

**101**  
Summer 2021

# Dispatches

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woman* A stray bullet and a remarkable recovery





# SITUATION REPORT

## 1. BRAZIL



An MSF nurse treats a COVID-19 patient in an emergency care unit in Porto Velho, Rondônia. In one week in April, Brazil recorded a quarter of all global deaths from COVID-19. Since the beginning of the pandemic, MSF teams have worked in eight Brazilian states and supported more than 50 health facilities, focusing on caring for the most vulnerable members of society.

[MSF.ORG.UK/BRAZIL](https://www.msf.org.uk/brazil)

## 2. CAMEROON

An MSF nurse plays with children at Maroua hospital. People in Cameroon's far north have lived through 10 years of conflict. MSF provides nutritional care, emergency surgery and mental healthcare services in Maroua.

[MSF.ORG.UK/CAMEROON](https://www.msf.org.uk/cameroon)



## 3. MOZAMBIQUE

An MSF staff member measures a child's arm circumference to check for malnutrition in Meluco, Cabo Delgado province, where thousands of people have sought refuge from insurgent violence in recent months.

[MSF.ORG.UK/MOZAMBIQUE](https://www.msf.org.uk/mozambique)



## 4. DEMOCRATIC REPUBLIC OF CONGO



MSF midwife Laure checks a newborn baby at the health centre in Ndu, Democratic Republic of Congo, where 13,000 refugees from Central African Republic fled after fighting in January.

[MSF.ORG.UK/DRC](https://www.msf.org.uk/drc)

## 5. AFGHANISTAN

Ahmadullah visits his nephew Samiullah, 12, who suffered a gunshot wound to the head in early May. Samiullah and his mother had to travel for two and a half hours and cross a river to avoid fighting before reaching the hospital supported by MSF in Boost, Helmand province.

[MSF.ORG.UK/AFGHANISTAN](https://www.msf.org.uk/afghanistan)



## 6. MADAGASCAR



An MSF health worker measures a child's mid-upper arm circumference with a colour-coded band to check for malnutrition. A measurement in the red zone indicates severe malnutrition.

People in southeast Madagascar are facing a malnutrition crisis. MSF teams are running mobile clinics to screen people for malnutrition in remote villages and providing them with medical care and ready-to-use therapeutic food.

[MSF.ORG.UK/MADAGASCAR](https://www.msf.org.uk/madagascar)



# 150,000

medical consultations provided by MSF-trained volunteers in southwest and northwest Cameroon in 2020

# 12,000

Children in southern Madagascar suffering from severe malnutrition





INDIA

WORDS

MABEL MORALES AND  
DR GAUTAM HARI GOVIND

PHOTOGRAPHY

GARVIT NANGIA

# ‘COVID has changed me as a person and as a doctor’

THE SECOND WAVE OF COVID-19 IN INDIA HAS BEEN DEVASTATING, WITH A CATASTROPHIC RISE IN THE NUMBERS OF NEW INFECTIONS. THE COUNTRY HAS NOW RECORDED OVER 23 MILLION CASES AND OVER 250,000 DEATHS. MSF TEAMS ARE WORKING IN COVID-19 CENTRES IN MUMBAI AND PROVIDING EMERGENCY SUPPORT IN OTHER AREAS.

**Mabel Morales, MSF medical coordinator in India:**

“The situation in India and in Mumbai is very bad. It’s critical across the country. We’re providing medical support to one of the COVID treatment centres here in Mumbai with 1,000 beds. There are many, many cases and the last week has seen a real increase. The health workers are overwhelmed and exhausted. There is so much work to do.

The authorities here are well organised and are adapting to the situation as it evolves as best they can. But as the cases increase, it’s getting harder to find beds. They’re calling from hospital to hospital trying to refer patients, but they’re struggling.”

**Dr Gautam Hari Govind, MSF medical activity manager:** “Picture a thousand-bed hospital. There are 28 wards, as well as the emergency, casualty and triage areas. It’s a makeshift hospital in a huge tent. Walking into it the first time was a surreal experience; I’d never seen anything like it. It’s like walking into a huge ship. The ceiling is really high but the ventilation is not great. During the morning, Mumbai becomes very humid. It’s excruciatingly hot. And working in a protective suit for six hours – it’s unimaginable. The heat is almost too much to take.”

**Mabel Morales:** “The team is working six days a week in eight-hour shifts. The conditions are not easy in the treatment centre. The situation is terrible, but the commitment and dedication of the staff are extraordinary. There is a very strong feeling

of solidarity. People are so committed to helping the patients.”

**Dr Gautam Hari Govind:** “Each member of our team is really strong, both in their clinical skills and their personality. This is what I look for when I recruit them. We’re encouraging our staff to start conversations early on with their patients about the possible eventualities of COVID, to help both staff and patients understand what might happen – the possibility of their death. We’ve had positive results from this. It’s helped the patients, as they’re in some ways prepared. And it’s helped our team accept that not all patients will survive.”

**Mabel Morales:** “No one was ready for the second wave. It caught everybody by surprise. In a very short time it turned into a major crisis. It’s so much worse this time and it was so sudden. MSF had closed its COVID centres in India in mid-February as we had hardly any cases. But we kept the community activities going and kept in contact with the people who had worked for us the first time.”

**Dr Gautam Hari Govind:** “Today, our greatest challenge is attrition of staff. People just cannot work in this environment for long periods of time. It’s burn-out, and the burn-out cycles are faster now than in the first wave. Right now, it’s three days and you’re burned out. Even if your shift is only six hours, those are COVID hours. It’s the conditions, the sheer number of patients...



Garvit Nangia/MSF

▲ Laxmi, MSF’s medical activity manager, helps the team put on their personal protective equipment before entering the COVID ward in Patna, Bihar, June 2020.

We are focused on recruiting and training new staff. Many of the Ministry of Health nurses we work with are fresh graduates who’ve been thrust into something that nobody really expected or can really fathom. They’re trying get the job done, but they’re inexperienced. Our MSF nurses try to bring some kind of order to their days, giving them coaching at the patient’s bedside. We’re trusted by the Ministry of Health because they’ve seen what we can do, how hard we work. They are looking to us for quality of care, to bring in our expertise and improve their processes.”

**Mabel Morales:** “We’re also doing a lot of work at the community level and are focused on vulnerable people. People’s living conditions are challenging. How do you talk about isolation or social distancing when you have a whole family of eight living in one room with no ventilation? How do you talk about the need to wash hands regularly when so many people have no easy access to water? How do you institute preventative measures in a situation like that? A lot of the key messages about avoiding transmission just don’t work in these situations.”

**Dr Gautam Hari Govind:** “COVID has changed me as a person and as a doctor. People are dying, but I’ve

“No one was ready for the second wave... In a very short time it turned into a major crisis.”

become used to it. I used to be very patient-centred, all about patient advocacy. Now I’m scared of building relationships with patients. At first I did that, and then I would come back for my next shift and see their empty bed, and that would break my heart. Even the fact that I now refer to them as ‘the patient’. I would have used a name before. Or I would have said, ‘my patient’. This is how it’s changed me.”

**Mabel Morales:** “The needs here are so great and what MSF is doing is just a small part. But it’s important for us to be here. Staff from other hospitals are coming to us to take part in the trainings and we’re able to support them and share what we know. I feel that we’re in the right place and we’re all working together. It’s hard work, but I’m glad to be part of it.”

*Mabel Morales is MSF’s medical coordinator in India.*

*Dr Gautam Hari Govind is MSF’s medical activity manager in Mumbai.*

🌐 READ MORE AT [MSF.ORG.UK/INDIA](https://www.msf.org.uk/india)



# AFTER THE RUMOURS, THE BOMBS



PEOPLE IN CENTRAL AFRICAN REPUBLIC WERE STILL RECOVERING FROM VIOLENT CLASHES THREE YEARS AGO WHEN VIOLENCE ERUPTED AGAIN. MSF ANTHROPOLOGIST **DALE KONINCKX** SHARES HIS ACCOUNT OF DESPERATE DAYS IN BANGASSOU, AND ON PAGE 12 WE TRACE THE JOURNEY OF A WOMAN WOUNDED DURING THE FIGHTING. ►

An elderly man with a wounded foot is helped to an MSF ambulance which will take him to Bangassou hospital.





**CENTRAL AFRICAN  
REPUBLIC**

**WORDS**

DALE KONINCKX

**PHOTOGRAPHY**

DALE KONINCKX,  
ALEXIS HUGUET,  
ADRIENNE SURPRENANT

**F**

**Friday 18 December:** We first hear the rumours today. A group of ‘rebels’ has reportedly been seen moving through the forest. The next few days are unsettling. Then, on Christmas Day, we learn they’ve taken control of Bakouma, a town to the north. I was there with some of the team a week ago, supporting the health centre.

**Saturday 26 December:** On the medical side, we have revised the disaster plan and we’re ready to manage an influx of wounded people. Suddenly I hear an engine: it’s my colleague Jean who arrives by bike. He looks exhausted.

‘People know where to find me,’ he says. ‘They’re going to pick me up because I work and have some money. Three times they have taken everything from me; once they kidnapped and tortured me. I don’t know where to put my wife and kids ... do you think I can bring them here to the hospital?’

Later that evening it’s another colleague, Nicolas, who approaches me. ‘My wife and my children are hidden under a tree trunk in the bush,’ he says. ‘They are there with nothing. They sleep on a tarpaulin without light, without water. I don’t know what to do.’

**Sunday 27 December:** Eighty per cent of the city is empty. We wonder if the Central African Armed Forces and MINUSCA (the UN’s Multidimensional Integrated Stabilisation Mission in Central African Republic) will stand up, or if they will let them enter peacefully in order to avoid a brutal confrontation. We still don’t know.

**Saturday 2 January:** Bangassou is a ghost town. Hordes of people are walking with all their possessions



Alexis Huguet

**“Bangassou is a ghost town. Hordes of people are walking with all their possessions on their heads, seeking refuge left and right”**

on their heads, seeking refuge left and right. People have fled into the bush or across the river into Democratic Republic of Congo...

The other NGOs have left the city. The 13 international staff and I are at the base. I feel that we are united and calm. Marco, our project coordinator, calls us together. ‘I think, unfortunately, something not nice is going to happen. We must remain vigilant.’

It’s 8 pm. At one point, I get up and go and call a few colleagues to ask them how things are with them. As I listen to Simon on the phone, I close my eyes and try to imagine what he’s going through. He’s there by the side of the road, under his straw roof, without electricity and in total darkness. At any moment a group of men carrying heavy weapons could walk past his house and violence could erupt.

In the morning I meet him at the office. He didn’t sleep. Instead he took turns on guard with neighbours, listening to the sounds of the forest. My phone call encouraged him but I feel helpless. In his eyes I see worry.

**Sunday 3 January, 5.21 am:** Something is wrong. Suddenly, ‘BOOM’. I hear the explosion and peek out

the window. The sky is black and I’m not sure if it is a storm. ‘TAK-TAK-TAK, BOOM.’ For a second I can’t believe it. Suddenly I hear a calm but firm voice on the radio: ‘Dale, safe room, now please’. It’s Marco calling me.

I’m glad to be told what to do. I grab my shoes, my radio, my phone, my water bottle and then I hesitate for a second: have I forgotten anything? Then I remember my training. I obey and get out.

I walk the 10 metres from my room to the safe room, which has the distinction of being the only place with concrete walls capable of accommodating us all. In the background, the explosions are heavy and terrifying. My colleagues are already here. I catch their eyes. I immediately feel a calm and reassuring atmosphere. I sit down and realise I have brought two different shoes. My colleagues laugh at me. We release some stress, we breathe, we support each other.

Marco is reassuringly calm. The room is not large and we are sitting on the floor, half of us in pyjamas. The mood is subdued as the bangs get louder. Some explosions are so violent that you jump. The heavy ▶

▲ An MSF team member in Bangassou prepares a patient for surgery to repair a hernia.



**“The gunfire starts again. We run for shelter to a hospital room, lie on the ground and wait...”**

► MSF midwife Odette watches over 25-year-old Amatou, who is pregnant with complications, as they travel by pirogue to MSF’s hospital in Bangassou.



Alexis Huguet

machine guns sound as if they are just behind the perimeter wall. You can hear them from all sides and the noise is non-stop.

We start to radio the various departments of the hospital to assess the situation. I call my team, but to no avail. Quickly I identify that none of them have made it to the hospital. I manage to reach one guy who has taken refuge in the hospital compound. He reports that many people have taken refuge in the compound with him. For now, the attack is still very violent and I tell him to stay down and stay safe from the bullets.

During all this, it’s raining. It’s been three months since it rained – it’s the dry season – but now it’s stormy and it’s raining. Between thunder and grenades, the ground sometimes trembles, the birds do not sing, the air is damp, the earth is soaked and the red soil turns brown.

**Sunday 3 January, 10 am:** The gunshots have moved away. Marco allows a small team to leave the safe room to assess the situation. As our base is within the hospital grounds, it is easy to get to the hospital on foot. In three minutes I am with my colleague Alex, who has taken refuge in the internal medicine department.

The hospital compound has turned into a displacement camp. There are women and children everywhere. The COVID zone, which is empty, has become a refuge zone. Alex and I guide people there to free up areas of the hospital which must be clear to handle a large influx of wounded people.

‘BOOM.’  
‘TAK-TAK-TAK.’

The gunfire starts again. We run for shelter to a hospital room, lie on the ground and wait. The situation goes on for hours. We go back and forth, we lie on the ground, and in between the shooting we try to work. Alex and I manage the crowd, share information with patients and caregivers and, together with the supply team, organise a food distribution for the nightshift staff, who have now been working for almost 24 hours.

Logistics needs are identified. We install water in the area where people have taken refuge. On the medical side, the lack of staff makes things difficult to manage, but my colleagues are doing a wonderful job. I have lost count but I think there are about ten injured people in the emergency room.

**Sunday 3 January, 5 pm:** We have patients with wounds from gunshots and explosions, sometimes serious, but luckily all of our staff are safe. I hear weird gunfire and my colleague tells me: ‘They’ve taken the city. They shoot in the air to let it be known.’

► Aboubakar Sidik, aged nine, is examined by MSF doctor Esther in the intensive care unit of Bambari hospital after being diagnosed with cerebral malaria. Aboubakar went on to make a full recovery.



Adrienne Surprenant/MSF

We keep working hard and everyone goes above and beyond the call of duty. Towards the end of the battle, a mobile medical team leaves the hospital compound to look for the wounded. Watching the ambulance as it pulls out of the gates, I understand the strength of MSF’s principles at this critical time.

**Sunday 3 January, 7.50 pm:** The mobile team returns to the compound. ‘There were 200 to 300 of them, heavily armed,’ they say. ‘With rockets, mortars, heavy machine guns on pick-up trucks. Some are kids. They waved at us with big smiles as if nothing had happened.’

It’s surreal but reassuring. We have worked hard in recent months on being known and respected by all parties to the conflict.

**Sunday 3 January, 9.30 pm:** End of the day. I’m with my colleagues in the hut. Nothing has changed, but everything has changed. Staff are sleeping in the hospital. Nobody knows what’s going to happen. Will the violence continue? In the eyes of my Central African colleagues, I see resignation and fear, sadness and also anger. They’ve been through all this before and now they’re going through it again.

Central African Republic is one of the poorest countries in the world, but the Central Africans are resilient. Like everywhere else, people here just want stability. They want healthcare. The chance to school their children, build a house, plant cassava, fix a bicycle or an old motorbike, run a small business in the market, sew magnificent loincloths or cut leather shoes from scratch, braid hair, make a chair or fix a radio. The chance to chat under a tree and dance. Just to get on with life without a threat hanging over them. Surely that’s not too much to ask?

**After the attack:** Work continues as normal in the hospital – as normal as possible, that is, considering we have nearly 1,700 displaced people occupying all the space, along with 100 staff sleeping in the offices.

Nothing is the same anymore. Across the river in Democratic Republic of Congo, 20,000 people are reliving the situation they were in three years ago. These people had to give up everything to plant a wood of tarpaulin-covered trees to shelter their children.

In this camp, food is getting expensive, traders are running out of supplies, people are hungry, there are no latrines, there are too many mosquitoes, no drinking water, no NGOs, no phone network, no radio. But we’re here and we’ll keep providing medical care and support.

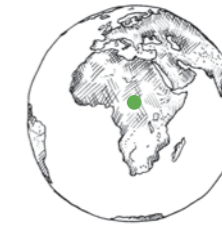
As I cross the river on my way back to Bangassou, a soldier with a hunting rifle and some grenades asks me for money: ‘I want to call my mother,’ he says. He looks about 16. 🌱



**Dale Koninckx** is a Belgian anthropologist who has worked for MSF since 2018.

🌐 READ MORE AT [MSF.ORG.UK/CAR](https://www.msf.org.uk/car)





CENTRAL AFRICAN  
REPUBLIC

PHOTOGRAPHY  
ADRIENNE  
SURPRENANT

ON 13 JANUARY, FIGHTING THAT HAD BROKEN OUT ACROSS CENTRAL AFRICAN REPUBLIC REACHED THE OUTSKIRTS OF THE CAPITAL, BANGUI. ON THAT DAY, 31-YEAR-OLD FRANCE BELDO WAS SHOT BY A STRAY BULLET. SHE WAS RUSHED TO SICA HOSPITAL, A SPECIALIST SURGICAL TRAUMA HOSPITAL RUN BY MSF. >

< France takes a moment to rest after having her wound dressing changed at MSF's SICA hospital.

# JOURNEY OF A WOUNDED WOMAN



France was hit by the bullet while at home on her terrace. The bullet went through her hand, chest and shoulder.

“We were at home when I heard gunfire,” says France. “We went inside to hide.”

“The shooting eased off so we went out onto the terrace. I was talking to my daughter when the bullet hit me. They took me on a motorbike to hospital, where I regained consciousness. I didn’t know if I was going to survive. It was only when I arrived at the hospital that the doctors told me: it is going to be fine.”

The MSF team stabilised France and gave her medication. After three days she had her first round of surgery. MSF provides free surgery and trauma care in the 80-bed hospital.

“After I’d recovered from the surgery, I started having physiotherapy for my hand. I exercised it, then they put cream on it and massaged it. I touched and felt objects for them to evaluate my mobility. They did a lot of good work on me.”

Recovering from orthopaedic or visceral surgery can take months or even years. The hospital’s physiotherapy department plays an essential role in patients’ healing process.

A bullet is still lodged in her left shoulder and she still suffers pain in her left leg. By practicing her physiotherapy exercises twice a day at home, she hopes to regain full and painless motion as quickly as possible.

On 22 January, France finished her treatment and was able to go home. She returns regularly to the hospital for check-ups, to have her dressings changed and for physiotherapy.

At the hospital gates, France and her family say goodbye to the relatives of other patients, before getting into the taxi that will take them home. During her stay in hospital, France’s sister, aunt and mother took care of her, helping her to wash and eat. Often they slept outside the ward as they waited for visiting hours to start.

“I want the shooting and fighting to stop so our children can be safe,” says France, at home with her two children on the terrace where she was shot. “It has to stop so that the country can be peaceful again. We can’t live with weapons all the time”.

READ MORE AT [MSF.ORG.UK/CAR](https://www.msf.org.uk/car)

► France is brought to the recovery room after a surgical procedure to stitch her wounds.



All images: Adrienne Surprenant/Collectif ITEM/MSF



◀ France laughs with her sister while waiting for a dressing change and medical check-up.



◀ One of the bullets that hit the terrace of France’s house on the day she was shot.

▼ France sits on her terrace as her two children, Estive and Jolivia, eat breakfast.



► MSF staff prepare to change France’s wound dressing at SICA hospital.



“They took me on a motorbike to hospital. I didn’t know if I was going to survive”



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

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Cover image: France Beldo is brought to the recovery room after surgery.

#### ABOUT

Dispatches is written by MSF staff and sent out quarterly to our supporters to keep you informed about our medical work around the world, all of which is funded by you. Dispatches gives our patients and staff a platform to speak out about the conflicts, emergencies and epidemics in which MSF works. It is edited by Marcus Dunk. It costs £0.66 to produce, package and send using the cheapest form of post. It is an important source of income for MSF and raises three times what it costs to produce. We always welcome your feedback. Please contact us using the methods listed, or email: [dispatches.uk@london.msf.org](mailto:dispatches.uk@london.msf.org)

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▲ MSF translator Tedros asks women to stand in line as they wait with their children for medical consultations at a mobile clinic run by MSF in the village of Adiftaw, in the northern Ethiopian region of Tigray in March 2021. Since fighting broke out in November, MSF teams have been providing medical care and assistance to people in towns and rural areas across the region.