

WITHOUT BORDERS

Issue 30 | October – December 2015

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



PROVIDING SANCTUARY IN EUROPE

Jordan

Reconstructing lives

Kunduz

MSF bombed

Yemen

The frontline

Palestine

Rebuilding lives

10 YEARS OF MENTAL HEALTHCARE

WHERE IT IS NEEDED MOST



FOR 10 YEARS WE HAVE BEEN WORKING TO SUPPORT THE MENTAL WELLBEING OF PALESTINIANS LIVING IN A DIFFICULT CONTEXT, SUFFERING AS A RESULT OF RECURRENT AND SUSTAINED VIOLENCE AND OCCUPATION. THANKS TO OUR SUPPORTERS THE WORLD OVER AND THE RESILIENCE, COURAGE AND COMMITMENT OF PALESTINIANS SUPPORTING PALESTINIANS, OUR WORK IN NABLUS CONTINUES AND THERE IS CAUSE FOR HOPE.

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WELCOME



In the last three months MSF has faced disease, malnutrition, natural disasters and refugee crises. And in the early hours of 3 October, we faced an air strike on our hospital in Kunduz, Afghanistan. This strike killed over 30 people, including at least 13 MSF staff members. The attack was devastating and the MSF community mourns the loss of our colleagues and patients.

In this issue of Without Borders, we share MSF President Dr Joanne Liu's speech in response to the attack and we continue to highlight the numerous humanitarian situations MSF is responding to around the world.

In Europe, we focus on the essential health care and support MSF is providing for refugees caught between the conflict and poverty of their homelands, and European borders. As of September, MSF staff have quite literally pulled more than 16,000 people from the Mediterranean.

The European refugee crisis is just one of many situations in which MSF is providing emergency care and support for refugees and internally displaced people, but the relief and even joy of those who make it to land in Europe clearly illustrates the need for support and the cause for hope.

Meanwhile, the war in Syria approaches its fifth year, along with many of those fleeing the violence. As we support young children and families in neonatal clinics and health care units on the Syrian border, we also continue to provide support to makeshift hospitals inside Syria. August was reported as the "bloodiest" month of the conflict so far.

The ambition of MSF's work caters not only to the immediate effects of crises, but also to the ongoing physical and mental wellbeing of our patients. This ambition would not be possible without your support and the support of individuals the world over. For every story of anguish and fear, there is one of hope and perseverance. Even in this difficult time for MSF, we hope that some of the stories we share with you will demonstrate the immediate and sustained impact of your generosity.

Thank you for your continued trust and belief in our work.

Mohamed Bali
Executive Director
Médecins Sans Frontières UAE

WWW.MSF-ME.ORG

 msfarabic  msf.arabic  msf_uae

MSF Regional Office in the United Arab Emirates
P.O. Box 65650, Dubai, United Arab Emirates
T +971 4 4579255 E msfuae@msf.org

Managing editor Scott Hamilton
Art director Jan Stoop
Translation coordinator Simon Staifo
Editorial team Mohamed Bali, Alisha Tharani, Jasmina Grahó, Anila Martin, Nahla Rifai

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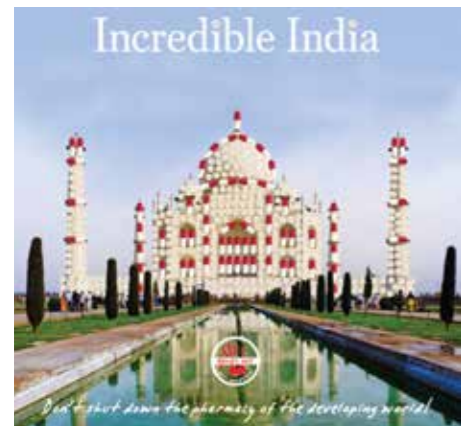
Front cover photograph:
Refugees aboard Dignity 1, most of them from Gambia and Senegal, but also Mali, Nigeria and Ivory Coast. Among them were five children. © Anna Surinyach/MSF

MSF has been in the UAE since 1992 under the patronage of His Excellency Sheikh Nahyan Bin Mubarak Al Nahyan.

Images: Brendan Bannon, Fabio Basone, MSF/William Daniels, Panos Pictures/Youssef Badawi, EPA/Philipp Frisch, Jon Levy, 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 health care. 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.



GLOBAL

HANDS OFF OUR MEDS

MSF's 'Hands Off Our Medicines' campaign has continued to urge Indian Prime Minister Narendra Modi to stay strong in the face of international commercial interests. Prime Minister Modi is currently facing pressure from pharmaceutical organisations and governments seeking to curtail the production of generic medicines in India. MSF uses many of these generic medicines in life-saving treatments across the developing world. During the Prime Minister's recent visit to New York, MSF was active on social media and with street demonstrations.

WEST AFRICA

THE FIGHT AGAINST EBOLA CONTINUES IN GUINEA AND SIERRA LEONE

Following the declaration that Liberia was free from Ebola on 9 May, the disease resurfaced on 29 June with a further six cases identified. However, Liberia has once again been declared clear as of 3 September and the nation is now in a 90-day period of heightened surveillance. In neighbouring Guinea and Sierra Leone, MSF's work continues, with new cases being reported (as of 27 September).



CENTRAL AFRICAN REPUBLIC

INCREASED VIOLENCE AND DISPLACEMENT

Following a flare up of violence in late September, MSF's three medical facilities in Bangui responded to an increase in casualties, continuing to provide medical treatment and supplies despite tension and insecurity. MSF is also present in Carnot, west Central African Republic, where more than 500 Muslims (as of 14 September) are living in the guarded compound of a Catholic church for their own safety. Following two reported cases of measles in this community, MSF undertook the vaccination of 186 children in a single day.



D.R.C.

TREATING SLEEPING SICKNESS IN DEMOCRATIC REPUBLIC OF CONGO

In May 2015, MSF commenced an eight-month programme to test and treat 42,000 people for Sleeping Sickness in the Democratic Republic of Congo. MSF is treating people in some of the most isolated locations in Province Orientale, Ango and Banda Territory, near the border with Central African Republic, visiting villages where disease rates have been historically high. MSF has been treating Sleeping Sickness for the past 25 years in the Democratic Republic of Congo, Republic of Congo, Central African Republic and South Sudan.

SOUTH SUDAN

MSF WORKS TO TACKLE MALARIA IN BENTIU

An upsurge in violence between warring parties in May and June, and the onset of the rainy season in South Sudan have led to a significant increase in internally displaced people and the number of malaria cases. MSF has increased its inpatient capacity in Bentiu's Protection of Civilians (PoC) camp and from 10–17 September, joint MSF and UNICEF teams screened over 30,000 children under five for Malaria, providing treatment for over 16,000 children at household level.



SYRIA

AUGUST THE BLOODIEST MONTH SO FAR

The 13 makeshift hospitals supported by MSF in the East Ghouta area near Damascus reported being almost permanently overwhelmed with violent trauma cases from 12–31 August. Data from the mass casualty influxes at six hospitals revealed 377 deaths and 1,932 wounded. Of these figures, children under 15 accounted for 104 deaths and 546 wounded. Dr Bart Janssens said "This is one of the bloodiest months since the horrific chemical weapons attack in August 2013 ... the Syrian doctors' continued unswerving effort to save lives in these circumstances is deeply inspiring, but the situation that has led to this is totally outrageous."



UKRAINE

MSF DENIED ACCREDITATION FOR LUHANSK

After a year of supporting more than 100 health and social facilities with essential medicines and supplies in the Luhansk region, it was announced in September that MSF, along with nine other humanitarian organisations and all UN agencies would not receive accreditation to continue working in the region. Dr Bart Janssens, MSF Director of Operations described this as "unacceptable given the significant medical and humanitarian needs of people affected by the ongoing conflict in Luhansk". Before leaving, MSF donated its remaining stock of medicines for distribution to health facilities that urgently needed them.



Images: Ali Jarikji, MSF

HOPE IN AMMAN: JORDAN

UPGRADED REGIONAL HOSPITAL FOR VICTIMS OF WAR

For the staff and patients of MSF's Specialised Reconstructive Surgery Hospital in Amman, the move in September to a new and larger facility brings both a sense of reassurance and sadness. Reassurance that the region's only advanced war surgery facility is going from strength to strength, and sadness that the demand for such services is unlikely to disappear anytime soon.

From air strikes, alleged chemical attacks and barrel bomb attacks in Syria to more air strikes in Yemen and explosions in Iraq, there seems to be no end to the violence that has scarred the regional landscape. Millions of people have been and are being injured, displaced, and forced into exile, and an alarming number of people have died as a result of the fighting. What the headlines don't often explain, is the real meaning of war for the civilians caught up in the crossfire of rampant attacks.

SIX FEATURES OF THE UPGRADED HOSPITAL

One additional operating theatre and a better environment for infection control.

A larger and more accessible physiotherapy space.

More space for children's psychosocial activities and additional rooms for individual consultations.

Laundry relocated to the basement, making hygiene and infection control protocols easier to manage.

Long-term patient accommodation is now located in the hospital grounds.

Infected cases are now located in a separate wing of the post-surgery floors, improving the level of infection control.



After months of intensive work, the new (MSF) hospital for specialised reconstructive surgery is ready to run.

Nahla Fadel is a patient from Iraq. She explains what a difference reconstructive surgical support has made in her life.

"I arrived at the MSF hospital in 2013 for the first time and have undergone 24 surgeries since. When I arrived, the mobility of my severely burned hands was so limited that I couldn't comb the hair of my child or even feed him. Now, after two years of surgery with MSF, my hand mobility is almost back to normal."

Nahla is just one of over 100 patients who have been relocated to these new premises.

The hospital was first established in 2006 and prior to its recent move, managed in a facility

run by the Jordanian Red Crescent Society. It continues to provide a comprehensive care package for its patients, covering physiotherapy, psychosocial support and surgical interventions.

Patients are also given accommodation, now available on-site in the new location, and financial travel assistance to reach the hospital and return home after or between treatments, if the care plan is staggered over time.

Cases are identified by a network of Medical Liaison Officers in the patients' countries of origin. While the patients may receive initial care for their wounds in their

home countries, they don't usually have access to such specialised surgical procedures.

These hard-to-reach services include orthopaedic, maxillofacial and plastic reconstructive surgery, which MSF provides at no cost to the patients and lower running costs than the private sector.

Dr Ashraf Al Bostanji, the hospital's Oral and Maxillofacial Surgery (OMS) Specialist, explains what this means in technical terms.

"The surgical techniques adopted in this project are world class. For instance, our team conducts microsurgeries, which involve three main types of surgery: free flaps, nerve grafting and hand surgery. What makes this project stand out is the high level of technical expertise and the degree of functional improvement it brings to our patients lives."

It's clear that this hospital and MSF are here to stay, however it is but a drop in the ocean of a much wider need for such services across the region. For now, the question of how to reach all those in need is one that remains unanswered.

"What makes this project stand out is the high level of technical expertise."



SAJDI MOALLA- PHYSIOTHERAPIST

Sajdi Moalla, Physiotherapist: "I never dealt with war victims and wounds before joining the MSF project in Amman. The most extreme cases I had to deal with here in Jordan were victims of severe road accidents. Some patients suffer from multiple wounds in different parts of their bodies, in addition to severe burns and fractures. On top of that, there is the psychological shock caused by the war scenes patients have been exposed to."

Images: Dimitris Roubis, MSF/Alva White, MSF



Marina Spyridaki is an MSF psychologist working with refugees on the Greek island of Kos as they wait to receive papers.

“My hope for the future is just to live like everyone else, to send my children to school.”

when a bomb hit my house,” one father told me. “I didn’t have time to mourn their deaths as I had to save the rest of my family.” This is something I hear often; people have endured so much and feel there is no time or energy for anything but survival.

After everything they have been through, here they are, sleeping on the ground, without water or food. Many people have said to me, “At home we had war, but at least we had our dignity.”

ADNAN

Adnan is five years old; he comes from Aleppo in Syria. Along with his mother, father, grandparents, younger sister and the family’s two-month-old baby, Adnan slept on the ground in the town of Kos for nine nights. On 7 September, they finally received their papers and were able to buy tickets for the ferry to Athens.

Adnan’s father, a teacher of Arabic literature, shared some of his experiences with MSF.

“We lived in a little town near Aleppo. Then, about 18 months ago, a bomb hit our house. Adnan, who was alone in his bedroom at the time, was seriously injured. His aunt and two

female cousins were killed in the blast. Adnan’s mother was badly burned. An ambulance managed to take them across the border that night to a field clinic in Turkey for emergency medical care.

I can’t remember anything about that night. We were in such a terrible state, in such extreme shock. We were all totally out of it.

We stayed four months in Turkey. They helped as much as they could, but they were limited in how much they could do. We didn’t have the money to get Adnan the medical help he needed. So our only option was to run.

We have been in Kos for seven days so far. We have not been staying in one particular place – we move around, sometimes in the tent, or in a garden, or somewhere we find that is quiet. Adnan finds it very difficult to sleep at night. He gets scared by all kinds of noises, even just a car engine at night.

My hope for the future is just to live like everyone else, to send my children to school. I would like very much for Adnan to have reconstructive surgery so that he won’t be discriminated against at school for this war.” ■

REFUGEE CRISIS: KOS

BRINGING HOPE AND STABILITY TO LIVES IN TURMOIL

As large numbers of people continue to flee their homes, desperately looking for safety in Europe, MSF is responding to the situation on the ground. Here, we offer a glimpse of life on the Greek island of Kos, from the perspective of MSF Psychologist, Marina Spyridaki, and five-year-old Syrian refugee, Adnan.



There are so many young children arriving on the island. I organise play sessions for them – through play, children express their emotions. It is also a way to identify how we can help them more efficiently – we do creative activities like painting and puzzles. The children talk to us about wanting to go home, but I think they mean home as in somewhere safe, away from war and away from the streets of Kos. It is one of the most common themes in their drawings: a house on a sunny day with their family around the home.

But even as the children are playing happily, their parents tell us how hard it is on them to be here. They say their children’s behaviour changed after the dangerous boat ride from Turkey to Kos, and that now they cry a lot. Often our role involves supporting the parents in learning how to deal with such changes.

We hold group sessions for adults too, and people are open to sharing their concerns and emotions with us. “My two daughters died



Five-year-old Adnan stands by Kos beach, while he and his family wait for their papers to leave for Athens.

Image: Kim Clausen, MSF/Michael Goldfarb, MSF

AFGHANISTAN: BOMBING

EVEN WAR HAS RULES

The following is a speech delivered by Dr Joanne Liu, MSF International President on 7 October 2015, Palais des Nations, Geneva, Switzerland.

On Saturday morning, MSF patients and staff killed in Kunduz joined the countless number of people who have been killed around the world in conflict

zones and referred to as ‘collateral damage’ or as an ‘inevitable consequence of war’. International humanitarian law is not about ‘mistakes’. It is about intention, facts and why.

The US attack on the MSF hospital in Kunduz was the biggest loss of life for our organisation in an air strike. Tens of thousands of people in Kunduz can no longer receive medical care now when they need it most. Today we say: enough. Even war has rules.

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

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

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

The Geneva Conventions are not just an abstract legal framework - they are the difference between life and death for medical teams on the frontline. They are what allow patients to access our health facilities safely and what allows us to provide healthcare without being targeted.

It is precisely because attacking hospitals in war zones is prohibited that we expected to be protected. And yet, 10 patients including three

children, and 12 MSF staff were killed in the aerial raids.

The facts and circumstances of this attack must be investigated independently and impartially, particularly given the inconsistencies in the US and Afghan accounts of what happened over recent days. We cannot rely on only internal military investigations by the US, NATO and Afghan forces.

Today we announce that we are seeking an investigation into the Kunduz attack by the International Humanitarian Fact-Finding Commission. This Commission was established

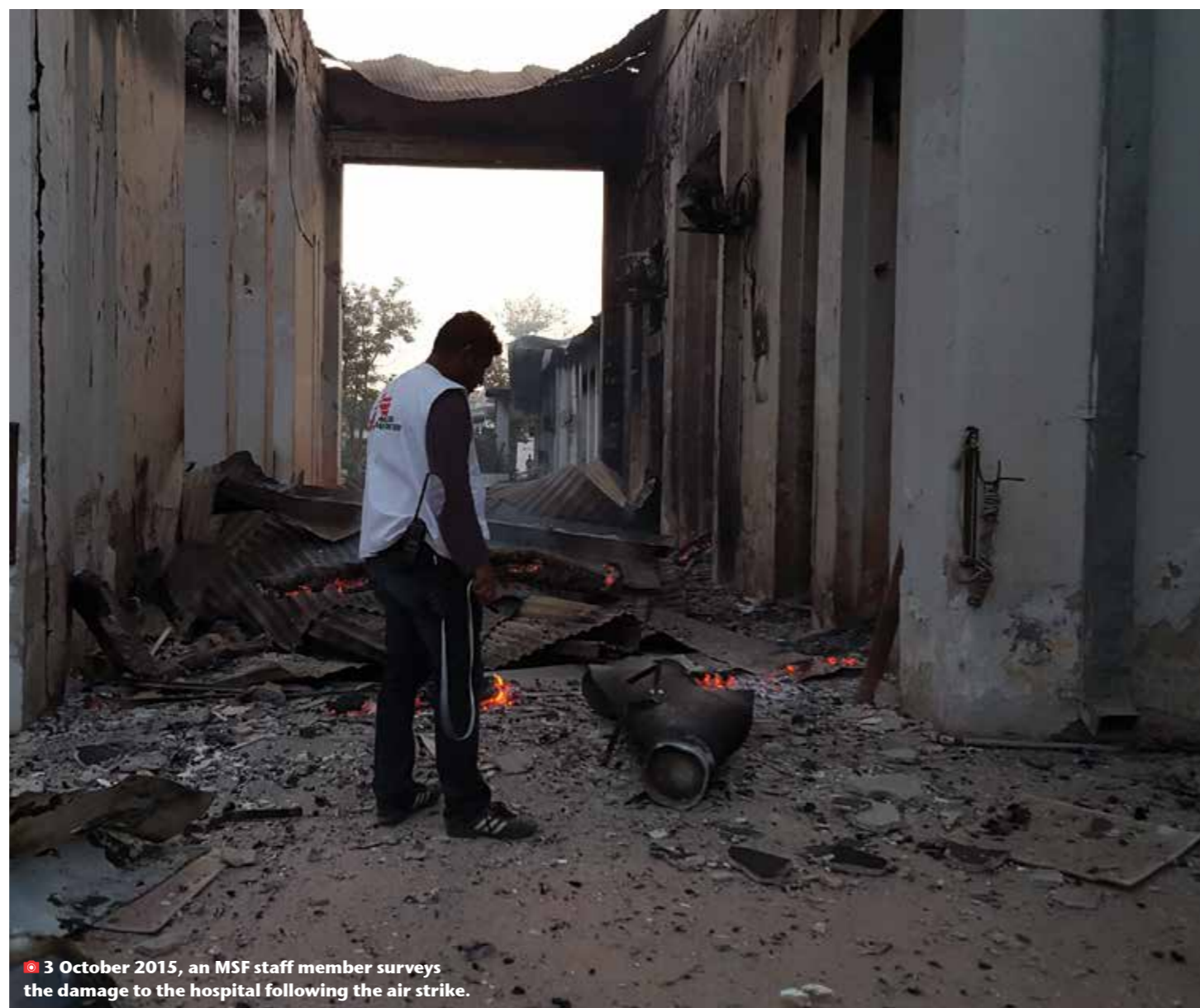
in the Additional Protocols of the Geneva Conventions and is the only permanent body set up specifically to investigate violations of international humanitarian law. We ask signatory States to activate the Commission to establish the truth and to reassert the protected status of hospitals in conflict.

Though this body has existed since 1991, the Commission has not yet been used. It requires one of the 76 signatory States to sponsor an inquiry. Governments up to now have been too polite or afraid to set a precedent. The tool exists and it is time it is activated.

It is unacceptable that States hide behind ‘gentlemen’s agreements’ and in doing so create a free for all and an environment of impunity. It is unacceptable that the bombing of a hospital and the killing of staff and patients can be dismissed as collateral damage or brushed aside as a mistake.

Today we are fighting back for the respect of the Geneva Conventions. As doctors, we are fighting back for the sake of our patients. We need you, as members of the public, to stand with us to insist that even wars have rules. ■

“There are no words for how terrible it was. In the Intensive Care Unit six patients were burning in their beds.” - MSF nurse, Lajos Zoltan Jecs



3 October 2015, an MSF staff member surveys the damage to the hospital following the air strike.



February 2015: MSF's International President Dr Joanne Liu visiting Kunduz Trauma Centre.



2011: a boy undergoes treatment for a fractured leg. The hospital provided a range of treatments since its inception.

SUPPORT AND SUPPLIES: YEMEN

AGAINST ALL ODDS

In May 2015, MSF project coordinator Christine Buesser headed for the southwestern province of Al Dhale, where medical staff continue to run hospitals in the face of conflict, bombing raids and a shortage of supplies.



Being stranded for 10 days in Djibouti wasn't what I had in mind when I left the MSF office in Amsterdam on my way to Yemen. The airport in the Yemeni capital, Sana'a, had just been bombed, putting the landing strip out of action. But having worked in conflict zones with MSF in the past, I know that obstacles always exist between us and the people in need.

When we arrived in Sana'a International Airport on the afternoon of 13 May, the arrivals hall was empty. Outside, the empty streets strewn with garbage were set against the distinctive architecture of Sana'a's buildings, surrounded by beautiful mountains. Long lines of cars and motorbikes stood in front of non-functioning petrol stations. I gazed at rows of flattened buildings, realising how powerful the blasts must have been to take them down. I

wondered if people had managed to flee in time.

My first priority was to assess the security situation in southwestern Al Dhale province. International staff had been evacuated from the hospitals we were supporting there in March because of heavy fighting and shelling. Our Yemeni colleagues were holding the project together, but many were unable to get to work due to insecurity. They were in desperate need of support from those of us who had just arrived.

In the days that followed, we got everything ready to ship to Qataba, from medicine to a small generator to a printer and extra blankets and pillows. From Qataba, we would make our way to Al Dhale town, on the far side of the frontline.

ARRIVAL IN QATABA

I arrived in Qataba on the day that air strikes hit Houthi army positions. Each time a bomb hit a target near the hospital where we lived and worked, I could feel the ground shake and the air pressure change inside my body. During the strikes, the women and children huddled together in the hospital corridor, some of them crying. Other patients left the hospital when the bombing started, either to check on family members, or because they were afraid the hospital would become the next target.

As well as providing emergency medical care, we wanted to ensure that women and children had a safe place to go when they became sick. It wasn't long before the hospital in Qataba was overrun with screaming babies, crying children and their worried mothers. For some women, the only place to vocalise their fears was in the doctor's office. I often wanted to cry myself when looking into their eyes and hearing their stories.

Fighting, shelling and bombing are disrupting daily life, but perhaps the most devastating effect of this conflict is the lack of fuel, basic provisions and essential services, including water, sanitation and healthcare. Almost all hospitals and pharmacies in the areas where we work have closed down.

THE SITUATION IN AL DHALE

When I arrived in Al Dhale, people told me that access to healthcare continues to be a challenge, not only because health facilities are closed, damaged or have run out of medicines, but also because of insecurity and transport problems. One doctor told me she was worried about pregnant women in the surrounding villages who had



Christine Buesser while visiting a water well, which MSF had been supporting with fuel, in Qataba.

complications during pregnancy or birth, but could not get to a hospital due to lack of fuel.

MSF is supporting emergency services in Al Dhale hospital. We are also donating drugs and medical supplies to other health facilities in the area, and supplying them with fuel and clean water. With the fuel blockage, it's a daily struggle for our teams to keep the hospital generators running in order to keep the emergency services open. Without fuel, there is no electricity. Without electricity, there is no sterilisation, no oxygen concentrators, no lights in the operating theatre. Without proper sterilisation, a surgeon is forced to operate on patients with potentially contaminated surgical instruments.

GIVING HOPE

During my time in Yemen, MSF was the only international organisation working in Al Dhale governorate with both Yemeni and international staff on the ground. One person told me: "I haven't had anything to smile about in weeks, but seeing you here today puts a smile on my face, as it gives me and my fellow Yemenis hope."

In the weeks that I was in Yemen, I tried to keep emergency services running, and played a part in helping to make healthcare available to those in need. But beyond providing physical assistance, the moments like those I shared with the women in the hospitals remind me that dignity, hope and solidarity mean so much too. I believe that this is why many of us help people in peril: because we believe in a world where people are not meant to suffer alone. ■

"I haven't had anything to smile about in weeks, but seeing you here today puts a smile on my face"



MSF Medical Team Leader Nora Echaibi visiting a young boy in the Ministry of health (MOH) Al-Nasser Hospital supported by MSF in Al-Dhale District, southwestern Yemen.

Images: Ovidiu Tataru

A DIFFERENT VIEW: GAZA

WONDERWOMEN OF GAZA

Ovidiu Tataru's photography series, Wonder Women of Gaza, is an effort to reflect the qualities and humanity he has seen in the women of Gaza, Palestine.



“I am proud to be Palestinian. Not just a Palestinian woman, most of the time I feel like a man too, because I carry the responsibility of a man and a woman”. — Wissam

PHOTO GALLERY

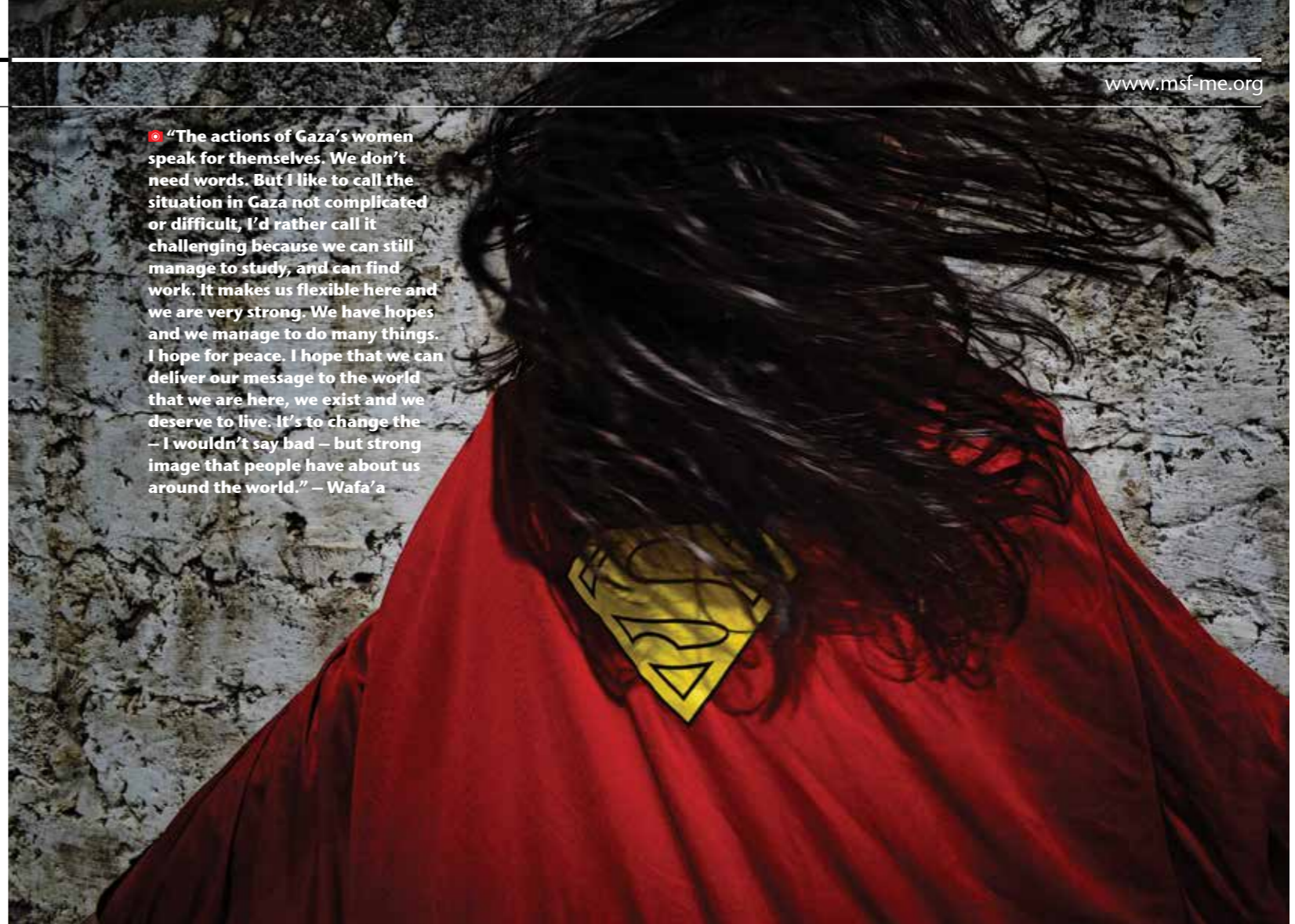
Images: Ovidiu Tataru

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“I raised my children alone in Egypt while my husband was working in Palestine. When we finally arranged to live together in Gaza, my husband passed away, so I continued to raise my children alone. My family is in Lebanon. I have met them only once in 33 years. But I never felt strange here in Gaza. It’s a wonderful place to live, because the people are warm.” – Latifa



“The actions of Gaza’s women speak for themselves. We don’t need words. But I like to call the situation in Gaza not complicated or difficult, I’d rather call it challenging because we can still manage to study, and can find work. It makes us flexible here and we are very strong. We have hopes and we manage to do many things. I hope for peace. I hope that we can deliver our message to the world that we are here, we exist and we deserve to live. It’s to change the – I wouldn’t say bad – but strong image that people have about us around the world.” – Wafa’a



Comprised of individual portraits in which the women are adorned with the cape of a super hero, this project seeks to give voice to the women of

Gaza – genuine heroes, living in a very difficult context.

Ovidiu’s photographs supplant stereotypical images of destruction, poverty and conflict with lighthearted images of women laughing and enjoying themselves, because despite all odds there is hope for peace and a better life. ■

“In a world of conflict, survival can be hard. To be strong is a must. Gaza is the place of all wonders and we choose to see the bright side. Gaza teaches you how to live the life to the max. You cannot survive if you chose the bad side. We in Gaza try to always live on the bright side and to learn from what we get.” – Rawand



“As women in Gaza we do everything. We care for the family, we cook, we study and get an education, and we work. We do everything without complaining. And we want to do more and more. Actually, we can do everything. We do everything like any other woman in the world. We follow fashion, but in our way.” – Heba

INFOGRAPHIC

LAND AND SEA

In the absence of safe, legal passage for refugees making their way to Europe, hundreds of thousands of men, women and children have taken their chances crossing the Mediterranean to reach safety. MSF has been providing support and health care on land and sea, with teams spread across Europe and rescue operations on designated vessels: Dignity 1, the Bourbon Argos and formerly MY Phoenix.

في غياب ممر آمن وقانوني يتيح للاجئين الوصول إلى أوروبا، يخاطر مئات الآلاف من الرجال والنساء والأطفال بحياتهم عبر مياه البحر الأبيض المتوسط للوصول إلى بر الأمان. وتقوم منظمة أطباء بلا حدود بتوفير الدعم والرعاية الصحية على اليابسة وفي البحر، حيث تنتشر فرقها في أوروبا وتنفذ عمليات إنقاذ على متن سفن خاصة: الكرامة 1 وبوربون آرغوس وسابقاً سفينة فينيكس.

رسم توضيحي

الأرض والبحر

