

Mosul – “Yesterday it was calm we received only 20 war-wounded patients”

On the 19 of February, MSF opened a field trauma hospital with surgical capacity in a village to the south of Mosul. It is composed of two operating theatres, one intensive care unit, an emergency room, an in-patient ward and other necessary support facilities. The MSF team working within the hospital, composed primarily of Iraqi surgeons, doctors and nurses, only has the capacity to operate on the most severe life threatening cases, known as “red cases”; those that can wait are referred to hospitals further afield.

Since its inauguration, the facility has received more than 915 patients. Of these, 763 suffered war related trauma, 190 of whom were classified as ‘red’ cases in need of urgent lifesaving surgery and 421 of whom were classified as ‘yellow’ cases and stabilised before being referred to other hospitals in the region. More than half of the wounded were women (241 patients) and children under the age of 15 (240 patients).

Below are testimonies from two MSF surgeons working in the field trauma centre collected on the 18th of March:

Testimony from Dr Reginald, a 66 year old Belgian surgeon, after his last shift at MSF’s field trauma hospital a few kilometres south of Mosul. He describes his 6 weeks near Mosul as the toughest situation he has experienced during his long MSF career.

“I’ve been through many other wars; Syria, Liberia, Angola, Cambodia, but I’ve never seen something like this. In the operating theatre every case we receive is severe and almost every day we have to deal with mass casualties.

Our patients can be of any age, any gender and suffering from any sort of war wound: sniper attack, mortar shelling, airstrike, landmine, and other explosions. They are all putting their life at risk to flee a city under siege.

The weather was bad, grey and cloudy with some rain so we \z received 20 war wounded patients. But when weather conditions are good we receive huge influxes of wounded men, women and children. When it’s cloudy or rainy we receive less people. Now, we look at weather forecast to best prepare ourselves and to anticipate mass casualties.

On one sunny afternoon, the ambulances started to arrive, one after the other. Usually the stabilisation posts close to the fighting alert us when they are referring stabilised patients to our centre. But that day, due to the chaos, it didn’t happen.

It was really tough. We had to transfer some of them because we didn’t have the space to treat everybody but alongside the Iraqi doctors and nurses we worked around the clock. It was sunny but we never saw the sun as we operated on one person after another until 5am in the morning. At the end we had received around 100 patients, we were exhausted. That day confirmed that our surgical unit was a frontline surgical facility and we have since opened a second operating theatre to increase our capacity.

As I finish my 6 week assignment, I’m shocked by the number of families dismembered by this war. By the number of mothers and fathers that begged us to save their son or daughter as they were the only family members left alive. I’m impressed by the strength of the Iraqi people and by the generosity and hard work of our Iraqi colleagues. We could do none of this work without them”

Testimony from Dr Ahmed*, an Iraqi orthopaedic surgeon who has worked for MSF since 2008 and has been working in MSF’s field trauma hospital a few kilometres South of Mosul since mid-February 2017:

“Yesterday morning we received a family of four: a mother, a father and their two small boys. They had all been wounded by a mortar grenade. The mother and father arrived dead so we worked around the clock on the two brothers. But the head wound of the smallest boy was too severe so he passed away and only managed to save the nine-year-old. I wonder how he could survive and how he will survive. From his whole family, he is the only one left.

Then, yesterday afternoon we received another boy, this time a ten-year-old. He arrived with his left leg almost amputated by a mortar shelling. We went straight into the operating theatre but he lost a lot of blood on the way to our hospital. For two hours we did orthopaedic surgery, then my colleague did a laparotomy for another hour but during the night he died.

We try to do everything we can, but sometimes it’s not enough. If I could, I would take a picture for each of the patients I treated to tell their stories and to remember them. Here I operate only on red cases but I would like to do more. I’d also like to follow the yellow cases, the ones we refer to other facilities. I would like to take care of them, to do all I can to help these people who have been through such terrible suffering.”

* Name changed

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