MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

3rd Floor, 67-74 Saffron Hill
London EC1N 8QX
United Kingdom
Tel: +44 (0) 20 7404 6600
office-ldn@london.msf.org
www.msf.org.uk
@msf_uk
/msf.english

Universal Freight Organisation
Rachel Humphrey
116 London Road
Cowplain
WATERLOOVILLE
Hampshire
PO8 8HB

Supporter Number: 632750

29/04/2015

Dear Supporters,

Thank you for your donation of £1,585 to Médecins Sans Frontières in support of our work in West Africa treating those affected by Ebola.

Staff testing one of the Clinical Management Tablets at the Magburaka treatment centre, Sierra Leone © Ivan Gayton

I'm a logistician by trade; the guy who tries to keep the trucks running, the generator working, the vaccine fridge cold and the medical warehouse stocked. I don't provide any care for anyone I just support the medical staff who do. I've been working full-time with MSF since 2003, most of that time in war and disaster zones, but now I work in the London headquarters as a technology advisor, looking for ways to help our field teams be more effective.

During the present Ebola crisis, my team has been working to create a system for doctors and nurses to transmit patient information from inside the high-risk zone in our Ebola centres. Paper cannot come out of the high-risk zone - in fact nothing can come out unless it can spend 10 minutes immersed in strong chlorine solution. This makes the ward round rather complicated; medics are forced to shout their observations over the fence while wearing a full-body plastic suit and two masks. The more time the medics can save inside the high-risk zone, the better they can care for their patients.

Thankfully, the Ebola outbreak is now under control. The fearsome infection rates, which in November looked as though they might overwhelm all of the medical capacity that could conceivably be brought to bear, have dropped across West Africa, though the mortality rates remain awful; Ebola is a very hard disease to survive.

It's very difficult to predict who will survive. In Sierra Leone, I met a 25-year-old man who looked reasonably well for an Ebola patient. Though clearly weak and in some pain, he was walking, speaking, and eating. Two hours after he greeted me with a smile, a wave and an exchange of names across the fence, he was dead. This muscular, young, strong-looking man quietly slipped away in

his bed, to the dismay of the medics who could only speculate what had happened in his virus-wracked body.

I also met a five-year-old boy who was comatose when I arrived, and who was not expected to survive. One week later, the local staff had dubbed him "the warrior." This little boy who looked terminally ill had stood up, squared his shoulders and shaken off Ebola, to the delight of the medics and the other patients who cared for him and cheered him on as he recovered.

I was able to provide some tools to improve the clinical data collection and workflow, hopefully saving the medics some precious time, and perhaps contributing to our understanding of the disease by collecting the observations that may, one day, allow us to save more of our patients. I am proud of what my team and I accomplished to support the medics, but it still feels rather inadequate. Everything we did during this outbreak, as impressive as it was, felt inadequate. Ebola, a disease that killed half of the patients we treated, confronted us with our own limitations and the limitations of medicine in general. There are hints that we may be able to decrease the mortality of this awful disease with the right kind of care, and perhaps with upcoming new drugs and vaccines, but the way forward is far from clear.

One thing I do know is that it would have been much worse had we not been there. Had people not been able to come to Ebola centres to receive treatment and avoid passing the disease on to others, the death toll would likely have been unimaginable. The fact that MSF was there, quickly and on a large scale, from the beginning of the outbreak, helped to prevent this terrible scenario.

It is you, our donors, who allowed this to happen. Because most of MSF's funding comes from private individuals like you, we don't have to write grant proposals before we respond to an Ebola outbreak; we pack charter planes full of medication and staff and get to work. When the rest of the aid world doubts the seriousness of Ebola and debates whether to get involved, we don't wait for them; we don't have to wait because we don't depend on them for our funding. When we are confronted with a disease that does not forgive any mistakes, and frustrates our medical efforts the way Ebola has, we persist; we acknowledge the inadequacy of our response and we push to be better. The trust that you extend to us, when you make a donation with no strings attached in the expectation that we will make effective use of it, allows us to respond quickly, and to focus on getting it right rather than on making it look good. That trust is humbling and I sincerely hope that we will continue to be worthy of it.

Onward,
Ivan Buendia Gayton