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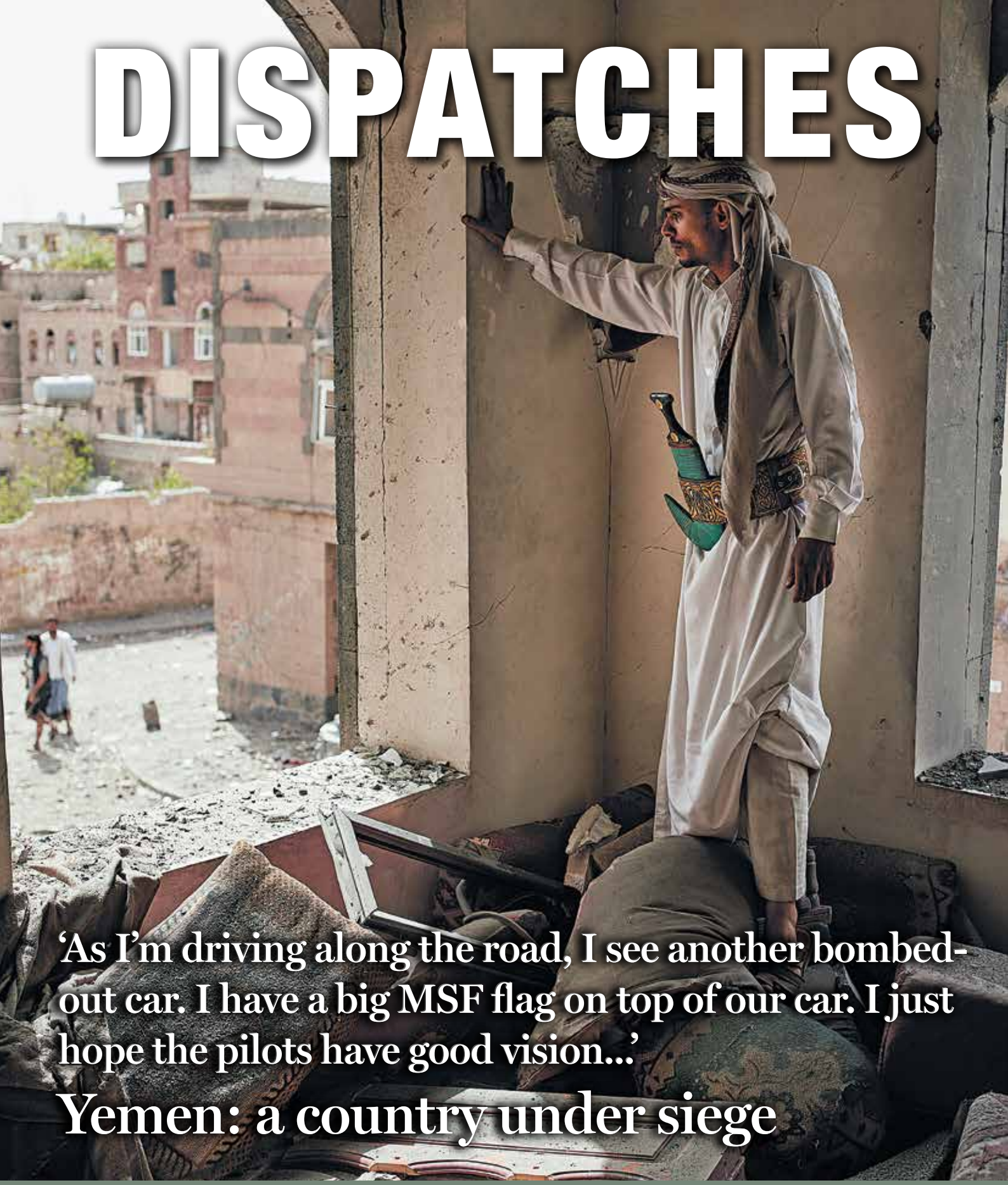

‘As I’m driving along the road, I see another bombed-out car. I have a big MSF flag on top of our car. I just hope the pilots have good vision...’

Yemen: a country under siege

Sana’a, Yemen, 13 June 2015: A man looks at the damage caused by a series of airstrikes in a densely populated area of the city.
Photograph: Sebastiano Tomada/Getty Reportage

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No 78

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

INSIDE

Ebola vaccine breakthrough

A vaccine against Ebola has been shown to be 100 percent successful in trials conducted in Guinea.

The trial – led by the World Health Organization (WHO), MSF, the Norwegian Institute of Public Health and the Guinean authorities – began in March 2015 and focused on vaccinating 'rings' of people around infected patients, as well as frontline health workers at risk of contracting the disease.

MSF was heavily involved in the trial and administered the vaccine to 1,200 frontline workers in Guinea, including doctors, nurses, paramedics, laboratory staff, cleaning staff and burial teams.

Dr Bertrand Draguez, MSF medical director, explains what it means for the fight against the disease. "The current data basically tells us that the vaccine works to protect people against Ebola.

Even if the sample size is quite small, and more research and analysis is needed, the enormity of the public health emergency should lead us to continue using this vaccine right now to protect those who might get exposed to the disease.

More data is needed to tell us how efficacious this preventive tool actually is, but this is a unique breakthrough. Now we know that the vaccine works, people who need it most should get it as soon as possible to break the existing chains of transmission.

These results are promising and we should definitely make this vaccine available to at-risk groups as soon as possible. But it is also of crucial importance to keep working on all the pillars of an Ebola response, including contact tracing, health promotion and the isolation of infected patients."

GREECE

More than 7,000 people arrived on the Greek island of Kos in July from the coast of Turkey, travelling in small inflatable boats. Most were from Syria, Iraq and Afghanistan, and many were families travelling with young children. Kos has no reception facilities, so they were forced to stay wherever they could – in a derelict hotel, in tents pitched in public spaces, under trees and on roadsides. In mid-August, Greek police started to evict people from public areas, and locked some 2,000 people in a stadium without water, food, toilets or shelter as they waited to receive the papers that would allow them to leave the island. MSF teams have been providing arrivals on Kos with medical and psychological care and distributing essential relief items and drinking water. *Photograph © MSF*

CHAD

Attacks in northern Nigeria by militant Islamist group Boko Haram have caused tens of thousands of people to flee their homes. More than 18,000 refugees have sought refuge in Chad, many staying on the small islands scattered across Lake Chad. Some 5,000 others are staying in Dar Es Salam refugee camp, Bagasola, set up by the Chadian government. MSF is running mobile clinics in the region and providing mental health support in the camp. *Photograph © Sylvain Cherkaoui/Cosmos*

People carry their belongings through flooded streets in Min Pyar township, in Myanmar's Rakhine state, after weeks of heavy rain. At least 60 people drowned and more than 520,000 acres of farmland were damaged across 12 of the country's 15 states. *Photograph © MSF*

TANZANIA

MSF teams have carried out a cholera vaccination campaign in Nyarugusu camp in Tanzania, which shelters refugees escaping violence in neighbouring Burundi. Cholera broke out in the camp in May, and to prevent a second outbreak, the teams vaccinated some 130,000 people in less than a week against the waterborne disease, which can spread quickly in overcrowded conditions. *Photograph © Louise Annaud/MSF*

MYANMAR

The cyclone diaries

On 30 July, Cyclone Komen struck Myanmar, resulting in widespread flooding and destruction. Rakhine state, where MSF already runs several medical programmes, was one of the most critically-affected areas. Johanna Danhof is MSF's medical coordinator in northern Rakhine state.

WEDNESDAY 29 JULY

'It rains and it rains. For days there's been nothing but rain. One of our medical teams has to turn around on its way to the clinic today, as the bridge has been washed away.

During lunch, a car with loud speakers drives past our house with a message in Burmese. Our cook translates, "Tonight, very big problem, lots and lots of water and storm!"

A couple of moments later we have confirmation of a cyclone alert.

We put a couple of kits together so we can hand out medicines swiftly. We reinforce the gates around our house and close the windows. And of course, we make sure we have sufficient food and water.

That evening I feel tense. With every gust of wind, I think, "Is it starting now?"

THURSDAY 30 JULY

In the middle of the night, I'm woken by a rattling window and a loud rumbling sound outside. This isn't the small storm we thought it was; this is an immense storm.

As soon as the wind dies down a bit, I venture outside with two of my colleagues. The streets look totally different, with trees blown over and collapsed houses. Dozens of people wade through the water with possessions on their heads.

We spend the remainder of the afternoon on the streets, evacuating patients from the flooded hospital to the nearby school and arranging supplies of drinking water and food.

FRIDAY 31 JULY

The water has gone down a bit and the wind has eased, meaning the roads have become more passable. We put together two medical teams and distribute drinking water and medication. Fortunately not too many people are hurt. I visit an orphanage that stands in the middle of a large lake. Everything around the building has been flooded. I look up at the building, standing up to my waist in the water. From the first floor 160 children stare back at me.

The children don't have any clean drinking water left, so I gather some strong boys and spend the rest of the afternoon dragging bottles of drinking water to stock them up, walking back and forth through the flood water.

The children think it is wonderful to see. They haven't been able to go outside for nearly two days and are bored out of their minds. It is a welcome distraction.

THE FOLLOWING DAYS…

Within a couple of days we were able to provide medical care to hundreds of people with our mobile medical teams. We visited all the villages and mapped the damage, so people would be able to get the materials they needed to rebuild their houses.

We wouldn't have been able to execute this whole aid operation without the help of our local staff. They are the true heroes of the storm.'

Yemen – a country under siege

Dr Natalie Roberts has been working for MSF in Yemen, where a Saudi-led coalition has been fighting anti-government Houthi forces for the past five months. Natalie has kept an audio diary of her time in the country.

'I'm in north Yemen, listening to the evening call to prayer. It's a Friday in Ramadan, and the call to prayer marks the time when people can finally eat, having fasted during the daytime. There's a rumour that a ceasefire will be declared between the warring parties tonight. Everyone is very much hoping for that. These people are desperate and they need some respite from the fighting.

Calm before the storm

It's morning now and it's really quiet, just a few birds singing and a small child walking a flock of sheep beneath my window. I really didn't get the sleep that I was hoping for last night. We were all hoping the ceasefire would start, but by three in the morning, I started to receive text messages saying that warplanes were dropping bombs. I haven't had any more information yet on whether people were killed or injured.

"I've been camping out in the office of a hospital, with the idea that it's the safest place to sleep and won't be a target."

12 June 2015: In Sana'a, local people clear the rubble of four houses destroyed by a Saudi airstrike. Six people were killed and an unconfirmed number are missing. *Photograph: Sebastiano Tomada/Getty Reportage*

An injured man is loaded onto a stretcher outside the emergency room at MSF's hospital in Aden. MSF has been running the emergency surgical hospital since the beginning of 2015. *Photograph: Guillaume Binet/MYOP*

Staff are not used to this trauma

I've spent the past week up in the mountains of Sa'ada governorate, in the very north of Yemen, providing support to some health facilities. It's been a really intense week. The staff are really not used to this level of trauma. I've been camping out in the office of a hospital, with the idea that it's the safest place to sleep and won't be a target. But it's still very difficult to sleep when you hear the sound of bombing going on all around you. Last week a plane dropped a bomb within a few hundred metres of the hospital where I was running a training session. It's impossible to work in that sort of environment. You can't try and persuade people to listen to how to manage casualties when they themselves are pretty much convinced that they're going to die.

Four-year-old the only survivor

One patient really affected me this week. A nearby cave, where people were sheltering from the bombs, was hit by a missile from a plane. They brought in the only survivor, a four-year-old girl. She had a relatively minor wound, but her entire family had been killed inside the cave, along with some other families. In the end, one of the neighbours from her village took her home. I hope she is being looked after by somebody.

Bombed-out cars every 500 metres

I'm in the MSF car now, going to visit a health centre out in the countryside. As you leave town, you climb up into the hills, which are incredibly beautiful. This health centre has been receiving casualties most days from airstrikes, but they also have patients who experience problems during childbirth, and children with malnutrition and malaria. My main priority is to work out how we can get these people to the MSF hospital for further treatment. Before, if a patient needed to come to hospital, they would find their own way, but there are huge shortages of fuel and the roads are targeted by airstrikes every day. Ordinary cars are often hit. As I'm driving along the road now, every 500 metres or so I see another bombed-out car, another bombed-out petrol station, another truck. I have a big MSF flag on top of the car. I just hope the pilots have good vision.

"I have a big MSF flag on top of the car. I just hope the pilots have good vision."

If a plane flies overhead, everybody runs away

I want to find some cars that we can equip and mark as ambulances. I think it's one of the most lifesaving things we can do right now. I hear stories all the time of women dying at home during childbirth because they just couldn't get to hospital.

In Yemen, the health centres and schools often end up being built together in the same compound. This one is no different. When I arrived, I found that the school had been hit a couple of weeks ago by a large airstrike. The building has been pretty much destroyed, and it's blown out the windows of the health centre, so it's a pretty horrible sight. They're still trying to see patients and do deliveries in the health centre. But it's noticeable that they're incredibly

continued on page 6

15 June 2015: Local people walk through the destroyed city of Sa'ada, which has been hit by daily airstrikes since Saudi-led coalition forces declared the entire area a "military target". *Photograph: Sebastiano Tomada/Getty Reportage*

continued from page 5

afraid. If a plane flies overhead, everybody just runs away. But still, they are coping. They're really happy to see me, though they're quite surprised that I've just turned up here with a driver and a translator, some crazy foreign girl asking questions. And I can understand why it does seem a bit bizarre to them – they're not used to seeing aid organisations, particularly not since the conflict started.

A horrible road

I'm in the car and we're driving past the scene of an airstrike from earlier today. We've just driven past a truck that was bombed a few hours ago and it's still burning. It was carrying apples and wheat, and the sacks of wheat are on fire so there's smoke everywhere and the truck is completely blackened. It's clear that whoever was in that truck couldn't have survived. It's really a horrible road to travel on. Every single bridge on the road has been bombed out. We see many people walking along the road trying to get somewhere safer, lots of displaced people who are trying to find somewhere to live. One thing that has made me feel a lot happier about this road is that we've just passed a herd of camels. Somehow, that's kind of reassuring. You can't feel too afraid when there's a whole bunch of camels around.

A plane is circling overhead

An airplane flying overhead has just bombed a few hundred metres away. It's still circling around so I've made my team get out of the car. It's just coming back over again. I'm not quite sure what it's targeting, but just in case it makes a mistake with our car, we've all got out and we're crouching around the corner... Okay, the plane bombed three times nearby and has flown off again. Now we're back in the car and back on our way. But it gave us all a bit of a fright. I think it's pretty normal to be scared in a situation like that. But there's a reason for making these trips. You go to these places and you realise nobody else medical has managed to get there to help.

This is one of the busiest clinics I've seen

I'm in the emergency room of a health centre we've been supporting. It's up in the mountains in an area that has experienced heavy bombing most days. We've come to set up an emergency room inside the health centre, which is the size of a small GP's practice. Since the conflict started, they've been seeing 40-50 wounded patients a week – people with quite severe wounds from airstrikes, and major injuries that need stabilising and referring for surgery. So although it may seem a bit like overkill to have opened an emergency room with four beds, it is one of the busiest places I've seen. Every time I come here there is blood all over the floor and injured patients lying on all the beds.

There's a six-year-old boy here with a piece of shrapnel in his eye. We're going to have to take him to Sa'ada for treatment, probably to remove the eye, which is unpleasant. He's lying on his bed and is being very brave. He's still covered in blood but fortunately his mother is with him. They've already had three trauma cases so far this morning and it's only 11.30.

1 July 2015: An MSF team treats wounded patients in MSF's hospital in Aden. Accessing medical care in the city is extremely difficult due to airstrikes, shelling, roadblocks and snipers. MSF has opened an advanced emergency post in Crater, in the south of the city, and runs mobile surgical clinics in two other neighbourhoods. *Photograph: Guillaume Binet/MYOP*

"This is the first place I've been to where I haven't met a journalist at all."

The world needs to know what's going on here

I was in Syria before, and I've worked in Ukraine and other warzones. I think here it's similar to Syria in lots of ways, with the destruction done by the airstrikes. The injuries you see are very similar, and you never get used to that. And you shouldn't ever get used to that, particularly when it's affecting children or women who are just going about their normal lives.

Do I ever want to just pack up and leave? All the time. I've been having those moments on and off for the past three years, everywhere I go. There are times I lie awake at night when there is bombing and think: I don't quite know why I'm here. But then you get out and about the next day and you feel that what you're doing is having some form of impact.

This is the first place I've been to where I haven't met a journalist at all. This is a conflict that's just not in the public eye. But the public should really be aware of the crisis that is happening in this country, and the difficulties of trying to help the people living here. I feel like the whole world needs to understand what's going on.'

MSF staff examine the X-ray of a wounded patient in the emergency room of MSF's hospital in Aden. *Photograph: Guillaume Binet/MYOP*

An MSF team negotiates with armed men at a checkpoint in Aden. *Photograph: Guillaume Binet/MYOP*

MSF in Yemen

Since conflict broke out across Yemen on 19 March, MSF teams have treated more than 10,500 patients with injuries directly caused by the violence.

Severe water shortages combined with airstrikes, sniper attacks and a fuel blockade have turned this conflict into a humanitarian crisis, with over one million people displaced from their homes. The need for food, water, shelter, sanitation and medical care is growing daily.

MSF is currently working in Aden, Al Dhale, Taiz, Sa'ada, Amran, Hajja, Ibb and Sana'a, providing medical care and emergency surgery.

Thierry Goffeau was MSF's project coordinator in Aden from mid-May until early August, when violence was at extreme levels.

'The city is still dangerous because of sniper fire and stray bullets. Everyone is armed. As a result, we are still treating patients with gunshot wounds. You can gather up a handful of stray bullets every day in the hospital compound where we work.

Last week, a bullet whizzed by the window of my office. A few days earlier, one came through the wall of the bedroom of one of our surgeons.

On 19 July, we treated 206 wounded patients within a few hours at Sheikh Othman district hospital. The first patients arrived around 9.30 am. They had been struck by shrapnel. It went on all day. There were women, children, the elderly – basically all civilians.

Cars and pick-up trucks brought the wounded to the hospital because there are very few ambulances left in Aden. At one point, I climbed into a truck that was carrying 15 bodies.

We face the recurring problem of armed men who want to enter the hospital when they bring in the wounded. They are very agitated when they arrive, riding on pick-ups with machine guns or cannons mounted on them – their vehicles are a cross between something from Mad Max and a Hummer.

We ask them to leave as quickly as possible as weapons are not permitted in any hospital where MSF is working.

The staff are now exhausted. But the surgical teams are doing an amazing job and the emergency team is tremendous. Thanks to the entire MSF team, this project is having a significant impact. They have saved many, many lives and are continuing to do so.'

‘Should I stay or should I go?’

Alfred Davies Jr on the road in Democratic Republic of Congo. *Photograph: Sandra Smiley/MSF*

Alfred Davies Jr is a biologist and MSF project coordinator currently in Democratic Republic of Congo. Here he writes about the toughest decision of his life.

‘When Ebola broke out in my country, Liberia, I was coordinating an MSF project in the hot, dusty, remote South Sudanese town of Gogrial. I was in the middle of the desert, surviving on a diet of little more than chickpeas and rice, while a team of first-time MSFers – and an even more demanding bunch of militia leaders – were running me ragged.

My first thought was that I had to resign and go home. Yes, the humanitarian needs in Gogrial were huge, but my family and friends were in trouble, and I wanted to help.

‘Should I join the fight?’

I spoke to my contacts at MSF headquarters. They assured me that they had a good team in Liberia who were doing their best to clamp down on the virus, which had taken my country’s healthcare infrastructure by surprise. But if I wanted to be close to my loved ones, they told me, I had that option, too.

So I rang my dad. “How are things going there?”

“It’s not so good,” he replied.

“Should I come and join the fight?” I asked, hoping he’d make my mind up for me.

“Even if we all die from Ebola, at least you won’t,” he said. It’s not as if working in South Sudan is zero-risk: health centres are routinely attacked and humanitarian workers have been kidnapped and killed.

“You will still be alive to keep the family going,” he continued. “So you just stay there and keep doing what it is you’re doing, and do it like you’re doing it for your own people.”

A tough decision

In the end, I stayed on in South Sudan – and to be honest, I didn’t give it much more thought. Yes, Ebola is a gruesome disease, one that’s already taken thousands of lives. It’s an outrage that the death toll is still rising, and the stigma that people from the worst-hit countries now have to live with is unbelievable. I obviously have a personal connection to Liberia: that’s where my family is, where my friends are, and where I hope, one day, to return. There really is no place like home.

But Dad was right: Liberia doesn’t have a monopoly on suffering. In Gogrial, I was seeing hundreds of children, pale and febrile with severe anaemia and malaria, die quiet deaths in our clinic. Here in Masisi, North Kivu, there are dozens more in the MSF-supported hospital being fed through tubes to fend off malnutrition. Totally disenfranchised and repeatedly displaced, the people in these two places need as much help as those in Monrovia do. Until Ebola struck, Liberia had a more or less functioning health system, so the people in Gogrial and Masisi probably need help even more.

By the very emotional character of our work, we may be tempted to become personally involved in crises, to stop suffering that we personally find unbearable. But the fact is that that is not our job. We are humanitarian workers. We are professionals. Our job is to respond to the needs where they are greatest and where our skills can be of the greatest utility. My skills were needed most away from home.

My sister falls ill

A few months after my phonecall with my father, my older sister caught the virus. It took hold of her quickly and, sadly, she died. I received a huge amount of support from my colleagues around the world, and that helped, but still it was incredibly painful.

The experience reminded me of my mother’s death in 2004, which came as I was working with MSF in a refugee camp in the remote forest region of Guinea. By the time I could arrange a trip home, her body was too far gone for me to view it. She was buried, and I never got to see her. It is an awful thing to have loved ones fall sick or die when you’re not around. Though I know that my presence at home wouldn’t have saved them, sometimes being there can have a big impact – not only on the family, but also with a view to keeping one’s conscience clean.

I’m not regretful of the time I’ve spent away from home in places like Afghanistan, Georgia, Ivory Coast and Ethiopia. The needs were there and I could see the positive consequences of our work. No matter how tough the living conditions; no matter how many weddings, births and deaths I miss back home; no matter how difficult the dilemmas thrown up, both personal and professional; seeing a young cholera patient come back from the brink, get up and walk around again – that makes it all worthwhile.

My late mother and I started on this humanitarian adventure together back in 2001, as the civil war in our country pushed thousands to flee into neighbouring countries. She started working as an MSF midwife in the camps housing Liberian refugees in Guinea, and I was hired as a laboratory technician soon after. I wish she was around to share these experiences, but I know she’d understand why I’ve made the decisions I’ve made.

Not only that – I think she’d be proud.’

Clare Parsons with some of the Black Star Liner Boys. Bottom right: The team at work in Moa Wharf. *Photograph: Clare Parsons/MSF*

‘Kick Ebola Out!’

Moa Wharf is Sierra Leone’s toughest slum. In April, this neighbourhood was an Ebola hotspot, and yet three months after the virus ravaged its streets, Moa Wharf had reached zero cases. How? MSF doctor and epidemiologist Clare Parsons reports.

‘As soon as I arrived in Freetown I headed out to Moa Wharf with a small team from MSF. The slum had already survived its first outbreak back in March 2014, but in April this year our worst fears were realised when a fisherman died in a house by the waterfront. The virus had returned. The man had been cared for by his pregnant wife and was sick for 10 days before he died.

Immediately MSF, along with the World Health Organization, Ministry of Health and other local partners, launched an emergency task force to track down all cases and end the outbreak as soon as possible.

The perfect breeding ground

Our team piled into the Land Cruiser and headed out through the streets of Freetown toward the slum.

The houses were built out of wood and cloth and floated on islands of rubbish. The streets, tightly packed and immensely overcrowded, were swarming with people and pigs. There was no sanitation to speak of, and open sewers from other parts of Freetown flowed through the slum to the sea – the perfect breeding ground for Ebola.

Something about this new spate of cases was different. Usually the transmission chain is through family contact - wives, husbands, children, siblings and grandparents infect each other - a cruel twist of fate, killing the people you love the most. But this time, the pattern was different. In Moa Wharf, most of the newly infected people were young men.

Tracing the contacts of all new and existing Ebola cases led us to a patient admitted to a nearby Ebola management centre. Feeling well enough to talk, he told us about a secret club called the Black Star Liner Three Poli Boys, named in homage to a shipwrecked fishing boat just off the coast. The boys in the club did everything together – shared drinks, cigarettes, food, clothes, even partners – and had a special handshake and motto. It soon became clear that most of the emerging Ebola infections were coming from within this group.

‘Once they take you away, you never come back’

Our team set about the task of tracking down all of the Black Star Liner Boys, but nobody wanted to talk to us – people were extremely frightened and traumatised by Ebola. One young man told us, “Once they take you away, you never come back”.

The boys were regarded as outcasts by their community, and lived in the most impoverished part of the slum. Kamara was one of them, a young man I first met sitting on some wooden slats outside a quarantined house. He was clearly very sick and vomiting profusely. At just 17, he had contracted Ebola.

Kamara was emotionally distressed and very scared, refusing to come to the Ebola centre with us. After a few hours we finally managed to persuade him, hoping he would recover. But I knew his chances were slim.

Forgiveness

We enlisted the help of the other boys, and gave them notebooks and pens.

Divided into groups of four and five, they helped us to conduct active case investigations and search for sick members of the community. They were also crucial in public health promotion, educating the people of Moa Wharf about the importance of hygiene.

Initially the community resisted - they mistrusted the boys. We set up meetings with the boys, community leaders and the general public. After hours of talking, the chief laid his hands on the head of the leader of the club in an act of forgiveness, while the club leader kissed the chief’s feet.

The chief of Moa Wharf decided to continue working with the boys even after the outbreak had ended, employing them to man the temperature checks and chlorine stations around the slum. The community gradually accepted the boys and realised the power of engaging them – everyone worked together to fight Ebola, repeating the motto “We will beat it”.

‘We will beat it’

One day I was amazed to see a familiar face in the crowd. It was Kamara; he had been discharged from the centre, cured of Ebola. After he was discharged, Kamara became very active in community mobilisation in Freetown. It was incredible to watch this young man and his friends become so involved in fighting Ebola.

They made their own T-shirts that read “Kick Ebola Out of Moa Wharf, Three Poli Boys”, and changed their handshake to mimic washing hands. They even changed their motto from “Slaves no more” to “One man, one beer, one cigarette, one woman”, in an attempt to improve hygiene practices.

In June, the Moa Wharf neighbourhood reached zero cases. The sheer courage and determination of the community and the Black Star Liner Boys is something I will never forget. They never stopped fighting Ebola, repeating their motto, “We will beat it”. And they did.’

6 June 2015: Some 150 Syrians set off to cross from Greece into the Former Yugoslav Republic of Macedonia, in the hope of applying for refugee status in countries such as Germany and Sweden. As the Greek border with Macedonia is increasingly under the control of people-smugglers, people cross in large groups to protect themselves from threats and extortion. *Photograph: Alessandro Penso*

World on the move

This year, more than 264,500 people fleeing conflict, insecurity and persecution have risked their lives making the dangerous journey to Europe by boat.

"When I ask people why they risk their lives in this way, I get the same answer every time," says Will Turner, MSF emergency coordinator on board the MY Phoenix, one of three MSF-operated boats conducting search and rescue operations in the Mediterranean. "There is no alternative. These people know the dangers but they take the gamble anyway. They tell us that they would rather drown seeking safety and freedom than stay in their homelands or in Libya where their lives are not worth living."

Over 100 days have passed since MSF started its first operations in the Mediterranean. During that time, the three MSF-operated boats (MY Phoenix, Bourbon Argos and Dignity I) have directly saved 11,482 lives.

MSF is also providing medical and psychological care and distributing essential items such as blankets, energy bars and soap to arrivals in the Idomeni area on the border between Greece and the Former Yugoslav Republic of Macedonia, and to people arriving in Greece after travelling in inflatable dinghies from the coast of Turkey.

"For many people in Europe, August is holiday season, a month of well-deserved time off ," says Paula Farias, MSF emergency coordinator on board the Dignity I. "But for many people around the world, it's another month of fleeing war, deprivation, danger, hunger and oppression. Nobody risks their life on the Mediterranean for a bigger TV screen."

MSF will continue search and rescue operations in the Mediterranean in the coming months, and will continue to provide medical care and support to those who have made this dangerous journey across the sea.

18 July 2015: Jeilan, 28, with her four-year-old daughter in Kara Tepe refugee camp on the Greek island of Lesbos. "We had to leave Aleppo in Syria because of the bombing. We ran for our lives. We didn't bring anything with us, we left everything behind. We came from Turkey by sea, at night. The wind was strong and the sea was rough. It was a small boat, about four metres long. There were 50 people inside. We are staying in a dirty tent. There are no blankets, just dirt. I can't believe I'm living in such conditions with my family. I used to be a teacher and my husband was an accountant. Look at us now!"
Photograph: Georgios Makkas

29 July 2015: Will Turner, emergency coordinator on the MY Phoenix, helps a woman and her baby remove their lifejackets after being rescued.
Photograph: Gabriele François Casini/MSF

18 July 2015: Leila, 31, and Jorahan, 35, and their daughter, from Kunduz, Afghanistan, boil water to make tea in Kara Tepe camp, Lesbos. "We came in a very small boat that was full of people," says Leila. "The sea was rough and the boat capsized. Thank God the coastguard came and saved us. I am thankful we are all alive."
Photograph Georgios Makkas:

19 July 2015: A man on Dignity I offers thanks after being rescued from a dinghy with 110 people on board.
Photograph: Anna Surinyach/MSF

29 July 2015: An MSF team transfers a group of women and children from a dinghy to the MY Phoenix. *Photograph: Gabriele François Casini/MSF*

3 July 2015: Moussa, 15, from Ivory Coast, cries on the deck of the Bourbon Argos after being rescued from an inflatable boat. *Photograph: Christophe Stramba/MSF*

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;* Sunmi Kim, *Logistician*

Dem Rep Congo Samira Lahfa, *Manager;* Barbara Pawulska, *Pharmacist;* Sally Pearson, *Medical manager;* Claire Reading, *Midwife;* Owen Wood, *Pharmacist*

Ethiopia Monal Acharya, *Midwife;* Mireia Coll Cuenca, *Midwife;* Emily Goodwin, *Deputy head of mission;* Clifford Kendall, *Medical manager;* Laura Taylor, *Logistician;* Timothy Tranter, *Project coordinator*

Haiti Stuart Garman, *Logistician;* Leanne Sellars, *Nurse*

India Anthony Boniface, *Logistician*

Iraq Jonathan Henry, *Head of mission;* Sarah Turner, *Doctor*

Iraq Barbara Sollerova, *Midwife*

Jordan Caroline Bwango, *Doctor;* Fadumo Omar Mohamed, *Mental health officer;* Caroline Morris, *Logistician;* Laura Smith, *HR coordinator;* Samuel Taylor, *Communications coordinator*

Lebanon Michiel Hofman, *Head of mission*

Mediterranean Sea Mission Will Turner, *Project coordinator*

Myanmar Marielle Connan, *Nurse;* Daniella Ritzau-Reid, *Advocacy Manager;* Miriam Pestana Galito da Silva, *Pharmacist;* Tom White, *Head of mission*

Nepal Judith Kendell, *Anaesthetist*

Nigeria Thomas Hoare, *Mental health manager*

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Papua New Guinea Valerie Boutineau, *Financial and HR coordinator*

Sierra Leone Laura May Duggan, *Nurse;* Jose Hulsenbek, *Head of mission*

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The reluctant grandmother


Photograph: Lanice Jones /MSF

Lanice Jones is a doctor working in Yida refugee camp, South Sudan.

"Saba al khir, Habuba!" the voices call out to me as I enter the compound of Yida hospital. "Good morning, Grandmother!"

"Saba anur!" I return the greeting with a handshake, silently gritting my teeth at being called grandmother. How has this happened? How have I turned overnight into a habuba?

I don't feel like a habuba. Looking around at the team of MSF staff working in Yida, in my mind's eye I am one of them – a keen, relatively young woman off to save the world with MSF, wiser for being on my second mission, but just as enthusiastic. Yet I am now known throughout the compound as Habuba Sudaniya – the Sudanese Grandmother.

Okay, I admit that when the youngsters – the international staff the same age as my kids – are dancing until dawn, I tend to be in my tent asleep. When they are up until the wee hours playing cards, I tend to be reading. But habuba – grandmother?

I peer into the tiny mirror hanging in my tent. After four months, my hair has grown from a cute cut into a shapeless mess. My skin has dried and burnished into a desiccated apple. I've lost weight from guzzling water in the 40-degree heat.

I first heard the word habuba when the nursing staff called to an older woman as she cared for her sick grandson, admitted with spinal tuberculosis. Over two months, as he adjusted to the intensive phase of tuberculosis treatment, I came to understand their story. Both of the boy's parents had been killed. One uncle lived in another part of the country, but with no phone and no internet, there was no way to communicate with him. This habuba was a Dinka, one of the local community who survive on subsistence farming and herding cows. She and her grandson have no cows, and when they packed their scant belongings into a small cardboard box, it wasn't clear to me just how the two of them were going to survive. Yet she shouldered their small cardboard box proudly, her grey hair beneath a bright wool cap.

The next habuba came with a neighbour's boy from the Nuba mountains. She had escaped the bombing, bringing her own three children and this young boy, as there was no one else to look after him. He'd become bedridden, crippled from the lack of use of his legs and one arm, painfully thin from kala azar, a parasite that focuses on the spleen, liver and bone marrow. The boy's father had been killed in the war, and his mother had disappeared. He alone survived, and was cared for as another grandson by the kindly neighbour. Hussein* improved with treatment and nutrition, but remained weak and had difficulty walking. Yet they both insisted on returning home as soon as he was able. Habuba had three of her own children to look after, and she had to be there to receive food rations or her children would go hungry.

The different habubas who tend their respective children have something in common, beyond the differences in tribe, language or dress. They have an inner strength that shines undiminished by greying hair, gnarled fingers or a careworn countenance. Their faces light up when I wear the local Dinka scarf or the Nuban toup, a long strip of fabric wrapped around the body. They comment that today I am a Sudanese habuba, a Dinka habuba or a kawadja (foreign woman) according to dress.

When the child in their care has recovered and it is time to return to their local village or refugee camp, we hug goodbye, trusting in the universal language of connection to express what we cannot say in words. We are strengthened in our mutual respect and admiration for the caring we have shared in looking after their grandchildren.

I wish that I could tell you that I now embrace being called Habuba. Unfortunately I carry too much of my own western baggage to revel in being labelled Grandmother, when I have no grandchildren yet of my own. One day I hope to be a grandmother, but for the time being, I've learned to say, "Ana ma Habuba. Ana Malka" – "I am not Grandmother. I am called Queen!"

** Names have been changed.*

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Dispatches is written by people working for MSF and sent out every three months to our supporters and to staff in the field. It is edited in London by Marcus Dunk. It costs 8p to produce, 17p to package and 27p to send, using Mailsort Three, the cheapest form of post. We send it to keep you informed about our activities and about how your money is spent. Dispatches gives our patients and staff a platform to speak out about the conflicts, emergencies and epidemics in which MSF works. We welcome your feedback. Please contact us by the methods listed, or email: *marcus.dunk@london.msf.org*

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