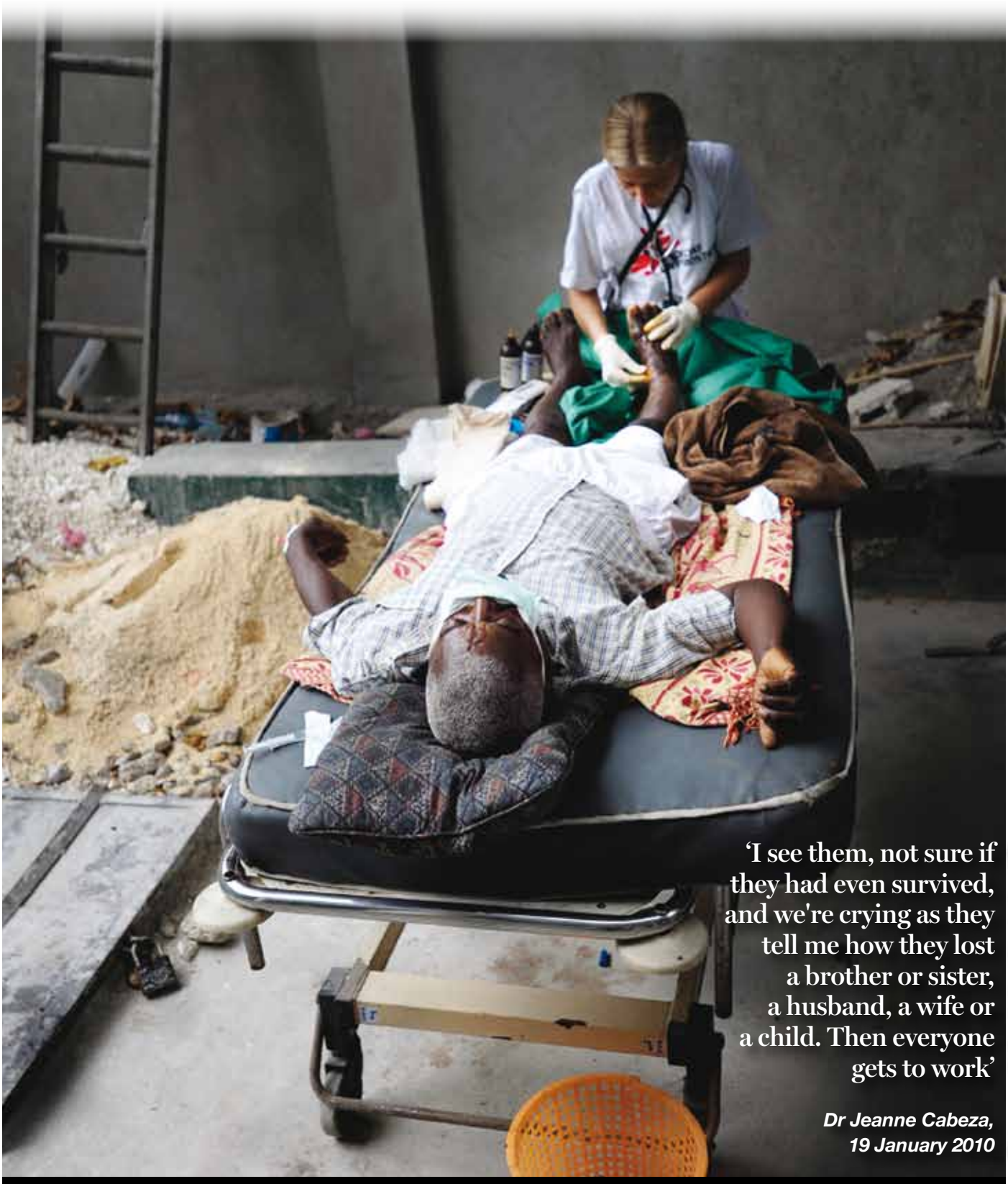
DISPATCHES

Médecins Sans Frontières is a leading independent humanitarian organisation for emergency medical aid. In more than 60 countries worldwide, MSF provides relief to the victims of war, natural disasters and epidemics irrespective of race, religion or political affiliation. MSF was awarded the 1999 Nobel Peace Prize.



'I see them, not sure if they had even survived, and we're crying as they tell me how they lost a brother or sister, a husband, a wife or a child. Then everyone gets to work'

Dr Jeanne Cabeza, 19 January 2010

MSF surgeon Eliane Mansur tends a patient with a broken foot at the Martissant hospital, Port-au-Prince Photograph: © Julie Remy, Haiti, 2010

MEDECINS SANS FRONTIERES

Spring 2010
No 56

DAY 1 JANUARY 12, 2010
A 7.0 quake strikes 15km south-west of Port-au-Prince. All of MSF's facilities are damaged, some severely. Many staff are missing. Within minutes, injured people arrive at MSF's buildings. Emergency first aid given all evening and night.

DAY 2 JAN 13
Martissant hospital evacuated, patients in tents; 300 new cases treated for trauma, fractures and burns. Pacot rehab centre deals with 300, La Trinité hospital with more than 400. MSF Pétionville admin offices become tent clinic with 200 treated.

DAY 3 JAN 14
Surgery starts under plastic sheeting. It is a struggle to get medical materials and staff into Haiti. One MSF flight with 25 tons able to land so far.

DAY 4 JAN 15
Choscal hospital, in Cité-Soleil, starts as new MSF treatment centre; 300 transferred from Martissant. Race against time with infected wounds needing care and surgery. 1,500 patients treated so far in all MSF locations.

'It was deathly silent. Then

On 12 January Haiti was struck by a 7.0 magnitude earthquake, the country's worst in two centuries. An estimated 230,000 people died and 300,000 were injured. In the capital, Port-au-Prince, homes, schools and hospitals were destroyed, leaving three million people without access to healthcare, food or water. Although all of MSF's existing medical facilities were damaged and many staff were missing, our teams were able to start treating the injured within minutes of the earthquake. In the first 72 hours, MSF staff provided medical care to more than 1,500 people. Here, some of the MSF staff who were present when the quake hit describe their experiences.

A BRIEF HISTORY

Since independence a succession of corrupt dictatorships, supported by several Western powers, has exploited Haiti. In the past 10 years, severe floods and four hurricanes brought further misery to the poorest country in the Americas. Port-au-Prince was a damaged city before the earthquake, with hundreds of thousands of people living in shanty towns.

MSF has been in Haiti since 1991 and had more than 800 national staff there before the earthquake. We provided surgical care at La Trinité hospital, where in 2008 patients were brought in following food riots and the collapse of a school. MSF teams also provided specialised post-operative treatment, physiotherapy and psychological care at the Pacot rehabilitation centre. In 2008 we set up a trauma centre in the violence-stricken shantytown of Martissant, where MSF staff treated more than 25,000 patients. After the severe flooding we also re-opened a hospital in Gonaïves, providing emergency obstetrics and paediatric care.

Jordan Wiley was the logistics manager for La Trinité hospital, the only emergency medical facility in Port-au-Prince, when the earthquake hit.

A few minutes before the earthquake, I was on top of the hospital checking some water pipes. I came down to say goodbye to some staff and patients, then went across the street to our office in the pharmacy. As soon as I arrived there the building started shaking really violently.

I don't know how long it lasted. Maybe ten or fifteen seconds. There were three other international staff in the pharmacy with me, and as soon as it was calm enough, we ran from the building—just in time to see the hospital come down.

What had been the first floor of a three-storey building was completely destroyed, it was just rubble. There had been the emergency ward, a waiting area, an intensive care unit, and a blood bank there. And in all of those areas there were patients and MSF staff.

Immediately after the shaking stopped, it was deathly silent. You couldn't hear anything. Then, about three or four seconds later, the entire city erupted in screams. It was something I'll never forget.

What went through my mind initially was—there's something called *Plan Blanc*, and that's the plan for mass casualty incidents in the hospital. But then I realised that the plan depends on having a structure to move patients into. That plan went right out the window because we didn't have a hospital any more.

We had medical equipment in the pharmacy, and it was still standing, so it immediately became the new hospital. For the next six or seven days we built a field hospital out of the pharmacy and the street in front. But before that, the immediate concerns were: "Can we get people out of the building?" "What are our resources?" Phones were down. Radios weren't working. Electricity, water—you're thinking of all these logistics things because you're going to need them right away.

The Haitian staff were absolutely amazing. They lost sons, daughters,

British surgeon Paul McMaster, his Haitian colleague, Dr Adesca, and German

La Trinité hospital in Port-au-Prince

'We left the building – just in time to see the hospital come down'

Total number of patients treated by MSF in the aftermath of the earthquake **18,218**

DAY 5 JAN 16
Choscal hospital starts surgery. 2,000 patients treated so far in all locations. Two cargo planes arrive in Port-au-Prince with 85 tons of supplies.

DAY 6 JAN 17
La Trinité hospital has two operating theatres, one in a container. Choscal hospital also has two operating theatres working round the clock. Carrefour hospital opens and treats 500 patients in the first day.

DAY 7 JAN 18
3,000 people treated
400 surgical cases
130 new staff

DAY 8 JAN 19
Another new hospital opens at Chancerelle in Port-au-Prince, focused on trauma and obstetric care. Dialysis for patients who suffered crush injuries begins.

the city erupted in screams'

nurse Anja Wolz treat a patient with broken legs outside the ruins of Carrefour hospital Photographs: © Julie Rémy, 2010

Dr Jeanne Cabeza was working at the MSF Pacot rehabilitation centre when the earthquake hit.

I thought I was going to die when the earth shook. Five minutes after the quake, people were banging on our door in need of help. There were four of us and we worked all night. The cleaner helped with bandages.

I see some people and can't believe they are alive. A mother helped me bandage her infant, whose left hand was gone. It took an hour, but once the baby was bandaged, she was calmer. I can't imagine what the mother is going through. I changed the bandages on a little girl: it took me a while to see the wound, but part of her skull was missing. She needs immediate reconstructive surgery.

I can't begin to express how uplifting it was when our first backup teams arrived. Now we can start to do something more. We have set up some temporary operating theatres. I was working earlier with a surgeon performing some emergency amputations—nothing fancy, but lifesaving.

The thing is, after surgery it's not as if the patients can go home. Many have no homes to go back to. And they will need a lot of follow-up care.

I still don't know what happened to a lot of my Haitian colleagues. But more and more show up every day to help. I see them, not sure if they had even survived, and we're crying as they tell me how they lost a brother or sister, a husband, a wife or a child. Then everyone gets to work.

wives, husbands, parents, grandparents, and still showed up to work, working 24-hour shifts. Some days people didn't eat because there was no food. We ate ready-to-use therapeutic food (for treatment of malnutrition) and slept only a few hours over four days. Treatment was very basic—it was first aid. We had tourniquets, and we were packing heavy wounds.

One of the team members said, "Would it be possible to put up an operating theatre?" I said, "Why not? Let's do it."

We had a lot of wooden pallets and different materials so we put up a makeshift operating theatre outside. As days went on we were salvaging medical equipment from the hospital.

About 40 hours after the quake, we were operating on our first patients. Then more surgeons arrived and they said, "Let's put up another operating theatre."

In the back of the pharmacy we had three large containers. So we emptied one out and converted it into a second operating theatre with salvaged equipment, salvaged wiring, salvaged light bulbs.

It worked and the surgeons were able to perform life-saving amputations and other crucial emergency operations.

'A doctor said, "Would it be possible to put up an operating theatre?" I said, "Why not? Let's do it"'

DAY 9 JAN 20
6.1 strength aftershock terrifies patients in the wards and most have to be taken outside to tents. Psychological support begins for amputees and their relatives.

DAY 10 JAN 21
Carrefour and Pacot buildings no longer safe after tremor. Mobile clinics begin in Port-au-Prince, Grand-Goâve and Dufort. Surgery starts in Léogâne town. Number of new staff 200; and 200 tons of material have arrived.

DAY 11 JAN 22
MSF has treated 5,400 patients since the earthquake. The mobile clinics find large numbers of people with untreated injuries who have not been able to find medical care.

DAY 12 JAN 23
Distribution of family kits and blankets, soap and cooking utensils starts in southern town of Jacmel. Esperanza, a Greenpeace boat, docks in Port-au-Prince and unloads supplies for MSF.

British surgeon Paul McMaster (see picture on previous page) arrived in Haiti with the emergency surgical team 48 hours after the earthquake.

We drove from the Dominican Republic through the night to come to a city shattered, with collapsed buildings and bodies in the streets. We went to Carrefour, a hospital in one of the most devastated areas that had been abandoned: the staff had left because many had lost family members or were caring for them.

We started making the hospital operational but then, in the morning, a major aftershock happened and we had to evacuate. We set up outside and started performing surgery under a tree. We treated hundreds of patients there. After a couple of days we managed to get electricity working and then water. But we were running out of supplies. For surgery we had to use gynaecological instruments. We

'I have worked in war zones, where the number of people we treat every day can be as high as this – but devastation on such a scale is something I've never seen before'

ran out of histamine drugs for anaesthetics, we ran out of plaster of Paris for fractures and we had no crepe bandages.

A week after the earthquake when most people with severe injuries have either died or been saved, it is about containing the number of infections. If there was a major disaster in Western capitals, people would be arriving in the hospitals within hours. In Haiti, most of the people we were seeing had been wounded two or three days earlier and infection had already set in.

You are dealing with many damaged limbs, and the decision you have to take surgically is whether you can you can preserve that limb or whether it's too damaged and the tissues are effectively dead, and it must be removed. It can be a very difficult decision at times and amputation is clearly the last resort. The normal surgery you undertake in civilian practice doesn't really prepare you for the shock of the severity of these types of injuries.

Djenny, 18, and her baby Mike, born at Isaie Jeanty hospital in the Chancerelle area of Port-au-Prince after the earthquake Phot

Delivering twelve babies a day ami

Eighteen-year-old Djenny was one of the first women to give birth after the earthquake in Isaie Jeanty hospital, in the Chancerelle area of Port-au-Prince. Assisted by the MSF team, she gave birth to a healthy boy, Mike.

Before the earthquake, the hospital specialised in obstetric and maternity care. In the aftermath, MSF and staff from the Ministry of Health had to offer a wider range of services, including surgery, post-operative care, physiotherapy and mental health support. Even so, Isaie Jeanty is still a referral centre for maternal care, with MSF helping deliver an average of 12 babies each day, more than 40 per cent by Caesarian section.

"We've delivered so many premature babies as a result of trauma," said Eva de Plecker, an MSF midwife in Isaie Jeanty.

"Women came to us with pre-eclampsia or eclampsia – serious conditions exacerbated by stress. Though Haiti had an extremely high rate of eclampsia before, the toll of this disaster probably aggravated the condition.

"After a few days, the mate ward here reached full capac Women with serious compli need a longer time to recove birth. At the same time, we s had to keep making space fo mothers and babies."

MSF has transformed a sm stock room in the hospital in ditional maternity room, inc

Number of MSF staff working in Haiti **1,825**

DAY 14 JAN 25

200 treated in inflatable hospital

18 MSF psychiatrists and psychologists deployed

DAY 15 JAN 26

54 dialysis procedures have been carried out. "New Carrefour hospital" opens in a school beside the original building, which is now unsafe. Supplementary feeding for children begins via mobile clinics in the Carrefour area.

DAY 17 JAN 28

Village Grace clinic opens in converted church to assist 15,000 displaced people. Water trucking and bladders to camps near three MSF facilities. Saint-Louis inflatable hospital increases its work with 25 surgical cases.

DAYS 22-25 FEB 2-4

Post-operative tent village at Delmas takes its first 30 patients. MSF now has four sites dedicated to post-operative care. MSF is improving access to water for 40,000 people. In many clinics 20% of consultations are for mental health issues.

tographs: © William Daniels, above, and Julie Remy, 2010

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Many Haitian women have no homes to take their babies to

the number of beds from 18 to 40.

But many Haitian women have no homes to take their babies to. Little Mike faces a daunting future. Djenny lost everything during the disaster. Her home collapsed, she has no news of her family, and believes that Mike's father was killed. "Under normal circumstances both Mike and Djenny would have left the hospital, as they are fine. But before they are discharged we're trying to find somewhere for them to go," said Eva.

Looking ahead: health needs after the earthquake

MSF staff continue to treat survivors, but the acute surgical phase of our work has ended. Our teams are starting to restore some of the services they were providing before the earthquake, including care for patients with chronic conditions, antiretroviral treatment for people with HIV and emergency obstetric care. They are also evaluating the need for mental health care as more people are coming forward with symptoms of psychological trauma.

Epidemiologist Brigg Reilley explains MSF's ongoing priorities in the weeks and months to come.

In the beginning we saw large numbers of trauma wounds and crush injuries. We have for the most part passed the acute surgical phase that addressed those needs. Infected wounds and fractured bones are now a serious concern.

Wounds that are infected and may cause gangrene can become fatal, so we've really got to get out there and treat people who are not able to come to us. MSF mobile clinics are getting out into the community to make sure no one is sitting in their home unable to get care.

We are worried about tetanus. It's in the soil, it's in the environment, and so big open dirty wounds are likely to cause tetanus. There have already been a few cases. The incubation period is usually about 14 days but tetanus is also something that can affect you months later. Vaccinating wounded people against tetanus is going to be one of our priorities.

We are also increasing our efforts to provide water and sanitation. A lot of the mechanisms that keep infections at bay – shelter, food, water – have been disrupted or destroyed. In addition people are greatly weakened and more likely to get ill.

The main epidemic concerns we have right now are water-borne diseases, like diarrhoea. Also, almost everybody affected by the earthquake is sleeping in the open and that's going to contribute to a lot of respiratory infections, which is again a big problem, particularly with children.

We are also expanding our work in mental health care. Our mobile clinics in Port-au-Prince, which see up to 140 people a day, all have a mental health specialist with them.

Haiti's recovery is long-term, especially for people who have suffered major injuries. The most serious cases are going to continually need dressing and cleaning, all part of a very nursing-intensive process. We're eventually going to need skin grafts and prosthetics, not only in the next weeks but in the coming months and beyond.

Even after the media spotlight on Haiti fades, there will be patients with extensive orthopaedic needs as a result of the earthquake.

i CRUSH SYNDROME

The risk of renal failure is high for survivors of an earthquake who have severely crushed limbs or dangerously infected wounds.

A key component of MSF's emergency response was carried out by its nephrologists, who specialise in kidney diseases. MSF sent a nine-person team to Port-au-Prince General Hospital, and flew in four dialysis machines. Just six days after the quake, MSF put its first patient on life-saving dialysis. A week later the team had performed more than 50 dialyses *(pictured)*.

Crush syndrome is a condition in which muscle tissues damaged by severe internal injury release massive quantities of toxins into the blood, leading to kidney failure. Left untreated, crush syndrome can be fatal. Patients with septicaemia, a life-threatening infection, also received specialised care from the MSF team.

"We were very lucky," said Stefaan Maddens, an MSF nephrologist. "We found a dialysis centre in the General Hospital. It was damaged – there was no water, there was no electricity, but we managed to restart it in 36 hours."

Little-known killer thrives

Largely unknown in the developed world, kala azar (visceral leishmaniasis) kills 50,000 people each year. The disease is endemic in parts of southern Sudan, and in November 2009, MSF responded to a severe outbreak in the remote and difficult to access regions of Jonglei and Upper Nile. Fast diagnosis and treatment is crucial for kala azar patients, but with very limited access to healthcare and the recent rise in violence and insecurity, the barriers to treatment in Sudan are immense. Trees Kok, a nurse and project coordinator working in Pagil, Jonglei State, for the past three months, tells her story.

When you have kala azar, if you don't treat it over 95 per cent of people will die. It's a disease you can't recover from; you really need to get treatment. People here know the words 'kala azar'; they don't have a local name for it, but everyone in this area knows someone who had the disease and died, or had the disease and went for treatment.

There are four of us in the emergency team; two medical doctors, a nurse and a logistician and we work seven days a week. We live in tents close to the community. They are happy that we are there because they can see the difference we are making, and they no longer have to travel long distances for medical care. Only a few places in the whole of South Sudan treat kala azar and when we started work in Pagil, we found a lot of extremely ill people.

The team is responsible for admitting patients, testing for kala azar and administering the daily injections. We have trained local Sudanese staff to manage most patients, which is great because it means that treatment can continue even after MSF has left.

For the patient, treatment is painful – the drug is injected directly into the muscle. Children cry and scream because they remember from the last dose how painful it is. But every morning, the patients waiting outside the clinic wave and smile, even though they know you will give them another injection.

It's frustrating that you cannot save everyone. When you are able to diagnose early, the patient can tolerate the treatment better and do well. When the patient has been ill for a while, they are very weak, they have a high fever and are more susceptible to infections because their immunity is low, and then it's even harder for them to tolerate the medicine.

In Pagil when the outbreak began we were seeing 15-20 patients a day. That is the maximum you can deal with for testing and screening because admissions take a long time.

Since the outbreak, we have treated over 350 patients in our two clinics – in a few months we have achieved a lot. In the next few months, we expect to see the numbers go down as the peak season (November to December) draws to a close. But of course we have to remain alert because in five or six months, we anticipate that cases could increase.

I'm happy that we focus on kala azar because it's a really big problem which we need to talk about. With the next outbreak, the number of people affected could be even higher but we know we have the resources to respond and that's extremely important.

'Every morning the patients waiting outside the clinic wave and smile, even though they know you will give them a painful injection'

WHAT IS KALA AZAR?

Kala azar, Hindi for "black fever", is a neglected tropical disease which spreads quickly and easily during an outbreak. Otherwise known as visceral leishmaniasis, the disease thrives in poor, remote and unstable areas, where there is extremely limited access to healthcare.

More than 90 per cent of cases occur in five countries: Bangladesh, Brazil, India, Nepal and Sudan. The disease is contracted by the bite of a sand fly carrying the kala azar parasite, which multiplies inside the body, attacking the immune system and leaving victims open to other infections such as malaria or pneumonia.

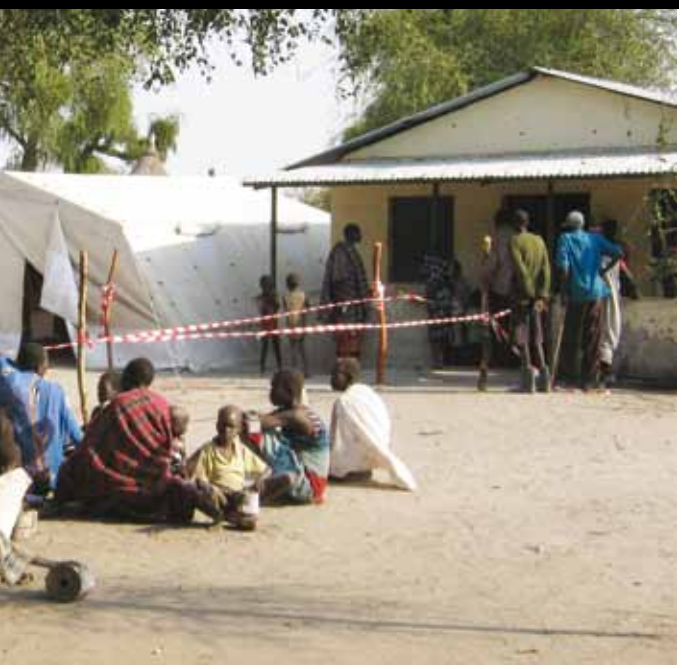
Symptoms include an enlarged spleen, fever, diarrhoea, vomiting, nosebleeds, and jaundice. If left untreated, those infected will almost always die.

Above, testing for kala azar in South Sudan. Below, patients wait at the MSF

Cost of first-line drugs to treat the simplest form of kala azar **£26**

among the poorest

clinic in Pagil Photographs: © Adam Thomas, 2010



TOUGH TREATMENT

Many of the available drugs for treating kala azar have drawbacks, including the length of treatment, toxicity and cost. The most common form of treatment was developed in the 1930s, requiring patients to spend 30-40 days in a hospital or as outpatients receiving painful intramuscular injections of sodium stibogluconate (SSG).

Diagnostic tests for kala azar can be invasive and potentially dangerous, and require lab facilities and specialists not readily available in very poor areas. Since 1989 MSF has treated around 80,000 patients with kala azar. In Bihar, India, where more than 60 per cent of kala azar cases are resistant to SSG, MSF is treating patients with liposomal amphotericin B.

The treatment is safe and highly effective, but is prohibitively expensive, costing around £230 per patient. MSF is campaigning for more research into suitable diagnostic techniques and affordable and tolerable drugs to treat this "disease of the poorest of the poor."

Minmin, a villager from Manchuok, near Pibor, has a son who is suffering from kala azar.

"When the diseased started, my son had a headache, chest pain and weakness in his body. He has been sick now for three and a half months. He has been shivering and sweating all day and all night. But now, slowly, he is feeling better; he recognises me, the children and all the family. He has been in the clinic for six days. I am grateful to the doctors who are doing a good thing for me."

MSF UK volunteers

Afghanistan Michiel Hoffman *Head of mission*
Bangladesh Jose Hulsenbek *Head of mission;* Patrick Shaw-Brown *Project coordinator;* Kathryn Richardson *Doctor;* Jennifer Luscombe *Nurse*
Bolivia Thomas Ellman *Head of mission*
Central African Republic Carme Abello *Supply logistician*
Chad Conor Prenderville *Supply logistician*
Colombia Dolores Allariz-Santiago *Nurse*
Democratic Republic of Congo Aisa Fraser *Nurse;* Boris Stringer *Logistician;* Eve Mackinnon *Water & sanitation specialist;* Geraldine Kelly *Midwife;* Alyson Froud *Medical coordinator;* Estrella Lasry *Doctor;* Laura Rinchey *Doctor;* Amanda Nayagam *Doctor;* Thomas Skrinar *Financial coordinator;* Kiran Jobanputra *Field coordinator*
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Pakistan Siama Latif *Doctor;* Leanne Sellers *Nurse;* Hilary Bower *Medical coordinator*
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Uzbekistan Juma Khudonazarov *Public health specialist*
Zambia Robin Meldrum *Humanitarian affairs officer*
Zimbabwe Susannah Woodall *Nurse;* Iago Pérez-Lafuente *Pharmacist;* Daniela Stein *Nurse;* Pawan Donaldson *Field coordinator*

80,000 Number of patients MSF has treated for kala azar since 1989

CONGO

More than 100,000 flee violent clashes in the north

MSF expanded its activities in Congo-Brazzaville in January to help families forced to flee Equateur Province in the neighbouring Democratic Republic of Congo, after a dispute between villagers over fishing rights escalated into full-scale violence, leaving more than 1,500 people dead.

Around 90,000 people fled across the border into Congo-Brazzaville and 15,000 crossed into Central African Republic. Some 60,000 displaced people remain in Equateur Province. In Congo-Brazzaville, MSF has treated 8,600 people and distributed plastic sheets and mosquito nets to 30,000 families. Another MSF team is in Equateur Province itself, in Bomboma and Bokonzi where 30,000 displaced people have gathered. Some of those fleeing drowned while trying to cross the Ubangi, the border river. MSF teams have set up 16 clinics on both sides of the Ubangi.

Refugees do not have any guarantee of protection yet and may be forced to return home. Some told MSF staff that they fear armed gangs there – some of whom were once their neighbours. On January 8, MSF met the UN High Commission for Refugees in Geneva to emphasise the need to ensure the refugees' protection, including registration and the right to asylum.

SOMALIA

Mogadishu civilians caught in crossfire

Fierce fighting is once again gripping Somalia's capital. Between 29 January and 2 February, MSF admitted 89 people suffering from blast injuries to its hospital in the Daynile area of the city. Three quarters of those admitted were women and children.

"The numbers of injured women and children that we received in just over 72 hours is not 'collateral damage', it's a total lack of regard for the safety of civilians," said the MSF head of mission, Axelle de la Motte St Pierre. "The situation in Mogadishu is incredibly complex and all parties are to blame for the high numbers of deaths and injuries, but indiscriminate shelling into densely populated areas is totally unacceptable."

In 2009, almost half of the 1,137 people admitted to Daynile Hospital suffering from blast injuries were women and children under 14.

The MSF team in Gaharo, Kayanza, assessing malaria cases
Photograph: © Jean-Michel van Laere, Burundi, 2010

70p

Cost of a rapid malaria test

Photograph: © Michael Goldfarb/ MSF

BURUNDI

Heavy rains bring alarming rise in malaria cases

Malaria infections in the northern province of Kayanza, Burundi, have risen significantly after heavy rains led to an increased mosquito population. Since mid-January MSF teams have been running mobile clinics on six sites in three affected districts – Kayanza, Gahombo and Musema. These teams diagnose patients on the spot with a rapid malaria test, provide treatment, and refer the most severe cases to hospital. Of the 2,000 patients tested so far, 63 per cent tested positive for malaria. More than a quarter of the patients were children.

PAKISTAN

MSF teams treat wounded after bomb explosion

Following an explosion in Lower Dir district of Pakistan's North West Frontier Province on 3 February, MSF and Ministry of Health teams working in the emergency room in Timurgara district hospital treated 126 wounded people.

"Most of the wounded have shrapnel-related injuries all over their bodies, on the face, abdomen and feet," said Dr Ashraf Alam, the medical officer for MSF in Timurgara. "We received 12 people with severe life-threatening conditions. Five of them underwent immediate surgery. It was a heavy explosion and quite close to a school where children were going out for break time," he added.

HAITI

Haitian baby taken to UK for specialised treatment

You may have seen a Channel 4 News report on 6 February about three-month-old Landina, who was a patient at an MSF hospital in Port-au-Prince before the earthquake. Landina was further injured when the building collapsed during the quake. Despite receiving the best care MSF can offer in Haiti, surgeons assessed that she needed specialist treatment not available locally. A British charity, Facing the World, offered to organise Landina's treatment in the UK, and she arrived at Great Ormond Street Children's Hospital on 12 February. For further information visit **www.facingtheworld.net**

Your support

ABOUT DISPATCHES

Dispatches is written by people working for MSF, sent out every three months to our supporters and volunteers in the field, and edited in London by Odile Mendel (this issue).

It costs 8p per copy to produce and 22.5p to send, using Mailsort Three, the cheapest form of post. We send it to keep you informed about our latest activities and how your money is spent. *Dispatches* also gives our patients, staff and volunteers a voice to speak out about the conflicts, emergencies, and epidemics in which MSF works and about the plight of those we strive to help.

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