

THE PULSE

BRINGING MEDICAL HUMANITARIAN ACTION TO YOU



MAY 2018

SYRIA

RISKS FOR RETURNEES

Bangladesh

TESTIMONIES OF VIOLENCE,
AND SURVIVAL



- 3 EDITORIAL: SYRIA
- 4 NEWS IN BRIEF
- 6 FEATURE: HEPATITIS C IN CAMBODIA
- 8 PHOTO ESSAY: SOUTH SUDAN
- 10 LETTER FROM IRAQ
- 11 SUPPORTER PROFILE
- 12 FEATURE: REFUGEES IN BANGLADESH
- 14 FIELD WORKER: LOGISTICIAN
- 15 CURRENTLY IN THE FIELD



PUSHING FOR ACCESS: HEPATITIS C IN CAMBODIA



Ali* and four of his brothers and cousins were taking care of the sheep on farming land in northeast Syria, when a landmine or booby trap exploded. He is receiving medical care in the Médecins Sans Frontières hospital in Hassakeh. *Name has been changed

ABOUT MÉDECINS SANS FRONTIÈRES

Médecins Sans Frontières is an international, independent, medical humanitarian organisation that was founded in France in 1971. The organisation delivers emergency medical aid to people affected by armed conflict, epidemics, exclusion from healthcare and natural disasters. Assistance is provided based on need and irrespective of race, religion, gender or political affiliation.

When Médecins Sans Frontières witnesses serious acts of violence, neglected crises, or obstructions to its activities, the organisation may speak out about this.

Today, Médecins Sans Frontières is a worldwide movement of 24 associations, including one in Australia. In 2017, 225 field positions were filled by Australians and New Zealanders.

Front cover: A young girl recovers in a Médecins Sans Frontières hospital in northeast Syria after she was injured by a booby trap.
© Louise Annaud

The Pulse is the quarterly magazine of Médecins Sans Frontières Australia.

Médecins Sans Frontières Australia
PO Box 847, Broadway NSW 2007, Australia
☎ **1300 136 061** or (61) (2) 8570 2600

✉ office@sydney.msf.org
msf.org.au

ABN: 74 068 758 654 © 2018 Médecins Sans Frontières Australia

📘 facebook.com/msf.english
📧 @MSFAustralia





6

MOBILE CLINICS IN AKOBO, SOUTH SUDAN



8



LETTER FROM IRAQ



10

BY JON EDWARDS

 EDITORIAL

Returning home – but not to safety

The conflict might be decreasing in northeast Syria, but the crisis is not over. Thousands of sleeping enemies – bombs, mines and booby traps – are preventing the population from returning safely home.

Humaid and his family had recently returned to their home in Deir ez-Zor, northeast Syria, as fighting in the area had calmed down. Two months later, five of his daughters were injured by a hidden explosive device. “They were playing and helping to sort out firewood on the rooftop when something hidden behind a roll of wool blew up and almost killed them,” he says.

With injuries ranging from small cuts to a double leg amputation, the sisters aged from four to 13 are now recovering in a Médecins Sans Frontières-supported hospital in Hassakeh.

The conflict might be decreasing in northeast Syria, but the population’s suffering is far from over. People like Humaid’s daughters are still being affected as they return home to find houses and cities in ruins. But they’re faced not only with structural damage: their buildings, streets and fields are littered with explosive devices, including booby traps, landmines, unexploded bombs and rockets. These victim-activated weapons, which demining experts number at hundreds of thousands, are hidden below staircases, on the road, and in everyday items like pillowcases, cooking pots and even toys. Sadly, many of their victims are the most vulnerable: children.

Médecins Sans Frontières is seeing an increasing number of people wounded by these devices. Their injuries vary from superficial lacerations to acute vascular injuries that require amputation of limbs, and have devastating lasting effects for our patients, both physical and psychological. We are supporting two hospitals in northeast Syria, one in Tal Abyad where since November the number of blast injury cases has surged to 50 per week,

mostly people from Raqqa governorate. At Hassakeh hospital we have received 133 people wounded by landmines and booby traps in 4.5 months, and numbers have sharply increased in 2018.

Where do we go from here? Cities and towns require urgent demining, however there is insufficient demining equipment and expertise currently available to meet the immense needs. Mine risk education to increase people’s awareness of these devastating but avoidable deaths and injuries is essential. Thousands of displaced people are returning to their homes, some with no knowledge of the presence of these devices or that the risk is so high.

The return of these people continues to be passively encouraged and facilitated even while the humanitarian and demining community have signalled that conditions are not safe. Any returns to these areas must be safe, voluntary and informed. We have called on all actors, international and local, to make this possible through urgently allocating funds and resources to demining action and risk education activities in northeast Syria.

At the same time, people desperately need closer and quicker access to medical care. When a person is critically injured by an explosive device, every minute counts. Our hospital in Hassakeh is the closest free-of-charge secondary healthcare facility to Deir ez-Zor, but it is six hours away from some parts of that governorate. Many roads in the region remain damaged or blocked. Consequently, too many people are at risk of dying before they can even reach our care.

While unexploded ordnances pose an immediate risk for those returning home, the longer-term risks facing Syrians relate to the destruction of infrastructure and

the economy. Essential systems such as drinking water and waste systems are often broken. There is limited access to healthcare and services like routine vaccinations for children are very limited. Many families have lost loved ones due to the war and the mental health needs are significant. Public hospitals are slowly starting up again but face severe damage and staff shortages in many places.

Without a considerable upscaling of international effort dedicated to the demining and rebuilding of communities in northeast Syria, serious humanitarian and medical needs will continue for many years to come.

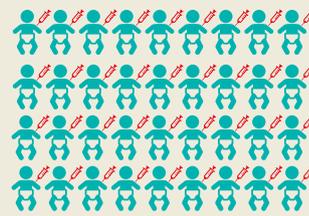
While the war is largely over in some areas, the responsibilities of belligerents, including the Australian Government, are not finished yet: millions of people remain displaced in their own country, expecting to come back home. The international community now needs to commit more to rebuilding cities in Syria and Iraq. The Australian Government, among others, has made a commitment to support the UN agencies to rebuild fractured communities, but must also shoulder a responsibility to repair the staggering damage inflicted on cities and their residents by the weapons used during the conflict. If the basic needs of post-war communities are not addressed, instability can provide fertile ground for violence to emerge once more, and claim more victims like Humaid’s daughters.

Jon Edwards
Head of Advocacy and Public Affairs
Médecins Sans Frontières Australia





MORE WOMEN AND GIRLS ARE DISPLACED THAN EVER BEFORE



THIS YEAR, OUR TEAMS HAVE VACCINATED

5,263

CHILDREN AGAINST POLIO AND MEASLES IN KAGOMA, UGANDA



1 CAMBODIA

“I have been waiting and living with the tiredness for 20 years. I feel that after I get treated I will be very happy. I will start my new life.”

– NOV, A PATIENT TREATED FOR AND CURED OF HEPATITIS C BY THE MÉDECINS SANS FRONTIÈRES CLINIC AT PREAH KOSSAMAK HOSPITAL IN PHNOM PENH. SHE WAS DIAGNOSED WITH THE DISEASE 20 YEARS AGO, BUT UNABLE TO ACCESS TREATMENT UNTIL 2017. READ MORE ABOUT THE CLINIC ON PAGE 6.

2 DEMOCRATIC REPUBLIC OF CONGO / UGANDA

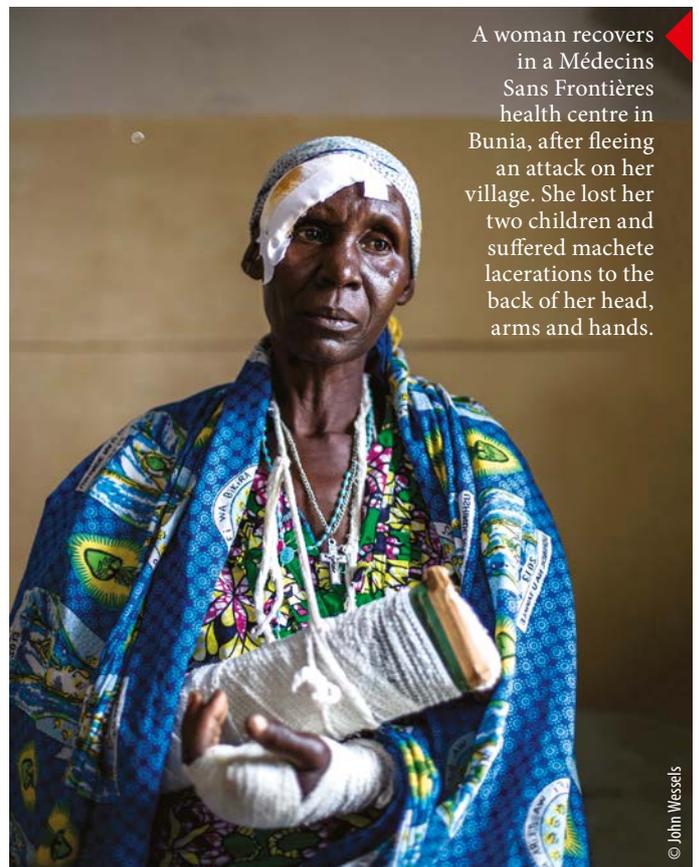
Thousands displaced in Ituri

BACKGROUND:

In December 2017, violence between communities flared in Ituri province in north-eastern Democratic Republic of Congo (DRC), growing in intensity in February. Tens of thousands fled their homes. In two weeks in February, over 40,000 Congolese crossed Lake Albert and on arrival in Uganda found dire conditions, with facilities overwhelmed by their numbers. On 23 February, the health authorities in Uganda confirmed a cholera outbreak affecting the displaced and host communities in Hoima district, where the new arrivals are living.

ACTION:

Médecins Sans Frontières is working on both sides of Lake Albert. In Ituri Province, DRC, our teams are supporting basic healthcare in three health centres in Bunia: Bigo, Kindia and Lembabo. In two weeks in February, the teams saw 2,117 outpatients. Of these, 783 were children aged under five and 349 were pregnant women. Malaria, respiratory infections and diarrhoea are the most common illnesses. Teams are also offering mental health consultations, as well as undertaking water and sanitation work at the hospital, distributing relief items, and supporting distribution of food. In Hoima district, Uganda, Médecins Sans Frontières has set up two 50-bed cholera treatment centres. In Kagoma reception centre our teams are providing polio, measles and tetanus vaccinations. Our teams have also opened a 24/7 outpatient clinic where over 2,000 patients have been treated since mid-February, for conditions including cholera, malaria and respiratory infections. Antenatal care and assistance to victims of sexual violence are also provided at the clinic.



A woman recovers in a Médecins Sans Frontières health centre in Bunia, after fleeing an attack on her village. She lost her two children and suffered machete lacerations to the back of her head, arms and hands.

© John Wessels

3 INTERNATIONAL WOMEN'S DAY



Salma*: “I was displaying strength in front of my children, but on the inside, I was really tired.”

© Hussein Amri/MSF

Because I'm A Woman

In case you missed it...

This International Women's Day, Médecins Sans Frontières highlighted the medical needs facing women and girls who are displaced around the world. Women and girls have specific health needs that are exacerbated by displacement. Our teams aim to respond to the variety of physical and psychosocial needs of women and girls who are forced to flee, at all stages of their journey.

Visit becauseimawoman.msf.org to hear about the experiences of displaced women like Salma*, who fled conflict in her home country of Syria, crossing the border to Jordan with her children. After a brief stay in Zaatarı refugee camp she settled in Irbid, but both she and her children struggled with the mental toll of violence and pressures of the new environment. Salma gained support from our teams in Jordan, where Médecins Sans Frontières provides mental healthcare to children and their mothers.

* Name has been changed



ETHIOPIA NOW HOSTS OVER 435,000 SOUTH SUDANESE DISPLACED BY CONFLICT

JOIN OUR TEAM

Find out more about becoming a Médecins Sans Frontières field worker at one of our webinars and recruitment information evenings. Additional information evenings are scheduled in Australian and New Zealand cities throughout the year.

INFORMATION EVENINGS

Tues 22 May *Webinar*

Tues 5 June *Darwin*

Tues 3 July *Sydney*

Tues 28 August *Wellington*



PAST WEBINARS ARE ALSO AVAILABLE ONLINE TO WATCH ON DEMAND.

Visit www.msf.org.au/upcoming-events for details on all our recruitment events.

4 AFGHANISTAN



© Maxime Fossat

A patient being treated for TB shows his daily dose of drugs.

Innovative treatment for tuberculosis

BACKGROUND:

Tuberculosis (TB) is the world's most deadly infectious disease. Afghanistan bears a high burden of TB with an estimated 60,000 men, women and children falling ill and 12,000 dying of the disease in the country each year. Combatting TB is particularly difficult in a conflict zone like Afghanistan.

ACTION:

Médecins Sans Frontières has introduced an innovative new drug regimen for multidrug-resistant tuberculosis (MDR-TB) in Kandahar. The nine-month treatment replaces the traditional 24-month regimen which involved strong side effects and was difficult for patients to adhere to due to the insecurity and low accessibility to health resources. Currently there are over 20 patients receiving treatment, and the first patients have begun to successfully finish treatment and return home. Our teams also provide social support including food, psychosocial counselling and advice on how to prevent the spread of infection.

5 ETHIOPIA



© Zacharias Abubeker

A mother looks on as her child is fed through a tube in the maternity ward of Gambella hospital, Ethiopia.

Respite for war-weary South Sudanese

BACKGROUND:

Over two million people have fled their homes since the conflict in South Sudan began in December 2013. For those in the east of the country, the Gambella region of Ethiopia provides the best sanctuary. After fighting erupted again in late 2017, most displaced South Sudanese have little hope of returning home.

ACTION:

Médecins Sans Frontières is providing medical care in three of Gambella's refugee camps: Kule, Tierkidi and Nguennyiel. Across the three camps, 340,000 people have been treated, 30 per cent of those being under five. Malaria is the most prevalent condition among patients, followed by respiratory infections and diarrhoea. Our teams are also running mobile clinics along the Ethiopian border and working in Gambella General Hospital. Since June 2017, over 1,900 babies have been delivered in the hospital.

6 CENTRAL AFRICAN REPUBLIC

Survivors report mass rape

BACKGROUND:

In the ongoing conflict in Central African Republic (CAR), there has been a spike in the number of rape and sexual assault cases treated by Médecins Sans Frontières. On 3 March, a group of 10 women arrived at Bossangoa hospital in the east of CAR reporting having been raped on 17 February near the village of Kiriwiri. A combination of factors including the volatile security environment, fear of further sexual violence and cultural pressures meant the women were unable to leave their village to seek aid for two weeks. This horrific attack highlights the daily realities experienced by people in the Central African Republic, in particular women and children who are the most vulnerable to abuse.

ACTION:

Our team at Bossangoa immediately administered first aid followed by gynaecological care, tetanus and hepatitis vaccinations and psychosocial support. Unfortunately, it was too late to administer the vital treatment to stop the transmission of HIV, as more than 72 hours had passed since the attack.



© Alexis Huguet

A woman, carrying her baby, walks to a hospital supported by Médecins Sans Frontières in CAR.

7 NIGERIA



© Sijias Adamou/MSF

Before the attack, Médecins Sans Frontières was treating many people in Rann for illnesses connected to poor living conditions and lack of water.

Humanitarian workers attacked in Rann

BACKGROUND:

Médecins Sans Frontières has suspended its medical activities in Rann, Borno state, Nigeria following a deadly attack on aid workers on 1 March. Our team of 22 national and international staff were evacuated and fortunately none were killed.

ACTION:

Our teams have been providing medical care to the population of 40,000 in Rann since January 2017, treating people for malaria, malnutrition and diseases linked to poor living conditions, plus providing clean water. The isolated enclave was relying almost entirely on our services to access healthcare. Many people have sought safety in Rann after fleeing their homes and are extremely vulnerable. They are trapped in a deadly cycle of violence and are reliant on external assistance to survive. Our teams intend to return as soon as the conditions allow.



CAMBODIA



15 MILLION
POPULATION (APPROX)

71 MILLION



PEOPLE HAVE
CHRONIC HEPATITIS C
WORLDWIDE



399,000

DIE GLOBALLY EACH YEAR
FROM HEPATITIS C-RELATED
LIVER DISEASES

Hepatitis C: Pushing for access



Patients in the waiting room of the Preah Kossamak Hospital clinic in Phnom Penh.

© Todd Brown

Known as “the silent killer”, hepatitis C is thought to affect between two and five per cent of the population in Cambodia. Until now, many people had no access to affordable treatment. A Médecins Sans Frontières clinic in Phnom Penh is offering new hope.

In Australia, a hepatitis C diagnosis is in no way a death sentence. A payment of around \$40 will buy a three-month course of direct-acting antivirals (DAAs) to fight the infection, a treatment breakthrough which has shown a 95 per cent cure rate and fewer side effects than previous medications.

But in a country like Cambodia the hurdles to treatment are much higher. There is no national program to target hepatitis C, and access to DAAs is limited. A course of the drugs usually costs over \$1,000 – an overwhelming price tag for most Cambodians. In October 2017 Médecins Sans Frontières negotiated cheaper deals for generic DAAs, enabling wider access for our patients.

While the prevalence of hepatitis C in Cambodia is unclear, it is estimated between 300,000 and 750,000 people from a population of 15 million suffer from the blood-borne disease. Many do not know they have it: the infection is slow-moving and often displays no symptoms for years, meaning it can go unnoticed until serious liver damage has already been caused. Untreated, it can lead to liver cancer, cirrhosis (scarring of the liver) and death. This is why it’s called “the silent killer”.

In a tiny basement area of Preah Kossamak Hospital in the Cambodian capital Phnom Penh, in September 2016 Médecins Sans Frontières opened the first clinic in the country to provide hepatitis C treatment free of charge. Working alongside the Cambodian

health ministry, the project aims to provide the most effective drugs alongside rapid-test diagnostics, and to create a simplified and cost-effective model of care, paving the way for a national hepatitis C guideline and program. Médecins Sans Frontières opened a second site in the town of Battambang in March 2018.

Waiting for decades

From the beginning, staff were overwhelmed by the number of people coming in the doors – sometimes up to 100 per day.

Head of Mission Mickael Le Paih was surprised by the demographics of patients. “A big chunk of positive patients are older. The median age is 55 and 91 per cent are over 40,” he says.

Many have travelled long distances to reach medical care, with 70 per cent of people coming from outside of Phnom Penh. Patients report having been diagnosed with the disease years, sometimes decades, ago.

72%



OF THOSE WITH THE DISEASE LIVE IN LOW- TO MIDDLE-INCOME COUNTRIES



Médecins Sans Frontières treats people with hepatitis C in **11 COUNTRIES**



Our teams have provided direct-acting antivirals to around **5,000 people since 2015**

Until now, they have been unable to access treatment.

Nov, 61 years old, lives on the outskirts of the city. She was first diagnosed with hepatitis C 20 years ago but hadn't had any formal treatment before coming to the clinic at Preah Kossamak Hospital. "I have been waiting and living with the tiredness for 20 years. I feel that after I get treated I will be very happy. I will start my new life," she says.

Another patient, Din is a 50-year-old father of three from Phnom Penh. "Before I started this treatment, I felt hopeless. I couldn't afford the new treatment and was waiting to die. I needed to sell my house... [but] if I sold my house, my kids would not have any shelter," he says.

Médecins Sans Frontières staff are also providing free tests and treatment in a drop-in centre run by Mith Samlanh, a charity which provides food, shelter and help with drug addiction to young adults on the streets of Phnom Penh. Chenda was one of the first clients to be tested positive. He sleeps on the street and visits the centre daily. "When I learned treatment was available, I did it quickly because I knew I needed it to survive. The drugs are expensive



Médecins Sans Frontières Pharmacy Technician Toueng distributes hepatitis C medicines at the Preah Kossamak Hospital clinic.



A patient is given a shot by technician Sokchea Yan at the Preah Kossamak Hospital clinic.

“What good is a breakthrough medicine that people cannot afford?”



A patient with hepatitis C medication in the clinic at Preah Kossamak Hospital.

– and [here] I could get them free,” he says. Yet transient lifestyles, homelessness and efforts to avoid police crackdowns mean many clients find it difficult to come for follow-up treatment.

Médecins Sans Frontières' Dr Theresa Chan says the patients the clinic has seen in Phnom Penh are most likely the tip of the iceberg. "There's probably more patients in [rural] areas who haven't attempted to seek care so far away." And the influx of patients means the team cannot treat patients as quickly as they would like to. By December last year, the team had treated 3,257 patients who were prioritised for treatment due to risk of liver complications and 2,500 patients remain on the waiting list.

Advocating for affordable medicine

Key to tackling the worldwide prevalence of hepatitis C is access to treatment for all. But patent protection has kept prices up,

allowing company monopolies which drown out competition and deny a fair price to hundreds of thousands of people who need these drugs to survive.

Médecins Sans Frontières' Access Campaign champions the idea that medicine should not be a luxury, pushing for access to, and the development of, lifesaving and life prolonging medicines, diagnostic tests and vaccines for patients. "What good is a breakthrough medicine that people cannot afford?" asks Jessica Burry, Pharmacist for the Access Campaign.

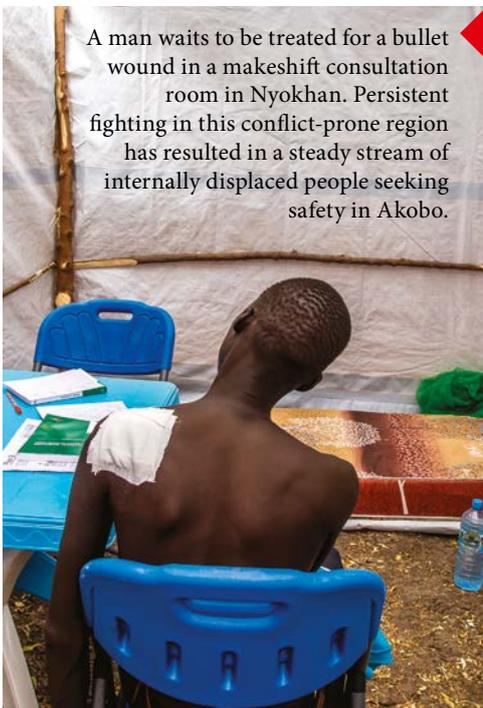
Mickaël Le Paih agrees. "Almost two decades ago, Médecins Sans Frontières and others worked hard to get access to generics and bring down prices for HIV medicines," he says. "History is repeating itself with hepatitis C. The medicines we need are again too expensive, but we are finding ways to make treatment affordable so that our patients can be cured."

Reaching out to remote Akob

A Médecins Sans Frontières midwife examines a pregnant woman at the mobile clinic in Kier. Women and children make up much of the displaced population, and many have suffered the loss of husbands, brothers and sons in the conflict.



A man waits to be treated for a bullet wound in a makeshift consultation room in Nyokhan. Persistent fighting in this conflict-prone region has resulted in a steady stream of internally displaced people seeking safety in Akobo.



A few tables and chairs, medicines and a shady tree are all the team needs to begin health consultations in Dilule village.

O

The population of Akobo in South Sudan faces ongoing violence and displacement, resulting in enormous medical and humanitarian needs. But the region's remoteness means reliable, quality healthcare is difficult to access. With essential medical supplies and a boat or car, Médecins Sans Frontières mobile clinics are reaching out to provide care where it is most needed.

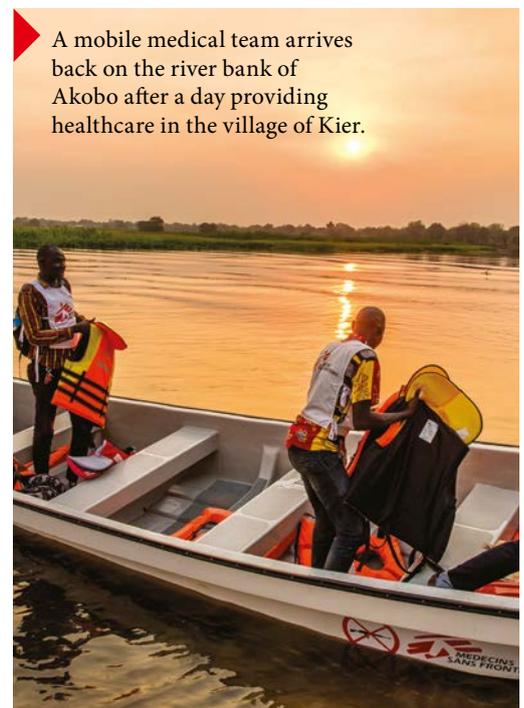


The Médecins Sans Frontières mobile medical teams travel by boat along the River Pibor to reach remote villages where no other health services exist.

A mother holds her baby, suffering from acute pneumonia, on the one-hour boat ride from their village of Meer to the Akobo hospital.



Médecins Sans Frontières mobile teams treat more than 2,000 patients every month across seven remote locations in the region.



A mobile medical team arrives back on the river bank of Akobo after a day providing healthcare in the village of Kier.



“We are helping people put their lives back together”

© Sacha Myers

After years of conflict and instability, accessing healthcare is a daily challenge for Iraqis. Six Aussie women describe their experiences working for Médecins Sans Frontières to provide lifesaving and life-changing care in Iraq.



© Sacha Myers

Claire Manera, from Perth, WA, is Head of Mission in Iraq, overseeing a project which encompasses mental health programs alongside basic healthcare, treatment for chronic diseases, nutrition programs, obstetric care, surgery and rehabilitation.

In Iraq, Médecins Sans Frontières is helping people put their lives back together after years of conflict and devastation. Post-traumatic stress disorder is common for those who witnessed unimaginable events that affected their loved ones. Clinical depression is also experienced by many, especially those who lost their husbands, wives, parents, children, homes and livelihoods, and ultimately, their hope for the future. Médecins Sans Frontières is providing large-scale mental health programs, including psychiatric treatment and psychosocial counselling through teams of dedicated international and national staff. The changes this support brings to the population are hugely evident, especially in children. This also brings huge relief to the parents; you can see the weight lifted off their shoulders once their children start responding to treatment.



© Sacha Myers

Geri Dyer, from Cairns, QLD, is a psychiatrist treating people in the Erbil project, for conditions including post-traumatic stress disorder, anxiety and depression.

The impact of trauma has resulted in significant mental health problems for internally displaced people in Iraq. Many have witnessed the death of at least one family member or are left with uncertainty about their fate. Some have been tortured. Some already had chronic mental health issues and have been unable to access treatment. The difficult living conditions in camps and poverty also exacerbate the symptoms and can lead to suicidal ideation or suicide attempts. There is ongoing stigma around mental health issues, but the reputation of Médecins Sans Frontières in providing effective, quality care is growing. Many people are resigned to ongoing conflict in the region, so giving people skills or treatment in an effort to ease their suffering can be extremely rewarding.



© MSF

Grace Yoo is from Sydney, NSW and worked as the Pharmacy Coordinator for Médecins Sans Frontières' north Iraq project.

My role involved maintaining the supply of medicines and medical equipment, clinical support in regards to medicines and protocols and training the country pharmacist. Our main challenge was getting medical supplies over the border, and gaining access to the multiple locations where we stored our medical supplies. We also grappled with shortage of supplies. In a conflict context like Iraq, it is harder to guarantee the quality of medicines and the needs can change quite drastically.

The most rewarding aspect of this assignment was having the opportunity to work with an amazing group of people. Everyone was dedicated and motivated, especially the local staff. They were so welcoming, always positive and really believed in Médecins Sans Frontières. It was a humbling experience.



© Sacha Myers

Jennifer Duncombe, from Lake Macquarie, NSW, is the Project Coordinator (PC) in Erbil. Her job involves anything from determining the project’s activities, ensuring safety of the team, facilitating training, and networking to ensure the team’s activities are known and accepted in the community.

There is no typical day for a PC in Médecins Sans Frontières, especially in a dynamic, often-volatile context like Iraq! Our project has evolved considerably since it started in 2013, following a large influx of refugees from Syria. Our mobile clinic teams went wherever the need was – providing care from the back of a bus, on a chicken farm and in a mosque. Now, as well as treating chronic diseases, we provide high-quality mental healthcare to displaced people coming from places like Mosul and Kirkuk.

I think that too often, mental health gets left behind because we are so consumed by the immediate, gory, in-your-face needs of conflict. Lifesaving care is, of course, imperative. But, sometimes I wonder, what is the point of resuscitating people or reattaching their tendons if we can’t then help them face the consequent, inevitable, inescapable mental trauma of war?



© Sacha Myers

Emma Parker is from Canberra, ACT, and is the Medical Team Leader for the team working in the camps for internally displaced people between Mosul and Erbil.

We are concentrating on providing treatment for non-communicable diseases such as diabetes, hypertension (high blood pressure) and heart disease, which are some of the highest causes of morbidity and mortality for people in Iraq. Since Mosul was retaken from the Islamic State group, more than two thirds of the displaced people living in camps have returned to Mosul or surrounding areas. However, we have seen some families return to the camps. They tell us there is nothing left for them in Mosul: houses have been destroyed, there are limited services including water, electricity and healthcare, no employment opportunities and in some areas, security is still a concern. The population we are treating still remains at around 30,000 people.

Many of our patients have experienced horrific things but the hospitality of the Iraqi people stands out: they are always so inviting, wanting to talk to us about our countries and how they feel about both the past and the future of Iraq.



© MSF

Sacha Myers, from Ballarat, VIC, is the Field Communications Manager in Iraq. She travels to projects around the country, interviewing patients and staff, and hosting journalists.

My job is to tell people’s stories. Every time I sit down with a patient to hear their story, I feel so privileged to do my job. It’s very humbling to hear intimate and often heart-wrenching details about their lives.

My girlfriends in Australia are all in the midst of having kids. When they share stories about the challenges they faced in childbirth, my mind always jumps to the question: would they have survived if they were in Iraq? Although Iraq had a decent healthcare system, years of conflict have destroyed medical services in many locations. It’s particularly hard for women returning to post-conflict areas to access maternal care.



To read more letters from the field, please visit: msf.org.au/stories-news



SUPPORTER PROFILE



NAME: Peter Graves

HOME: Canberra

OCCUPATION: Retired Public Servant and PhD Researcher

Peter has been a Médecins Sans Frontières Field Partner since 2008.

After working for the Australian Public Service (APS) all my working life, I retired in 2014 and am now researching a PhD on public sector reform, at UNSW Canberra. My last 15 years in the APS were in the Health Department, where I learnt about the many features of a good national health system.

For the past 32 years I have been involved in another organisation committed to influencing political decisions on Australia’s aid budget. During those years, I learnt a lot about world poverty and the needs of the 797 million people who try to live on US\$1.90 each day. Realising that the value of a cup of coffee in Australia can make a world of difference overseas, I support Médecins Sans Frontières and other organisations like the UNHCR making a difference in their activities among the poorest of our world’s poor.

I am particularly interested in support for refugees and their health needs, in places like Syria and other countries affected by war, civil disturbance and ethnic cleansing. Good health, education and safety are such important necessities for children and adults everywhere. I continue to support Médecins Sans Frontières for three reasons: for its determination to help the people in need of good health around our world; for the courage of its staff providing their services in an increasingly hostile, battered and dispersed world; and for keeping the candle of compassion alight in an increasingly uncaring world.

The people of Médecins Sans Frontières are today’s heroes who don’t give up the fight.



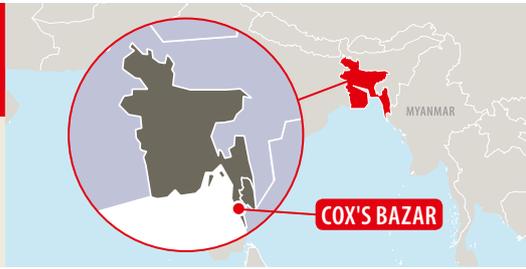
For more information on becoming a Field Partner, please visit msf.org.au/monthly-donation



BANGLADESH



**161 MILLION
POPULATION (APPROX)**



Médecins Sans Frontières surveys suggest at least **6,700 Rohingyas** were killed in Myanmar in the first month of violence

Testimonies of violence, and s



© Anna Surinyach

Yassin is receiving care in a Médecins Sans Frontières clinic in Bangladesh.

Journey of death and life: Yassin

Yassin is a refugee in her 20s from Rakhine state, Myanmar. She arrived in Bangladesh in October 2017. She was brought to a Médecins Sans Frontières primary healthcare centre after being found in a state of shock. She has a seven-year-old son and a three-and-a-half-month-old baby girl, who doctors say is malnourished and weak.

When the violence broke out, my husband was taken by the Myanmar military. I don't know whether he is dead or alive. They

took us from our homes, burned them to the ground and beat us very badly. When we fled, I was already heavily pregnant. We walked for several days through the forest, only surviving by eating the leaves of the trees. We finally reached the river and boarded a boat to reach Bangladesh.

My baby was born on the river. The boatmen and another woman helped me through it. Throughout the journey I felt bad, it was so hard. I thought only about giving birth to my child and getting her away from the violence. After we reached Bangladesh we were taken by bus to the

makeshift settlement. I was given a tent to live in with my two children. I was unable to build it, but some villagers helped me.

After a month I started to get some [humanitarian] relief. But I never have enough to eat and because of that I can't breastfeed my baby. I can't sit down properly and can't do some things due to the pain I feel in my body. All the food I get in the settlement is found by my boy. I have hope that he will help me through all the difficulties of the future.

Eight months in, situation remains critical

The Rohingya who have arrived in Bangladesh fleeing this latest surge of violence in Myanmar join tens of thousands who were already in the country seeking safety. People continue to arrive on a weekly basis. Most are living in overcrowded makeshift settlements without adequate access to shelter, food, clean water or latrines.

Médecins Sans Frontières has massively scaled up its operations and is running 10 health posts, four primary health centres and five inpatient facilities, working to combat outbreaks of diseases such as measles and diphtheria and providing medical and psychological care to patients who have suffered violence, including sexual assault. The upcoming rainy season is a significant concern, presenting greater potential for waterborne diseases and increased risk of flood and landslides.

MORE THAN 2,800



national and international Médecins Sans Frontières staff are responding to the crisis



Between August and March our teams carried out over

351,421 outpatient consultations

8,135 inpatient consultations



The main morbidities are **respiratory infections, diarrhoeal diseases and skin diseases**

Survival

More than 688,000 Rohingya refugees have arrived in Cox's Bazar in southeast Bangladesh since late August 2017, after fleeing violence in Rakhine State, Myanmar. Three Rohingya refugees recount their difficult journeys.

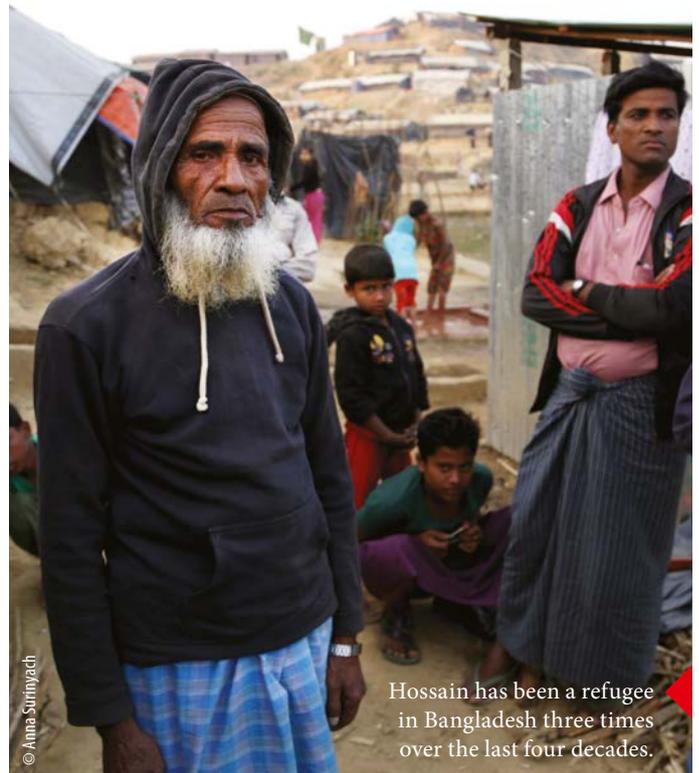
The never-ending journey: Hossain

Hossain is from Rakhine state, Myanmar. This is the third time in the last four decades that he has been a refugee in Bangladesh: three different camps, more than six years in total in Bangladesh and two return trips to Myanmar. Two of his sons died during the recent wave of violence.

It was 1978, I was 40 years old. My family were beaten and tortured. I fled with my wife and two children. On the way I lost some old photos. I was very fond of them but they fell into the river during our journey. Once in Bangladesh, we stayed in a settlement in Ukhia. After three years we were sent back to the same area in Rakhine state. We rebuilt our house and lived there for some time peacefully, but gradually problems reappeared: our cows were sometimes stolen and we were often arrested.

In 1991, it started to get worse again and we decided to leave. I had been doing forced labour for four years. I left my village with my wife, two sons, their wives and one grandson. It took us seven days to reach Bangladesh. A larger part of my family remained displaced in different parts of Rakhine. I lost contact with them until I went home again in 1994.

I was happy to return in the beginning, but after some years, in 2002, we were being arrested and beaten frequently. We were not allowed to travel. Every day there was more bad news. We thought: we don't belong here. In the recent violence, my house was burnt and two of my children were killed. Now there are nine of us here in Bangladesh, including four sons and a daughter. We don't face any major problems, but conditions will get worse with the arrival of the rains. We are not afraid of going back to Myanmar, but we want our rights to be respected.



Hossain has been a refugee in Bangladesh three times over the last four decades.



Ishak holds his youngest child to be vaccinated by Médecins Sans Frontières at the Sabrang entry point.

The latest journey: Ishak

Ishak is a refugee in his 20s, newly arrived in Bangladesh from Rakhine, Myanmar. He is with his wife, their three small children and his mother. A day after they arrived, the family reached an entry point in the south of the peninsula, where a Médecins Sans Frontières team carries out nutritional screening of children, medical checks and vaccinations.

I hoped that the violence would be over one day. I was waiting for good news that never arrived. The situation didn't change, so we decided to flee. If the military saw me I would be beaten. I didn't sleep for the last eight days. Around 500 people were living in my village. Some of them are already in Bangladesh. Others are trying to sell belongings to get some money and come. People are desperate to get away.

I didn't have any relatives in Bangladesh and had never been here before. My two aunts and grandfather are still in Myanmar. They wanted to come, but first they need to sell their cows and goats to get the necessary money. Before taking a boat, we waited for two days in the forest and after that we reached the river. We had to pay 40,000 Kyat each (about \$39) to come here. We left all our belongings at home. We don't have any big health problems, but the journey was very hard.

Names have been changed.

NAME: Joe Park

HOME: Newstead, VIC



Field role: General Logistician

Our general logisticians have generalist skills across several technical areas; these could include mechanics, energy and electricity, procurement and supply chain management, construction, and water and sanitation.

Médecins Sans Frontières Field Experience

August 2017 – March 2018

Logistics Manager, Port Harcourt, Nigeria

“Working alongside the Nigerian staff was a humbling and heart-warming experience”



communications and water and sanitation, and learning from these people and working together to solve problems was very satisfying.

How did your skills and experience from previous jobs prove useful for the role?

Having worked in an emergency context before, although a very different one, I found I could quickly adapt to the unpredictability of working in an unstable environment. I was quick to draw on skills in building and renovation as well as experience in areas such as communications and water chlorination from previous careers. I also found it very beneficial having previously volunteered in developing countries and worked alongside people of different cultures.

Which experiences stand out for you from this assignment?

Having only been in Nigeria for several days I made my way by road from Abuja to Port Harcourt. Staring out the window for two long days as Nigerian life passed by, seeing the changes in landscape and culture from state to state, crossing the Niger River, laughing with wide-eyed locals at a roadside market and slowly making my way down to my new home for the coming six months was truly surreal.

In Port Harcourt, I was lucky to work alongside an outstanding team of national staff. I enjoyed many laughs, high fives, fist bumps and even a dance or two with the Médecins Sans Frontières Nigerian staff and I found their big smiles and friendly nature infectious. Things of course didn't always go to plan, but on the whole I found working alongside the team and learning a little of their history and culture a very humbling and heart-warming experience.

What's next for you?

I intend to take a break, enjoy seeing family and friends, and soak up some Australian sunshine before going for another assignment with Médecins Sans Frontières. I want to continue to use my skills and experiences to help those less fortunate.

The work of a logistician includes procurement of medical supplies for our projects.

What led you to work with Médecins Sans Frontières?

I completed a degree in Environmental Science in 2010, and worked for several organisations in water quality and project management. Most recently I worked as a forest firefighter with Park Victoria for almost five years. As a forest firefighter my primary function was in emergency response and suppression of wildfires on public land in the state of Victoria. I participated in many deployments across remote areas of Victoria responding to fires and other emergencies including floods. I heard about the role of logistician with Médecins Sans Frontières from a friend who encouraged me to apply. After further discussion with family and friends and learning more about the role I found that the opportunity to work for such a well-renowned organisation and knowing I could put my skills and experiences to use working in a humanitarian context overseas was too good to pass up.

You recently returned from Port Harcourt, Nigeria. What did your role there involve?

I held the position of Logistics Manager at Médecins Sans Frontières' project in Port Harcourt. Port Harcourt is located in Rivers state in the far south of Nigeria. The project was opened in 2015 to provide care

for victims of sexual violence. Médecins Sans Frontières runs two clinics to provide medical care including post exposure prophylaxis (known as 'PEP') for HIV prevention as well as psychological care, social support and health promotion via a dedicated outreach team.

As Logistics Manager my task was to oversee all logistics activities within the project, coordinating with the Médecins Sans Frontières team in the capital Abuja. This included management of staff including a storekeeper, hospital logisticians, drivers and watchmen; project management including renovation of our office and international staff house and installation of communication equipment such as HF and VHF antennas; reception of international cargo including our medical supplies from France; and fleet management including detailed movement planning for interstate travel. No two days were ever the same. I managed a very dedicated and hardworking national staff logistics team and this I am very thankful for.

Did the assignment differ from your expectations in any way?

I was pleasantly surprised at the amount of technical support I had throughout my assignment. I worked with technical referents in a range of areas including IT,



CURRENTLY IN THE FIELD

Note: This list of field workers comprises only those recruited by Médecins Sans Frontières Australia. We also wish to recognise other Australians and New Zealanders who have contributed to Médecins Sans Frontières programs worldwide but are not listed here because they joined the organisation directly overseas.

AFGHANISTAN

Rachael Auty
Nursing Team
Supervisor
Auckland, NZ

Amanda Patterson
Flight Coordinator
Christchurch, NZ

Shannon Price
Medical Activity
Manager
Tamworth, NSW

Geeta Sales
Obstetrician/
Gynaecologist
Banora Point, NSW

Helmut Schoengen
Anaesthetist
Teneriffe, QLD

Jeanne Vidal
Mission Technical
Referent
Caroline Springs, VIC

BANGLADESH

Rob Baker
Construction Manager
Darwin, NT

Tanya Coombes
Project Finance/HR
Manager
Cremorne, NSW

Shelah Johnston
Mental Health Activity
Manager
Hamilton Hill, WA

Steven Purbrick
Project Coordinator
Jeeralang Junction,
VIC

Kerrie-Lee Robertson
HR Coordinator
Cabarita Beach, NSW

Hema Shankar
Medical Doctor
Renown Park, SA

Sam Templeman
Deputy Medical
Coordinator
Eastwood, NSW

CAMBODIA

Jennifer Craig
Logistics &
Administration
Manager
Tapping, WA

CENTRAL AFRICAN REPUBLIC

Rodolphe Brauner
Logistics Manager
Peregian Springs,
QLD

Hugo De Vries
Technical Logistics
Manager
Berowra, NSW

DEMOCRATIC REPUBLIC OF CONGO

Rose Burns
Projects Qualitative
Epidemiology Referent
Smiths Gully, VIC

Lisa Searle
Hospital Clinical Lead
Huonville, TAS

ETHIOPIA

Prudence Wheelwright
Midwife Activity
Manager
Crookwell, NSW

INDIA

Stobdan Kalon
Medical Coordinator
Leeton, NSW

Parul Kashyap
Personnel
Administration
Manager
Flore, ACT

IRAQ

Kirsten Bond
Medical Doctor
Auckland, NZ

Jennifer Duncombe
Project Coordinator
Coal Point, NSW

Geri Dyer
Psychiatrist
North Cairns, QLD

Penelope Isherwood
Obstetrician/
Gynaecologist
Benowa, QLD

Neville Kelly
Logistics Manager
Broadford, VIC

Claire Manera
Head of Mission
Mount Pleasant, WA

Sacha Myers
Regional
Communications
Manager
Brown Hill, VIC

Amy Neilson
ER Doctor
Birchs Bay, TAS

Emma Parker
Project Medical Referent
Aranda, ACT

Irina Petrova
Mental Health Activity
Manager
Alexandria, NSW

Kiera Sargeant
Project Medical
Referent
Auckland, NZ

David Whitehead
Mission Technical
Referent
Naremburn, NSW

Mathew Zacharias
Anaesthetist
Dunedin, NZ

ITALY

Lauren King
Regional
Communications
Coordinator
Mortdale, NSW

Suzel Wiegert
Nursing Activity
Manager
Engadine, NSW

JORDAN

Nicholas Evans
Paediatrician
Glebe, NSW

Gregory Keane
Deputy Medical
Coordinator
North Balgowlah,
NSW

KYRGYZSTAN

Vivegan Jayaretnam
Logistics Manager
East Perth, WA

LIBERIA

Siry Ibrahim
Supply Activity
Manager
Wellington, NZ

Kyla Ulmer
Project Coordinator
Karratha, WA

LIBYA

Matthew Gosney
Project Finance/HR
Manager
Brisbane, QLD

Christopher Lee
Logistics Manager
Mosman, NSW

MALAWI

Susan Dong
Project Administration
Manager
Dulwich Hill, NSW

MALAYSIA

Corrinne Kong
Finance and HR
Coordinator
Melbourne, VIC

NIGERIA

Tien Dinh
Project Pharmacy
Manager
St Albans, VIC

Allen Murphy
Project Coordinator
Morningside, QLD

Jessica Paterson
HR Coordinator
Ararat, VIC

Adelle Springer
Epidemiology Activity
Manager
Darwin, NT

Kelly Wilcox
Project Coordinator
Bullcreek, WA

PAPUA NEW GUINEA

Adam Childs
Head of Mission
Cromwell, NZ

Jeff Fischer
Construction Manager
Healesville, VIC

Anna Haskovec
Logistics Manager
Murrumbateman,
NSW

Melissa Hozjan
Project Medical
Referent
Herston, QLD

SERBIA

Simone Silberberg
Mental Health Activity
Manager
Killarney Vale, NSW

SOUTH AFRICA

Ellen Kamara
Project Coordinator
Beerwah, QLD

SOUTH SUDAN

Eric Boon
Logistics Manager
Swanbourne, WA

Susan Bucknell
Logistics Manager
Sutherland, NSW

Prue Coakley
Project Coordinator
Enmore, NSW

Stephanie Davies
Deputy HR
Coordinator
Pacific Pines, QLD

Kyle D'Netto
Medical Doctor
Boronia Heights, QLD

Tara Douglas
Medical Activity
Manager (Pediatrician)
Nashua, NSW

Nicolette Jackson
Operational Research
Coordinator
Mullumbimby, NSW

**Jairam Kamala
Ramakrishnan**
Psychiatrist
Napier, NZ

Bethany Lansom
Nursing Activity
Manager
Cordeaux Heights,
NSW

Tria Rooney
Medical Doctor
St Kilda, VIC

Elisha Swift
Midwife Activity
Manager
Bracken Ridge, QLD

SYRIA

Shaun Cornelius
Technical Logistics
Manager
Wellington, NZ

Vanessa Cramond
Medical Coordinator
Auckland, NZ

Jane Davies
IPC Manager
Bridgetown, WA

Herwig Drobetz
Surgeon
Blacks Beach, QLD

Malcolm Hugo
Mental Health Activity
Manager
Payneham, SA

Jessa Pontevedra
Project Medical
Referent
Hamilton, NZ

**Caterina Schneider-
King**
Finance and HR
Coordinator
Maroubra, NSW

Diana Wellby
Obstetrician/
Gynaecologist
Mt Lawley, WA

Noni Winkler
Nursing Activity
Manager
Potts Point, NSW

TANZANIA

Kristi Payten
Medical Coordinator
Bald Hills, NSW

UGANDA

Grant Kitto
Logistics Manager
Nelson, NZ

Janthimala Price
Project Coordinator
Penrith, NSW

Rosanna Sanderson
Water and Sanitation
Manager
Fairfield, QLD

Sarah Touzeau
Nursing Team
Supervisor
Coburg, VIC

UKRAINE

Zen Patel
HR Coordinator
Baulkham Hills, NSW

UZBEKISTAN

**Elsbeth Kendall-
Carpenter**
Nursing Activity
Manager
Carterton, NZ

Birgit Krickl
Mental Health Activity
Manager
Tauranga, NZ

Yi Dan Lin
Medical Doctor
South Yarra, VIC

YEMEN

Arunn Jegatheeswaran
Project Coordinator
Greenacre, NSW

Ranya Samaan
Construction Manager
Blacktown, NSW

Sally Thomas
Project Coordinator
Rozelle, NSW

VARIOUS/OTHER

Kylie Gaudin
Logistics Team Leader
Drury, NZ

Shanti Hegde
Obstetrician/
Gynaecologist
Montmorency, VIC

**Sukumary Chandri
Nambiar**
Cultural Mediator
Heidelberg, VIC

Beth O'Connor
Psychiatrist
Christchurch, NZ

Rose Stephens
Nursing Activity
Manager
Fitzroy, VIC

WE ARE RECRUITING TECHNICAL LOGISTICIANS

Interested?
msf.org.au/yes

Q 'MSF yes'



MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

Médecins Sans Frontières
staff check the blood
pressure of a patient in
Tal Abyad hospital, Syria.

