DISPATCHES

‘I’m struggling here - we’re losing her...’

Yemen, pages 4-5

Photograph: Nurse Fatima Othman Saleh in Abs hospital
© Rawan Shaif, 19 August 2016

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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

INSIDE

Drug companies bow to MSF pressure

For seven years, Médecins Sans Frontières (MSF) urged Pfizer and GSK – the only two manufacturers producing the pneumonia vaccine – to offer the lowest global price to humanitarian organisations.

They refused until September, when GSK stated it was finally reducing the price of its pneumonia vaccine for humanitarian situations. In November Pfizer announced it would follow in GSK's footsteps.

"It's good to see that Pfizer is now finally reducing the price of its life-saving vaccine for children in emergencies," says Dr Joanne Liu, MSF's international president. "With Pfizer and GSK's price reductions, humanitarian organisations will be better able to protect children against this deadly disease."

Pneumonia is the leading cause of child mortality worldwide, killing nearly one million children every year. Crisis-affected children, such as those caught up in conflict or in humanitarian emergencies, are particularly susceptible to it. MSF medical teams often see the deadly effects of pneumonia – a vaccine-preventable disease – in the vulnerable children treated in our health facilities.

"Both Pfizer and GSK should now redouble efforts to reduce the price of the vaccine for the many developing countries that still can't afford to protect their children against pneumonia"

MSF chosen as FT's seasonal appeal partner

The *Financial Times* has chosen MSF as its 2016-17 charity seasonal appeal partner. The FT appeal raises money and increases awareness of a chosen charity through dedicated editorial coverage of its work. FT appeals have raised more than €18 million for charities over the past 10 years.

FT FINANCIAL TIMES

MEDITERRANEAN

Teams from MSF and SOS Mediterranée help refugees and migrants transfer from a small wooden boat in the Mediterranean, 3 October. The MSF search and rescue teams on board the Bourbon Argos, the Dignity I and the Aquarius rescued nearly 2,000 men, women and children from 11 separate boats in less than seven hours on 3 October. Many of the rescues were conducted in dramatic circumstances, with some people needing to be evacuated to the Italian mainland for urgent medical treatment. Since 21 April, MSF teams have rescued a total of 14,547 people from boats adrift in the Mediterranean in more than 100 different rescue operations. *msf.ie/overview-refugee-crisis-europe*

Photograph © Johannes Moths

IRAQ

Roberto, from Brazil, comforts an elderly man who was forced to leave his home because of the conflict, in Khanaquin camp in northeast Iraq. *msf.ie/iraq*

Photograph © Ton Koene

HAITI

A teenager rests at the side of the road near Port Salut, in southwestern Haiti, after Hurricane Matthew tore through the Caribbean on 4 October, devastating large parts of the island. MSF teams rapidly began treating patients, including those affected by cholera. "Many of us fear that malnutrition, further cholera and other waterborne diseases will emerge," says Paul Brockman, MSF head of mission in Haiti. "Let's not forget that Haiti was already at risk from Zika, dengue and malaria." Find out more: *msf.ie/haiti*

Photograph ©Andrew McConnell/Panos Pictures

CHAD

An MSF nurse weighs a baby in Bokoro region, Chad. Malnutrition is endemic in Bokoro, with almost half of child deaths in the country associated with the condition. MSF is running 15 mobile outpatient clinics for malnourished children in villages across the Bokoro region. *msf.ie/chad*

Photograph © Tiziana Casili/MSF

SYRIA

Aleppo: Medical care under siege

Access to health care in east Aleppo is next to non-existent for a population who desperately need it. They have been trapped under siege for over five months. They have faced continued bombing from the sky and clashes on the ground since the airstrikes resumed on the 15th November and left hospitals and other civilian infrastructures utterly destroyed and out of service.

"The situation is unbearable," says Carlos Francisco, MSF's head of mission in Syria. "The few remaining doctors with the capability to save lives are also confronting death. Only a few days ago, the manager of one of the health centres we support and his whole family, including his children, were killed by a barrel bomb."

"The Syrian and Russian governments have taken this battle to a new level," says Pablo Marco, MSF's operations manager in the Middle East. "The whole of east Aleppo is being targeted. Hundreds of civilians are being massacred; their lives have turned into hell.

Russia and Syria must stop the indiscriminate bombing now and abide by the rules of war."

Mustafa Karaman volunteers as a physiotherapist in one of the MSF-supported hospitals in east Aleppo.

"Life has become almost impossible in the city. The suffering is unimaginable, and people living in east Aleppo are trapped here at the mercy of constant bombing. We barely have any electricity or water.

All health facilities in the city have been affected. We do what we can and we use what we have to provide care to people trapped in the city. We can't afford to stop, not even for a day.

At my hospital we receive up to 100 sick and wounded every day, and some days we carry out up to 30 surgeries. The concept of working hours does not exist here; you need to be available around the clock.

The few remaining hospitals are under immense pressure, with very few staff. We are inundated with patients and the wounded. It's impossible to refer patients elsewhere, because other facilities are overwhelmed and this part of the city is totally cut off from the rest of Aleppo.

'We cannot leave our people behind'

As medical staff, we cannot leave our people behind. They have suffered, they are being wounded and killed, and we do not have the right to leave them. We know them – they are our relatives and our neighbours – and we have to take care of them.

We hope that our supporters can put pressure on the international community to put an end to the suffering. They are our lifeline, and having a safe passage into east Aleppo will help us continue to do our job and treat people."

MSF supports medical facilities in Aleppo city. It runs seven medical facilities across northern Syria and supports more than 150 health centres and hospitals across the country, many of them in besieged areas.

msf.ie/syria

"I'm struggling here – we're losing her..."

It's 2 pm, the desert sun is blazing and a woman with mysterious injuries suddenly starts bleeding out as you're treating her. For anaesthetist Dr Zhihao Oon, working amid the conflict in Abs, northwest Yemen, the fight to save her life became a gruelling test of skill and ability.

Twelve-year-old Ali is treated for shrapnel injuries in Al Salam clinic after a bomb destroyed his house. MSF teams work in 11 hospitals and health centres throughout Yemen, and provide support to a further 18. Below: Ali with his sister and family.
Photograph © Mohammed Sonatbani/MSF

"I'm struggling here – we're losing her," I said to the surgeon as I squeezed the adrenaline through the IV drip. "Maged, you need to slow down on the chest compressions and go harder." The charge nurse grunted in agreement, his forehead glistening with sweat from the effort of doing CPR. Three minutes earlier, her heart had stopped, but there was no defibrillator. I looked desperately at the monitor for reassurance. There was none. We didn't have the equipment for it to monitor heart tracing. All it told me was that it was picking up trace amounts of carbon dioxide from the patient. My mind flashed back to my usual role as an anaesthetist where all this basic equipment was taken for granted.

Half an hour earlier, the surgeon and I were in the minor injuries section of the emergency room. It was 2 pm and the desert sun was making its presence felt. Outside it was 43 degrees; inside wasn't much better. A 45-year-old woman was brought in with a gash to her right shoulder, just above the shoulder blade.

Dr Zhihao Oon and the team operate on a patient in Abs hospital.
Photograph © Zhihao Oon

'It looks like a stab wound'

"How did this happen?" I asked her son, who had accompanied her. "A car accident," came the reply. The surgeon and I looked quizzically at each other. "It looks like a stab wound," I muttered to the surgeon. He nodded.

"We need to take her to theatre now," declared the surgeon. "The wound's quite deep and it is still bleeding." Soon we were pushing her in a wheelchair along the sandy path to the operating theatre. "Is she going to be ok?" her son asked anxiously. *"Inshah'Allah,"* I replied confidently. "The wound is quite small and the surgeon will probably give it a good clean and close it up. We've had worse cases." Just a few weeks earlier, we had operated on a patient with grave injuries sustained whilst attempting to defuse a landmine. A laceration like this seemed minor in comparison.

Just as we arrived at the operating theatre's holding area, the woman's head suddenly lolled backwards and her eyes glazed over. She was taking rapid, shallow breaths and her skin had taken on a waxy grey tone. Her pulse was racing, a faint flutter underneath my fingertips. This was class four hypovolaemic shock – she was bleeding out.

'I've got my finger on the artery – it's stopped pulsing'

We rushed her into theatre and lifted her onto the operating table. I rapidly administered the anaesthetic – a mixture of ketamine and diazepam with a small amount of adrenaline – and secured the airway with a breathing tube. The surgeon wasted no time in beginning to explore the wound, as I grabbed a bag of saline and squeezed it as hard as I physically could to get it through the IV – she needed fluids and fast. Back home we had a machine that did this for us. But this was not home – this was Yemen.

The monitor buzzed; it was not picking up a pulse. The surgeon exclaimed almost simultaneously, "I've got my finger on the artery – it's stopped pulsing." Her heart had stopped beating and she was in cardiac arrest.

"Quick, quick, start CPR," I said to the charge nurse. Maged dropped the retractors and started chest compressions. "One... two... three... four..." he counted as he pushed down.

"Fawaz, I want you to squeeze the bag," I instructed the translator as I went to prepare the adrenaline solution. "You are now breathing for her – each time you take a breath, you squeeze the bag." Fawaz would always help out where possible.

This brings us back to the present moment. I was in theatre with a dead patient. CPR was ongoing. The surgeon was desperately trying to stem the bleeding from the severed subclavian vein.

No phones, no hospital switchboard, no crash team

I sent Fawaz off to collect some much-needed blood from the laboratory. Two minutes later, he returned with a cool box containing two bags of dark red blood. He panted, "Boss, the blood is here. The lab says that they can get more blood ready soon – they just have to bleed the relatives." I thanked him and smiled bitterly.

At home, if I wanted blood, a porter would just get some from the blood bank. And in an emergency, we would call the hospital switchboard and the crash team of doctors and senior nurses would be 'fast-bleeped' and be on site within minutes.

But here in Abs hospital, there were no phones, no hospital switchboard and no crash team. No one else knew that we were struggling with a dying patient in the operating theatre. We were well and truly alone.

More than 10 minutes had elapsed and there were no signs of life from the patient. We had done all that we could with the resources we had. We grimly went outside to tell her son to prepare for the worst. And just then, a medical miracle happened. Her pulse returned and she started breathing for herself.

'This was true teamwork'

Astounded, we rushed back to the operating table. She had a good blood pressure and heart rate. Normal levels of carbon dioxide were being detected. She was alive. When the surgeon stopped the bleeding by tying the vein off, it allowed the adrenaline that I gave her and the blood that Fawaz collected to take effect, with assistance from Maged, who helped circulate it around her body with his chest compressions. This was true teamwork.

Two hours later, we wheeled her into the recovery room. We were not out of the woods yet. As she was still anaesthetised, it was impossible to know if she had suffered irreversible brain damage as a result of her cardiac arrest. We waited anxiously by her bedside for her to wake up. Soon her eyes flickered open. "How are you?" I asked eagerly. "*Alhamdulillah* (praise be to God)," she replied, her voice a whisper. "*Alhamdulillah*," I echoed, as I closed my eyes in silent gratitude.

We found out the next day that she had not been involved in a car accident. Her husband frequently physically assaulted her and, on this occasion, had stabbed her in the shoulder with a kitchen knife.

Over the next three days, she made a full recovery and was discharged to a women's shelter on the fourth day. If it wasn't for MSF's involvement in Yemen, this woman, and countless others like her, would have died.

On 15 August, one month after Zhi left Yemen, Abs hospital was hit by an airstrike that killed 14 people, including MSF staff member Abdul Kareem Al Hakeemi. This was the fourth attack against an MSF facility in less than 12 months.

Fighting a yellow fever outbreak

When an outbreak of deadly yellow fever struck Democratic Republic of Congo in August, MSF and Congolese authorities launched a mass vaccination campaign to prevent the disease from spreading.

Over ten days, MSF mobilised 100 teams to vaccinate 7.5 million people in the capital, Kinshasa. A vaccination campaign on this scale presents numerous logistical challenges, from navigating the crowded alleyways of the city in a fleet of 65 vehicles, to ensuring the vaccines are kept at between 2°C and 8°C despite the hot and humid weather.

"This campaign is an essential step in containing the spread of the outbreak," says MSF emergency coordinator Axelle Ronsse. "Vigilance will remain crucial in the coming months."

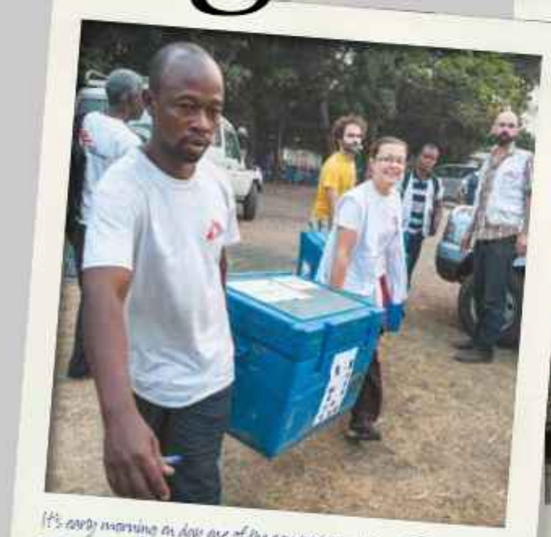
Photos by Dieter Telemans

What is yellow fever?

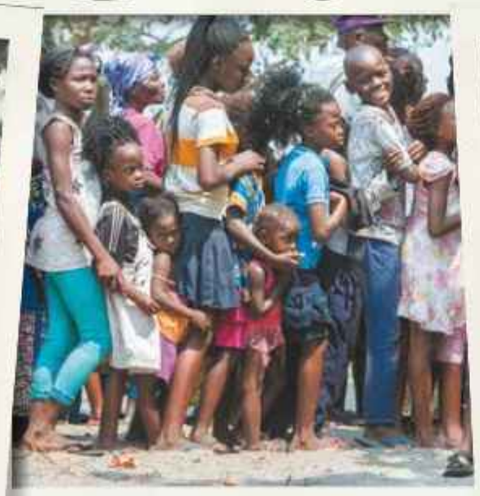
Yellow fever is a viral haemorrhagic disease transmitted by female Aedes aegypti mosquitoes – the same mosquito responsible for spreading the Zika and dengue viruses. The 'yellow' in the name refers to the jaundice that affects some patients.

Symptoms include fever, headaches and muscle pain, with some patients experiencing internal bleeding. Up to 50 percent of severely-affected patients will die within 14 days, according to the World Health Organization. There is no treatment for yellow fever, and vaccination is the most effective method of prevention.

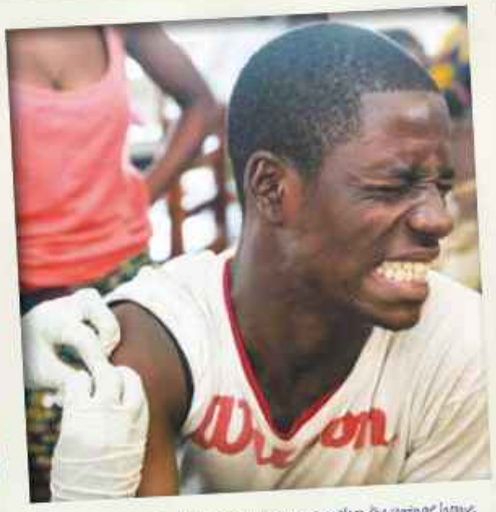
A girl waits calmly for her shot in the arm, administered by a local nurse, in the courtyard of a primary school in Kinshasa on the first day of the vaccination campaign.



It's early morning on day one of the campaign, and an MSF team at base camp unloads the vaccines, which are stored in cool boxes.



First to be vaccinated are the children lining up outside a school in Kinshasa's Zone de Santé Kisiani, where the campaign kicks off.



A young man screws up his face as the nurse pushes the syringe home.

Bonaventure Tshimanga, a motorcycle taxi driver who knows his way around the backstreets of the city, is employed by MSF to take vaccination cards to the sites that are impossible to reach by car.

Esah Mavigisaka, an MSF water and sanitation expert from Guinea, makes sure that all the used needles and other waste are correctly disposed of.

The letter that changed me

Dr Javid Abdelmoneim travelled to Haiti in 2010 to assist in the aftermath of the devastating earthquake. In the midst of the mayhem, a patient handed him a letter that would change his life. Four years on and still coming to terms with the death and destruction he'd witnessed, Javid sat down to write a reply…

"Dear Dr Javid, I salute you in the name of He who, through his death, gave us life, Jesus Christ."

Thus starts one of the most important thank you letters of my life. The setting: Haiti, 2010, post-earthquake, intra-hurricane, pre-cholera. I cried when I read it then. I cry when I read it now. Different tears though.

The patient who wrote it doesn't know how much it means to me. I haven't seen or heard of him since the day he gave it to me. Perhaps he has since died of another near-fatal asthma attack. I'll never know. But even today, in my darkest moments, all I have to do is recall his letter and I am comforted.

Emergency care in Cité-Soleil

I went to Haiti with MSF in June 2010 to help reinstate emergency and internal medicine services at our hospital in Cité-Soleil. 'Sun City' is the capital's gang-ridden slum and is anything but filled with rays of hope. I found violence, accidental trauma and infectious diseases; death, death and death.

In November in Cité-Soleil we were busy. Hurricane Thomas was due the next day. We intended to evacuate the entire ground floor of our 100-bed hospital to the first floor to avoid the expected flooding. The logistics of the move had taken our team one week of planning and preparation. Persuading the Haitian staff and patients to enter the building's upper floor, which had no quick escape route in case of emergency, was difficult. People were still scared, despite it being nearly 11 months since the earthquake.

I'd been there almost five months. It had been very hard, and I still had to persuade myself every day to remain, not to give up and go home prematurely.

As head of the medical department, I was to supervise our part of the evacuation. I made the rounds of the 22-bed tent, which served as an inpatient ward, with the aim of discharging as many patients as possible. The wind had really picked up and gusted ominously through the tent. I wasn't even sure how many spaces I had been allocated upstairs, tucked away at the back of the neonatal ward. It was going to be a tight squeeze. I remember thinking, "Is there room for this one? Evacuate upstairs or discharge?"

Then I was handed a letter by a patient.

'I couldn't believe I had forgotten him'

Oddly, I couldn't recall him at all. The resident doctor told me the patient had been admitted a week previously with acute asthma and cardiac arrest. She confirmed that I had seen him when I was called into the emergency room. He had not responded well to nebulisers (a device that enables you to breathe), then had had a seizure followed by cardiac arrest. Still I had no memory of him. Then suddenly it came flooding back and I couldn't believe I had forgotten him.

I remembered: he was young. I watched his eyes cloud over as he stopped breathing. He continued to struggle and looked straight into my eyes. We didn't stop. We tried every treatment available: adrenaline, aminophylline, magnesium and salbutamol. We carried out CPR for what seemed an age, through three arrests and three returns. I reflected afterwards that I'd forgotten ketamine, but we would never have intubated him anyway, since there were no ventilators and no blood gas measurements.

Children play in the streets of Cité-Soleil. *Photograph © Stephane Delpech*

A woman recovers from cholera in a hospital compound in St Marc, Haiti, in November 2010. Cholera patients need to replace lost fluids by drinking lots of oral rehydration solution or receiving fluids intravenously. *Photograph © Spencer Platt;* Bottom: Javid outside the MSF hospital in Cité-Soleil. *Photograph © Javid Abdelmoneim*

He had survived and written me a letter.

"'He who despises his neighbour, sins. Blessed is he who pities the poor.' *Proverbs 14:21.* God is the source of life but it is for man to try to conserve it. God raised your spirit and you did not abandon me. Therefore you are blessed. You are blessed by God in your hard work in saving life. I tell you 'thank you' – the biggest words in the human dictionary."

'He was watching me as I cried'

I was reading this eloquent letter in the busy tent in front of him as he prepared himself for discharge. The beds were being lifted up around us by the orderlies. The nurses were dismantling their desk. The medication was being packed away by the nursing assistants. The logisticians were taking down the electrics and securing the tent. It looked like it would start to rain at any moment and he was watching me as I cried.

Why was I crying? Because he was my exception to the rule of death in Haiti. Because I was ashamed that I had forgotten him. Because I was tired. Because I had had enough. Because he'd touched a raw spot.

Hurricane Thomas did not strike us with full force that night. It swerved north at the last minute. The cholera epidemic arrived in the capital with the overflow of rainwater the next day. My last few weeks in Cité-Soleil swept me up in a whirlwind of vomit, diarrhoea and much more death. I'd never before seen so much unchecked misery. It took me a while to recover. I took away many memories, both fond and foul. I took away one particular memory of one particular patient. I took away a letter.

'Your letter helps me'

Mr Letter-writer, I salute you. I'm sorry it's taken me so long to write back, but I was hurt by Haiti. You've helped me a lot and I haven't forgotten you.

I can honestly say that I have struggled every day with what I do and why. My need to find fulfilment in what I do overtakes me frequently. Sadly, I am often left despondent after my day's work. I don't know when I became this full of angst. Did I make the right choice in becoming a doctor? It's been 13 years since I graduated. Should I still be asking that question? Your letter helps me answer it.

Your letter addresses my needs, allays my fears and gives me emotional support. Your letter shows me that the doctor-patient relationship runs two ways. I am not sure that this is revolutionary, but it has been to me.

Your letter reminds me to be kind, gentle, patient and humble, even if I don't feel those things some days.

I feel as indebted to you as you felt to me. Do you think of me as often as I think of you?

"May the All-Powerful grant you a lengthy and successful career, which you accomplish so well. Be blessed by God for ever, Dr Javid." Thus ends your letter.

The biggest words in the human dictionary end mine. Thank you.

Away from home

This December thousands of MSF staff will be providing emergency medical care in almost 70 countries around the world. We asked a few of our Irish colleagues in the field to tell us what it's really like to work for MSF and how they'll be spending Christmas this year.

Niamh Allen is a Medical Doctor from Dublin in Sierra Leone.

Is this your first mission?

Niamh: This is my 5th mission with MSF. I have previously been in Democratic Republic of Congo, Syria, South Sudan and in Sierra Leone during the Ebola outbreak. So it is good to be back here in Sierra Leone to treat patients after that crisis, and to work with some amazing people who lived through those awful months, and even some who survived Ebola.

What kind of work are you doing?

Aidan: I work as an Anaesthetist and Intensive Care doctor and I have been based in 2 projects, Walikale and Mweso, in North Kivu, DRC. My job involves working as an Anaesthetist in the Operating Theatre and training the staff here. I am also involved in the care of critically ill patients across other departments and training in resuscitation for newborns, children and adults.

Why did you want to work for MSF?

Federika: I want to use my life to help those who are struggling the most to live a better quality of life. Seeing how the medical doctors treat patients who are suffering and how they help to restore their dignity and health is incredibly inspiring.

What's been the biggest surprise?

Niamh: The biggest surprise here has been how green it is! Of course it makes sense, Magburaka is only eight degrees north of the equator, so a completely tropical climate, with impressive thunderstorms almost daily in the wet season (April- November).

What is a typical day like?

Aidan: A typical day involves a security briefing at 7.30 followed by a training session at the hospital. I then go on ward rounds followed by time spent in the Operating Theatre. In the evening, I return to the compound and work on upcoming presentations or other

Aidan Magee is an Anaesthetist from Dublin in Democratic Republic of Congo.

Federika Krickmar is a HR and Finance Administrator from Dublin in Myanmar.

paperwork followed by dinner with all the team and a game of cards or a film before an early bed-time.

Do you miss anything about home?

John: Of course I miss my mother, father, brothers, sisters and little nephew but through various social media and online messaging services I get to keep in regular contact. I miss playing sport and being involved with teams. At home I would play Gaelic football, soccer, cycling and swimming but unfortunately we only have cricket here which I don't think I can ever grow to enjoy.

What will you do this Christmas?

Aoife: We are working very hard here and Christmas can sometimes seem like a distant concept. The countdown, all the same, appears to have begun. Talk of decorations and dinners are becoming more frequent, as are the questions to those of us going home. We are being asked about the first thing we will eat, the first thing we will do, and the first place we will visit when we can move freely again. Demand for the WiFi signal will no doubt peak over the festive season and the words "I lost you there" will be spoken often and in many different languages. I know that I am one of the lucky ones because I get to go home on a break for Christmas. Unbeknownst to the MSF team, I have hidden some gifts from Ireland around the compound for them to enjoy after I leave; blocks of Irish cheese and crackers, mince pies, decorations and boxes of biscuits. As I sit around the table with my family in Cork on Christmas Day, I will take the time to think of my team, as I imagine the gifts being discovered and enjoyed by this very special group of people over 8,000 kilometers away.

What would you be doing if you were at home for Christmas?

Niamh: I would spend it in County Westmeath, with my mother, sister, aunt and uncle, huddled around the stove singing songs and telling stories.

Is there anything you forgot to pack?

John: Socks! I didn't bring enough socks. We don't wear shoes indoors so the socks I brought with me are almost worn through. I can see my toes and heels poking out of quite a few socks!

What is the best thing you have packed?

John Canty is a Financial Administrator from Cork in India.

Aoife Ní Mhurcú is a Nurse from Cork in Afghanistan.

Federika: One of the most precious commodities amongst our team is cheese, chocolate, and pasta – one of the most important things to pack! A good torch is also crucial in a mission.

Is there a person who has really stood out for you on this mission?

Niamh: There is a nurse called Joseph who works in admissions, and he has this huge smile and amazing ability to stop kids from crying, at least long enough for one of us to listen to their chest! But what I admire about him the most is his ability to cope with a really tough job. One of the issues here is the patients come too late, so it is not entirely uncommon for a child to die in the assessment room after a long journey to the hospital, or even to arrive dead, and it is often Joseph there to meet and console the mother. And this is true of so many of our staff; this is completely normal in their line of work and their coping ability is incredible. They handle these deaths without become cold, uncaring or desensitised.

Do you have a message for MSF's supporters?

Aoife: Life can be tough sometimes, for all of us in this world, and it is these small joys at Christmas time that remind us that actually the most important things of all really are to have faith, to hope, to have courage and to love. Nollaig Shona agus athbhlian faoi mhaise chughaibh go léir!

Federika: To all the MSF supporters, thank you so, so much. I wish you could all witness first-hand the huge impacts it has on our patients and staff. I feel really lucky to work with MSF and will definitely go on another mission after a short break at home. Wishing you all a happy Christmas!

Niamh: Just a very sincere thank you for helping people like 4 year old Kadiatu with tuberculosis who we discharged this morning on her way to recovery. And the thousands of others like her, whose mothers thank me whole-heartedly as they are bundling their babies onto their backs to leave - it is me who gets their thanks face-to-face, but it is all of you who it should be extended to.

Aidan: Firstly, your support is greatly appreciated. The presence of MSF here makes an enormous difference to the welfare of the people of North Kivu. And Happy Christmas!

John: Go raibh mile maith agaibh, Shukria, Thank you, Merci beaucoup! Your support has been fantastic and really acts as a motivator when I am having a difficult day here. The supporters; who organise fund raising events, share and engage in the stories and images of our work and the many of you who donate, keep up the great work.

MSF'S IRISH VOLUNTEERS

Afghanistan Aoife Ní Mhurchú, *Nurse*, Co. Cork
Democratic Rep Congo Aidan Magee, *Anaesthetist*, Co. Dublin
Ethiopia Aoife Nicholson, *Medical Scientist*, Co. Galway
Greece Declan Barry, *Medical Co-ordinator*, Co. Longford
Haiti Dominique Howard, *Human Resources Co-Ordinator*, Co. Dublin/France
India John Canty, *Financial Administrator*, Co. Cork
Kenya Mark Sherlock, *Medical Doctor*, Co. Monaghan
Lebanon Rawan Abdelhaq, *Medical Doctor*, Co. Tipperary
Myanmar Laura Cooke, *Medical Doctor*, Co. Clare
Nigeria Laura Heavy, *Medical Doctor/ Paediatrician*, Co. Galway
Palestine Eve Bruce, *Surgeon*, Co. Kerry
Sierra Leone Niamh Allen, *Medical Doctor*, Co. Dublin

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

Médecins Sans Frontières (MSF) is the only medical humanitarian organisation in Ireland where your money goes directly to saving lives on the front line. We provide emergency medical care to people caught up in war, disasters and epidemics. We are funded primarily by donations from the public which gives us the independence to provide quality medical care wherever it's needed most, free from any political, military or religious agendas. With independent donations, we can quickly deploy skilled teams to the front lines of wars and disasters while also retaining capacity to respond to forgotten emergencies.

"An hour later, she opened her eyes"

Lucy Williams is a nurse working in Bentiu, South Sudan. The 'protection of civilians' site is home to thousands of people who have been displaced from their homes by fighting in the area.

"I first arrived in Bentiu last November as the rainy season was ending. At the beginning, malaria was our main issue. I was working in paediatrics and, on an almost daily basis, I saw children convulsing, suffering from the most severe form of malaria. Many had scarily low haemoglobin levels and we never had enough blood in the bank. It was tough.

On top of that, the numbers were so huge that we didn't even have enough beds. Doing the rounds each day, I had to step over children sleeping on mattresses on the floor while an additional ward was under construction.

'The girl went into cardiac arrest'

There's one evening in particular that I'll never forget. As a nurse, you do on-call shifts through the night. At around 9 pm, I was called to the emergency room. An 11-month-old baby had been carried in, unconscious and very pale. We quickly tested her haemoglobin levels and they were the lowest I've ever seen: they should be at least 10, but hers were just 1.8.

Immediately we rushed the mother to the lab to donate blood and see if her blood group was compatible with her daughter's. While the mother was being tested, the little girl went into cardiac arrest. We spent the next five minutes doing chest compressions and breathing for her. We also administered adrenaline. Finally, her heartbeat came back, but she still didn't start breathing.

Thankfully, mum's blood was compatible, so we administered it to the baby straight away, even though she was still not breathing. For the next few hours we had to take it in turns to operate a small 'ambubag' – essentially a hand-operated ventilator which was breathing for her. Shortly before midnight, we asked the mother to give another unit of blood. As soon as we gave it to the baby, she started to breath for herself. It was incredible.

Back from the brink

Less than an hour later, this tiny baby, who had spent the past four hours on the cusp of death, opened her eyes. I can't begin to express how shocked we were; even her mother couldn't believe it. By 2 am she was breastfeeding. She really brings meaning to the phrase 'back from the brink'.

Her story is so special to me because many of the other children I treated weren't so lucky. In those first few months, we had several babies and children who started to breathe, and we got our hopes up, only for them to die a few hours later.

In the morning, we started the little girl on intensive feeding and malaria treatment. She stayed with us on the ward for a few weeks and, by the time she left, she'd put on a lot of weight. She looked like a different child.

When things went well, children were usually out of the ward within a few days. When you think about it, that's pretty remarkable. A child is carried into our ward completely unconscious and convulsing – but, with a blood transfusion and an IV, they are often running around and playing within two days.

Returning to Bentiu

Fast forward a few months and, once again, it's rainy season. I left Bentiu in April, but now I'm back. I returned to this hospital expecting more of the same, but can't believe how different things are.

Before this rainy season had even begun, spraying was underway to kill mosquitoes, which spread malaria. MSF helped distribute thousands of mosquito nets and established 'malaria points' in partnership with other medical organisations. Not only does this mean that people can access healthcare much faster, but also that we are catching malaria cases long before they become serious.

In September 2015, we had treated 30,312 people with malaria so far that year. This year, we have treated 18,414 in the exact same period. When you compare these figures, it is truly remarkable – almost 12,000 fewer patients, despite the protection of civilians site being the busiest it's ever been.

It's clear that this proactive and relentless approach to preventing malaria in Bentiu is saving thousands of lives. When I walk through the hospital now, there are empty beds in almost every ward, and that really is a great feeling. Let's hope that this time next year we have empty wards too."

Read more of Lucy's blog at blogs.msf.org

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