



# DISPATCHES

Charity no 1026588

Médecins Sans Frontières is a leading independent humanitarian organisation for emergency medical aid. In over 60 countries world-wide, 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.

Dr Mohammad operating on Waël's leg.

© Valerie Babize/MSF [2008] Jordan

Reconstructive  
surgery for victims  
of Iraq's violence

## Learning to walk again

“It was a roadside bomb,” says the father of five-year-old Waël, speaking from the MSF surgery programme in Jordan. “Waël was with his mother and aunt in his uncle’s car. He was going to visit his grandparents’ house in a village about 40km away from our house. A roadside bomb exploded under the car. My wife died at once and he got injured – he lost his right leg and his left leg was very severely damaged.”



Waël on the way to the hospital on the day of his first operation – the first of many before he will be able to walk again.

© Phillipe Conti [2008] Jordan



Waël in the hospital ward between operations.

© Valerie Babize/MSF [2008] Jordan

# Learning to walk again

**In October 2004 MSF had to withdraw from Iraq; the risks were too great in an environment where aid workers were being directly targeted. But there was, and still is, a need for medical aid. Devastating injuries from bombings and violence are frequent, requiring immediate and intensive medical attention. But a lot of health staff have been killed in the persistent violence and many of Iraq's doctors have fled abroad. In response, MSF started working across the border in Jordan in 2006 to provide complex reconstructive surgery that was no longer possible inside Iraq, given that country's depleted medical resources.**

Waël\*, a five-year-old boy who was caught in a bomb blast in Iraq when he was just two and a half, is nearing the end of his seven-month treatment.

"There are a number of doctors in Iraq who refer their most difficult cases to us – the cases where they have done the initial life-saving operation but don't have the resources for follow-up surgery," explains Dr Mohammad\*, the MSF surgeon in charge of Waël's operations. "They send their medical files and x-rays to us and each week we have a meeting to look at this information and decide which patients we can accept. I had actually heard about Waël before he was referred to us. He was a victim of an explosion which took the life of his Mum. Immediately after the accident an emergency operation was done to stop the bleeding from his missing right leg and to close the wound on the left leg. After this, he had multiple surgeries to try to realign the broken bone, and he had half his left foot amputated.

"I was really upset to hear about his condition. Then, in one of our meetings to select new patients, I was pleased to see that he was on the list. Although there is still the misery of the way he lost his mother, Waël has had a better chance to be treated and move on with his life than other children who are still in Iraq.

"Waël came to us in a wheelchair. Can you imagine – a five-year-old child who has lost one leg, and 5cm of the other leg? Without this surgery, I think it would have been impossible for him to ever put weight on his leg again. I had planned a two-stage operation. The first stage would involve removing the metal plate that had been attached in the hospital in Iraq to hold his leg together. And the second part would be to use part of the fibula to fill in a gap in his tibia. Normally you would use some of the bone, tissue and skin from the good leg to reconstruct the damaged leg. But with Waël it was complicated because he had lost his right leg and had so damaged his left leg that we were restricted in what we could use for reconstruction.

"I spoke to Waël's father and explained what we were intending to do, and that we could see no alternative. He said 'OK doctor, but if this fails will we have to go for amputation?' I explained that, yes, amputation was the other option if we failed with this surgery. He was, of course, very worried for his son, but he took our advice."

Despite the complexity of the surgery, over the course of several operations the team was able to reconstruct Waël's damaged leg sufficiently for it to bear weight. The final stage was to attach a prosthetic leg and foot on his right side and a prosthetic foot on his damaged left side.

"When he was admitted into our hospital in Amman," Dr Mohammad continues, "Waël was clearly a depressed child – he'd lived through a terrible accident. Now that he is learning to walk again, I have seen that his eyes are happy eyes, whereas before they were brave eyes. Sometimes he used to shout and make a fuss when we were dressing his wounds, but mostly he was so courageous.





With his new prosthetic leg fitted, Waël practises his football skills.  
© Valerie Babize/MSF [2008] Jordan

## “He is a symbol of the Iraqi children who have been living through such violence each and every day”

“He can scarcely believe that he can stand up on his feet. I have been showing him what to do and demonstrated some tricks on how to use the new prostheses. I think he will be able to leave the hospital in the next two weeks. He has spent nearly seven months here, which is quite normal given the difficulty of the cases we receive. When they leave the programme here, I encourage my patients to send me any x-rays from the hospitals back in Iraq. I will give Waël my personal email address so that I can be in constant contact and follow his recovery.

“When I last saw him a couple of days ago he was so happy. He had his new prosthetic legs on. He started to use the ‘walker’ and then he started to jump from place to place. I was honestly so, so happy to see him like that – I think I shed some tears. He is a symbol of the Iraqi children who have been living through such violence each and every day.”

## Waël’s father says:

“At first they thought Waël had died with his mother. After the bomb they put him in the back of a pick-up truck. But when they got to the hospital they heard him crying so they knew he was alive. They gave him first aid and took him straight to the operating room.

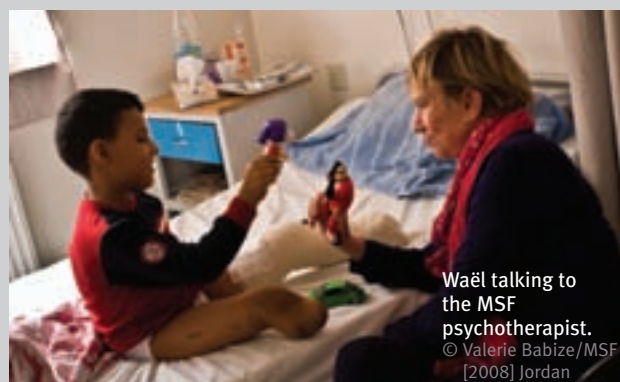
“That was two and a half years ago. Waël talks a bit about what happened, but I don’t think he likes to talk about it. He sees an MSF psychologist here, but I also talk to him and try to make the situation easier for him. I feel bad and sad, but what can we do? Life goes on. We must go forward.



Waël’s father reassuring his son before one of the many operations.  
© Valerie Babize/MSF [2008] Jordan

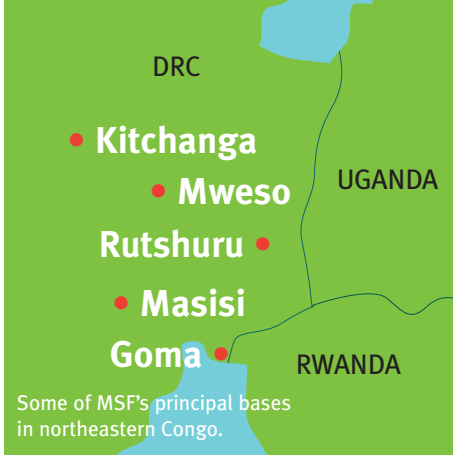
“The treatment is going very well – but Waël has had a prosthetic leg and foot fitted recently and I am worried because they are tight and they are hurting him. The doctors are making the final adjustments in the next few days, so we will see how they fit after that.

“He doesn’t like being in the hospital, with all the operations and the tests. You know – he’s a kid, so he doesn’t like being in the hospital for such a long time. But he has made a lot of friends here. Whenever there are activities, he always goes along and plays with the other kids. There are some teachers too and he goes to lessons to learn his letters and numbers. All the doctors here like Waël because he is very active. I am very proud of him.

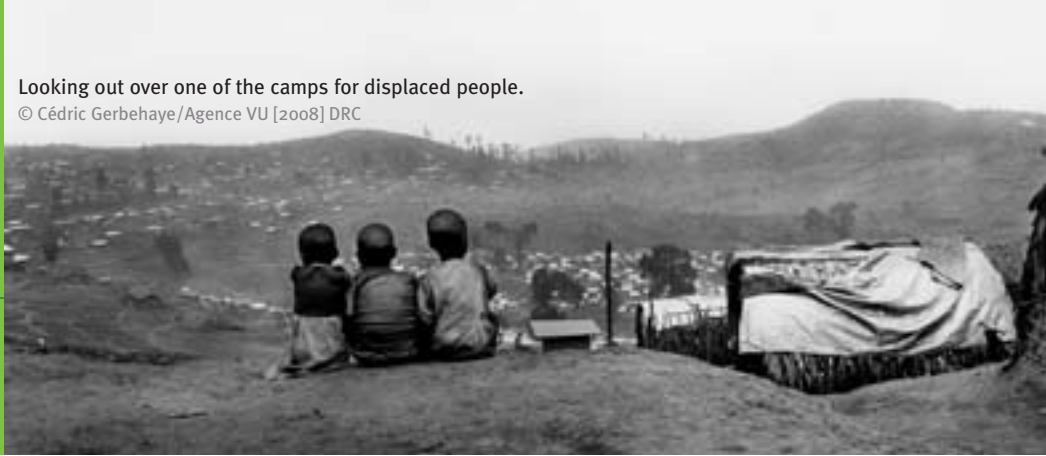


Waël talking to the MSF psychotherapist.  
© Valerie Babize/MSF [2008] Jordan

“The treatment will be finished in two or three weeks. He is growing, so we will have to see about changing the prostheses in about six months. As for the future, I feel we will be OK. He will find his way to health and he will go to school. So long as we are together we will have no problem, wherever we are.”



Looking out over one of the camps for displaced people.  
© Cédric Gerbehaye/Agence VU [2008] DRC



**“Friday morning. Just as on other days, we are not awoken by crowing roosters but rather by sounds of violence: gunshots and bombs. A new offensive. Slowly we are all getting used to it and go about our daily work routine. But the noise distracts us every once in a while and we glance at the mountains in the distance.”**

# Waking to the sound of g

Maartje Hoetjes is a nurse working in the village of Mweso, high in the fertile volcanic hills of northeastern Democratic Republic of Congo. The entire area has been a crucible of violence for the past 15 years. Hundreds of thousands of people have been forced to flee their villages in terror many times over, seeking safety by hiding in the bush or gathering in makeshift camps with little food or drinking water. A peace agreement signed in January by the various armed parties offered some hope, but the war broke out again with renewed intensity in August this year. This is a very hard place to work, with bad roads, peaks of intense fighting and numerous roadblocks. The project coordinators are in regular contact with the different armed groups to explain again and again that MSF is neutral and solely there to provide medical aid. So far this has enabled the teams to continue to work, even in remote places such as Rutshuru, Kitchanga, Masisi and Mweso.

“Around noon I realise that there’s a lot of activity going on outside the hospital,” says Maartje. “The fighting that began early this morning has reached the outskirts of Mweso and

people are fleeing again. Outside the hospital, there are hundreds of fathers, mothers and children. It’s surreal to see that within a few hours Mweso has gone from being a quiet village to total chaos with hundreds of people taking flight.

“It’s a hive of activity in the hospital, despite all the background noise. Today we have a number of extremely sick children in our paediatric department, including a baby a few days old with a tetanus infection. His mother gave birth to him on the side of the road. There were no sterile instruments to cut the umbilical cord.

“Suddenly the shooting begins to lessen and it slowly grows quiet. The tension fades from people’s faces. In the evening the grass field outside the hospital is once again empty. The people have returned to their homes.

“We decide to take no chances and for extra security we sleep at the hospital. It remains quiet that night and the following day. However, we lose one battle: the baby with the tetanus infection didn’t make it through the night. He was five days old.”

Operating on people with gunshots and other serious



Ngarambe Rukambika with Sanson outside the MSF hospital at Masisi.  
© Cédric Gerbehaye/Agence VU [2008] DRC

**CONDITION:  
CRITICAL**

“My name is Ngarambe Rukambika. I am 49 years old. I have four children and three orphans who live with me. These orphans are my sister’s children. I am at Masisi hospital to get treatment for my child.

“His name is Sanson and he is nine months old. Before we came here, his mother carried him on her back. But one day, as there was a lot of shooting, she tried to flee. They aimed at her when she was leaving the house. She was hit by a bullet, and the bullet also hit the child. The bullet went through my wife’s kidney and hit the child on the other side.

“I went to pick up the child. As for my wife, I looked for our brothers and we buried her. That





A young girl waits outside the hospital in Mweso.  
© Cédric Gerbehaye/Agence VU  
[2008] DRC

In one 24-hour period British surgeon David Nott and his colleagues in Rutshuru operated on 75 people with serious gunshot wounds, including this man who had been shot in the neck. All 75 patients survived.

© David Nott [2008] DRC

# guns

wounds has become routine for MSF's surgeons in this region. "We have a maternity ward where we perform Caesarian sections," says Dr Jose Sanchez, one of MSF's surgeons at Mweso. "But since the war resumed we have seen an increase in wounds from bullets and knives. We treat both soldiers and civilians: men, women and children. This is the only reference hospital for 40km in any direction so it's important for MSF to be here – to support all the hospital services, and in particular to provide good surgical care."

Alongside war surgery, there is also a huge need for treatment of the many tropical diseases that are endemic here. People have been too frightened to tend their crops and have often lived hand-to-mouth in the bush. Others have gathered in the camps that have sprung up, where there is similarly very little to eat. This is making everyone, children and pregnant women in particular, increasingly susceptible to serious illness.

"Last Thursday, we went to the camp near Mweso," explains Maartje. "Huts made of clay and straw, maybe a piece of plastic, propped on a hillside. On a daily basis, we

receive patients in the hospital who come from this camp. They have malaria, respiratory tract infections and malnutrition among other illnesses.

"We were there at the end of a cold, wet day and I found myself standing on a muddy, slippery hillside. The only reason I was able to remain standing was due to the fact that I was held tightly by dozens of children's hands as they enthusiastically jumped around this blonde mzungu – white person – in their bare feet. At the top of this hill we met the chief of the camp. He told us that dozens of people had arrived in the camp since the most recent fighting began, that camp life was difficult, that there was little food, almost no shelter from the rain and cold and no water wells.

"There I was, wearing a dirty MSF T-shirt covered in mud, and he was wearing a worn but spotless jacket and formal trousers. I have such respect for the people who live on this hillside. People who face such hardships with so much dignity."

day in the village, six people were killed. Then the whole village fled. I came on foot. I walked from my home because there is no road for cars to drive on. I had to climb one hill after another, after another. I walked for two days. On the road, I was told to hurry to bring my child to the hospital so that he would not die.

"Here, I spend every day sitting by my son's side. Some friends who see my sadness also help. They give me a little food and I eat. The child is being well cared for, very well looked after here. Soon he will be well. But the problem I have is that, after he has recovered, I do not want to take him back to the area where the war is still going on."

## Please help us

The situation in the northeast Congo is overwhelmingly desperate. We are trying to use the power of the internet to bring more attention to the plight of people who have been living in fear for more than a decade. If you have internet access, please have a look at the website [www.condition-critical.org](http://www.condition-critical.org) and encourage all your friends, family and colleagues to look at it as well.

Thank you!

# The curious incident of the cat in Maputo

Eight-year-old Jose\* lives in Maputo, the capital of Mozambique, and has HIV. For the past year, he has been going to the MSF health clinic near his home for check-ups and to pick up his antiretroviral pills. A few months ago, the staff discovered Jose wasn't doing all that well, but they couldn't figure out why. Dr Isabel Zuniga says they only discovered the answer after they spoke to Jose about, of all things... his cat.

"Jose told us that he used to have a cat that he really loved," says Isabel. "But a few months ago, the cat got sick. He didn't know what else to do, so he decided to give his pills to the cat to try and make it better, but the cat died. This pet was so important to Jose that he held a ceremony to bury the animal. He told us how he saluted the cat's grave and how he decided not to take his pills any more. He didn't tell his mother, and his disease started to get worse, which is when we saw him."

The Maputo clinic is one of the first MSF health centres to introduce a new way of giving support to children with HIV. Almost two out of every ten newly infected people at the clinic are children, but most staff only have experience working with adults. This new programme trains staff to talk directly to children, not just their parents, so that they can find out vital information, like Jose's secret about his cat.

David Goetghebuer helped design the programme, which is already being used by MSF teams in 13 countries. "The new methods give the children a chance to express their emotions about living with HIV and exchange experiences with other

children," he explains. "When children learn about HIV they are much less afraid."

Isabel agrees: "This experience told us that Jose needed to know more about his illness. So we explained to Jose more about his medication and how the pills help him, and how they aren't always the right pills for everyone, even his cat."

MSF's staff in Maputo also use books and toys to help their young patients understand their disease. "One of the books we have is about animals such as giraffes, lions and elephants," continues Isabel. "The book doesn't use the name of the disease, but instead explains about falling sick and then getting better. The animals live in a village, and one day lots of them get sick because the hyena is spreading germs. But then the lion comes and gives them medication, and the animals start to get well and are able to play and feel happy again. At the end, the story explains that they have to continue taking the medication for the rest of their lives."

"We have other toys that help, such as a special calendar for remembering to take the pills. It has a drawing of a pathway from their house to the clinic, and there is one box for every day along the path. Every morning and evening the child draws in the next box, and at the same time takes a dose of pills. All these techniques encourage the children to take responsibility for their health. This is really important because it can be hard to get a child to take his medication every day for the rest of his life. This challenge lasts years and years."

"As for Jose, he's now doing much better. He feels much happier about taking his medication again. But he still misses his cat."

\*name changed



In all the countries where MSF is adopting this new programme, children are encouraged to take some responsibility for their own treatment. MSF counsellors can help their patients feel in control by asking them to imagine what their own virus looks like. This is how three HIV positive children at a clinic in Zimbabwe replied:

**top left:** Milantre, 15: A blue and white dog, because the sky is blue and the clouds are white. Sometimes the dog has the smile of sickness, sometimes joy.

**bottom left:** Fortunate, 15: A small green insect with a small face that is smiling because it thinks it is happy.

**main picture:** Nozi, 15: A green bug with horns. It is green because green is in most parts of the world and that is like HIV because it doesn't choose, anybody can get it.

All photos © Juan Carlos Tomasi/MSF [2008] Zimbabwe



## SUPPORT GROUPS

When children have had the basics of their illness explained to them, it is important they share their experiences with other children in a similar situation. In one such support group in Zimbabwe, Nozi drew a picture about her life with HIV:

“I have been living a positive life for the past 15 years. My relatives accepted me as I am. I’ve learned to live a positive life.

“My hair was falling apart. I got thin and I lost friends day by day. I had to change to a new school because I had lost friends.

“On my left foot you can see I had herbs. On my right hand I was burnt by boiling water.

“At first it was hard to accept my status. Because I had lost hope I almost committed suicide. That’s why I’ve got a scar on my left foot because I jumped off a three-story building.

“But now I have friends. I live a positive life. I take the ARVs. Life is really great when you know your status.”



## MSF UK volunteers currently in the field

**Bangladesh** Julie Syvret *FINANCIAL CONTROLLER* Paul Critchley *HEAD OF MISSION*  
**Bolivia** Thomas Ellman *HEAD OF MISSION* **Central African Republic** Christopher Tranmer *DOCTOR* Dominic Deville *PROJECT COORDINATOR* Mark Scott-Fleming *DOCTOR* **Chad** Claire Grisaffi *WATER & SANITATION EXPERT* Simon Brown *LOGISTICAL ADMINISTRATOR* Sophie Sabatier *COACHING MANAGER* **Colombia** David Cook *LOGISTICAL ADMINISTRATOR* Ruth Spelman *NURSE* **Democratic Republic of Congo** Alex Nash *WATER & SANITATION EXPERT* Alyson Froud *PROJECT COORDINATOR* Anna Halford *PROJECT COORDINATOR* Caroline King *FINANCIAL CONTROLLER* Katie Carmichael *NURSE* Laura Pomeroy *NURSE* Nicole Hendriksen *NURSE* Simon Wright *FINANCIAL CONTROLLER* Tom Hutchison *DOCTOR* **Ethiopia** Alvaro Dominguez *NURSE* Eva Roza *LOGISTICAL ADMINISTRATOR* Jill Mowbray *NURSE* John Hart *DOCTOR* Kolja Stille *DOCTOR* Lily Cummins *NURSE* Peter Camp *LOGISTICAL ADMINISTRATOR* Phoebe Mouldsdale *NURSE* Rosemary Davis *NURSE* Sanjay Joshi *LOGISTICAL ADMINISTRATOR* **Guatemala** Alison Jones *MEDICAL COORDINATOR* **Haiti** Georgina Brown *MIDWIFE* James Pallett *DOCTOR* Philippe Lacoux *ANAESTHETIST* **India** Adam Thomas *PROJECT COORDINATOR* Alice Thomas *NURSE* Bruce Russell *PROJECT COORDINATOR* David Sweeney *LOGISTICAL ADMINISTRATOR* Gareth Barrett *HEAD OF MISSION* Joanna Cox *MEDICAL COORDINATOR* Jonathan Williams *DOCTOR* Liza Cragg *FINANCIAL CONTROLLER* Maria Dominguez *DOCTOR* **Jordan** Colin McIlreavy *HEAD OF MISSION* Laura Smith *LOGISTICAL ADMINISTRATOR* Maria Siemer *LOGISTICAL ADMINISTRATOR* **Kenya** Danielle Ferris *LOGISTICAL ADMINISTRATOR* Susan Sandars *REGIONAL INFORMATION OFFICER* **Lesotho** Helen Bygrave *DOCTOR* **Liberia** Laura Todd *DOCTOR* **Malawi** Bryn Button *LOGISTICIAN* Robin Aherne *LOGISTICIAN* **Myanmar** Elizabeth Harding *NURSE* Luke Arend *ASSISTANT HEAD OF MISSION* Monica Arend-Trujillo *DOCTOR* **Nepal** Dawn Taylor *WATER & SANITATION EXPERT* **Niger** Helen Austin *NURSE* Kiran Jobanputra *DOCTOR* Simon Barrett *DOCTOR* **Pakistan** Christopher Lockyear *HEAD OF MISSION* Patrick MacGoev *DOCTOR* Simon Midgley *MENTAL HEALTH SPECIALIST* **Papua New Guinea** Christopher Pritchard *LOGISTICIAN* Edward Crowther *FINANCIAL CONTROLLER* **Sierra Leone** Paola Cinotto *PHARMACIST* Sophie Dunkley *EPIDEMIOLOGIST* **Somalia** Chris Hall *LOGISTICIAN* Kenneth Lavelle *HEAD OF MISSION* Tom Quinn *HEAD OF MISSION* **South Africa** Henry Gray *WATER & SANITATION EXPERT* Louise Knight *EPIDEMIOLOGIST* Nathan Ford *HEAD OF MISSION* **Sri Lanka** Leanne Sellers *NURSE* Melissa Hempling *DOCTOR* Natalie Thurtle *DOCTOR* Sarah Quinnell *MIDWIFE* **Sudan** Aisa Fraser *NURSE* Andrew Dennis *NURSE* Anthony Kilbride *WATER & SANITATION EXPERT* Daniel Williamson *LOGISTICAL ADMINISTRATOR* Declan Overton *LOGISTICAL ADMINISTRATOR* Emily Goodwin *LOGISTICAL ADMINISTRATOR* Felix Over *NURSE* Gemma Davies *PROJECT COORDINATOR* Gill Ross *DOCTOR* Iago Córdoba *PHARMACIST* Isha Singh *HUMANITARIAN AFFAIRS OFFICER* Jane-Ann McKenna *FINANCIAL CONTROLLER* Joanna Knight *PROJECT COORDINATOR* Jose Hulsbenek *PROJECT COORDINATOR* Kirsten Brown *DOCTOR* Laura Rinchev *DOCTOR* Lydia Stone *LOGISTICAL ADMINISTRATOR* Margaret Othigo *LABORATORY SPECIALIST* Matthew Benson *ASSISTANT HEAD OF MISSION* Morgan Flecknoe *NURSE* Philippa Millard *NURSE* Sarah Maynard *LOGISTICAL ADMINISTRATOR* Simon Tyler *LOGISTICAL ADMINISTRATOR* Stella Bowgen *LABORATORY SPECIALIST* Stephen Flanagan *NURSE* Tracy Lavelle *NURSE* **Thailand** David Wilson *DOCTOR* Paul Cawthorne *PROJECT COORDINATOR* **Uganda** Alison Criado-Perez *NURSE* Harriet Cochrane *PROJECT COORDINATOR* Samantha Perkins *MIDWIFE* **Uzbekistan** Rebecca Welfare *NURSE* **Yemen** Cristian Ghilardi *PROJECT COORDINATOR* **Zimbabwe** Andrew Mews *LOGISTICAL ADMINISTRATOR* Daniel Mburu *DOCTOR* Grant Anthony *WATER & SANITATION EXPERT* Stephen Hide *LOGISTICIAN*

**DISPATCHES** is a quarterly publication designed to keep our supporters updated on the work of Médecins Sans Frontières.

**Editor:**  
Robin Meldrum

**For more information, contact:**  
MSF UK  
67-74 Saffron Hill  
London EC1N 8QX  
Tel: 0207 404 6600  
Fax: 0207 404 4466

**E-mail:**  
uk.fundraising@london.msf.org

**Website:**  
www.msf.org.uk

**MSF UK Board:**  
Dr Christa Hook, Chair  
Simon Buckley, Treasurer  
Dr Simon Burling  
Paul Foreman  
James Kambaki  
Jerome Oberreit  
Liz Smith  
Frances Stevenson  
Jacqui Tong

**Company secretary:**  
Scotti McLaren

**Director:**  
Marc DuBois

English Charity Reg No. 1026588

# Thank you for supporting our medical teams in 2008



The MSF team at Lankien.  
© Jo Knight [2008]  
Southern Sudan

## Joanna Knight left Emsworth in September to be MSF's project coordinator in Lankien, a remote village in Southern Sudan:

"Lankien is a bustling village in the middle of a vast swamp," she says. "It feels very remote - we have no vehicles here because there are no roads. If there is an emergency like an outbreak of measles, meningitis or cholera a medical team goes by foot to vaccinate people or provide treatment. But most of the time we are based here at our clinic, where we see around 3,500 patients a month.

"I took this photo in our 'TB village'. This is an area where we treat people who have tuberculosis. The children are here because their mothers are being treated, and they absolutely insisted on being in the

photo! Tuberculosis treatment lasts at least six months so when there is no other family member who can look after them we encourage female patients to bring their younger children with them and this makes for a really nice family atmosphere.

"The people in MSF T-shirts are just a few of our team of medics and logisticians. It's rare to get everyone in the same place at the same time as there is always so much going on; the logisticians have to make sure that all the equipment is maintained and that the supplies we need are delivered on time by plane, and the medics are overwhelmed with patients as this is the only medical facility for miles around.

"Because this area is so remote,

many patients arrive at our clinic in an advanced stage of illness, like a man who was carried here on a stretcher by his three sons - across swollen rivers and through the swamp for five days. He had tuberculosis and arrived just in time for us to be able to cure him. To save the lives of people like this man, the medical care we provide needs to be of a very high standard, we need a good team of medics and we need the right supplies. Your support makes all of this possible, so from all of us in Lankien, thank you."



[www.msf.org.uk](http://www.msf.org.uk)

## Your support

### Changing a regular donation?

To increase or decrease your monthly donations please call us on 020 7404 6600. You can also e-mail [marie.smith@london.msf.org](mailto:marie.smith@london.msf.org), with your request. Please also get in touch if you would like to change your bank details.

### Making a donation?

You can make a credit or debit card donation by calling us on 020 7404 6600. Donations can also be made on the web at [www.msf.org.uk/support](http://www.msf.org.uk/support). To send a cheque by post please send your gift to Médecins Sans Frontières, 67-74 Saffron Hill, LONDON, EC1N 8QX. Please quote your supporter number (located on the top right-hand side of the letter) and name and address.

### Can we help?

If you have any questions about your support of MSF's work we would be delighted to hear from you:

#### Telephone

020 7404 6600

#### e-mail

[uk.fundraising@london.msf.org](mailto:uk.fundraising@london.msf.org)

#### Post

Médecins Sans Frontières,  
67-74 Saffron Hill, LONDON,  
EC1N 8QX

## 2009 MSF calendar



To thank you for your support this year and into the new year, we would like to offer you a 2009 MSF calendar. It contains photos from our projects around the world. If you would like one, please call us on 020 7404 6600