THE PULSE

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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

DECEMBER 2017

BANGLADESH

URGENT CARE FOR ROHINGYA REFUGEES

CARE AMONGST CONFLICT

TREATING CHILDREN IN LANKIEN, SOUTH SUDAN

THE PULSE

DECEMBER 2017
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HEALING THE PSYCHOLOGICAL WOUNDS OF CONFLICT, IRAQ

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A child draws water at one of the tap stands installed by Médecins Sans Frontières in the Kutupalong settlement in Bangladesh.

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 2016, 203 field positions were filled by Australians and New Zealanders.

Front cover: Refugees wait for medical treatment at our facility in Bangladesh after fleeing violence in Myanmar. © Paula Bronstein/Getty Images

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BY PAUL MCPHUN

EDITORIAL

A living hell

Hundreds of thousands of Rohingya people have fled violence in Myanmar, only to find themselves stuck in a precarious situation in Bangladesh.

The Rohingya people are frequently described as the world's most persecuted. A minority Muslim group who claim Myanmar as their home, they are denied basic rights including citizenship, and are recurrently discriminated against and targeted by violence.

Since late August, following a violent military campaign in the wake of a series of much smaller attacks by Rohingya insurgents, more than 600,000 Rohingya people have fled from Myanmar into Bangladesh.

The new arrivals have joined around 200,000 Rohingya refugees who were already living in this muddy, flood-prone area, which simply does not have enough space to accommodate the huge influx. An enormous mega-settlement of more than 500,000 people has emerged, where shortages of space, food, clean water, toilets and shelter are so severe they pose a public health emergency.

Médecins Sans Frontières has worked in Bangladesh since 1985 but we have had to massively scale up our activities in response to the crisis. We are now running seven projects for Rohingya refugees in this area, and our daily consultation numbers have increased tenfold — from 200 in July to 2,000 in October. To achieve that, we have increased staff numbers from 200 to 1,000.

After an initial surge in patients presenting with violence-related injuries such as bullet wounds, most of the conditions our teams are now treating, such as respiratory tract infections and diarrhoeal diseases, are directly related to poor hygiene in the overcrowded settlements. See more of our work on page 8 of *The Pulse*.

Since August, a total of 15 Australian and New Zealand field workers — including doctors, logisticians and water and sanitation specialists — have joined the response in Bangladesh. Kate White, a nurse from Brisbane who is coordinating our medical response, says: "I can only imagine how terrible it must have been in their home village, if this is what they chose. If this is the better option, the other must have been a living hell."

The new arrivals are sharing horrific stories about why they were forced to flee. Stories of whole villages being burned and of widespread attacks against civilians. Some of the stories are almost unspeakable in their violence. A 25-year-old woman told our medical team that when the military arrived at her village in Rakhine, the men were murdered, she was stabbed and her 28-day-old baby was bludgeoned to death in front of her. Our medical staff treated her for stab wounds to her throat and waist.

Bangladesh has kept its borders open throughout this crisis and welcomed 600,000 people in two months — an extraordinary act of generosity from one of the world's most overcrowded countries. The Bangladeshi government also responded to pleas from Médecins Sans Frontières and other NGOs for the urgent issuing of permits to facilitate humanitarian aid.

The international community needs to respond to Bangladesh's willingness to manage this unprecedented crisis by massively increasing the humanitarian response. The Australian government has a key role to play as co-chair of the Bali Process, which includes a mass displacement mechanism. Médecins Sans Frontières has met with the Australian government to encourage them to mobilise this mechanism to launch an urgent, coordinated response from Asia-Pacific governments to the humanitarian emergency in Bangladesh.

More skilled people and resources are needed on the ground, building latrines and water pumps and providing food and healthcare — especially for people living at a distance from the sole access road into the mega settlement. It is critically important that the aid gets to where it is most needed, not just where it is most convenient to deliver. To give a sense of the enormous scale of this crisis — when it comes to sanitation, a total of 12,000 latrines are needed to ensure a ratio of one latrine per 50 people. We are aiming to build 1,000 by the end of December.

While Bangladesh struggles under this huge influx, the situation remains precarious to say the least on the other side of the border. Hundreds of thousands of people are still trapped in Myanmar, at risk of violence and now also cut off from humanitarian aid. In central Rakhine, around 120,000 internally displaced people remain in camps, where they have depended on aid for their survival since 2012. Médecins Sans Frontières is extremely concerned that the Rohingya who remain may soon be forced to flee as they are unable to access food and medical care, and if the campaign of violence in the north of Rakhine spreads further south.

Independent international humanitarian organisations are blocked from accessing northern and central Rakhine. Our projects in Rakhine state have been on hold since mid-August due to a lack of travel authorisation. International humanitarian organisations must be granted unfettered access to Rakhine state to ensure the impartial delivery of aid and alleviate massive humanitarian needs. The Australian Government should continue to advocate for increased independent access for humanitarian organisations and an end to the violence in Myanmar.

What options do the Rohingya refugees have? They can stay in Bangladesh — but in deplorable conditions with little hope of moving beyond the mega-camp. They can try to return to Myanmar — but to what? They risk further violence, and incarceration in new displacement camps proposed by Myanmar authorities. They could try to migrate — but to where, and by what means? In a region that, like Australia, is increasingly closing its doors to people on the move this is a near impossibility. Unfortunately, the Rohingya refugee crisis is shrouded in intractable problems with no quick solutions. In the meantime, with your ongoing and highly appreciated support, Médecins Sans Frontières is scaling up in Bangladesh, continuing our efforts to regain access in Myanmar, and supporting stateless Rohingya people on the move throughout the Asia Pacific region.

Paul McPhun
Executive Director
Médecins Sans Frontières Australia

NEWS IN BRIEF

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103,000
people treated by Médecins Sans Frontières for cholera in Yemen
MAR ---> OCT

Médecins Sans Frontières has **FIVE VACCINATION TEAMS** in Raqqa governorate, Syria, and actively **SUPPORTS 71 MEDICAL STRUCTURES COUNTRYWIDE**

Plague is treatable with antibiotics and has a **100%** recovery rate if treated promptly

1 IRAQ

"I still have the pain in my heart, but now I can go ahead and live my life."

- AN IRAQI WOMAN DESCRIBES THE IMPACT OF RECEIVING MENTAL HEALTH SUPPORT NEAR MOSUL, IRAQ.

READ ABOUT OUR MENTAL HEALTH CARE PROGRAMS IN IRAQ ON PAGE 6

2 CHOLERA

Cholera sweeps DRC, Nigeria and Yemen

The cholera treatment centre in Minova, Democratic Republic of Congo.

BACKGROUND:

Cholera is a water-borne, acute gastrointestinal infection, transmitted by contaminated water or food, or direct contact with contaminated surfaces. It can result in dehydration, seizures and shock, and in severe cases, death. But it can be prevented, including by vaccination, and if patients are treated early enough they have a good chance of recovery. Médecins Sans Frontières is currently responding to huge cholera outbreaks in various parts of the world.

Nigeria: The Borno State Ministry of Health has reported 2,627 cholera cases, with 48 deaths.

DRC: A cholera epidemic was declared on 9 September, and has spread across 20 provinces with more than 24,000 people affected and 500 deaths reported.

Yemen: By the end of October, more than 870,000 suspected cholera cases, with 2,180 associated deaths, had been reported by the World Health Organization (WHO).

ACTION:

Nigeria: We are expanding our 40-bed cholera treatment centre in Dala, Borno State, and running a second centre near Muna. Our teams are setting up rehydration points where new cases are reported, training state health and WHO workers in prevention and control methods, and distributing soap and water purifying tablets in Muna Camp.

DRC: Médecins Sans Frontières has treated 17,000 people since September after setting up around 30 treatment facilities. The teams have also donated supplies in provinces where cholera is endemic and where the disease has spread.

Yemen: We have established or supported a total of 22 cholera treatment facilities in Yemen in 9 governorates (Amran, Hajja, Al-Dhale, Hodaidah, Ibb, Taiz, Sana'a, Aden and Abyan). In addition, our teams conduct outreach activities for cholera prevention. With a recent decrease in the number of reported cholera cases, our teams are scaling back capacity.

3 UNITED STATES

Médecins Sans Frontières wins Pardes prize

Médecins Sans Frontières is honoured to receive the Pardes Humanitarian Prize in Mental Health. The Prize recognises individuals or organisations making a profound and lasting impact in advancing the understanding of mental health and improving the lives of people suffering from mental illness. Dr Herbert Pardes, a psychiatrist in whose honour the award is named, said, "All too often, while addressing patients' urgent physical needs, we forget their equally urgent need for mental health care. Médecins Sans Frontières is a powerful force providing mental health services for people in desperate circumstances who have no other source of assistance or therapeutic intervention."

Médecins Sans Frontières has worked in
MEXICO SINCE 1985

JOIN OUR TEAM

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

PAST WEBINARS ARE ALSO AVAILABLE ONLINE TO WATCH ON DEMAND.

Visit **msf.org.au/join-our-team** for more details.

4 MEXICO Rebuilding after the earthquake

A Médecins Sans Frontières staff member provides support to a resident in San Gregorio.

BACKGROUND:

In September, two earthquakes struck Mexico: the first on 7 September in Oaxaca and the second on 19 September in Mexico City, measuring 8.1 and 7.1 in magnitude respectively. Thirty nine buildings collapsed in Mexico City, while in the state of Morelos at least 2,000 houses were damaged. The Mixteca Poblana area was hit the hardest: most of the people in these states experienced water, gas and electricity cuts and, in some cases, loss of telephone services.

ACTION:

In the first 24 hours after the Mexico City earthquake, our teams began providing psychosocial support to people in areas where structures had collapsed. Following this, teams of psychologists, doctors and social workers provided support to the affected population, helping families to cope with and overcome the disaster. Mobile teams travelled to remote areas to provide both medical and psychological care to communities.

5 MADAGASCAR Plague outbreak in Tamatave

A doctor in the centre for patients affected by plague helps a little girl put on her protective mask.

BACKGROUND:

Parts of Madagascar have been hit by pneumonic plague. The port city of Tamatave has the highest concentration of cases, with 261 reported and 10 fatalities since the beginning of the outbreak. While the bubonic plague is spread through infected fleas from common mammals, pneumonic plague is transmitted from human to human.

ACTION:

Médecins Sans Frontières is supporting local staff from the Malagasy Ministry of Health in Tamatave to provide treatment to patients currently hospitalised in the plague triage and treatment centre. Our staff are also helping local authorities to quickly identify and isolate plague patients, as well as coordinating the ambulance system in Tamatave city. Water and sanitation specialists are involved in improving hygiene and disinfection protocols in the hospital and the community to mitigate the risk of the plague spreading further.

6 SYRIA Responding to the Raqqa offensive

A doctor assesses a man with respiratory problems in Ain Issa camp.

BACKGROUND:

The battle for Raqqa in northern Syria ended on 17 October when the Syrian Democratic Forces, supported by the international coalition, took control of the city. In the last days of fighting, up to 1,300 people arrived at Ain Issa camp for people displaced by the conflict. People left Raqqa city under frightening circumstances, some with blast wounds as a direct result of bombs or landmines, and with trauma injuries directly related to building collapses from the airstrikes.

ACTION:

For those who had just fled Raqqa, Médecins Sans Frontières provided 77 medical consultations, mainly to women and children, and referred 13 patients to Kobane hospital for treatment of old infected wounds. Another team conducted a vaccination response among the new populations to ensure that children who had missed vaccinations could catch up – but also to mitigate outbreaks of diseases like measles and polio. The vaccination team in Raqqa governorate in Syria vaccinates almost 100 children under five per day in each location they visit. In Ain Issa camp, our teams ran an outpatient department, nutritional activities, health promotion and physiotherapy activities.

IRAQ

37 MILLION POPULATION (APPROX)

1,600 FIELD STAFF

OUR MENTAL HEALTH TEAMS ARE **IN NINE CAMPS FOR DISPLACED PEOPLE** BETWEEN ERBIL AND MOSUL

Healing the psychological wounds of conflict

© Giulio Piscitelli

A family displaced by the Mosul crisis at a camp west of Erbil.

© Jean Christophe Nougaret

Psychologist Mahmud.

Mahmud is a psychologist who fled his native Syria in 2015. He now works for Médecins Sans Frontières providing mental health support to displaced Iraqis in a camp between Erbil and Mosul.

Years of Islamic State control of large parts of Iraq and ongoing heavy fighting have resulted in traumatic physical wounds for Iraqi people.

But the conflict has also left immense psychological and emotional impacts.

Mahmud says even after escaping the frontlines, many people still fear for their safety and worry about the future.

"The people who come here have lost everything," he says. "We see men, women and children of all ages, with symptoms like depression and anxiety. Trauma-related distress is a very difficult condition to recover from."

In the Hasan Sham – M2 camp, which serves as a temporary shelter for 28,000 of the approximately one million Iraqis displaced by the fighting around Mosul, Mahmud sees on average 25 patients per week.

"We usually follow their cases for three to five months. We see them either in individual sessions, as husband and wife, as families with children, or sometimes in groups.

> "The people who come here have lost everything."

"We have lots of severe cases. I remember a man who was under medication before the conflict but couldn't receive his drugs for quite some time. As part of the treatment, the psychiatrist provided him with the drugs, but he would not take them. So the community health workers and I had to visit him several times to gain his trust, bring him to open up to us. Now he has a small shop and he can take care of his family," Mahmud explains.

ONE MILLION

IRAQIS ARE DISPLACED BY THE CONFLICT AROUND MOSUL, IRAQ

Since the beginning of 2017, Erbil project teams have provided more than

13,000

mental health consultations

The teams provide three components of mental health care: **psychiatric care, psychological care and psychosocial support**

New challenges post-escape

After a difficult journey fleeing conflict, the relative safety of the camps presents new challenges.

There is little opportunity for work, and people often cannot leave the camp. The men may feel they cannot sustain their status of family carer, so they lose a sense of social utility and self-confidence. Many women are widowed, or their husbands are missing and they have to care for their children, while trying to make ends meet.

Many children have been traumatised by the fighting and displacement, and suffer anxiety and nightmares.

In September, around 90,000 internally displaced people were living in nine camps between Erbil and Mosul. In these camps, Médecins Sans Frontières is the only NGO providing psychiatric care and drugs to the most severely affected patients.

Our team consists of more than 20 psychiatrists, psychologists, mental health doctors and counsellors, providing psychological and psychiatric consultations as well as psychosocial support such as practical solutions for patients.

The stress of violence and displacement

Dr Gregory Keane, a psychiatrist from Sydney, is Mental Health Referent for the Middle East. He says the Mosul crisis has left thousands in need of mental healthcare.

"I remember one day, in a 45-degree tent, everyone literally dripping with sweat. Person after person clamouring for mental health support for them or their families. That day I diagnosed a young man with his first presentation of a psychotic illness, convincing his devastated mum and dad that he wasn't possessed by a genie – that medication might help – and that things could be okay for them."

"I remember one day, in a 45-degree tent, everyone literally dripping with sweat. Person after person clamouring for mental health support for them or their families."

Dr Keane has witnessed the toll of serial violence and displacements on these populations.

"A lot of people have, as a result of the various wars over the last 20 years, moved two, three or four times. That stress can lead to people's resilience being lowered, to people losing the normal support structures.

"We work with people with severe mental disorders who might have had loss of treatment or who might have had relapses because of the stress of displacement, violence, grief and loss," Dr Keane says.

Although awareness of mental health in Iraq is growing, most people do not spontaneously request these services. Access is a further barrier: mental health services are mainly centralised around psychiatric treatments in hospitals, and many lack appropriate drugs.

"We're investing more in training local general doctors in mental healthcare," says Dr Keane. "In most of the areas we are working in the Middle East, there's almost no mental health component of general medical training, so doctors don't have much confidence in managing mental health conditions."

For Mahmud, his work provides the opportunity to help fellow displaced people.

"It helps them find a meaning for their life after all these troubles. Here, they meet people who care about them, who give them time and attention, and who treat them with dignity, like human beings. With us they recover their humanity. And it's good for me too, as a refugee, to be able to help other people."

Australian Dr Gregory Keane and colleague in Iraq.

A patient story

"There was a woman with three children," says Mahmud. "She was facing severe depression. She couldn't sleep or eat, she lost interest in life. She was isolated and even suicidal. The first time I met her she told me, 'I lost my son. I don't know what is happening in my head'. When she was discharged, after three months follow-up, with anti-depressants, she said 'I still have the pain in my heart, but now I can go ahead and live my life. All the *djinns* (evil spirits) have left my head'."

Innovation

Médecins Sans Frontières is trialling the use of internet-based counselling in nearby Syria, in association with German NGO Ipso, for use in situations where the context is too volatile to provide face-to-face therapy. "This system will not only improve access to mental healthcare, but what is really important is moving on from access to outcomes," says Dr Keane. "What are the improvements we can offer in terms of health outcomes for these people? Can we get them functioning better? Can we get them back to work? Can we get people to the point where they can look after their families? That's the key."

Seeking safety: Medical care for Rohin

An injured Rohingya boy receiving treatment in the Médecins Sans Frontières medical facility. Many of those arriving have serious medical needs, such as violence-related injuries, severely infected wounds, and advanced obstetric complications.

©Antonio Faccilongo

©William Daniels/National Geographic Magazine

A child suffering from pneumonia in the medical facility in Kutupalong, our largest health facility in Cox's Bazar.

©Paula Bronstein/Getty Images

A woman with a head injury receives care in the emergency unit at Kutupalong.

gya refugees

Since 25 August, Médecins Sans Frontières has treated more than 30,000 Rohingya refugees in the Cox's Bazar area of Bangladesh, who have fled targeted violence in Rakhine state, Myanmar. Our teams run seven projects in the area providing medical assistance and improved water and sanitation to thousands of people in need.

Flooding is common after rain in the camps, where most of the refugees have moved into makeshift settlements without adequate access to shelter, food, clean water or latrines.

Médecins Sans Frontières staff interview a newly arrived Rohingya family in Kutupalong settlement, where some of the 600,000 refugees have settled since 25 August.

A woman holds her nine-month-old son, who is suffering from acute pneumonia, as he is fed from a nasogastric tube in the paediatric-neonatal unit in Kutupalong.

A boy washes in the Kutupalong settlement. Improving water and sanitation is a major part of our teams' attempts to prevent the spread of disease.

LETTER
FROM SOUTH SUDAN

"I have seen many conditions that are rare or non-existent in Australia"

Dr Roslyn Brooks is a general practitioner from Cooma, NSW, currently on assignment in Lankien – a remote part of South Sudan that has been heavily affected by the ongoing conflict in the country.

Dr Roslyn Brooks.

I love being in the wards, getting to know individual patients and becoming familiar with the most common conditions – malaria, kala azar, brucellosis, typhoid fever and tuberculosis. There are also many cases of malnutrition, diarrhoea and dehydration in children. Médecins Sans Frontières has run a large hospital in Lankien for about 23 years, so it is very well established, with experienced South Sudanese staff.

My role mainly covers the general medical and paediatric wards, plus intensive care and the inpatient therapeutic feeding ward for sick, malnourished children. The hospital also includes obstetric, surgical and outpatient care. International doctors, nurses and a midwife work alongside the permanent local staff somewhat as supervisors, but are also directly involved in ward rounds and patient care.

One morning recently I was called to see a four-year-old boy in the emergency room. He was sitting up, mouth half open, drooling and spitting saliva, and struggling to breathe. His throat and upper airway were almost completely obstructed and he had spasms of barking, seal-like cough. This is the typical picture of acute epiglottitis, a life-threatening medical emergency in which there is fever and massive swelling of the throat that can completely block the airway. The patient cannot swallow even saliva so they keep drooling and spitting.

Examining the throat can precipitate obstruction, so the first rule is to never try to open the child's mouth or examine the throat, but to keep the child very calm and sitting upright. The boy's father was wonderful – he sat up supporting his child for several days and nights, while we treated with intravenous antibiotics, corticosteroids and fluids. After about a week, this little boy recovered well and went home, still with a barking seal-like cough, but breathing and eating easily.

> "We are so lucky to have full free immunisation cover for children in Australia, something that the people of South Sudan could certainly benefit from."

We almost never see acute epiglottitis in Australia now – childhood immunisation in the first year of life protects against the bacteria (*Haemophilus influenza*) that causes it.

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

Dr Roslyn Brooks in Lankien, South Sudan.

BY ROSLYN BROOKS

Severe developmental delays

As well as the epiglottitis, I have seen many other conditions that are rare or non-existent in Australia. I am sometimes asked to give an opinion on children in the outpatient therapeutic feeding program who are not doing well. In several cases now the child has had a developmental delay. There was a three-year-old girl who could not walk or talk. And a four-year-old boy who could not talk, sit alone, or stand up, and made constant writhing movements of the face and tongue. Both children had a history of illness with fever and convulsions in infancy, very likely due to meningitis.

South Sudan is in the "meningitis belt" – it is a common childhood illness here. It can be treated with high-dose intravenous antibiotics, but many children live far from health facilities and do not receive treatment. Even those who are treated may die, or survive with permanent brain damage and developmental delay, especially if treated later. Unfortunately, severe intellectual impairment and spastic paralysis are common outcomes.

Many strains of meningitis (although not all) are also preventable by immunisation – it has become a much less common illness in developed countries. We are so lucky to have full free immunisation cover for children in Australia, something that the people of South Sudan could certainly benefit from.

A rare disease

Another very common illness here is kala azar – a disease which I had never seen before. It is caused by a parasite spread by the bite of a sandfly. The parasite invades spleen and lymph nodes and leads to lowered immunity with susceptibility to severe infections. There are treatments available and most patients do recover fully, but some patients can die quite suddenly in the early stages from overwhelming infection or internal bleeding. Without treatment almost all kala azar patients die. We have had two children die from the disease recently, despite all the treatment available. Nonetheless the program here in Lankien is an amazing triumph in overcoming a deadly neglected disease. For me it is clinically fascinating and inspiring to be involved and to learn from the experienced South Sudanese staff who run the program.

The ongoing conflict in this area, which is now approaching its fourth year, coupled with a lack of access to healthcare, has worsened the poverty facing many people here. There has been a severe food shortage for years, and over the past year especially, due to drought and crop failure. The natural build of the local people is slim and very tall, but most people are now very thin indeed. I am an oddity for the local people here, even more than many other foreigners – being so short. Children love to greet us with the common greeting of '*marlay*' – and shake hands with lots of laughter at our odd appearance and behaviour. Despite the difficult lives many people lead, they are generally smiling and laughing. Children run about energetically, play in water ponds and have lots of fun.

©Kati Rompis/ MSF.

Dr Roslyn Brooks checks on one of her patients in Lankien, South Sudan.

SUPPORTER PROFILE

NAME: Sharbani Dhar

HOME: Melbourne Australia

OCCUPATION: User experience researcher and designer

I admire Médecins Sans Frontières for bringing medical aid to the most remote countries and people all over the world, in some of the most challenging circumstances. As a child growing up in India, I met some doctors who were working with Médecins Sans Frontières. Since then I have always admired and greatly respected the work they do. Any chance to help them in any way I can is an honour for me.

I volunteer with a refugee rehabilitation program in my spare time, so the role that Médecins Sans Frontières plays in areas affected by conflict, assisting refugees and women, is especially close to my heart. The struggles and challenges these people have faced to get away from their situations of violence and turmoil are an eye opener. They need as much help as we can provide.

I also admire the work Médecins Sans Frontières is doing in Kashmir and Nagaland in India. Both the areas are extremely volatile, and the amount of care they provide to the people there, including mental health programs, is truly admirable.

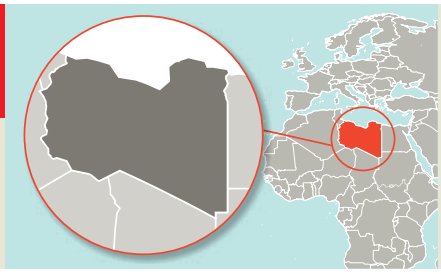
Médecins Sans Frontières teams are doing an excellent job - many times by putting their lives on the line. Let's do our bit by supporting them in whatever little way we can. Being a Field Partner is my way of reaching out and providing that support to people who are facing truly unimaginable challenges just to get through a single day and night.

For more information on becoming a Field Partner, please visit www.msf.org.au

LIBYA

6 MILLION POPULATION (APPROX)

29 FIELD STAFF (2016)



380,000
NUMBER OF MIGRANTS IN LIBYA (JUNE 2017)

Our teams have visited

16 DETENTION CENTRES IN TRIPOLI, LIBYA SINCE JUNE 2016

"The incarnation of human cru

For migrants, Libya may have once represented a beacon of hope for a better life. But the current reality is closer to a nightmare. Médecins Sans Frontières is on the ground, making healthcare available to those who are trapped in limbo.

Refugees, asylum seekers and migrants are subjected to an alarming level of violence and exploitation in Libya. The breakdown of law and order as a result of the ongoing civil war and ensuing economic collapse has led to a state of impunity, where armed groups, criminal gangs, smugglers and traffickers have taken control of the flow of migrants through the country.

They are intercepted as they attempt to flee conflict, persecution or poverty in their homelands, and suffer violence (including sexual violence), torture, forced labour and financial exploitation.

Migrants often face arbitrary detention in inhumane conditions, without the ability to challenge the legality of their detention, and are denied access to crucial healthcare.

International President of Médecins Sans Frontières, Dr Joanne Liu, recently visited our medical teams working in Libyan detention centres and witnessed first-hand the horrific reality facing those detained.

"What I saw in Libya is what I would describe as the incarnation of human cruelty at its extreme," she says.

"People for the sole crime of wanting a better life are piled up, parked in dark rooms with no ventilation, 30cm square, unable to stretch their legs, starved to illness. People were looking at me with desperation in their eyes, whispering, 'Get me out of here'."

> "People for the sole crime of wanting a better life are piled up, parked in dark rooms. . . starved to illness."

Unnecessary suffering

Detention is causing harm and unnecessary suffering, and is associated with most of the physical and mental health problems our teams see.

Jean-Guy Vataux is head of mission for Médecins Sans Frontières in Libya. "Most health issues affecting the patients are directly linked to the detention conditions and violence that marks their journey: skin diseases, scabies, diarrhoea, respiratory infections, muscular pain, wounds, and psychosomatic disorders," he says.

Conditions inside the detention centres do not meet any national, regional or international standards. People are also detained in old factories or warehouses, in overcrowded conditions with little natural light or ventilation.

©Guillaume Binet/Myop

A woman in a detention centre west of Tripoli. She is suffering from chemical burns sustained from a reaction between diesel and seawater as she was attempting to flee Libya.

1,300 people in detention are treated every month in our mobile clinics for conditions including skin disease, diarrhoeal disease, respiratory tract infections and urinary tract infections

OUR TEAMS PERFORMED MORE THAN 4,000 MEDICAL CONSULTATIONS IN TRIPOLI DETENTION CENTRES IN THE FIRST QUARTER OF 2017

elty at its extreme"

© Guillaume Binet/Myop

Médecins Sans Frontières in Libya

Médecins Sans Frontières has worked in Libya since 2011 to support the health system, which has been impacted by the renewed war and the economic recession which followed. To help public health structures which struggle with shortages of medicines and staff, we continue to provide donations as well as staff and training. Responding to the needs of communities affected by the conflict, Médecins Sans Frontières is also providing paediatric, gynaecological and obstetric care, as well as mental health services, in Benghazi.

A Médecins Sans Frontières staff member talks to men detained in Abu Salim detention centre in Tripoli.

Lifesaving healthcare

Médecins Sans Frontières has been providing primary healthcare to refugees and migrants detained in Tripoli, Libya, since July 2016. If security conditions allow and if it is considered safe to do so, medical teams visit seven different detention centres on a weekly basis.

In 2017, we opened a new project to assist migrants, refugees and asylum seekers in the Misrata area. In and around Misrata, our teams are active in three detention centres under the authority of the Directorate for Combatting Illegal Migration (DCIM). Médecins Sans Frontières distributes hygiene and relief items in detention centres and provides access to drinking water and toilets. Our teams also run an outpatient clinic in Tripoli and provide referrals to secondary and specialised care.

Despite the horrific conditions witnessed by our teams, Jean-Guy Vataux says the situation in some areas is likely even graver.

"The people held in the detention centres under the authority of the DCIM only account for a relatively small part of the total migrant and refugee population in Libya. The journey through the Libyan desert and the stays in the unofficial centres are described as an excruciating experience by those who survived. It remains a blind spot for us," he says.

Providing medical treatment in such a highly militarised environment poses challenges for our teams, who remain without access to many areas. Few international organisations are able to work in Libya at all because of widespread violence and insecurity. At times detainees are concealed from Médecins Sans Frontières, and it is difficult to keep track of patients once they are treated. The respect of medical confidentiality is highly important in such a context where certain diseases can be grounds for detention and expulsion.

It is a difficult choice to work in a situation where people are kept in conditions without human dignity, with no immediate prospect to improve their situation, and with no idea why, or for how long, they will be detained. However, Médecins Sans Frontières hopes that by being present and providing medical care, we can make an immediate improvement in the living conditions of those detained.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Médecins Sans Frontières medical staff treat a man inside a detention centre in Tripoli.

FIELD WORKER

NAME: Diana Wellby

HOME: Perth, WA

Field Role: Obstetrician

Our obstetricians perform both emergency and planned surgery, manage obstetric complications and post-operative follow-up, and train and support local surgical and midwifery staff.

Médecins Sans Frontières Field Experience

- Apr-Jun 2017 **Yemen**
- Apr-May 2016 **Nigeria**
- May-Jun 2015 **Afghanistan**
- Nov-Dec 2014 **Pakistan**
- Jan-May 2014 **Pakistan**

"It is unacceptable that any woman should be risking or giving her life to give birth"

What led you to work with Médecins Sans Frontières?

I had always known about Médecins Sans Frontières from the news media, and admired the organisation. For many years I dreamed of working with Médecins Sans Frontières, being particularly impressed by their objective of providing medical care across national boundaries and irrespective of race, religion, creed or political affiliation. However, I did not realise for many years that there were roles in my specialty (obstetrics) and then, being a sole parent, I needed to wait until my children were old enough. Finally, in 2014, my time came! My first assignment was in Peshawar, Pakistan and since then I have been to Afghanistan, Nigeria and Yemen.

What does the role of obstetrician typically involve?

The international obstetrician is responsible for the overall efficient running of the clinical side of the maternity hospital. The role supports and mentors locally trained obstetricians and medical doctors, particularly with managing complicated cases. Another important aspect is teaching, mostly bedside, but also regular weekly tutorials and case discussions, for doctors and midwives.

What do you like most about the work?

The best thing is the deep satisfaction of feeling that your presence (or that of someone in your role) has made a difference to, or even saved, many lives. In some places, there is just no other hospital for people to go to. Sometimes there are expensive private clinics, completely unregulated, and often run by unqualified staff. Many is the time I have seen patients in very poor condition, referred from such clinics, where the case has been horribly mismanaged. A particularly common situation is where the patient has been given oxytocin to induce labour, but the dose has been way over the recommended limit, resulting in hyperstimulation of the uterus, leading to death of the fetus in utero, and sometimes rupture of the uterus, which is life-threatening to the mother because of the associated bleeding.

We had such a case admitted when I was in the first few days of my first mission. The woman was already collapsed on arrival, with a rapid pulse and very low blood pressure. During emergency surgery we found that there was rupture of the uterus, with a dead baby expelled into the abdomen and a very large haemorrhage. It was her first pregnancy; fortunately it was possible to repair the uterus (often hysterectomy is required for this complication), and after many units of transfused blood and intensive post-operative care, she was discharged well a few days later.

What do you find most challenging?

In the developed world, because of excellent antenatal and readily available emergency obstetric care, we have now almost completely prevented complications including eclampsia, major abruption, ruptured uterus, septic shock, severe anaemia, obstructed labour with malpresentation, and fistula formation, but these are all daily occurrences in Médecins Sans Frontières projects. It is shameful that there is such disparity in health services in the world. It is unacceptable that any woman should be risking or giving her life to give birth.

On a day-to-day basis, the most difficult aspect is the frustration when a patient arrives too late at the hospital, either because of lack of transport, the great distance on poor roads, or because of a lack of awareness of when to seek help. Sometimes the patient is moribund because of haemorrhage, infection or eclampsia and no treatment can save her. It is distressing to see preventable loss of life, especially if it is a teenage girl, or a woman who leaves her children motherless.

It is also challenging to deal with the volume of patients and in some projects it is so busy that patients must share beds. Even though the hospital is full, how can one refuse admission to a woman in distress when there is nowhere else for her to go? All the staff are working to capacity (or more!) all the time.

Dr Diana Wellby in Yemen.

Do you have any advice to other obstetricians considering this work?

Go with an open mind. Do not expect to make big changes, but rather support the work of the national staff as best you can. After all, they were there before you and will stay after you leave. You will be teaching and supporting them, but you will learn a lot from them, too. You will have the most personally rewarding experience of your medical career, I can assure you!

After five assignments, what keeps you coming back?

It is a thrill to know you have saved a life. It makes you feel so proud to have been part of such an admired and respected organisation, and the local people are so grateful for the free and quality care. My family and friends keep saying to me how wonderful I am to do this, but I tell them that I just feel so lucky to be able to do it. It's a privilege to be able to contribute my time and skills.

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
Nurse
Auckland, NZ

Janet Coleman
Midwife
Tauranga, NZ

Megan Graham
Administration-Finance Coordinator
Booleroo Centre, SA

Anne Hoddle
Paediatrician
Duns Creek, NSW

Rodney Miller
Field Coordinator
Elsternwick, VIC

Carmel Morsi
Nurse
Nuriootpa, SA

Loren Shirley
Pharmacist
Opossum Bay, TAS

BANGLADESH
Tanya Coombes
HR Officer
Cremorne, NSW

Jai Defranciscis
Nurse
Home Hill, QLD

Melissa Hozjan
Medical Doctor
Herston, QLD

Arunn Jegatheeswaran
Field Coordinator
Greenacre, NSW

Evan O'Neill
Medical Doctor
Richmond, VIC

Rosanna Sanderson
Water & Sanitation Logistician
Fairfield, QLD

Jessie Watson
HR Officer
Marlborough, NZ

CAMBODIA
Helen Tindall
Nurse
Alice Springs, NT

CENTRAL AFRICAN REPUBLIC
Heidi Woods Lehnen
Nurse
Taroona, TAS

DEMOCRATIC REPUBLIC OF CONGO
Ann Thompson
Midwife
Wellington, NZ

ETHIOPIA
Cindy Gibb
Medical Team Leader
Christchurch, NZ

Prudence Wheelwright
Midwife
Crookwell, NSW

GREECE
Trudy Heemskerk (Rosenwald)
Mental Health Coordinator
Mount Helena, WA

INDIA
Stobdan Kalon
Medical Coordinator
Leeton, NSW

Parul Kashyap
HR Officer
Florey, ACT

IRAQ
Graham Baker
Logistician Team Leader
Woodroffe, NT

David Danby
Logistician -Electrician
East Fremantle, WA

Geri Dyer
Psychiatrist
North Cairns, QLD

Shanti Hegde
Obstetrician-Gynaecologist
Montmorency, VIC

Kimberley Hikaka
Logistician Team Leader
Auckland, NZ

Sacha Myers
Communications Officer
Brown Hill, VIC

Vino Ramasamy
HR Officer
West Perth, WA

Kiera Sargeant
Medical Doctor
Auckland, NZ

Elisha Swift
Midwife
Bracken Ridge, QLD

Grace Yoo
Pharmacist
Yagoona, NSW

ITALY
Lauren King
Communications Officer
Mortdale, NSW

JORDAN
Gregory Keane
Psychiatrist
North Balgowlah, NSW

Nastaran Rafiei
Nurse
Brookfield, QLD

KENYA
Rose Burns
Medical Doctor
Smiths Gully, VIC

LEBANON
Prue Coakley
Field Coordinator
Enmore, NSW

LIBERIA
Peter Sheridan
Logistician Team Leader
Rozelle, NSW

MALAWI
Nicolette Jackson
Assistant Head of Mission
Mullumbimby, NSW

MALAYSIA
Robert Gardner
Administration-Finance Coordinator
Masterton, NZ

MEXICO
Adelle Springer
Epidemiologist
Darwin, NT

MYANMAR
Jennifer Duncombe
Field Coordinator
Coal Point, NSW

Linda Pearson
Field Coordinator
Auckland, NZ

NIGERIA
Kerry Atkins
HR Officer
Camperdown, NSW

Keith Cavalli
Logistician Team Leader
South Coogee, NSW

Eileen Goersdorf
Nurse
Parap, NT

Josiah Park
Logistician Team Leader
Newstead, VIC

Jessica Paterson
Administration-Finance Coordinator
Ararat, VIC

Kerrie-Lee Robertson
Administration-Finance Coordinator
Cabarita Beach, NSW

Kelly Wilcox
Field Coordinator
Bullcreek, WA

PAKISTAN
Kate Edmonds
Midwife
Auburn, SA

Catherine Moody
Head of Mission
Wollongong, NSW

Lisa Yu
Paediatrician
Hamilton, NSW

PAPUA NEW GUINEA
Anna Haskovec
General Logistician
Murrumbateman, NSW

Jeff Fischer
General Logistician
Healesville, VIC

PHILIPPINES
Kaye Bentley
Administration-Finance Coordinator
Wellington, NZ

SERBIA
Simone Silberberg
Mental Health Coordinator
Killarney Vale, NSW

SIERRA LEONE
Bethany Lansom
Nurse
Cordeaux Heights, NSW

Stella Smith
Field Coordinator
Waitakere City, NZ

SOUTH AFRICA
Ellen Kamara
Field Coordinator
Beerwah, QLD

SOUTH SUDAN
Roslyn Brooks
Medical Doctor
Cooma, NSW

Susan Crabtree
Midwife
Auckland, NZ

Tien Dinh
Pharmacist
St Albans, VIC

Catherine Flanigan
Nurse
Wellington, NZ

Jezra Goeldi
Logistician Coordinator
Turner, ACT

Freya Hogarth
Nurse
Falmouth, TAS

Jairam Kamala Ramakrishnan
Psychiatrist
Napier, NZ

Alison Moebus
Nurse
Oak Park, VIC

Hannah Rice
Midwife
Mile End, SA

Tria Rooney
Medical Doctor
St Kilda, VIC

Martin Sosa
Medical Coordinator
Griffith, ACT

SYRIA
Annie Chesson
Midwife
Mt Lawley, WA

Jessica Chua
Anaesthetist
Wollongong, NSW

John Cooper
General Logistician
Avalon, NZ

Vanessa Cramond
Medical Coordinator
Auckland, NZ

Toby Gwynne
Nurse
Birchgrove, NSW

Sivapalan Namasivayam
Anaesthetist
Whanganui, NZ

Declan Overton
Logistician Coordinator
Wynn Vale, SA

Ranya Samaan
Logistician-Construction
Blacktown, NSW

Suzel Wiegert
Nurse
Engadine, NSW

Jessica Vanderwal
Nurse
Hayborough, SA

TANZANIA
Morne Ferreira
Logistician-Electrician
Bald Hills, NSW

Kristi Payten
Medical Coordinator
Bald Hills, NSW

Saschveen Singh
Medical Doctor
Perth, WA

UGANDA
Khang Hoong Foong
Pharmacist
Hamilton, NSW

Hannah Hassell
Midwife
Wavell Heights, QLD

Lisa Mazlin
Nurse
Holloways Beach, QLD

Janthimala Price
Field Coordinator
Penrith, NSW

Irina Petrova
Mental Health Coordinator
Alexandria, NSW

Stephanie Sarta
General Logistician
Middle Park, QLD

UKRAINE
Zen Patel
Administration-Finance Coordinator
Baulkham Hills, NSW

UZBEKISTAN
Elspeth Kendall-Carpenter
Nurse
Carterton, NZ

Susanne Schmitt
Medical Doctor
Alice Springs, NT

Jemma Taylor
Medical Doctor
Carnegie, VIC

VARIOUS
Robert Onus
Field Coordinator
Chittaway Bay, NSW

Kylie Gaudin
Logistician Team Leader
Drury RD3, NZ

Beth O'Connor
Psychiatrist
Christchurch, NZ

YEMEN
David McGuinness
Nurse
Deception Bay, QLD

Melissa McRae
Medical Coordinator
North Carlton, VIC

Steven Purbrick
Field Coordinator
Jeeralang Junction, VIC

Caterina Schneider-King
HR Officer
Maroubra, NSW

Rose Stephens
Nurse
Fitzroy, VIC

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

A refugee from Myanmar is transported through a settlement to reach medical care in Bangladesh.