.

## Bomb on the football pitch

For a few years, Mohammed was so caught up in football that he took little notice of the war that was going on around him in Syria. But eventually the conflict began to encroach on his daily life.

As he took the bus to his training sessions, explosions became more and more frequent – when this happened, he and the other passengers would throw themselves onto the floor between the seats.

One day, a bomb exploded on the football pitch in the middle of a match and one of his teammates died. Mohammed decided it was time to get out.

At the same time, Mohammed's eighteenth birthday was looming, bringing with it the prospect of forcible conscription into the Syrian army.

## Journey fraught with risk

"We decided to leave Syria to protect Mohammed's future," says his father.

Accompanied by his father and uncle, Mohammed crossed the border to Turkey and made his way to the port city of Mersin, on the eastern Mediterranean.

The journey took 24 hours and was fraught with risk. It involved crossing the mountains on foot, bargaining for transport and avoiding human traffickers, all against a backdrop of gunfire and explosions.

"I won't be able to forget it no matter how hard I try," says Mohammed's father. "We saw death with our own eyes."

In Mersin, they found a boat that would take them to Europe: an old merchant ship, into which they were squeezed with hundreds of other Syrians.

By day two, the boat had started to take on water.

"We had to throw everything away – food, clothes and belongings" says his father. "Not even for a second were we able to sleep. If we did, we would eventually drown."

By the time they were rescued, the boat was barely afloat.

Five days after leaving Turkey, they landed on the coast of Sicily.

## Arriving in Italy

Mohammed sits on a camp bed in the migrants' reception centre in Pozzallo, surrounded by Syrian families. On the wall behind him are pinned drawings, messages written in Arabic, Syrian flags, and a picture of a leaking boat with the



Mohammed waits to continue his journey at the reception centre in Pozzallo, Sicily. "I would like to play for Borussia Dortmund or Real Madrid," he says. Photographs © Alessandro Penso



legend 'the death ship'.

He shows us some of the posts on his Facebook page, alongside photos and videos showing his prowess on the football field. "Where is our star?", "Our star shouldn't have left us" and "He's gone to Germany" read some of the posts.

Mohammed's gaze is serious and determined; it suggests someone who, despite all the difficulties, will not easily give up on his ambitions.

"I hope that European clubs will read my story and help me pursue my dream to play football," says Mohammed. "I would like to get to Germany and play for Borussia Dortmund, or to Spain and play for Real Madrid. I feel like a deserter, but I cannot go back to Syria."

Someone brings a ball. Mohammed starts to dribble the ball before bouncing it on his head and then transferring it expertly from foot to knee to shoulder.

A circle forms around him. The onlookers clap their hands and shout encouragement. For the first time, Mohammed smiles.

## Postscript

Mohammed travelled with his father and uncle through Italy and eventually made it to a refugee centre in Munich, Germany, before being relocated to Oberstaufen. While waiting for his asylum application to be heard, word spread that a Syrian footballer was living in the area, and before long, the local club, F.V. Ravensburg, had invited him along to train with them. He has also had a trial with Bayer Leverkusen but cannot be offered a place in the team before his residency status is determined.



# Migrant and refugee crisis

Europe is currently facing the worst displacement crisis since the Second World War. This year, more than 700,000 people fleeing conflict, insecurity and persecution have risked their lives making the dangerous journey to Europe.

## Crossing the Mediterranean

Since May, MSF has run three search and rescue boats in the Mediterranean (one in collaboration with Migrant Offshore Aid Station which has now ceased operation) to find and provide assistance and medical care to people making this perilous crossing. More than 16,000 lives have been saved.

## Overland through the Balkans

Faced with the prospect of spending a fifth winter in freezing, crowded and underfunded camps, many Syrian refugees in countries such as Lebanon and Turkey are making the journey overland to Europe. Other refugees are travelling directly from Syria, Afghanistan and Iraq.

Up until September 2015, most travelled through Turkey before making the dangerous crossing by sea to Greece's Dodecanese islands. Now an increasing number are making the entire journey overland.

At almost every border along the route, refugees have been met with tear gas, rubber bullets or razor wire fences. MSF is running mobile clinics and distributing relief items at numerous points along the route.

For the latest information, visit: [msf.org.uk/european-refugee-crisis](http://msf.org.uk/european-refugee-crisis)

MSF has been working in Croatia, in a transit camp near the border with Serbia. MSF runs a clinic in the camp, which hosts around 5,000 people daily, and conducts mobile clinics at the border. Medical teams are treating patients with small wounds, respiratory infections (especially among children) and chronic conditions that have gone weeks or months without medicine or treatment.

Photographs © Juan Carlos Tomasi/MSF





# Taking the **sting** out of snakebite

The world is running out of one of the most effective snakebite treatments. Unless action is taken, thousands of lives will be at risk.

Each year, an estimated five million people worldwide are bitten by poisonous snakes. Of these, an estimated 200,000 die, and 400,000 are left permanently disabled or disfigured. These numbers are expected to rise as existing stockpiles of one of the most effective antivenoms are due to expire in June 2016.

“We are now facing a real crisis, so why do governments, pharmaceutical companies and global health bodies slither away when we need them most?” says MSF snakebite medical advisor, Dr Gabriel Alcoba.

“Imagine how frightening it must be to be bitten by a snake – to feel the pain and venom spread through your body – knowing that it may kill you and that there is no treatment available.”

MSF increasingly treats snakebite in its field programmes. This includes 300–400 snakebite victims per year in Central African Republic, and more than 300 in South Sudan in 2014. Many of the victims are children.

## Last batch set to expire

Snakebite mainly affects people living in rural areas. With no health facilities nearby, many either turn to traditional healers or don't seek help at all due to the expense. If available, antivenom treatment costs more than £330 per victim – the equivalent of four years' salary in some affected countries.

Fav-Afrique, produced by French pharmaceutical company Sanofi, is the only antivenom that has been proven safe and effective in treating bites from more than 10 different species of snake across



This South Sudanese boy had to have his leg amputated after being bitten by a snake. Most victims of snakebite live in remote rural areas where access to healthcare is limited. Photograph © Cédric Gerbehaye/Agence Vu

sub-Saharan Africa.

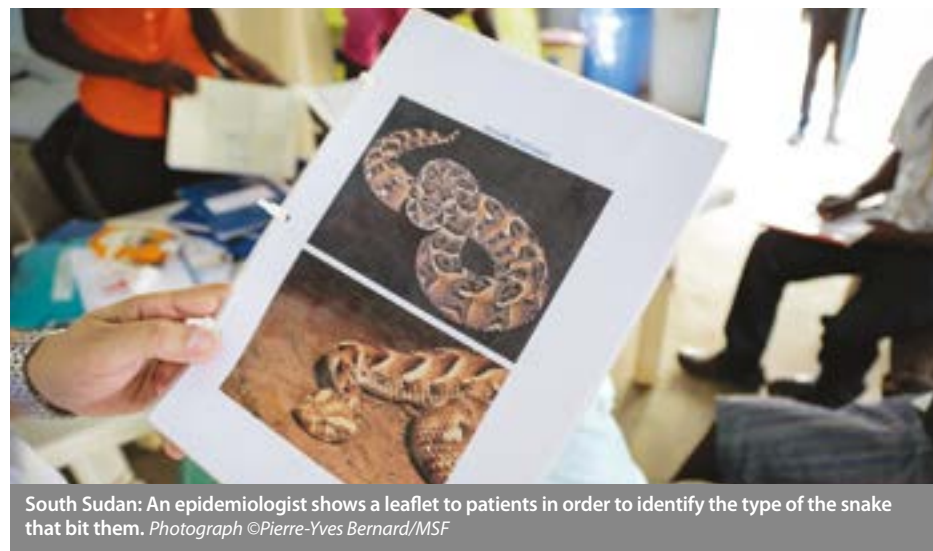
Sanofi ceased production of Fav-Afrique in 2014 and the last batch will expire in June 2016. No replacement product will be available for at least another two years.

## Immediate action needed

“Until a replacement product to Fav-Afrique is available, we hope that Sanofi can start to generate the base material needed to produce Fav-Afrique, and then find suitable opportunities to refine it into antivenom,” says Julien Potet, neglected diseases advisor for MSF's Access Campaign.

“The global health community, donors, governments and pharmaceutical companies should recognise snakebite as a public health emergency, and take immediate, appropriate and collaborative action.”

[msf.org.uk/snakebite](http://msf.org.uk/snakebite)



South Sudan: An epidemiologist shows a leaflet to patients in order to identify the type of the snake that bit them. Photograph © Pierre-Yves Bernard/MSF

## Snakebite in South Sudan



### Dr Stephen Torres describes how antivenom saved one woman's life.

“I saw a 23-year-old woman this week who is three months pregnant and who was picking up something in her garden when she was bitten on the hand by a poisonous snake. She didn't come to hospital for two days. By the time she arrived, her hand and forearm were about four times the normal size. We started antibiotics and steroids to treat the inflammatory response, but she wasn't yet a candidate for the antivenom we keep. We have a very small supply and it's very expensive – the criteria for using it are pretty stringent.

But by three days after the bite, the swelling had progressed to her shoulder. We gave her the antivenom through an IV infusion and within about six hours she was already having less pain. Her arm is still swollen and it will probably take a week or more for it to go back to normal, but she still has good sensation in her fingers and is able to move them. She should make a full recovery.”

# Christmas away from home

We asked two members of the team, **Zoe Allen in Haiti** and **Sarah Turner in Iraqi Kurdistan**, to tell us what it's like to work for MSF and how they will spend Christmas this year.

**What made you want to work for MSF?**

**Zoe Allen**  
Project coordinator



“I always found it fascinating that whenever there was a crisis in any part of the world, MSF was nearly always the first to appear on our television screens – either being interviewed or in action. MSF is always on the frontline, working and helping people in some of the most challenging and diverse settings in the world. I wanted to be part of that.”

**What is a typical day like?**

**Dr Sarah Turner**  
Medical activity manager



“I am working in Kalar in Iraqi Kurdistan, where we're currently running an immunisation programme, supporting a local clinic and providing paramedic training. My day-to-day activities vary a lot. I spend a lot of time in the clinic (often making children cry during immunisation). I also visit people who are living in camps or informal settlements such as an old chicken farm or an unfinished mosque.”

**Zoe** “I am currently in Haiti treating cholera patients. There's no such

**This Christmas, more than 70 British volunteers will be working for MSF in the field, providing emergency medical care to people in wartorn countries, families who have been displaced from their homes and vulnerable people living without access to healthcare.**

thing as a typical day, but I generally try and leave the house at 7.30 am and walk to the clinic, trying not to sweat instantly as the early heat strikes hard!”

**Is there anyone who stands out for you from your mission?**

**Sarah** “On my first day, a woman went into labour on the floor of a mosque. Thankfully the ambulance arrived before she delivered, particularly as the delivery clearly wasn't going to be straightforward (she ended up having a caesarean section). I was pleased to see mum and baby doing well back at the mosque a few days later.”

**Zoe** “One of our drivers told me how he started working for MSF. He was involved in a serious accident on his bike. It was a busy road, but no one stopped except for an MSF car, and the team looked after him and took him to the nearest hospital. When he finally emerged from an extended period in intensive care, he went straight to the MSF offices and asked if he could work for them – he was so grateful to them for saving his life. This was a few years ago and he has worked for MSF ever since.”

**What is it like living there?**

**Sarah** “We call the project ‘fat camp’ as all the food is full of sugar, salt and oil; I wasn't expecting I would have to be watching my weight on an MSF mission!”

**Is there anything you wish you had brought?**

**Zoe** “I have been out of country on and off for 10 years now so I am quite

well accustomed to what I really need on a mission, but I have learned you can never bring enough tea!”

**Has anything surprised you so far about your mission?**

**Sarah** “I have been overwhelmed by how lovely and welcoming the local staff and people are. And their sense of humour delights me daily. One of our older local staff team members has decided he and his wife are my parents here, so I have an honorary family including 10 brothers and sisters!”

**What will you do this Christmas?**

**Sarah** “I have received a parcel from my fiancé already. One thing it contained was shoes – they wear out very quickly here and I have discovered a UK size 6 is too big to buy locally (and that earned me the nickname big foot!) Since Christmas falls on a Friday, we will have the day off. I hope we will cook a big dinner together and maybe play some games or go to the park.”

**Zoe** “We can't predict if we will be busy with patients, but I expect the team will get together and try and cook something. Last year I tried to do a chicken but it was so tough after 30 minutes in the oven that we had to use it as a rugby ball instead. Maybe we'll play a few games and have a few festive drinks too.”

**What would you say to MSF donors who are supporting MSF this Christmas?**

**Sarah** “Thank you so much for making the work MSF does possible, and for thinking of those in need at this time of year.”

**Zoe** “Christmas is such an important time for so many people across the world. We are all in the same boat; we want to be healthy, happy and have our families together. But the significance of this for some of the people we work with is much bigger than we could ever imagine. With your support, we are able to continue caring for people at this crucial time, allowing them to feel some of the warmth we all need at Christmas.”

**If you would like to send a message of support to Zoe or Sarah, visit: [msf.org.uk/ecards](http://msf.org.uk/ecards)**

## MSF'S UK VOLUNTEERS

**Afghanistan** Emer McCarthy, Nurse; John Phillips, Water & sanitation expert  
**Central African Republic** Richard Delaney, Construction manager; Emily Gilbert, Logistician; Dominique Howard, Logistician; Miriam Peters, Nurse; Beatriz Sanchez, Pharmacist; Edward Sixsmith, Doctor; Miriam Willis, Logistician  
**Chad** Kerstin Saupé, Nurse; Peter Roberts, Water & sanitation expert  
**Dem Rep Congo** Barbara Pawulska, Pharmacist; Owen Wood, Pharmacist; Aidan Reilly, Water & sanitation expert; Robert Verrecchia, Doctor; Hayley Morgan, Project coordinator  
**Djibouti** Rhys Flintner, Supply manager  
**Ethiopia** Mireia Coll Cuena, Midwife; Emily Goodwin, Deputy head of mission; Laura Taylor, Logistician; Jonquil Nicholl, Midwife  
**Guinea** Sophie Sabatier, Project coordinator  
**Haiti** Leanne Sellars, Nurse; Zoe Allen, Project coordinator  
**Hungary** Yvonne Ovesson, Logistician  
**India** Gillian Fraser, Doctor  
**Iraq** Sarah Turner, Doctor; Daniela Elena Sierra Cupchan, Psychologist; Maurice Scott, Water & sanitation expert  
**Jordan** Caroline Bwango, Doctor; Fadumo Omar Mohamed, Mental health officer; Caroline Morris, Logistician; Samuel Taylor, Communications coordinator  
**Lebanon** Michiel Hofman, Head of mission  
**Mediterranean Sea Mission** Will Turner, Head of mission  
**Myanmar** Marielle Connan, Nurse; Miriam Pestana Galito da Silva, Pharmacist; Tom White, Head of mission; Sylvia Kennedy, Nurse  
**Nigeria** Thomas Hoare, Mental health manager  
**Pakistan** Andrew Beckingham, Nurse; Mary Flanagan, Doctor; Sean King, Logistician; Simon Tyler, Head of mission; Roberta Masotti, Midwife  
**Papua New Guinea** Aoife Siobhán Ni Mhurchú, Nurse  
**Sierra Leone** Aiden Berry, Logistician; Rosalind Hennig, Doctor; Samuel Hoare, Epidemiologist  
**South Africa** Andrew Mews, Head of mission; Amir Shroufi, Deputy medical coordinator  
**South Sudan** Robert Allen, Logistician; Cara Brooks, HR manager; Addisalem Taye Gulliat, Epidemiologist; Elizabeth Harding, Deputy head of mission; Sonja Kelly, Midwife; Raymond Kelly, Logistician; Kenneth Lo, Doctor; Keith Longbone, Logistics team leader; Christopher McAleer, Logistician; Sarah Maynard, Project coordinator; Kate Nolan, Project coordinator; Angelica Orjuela, Water & sanitation coordinator; Francesca O'Hanlon, Water & sanitation expert; Lynsey Davies, Medical team leader; Christopher Peskett, Nurse; Katie Barnett, HR manager; Joshua Fairclough, Water & sanitation expert; Laura Heavey, Doctor  
**Swaziland** Ian Cross, Medical manager; Shona Horter, Researcher; Cecilia Ochieng, Coordinator; Maria Verdecchia, Epidemiologist  
**Tajikistan** Sarah Quinell, Medical coordinator  
**Turkey** James Underhill, Mental health manager  
**Uzbekistan** Anke Kohlenberg, Supervisor; Joan Hargan, Medical team leader



DEBRIEFING

**Robert Malies**  
**Engineer**  
**Central African Republic**



**“My name is Robert Malies. I’m not a doctor or any other kind of medic. I’m an engineer and I design and build hospitals for MSF.**

MSF’s work in the field is always focused on saving lives, reducing suffering from ill health and restoring dignity to people in distress. Our doctors, nurses and other medical professionals are core to achieving these objectives.

**Buildings not fit for purpose**

But what does MSF do when the buildings that the care is provided in are so difficult to clean that many patients acquire more diseases in the hospital than they arrive with? What happens when the wards are so overcrowded that three or four children are forced to share a bed with their mother? When the rooms become so hot during the day and so cold at night that fevers and hypothermia become the biggest cause of death? How do you respond when the places that are meant to provide hope and healing are dark, damp and derelict structures not fit for purpose?

That’s where I come in. I have recently

returned from the town of Bossangoa in Central African Republic (CAR), a country that is still recovering from a coup d’état in 2013 and the subsequent destruction and violent reprisals that followed. In some areas of the country the conflict continues, and in most areas there are few – if any – hospitals or clinics.

After MSF started work in Bossangoa regional hospital in 2014, it quickly became clear that the vast majority of patients could not be adequately treated in the existing hospital. The buildings were simply not equipped to cope with so many people.

**Time to build**

A decision was quickly made to build a number of new structures to increase the capacity of the hospital and provide design solutions suited to the hospital’s new needs. My role was to design and manage the construction of a new intensive care unit and tuberculosis (TB) department.

Whenever you’re building for TB patients, a key concern is always cross-contamination between patients. To address this, I designed the buildings, layout and window openings to maximise natural ventilation. This was partly for patient comfort in the tropical heat, but primarily to minimise the bacterial count in the air, thus reducing the risk of contamination between patients.

Transparent roofing was also used to increase natural lighting in the rooms, as the bacteria are killed by exposure to UV light. Separating suspected, confirmed and drug-resistant patients is also vital to prevent the disease from spreading. The hospital we designed and built provided not only separate wards, but also separate cooking, bathing and sanitation facilities. We also ensured that large, shaded verandas were used in each building to encourage patients to spend time outdoors, where airborne infections are more quickly and easily dispersed.

Wherever I work with MSF, I aim to use

construction methods that are familiar to local builders and to help make use of local markets. This ensures a ready supply of skilled labour and also means that it will be straightforward to carry out any future alterations or repairs.

**Hijacking is commonplace**

As with all MSF activities, construction requires a large financial commitment. Even though labour is relatively inexpensive, the lack of infrastructure and markets mean that most materials that are not made locally are far more expensive than in Europe and transporting these materials is often a high-risk endeavour, as hijacking remains commonplace.

Although we always aim for the most cost-efficient solutions, we never take shortcuts when it comes to design or construction. After all, we want to leave a structure that will still be there for patients long after MSF has left the area. I’m proud that the hospital we built in Bossangoa is appropriate to its setting, sustainable in the long-term, and has helped create an environment where staff can take pride in their work and patients can receive lifesaving care. With the support of our donors, we were able to build a legacy that will help care for patients for decades to come.”



**Tape measure** – attached to my belt and used to measure every door, column and piece of wood I can find.

**Shortwave radio** – essential for listening to the BBC World Service.

**Guitar** – to keep me sane, to give me an emotional outlet, to entertain teammates and to bring us together for singsongs. This is my most valuable possession in the field!

**Spread the word about MSF! Pass your copy of Dispatches on.**

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