

DISPATCHES



Médecins Sans Frontières MSF (Doctors Without Borders) 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.



MSF delivers: a better start in life for thousands of children

British midwife Sam Perkins with a mother and her child at the hospital in Masisi in the eastern Democratic Republic of Congo
Photograph: © Yasuyoshi Chiba/DuckRabbit, 2011

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**MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS**



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to bring aid to Somalia **4-5**

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a legacy to MSF inside



Photograph: © Eddy McCall/MSF, Misrata, 2011

Libya: Misrata Surgery as rockets fly

Rachael Craven, an anaesthetist from Bristol Royal Infirmary, was part of the first surgical team MSF sent into Misrata in Libya.

How did you get into Misrata? We went on a fishing boat from Malta, which took about 17 hours. The water was a beautiful, turquoise colour with dolphins swimming all around. It was

such a contrast to Misrata when we arrived, with smoke and the sound of distant shelling. We found out the next day the port had been mined, which I'm rather glad we didn't know as we came in.

What sort of work was the team doing? We assisted local medical staff with trauma surgery and with establishing a systematic approach to dealing with trauma. Most of the staff didn't have any experience of dealing with war injuries, so we were able to show



them a few tricks that we'd picked up from working in war zones around the world. It was very satisfying to see a strong working relationship develop between us and the teams there.

What sort of wounds were you treating? Blast wounds, wounds from shelling. No matter how often you witness it, you never get used to seeing the effect of shellfire.

One of the first patients we treated was a young lad of 15 who had a shell blast injury to his

chest. His friend had been caught up in the same incident and had a leg blown off. They had nasty injuries, but we were able to save them both.

Are you pleased with the work that was done? It was exhausting work, both physically and emotionally. Usually, we worked all day into the evening, and there were a couple of occasions when the shelling got a little too close for comfort. I remember early on hitting the deck when 12 rockets came close

overhead. It was very loud and very scary, but ended up being a good way of getting to know the locals. There's nothing quite like lying on the ground, taking cover to help people to bond. But despite the risks, we all knew that at that point, there were no other international agencies working in Misrata, so MSF being there made a real difference. It was obvious that the hospital staff and the people were pleased we were there.

I'm just glad we could help.



Libya: Tripoli Working in a war zone

An MSF team is currently in the Libyan capital with supplies, supporting local hospitals. Jonathan Whittall, MSF head of mission, describes the situation on the ground

The medical situation requires a very quick response, which is why we're bringing in additional teams and supplies. There are still clashes happening in parts of the city and this will definitely have an impact on medical

needs. The hospitals I've been to are full of people with gunshot wounds. In one health facility, they've converted houses next to the clinic into an inpatient department. Here, patients are lying on the desks and on the floor and they're essentially caring for themselves because of the shortage of staff.

Health facilities in Tripoli were stretched even before the clashes erupted this week, and they just haven't had the support they need in terms of personnel or supplies. We're moving quickly to provide some of that support.

This is a very fluid situation. It's been four days now and I can't begin to explain the changes I've seen in Tripoli, the way in which the violence erupted so quickly. Three days ago I wouldn't have been able to talk to you on the phone because of the constant gunfire and shelling outside. Today the fact that I can speak to you without hiding behind a wall is progress.

Ethiopia Refugee crisis

Alice Gude, a nurse from Devon, is currently treating Somali refugees in Liben

Here in the refugee camps, the situation has grown in proportions I could not have imagined: in March, when I arrived, there were 950 children in our programme; today there are 9,500.

The state they arrive in is shocking: you get used to seeing skinny children, but it really gets to me when they have the look of an old man's face, or when



Photograph: © Sisay Zerihun/MSF, 2011

Bougainville Aid for civil war victims

MSF is currently the only organisation offering healthcare in southern Bougainville, an autonomous region of Papua New Guinea. A civil war between 1988 and 1998 caused the deaths and displacement of tens of thousands of people and left the region's infrastructure in tatters. Health services are severely limited and there is only one functioning hospital for a popula-

tion of around 200,000. "If the people living in this region need to go to the hospital, they have to travel for six hours, if they're lucky. Sometimes it can take ten hours or more. To get there it's necessary to cross about 15 rivers," says Patricia Convent, MSF head of mission.

"There are only ten qualified doctors in the whole of Bougainville. In an area where malaria is endemic, and where maternal mortality rates are some of the highest in the Asia Pacific region, we saw that we needed to be here."

Bougainville

PAPUA NEW GUINEA



they stand up they have a bottom similar to an elephant, with folds of skin and no cheekiness about it. It breaks my heart. It is especially hard to see the

many children who arrive at the camps in such a bad way that there is very little we can do for them. Twenty percent would be in an intensive care unit if they were in Europe, knocked out and on a machine to allow their bodies to heal.

But sometimes they surprise you completely, and recover. To see a child that was skin and bones start to smile and eat on their own is amazing. It is really special to see the reaction of the mothers go from complete desolation to joy and love once they realise their child will survive.

'This is an emergency and we have to move very fast'

MSF has sent medical teams and four charter planes carrying 55 tonnes of medical equipment, medicines and therapeutic food to Mogadishu in response to the crisis in Somalia.

In the past weeks, an estimated 100,000 people have fled from south and central Somalia to the capital to seek assistance. They are settling in numerous camps in and around Mogadishu with little or no access to healthcare.

David Michalski and Said Hussain coordinated MSF's emergency response in the city.



David Michalski (pictured) I arrived in Mogadishu with two colleagues on 31 July and immediately we began to

look at the situation in the camps for internally displaced people. They are everywhere in Mogadishu, some with just a few families and some with hundreds of families. Most of the vacant land in Mogadishu has been taken over by these densely crowded camps.

Said Hussain

Just walking down one of the streets you can find 30 or 40 crowded camps. They usually have small huts they set up, and there isn't even space to walk between the shelters. Some camps have latrines, but the majority don't. A lot of people are begging because they don't have enough food to eat or anything to sleep on or in. In the camps you always see some people who are so sick they are just lying on the ground.

People are flocking to Mogadishu because of the drought, because their animals died and they have nothing to live on. For many of them, the food that international agencies are sending to Somalia has not been reaching them, because they live in areas where the aid hasn't got through.

David Michalski

There are a lot of people — mainly very sick children — who are



Clockwise from left: MSF doctors and nurses helping some of the Somali people who have fled their homes south of Mogadishu. Above and below: 30 tonnes of medical and logistical goods for treating malnutrition, cholera and measles are offloaded at Mogadishu's airport. Photographs: © Feisal Omar, 2011



i APPEAL

Since launching our Somalia appeal in June, we have raised over £1 million in the UK. We are only able to work in Somalia because of your support. Thank you.

To donate, please visit: www.msf.org.uk/somalia

THE HORN OF AFRICA



MSF has worked continuously in Somalia since 1991 and currently provides free medical care in eight regions. More than 1,400 Somali staff, supported by approximately 100 staff in Nairobi, provide free healthcare, treatment for malnutrition, surgery and support to nine locations in south and central Somalia.

malnourished, so we've opened a feeding centre and a stabilisation centre where the most malnourished are being given around-the-clock nursing supervision.

We found a large number of people with measles, so we commenced a treatment and prevention programme. We're also focusing on acute watery diarrhoea and cholera. As soon as we saw what the situation was like, we were able to get supplies in. We brought in material from our base in Nairobi, and our supply centre in Brussels flew in two full airplanes of material.

Said Hussain

This is an emergency situation and we need to move very fast. There is no time to waste.

i ON THE GROUND

Providing food and healthcare to 'the MSF generation'

Hussein Sheikh Qassim works in the MSF hospital in Marere, southern Somalia. We are the only aid organisation able to operate in this area of the country.

Last night, there were 103 children staying in our feeding centre, all severely malnourished. We have 57 patients of all ages in the inpatient department, 131 patients in the tuberculosis department, and we do about 300 outpatient consultations every day.

Generally we are seeing more malnourished adults, which is something we're not used to. We've just admitted

a 14-year-old boy to our feeding centre – in Somalia, 14 is considered grown up. There are increasing numbers of severely malnourished pregnant women, too. Expectant mothers need more food, because they have to eat for two. But many of these women are so malnourished and weak they don't have the muscle strength to push when they go into labour. In the lucky situation where the children are born alive, they are of low birth weight, and severely weak, and so we admit them to hospital too.

MSF is saving a lot of people – children and adults – who might otherwise have died. There are no other

'The region had very few young people because so many were dying from preventable diseases'

agencies anywhere near here, and we are the only organisation providing assistance – in terms of both healthcare and food – in this region. We've been doing this for years.

Let me tell you a story. Before MSF opened its hospital in Marere in July 2003, the region had very few young people, because so many were dying from preventable diseases. Now, if you take a simple walk around the town, you will see many youngsters who maybe wouldn't be here today if we hadn't given them immunisations and medical treatment. People jokingly call any child under the age of 11 "the MSF generation".



No woman should die because of where she lives

Sam Perkins is a midwife in Masisi, in the eastern Democratic Republic of Congo.

Nothing could prepare me for the first time I entered the MSF hospital in Masisi. Walking into the delivery room, I was confronted by several women about to deliver, an emergency case being carried in on a stretcher, and a baby being resuscitated in the corner.

A harassed-looking doctor looked up at me. "When can you start?" he asked. Reaching for a pair of gloves, I answered in my best five-weeks-of-language-school French, "I can start now if you like". Taking a deep breath, I walked over and got to work.

I've been a midwife for ten years, working mostly in Southampton. I've also worked for MSF in Uganda and Kenya, but Masisi in the Congo was something altogether new. Here, MSF provides virtually the only healthcare in what is, essentially, a war zone. The first couple of months were exhausting and challenging. I don't think I've ever been so stretched, professionally or personally. Working alongside a team of



Above, some of the simple equipment used by midwives and doctors at Masisi hospital
Photograph: © Yasuyoshi Chiba/DuckRabbit, 2011

two doctors and 21 nurses and midwives, we dealt with around 300 deliveries a month. At any one time, we had up to 70 women in our 'waiting home' preparing to go into labour and, as we were the main referral hospital for the entire region, we received all of the complicated obstetrical cases and emergencies. It was tough and testing work.

There's one woman who has really stuck with me. She was brought to us in one of our MSF ambulances. She'd bled significantly after childbirth and by the time she arrived it was too late to save

her. I stayed with her and held her hand and stroked her head. She had her eyes open for a while and I just talked to her. Ever so slowly her eyes closed and then I knew that she'd gone. Immediately after, I had to go outside and tell her husband. I'll never forget the look on his face. The disbelief and devastation, the confusion and fear. You could see him agonising, "How on earth am I going to keep this together? How am I going to look after a newborn baby and seven other children at home without my wife?"

It made me realise that, without MSF, for the 665 women who had



Clockwise from far left, Sam Perkins at work in Masisi hospital; with a new mother; educational work being carried out at the hospital; looking after a woman in labour; and a newborn is monitored Photographs: © Yasuyoshi Chiba/DuckRabbit, 2011



free caesarean sections here in the past few months, there would have been 665 husbands in this man's position, being told their wife had died during childbirth.

Birth is something that touches all of us. Working in so many places, you quickly learn that the physical process of giving birth is the same the world over. The pain of contractions, the anticipation, exhaustion, fear and excitement are the same for all women. But what's not the same is the access to medical care, the access to trained medical staff, the access to surgical interventions, drugs and materials.

I believe all women deserve this access and no woman in 2011 should risk dying during childbirth just because she lives in the 'wrong' part of the world.

I've worked for MSF for three years now. And every day I feel proud to put my MSF t-shirt on, because I really believe in what the organisation stands for. We can genuinely look all of our donors in the eye and say, "Your money is making a difference; your money is saving lives and helping millions of people around the world."

I've seen it, I've lived it and I've breathed it. MSF delivers.



Left: Jomar Stavelokk, an MSF nurse, with a mother and child at the 24-hour emergency room at Boost hospital. Above: a man waiting outside the emergency room. Below: the female waiting area of the outpatients department. All photographs: © Michael Casaer/MSF, 2011



In the midst of the war zone, MSF offers hope

In recent years, Afghanistan's Helmand province has seen some of the bloodiest and most relentless fighting in the whole of the country. Large numbers of people have been displaced, and for most, accessing medical care remains a challenge. Faced with such huge needs, MSF began work at Boost hospital in Lashkargah, the provincial capital, 18 months ago. The 155-bed hospital is now one of only two fully functioning referral hospitals in the whole of southern Afghanistan.

Stefano Argenziano,
MSF field coordinator

In the past month, we've conducted around 6,500 consultations in the outpatient department, and around 2,300 consultations in the emergency room. Those numbers are why MSF is here.

They're a good indicator of just how big the needs are in this city, as well as in the rest of the province.

What we're doing here is what you'll see being done in an emergency facility anywhere in the world. We're treating people on the spot, providing observation capacity and referrals

'One of our aims at MSF is to catch treatable diseases before they become severe'

for surgery for patients who require it, or dealing with any other medical problem they present with.

Jomar Stavelokk, nurse supervisor

There is no proper healthcare here in Helmand. Children here die of diarrheal diseases; they die of measles, dehydration, and respiratory tract infections.

Sometimes it's hard to be in the emergency room, watching patients die with these kinds of illnesses when you know you could have treated them so easily if they had just come earlier. One of our aims at MSF is to

catch these things before they become severe.

Stefano Argenziano

There are strong medical reasons for MSF to be here, but it's our neutrality and impartiality that allow us to



continue to operate here. Helmand province is controlled partially by governmental forces, but is mostly under the control of armed opposition groups. That means it's difficult for the local health authorities to run a proper health service in this area, and it makes it very difficult for patients to access the few health facilities that do exist. But we don't accept government funding for our work here, which is what allows us to continue to operate and save lives.

Amina*

I'm here with my daughter who is

'It's our neutrality and impartiality that allow us to operate in Helmand'

pregnant. We travelled about three hours to get here because my daughter is anaemic and we're afraid she will lose the child. We've been to many different places for treatment, but we couldn't find any place to treat us. There is a hospital near us, but if you try to go there, people try and stop us on the way ... They always ask 'Why are you going to the doctor?'

But we heard there are good doctors here, so we made the trip especially. This is the only place we can come. We want to get treatment here so my daughter can have a healthy child.

*Name has been changed.

How four metal screws gave a girl her life back

Four-year-old Martha Fulagbe was badly injured in a road accident, but thanks to MSF and four large screws, she is guaranteed an active future.

The beds sit close to each other in the surgical ward of Lubutu hospital in eastern Democratic Republic of Congo. Two Marthas are sitting on a bed by the window, a fifty-year-old woman and her four-year-old daughter.

"Martha didn't eat all day because she is going into surgery," says the mother. "She's very nervous."

She lifts her daughter's skirt and reveals two large black metal tubes sticking out of Martha's thigh.

"She was hit by a motorbike and then fell into a coma and lost a lot of blood. I thought she was going to die."

After the accident, the four-year-old was rushed to the hospital where her life was saved by MSF staff. After six worrying days, she finally awoke from the coma. But during the accident her leg was badly broken and it soon became apparent that the fracture was not healing well. She would need surgery.

"We had to break Martha's femur apart again, and we inserted an external fixator with four pins to make it heal properly," says surgeon and hospital director Jérôme Mupenda.

"She's had the external fixator for eight weeks now, and today we're going to remove it. I'm sure she will soon be able to walk normally."

Surgery

Martha is sitting on her bed with a confused look on her face. She understands something big is about to happen, but isn't sure exactly what. A nurse enters the room to pick her up and carries her gently to the operating room. She receives the anaesthetic, her arms drop and soon she drifts off. The Danish anaesthetist feels her chest. She's breathing normally.

'Before MSF we couldn't conduct surgeries such as this. I was the only surgeon here'

Dr Jérôme reaches for a special screwdriver and gently starts working on the pins in Martha's thigh. The big metal tubes are lifted away and, one by one, the pins are removed. The work is quick and efficient, and soon it is over. The nurses begin bandaging the wound. Martha will be monitored as she comes out of the anaesthetic and, reunited with her mother, will soon be trying out her first steps without the pins holding her leg together.

Success

Afterwards, Dr Jérôme is pleased with how the procedure went. "It would have been disastrous for Martha not to have this surgery," he says. "One leg would have been five inches shorter than the other, which would have given her huge problems."

"Before MSF took over the hospital in 2006, we couldn't conduct surgeries such as this. At that time I was the only surgeon here, and we only had the staff and equipment to do simple procedures."

Five years on, and the hospital now employs 200 people and, in the new operating theatres, the surgical team can conduct up to two surgeries at a time if required. It is now the only hospital in the region offering high quality secondary healthcare.

Hospital heartbreaker

Three days later and little Martha is squatting on the hospital floor with a water bottle in her hands. "Give your doll some water," coaxes her mother. The four-year-old jumps up and pretends to give her doll water. She is wearing her finest dress and spends a lot of time smiling and charming patients and visitors as they go by, always with a tight grip around her doll. She still limps a little, but with some more training the doctors expect her to be walking normally soon.

"I think she'll be just fine," says her mother. "The most important thing for me now is that she returns to school and catches up on her education."

Suddenly the doll's leg falls off. Martha quickly puts it back on. Her mother laughs. "She's learned that legs can be repaired."



Above: four-year-old Martha Fulagbe and her mother, also called Martha. Right: the hospital director and surgeon Jérôme Mupenda carries out the surgery All photographs: © Robin Meldrum/MSF, 2011



i MSF UK VOLUNTEERS

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A nurse from MSF measures a baby's weight as part of a check-up during a mobile clinic visit to Nalemsokon village in drought-affected northwestern Kenya

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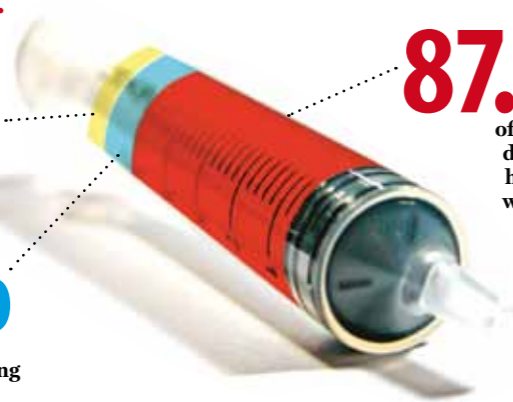
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MSF UK, 2010

DRUGS

Breakthrough in the battle against HIV/Aids

Exciting new research has confirmed what experts have long suspected: drugs used to treat HIV can also be used to prevent the virus's transmission.

For some time we've known that giving antiretroviral drugs to a mother with HIV can prevent the virus from infecting her child. It has now been proven that antiretroviral therapy represses the virus to such low levels that the risk of a person with HIV passing the disease on to someone without HIV through sexual transmission is slashed by 96 per cent.

With the right funding and application, this discovery has the potential to stop the spread of the disease in its tracks. MSF is currently discussing the best way to incorporate the new science into its work in the field.

"Now it's up to the donors and the policymakers, with World Health Organisation backup, to grab this epidemic by the horns and finally turn it around," said Eric Goemaere of MSF.

i YOUR SUPPORT

ABOUT DISPATCHES

Dispatches is written by people working for MSF and sent out every three months to our supporters and to staff in the field. It is edited in London by Marcus Dunk. It costs 6p to produce, 7p to package and 22p to send, using Mailsort Three, the cheapest form of post. We send it to keep you informed about our activities and about how your money is spent. *Dispatches* gives our patients and staff a platform to speak out about the conflicts, emergencies and epidemics in which MSF works. We welcome your feedback. Please contact us by the methods listed, or email: marcus.dunk@london.msf.org

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