WITHOUT BORDERS

Issue 39 | July – September 2018

MEDECINS SANS FRONTIERES
أطبّاء بلا حدود

MEDICAL AID WHERE IT IS NEEDED MOST. INDEPENDENT. NEUTRAL. IMPARTIAL.

EMERGENCY SURGERY IN PALESTINE

Iraq
Rehabilitation in Baghdad

DRC
Working against Ebola

The Rohingya
Psychological care

Mediterranean
Miracle at sea

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WELCOME

Today MSF runs 468 projects in 71 countries. Over the years, our medical humanitarian organisation has expanded from a small group of doctors and journalists to a global movement with almost 40,000 staff. However, after 47 years of operations, our fundamental mission and values remain unchanged: to provide essential medical care for those who need it most, regardless of race, religion or political affiliation.

Our operations in Palestine are not as large as those in some other countries, however, they have always been significant.

They are significant because they represent the fundamental values that make us who we are: independence, neutrality and impartiality, and our wish that those in need should have clear and unfettered access to medical care.

Humanitarian work in Palestine is not simple; the situation is often fraught with politics, and remaining neutral in the interests of medical care requires that we walk a fine line.

As the recent confrontation in Gaza grew, the media attention was ubiquitous, but now the violence has died down, few news crews remain. Sadly the same cannot be said for the effects on the population of Gaza.

The medical needs remain enormous. The use of military force during protests has led to huge swathes of people who will need ongoing treatment, often comprised of surgical interventions and physiotherapy. These are people we must not forget.

Thank you for your support,

Mario Stephan
Executive Director
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Front cover photograph:
Mohammad is a 38-year-old construction worker from Palestine. He was injured on 6 April during the demonstration in Gaza. He was shot in the right foot and had to have his small toe amputated. © Aurelie Baumel

MSF is a member of International Humanitarian City, UAE.

Images: Kenny Karpov/SOS Mediterranee, Siegfried Modola, Louise Annaud/MSF, Juan Carlos Tomasi, Maya Abu Ata/MSF, Maxime Fossat/MSF

MSF: SITUATION UPDATES

Every day our teams around the world are providing emergency medical care to people affected by conflict, epidemics, disasters or lack of access to healthcare. Our work is funded mainly by donations from the public. This gives us the independence to provide quality medical care to those who need it most, regardless of race, religion or political affiliation. Here we bring you updates from some of our projects around the world.

DRC

MSF STARTS EBOLA VACCINATION

MSF started vaccinating Ebola frontline workers on 28 May in Bikoro, Democratic Republic of Congo, where teams have been working with the Ministry of Health and the World Health Organization. The trial vaccination will also be offered to contacts of patients.

The Ebola vaccine (rVSVDG-ZEBOV-GP) is being used as part of the strategy to control the outbreak. This vaccine has not yet been licensed and is being implemented through a study protocol, which has been accepted by national authorities and the Ethical Review Board in Kinshasa, as well as MSF's Ethical Review Board. The protocol defines to whom, when and how the vaccine should be given.

JORDAN

CLOSURE OF RAMTHA SURGICAL PROJECT

After more than four years of emergency lifesaving activities in which over 2,700 war-wounded Syrians underwent medical treatment, MSF has taken the difficult decision to close the Ramtha surgical project in northern Jordan. The decision came in light of the sharp decrease in the number of wounded Syrians referred from southern Syria to Ramtha hospital since a de-escalation zone was established in July 2017.

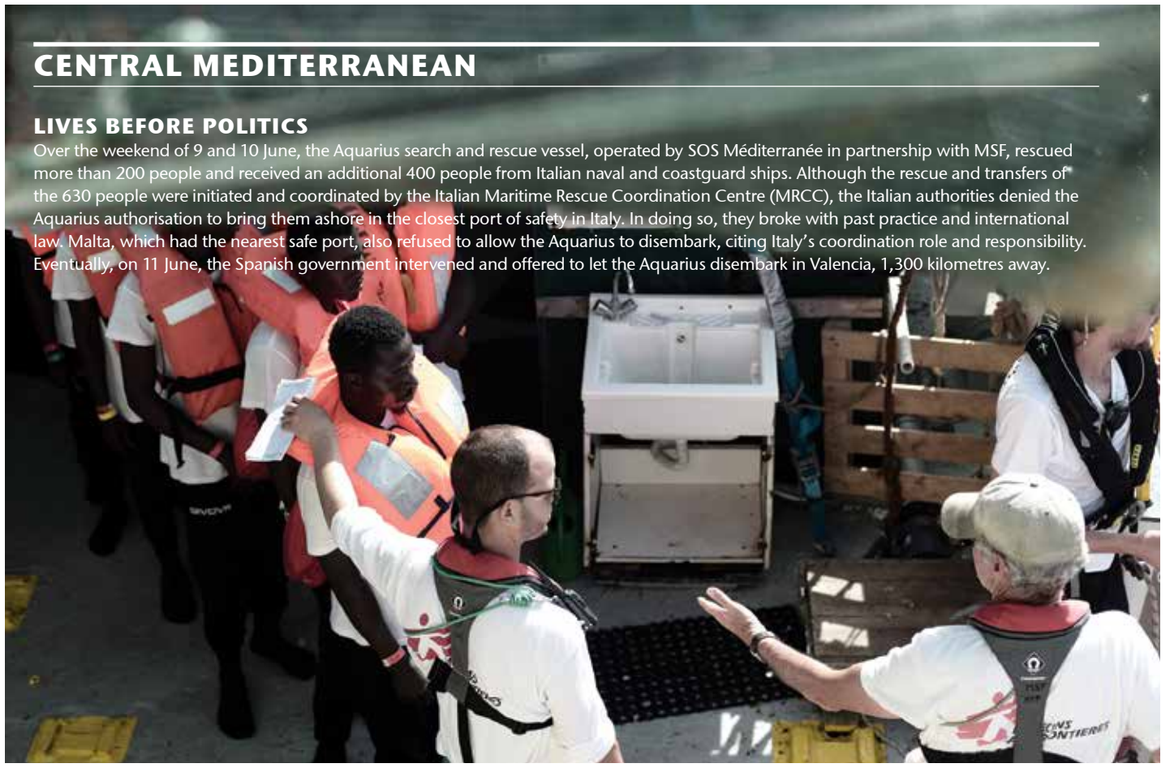
SOUTH SUDAN

PEOPLE CAUGHT IN INTENSE FIGHTING

Since the end of April, the conflict-ravaged counties of Leer and Mayendit, in South Sudan's north, have once again been wracked by violence. Thousands of people are caught between the frontlines of the fighting, and health facilities have been attacked. The high level of violence prevents many people from obtaining basic services, including healthcare.

Women, men and children in Leer and Mayendit counties are enduring extreme levels of violence. Villages have been looted and burnt down, and food reserves and other possessions have been destroyed.

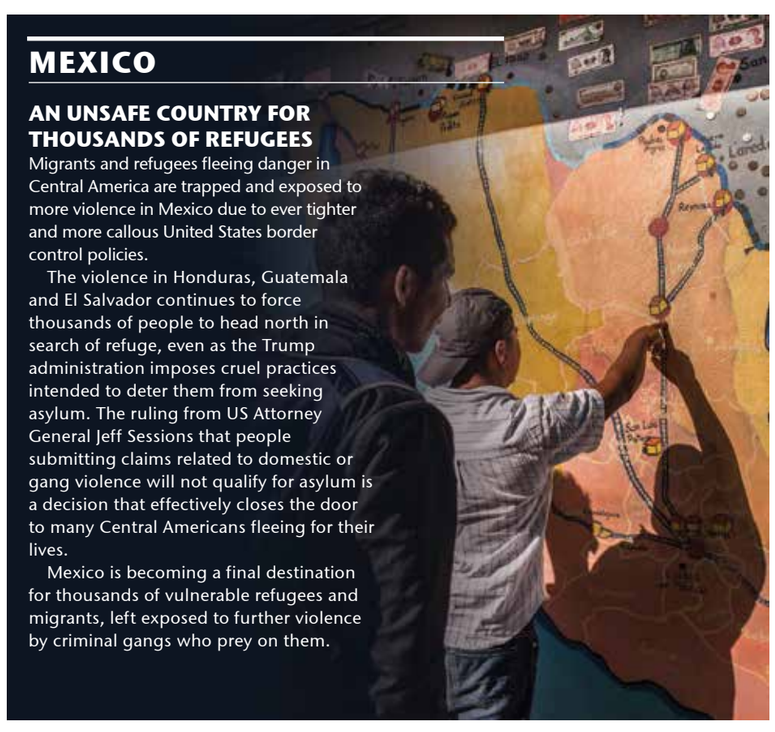
MSF teams have provided basic medical care to communities that could be reached, including a significant number of people who have experienced sexual violence. MSF calls on all armed parties to immediately put an end to the violence against the local population in Leer and Mayendit counties.



CENTRAL MEDITERRANEAN

LIVES BEFORE POLITICS

Over the weekend of 9 and 10 June, the Aquarius search and rescue vessel, operated by SOS Méditerranée in partnership with MSF, rescued more than 200 people and received an additional 400 people from Italian naval and coastguard ships. Although the rescue and transfers of the 630 people were initiated and coordinated by the Italian Maritime Rescue Coordination Centre (MRCC), the Italian authorities denied the Aquarius authorisation to bring them ashore in the closest port of safety in Italy. In doing so, they broke with past practice and international law. Malta, which had the nearest safe port, also refused to allow the Aquarius to disembark, citing Italy's coordination role and responsibility. Eventually, on 11 June, the Spanish government intervened and offered to let the Aquarius disembark in Valencia, 1,300 kilometres away.



MEXICO

AN UNSAFE COUNTRY FOR THOUSANDS OF REFUGEES

Migrants and refugees fleeing danger in Central America are trapped and exposed to more violence in Mexico due to ever tighter and more callous United States border control policies.

The violence in Honduras, Guatemala and El Salvador continues to force thousands of people to head north in search of refuge, even as the Trump administration imposes cruel practices intended to deter them from seeking asylum. The ruling from US Attorney General Jeff Sessions that people submitting claims related to domestic or gang violence will not qualify for asylum is a decision that effectively closes the door to many Central Americans fleeing for their lives.

Mexico is becoming a final destination for thousands of vulnerable refugees and migrants, left exposed to further violence by criminal gangs who prey on them.

GLOBAL

TUBERCULOSIS

TB is one of the most deadly infectious diseases in the world. In 2015, 10.4 million people became ill with TB and 1.8 million people died from the disease. Today, TB is the leading killer infectious disease, followed by malaria and HIV/AIDS.

For the first time, world leaders will come together later this year at a United Nations High-Level Meeting (UNHLM) to discuss TB and the steps needed to tackle this health emergency. MSF asks leaders to ensure that the outcome of the UNHLM is robust and sets measurable targets for the treatment and prevention of TB around the world.

Images: Florian Seriex, Scott Hamilton

A nine-year-old boy who was the victim of a bomb blast in Baghdad four years ago. Now he receives physiotherapy care from the BMRC.

PHYSICAL REHABILITATION: IRAQ

BRIDGING THE HEALTHCARE GAP

In December 2017 MSF opened the Bagdad Medical Rehabilitation Centre (BMRC). This centre was designed to fill a gap in healthcare: physical rehabilitation following surgery. With so many people injured in a country that has known so much war, this service is essential. Louis Desvernay is a Doctor of Physical Medicine and Rehabilitation; he was MSF's Medical Team Leader at the BMRC for eight months. In this interview, he gives an insight into the project.

CAN YOU TELL US A LITTLE BIT ABOUT THE BAGHDAD MEDICAL REHABILITATION CENTRE?

This project includes a medical ward with 20 beds, doctors and nurses who are here 24 hours a day, seven days a week, as well as physiotherapists, psychologists, psychosocial counsellors – so it's a post-operation medical ward that deals with rehabilitation following surgery.

Most of the patients received in the emergency room have open fractures and about half of the injuries have been incurred as a result of violence.

The idea of this rehabilitation centre is to get the patient out of bed as soon as possible, to keep them mobile and teach them how to use crutches or a wheelchair, to work on their balance and to carry out everyday activities like dressing and grooming safely. This is quite different to the environment a patient may have at home, where they might be encouraged to stay in bed by their family, while things are done for them. The early stage physiotherapy isn't intended to force anything, in fact early stage physiotherapy is usually very gentle and it helps the patient to regain as much autonomy as possible. Then, when the pain dies down, the physiotherapist may work with the patient to help them regain the use of their limbs. The goal is to admit patients as soon as possible following surgery, to avoid the complications that can arise after weeks or months being bedridden.

The BMRC is run entirely by MSF. There are approximately 50–55 staff and approximately 75 patients coming every day, or every other day for physiotherapy

WHAT WAS THE RATIONALE BEHIND OPENING THIS HOSPITAL?

There is a gap in the Iraqi healthcare system in terms of rehabilitation structures, and as a consequence of 15 years' conflict in Iraq there are a lot of people with disabilities. Of course this isn't new for the country, there was the Iran–Iraq war and the first Gulf War. There is a very high prevalence of disability in Iraq – we're talking about 4,000,000 people living with disabilities, in a population of 38,000,000 (figures relate to World Health Organization statistics from 2009). There are relatively few centres that provide the physiotherapy people need, and generally the treatment is provided after some time has elapsed following an operation, when complications have already arisen. The physiotherapy in Iraq is heavily reliant on machines: on electrotherapy, infrared lamps and technology like this, which doesn't have any evidence-based grounds for use and acts more as a placebo than anything else. The culture of physical manipulation and manual therapy with physiotherapy is largely absent. There is mistrust between surgeons and physiotherapists: orthopaedic surgeons tend not to send their patients to physiotherapists following surgery because the surgeon fears that the physiotherapist may damage the patient's orthopaedic fixation in attempting physical manipulation. So our findings were that patients did not receive physiotherapy following surgery, and were instead sent home very early, even after an open fracture, and even if there was a need for pain management and the redressing of wounds; patients were sent home after two or three days maximum. This was often because patients were afraid (for good reason) of getting infections in hospital. So the patient would go home as soon as possible, to be cared for by their family, and that's where the complications occur. They may get bed sores, their joints may stiffen up, their muscles may begin to waste, they may get infections – all these issues stem from bedrest and they may accumulate leading to the patient's readmission to hospital, and so it becomes a vicious cycle. Since the war died down in Mosul, Baghdad is the most affected governorate. So the rationale for the project began with this analysis, and the constant flow of injured patients.

IS THIS PROJECT HERE TO STAY FOR THE LONG TERM?

I'm not saying that this programme is here to stay for several years, but it's certainly necessary right now, as it's providing something that wouldn't be there otherwise and it's a great benefit to those in need of rehabilitation.

I'm convinced that MSF, especially in this region needs to identify gaps in secondary healthcare, to work in collaboration with the ministry of health and to help build capacity in terms of medical care and expertise.

Another element of this project is mental healthcare – it's offered to every patient when they arrive, and 80–90 per cent agree to this treatment and have regular sessions with a counsellor. You can understand, these are people who have gone through years of conflict – almost all of them have lost someone. ■

"There is a very high prevalence of disability in Iraq - we're talking about 4,000,000 people living with disabilities."

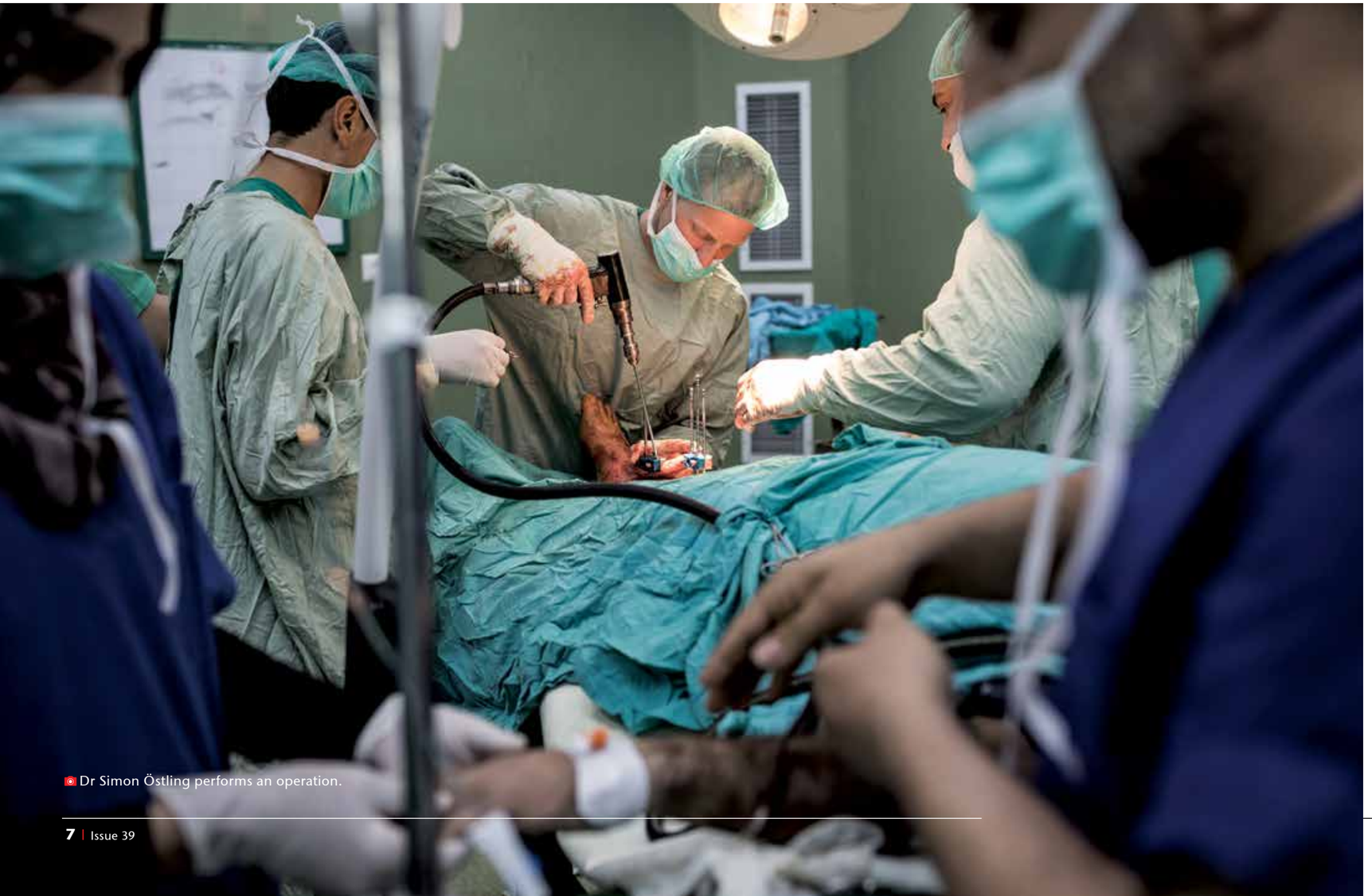
A patient works through his prescribed exercises with the support of a physiotherapist.

Images: Laurie Bonnaud

EMERGENCY SURGERY: PALESTINE

THE AFTERMATH

Since 30 March 2018, MSF has been adapting its medical activities to cope with the massive influx of patients who were shot in Gaza during the 'March of Return'. This event represents the largest admission of trauma casualties since 2014, when Israeli forces began 'Operation Protective Edge' – a military operation in Gaza. Opposite are two testimonies: one from an MSF surgeon who treated those injured during the demonstrations, and one from an 11-year-old boy who was shot.



Dr Simon Östling performs an operation.

DR SIMON ÖSTLING, ORTHOPAEDIC SURGEON, MSF

Since 30 March 2018, thousands of Palestinians in Gaza have been demonstrating in 'The Great March of Return'. On 14 May an extraordinary mobilisation took place to protest against the move of the U.S. Embassy from Tel Aviv to Jerusalem. At the end of the day, health authorities reported that 55 Palestinians had been killed by Israeli forces and 2,771 had been injured, 1,359 of whom were hit by live ammunition.

Yahya receiving treatment.

On 14 May, we had a massive influx of patients in Al-Aqsa Hospital in the Gaza strip. We received 300–400 patients in three hours. We have four operating theatres (OT). Soon all of the OT were full and the situation was chaotic. All the injuries were gunshot injuries, mostly in the lower limbs. The injuries consisted of small entry wounds, with huge exit wounds. The patients' bones were destroyed and splintered into thousands of pieces.

Being a surgeon in these circumstances is easy in a way – you go into the OT and you operate on your case. You know there's a mess outside, but there's nothing you can do about that. So you do the best you can with the patient in front of you, and then on to the next one – one at a time. You try not to worry about the other ones; you work to treat your patient as quickly as you can and to the best of your ability.

One case was a 12-year-old boy with a gunshot wound below the knee, with a nerve injury and a bad fracture with bone loss and a loss of soft tissue. He will never fully recover; he will limp for the rest of his life. He's only 12 years old. For me that's really sad.

A lot of these patients have received injuries that will leave them with handicaps for the rest of their lives. A lot of them will probably lose a leg. Health facilities in Gaza will need to provide ongoing surgical care for a year or two. Many of these cases are really complicated.

YAHYA, 11 YEARS OLD, STUDENT

"My name is Yahya, I'm 11 years old and I'm in 5th grade. Before I got hurt I really enjoyed going to school and I never had grades below 95/100!

I went to the 'Great March of Return' with two of my brothers, to discover the land of my parents, and to see with my own eyes the people who bomb Gaza and shoot Gazans. I wanted to understand why. You know, the only thing that makes Israelis stronger than us is their weapons.

I was very close to the fence when I got shot. I was the only child of my age to be so close. I wanted to get closer to see the landscape on the other side. It was very beautiful, much more beautiful than Gaza! But then I got shot. I remember the face of the person who shot me; she was a young blonde woman.

The bullet hit me in the ankle. Everything was damaged: the muscles, the tendons, and the bone. I can only move my toes now, and just a little bit. When I was shot, it hurt me a lot, like an electric shock. But now, I feel a little better. I received surgery at the hospital and I will need another operation. In the meantime, I come three times a week to the MSF clinic in Beit Lahia and I have been told that I should be able to walk again in six months.

I do not think I'm too young to get injured. I can bear the pain and the sorrow, like all the other people in Gaza who have been wounded." ■

MSF'S PATIENTS IN GAZA

The youngest patient MSF has treated in this crisis is seven years old. There was also an eight-year-old child, and two 10 year olds. MSF has treated 34 patients under 15.

At the time of writing, MSF had provided surgical care for 367 people injured in this crisis.

Images: Louise Annaud/MSF

Marie-Vincent with her husband outside their house in Itipo, the epicentre of the latest Ebola outbreak.

EBOLA: DEMOCRATIC REPUBLIC OF THE CONGO

I WILL START TODAY FROM ZERO

On 8 May 2018 a new Ebola epidemic was declared in Democratic Republic of the Congo (DRC). At the time of writing there have been 38 confirmed Ebola cases and 28 deaths. Twenty-four patients (confirmed as Ebola cases) have recovered from the disease and been discharged from treatment centres.

Hundreds of people who came into contact with Ebola sufferers remain under surveillance and areas of uncertainty remain in some villages. This is the story of one person who contracted Ebola, and survived.

"At first, we didn't believe in Ebola," says Marie-Vincent, a woman recently discharged from MSF's Ebola treatment centre (ETC) in Bikoro, DRC. She has just recovered from the virus, after her entire family fell sick.

Marie-Vincent doesn't know how old she is, but she looks to be perhaps 60, and has certainly seen a lot in her life. Her family's story of Ebola started with her son, Charles.

One of 11 children, Charles was a nurse who ran a remote health centre in Itipo, a small town some 170 kilometres from Mbandaka (the capital of Équateur Province in DRC) over dirt roads and broken bridges. Itipo is considered the epicentre of the recent Ebola outbreak.

Charles spent years caring for patients with diseases like malaria, diarrhoea and malnutrition, as well as assisting women with antenatal care and complicated deliveries. He died from a case of probable Ebola on 9 May, the day after the epidemic was officially declared. His body was never tested for the virus, but was treated with care and respect, washed and carried back to the village of his birth for a traditional burial.

In the days that followed, the full force of the virus would be released on his family and the colleagues who cared for him when he was sick.

"We became suspicious about why Charles was ill when the other nurses told us to distance ourselves from him," says Marie-Vincent, "but I still looked after him, because a mother cares for her son when he is sick."

The body of a person who has died from Ebola is extremely contagious. In the days after Charles was buried, Marie-Vincent and several members of her family began to fall sick.

"As soon as he was in the ground, we began to feel ill. We had fevers, vomiting and diarrhoea. We began to believe it really was a sickness and not a curse. I'd heard about Ebola and the mysterious deaths in some local villages. But at the time, we just didn't know."

Soon, Marie Vincent was extremely sick with the virus and was taken to be tested. Her oldest son and his wife, then another son and another male relative, all fell ill one after the other. Next, Charles' pregnant wife began to run a fever, as did two of his sons and his son's young fiancée. The whole family was brought to MSF's Ebola transit centre in Itipo and referred on to the ETC in Bikoro, a town a few hours away, after their tests came back positive for the virus.

The next weeks were spent inside the treatment centre, battling the symptoms and the fear, together.

"The staff were very warm and did everything they could to help us survive," says Marie Vincent. "They encouraged us and made us believe we would recover even when we felt like giving up."

Sadly, however Marie-Vincent's grandsons (Charles' sons) as well as the young fiancée all died from Ebola. Although Charles' wife would later recover, her unborn child, a little boy, would not survive. The Ebola virus crosses the placenta where the mother's immune system cannot go and has no hope of protecting it.

"I've recovered, but there is nothing left for me at home. Everything I own has been burned. I'm old, but I will have to start my life again from scratch. I will start today from zero." ■

A member of MSF staff in DRC, wearing protective clothing to guard against Ebola infection.

Image: MSF/Pablo Tosco

PSYCHOLOGICAL CARE: BANGLADESH

AFTER THE VIOLENCE

MSF's teams are treating the immediate medical issues for Rohingya refugees who have suffered from sexual and gender-based violence (SGBV), with patients ranging from nine to 50 years old. However, given the psychological trauma people sustain from this violence (and from other kinds of violence), mental healthcare is also a priority for MSF in Bangladesh. Below, Elisabeth Hoffman, an MSF Psychiatrist, speaks out about the difficulty in dealing with the psychological trauma of sexual abuse.

The women that I see are usually referred by doctors we work with at the health centres. They keep going back to the doctor about various pains all over their bodies, desperate for treatment that will work. There's often no underlying physical cause. Once the doctors have prescribed vitamins and painkillers, they run out of options and refer the patients to me.

My job is to make these women understand that the many pains that cause them so much suffering are in fact because of the psychological trauma they've endured. It's really hard to get them to talk. That's the aim of the psychotherapy and the psychological support MSF provides with its mental health services. It gets them to talk about their psychological trauma. They find it very difficult. They're more likely to allude to or describe the violence they witnessed, like the woman who recently told me she'd been present at the most horrific scenes, men being hacked to pieces, women raped by multiple soldiers, and children thrown onto fires. During the consultation, which lasted an hour, I asked her who was with her in the camp. That's how I found out that the men she was talking about were in fact her husband and her brother, that the women were her and her sister, and the children her two own children.

We can suppose that the given the number of rapes, some will have led to pregnancies. But again, it's hard enough for these women to talk about it to a psychiatrist, let alone to their husbands and families. This means keeping their secret to themselves, even more secret than anything else we ask them to talk about. It's a way to protect themselves, and to protect their child. ■

"My job is to make these women understand that the many pains that cause them so much suffering are in fact because of the psychological trauma they've endured. It's really hard to get them to talk."

Women wait in line for food at the Jamtoli refugee makeshift settlement in Cox's Bazar.

WHAT IS MSF DOING?

MSF is providing medical care and mental health services to victims of violence in Rohingya refugee camps in Bangladesh.

MSF treated 377 victims of sexual and domestic violence between the end of August 2017 and April 2018. The real number of victims is certainly much higher.

MSF surveys estimate that at least 6,700 Rohingya were killed during targeted attacks in Myanmar from 25 August to 24 September.

Images: Guglielmo Mangiapane

SEARCH AND RESCUE

MIRACLE AT SEA

On Saturday 26 May, a healthy baby boy was born on board the Aquarius, a search and rescue ship run in partnership between MSF and SOS MEDITERRANEE.

Baby Miracle was born in international waters at 3.45pm, with his mother rescued just days before on Thursday 24 May by an Italian navy vessel and later transferred to the Aquarius.

MSF midwife Amoin Soulemane, who delivered the baby said, ''For a first time delivery the baby came very quickly. The labour pain started early in the morning, but within just a few hours of active labour the baby was born. Both the mother and baby are doing very well.''

Midwife Amoin Soulemane, Miracle and Miracle's mother on the Aquarius.

Images: Guglielmo Mangiapane

Baby Miracle sleeps soundly on board the Aquarius

The safe delivery of baby Miracle is celebrated on board the Aquarius

The new mother told MSF that she spent one year in Libya where she says she was held captive, beaten, given very little food and extorted for money. She says she escaped with her partner and hundreds of others earlier this year and had since been hiding in a friend's house in Libya, before undertaking the dangerous sea crossing.

MSF nurse Aoife Ni Mhurchu said, "The situation in Libya is extremely dangerous for refugees and migrants, with very little access to medical care. If she had gone into labour just 48 hours beforehand she would have given birth hiding on a beach in Libya, without any medical assistance."

More than ever, today's events and this mother's story show just how much MSF's presence is needed in the Mediterranean and that NGOs should not be obstructed or criminalised for performing lifesaving search and rescue operations. ■

Image: Laurie Bonnaud/MSF

الصورة بعدسة: لوري بونو/أطباء بلا حدود

INFOGRAPHIC

GREAT MARCH OF RETURN

رسم بياني

مسيرة العودة الكبرى

On 30 March 2018 a series of protests began in Gaza, Palestine, to mark 'Land Day' and to commence the 'Great March of Return'. These protests were met with force by the Israeli military. According to local health authorities, 3,598 Palestinians were shot and 104 were killed. Many of the patients received by MSF had severe and complicated injuries, that will require extensive and ongoing treatment, many of which will likely lead to disabilities.

في يوم 30 مارس/آذار 2018، بدأت سلسلة من المظاهرات في غزة في فلسطين إحياءً ليوم الأرض وانطلقت معها 'مسيرة العودة الكبرى'. قوبلت هذه المظاهرات بالعنف من قبل الجيش الإسرائيلي. ووفق السلطات الصحية المحلية فقد أصيب 3,598 فلسطينياً بأعيرة نارية وقُتل 104 منهم. الكثير من الجرحى الذين استقبلتهم أطباء بلا حدود كان لديهم إصابات معقدة، تتطلب علاجاً مطولاً ومتواصلاً، وكثير منها ستؤدي إلى إعاقات.

182
number of MSF staff in Gaza (vs. 88 at end of 2017)

عدد أفراد كادر أطباء بلا حدود في غزة (مقابل 88 في نهاية عام 2017)

1,650
number of patients MSF is now able to treat in Gaza after boosting capacity. Before 30 March, MSF had around 600 patients in clinics

عدد الجرحى الذين يمكن لأطباء بلا حدود علاجهم في غزة بعد تعزيز قدراتها. قبل الثلاثين من مارس/آذار، كان لدى أطباء بلا حدود نحو 600 مصاب في عياداتها

90%
of the patients MSF received were shot in the legs and knees.

من الجرحى الذين استقبلتهم أطباء بلا حدود أصيبوا بعيارات نارية في الأطراف السفلية والركب.

459
surgeries performed

جراحة أجريت

4 Doctors
number of doctors recruited. MSF has also hired and trained 30 extra nurses.

4 أطباء تم توظيفهم. كما وظفت أطباء بلا حدود ودربت 30 ممرضاً إضافياً.

40%
of patients have injuries that will require long-term treatment, potentially several surgical interventions and a long rehabilitation period.

من الجرحى لديهم إصابات تتطلب علاجاً طويل الأمد، مع احتمال حاجتهم لعدة تدخلات جراحية ورعاية تأهيلية طويلة.

1,300
patients treated for gunshot wounds.

مريضاً عولجوا من جروح ناجمة عن عيارات نارية.

A patient that was shot during the March of Return is operated on by MSF teams in Al Awda Hospital.

جريح أصيب أثناء مسيرة العودة يخضع لعملية جراحية من قبل طواقم أطباء بلا حدود في مستشفى العودة.