



MEDECINS SANS FRONTIERES
無國界醫生

BORDERLINE

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INVISIBLE BUT
LONG-LASTING
SCARS IN IRAQ

BUILDING A
MODULAR HOSPITAL
UNDER THE SUN

NO. 02 | 2017



Thomas Lahousse, new Executive Director of Médecins Sans Frontières Hong Kong

The Drive to Improve

It is my pleasure to walk in Remi's steps as the new Executive Director of MSF-Hong Kong and to contribute in "Borderline". As a reader I have always liked Borderline's insight into the diversity of our work. This issue presents you with some examples of that, from treating visible and invisible wounds of war, to improving our treatment and facilities.

War inflicts not only the trauma wounds, but also the invisible wounds that kill people from the inside. When I was in Afghanistan, I witnessed how people were broken inside because they lost their loved ones, although they themselves had survived. That is why in a conflict setting, we must not leave mental health behind. Our Cover Story shows you the example of Iraq, where the war can leave a wound on people's soul. MSF provides mental health care to these people, along with life-saving medical care.

Syria is another country engulfed by war. Our anaesthetist from mainland China, Li Xuefeng, went to work in northern Syria this year. In the Frontline Sharing, he gives his account of his very first experience in handling mass casualty incidents associated with landmines. From the encounter with him in the office, I am impressed by his dedication and his determination to improve himself to be an even better doctor to the war-wounded.

That drive to improve has always been in MSF's blood. Treating hepatitis C patients in three months, without causing many side effects, was once unthinkable, until the invention of the new drug, direct-acting antivirals (DAAs). Despite their high cost, MSF has been providing the first free DAA treatment to patients in Cambodia

since 2016, in collaboration with the health ministry. In the Photo Story, we bring you moments from this tremendous effort.

MSF also strives to improve our hardware. Imagine you have a fever in South Sudan, under the hot sun with an air temperature of 40-50 degrees Celsius. And you have to be treated inside a tent or under a piece of metal roof that makes you feel even hotter. To limit some of these problems, as explained in the MSF Knowledge section, a modular hospital was set up by our logistics teams, which helps to provide a decent environment for both the patients and the medical staff.

Every day our teams are facing all kinds of challenges while providing life-saving medical aids to people in need in different corners of the world. As we continue to need your support, we also hope to offer you a closer look to our work on the front line and to allow a better understanding of some of the humanitarian crises through our upcoming film festival in January 2018, which will be introduced in the MSF-Hong Kong section.

As I'm writing this, around 600,000 Rohingya refugees in Myanmar have fled to Bangladesh since August, and are stranded in very deprived conditions. MSF is stepping up our emergency intervention there. At the same time, we are calling for immediate access to Rakhine State in Myanmar to make sure the people trapped can have access to healthcare. 🚑

Cover Photo:

A boy was hit in the back by a bullet while fleeing Mosul, Iraq. He is receiving rehabilitative care at an MSF facility.

©Hussein Amri/MSF



Invisible but Long-lasting Scars in Iraq

A girl who is seriously injured in her abdomen and leg is being treated in an MSF field trauma clinic south of Mosul, Iraq.

©Alice Martins

Because of the Islamic State (IS) group, Iraq has once again been put under the spotlight of the international media. Their reports mostly focus on the ongoing battles between the various warring parties. However, according to the United Nations, 3.4 million Iraqis have been forced to leave their homes since the conflict scaled up in 2014¹. The people on the front line are often killed or injured during the battles. Violence, displacement and dispersion have left the inevitable scars on people's minds.

Outside the MSF hospital in West Mosul, Samir's four-year-old boy sat on his lap. The boy was eating a chocolate biscuit, and temporarily relieved of the terrible memory that he had just been through – the home they sheltered in was situated on the edge of the battle between Iraqi forces and the IS, and a mortar fell in a room where Samir's wife, his sister and his little son were in. Samir managed to save his wife and his sister from the rubble. But his one month and five days old little son was already dead when he removed all the bricks and discovered him. He kept comforting his desperate mother. "Two of them (her grandchildren); one starved to death and the other was hit by a mortar. I buried them in the garden," she cried.

After being stabilised, Samir's wife and sister were loaded into an ambulance to another hospital for further treatment, together with his only surviving kid and grief-stricken mother. They were among the lucky ones who managed to escape the besieged city, access life-saving medical assistance and continue their healing journey.

1 See the website of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA): <http://www.unocha.org/iraq>



Multiple traumas over the years

However, some wounds are invisible and long-lasting. Even after escaping the front lines, many people still fear for their safety and carry little hope in future.

In Amiriyat al Fallujah camp, which hosts more than 50,000 people in al-Anbar governorate, MSF psychologist and mental health manager Melissa Robichon has spoken to some of the troubled occupants. "Iraqis have been through multiple traumatic events over the course of many years. When they tell us their stories, they often start in 2003. Ever since then, they have lived with continuous conflict and violence."

Al-Anbar is the largest governorate in Iraq. In 2014, when IS took control of it, thousands of people fled their homeland. The Iraqi troops retook towns and villages two years later but many families are still waiting in the temporary

camp for the opportunity to return. MSF has opened projects and clinics in al-Anbar, not only to heal the physical wounds of people, but also to provide a team of psychologists and psychiatrists to soothe the invisible scars in their minds.

©Alice Martins/Médecins Sans Frontières

Violence, displacement and separation are some of the many triggers that can lead to mental health problems, Robichon explains. "The situation affects everyone, but in different ways." For example, the male patients complain about a sense of uselessness, feeling stressed by not being able to provide for their families. Sometimes they express the psychological pain through aggression. Women are affected by the break in their social network. "The women who are here without their husbands become very isolated, as they cannot walk in the camp unaccompanied," she says.

Dr. Peter Ng (left) worked in a project in the south of Mosul for one month in June. He witnessed the trauma that the war has inflicted on the civilians.

Photo source: Mohammed Nawfal

In the first half of 2017, MSF's work in Iraq includes:

 **133,000**
general medical consultations

57,000
emergency room consultations 

 **4,900**
surgical procedures 

38,000
individual and group mental health consultations

Drawings used by the psychiatrist in an MSF hospital in Iraq to help children tell their stories and traumas.

©MSF



What a real war looks like (Excerpt)

I used to work in the Accident and Emergency Department in Hong Kong. Sometimes I would hear my friends describe it as a "war zone". At the time I would just laugh and agree with them. I never knew how wrong I was.

Here in Hammam Al Alil, it feels like every patient has lost some parts of his body. Many have lost family members. I have an elderly patient who lost his right arm after a blast injury. And I have a young child who was shot in the neck in March this year. Now he cannot move his legs anymore.

Just half an hour before I write down this, I attended a young girl from Mosul. She had been injured by a blast four days ago, but she was surrounded by fighting in Mosul and unable to escape until today. There was a deep wound to her medial thigh. She was thin. Her face and her clothes had not been washed for days. She was crying and trying to stop us from touching the dressing that covered the wound. Her mother held her hands as we tried our best to see the wound without hurting her. The wound was very deep. She must have had a very difficult four days.

I felt something in my eye and my throat. My eyes met with her mother's. What I felt must have been nothing compared to what her mother had been feeling in the past months.

Maybe this daughter is her only surviving child after the battle in Mosul.

And this is what a real war zone looks like.

Dr. Peter Ng is an emergency doctor from Hong Kong. He worked in Hammam Al Alil, a town south of Mosul, in June 2017 for his first mission with MSF. He completed his mission and returned to Hong Kong in early August.

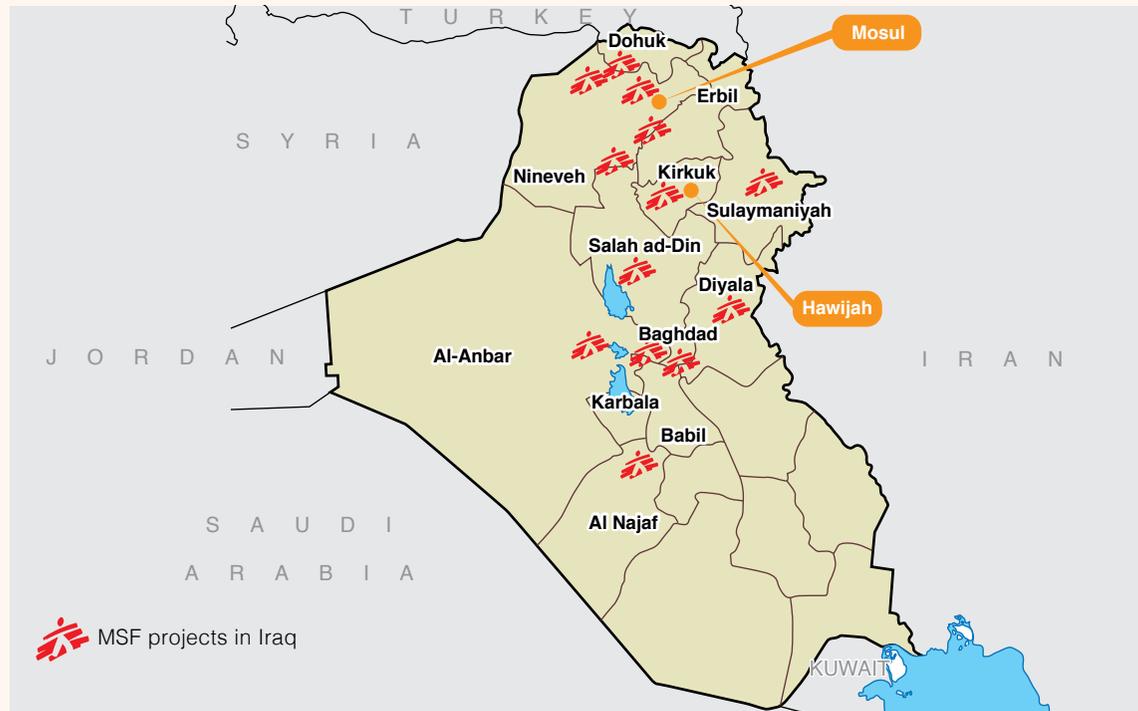
Full version is available on msf.hk/blog

Challenges ahead

Children and teenagers are also particularly vulnerable. Psychological trauma can have a huge impact on their long-term development, which can lead to problems dealing with strong emotions, learning difficulties and behaviours that put their health at risk. Hence MSF has community workers visiting schools and camps to reach out to them and raise the awareness amongst the parents of symptoms of psychological trauma in their children.

But there are still a lot of challenges. Stigma related to mental illness, as well as the shortage of psychologists and psychiatrists, keeps many people away from mental health care, leaving them to cope alone with their psychological scars. Hence MSF has been putting a lot of effort in training its local staff. Though the development of a strong psychological support system will take time and effort, it will be essential for Iraq's future.

Map of Iraq



MSF mobile unit surgical trailer "MUST" was deployed to southern Mosul earlier this year.

©Francois Dumont/MSF



Mobile Unit Surgical Trailer – “War will not wait”

In conflict zones like Mosul in Iraq, the need for life-saving surgery can be huge, but the front lines can also shift quickly. MSF teams need to be able to move fast to treat the wounded people in time, but also need to keep our staff and patients safe, which can mean evacuating if the fighting gets too close. So finding permanent surgical structures is not always feasible, while maintaining sterile conditions in temporary structures like tents can be challenging. There comes the idea of MUST – the Mobile Unit Surgical Trailer.

MUST is a “plug and play” solution. Made up of five trailers, it includes an operating theatre, an intensive care unit, a sterilisation room, a pharmacy and a stockroom for logistic materials. Equipped with generators and water treatment systems, this mobile surgical facility can operate independently for at least 24 hours.

It was firstly deployed to only 4 km from the front line, south of Mosul, earlier this year. MSF logistician Piotr Hleb-Koszański, who was involved in the whole process from building MUST to setting it up in the field, recalls that MUST needed to be ready for deploy in 16 days because “war will not wait”. He and his team finally accomplished it before the deadline, witnessing the facility receiving many casualties almost every day in Iraq.

“I don’t remember the precise number of patients and operations that we did during my stay in there. But I remember a lot of the faces of the people that we saved,” he says.



An MSF mental health officer is conducting a consultation with displaced people in Khanaqin camp in northeast Iraq.

©Ton Koene

When this was written, the military offensive around Hawijah was still ongoing. MSF teams have treated war-wounded and are working in the internally displaced people camps to the south of Hawijah, providing primary healthcare. At the same time, MSF continues to work in and around Mosul in Nineveh governorate, which has undergone a nine-month battle, and in another nine governorates, offering emergency and surgical care, therapeutic feeding for malnourished children, maternal care, mental health services, and treatment of non-communicable diseases. 🚑



Cambodia is one of Asia's least developed countries, and people have to pay for healthcare. It is estimated that 300,000 to 750,000 people are infected with hepatitis C in Cambodia. The high price of hepatitis C medicine is a barrier for treatment.

©Todd Brown

Situated in a small basement area under Preah Kossamak Hospital in Phnom Penh, capital of Cambodia, MSF hepatitis C clinic has been seeing a long queue of patients, with around 100 people each day.

Hepatitis C is a liver disease caused by the hepatitis C virus, which is a bloodborne virus. According to World Health Organization, 71 million people are chronically infected with hepatitis C worldwide, killing 399,000 people every year. It is estimated that 2% to 5% population in Cambodia infected with hepatitis C. Though the direct-acting antivirals (DAAs), which are more effective and carry fewer side effects, have been on the market three years ago, the price is as high as sixth times the average income of population in Cambodia. Many patients thus cannot afford the appropriate treatment.

MSF has worked with the health ministry to introduce rapid test to diagnose hepatitis C and treatment using DAAs since October 2016. The clinic is the only free screening and treatment facility available in the country. MSF field worker Dr. Theresa Chan working there recalled a patient said to her, "I know these medicines are so expensive. I dropped one on the floor the other day and it was like I dropped my heart.' I think people value it deeply to have the opportunity to be treated."

Due to the high price and overwhelming needs, MSF has to prioritise those with the greatest risk of developing severe and fatal forms of the disease. Many more people need these drugs, and the exorbitant price charged for them must be addressed. 🚩

Provides First Free Hepatitis C Care in Cambodia



Limited human resources and lack of a rapid diagnosis capacity in the country has caused a backlog of patients. Currently the MSF project has over 3,200 patients waiting for diagnosis.

©MSF



MSF pharmacy technician distributes DAAs, the new hepatitis C drugs which are far more effective and carry fewer side effects for patients. The new treatment lasts around 12 weeks, compared with the previous treatment of 24 to 48 weeks with painful weekly injections.

©Todd Brown



MSF medical staff use Fibroscan to examine whether patients have cirrhosis – a condition in which the liver is gradually replaced by scar after many years of hepatitis C.

©Todd Brown



Din Savorn, 50, helps his daughter with homework at home after having follow-up treatment in the MSF clinic. He has news that the hepatitis C treatment was a success. So many people however are waiting for treatment. For access to treatment to be scaled up worldwide, the price of oral DAA drugs needs to come down urgently.

©Todd Brown



Building a Modular Hospital under the Sun in South Sudan

MSF projects are often in remote locations with extreme weather conditions. Where there are no pre-existing buildings, our teams use tents and other temporary structures to create the life-saving medical facilities, which are far from ideal. Over the past few years MSF has tried to find a more suitable prefabricated structure that would be better adapted to the needs of different projects around the world. This has driven the MSF construction team to develop an innovative MODUL(H)O concept and deploy it first in Doro, South Sudan.

MSF have been in Doro for many years. Despite our efforts, the condition of our facilities was not great - the same tents we installed at the beginning

of the project were still there, even though they are only meant to last for short emergencies. And inside the tents it is extremely hot with poor lighting. A few container-type structures have been installed – but like the tents, they get extremely hot. The team also managed to put up several cooler brick buildings but materials are often not available or of poor quality.

The new idea is to set up some "basic modules", each of which is a 90 m² (around 970 ft²) aluminum building that can be connected to one another to form larger structures. It does not require concrete foundations. It has legs that can be adjusted for height and angle to adapt to uneven surfaces. It is light, insulated,

MSF logisticians are setting up the modular hospital. The aluminum building does not require concrete foundations. It has legs that can be adjusted for height and angle.

©Carlos Cortez/MSF

and with a natural ventilation system to adjust the temperature inside. And it can be disassembled and reused, with a life span of 30 years. One module can be deployed in one week by eight unskilled labourers and one technician.

In mid-July 2016, the MSF logistics department got the order to build a full blown maternity unit in Doro before the next rainy season started in May 2017. They needed nine basic modules to assemble four buildings: an obstetric department, an inpatient maternity department, a neonatal care unit, and an emergency consultation ward.

The materials arrived at the site in March 2017. The team faced lots of challenges and had to be extremely careful because of the difficult security situation and with limited human resources. "Every single bolt, nut and washer counts," says Carlos Cortez, MSF construction specialist who was in charge of this project.

After three months of work, the buildings were ready. Not bad progress for a 1,350 m² (around 14,500 ft²) health facility! The working areas are big enough now, the comfort inside the structures has dramatically improved, they are cooler and the cleaning and infection control measures are now easier to ensure.

Our logistics teams may not be able to treat patients with their hands, but they brought us a better hospital, which means better quality care. 🏠



Carlos Cortez (front row, first from right) and some of the dream team in Doro

©MSF



The finished modular hospital

©Carlos Cortez/MSF



The first baby born in the new hospital

©Viviane Mastrangelo



Saving Lives in Syria: Landmines and the Remnants of War

The Tal Abyad project where I worked was located an hour's drive from Raqqa city in northern Syria. When I arrived, our project coordinator gave us a security briefing, explaining how to identify landmines and improvised explosive devices (IEDs). In the next two months of my mission, I witnessed the catastrophic consequences of IEDs on the population in this region.

One morning in August, I partnered with our anaesthesia assistant. We began our work on a patient with bone fractures in his lower limbs, working with an external fixator under spinal anaesthesia, followed by a few rounds of cleaning and disinfection of wounds under general anaesthesia. We intended to carry on with another patient with an ankle fracture and external fixation. While I placed the patient in a proper position, and waited for our anaesthesia assistant to give the spinal anaesthesia, someone from the emergency department ran in, saying that many people injured by blasts from IEDs were arriving at the hospital gate. All non-emergency operations had to be suspended. Given this situation, I could only send the patient back to the ward.

Everyone rushed to the emergency room to help. On the way from the operating theatre, I saw the corridor filled with people. I immediately felt how urgent the situation was. As I came into the emergency room, our emergency doctor had already placed the chest tube in one of the injured patients, but now his heart had stopped beating. Assessing the situation, I immediately began to perform cardiopulmonary resuscitation (CPR) on them.

MSF physiotherapist looks after a man whose legs were amputated in a camp in northern Syria. The man was injured by an explosive device while fleeing Raqqa.

©Agnes Varraine-Leca

Two of the injured had suffered severe blood loss, and the emergency nurse could not manage to insert a needle into a vein to administer fluids. I suddenly realised that my further training after years of work was worthwhile – I had done some at the Second Affiliated Hospital of Zhejiang University School of Medicine and acquired the technique of inserting a needle into the neck vein. I performed this in both patients. Unfortunately, I managed to save only one of the patients, the other died as his injury proved too severe.

Another male patient had sustained a devastating blast injury to his lower limbs. After evaluation, our orthopaedic surgeon said

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Li Xuefeng is an anaesthetist from Xinjiang, China. After his first field assignment with MSF in Pakistan in July 2015, he worked in another MSF mission in Syria from July to September 2017.

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he had no choice but to amputate both legs. After I administered general anaesthesia for the patient, I discovered that he had a large wound on his head, and could only cover it with two gauze pieces. I was worried about his injuries, and thought that he might not be able to withstand the operation. To my surprise, amongst all the patients transferred to the recovery room after the operations, he was the first one to regain consciousness.

He later told our recovery room nurse how he had got injured. They were a group of civilians living in a village south of Raqqa that had been held by the Islamic State (IS). A few days ago, the village was captured by the Syrian Democratic Forces (SDF). The villagers who had long been stranded started to flee in the direction of our hospital. But there were landmines planted along the route they fled. As the people made their escape, someone stepped on an IED, and triggered others planted nearby to explode at the same time. Many people were killed, including the two sons of the patient.

Later, I learned from the medical coordinator that three injured patients died on their way to the hospital. Eight managed to arrive at the hospital, but amongst them, one lost his life in the emergency room. 



Traces of war can be found almost everywhere in northern Syria.

©Jamal Bali/Médecins Sans Frontières



A photo of Li Xuefeng and one of his teammates, an operating theatre nurse from Japan, taken in Raqqa, Syria. In his two-month mission, Xuefeng witnessed how civilians were affected by the brutality of war.

Photo source: Li Xuefeng



The picture shows the MSF's hospital in Kunduz after the attack on 3 October 2015. "Afghanistan: Medics Under Fire" reminds us of the tragic loss of at least 42 MSF staff, patients and caregivers and the importance of safeguarding the future of neutral and independent humanitarian action.

©MSF

The power of a documentary is in its ability to articulate humanity and to shed light on unseen human suffering. These documentaries give statistics a human face and encourage a serious reflection on war, life and human nature. The stories are based on the firsthand experiences of our field workers and patients.

The MSF Film Festival serves as an important reminder that restrictions on independent humanitarian assistance, and unnecessary death and suffering are no relics of the past, but major challenges nowadays. We are in awe of the courage of our patients who are struggling to survive diseases, displacement and disasters. They inspire us every day and we would like to inspire the public in the same way.

Each screening will be followed by a field worker sharing session to allow a direct conversation between you and our field workers. Tickets will be available in December 2017, please visit the MSF website msf-seasia.org or contact us at (852) 2959 4229 for further information. 

*Ticket sales will be used to support MSF Film Festival event and MSF's relief work.

MSF Film Festival 2018 Putting a Human Face on Grim Statistics

Grim statistics about attacks on medical facilities and health workers, dead and missing people at sea in the Mediterranean, and the death toll from the preventable and treatable disease tuberculosis (TB) may not mean much until you know the story behind them. MSF-HK is organising the MSF Film Festival 2018 in late January next year, aiming to bring human suffering and humanitarian crises from half a world away to our consciousness by showcasing six documentaries.

They include "Afghanistan: Medics Under Fire", which reports on the medical needs of civilians and investigates the dangers facing medics on the front line in Afghanistan; "Frontline Doctors:

Winter Migrant Crisis", which focuses on migrants in Europe fleeing war and terror in their homelands and the many risks they faced, such as the rampant disease in overcrowded and unhygienic camps; "TB: Return of the Plague", which follows two victims battling over twelve months with the world's deadliest infectious disease, TB, and suffering from severe and debilitating side effects. "Affliction", "Access to the Danger Zone" and "Living in Emergency" which were shown in the MSF Film Festival 2016 will be screened again to share the stories respectively on the fight against the Ebola epidemic, the challenges faced when delivering humanitarian aid and the internal conflict of frontline workers.



"Frontline Doctors: Winter Migrant Crisis" reveals the heart-breaking human tragedy behind the Mediterranean crisis headlines.

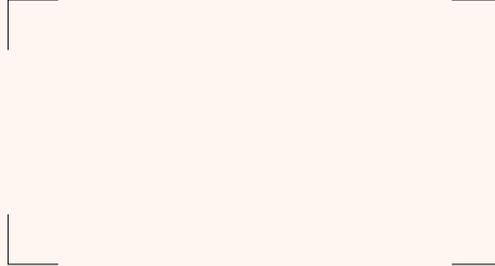


"TB: Return of the Plague" records the battles against TB and the treatment's debilitating side effects on patients in Swaziland.

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