

# WITHOUT BORDERS

Issue 33 | June – August 2016

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



**STUDENT.  
PATIENT.  
SURVIVOR.**

**THE ROAD TO RECOVERY  
IN AMMAN.**

## **Lebanon**

Ramadan away  
from home

## **Greece**

Refugees in limbo

## **Afghanistan**

Care for newborns  
in Kabul

## **Jordan**

10 years of war  
surgery



# رمضان كريم

## RAMADAN KAREEM

Image: Yann Libessart

MEDECINS SANS FRONTIERES

أطباء بلا حدود



**MEDECINS SANS FRONTIERES**  
أطباء بلا حدود

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## WELCOME



Every year millions of families come together for Ramadan. They focus on their values and spend time with their families and loved ones. They take time for reflection and to consider those less fortunate than themselves.

At MSF our work doesn't change based on religious occasions or beliefs, but we understand the importance of community. Every day, this is clearly and vividly illustrated for us. No matter where we work on earth, no matter what the crisis, we see people who value their families and loved ones above all else.

As I write this, our search and rescue boats are working in the Mediterranean. Yesterday, hundreds of people were pulled from the sea. Almost immediately the survivors began to embrace one another. After days together on overcrowded boats, the relief of survival was overwhelming for many, but the experience was shared.

It was not a choice MSF made to conduct these search and rescue operations. This is the work of governments, not a medical organisation. But without anyone else to help, we see no other option. As long as human beings continue to die without safe passage, we cannot stand aside and we cannot remain silent.

This sense of community is integral to the way we work at MSF. We believe people the world over are united; not by belief, race, gender, or political affiliation, but by their right to health care and dignity.

Thank you for your belief in our work and please accept my sincere wishes for a Ramadan Kareem,



**Mohamed Bali**  
Executive Director  
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**Front cover photograph:**  
Moayad Srour, a former patient at MSF's reconstructive war surgery hospital in Amman. © Alessio Mamo

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

Images: Anna Surinyach, Laurence Hoenig, Angel Cabello, Tom Maruko, Natacha Buhler

# 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.

## ECUADOR

### THE AFTERMATH OF AN EARTHQUAKE

Following a 7.8 magnitude earthquake in Ecuador on 16 April 2016, MSF teams are providing psychological and logistical support to people in the areas affected. While the cities and towns that sustained the most damage in the earthquake are receiving aid from several organisations, there are still a number of smaller camps where basic needs remain unmet. One of the major needs of the population is mental health care. However, before that can be addressed people urgently need shelter, food and safety. MSF has focused its logistical support in areas where help is most urgently required. In addition to this, MSF is providing training for mental health professionals to help people deal with the personal consequences of the earthquake.



## UNSC

### MSF PRESIDENT DR JOANNE LIU ADDRESSES UNITED NATIONS SECURITY COUNCIL

On 3 May, MSF's International President, Dr Joanne Liu, delivered a speech to the United Nations Security Council (UNSC) to address the issue of attacks on health care facilities, patients and medical staff. Dr Liu implored the member states of the UNSC to "live up to your extraordinary responsibilities, and set an example for all states." Dr Liu highlighted the far-reaching consequences of attacks on health care, emphasising MSF's commitment to treating patients with impartiality and neutrality, and went on to stress the need for greater respect of medical facilities and the need for actions over words. At the conclusion of the session, the UNSC unanimously adopted resolution 2286, demanding an end to impunity for attacks on medical facilities and respect for international law.



## KENYA

### KENYAN GOVERNMENT PLANS TO CLOSE REFUGEE CAMPS IN DADAAB

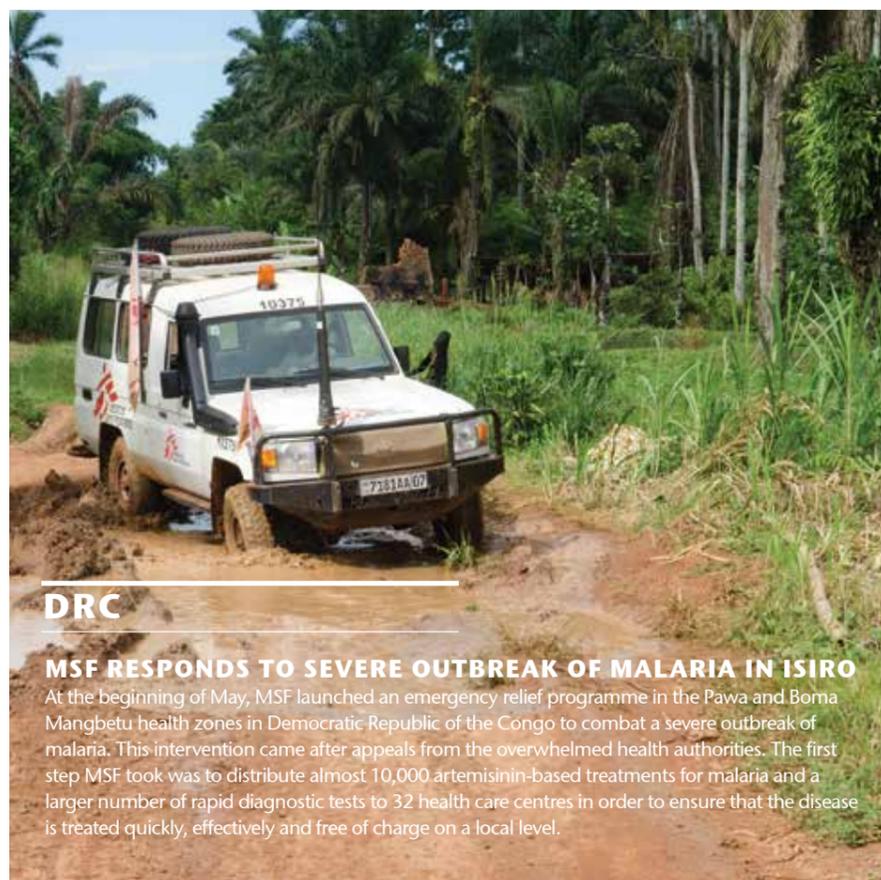
The Kenyan government has announced it will close refugee camps in Dadaab, which provide shelter and refuge to more than 325,000 people. The government has cited reasons of national security and plans to repatriate refugees to their home countries. MSF does not support this decision, instead asking Kenya to honour its longstanding tradition of providing refuge to those in need. In an opinion piece published on 16 May, Kenneth Lavelle, Programme Manager for MSF's activities in Dadaab asked that Kenya "take the lead and set an example to others, including those in the West, on how to humanely treat those fleeing war and conflict."



## MEDITERRANEAN

### MSF RESUMES SEARCH AND RESCUE OPERATIONS

Due to a lack of safe and legal alternatives for people seeking asylum in Europe, the number of people attempting to cross the Mediterranean in dangerous conditions and vessels unsuited for sea crossings has continued to rise. In response to this, MSF has once again begun search and rescue operations, focusing on the stretch of water between Libya and Italy. MSF's first operation this year took place in April, with MSF's ship, Dignity 1, accepting a transfer of 308 rescued people from an Italian rescue boat.



## DRC

### MSF RESPONDS TO SEVERE OUTBREAK OF MALARIA IN ISIRO

At the beginning of May, MSF launched an emergency relief programme in the Pawa and Boma Mangbetu health zones in Democratic Republic of the Congo to combat a severe outbreak of malaria. This intervention came after appeals from the overwhelmed health authorities. The first step MSF took was to distribute almost 10,000 artemisinin-based treatments for malaria and a larger number of rapid diagnostic tests to 32 health care centres in order to ensure that the disease is treated quickly, effectively and free of charge on a local level.

## ZAMBIA

### MSF'S LARGEST EVER ORAL CHOLERA VACCINATION CAMPAIGN

On 7 April, the largest cholera campaign ever undertaken began in the Zambian capital, Lusaka. The vaccination campaign is targeting 578,000 people. Eight MSF international staff, 19 Zambian Ministry of Health staff and 1,135 community volunteers from Lusaka were designated to carry out the campaign at 39 sites in four of the most affected townships of Lusaka – Kanyama, Bauleni, George and Chawama. This campaign is part of an effort to stem an outbreak of Cholera, which began in the city's township areas in February. ■



## CAR

### MSF STAFF MEMBER, ARSÈNE BASSANGANAM KILLED IN CENTRAL AFRICAN REPUBLIC

On Wednesday 18 May, two well-identified MSF vehicles transporting staff and patients were stopped by armed men in Kouki, 82 km north of Bossangoa, Central African Republic (CAR). The team was forced out of the cars. They were then robbed of personal belongings and medication and a member of the MSF team, Arsène Bassanganam, was shot and killed. MSF pays tribute to Arsène (a driver with the team in CAR) and mourns the loss of a committed team member. Michelle Chouinard, MSF's head of mission in CAR said: "We are devastated at the loss of our dedicated colleague Arsène, who was killed while helping to deliver lifesaving medical aid to people living in isolated communities around Bossangoa". ■

Images: Bastian Fischer, Konstantinos Tsakalidis

TREATING THE EFFECTS OF WAR: GREECE

# THE SHADOW OF SYRIA

• A child holds the fence at the Greece–FYROM border near Idomeni.



The physical barriers facing Syrian refugees are clear to see. Escaping the country itself is extremely difficult, crossing closed borders into Turkey, Lebanon, Iraq or Jordan. And even in the surrounding region, things aren't much easier. Many choose to risk their lives crossing the Mediterranean in the hope they will reach Europe. This is coordinated by smugglers with vessels ill-equipped for the journey. But what happens to those who make it to European refugee camps?



International media shows us refugees waiting for asylum, often unsuccessfully, but it does little to show what it means to flee your own country and to leave family behind. This testimonial, offers a firsthand perspective from from MSF's Dr Conor Kenny in Idomeni, Greece.

#### A DIFFERENT KIND OF EMERGENCY

Before I could see him, I could hear his screams coming towards us through the fabric of the

field clinic tent. Carried in a standard issue dark thermal blanket by four young men; he was in tears, screaming and writhing in agony. We placed him immediately on our assessment bench. It was clear that this was an emergency.

My initial thoughts were that it was a surgical problem like a kidney stone or perforation somewhere in the gut due to his extreme distress. However, during the assessment of his airway it was obvious he was forcibly trying to swallow his tongue, actively holding his breath at the same time. His oxygen levels began to

fall. His friends each took hold of one limb to control the forcible kicking and lashing out – preventing him from hitting other structures in the clinical area and causing significant harm to himself. It was impossible to calm him down.

Instead, he became more and more agitated, screaming incoherently. His friends then explained to our cultural mediator that he – Hamza aged 22 – had just been informed his sister was killed in an airstrike in Syria. Here in Idomeni, he was so stricken with grief that he was now trying to seriously harm himself.

When I first arrived here this might have shocked me, or at least made me feel slightly surprised. But now it doesn't.

This is not the first time MSF in Idomeni have treated a patient with a strong physical reaction to the bombings in Syria. There is a 68-year-old lady from Aleppo, who is often carried into our clinic with fainting episodes. These began following the loss of a family member in Aleppo, in the bombing campaign of late April. Our investigations show no medical reason for these episodes.

Similarly, a seven-year-old boy who remains incontinent of urine four months after watching his father shot by a sniper is also 'medically well'. We schedule an appointment with our psychological team and try to arrange clothing and diapers. Yet clearly, there is a significant underlying issue here. As doctors working in

the Idomeni field hospital, my colleagues and I are increasingly finding ourselves working with the psychological impact of the shelling in Syria. People do not leave these experiences behind when they flee for their lives, these things are inescapable. They follow them, like a shadow.

The people we treat have managed to escape a warzone, where bombing civilians and hospitals are a common occurrence now.

They escape only to be confronted with a new challenge here at Idomeni. The camp in the north of Greece on the border with the Former Yugoslav Republic of Macedonia has formed around an international freight train station for goods and a cattle slaughterhouse. Accommodating over 10,000 refugees and migrants, these people live in constant fear. Fear of the unknown. Fear of receiving the worst news from home – will the next bomb in Syria

kill somebody they love? The genuine fear of being sent back.

The distress and frustration here is palpable. For Hamza, we had to prescribe relaxants. An extreme response – used as a last resort. But in this case, he was causing himself serious physical harm and with many women and young children inside, we had no other option. We kept him in the clinic for observation and spent time listening to his story before referring him to one of our psychologists.

I hope he will do well. But to be honest, I don't know what will happen to him as time goes on. Nobody knows what will happen to him, or indeed anyone stuck in Idomeni. It seems they are trapped in no-man's land. As one patient told me, "We are dying here, just like we were in Syria, but slower". ■

**"Accommodating over 10,000 refugees and migrants, these people live in constant fear."**

Images: Jinane Saad, Scott Hamilton

PATIENCE AND COURAGE IN SHATILA: LEBANON

# LIFE AND RAMADAN AWAY FROM HOME

The Khodor family are Syrian refugees living in Shatila refugee camp, Lebanon. Shatila was established in 1949 by the International Committee of the Red Cross (and made official in 1954) for Palestinians fleeing the Nakba. The population has expanded rapidly as a result of the Syrian war with a population of 30,000 people in just one square kilometre. Rateb and Chirine Khodor fled Syria with their children and now live in Shatila, where living conditions are very poor, with little infrastructure; waste, water or sanitation management. Below is an account of their life here, the way they will spend Ramadan and their hopes for the future.



My name is Rateb Khodor, I'm a refugee from the Rif Dimashq region of Syria and I live in Shatila camp, Beirut, with my wife and three children. We've

lived here for three years.

When I first came to Lebanon in 2013, I was living in Bar Elias in the Bekaa valley. But the weather was harsh in winter, with almost a month of snow, so for the sake of my children I decided to come to Beirut.

Shatila was the first place we came to, and we managed to find a small house, with low rent.

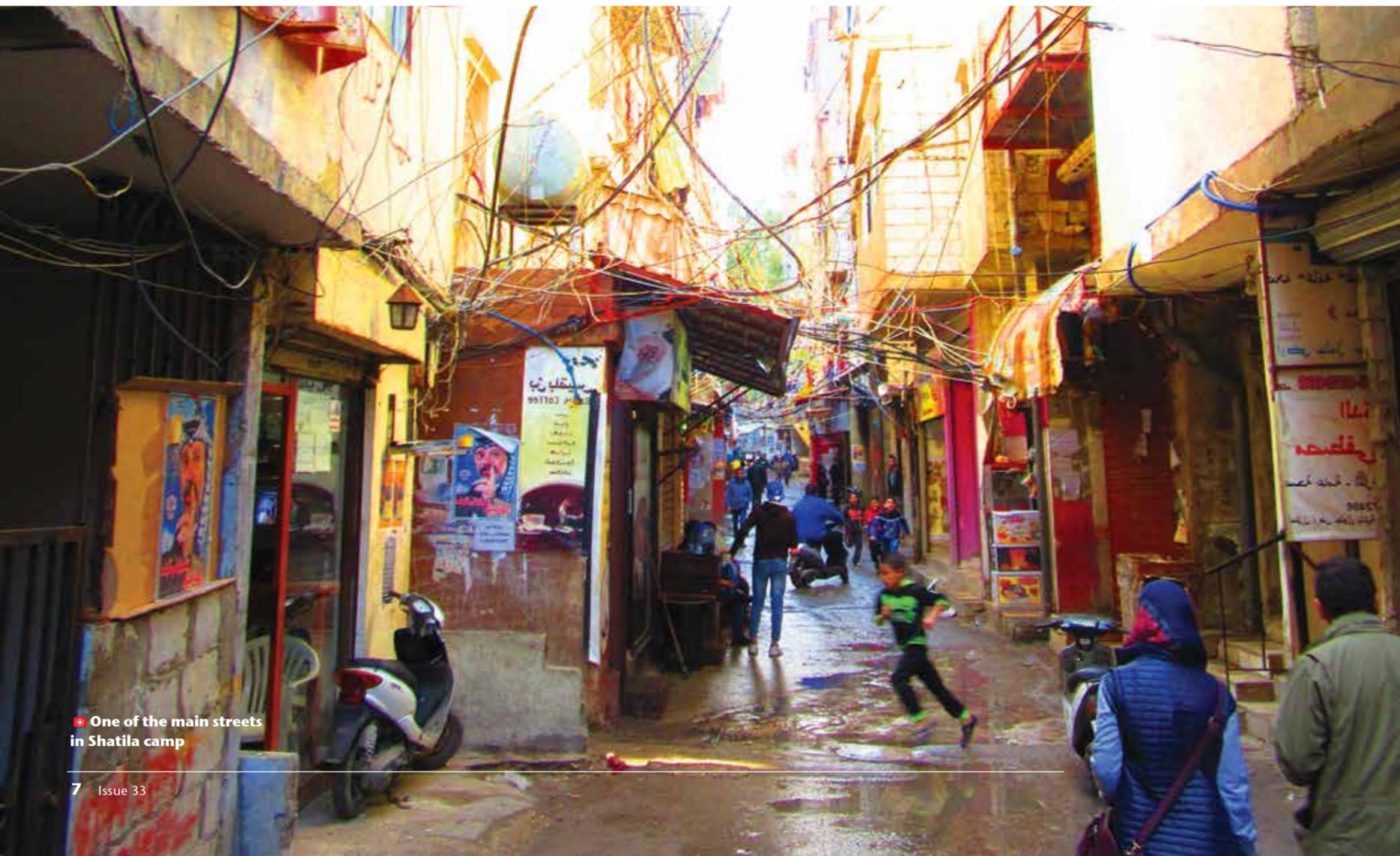
I'm a daily worker and I earn my living as a technician and logistician for the building where MSF have their clinic – I work whenever they need me

Two of my children, Muhammad, who is 7-years-old and Mustafa, who is 4-years-old, were born in Syria. Our youngest, Ezziddine is almost 2. He was born in Lebanon.

Muhammad and Mustafa are not attending school now. I cannot afford the school fees



• The Khodor family at home.



• One of the main streets in Shatila camp

to send them. But one of the organisations running a school here promised me they would integrate my boys into a class next year.

The past years have not been easy. If I had to describe my time since leaving Syria, I would say that I have one good day for every bad month. I try my best to share these good days with my family. When we can, we go to the public beach or for a picnic. It means a lot to be able to spend this time together. I can't always do the things I want with my family; I work every time there is a request, if I don't, I won't earn enough to live and support my family.

When I think about my home in Syria, I feel like there is no-one there to go back for. All my family and relatives left, some of them are in Turkey, others in Egypt or Germany. I do want to go home, but the situation is tense and I know my children won't be safe there. That's the most important thing – I will stay wherever I know they are safe.

**CHIRINE**

The conditions we live in are difficult, but I thank God that we have our health and we have each other. Even if we only have bread to live on, it's enough for us.

If my husband doesn't get work, I work as a cleaner for offices or I sell packs of tissues on the roads. When I work, I leave my two youngest with their father and I take Muhammad with me.

Life in Syria was much better for us. I never needed to work, because my husband had a

full-time job as a car electrician. But here, life is too expensive; I never have enough money to buy all that my family needs. If neither me nor my husband can work, my children will simply have nothing to eat.

When my children get sick I take them to the MSF clinic. When I was pregnant with twins, I had complications and I delivered after eight months. I visited the MSF mother and child care centre in Shatila, and they took care of me. My case was complicated because I have anemia, and I had twins, so MSF referred me to a hospital and helped me pay for the incubator where both my daughters stayed for 20 days. But they passed away a few weeks after returning home.

**RATEB**

Now Ramadan is approaching, but it's different here, in Syria we felt Ramadan far more. We will fast and continue to work, and at sunset we will join our neighbours to have Iftar together. Each family prepares something at home, and we bring it all to one house and share. Like this we feel less alone, part of a community.

Of course in the future I see us going back to Syria, back to our home. It's a dream, but one day we will achieve it. Nothing is impossible in life if we work for it. There is always a way to fix things. It's up to individual human beings to decide whether they will get their life back. The difficulty is in our minds – to live well we only need patience and courage. ■

Images: Enass Abu Khalaf-Tuffaha, Craig Stennett

10 YEARS REBUILDING LIVES: JORDAN

# REFLECTIONS OF A WAR SURGEON



In August, MSF's specialised reconstructive surgery hospital will mark 10 years since it began. The hospital was established to provide sophisticated surgical care, physiotherapy and psychological health care for patients wounded in war and unrest from across the region. Dr Rasheed is the surgical coordinator at the hospital, with a specialization in orthopaedic surgery. He has worked at the project since it began in 2006.

In the 10 years since the Amman project began, it has significantly upgraded and expanded, to give greater autonomy and allow for more complex treatments and greater care. Below, Dr Rasheed answers questions on how his work and the hospital have developed.

**HOW DID YOU BEGIN WORKING AT MSF'S RECONSTRUCTIVE WAR SURGERY HOSPITAL?**

Before I began working here, I was a surgeon in Iraq and I was part of the Iraqi Medical Association (IMA). When a team of MSF surgeons requested a meeting with us to brainstorm on how the new hospital project in Amman could work, I attended on behalf of the IMA. When I returned to Iraq, things were extremely difficult. Many people were killed in the violence, including my brother-in-law. Later, MSF called me to ask if I would consider working with the organisation. I said yes, and began working at the hospital in July 2006.

**WHAT WERE YOUR IMPRESSIONS WHEN THE HOSPITAL FIRST OPENED?**

To begin with, we didn't think it would be so big or complex. We thought it would be a smaller, simpler project. It was a challenge, but we have overcome many obstacles since we began. It was a dream that began simply, then grew.

**HOW HAS THE HOSPITAL/YOUR WORK EVOLVED SINCE IT BEGAN TEN YEARS AGO?**

The hospital has changed in every respect: in patient selection, management of complex surgeries, the number of disciplines in our team, infection control strategies, health education, medical publications and the sharing of expertise between different projects roles and nationalities.

Now, when we select patients for treatment we have the technical expertise to treat their injuries and provide the greatest possible benefit for the patient.

One of the most important things we've done is to establish an antibiotic stewardship programme to combat drug-resistant bacteria. That's the beauty of working for an organisation like MSF – for every problem, a solution is reached, and that's down to the flexible and adaptable nature of the organisation.

**HAVE YOU SEEN ANY TRENDS EMERGING OVER THE YEARS?**

The most obvious trend is the change in the diversity of the patients origins. Initially the hospital was established to treat patients from Iraq, in response to the Iraq war. Now we see patients from many different contexts, and Syria in particular.

From a medical perspective we've seen more and more resistant strains of bacteria. This is one of the reasons we began our antibiotic stewardship programme. This was created to control the prescription of

antibiotics and avoid misuse. We have created a single structure to ensure consistency, to achieve a stricter control of prescriptions and monitor the outcomes. We have assumed greater responsibility.

**HOW DOES THE WORK HERE PIONEER IN TERMS OF HEALTH CARE?**

When we started this project, we began with simple surgeries and they have become more and more complex. Our aim is always to restore as much function as possible to

patients' bodies and to increase their quality of life wherever possible.

We use some very sophisticated methods now, things we didn't have to begin with. For example, we use ultrasound technology to treat pain by blocking nerves when necessary. We use nerve-block catheters and epidural catheters in this process – they allow for a continuous infusion – this means we're less reliant on painkillers in medicine form.

**HOW DOES THIS HOSPITAL DIFFER FROM OTHER HEALTH FACILITIES YOU'VE WORKED IN?**

Firstly, all our surgeries here are elective, not emergency; secondly we deal with different nationalities from different backgrounds; thirdly, all of our surgeries are complex war surgeries that are highly technically demanding. Our patients stay here for an average of four months, far longer than in a normal medical facility.

In addition to all of this, our operations tend to last longer than operations would in a normal hospital. Because the injuries are complicated, the procedures are also complex.

**WHAT DOES THIS HOSPITAL MEAN TO YOU?**

It's a dream – a dream that started small and simple, then grew into something big. I'm really proud of the work we do here. We were only able to achieve everything we have with teamwork and effort. Contributing to this hospital is a major achievement in my life and I think this hospital is a major achievement for MSF too. But the nature of the MSF movement was integral to its success. Such a project, offering treatment free of charge, with such quality, continuously, is truly unique. It takes a remarkable organization to manage it.

**YOU'VE TREATED MANY PATIENTS OVER THE YEARS, ARE THERE ANY PATIENTS WHOSE STORIES HAVE PARTICULARLY AFFECTED YOU?**

It's difficult to narrow it down to a single case. I remember one girl who was badly injured in a car bomb. She lost her mother, she lost her sight. That was really emotionally difficult for me. I remember a boy with facial damage, he came back many times. When I first met him, he was a child, he's a man now. Another boy I treated had a crushed leg – he has a wife and daughter now. Many of the female patients I treated are now mothers. There are so many I could talk about. In my time here, we have treated almost 4000 patients. ■



An aerial perspective of Al Mowasah – the new premises since September 2015

Images: Kate Stegeman, Aurelie Baumel



• Low birthweight twins Zohal and Ojate Hosine made good progress and have been discharged from hospital and are now home in Kabul.

**“A newborn’s riskiest time of life is its first 24 hours, so timely care is invaluable to help them survive.”**

babies who are admitted into the newborn unit are babies with birth asphyxia (loss of oxygen during delivery), low birth weight, those presenting signs of infection, babies with respiratory distress, and jaundice. We also admit babies with hypoglycemia (low blood sugar) and hypothermia (low body temperature) for treatment as well as any other critical patients”.

**DASHT-E-BARCHI**

In Dasht-e-Barchi, the team is trained to provide a high level of care to manage these complications and prevent potentially fatal outcomes. A newborn’s riskiest time of life is its first 24 hours, so timely care is invaluable to help them survive.

During the first year of activity, MSF’s doctors and midwives carried out 10,727 deliveries in this clinic. When the project opened in November 2014, MSF expected to see an estimated 600 deliveries a month, but by the end of 2015 the number of had increased to approximately 1,200. The result of this is the newborn unit constantly functioning at a high capacity. Over 1,300 babies, sick or at risk of complications, were admitted last year.

Fatima Nawrozi is a nurse, also working in MSF’s newborn unit in Dasht-e-Barchi: “I mainly look after babies that are at risk. Many of them need resuscitation. I help with giving them oxygen, and weigh them every morning. The most challenging cases are premature babies, they take a lot of time and observation. So too do babies with birth

asphyxia, because they often have seizures and need to be treated for hypoglycemia and given oxygen,” says Nawrozi. “Every procedure we are doing we are discussing with the mother and explaining to them why we are doing certain things. When a baby is cured or a sick newborn is responding well to treatment that is very gratifying for us”.

The hospital serves a population of more than 1.3 million in western Kabul which is estimated to have grown tenfold over the past decade. The limited public health care services in the area are failing to keep pace with the demographic boom. Today, Dasht-e-Barchi hospital and one 50-bed health centre are the only options for 24/7 public healthcare deliveries in the district.

“We have the trust among the community. They are sure that their babies will receive good quality care that is free of charge,” says Kassefee.

**EDITOR’S NOTE**

This clinic serves as a reminder of the needs in Afghanistan, and how much can be achieved when MSF and local communities work together to ensure access to health care. In October 2015, MSF’s trauma centre in Kunduz, was bombed by the United States’ military forces, killing 42 people. This left north-eastern Afghanistan without a major trauma centre. At MSF, we mourn the loss of our patients and colleagues from Kunduz and reiterate our demand for an independent inquiry into this attack. ■

**NEW LIFE: AFGHANISTAN**

**CARE FOR NEWBORNS IN KABUL**

Since November 2014 MSF has been running a specialised maternity department in the Dasht-e-Barchi public district hospital in western Kabul, the capital of Afghanistan. In the newborn unit, MSF’s staff are dedicated to caring for premature and sick newborns.



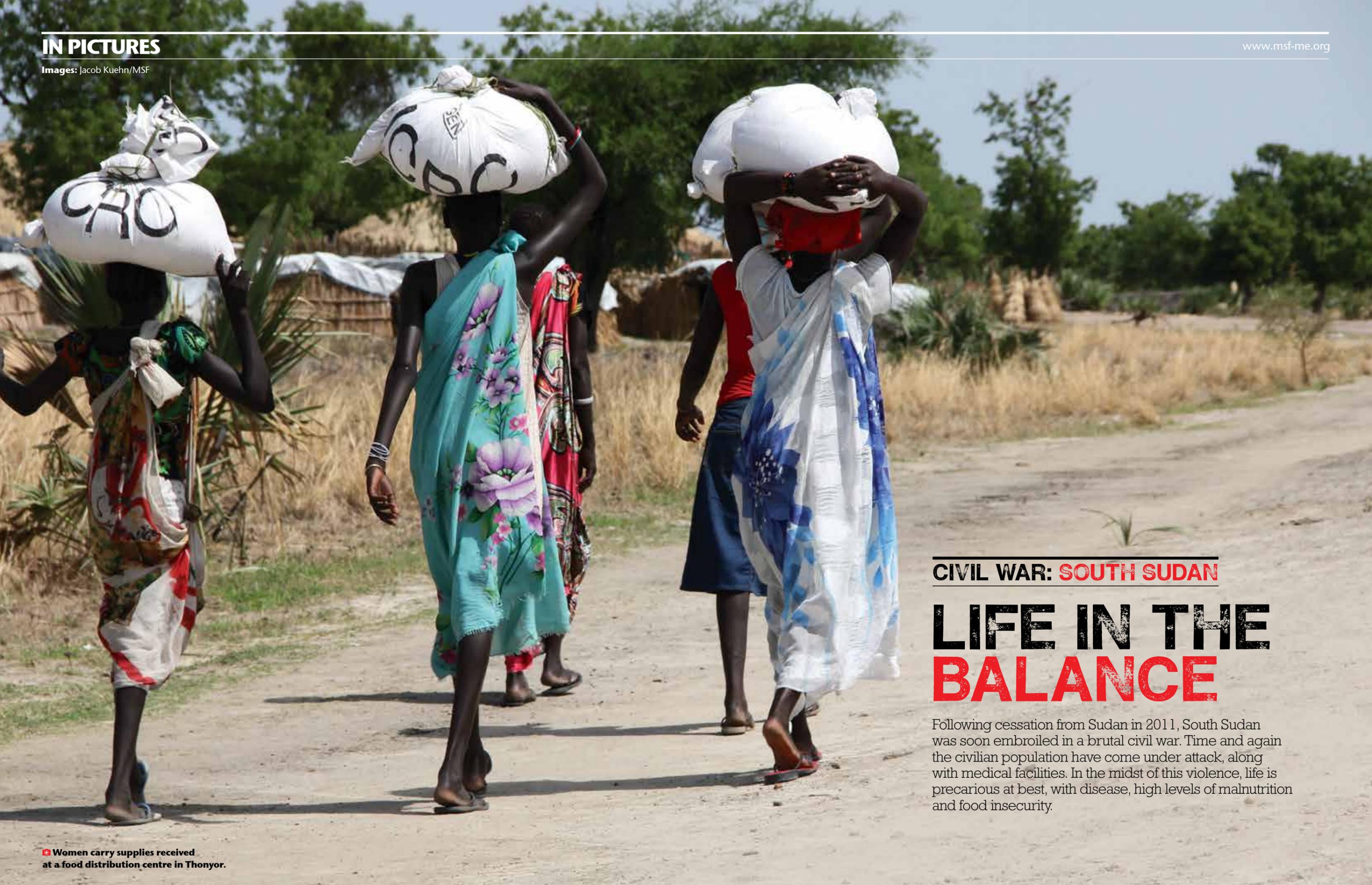
A normal delivery in a private clinic in Kabul can cost up to USD70, while a caesarean section may total USD300 including the cost of

hospitalisation—an often impossible financial burden to bear for most women and their families. Offering medical services free of charge for mothers and babies, MSF’s service comprises a 30-bed maternity ward with a 25-bed newborn unit, including five beds dedicated to Kangaroo Mother Care (a technique where newborns are held skin-to-skin with their mothers and a natural alternative to incubators), providing quality care for sick and small babies in their first days of life.

Zabihullah Kassefee has been working for MSF for four years, and in the obstetric service in Dasht-e-Barchi hospital since its inception. As the nurse supervisor in the newborn unit, he knows the patients and their most common ailments: “Most of our



• Dasht-e-Barchi district seen from the roof of the MSF Hospital.



Women carry supplies received at a food distribution centre in Thonyor.

**CIVIL WAR: SOUTH SUDAN**

**LIFE IN THE BALANCE**

Following cessation from Sudan in 2011, South Sudan was soon embroiled in a brutal civil war. Time and again the civilian population have come under attack, along with medical facilities. In the midst of this violence, life is precarious at best, with disease, high levels of malnutrition and food insecurity.

Images: Jacob Kuehn/MSF



Patients wait for medical care at the MSF clinic in Leer, South Sudan, one of the areas most heavily impacted by fighting and violence against civilians in South Sudan.

Over 500 patients receive supplementary therapeutic food in MSF's weekly nutrition programme in Thonyor, South Sudan.

In 2014, the number of MSF projects increased from 13 to more than 20 across nine states. MSF has been working in the area that now constitutes South Sudan for more than 30 years, responding to conflict, neglected diseases, and ensuring that the population has access to health care wherever possible.



MSF staff measure the circumference of a child's arm to determine their level of malnutrition in Thonyor.



Destroyed homes dot the countryside throughout the southern part of Unity State, where a major upsurge in conflict, violence against civilians and destruction of villages took place between April and December, 2015.

# THE ROAD TO RECOVERY

# طريق الشفاء



MSF's reconstructive surgery hospital in Amman treats patients from across the region, injured in war and unrest. This hospital deals specifically with patients who have received treatment, but are referred for complex surgery and health care. The hospital provides specialised surgical care, physical therapy and psychological care.

Moayad Srour was one patient at the hospital. He was a law student until the uprising in Syria. One day he joined his friends demonstrating against the government. But during one of the demonstrations, a bombshell landed nearby, causing a wall to collapse on Moayad. He was left unconscious beneath the rubble. He awoke to find one of his legs amputated and the other one badly injured. Following emergency treatment, he was transferred to the MSF hospital in Amman. Here is his story.

يقدم مستشفى الجراحة الترميمية التابع لمنظمة أطباء بلا حدود في عمان العلاج للمرضى من مختلف أنحاء المنطقة ممن أصيبوا جراء الحروب والاضطرابات. ويتخصص المستشفى في رعاية المرضى الذين عولجوا لكنهم أحلبوا إليه كي يخضعوا لعمليات جراحية معقدة والحصول على رعاية تخصصية، حيث يقدم لهم رعاية جراحية تخصصية وعلاجاً طبيعياً ورعاية نفسية.

كان مؤيد سرور واحداً من المرضى في المستشفى. كان يدرس الحقوق إلى أن بدأت الاحتجاجات في سوريا. انضم إلى رفاقه في مظاهرات مناهضة للحكومة لكن خلال إحداها أدت قذيفة إلى انهيار جدار على مؤيد. فقد وعيه تحت الأنقاض وحين استعادته كانت ساقه قد بترت فيما كانت الأخرى مصابة بشدة. نقل مؤيد بعد ذلك إلى مستشفى أطباء بلا حدود في عمان، وفيما يلي نحي لكم قصته.

## PULL-OUT

Images: Alessio Mamo, Craig Stennett

Following his injury, Moayad was taken to the Jordanian border from Daraa, and then admitted into MSF's emergency surgical hospital in Ramtha in December 2014. He went through a series of surgeries in order to save his other leg and was later brought into MSF's reconstructive surgery hospital in Amman.

نقل مؤيد عقب إصابته إلى الحدود الأردنية حيث أدخل إلى مستشفى الطوارئ الجراحية التابع لمنظمة أطباء بلا حدود في الرمثا في شهر ديسمبر/كانون الأول 2014. خضع لسلسلة من العمليات الجراحية لإنقاذ ساقه الثانية قبل أن ينقل إلى مستشفى الجراحة التكوينية التابع للمنظمة في عمان.



www.msf-me.org

الصورة: كريغ ستينيت، أليسيو مامو



Moayad was admitted to the MSF hospital in Amman in October 2015. When he arrived, one leg had already been amputated, and the surgery to save his other leg meant a lot of bone had been removed.

أدخل مؤيد إلى مستشفى أطباء بلا حدود في عمان في أكتوبر/ تشرين الأول 2015. كانت رجله مبنورة وقتها لكن عملية إنقاذ ساقه الأخرى تطلبت إزالة كمية كبيرة من العظام.



To restore use to his leg, the surgeons in Amman had to cut the bone once more, to encourage it to grow.

اضطر الجراحون إلى قطع العظم مرة أخرى لتحفيزه على النمو واستعادة القدرة الحركية.



Moayad had daily physio sessions to help the bones in his leg extend and to join with one another.

يتابع مؤيد جلسات علاج طبيعي يومية لمساعدة تجمد العظام كي تتحمم ببعضها.



Additional physio was required to prepare the remaining part of the limb that had been amputated, for prosthesis.

تطلبت حالته جلسات علاج طبيعي إضافية لتحضير الساق المبنورة لاستقبال الطرف الصناعي.



Lots of physiotherapy exercises were required to strengthen the remaining leg and to get used to the new prosthetic limb.

كان مؤيد بحاجة للعديد من جلسات العلاج الطبيعي لتقوية ما تبقى من ساقه كي يعاد على طرفه الصناعي الجديد.



A lot of time was spent reactivating the nerve and restoring feeling to Moayad's leg. When he was first admitted, he had little feeling below the knee, but it gradually increased until he was able to feel and move his foot.

قضى مؤيد وقتاً طويلاً في عملية إعادة تنشيط أعصابه واستعادة الإحساس بساقه. حيث لم يكن يشعر كثيراً بساقه أسفل الركبة حين أدخل المستشفى لكن أعصابه تحسنت منذ حينها وهو قادر اليوم على تحريك قدمه.



Moayad made great progress in his physiotherapy. To begin with, it was extremely difficult getting from the bed into a wheelchair. By the time he left, he was able to walk using just a walker and then crutches.

حقق مؤيد تقدماً كبيراً حيث كان يصعب عليه النهوض من السرير للجلوس على الكرسي المتحرك لكنه حين غادر منذ ذلك الحين، استغرقت عملية إعادة تنشيط الأعصاب والإحساس في ساق مؤيد وقتاً طويلاً.



Before he was discharged, Moayad was given several exercises to continue at home. He will need to send an X-ray to the hospital each month so his progress can be assessed. Moayad was discharged in May 2016. He is now back in Syria.

يتعين على مؤيد بعد أن خرج من المستشفى الآن متابعة تهريناته وعليه إجراء صور أشعة لمتابعة حالته وتقييمها. خرج مؤيد في مايو/أيار 2016 وعاد إلى سوريا.



When asked on what he will do once his recovery is complete; he said "I will go home immediately". And when he was asked on whether he fear for his safety or not upon going back home, he replied "danger is always present, but home is home".

سألنا مؤيد عن مشاريعه المستقبلية بعد أن ينهي علاجه، فقال بأنه سيعود إلى سوريا. وعندما سأناه إن كان سيخاطر بنفسه لكي يعود قال: "الخطر حاضر دائماً، ولكن لا حياة بعيداً عن الوطن".