DISPATCHES

‘We were woken at 5 am by a sudden blast. The windows were shaking and we knew it had to be a bomb. I jumped up, gathered some essentials together and ran…’

An MSF surgeon reports from Ukraine, pages 4-5

Galina, 86, stares at the hole in her ceiling caused by a shell hitting her apartment in Kievsky district in Donetsk, Ukraine, 21 January 2015. *Photograph: Manu Brabo*

Spring 2015
No 76

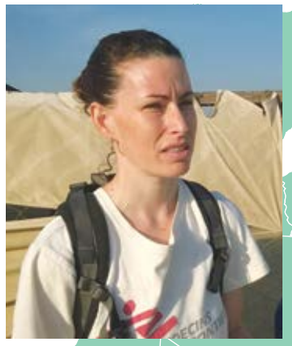
MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

INSIDE

SOUTH SUDAN

Nursing on the frontline

Siobhan O'Malley is a nurse who has provided healthcare in both Malakal and Bentiu, two South Sudanese towns hard hit by the conflict that broke out over a year ago.



South Sudan: A South Sudanese woman in the village of Calek, where some 1,542 families have taken refuge from the conflict. MSF has launched an emergency response to provide them with assistance.

Photograph: © Ashley Hamer, 2014

'When I arrived in Malakal in February 2014, the conflict was already underway.

There were warnings that the town would soon be taken by opposition forces. It was eerie seeing streams of people leaving in anticipation of the fighting and heading towards the UN compound in search of safety. I remember one woman with no possessions with her, just a baby in her arms. The next few days were tense as we heard gunshots in the distance and waited for something to happen.

We had been forced to abandon our base in town and move into the UN compound some days earlier for our own safety. Opposition forces attacked in the middle of the night. I was asleep in a tent with other members of the team when the project coordinator woke us up and told us to get ready, something was happening.

The fences around our living quarters had been broken down as people tried to get as close as they could in search of extra protection. Wide-eyed and silent, hundreds of women and children were now huddled under trees and next to our tents in the darkness.

Mass casualties

The ground began to shake as shelling started near the compound and we ran to the bunker, a collection of six shipping containers fortified with sandbags. The women and children ran with us. It was extremely hot inside, with as many people as possible packed in. We sat there for hours, trying to listen to what was happening outside.

Reports came in of mass casualties and we left the bunker and drove a few hundred metres through crowds of panicking people to the compound's hospital. The smell of burning was overpowering, ash was falling from the sky and there were towers of black smoke on the horizon.

Through the window of the jeep I saw a terrified girl, about 12 years old, with a wild look in her eyes. She was swinging a machete round and round to try and protect herself.

A midwife in Bentiu

At the hospital we treated gunshot wounds, injuries from machetes and blunt trauma. With supplies running low, I went from patient to patient. For the remaining months of my mission the focus was on treating war-wounded. Not what I expected to be doing here in South Sudan...

I felt compelled to return to South Sudan later that year and I'm currently working as a midwife in Bentiu. MSF is providing healthcare services to around 40,000 people sheltering inside the UN compound and is running mobile clinics to help people in the surrounding area.

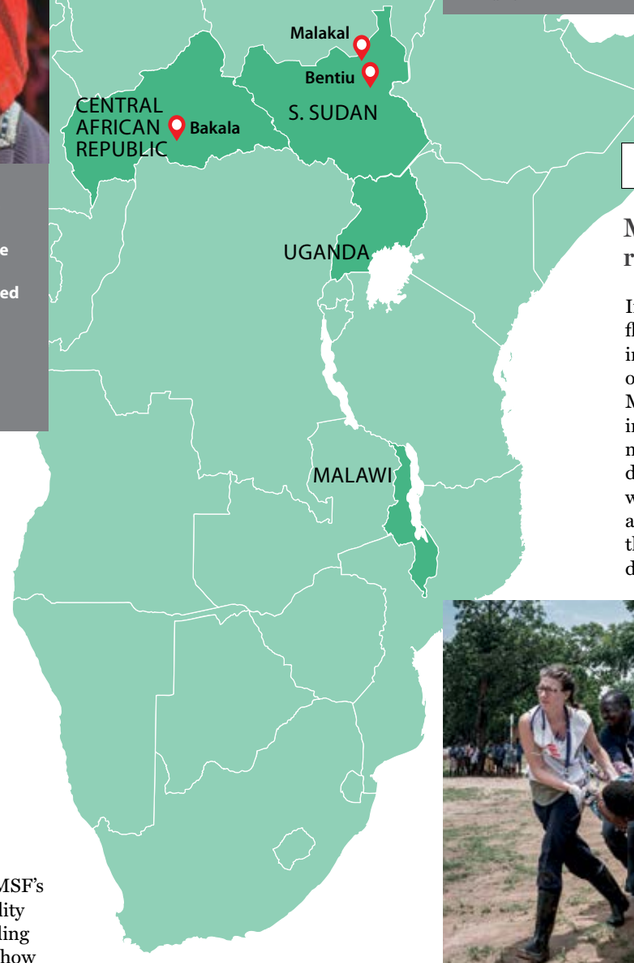
Working here, I have seen first-hand the value of MSF's neutrality and impartiality when it comes to providing medical care – and just how important this is to people's survival in times of conflict.'

Central African Republic: An MSF nurse carries a boy with a machete injury back to his home in Bakala. MSF mobile clinics provide essential medical care to people affected by the escalating violence in CAR.

Photograph: © Jeroen Oerlemans, 2014

Uganda: A young girl outside the HIV ward of Arua regional hospital. After several years of progress in the fight against HIV, the rate of new infections in Uganda has risen. MSF provides free antiretroviral (ARV) treatment to nearly 2,500 people living with HIV in this region.

Photograph © Isabel Corthier, 2014



MALAWI

MSF launches flood response

In January, torrential rain and flooding caused devastation in Malawi, with thousands cut off without food or healthcare. MSF teams began responding immediately, providing medical care, setting up tents, distributing mosquito nets and water treatment kits, as well as building latrines to prevent the emergence of water-borne diseases.

"The floods are behaving like a slow tsunami with the river swelling progressively downstream towards the south and Mozambique," said Amaury Grégoire, MSF's head of mission in Malawi. "Most of Nsanje and East Bank are submerged under two to three metres of water, which has transformed these vast plains into a giant lake engulfing houses and bridges. Even though these areas are prone to floods, old people I talked to could not remember events of this magnitude."

Although water levels are expected to fall progressively, more assistance will be needed for the 85 percent of the population whose crops and possessions have been completely destroyed by the flooding.

Malawi: MSF nurse Kate Gannon leads a team evacuating Yanesi Fulakison by helicopter from an area cut off by flooding. Yanesi, who was nine months pregnant and experiencing life-threatening complications, gave birth by caesarean a few hours later. Both mother and child are doing well.

Photograph: © Luca Sola, 2015

MYANMAR

MSF restarts basic medical activities in Rakhine

MSF has restarted clinics providing basic healthcare in Rakhine state almost a year after being ordered by the authorities to suspend medical activities in the region.

In the four weeks since reopening, MSF teams have conducted more than 3,480 outpatient consultations, treating people with watery diarrhoea, respiratory infections and chronic conditions. More than 550 consultations with pregnant women have also taken place.

"We welcome the progress we have made so far, but stress there is space to do more; space we at MSF are willing and able to fill," says Martine Flokstra, MSF's operational advisor for Myanmar. "We hope to continue this dialogue with the authorities to ensure that those who need it most in Rakhine state are able to access the healthcare they need."

‘Most victims are hit when they’re walking down the street’

As fighting continues in eastern Ukraine, the situation for civilians caught in the conflict zone is now desperate. Doctors working in hospitals close to the frontline are struggling to treat the wounded with dwindling supplies, leaving doctors to stitch up patients with fishing line. MSF teams are scaling up their support amid continued shelling and the closure of checkpoints. MSF surgeon Michael Roesch reports from the conflict, where he is supporting the surgical team in a hospital in Gorlovka.

12 February 2015

‘I arrived in Gorlovka six days ago and went straight to the hospital. The main operating theatres up on the sixth floor are no longer functioning because they’re just too dangerous with all the shelling. There’s one working operating theatre on the ground floor. Every day they receive between five and 20 victims of shelling. Last week, 60 injured people were brought in on one day. But for three days, there’s been no running water in the hospital, and so they’ve had to cancel all but the most urgent operations. Without water, you can’t sterilise anything.

‘You hardly see any children’

The city isn’t in ruins – it doesn’t look like Gaza – as the shells and rockets don’t destroy buildings completely, though smaller houses in the suburbs can collapse. But all the buildings have shattered windows – an issue when the temperature goes down to 10 below zero at night. Yesterday we passed a children’s playground with scorch marks on the ground from where a shell had exploded. And there are bomb craters everywhere, including one right in front of the children’s hospital.

But you hardly see any children. Most of the families with small children have left. It feels like a ghost town. Most of the shops are closed, there are no cafes or restaurants. If people have to go out, they walk very swiftly. No one stands around unless they’re waiting for a bus.

Every hour or two, a grenade detonates somewhere in the city, completely randomly. Most victims are hit in the open air, when they’re walking down the street or waiting for the bus. Inside houses, you’re mostly safe as long as you stay away from the windows.

Shocked residents clear debris after a shell fell near their apartment in Voroshilovsky area, in the centre of Donetsk. *Photograph: Manu Brabo/MSF*

Shepton Mallet-based surgeon Michael Roesch describes the situation in Gorlovka, eastern Ukraine.

‘Every hour or two a grenade detonates somewhere in the city. Most victims are hit in the open air.’

Woken by a sudden blast

Two days ago a house 200 metres from where we were living was hit. We were woken at 5 am by a sudden blast. The windows were shaking and we knew it had to be a bomb. I jumped up, gathered some essentials together – my computer, reading glasses, penknife and warm clothes – and ran down to the basement for shelter. I’d already stashed an emergency medical kit downstairs. At times like that you’re just waiting for the next blast to happen.

MSF staff deliver medicines to a hospital in Donetsk. *Photograph: Manu Brabo/MSF*

A patient infected with tuberculosis is treated by an MSF doctor in a prison in Donetsk. *Photograph: Manu Brabo/MSF*

Running out of supplies

The hospitals are running out of basic medical supplies. There are no surgical sutures left, and the surgeons are stitching people up with fishing line. As the water supply worsens, diarrhoea amongst infants is increasing, but the children’s hospital has run out of the infusions they need to prevent dehydration. Supplies of all sorts of drugs have run out – we’ve been asked for insulin, antibiotics, disinfectants for wounds – we’ve already received a huge list of things they urgently need.

‘I’m a surgeon, but I have never in my life seen so many amputated people.’

But getting supplies into the city is not easy. Gorlovka is basically surrounded by the frontline, and can only be reached by one narrow entry road. The area gets shelled often, so it’s dangerous to pass through it, and frequently it is closed.

I’ve visited three hospitals in the city which are still functioning, but many health centres and clinics are closed, partly due to the shelling, but also because 50 percent of medical staff have left the city. Those who remain haven’t been paid for seven months.

Overwhelmed

The past six days have been really overwhelming for me. I’m a surgeon, but I have never in my life seen so many amputated people – women go shopping and one hour later they are without their legs. The surgeons here – who have never had to deal with war-wounded before – are having to carry out at least one or two amputations every day.

We’re the only ones here

It’s difficult for the hospital staff, but they are coping remarkably well. Like the rest of the people, they have a very stoic attitude. They are very brave, very calm and contained; they are doing their best to cope. But you can sense that underneath they are very close to desperation. They feel abandoned by the outside world. Apart from MSF, there are no other international organisations here. People are desperately waiting for a sign from the rest of the world that they haven’t been forgotten.’

An MSF psychologist conducts a consultation with a patient at a health centre in Shakhtarsk, Donetsk region. *Photograph: Manu Brabo/MSF*

UKRAINE

What is MSF doing?
Since the beginning of the conflict in eastern Ukraine, MSF teams have been supporting medical facilities in Donetsk and Luhansk regions with medical supplies, as well as running psychological support activities. Since May, our teams have supplied 100 medical facilities on both sides of the frontline, enough to treat more than 15,000 wounded patients.

For the latest news and information, visit msf.org.uk/ukraine

Bikers without borders

In the remote east of Democratic Republic of Congo, skilled MSF motorcyclists face mudslides, armed militias and vertical drops in their mission to reach people cut off from medical care.

Photographs © Pau Miranda/MSF and Phil Moore

The road from Minova to Numbi, in eastern Democratic Republic of Congo (DRC), is an off-road motorcyclist's dream. Two hours of slippery slopes, mud and obstacles require skill, steady hands and steely nerves. Yet for the Bikers Without Borders team, tackling this road is no mere joyride. Every day, teams of MSF bikers traverse this route and ones like it to transport ill and pregnant patients from their remote homes to hospitals and health clinics many miles away.

"I have never encountered an impossible situation," says Shabadé, one of the motorcyclists working for MSF in South Kivu. "You always find a way. But sometimes you have to cross yourself before accelerating."

On roads and mud tracks that are impassable to most other vehicles, the MSF bikers have the added responsibility of safely carrying people who are often seriously ill. "It's a lot of pressure because you have to go fast but also carefully because you are driving people in a delicate situation," says Akonkwa Kacihambra, an MSF biker based in Numbi.

"There's really no 'typical' day here, circumstances vary enormously. Last September, a grenade blast injured a dozen people in a village, and we had to find a way of getting them all to hospital. Despite some serious injuries, we still managed to get everyone to safety. Later we found out that everyone had got better. Hearing that gave us a lot of satisfaction."

The motorbikes are an essential part of the many vaccination campaigns carried out by MSF in the region, in which the only way to take vaccine containers deep into the jungle is on two wheels. "Sometimes the bike carries a load of 150 kg, which is a lot," says biker Pascal.

"We cover a very big area, and the terrain is harsh," says Akonkwa. "Sometimes we have to climb quite high into the mountains, up to 2,200 m in altitude, to pick people up, and it gets extremely cold. Every situation is different and needs a different approach."

"Once we were on an exploratory mission in the south of the province and militiamen stopped us at a roadblock," says Pascal. "Things got ugly and we had to flee as they shot into the air."

continued on page 8

"Recently we were driving a pregnant woman to the hospital, but she started to have the baby," says Brimana, one of the newest bikers. "Luckily, the guy on the support bike had some experience and we were able to help the woman give birth."

"Usually we have medical support with us," adds Akonkwa, "but this time we didn't as it wasn't considered a medical emergency. But everything went well and I was very relieved and proud to be able to transport both mum and newborn safely to hospital."

"To add to the geographical difficulties, I've also been in situations where I've had to dodge bullets and grenades. But I try to stay professional and just do what I can to get people to the nearest hospital."

"People's reactions vary when they see us arrive on our bikes," says Akonkwa. "Some are very ill and when you ask them to get on the bike, they don't want to. Eventually we convince them it's for their own good. And sometimes people just come out to thank us as they understand that we are trying to help them in difficult conditions. It's not even a choice most of the time. It's about saving their life."

"What motivates me in my job is observing how humanitarians work," says Akonkwa. "I admired how they work selflessly for other people, so when I was given the opportunity to sign a contract with MSF, this gave me the chance to do the same. I like it that we have to put ourselves to one side and think about how we are going to save other people in extremely challenging situations. Some situations are really critical and I know we've already helped to transport hundreds of people in the last six months, and that's fantastic."

Members of the community in Kerema, Gulf Province, gather to watch a UAV demonstration flight. *Photograph © Aris Messinis/Matternet*

Treating TB from the air

How do you provide medical care to people cut off by impassable roads and dangerous, crocodile-filled rivers? In Papua New Guinea, MSF is trialling the use of unmanned aerial vehicles to reach patients in need.

Roads that have turned to thick mud. Treacherous conditions on the Coral Sea. Rivers that are so infested with saltwater crocodiles that boat journeys are not safe. In Papua New Guinea's Gulf Province, getting from A to B is no easy task.

For the people living in this region, accessing medical care is extremely difficult. However, with Papua New Guinea currently experiencing one of the highest rates of tuberculosis (TB) in the world and with the Gulf Province the worst-affected area, these people's need for effective treatment has never been more urgent.

Poor road conditions are one of the biggest challenges that MSF faces in reaching isolated communities. *Photograph © Sean Brokenshire/MSF*

"We're working in one of the biggest swamps in the world," says MSF programme manager Eric Pujo. "It's a very challenging environment, and to run a good TB project, one of the key points is diagnosing people quickly. The earlier you can put a patient on treatment, the more likely you'll stop the disease from spreading."

In order to reach these cut-off communities, MSF has begun trialling the use of unmanned aerial vehicles (UAVs) as a first step to combating the epidemic.

Operated from a smart phone, these UAVs can travel at a speed of around 37 mph with a range of around 20 miles and carry up to 10 TB test samples from patients. At a pre-arranged meeting point, members of the community wait for the UAV to land, then load the samples onto the craft. Once the UAV returns to base, the samples can be tested rapidly, with the plan being for TB medication to then be flown back to the affected patients, all within a day.

"Our goal is to drastically improve our diagnostic capacity and our ability to react quickly," says MSF's head of mission, Benjamin Gaudin. "It's all very new, but it could be a real revolution for us in terms of diagnosing and treating patients in this area."

Although the UAV system is in its infancy, MSF is hoping that it will ultimately prove a critical tool in the battle to halt this TB epidemic.

Above: MSF laboratory manager Lise Marchand operates the UAV via a smartphone. Below: A sample from a suspected TB patient is loaded into a capsule for UAV transport. *Photographs © Aris Messinis/Matternet*

'The earlier you can put a patient on treatment, the more likely you'll stop the disease from spreading.'

The survivors make it home

Since the Ebola outbreak in west Africa was officially declared in March last year, more than 9,100 people have lost their lives. Whole communities have been devastated and families wiped out. Yet amid this desolation, more than 2,300 people treated by MSF have beaten the disease, their survival an inspiration to fellow patients and staff. After the cheers and celebrations have subsided, these survivors are faced with an even greater challenge: the task of rebuilding their lives and shattered communities. In Sierra Leone, MSF nurse Alison Criado-Perez tells the story of one survivor's journey home.

'Having come into our Ebola management centre three weeks ago with a positive blood test, Mama Sesay had slowly become stronger. Her symptoms had gradually disappeared, and her blood test was now negative. Giving her that news was the happy task of our mental health team, and after further counselling and advice, she was ready to rejoin her family and community.

One of the lucky ones

In my new position as part of the outreach team that will help to monitor and control the epidemic out in the villages, I accompanied Mama Sesay on this great occasion. To survive a disease like Ebola makes you one of the lucky ones. She'd come to us before the disease had become uncontrollable, before the haemorrhagic symptoms had started, before the viral load was so high that we would not have been able to save her. As it was, we were able to help boost her immune system so that she could fight the virus and overcome it.

As we drove Mama Sesay home, I thought with sadness of a young boy who had not been so lucky. He had come into the centre a few days ago, so weak and breathless that he had to be carried on a stretcher out of the ambulance. He gave his age as 14, but looked about ten. As he sat weakly in the triage area for a quick assessment, Robi, the doctor in charge of the running of the centre, shook his head.

"He won't make it," he said sadly. For some reason I had an intuition that this boy would somehow beat the odds. So I was devastated when I came on duty the following morning, looked at the board where all our patients' numbers were displayed, and couldn't see his. And then I saw it. With a circle and a cross beside it. Under the heading "Morgue". Robi had been right and my misplaced optimism wrong.

A bittersweet homecoming

But now we were on a good news journey. The Land Cruiser bumped its way down the dusty, red road, lined with tall grasses and clusters of palm trees. Makeshift barriers, in place since the 'lockdown' to prevent people moving from village to village, were raised to let our vehicle with its well-known emblem through. Apart from little children calling out "Opoto!" (white person) as we passed, the villages were quiet, houses locked and shuttered. A sign indicating the primary school pointed towards a building that was silent and empty. Schools have been closed since the start of the academic year, the only teaching being carried out over the radio.

As we neared her village of Yoni Bana, Mama Sesay let a small smile creep over her face. But her happiness at returning must have been marred by grief: grief for her mother, who had died from Ebola in her home, grief for her pregnant sister who had also died. Her sister had been helping to care for her mother, and pregnant women are exceptionally vulnerable.

But there was still a large group waiting to greet Mama Sesay as we drove up, and as she stepped from the Land Cruiser, clapping and cheering erupted. As her three small grandchildren ran up to hug her, she beamed. It was a good moment.

'I shake her hand'

One of our health promoters gave a speech explaining that Mama Sesay was completely free from Ebola, that she no longer carried the infection and that she had a certificate to prove it. He continued by reiterating the general Ebola message of ABC – Avoid Body Contact – and of reminding people that they should call the Alert Line if anyone showed any of the symptoms of Ebola.

After shaking her hand – the first contact I had had with her without being protected by our personal protective equipment – with many waves and cheers we left Mama Sesay, happily back once more in her community, an Ebola survivor.'

MSF nurse Alison Criado-Perez says farwell to Ebola survivor Mama Sesay, surrounded by her relatives and grandchildren, in the village of Yoni Bana, Sierra Leone. *Photograph: © Alison Criado-Perez/MSF*

John Mulbah, 33, poses after placing his handprints on the 'wall of survivors' at an Ebola treatment centre in Liberia. John was the 500th survivor discharged from this centre. "I must go home and be proud to have survived," he said. "I will tell everyone that my wife and I survived Ebola because we got help from MSF." *Photograph: © Caitlin Ryan/ MSF*

Bentu Sandy, an Ebola survivor who now works as a mental health counsellor with MSF in Bo, Sierra Leone, celebrates the discharge of a cured patient. *Photograph: © Anna Surinyach*

Augustine Kargbo (centre) celebrates his discharge from an MSF Ebola treatment centre in Sierra Leone. *Photograph: © Anna Surinyach*

EBOLA

Is the Ebola outbreak coming to an end?

At the time of going to press, a decreasing number of new cases across MSF treatment centres in Guinea, Liberia and Sierra Leone has given rise to the hope that the outbreak might be coming to an end. However, vigilance is still required, as a single new infection could reignite the outbreak.

"This decline is an opportunity to focus efforts on addressing the serious weaknesses that remain in the response," says Brice de la Vingne, MSF director of operations. "We are on the right track, but reaching zero cases will be difficult unless significant improvements are made in alerting new cases and tracing those who have been in contact with them."

For the latest information, visit msf.org.uk/ebola

MSF'S UK VOLUNTEERS

Afghanistan Laura Latina, *Midwife*

Bangladesh Ann Thompson, *Midwife*

Central African Republic Barbara Pawulska, *Pharmacist*; Eleanor Hitchman, *Project coordinator*; Hayley Morgan, *Project coordinator*; Catherine Sutherland, *Doctor*; Anna Carole Vareil, *HR coordinator*; Robert Malies, *Logistician*

Chad Madhu Prasai, *Medical team leader*

Dem Rep Congo Demetrio Martinez, *Logistician*; Catherine Cormack, *Doctor*; Mark Blackford, *Finance coordinator*; Louise Roland-Gosselin, *Deputy head of mission*; Laura McMeel, *Pharmacist*; Andrea Ossi Perretta, *Logistics coordinator*; Sally Pearson, *Doctor*

Ethiopia Elizabeth Harding, *Deputy head of mission*; Barbora Sollerova, *Midwife*; Angela Clare O'Brien, *Nurse*

Guinea Anna Halford, *Project coordinator*

Haiti Leanne Sellars, *Nurse*; Zoe Allen, *Logistician*

India Luke Arend, *Head of mission*; James Cheasty, *Mental health manager*; Anthony Boniface, *Logistician*; Angelica Orjuela, *Logistician*

Iraq Christopher McAleer, *Logistician*

Jordan Paul Foreman, *Head of mission*; Tharwat Al-Attas, *Medical coordinator*; Lucy Williams, *Nurse*; Samuel Taylor, *Communications coordinator*; Freda Newlands, *Doctor*

Kenya Beatrice Debut, *Communications manager*

Kyrgyzstan Rebecca Welfare, *Project coordinator*

Lebanon Michiel Hofman, *Head of mission*

Liberia Zafeiroula Evlampidou, *Epidemiologist*; Forbes Sharp, *Head of mission*

Malawi Orijit Banerji, *Doctor*

Myanmar Marielle Connan, *Nurse*; Sarah Maynard, *Project coordinator*; Daniella Ritzau-Reid, *Advocacy Manager*; Miriam Pestana Galito da Silva, *Pharmacist*

Papua New Guinea Jenny Nicholson, *Mental health specialist*

Russia Fay Whitfield, *Nurse*

Sierra Leone William Turner, *Project coordinator*; Jose Hulsenbek, *Head of mission*

South Africa Andrew Mews, *Head of mission*; Amir Shroufi, *Deputy medical coordinator*

South Sudan Sophie Sabatier, *Project coordinator*; Hilary Collins, *Nurse*; Laura Bridle, *Midwife*; Joshua Fairclough, *Logistician*; Paul Critchley, *Head of mission*; Heather Dungavel, *Midwife*; Lynsey Davies, *Doctor*; Samira Lahfa, *Health promoter*; Josie Gilday, *Nurse*; Georgina Brown, *Midwife*

Sudan Alvaro Mellado Dominguez, *Deputy head of mission*; Shaun Lummis, *Project coordinator*

Swaziland Ian Cross, *Doctor*

Syria Helen Ottens-Patterson, *Medical coordinator*; Natalie Roberts, *Medical coordinator*

Tajikistan Sarah Quinnell, *Medical coordinator*

Uzbekistan Donal Doyle, *Lab manager*; Cormac Donnelly, *Doctor*

Zimbabwe Rebecca Harrison, *Epidemiologist*

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

Médecins Sans Frontières/Doctors Without Borders (MSF) is a leading independent humanitarian organisation for emergency medical aid. In more than 60 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.

DEBRIEFING

What was your role in this project?

I was an emergency doctor based in the small inpatient department, where we had 36 beds for patients. There are something like 35,000 South Sudanese refugees in this region of Uganda, and initially we were working in six camps. In our hospitals it was pretty much malaria, malaria, malaria.

And it was busy. Really busy. I was on call 24/7 and there were times I'd get a phone call at 4 am, and wouldn't leave until 8 pm that night. But I loved the job, it's the best job I've ever had. I've wanted to do this since I was 17.

What was the most challenging part of your mission?

Resuscitation was really tough. The families take it badly because it can seem so violent, especially if you don't understand it or know what it is.

I remember one little girl who had a cardiac arrest. We gave her adrenaline, and started resuscitation. And the family hated it, they were really traumatised. And she died. It was really horrible.

For some people, when patients die there's complete devastation and it's heart-breaking to witness. And, of course, delivering bad news through a translator makes everything so much harder. You bend down next to someone, take their hand, maybe even embrace them. But at that point, the translator doesn't matter anymore. At the end of the mission I felt physically and emotionally drained. There's stuff that I saw, and stuff that I did, that will take a long time to process.

CLAIRE KILBRIDE

EMERGENCY DOCTOR, UGANDA

1. My ukulele – that brought us all a lot of fun

2. Goldfrapp album, especially the song 'A&E'

3. Probably pens – I lost so many!

What was the most rewarding moment?

Kids like the boy with cerebral malaria, who we worked on for over an hour after he stopped breathing and he survived. Bumping into old patients I'd treated – I was walking through the market one day and a woman came over and hugged me. She was the mother of one of my patients and she was just so, so happy. That felt good.

There was one man whose two kids were admitted with malaria. They were really sick at the beginning, but they both survived. And I just remember their father kneeling in front of me crying, and he said 'God has brought us through this, through war, through losing everything, and now he has brought us to you'. He was completely overjoyed that his kids had made it and it was so overwhelming to see this family, who have gone through so much, leave together, all safe.

Do you think you were prepared for the mission?

Actually no, I don't think so. Mostly because of the kids. Kids shouldn't die from malaria, it's not right. They shouldn't have malaria in the first place because it's a disease that should be eradicated. You can never, ever be prepared to lose a child, but to lose a child to malaria? It's just so wrong.

We lost a lot of kids at the beginning, probably a death a week. That doesn't get easier, ever. Sometimes there's an attitude that because the mortality rates in these countries are so high, their lives are less important than ours. That's utter bullsh*t. Every single life is worthwhile. Every single life matters.

What will you miss the most about your mission?

The Ugandan staff. They were absolutely incredible. I don't think I'll ever see some of them again and I miss them so much. You would have no idea what they've been through – one of our translators mentioned he was a child soldier, one of the clinical officers told us when she was a child her family was hiding in the bush after the LRA [Lord's Resistance Army] had burnt down their home. Most of them have lost family.

But I'll miss everything about the mission really – the patients, the work ethos, the priorities, the rush of working. Everything.

Why did you want to work for MSF?

MSF goes where so many people don't. And I like MSF's priorities – patients come first. Then there's the other side of it all, the bearing witness. For me that's maybe the biggest thing. If you see something that is unacceptable, you don't sit back, you don't stay silent, you don't accept it. You speak out.

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About Dispatches

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 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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You can donate by phone, online or by post. If possible please quote your supporter number (located on the top right-hand side of the letter) and name and address.

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