

MERLIN acts on forgotten crisis

The first volunteers from MERLIN have flown into Sierra Leone to care for victims of a forgotten crisis

Sierra Leone, a country rich in mineral wealth, is suffering from widespread guerrilla warfare which has displaced up to 2 million people – nearly half the total population. In the past four months alone there have been an army coup and an election campaign marked by bloody violence. Travel is unsafe outside the main towns and the Eastern half of the country is plagued by fighting with rebel troops.

Intimidation of civilians became widespread during the election campaign in January and February. In the worst incidents, unidentified raiders attacked villagers with machetes and hacked off their hands and feet in order to terrorise them.

In this atmosphere of fear and destabilisation, farming has ceased. Families who normally depend on growing their own food no longer plant or harvest their land. Up to half a million are living rough in the bush, because their villages are subject to raids by armed bandits looking for food and loot. They are now surviving by foraging in the forest.



Dr. Katie Cumming in Kenema

Another 600,000 people have fled to the relative safety of major towns such as Freetown, Kenema and Koidu, where makeshift camps have sprung up without adequate water, sanitation, food or shelter. The number of displaced people has caused enormous medical needs. MERLIN has found widespread evidence of yellow fever, cholera, dysentery and malnutrition. A cholera outbreak around

SIERRA LEONE



Supplementary feeding programme in Kenema

Koidu last year was reported to peak at a case fatality rate of 47%.

War injuries are a major concern, especially among civilians mutilated by bandits or rebels. Mental health is also thought to be a serious issue in a population traumatised by strife.

MERLIN's work has started in two areas with possible extensions in-country. In Waterloo camp, near Freetown, the team is providing basic medical care for thousands of displaced people. They have rebuilt the camp's clinic and repaired the latrines. MERLIN nurses are now offering measles vaccinations, and a nutritionist is screening incomers to assess dietary deficiencies and combat malnourishment.

Meanwhile around Kenema town, MERLIN has taken over a nutritional feeding programme for 100,000 displaced people. Food supplies are provided by the World Food Programme and other agencies, and the MERLIN team co-ordinates nutritional assessment, supplementary feeding and therapeutic feeding centres.

They will also rehabilitate Kenema Hospital and supply it with drugs and materials. In the rural districts outside the town, where all health facilities have closed, MERLIN's volunteers plan to reopen 8 clinics as soon as they can reach them.

This work may be helped by a lull in political tensions throughout Sierra Leone since the elections. In March a new civilian government was installed peacefully and rebels announced an eight-week ceasefire. This has held good – so far.

If the present uneasy truce does become a lasting peace, then MERLIN's teams in Freetown and Kenema are well placed to move back into the deserted villages and help Sierra Leonians to rebuild their shattered country.

SIBERIA

MERLIN joins WHO to warn of 'global threat'

MERLIN and the World Health Organisation have issued an international warning that tuberculosis is now the leading infectious killer of adults worldwide, affecting 50 million people already

Speaking at a WHO conference for World TB Day in March, MERLIN Chief Executive Dr Christopher Besse said: "After years in remission, tuberculosis is back. People are dying from a disease which could easily be controlled. Should it really depend on medical charities like MERLIN to show governments that this scourge can be defeated?"

Dr Arata Kochi of WHO warned: "Tuberculosis is killing more people now than at any time in history. It has returned to almost every industrialised nation. With continued neglect and inaction, deaths from TB may rise to 100 million in the next 50 years.

"This historic crisis is mainly because public health systems in many parts of the world have failed to cure enough TB patients in their communities. And as the world grows smaller, every country is at risk from the poor practices of TB treatment in other countries."

Tuberculosis is spreading in the developed world as well as the poorer countries. A typical disease of poverty, it has reappeared in London's East End and New York's ghettos, where people are made vulnerable by overcrowding, poor diet and severe cold.

The global rise in TB is also due to poor treatment in some countries, according to WHO. Typically, patients may abandon their courses of antibiotics when the symptoms disappear but before the bacilli are completely eradicated. In such cases, the disease is able to survive and develop an immunity to standard medicines. WHO estimate that 50 million people may already be infected with drug-resistant strains of TB.

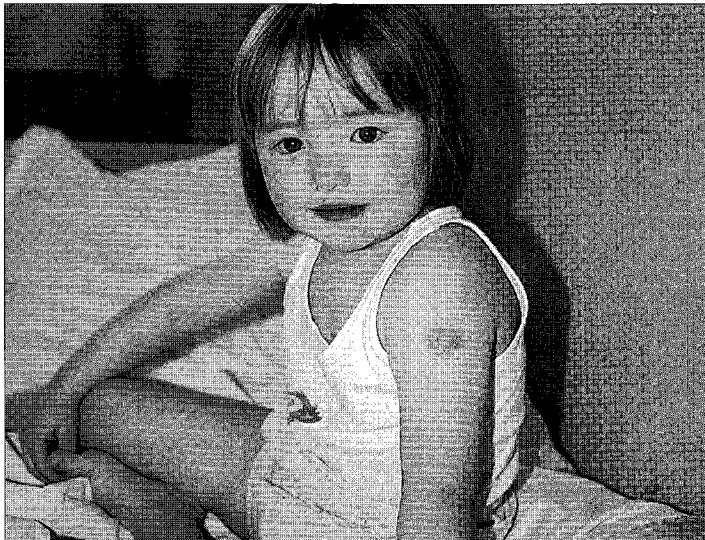
In Russia, where MERLIN set up an anti-TB programme in 1994, the disease is spreading at a rate of 10% per year. WHO's standard treatments for TB are largely unknown there, and medical authorities face increasing difficulties in obtaining funds and medicines. Meanwhile, as the infrastructure deteriorates, social problems such as unemployment, alcoholism and homelessness have drastically reduced people's resistance to TB.

MERLIN was the first non-governmental agency to introduce WHO's standard treatments into Russia. Traditional Russian procedures have focussed on long-term hospitalisation and invasive surgery, which are relatively expensive and disruptive compared to the short courses of antibiotics recommended by WHO. MERLIN is now running clinical trials to compare the effectiveness and cost of

these treatments. The programme has been funded by Britain's Overseas Development Administration and, if successful, may be taken up throughout Russia.

Describing MERLIN's programme, Dr Besse told the conference: "We are fighting the battle for hearts and minds, as well as the battle against TB."

Dr Kochi added: "The knowledge and inexpensive drugs to cure tuberculosis have existed for 50 years. What the world needs now is a breakthrough by people of power, influence and compassion, who will see that these medicines are put to use effectively throughout the world."



TB patient in Siberia

Tuberculosis – the facts

- TB is the leading infectious killer of adults worldwide.
- TB will kill 30 million people this decade.
- One third of the world's population is already infected with TB.
- Half of the world's refugees may be infected with TB.
- TB kills over 1 million women each year – more than all causes of maternal mortality combined.
- In the developing world, TB causes 26% of avoidable adult deaths.

Source: World Health Organisation, 1996.

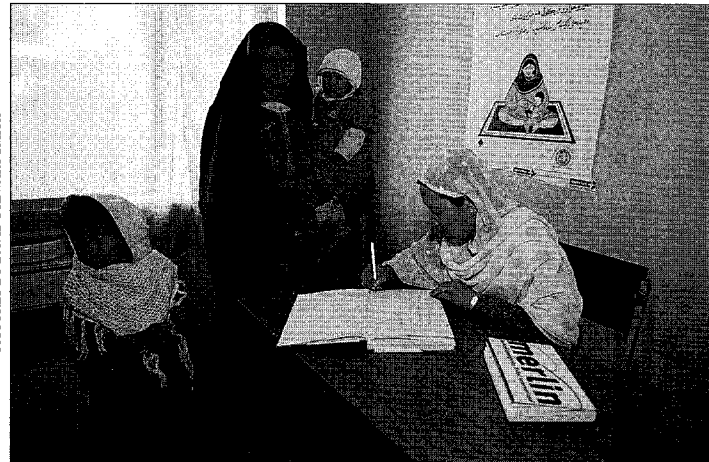
AFGHANISTAN

Children of war

Caring for children and mothers in a war zone is the focus of a new project set up by MERLIN in Afghanistan

It is 17 years since Afghanistan knew peace. First there was a prolonged guerrilla war against invading Soviet troops. Then the local militias, who had defeated the high-tech might of the Soviet army, turned against each other. Now the civil war has closed around Kabul, the capital city, as rival armies fight for control of the country.

While the conflict focuses on Kabul, a comparative lull has fallen elsewhere. This has allowed MERLIN volunteers to set up a new programme in the far Western province of Farah, an area that changed hands four times last year.



Mother and child health clinic

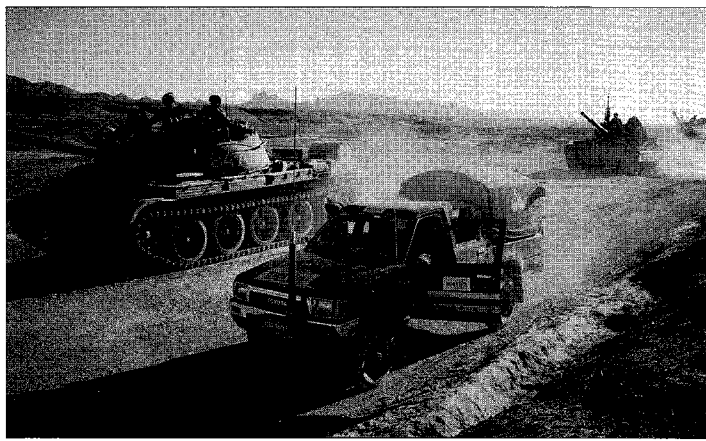
In Farah the effect of the war on local healthcare has been devastating. Only one hospital in the entire province is still functioning. It has to serve a population of 254,000 people.

Throughout the province, health centres which used to serve the rural areas have physically collapsed. MERLIN's first objective is to rebuild seven district clinics and to supply them with a stock of drugs and laboratory equipment as necessary. Then local medical staff can be recruited and trained in primary health care, particularly in disease management, preventive care and child nutrition.

Once a basic service is in place, the MERLIN team can focus on developing provision for mothers and children. The reactivated clinics will provide basic perinatal care for mothers, diarrhoeal disease treatment for children, nutritional screening of infants and health education for parents. The team will also set up training courses for traditional birth attendants – midwives drawn from the local area who can carry on MERLIN's work within the community.

At the same time, local health authorities will be helped to set up a province-wide tracking system covering births, illnesses and deaths. An epidemiological surveillance system will also be set up, to monitor trends in communicable diseases and spot outbreaks.

The Farah programme is the third which MERLIN has carried out in war-torn Afghanistan. In December, MERLIN volunteers handed over a regenerated health infrastructure to local doctors in Kandahar. They had set up 2 mother-and-child clinics in Kandahar City, rehabilitated 3 provincial hospitals, and supported 5 district clinics. Last year, they



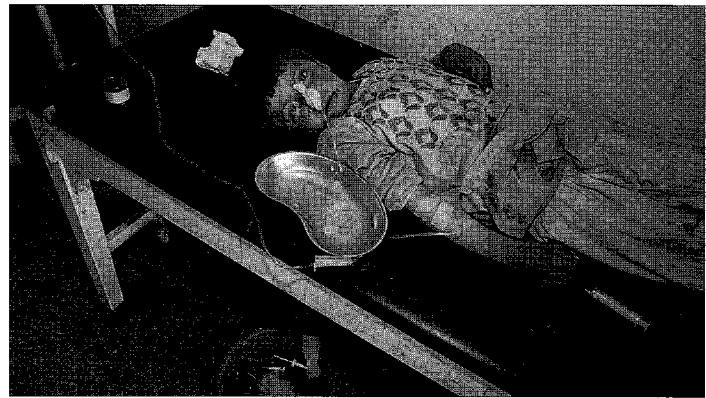
On the road to Farah

fought a cholera outbreak in the remote mountain villages of Badakhshan – an area which is currently being evaluated for further medical programmes.

MERLIN has been able to extend its work into Farah because peace has come. But even peace has its costs. UN observers predict that up to 120,000 Afghans who fled to Iran during this war may now return home. An influx of this size could overwhelm the already fragile health services.

In case this does happen, MERLIN volunteers are stockpiling essential medical and logistical supplies in Farah city, enabling them to respond to an emergency anywhere along the Iranian border, as and when it happens. So long as a lasting peace eludes Afghanistan, MERLIN will continue to monitor medical needs and prepare for emergencies.

Afghan children



NEWS ROUND-UP

Crisis in the Caucasus

As fears grow that the war in Chechnya may spill into neighbouring states, MERLIN volunteers are extending their operations across the former Soviet republics of the Caucasus

In March, as fighting flared up between Russian troops and Chechen rebels, 15,000 refugees fled from Chechnya to the neighbouring state of Ingushetia. They joined 40,000 refugees who had already escaped there. Many of the new arrivals had been wounded by shelling or landmines in the renewed conflict. MERLIN volunteers were on hand immediately to provide medicines, bandages and other supplies at health posts along the border.

The refugees also brought with them polio, tuberculosis and other communicable diseases which have swamped local clinics. These diseases have spread in the wartime conditions of Chechnya, where hospitals were bombed and clean water supplies disrupted.

In Chechnya, MERLIN is already providing vaccinations and drugs against these diseases. But as people flee the country, their treatment is disrupted. In the case of tuberculosis, there is a possibility that drug-resistant strains may emerge among refugees when they abandon their courses of antibiotics.

In an attempt to limit the spread of such diseases from Chechnya to Ingushetia, MERLIN volunteers have rehabilitated a hospital in Nazran and installed clean water storage facilities in refugee camps along the border. Meanwhile anti-TB drugs will be flown out as soon as possible.

Further South in the Caucasus region, a MERLIN team has been investigating health needs in the former Soviet republic of Georgia. Since independence in 1991, Georgia has suffered considerable economic and social disruption, and is currently sheltering 250,000 refugees from civil wars in Abkhazia and South Ossetia.

These problems have contributed to a crisis in the health system. Regional health authorities estimate that 80% of the population is unable to pay for essential medical treatment. The World Health Organisation says that 70% of Georgia's pharmaceutical needs last year were met by foreign aid agencies. In 1995 the World Bank and the IMF proposed a radical restructuring of Georgia's health services, which is currently underway.

MERLIN's investigation focused on the remote and mountainous province of Samskhe-Javakheti. This is one of the most isolated parts of Georgia, and no other medical agencies are working there at the moment. The team identified an urgent need to support primary health care services among rural farming communities there.

The proposed programme would centre on rehabilitating 7 polyclinics in the region and providing them with drugs and equipment. MERLIN health workers would undertake public education campaigns, particularly focussing on the use of contraceptives. They would also help local health authorities with the management of data collection, drug distribution and training.

Funding is currently being sought for this programme. Meanwhile, MERLIN is monitoring developments throughout the Caucasus to ensure that medical relief is available wherever it is needed.

Month by month

DECEMBER

Afghanistan: MERLIN hands over 3 hospitals and 5 clinics in Kandahar to local health workers following a successful rehabilitation programme.

Sri Lanka: 3 mobile health education centres equipped for local medics to visit schools and provide ante/post natal care education.

Rwanda: Meningitis vaccination programmes are launched with local health authorities in Ngororo area. Rwandan government asks over 40 aid agencies to leave but MERLIN is allowed to remain at work.

JANUARY

Paris: The Pierre Straus Prize, an international medical prize for childcare, is awarded to Dr Paul Eunson for MERLIN's programme at Ndoshu orphanage in Zaire.

Afghanistan: New programme is launched in Farah to rebuild rural health centres, supply medicines, train local staff and set up epidemiological surveillance. Contingency plan is prepared in case 120,000 refugees return home from Iran.

Rwanda: MERLIN team on emergency standby for possible forced repatriation of thousands of refugees from Zaire. Contingency stockpile of medical supplies prepared.

FEBRUARY

Sierra Leone: Merlin takes over health care provision for displaced people in Waterloo camp, Freetown, including vaccinating children, running a dispensary, nutritional screening, establishing latrines and clean water supplies. The camp is expected to expand to 10,000.

Sri Lanka: Public health programme on East coast results in reconstruction of Ampara Hospital, drug supply to hospitals in Trincomalee and Kalpitiya, and training of local health workers in nutrition and first aid.

MARCH

Chechnya: Fierce fighting causes 15,000 people to flee into neighbouring state of Ingushetia. MERLIN volunteers provide emergency medical supplies to health posts along the border.

London: Chief Executive Dr Christopher Besse joins a panel of international tuberculosis experts to address WHO conference for World Tuberculosis Day 1996.

Georgia: Evaluation of medical needs in Southern province of Samskhe-Javakheti.

Afghanistan: Evaluation of medical needs in besieged capital city, Kabul.

APRIL

Rwanda: Zairean refugees flood into Rwanda at the rate of 700 a day. MERLIN volunteers provide health screening, measles vaccinations for under-15s, and a dispensary with hospitalisation facilities.

Sierra Leone: Programme starts in Kenema, providing feeding centres and basic healthcare for 100,000 displaced people.

Siberia: Funding obtained for 2 more years of the tuberculosis project, aiming to assist health service reforms and disseminate research findings throughout Russia.

Volunteers' letters from the field

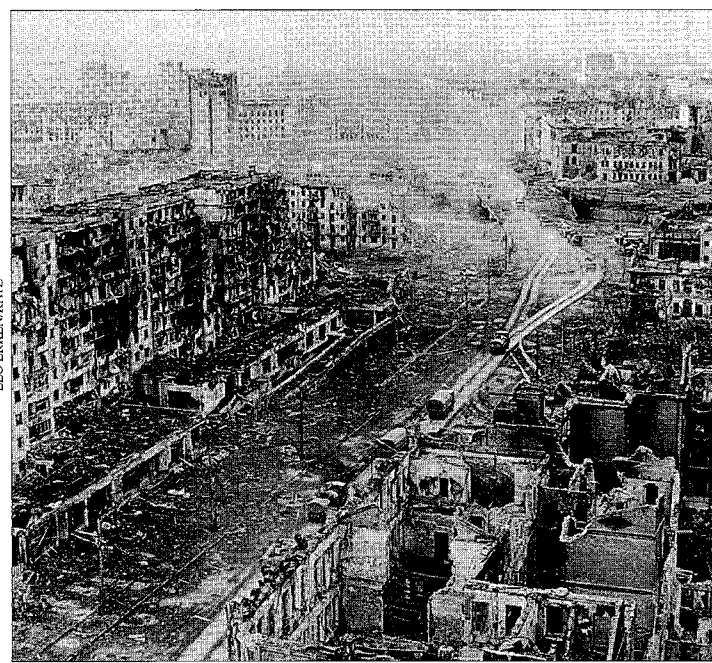
CHECHNYA

Medicine on the frontline

Nurse Ailsa Denney describes her recent experience as MERLIN's vaccination officer in Grozny, the capital of war-torn Chechnya

Living and working in Grozny is very stressful but at the same time extremely rewarding. The uncertain and volatile security situation makes life difficult and frustrating at times. The MERLIN team has an after-dark curfew, which means endless long evenings with only World Service radio and often no electricity or water. The nights are often noisy, with gunfire, explosions and shelling into the early hours of the morning.

Grozny is under occupation by the Russian army. For the local people, as well as us, this means being stopped several times a day at army checkpoints when driving through the city, having our vehicles searched and papers scrutinised. Often, we are denied access to certain areas or villages outside the city for no apparent reason, which makes for long delays and constantly disrupted work schedules. Much of the city is



Grozny after the shelling

totally destroyed, with only piles of rubble and burnt-out buildings remaining as cruel reminders of days gone by.

But for the people of Chechnya who remain in their capital city, life must go on and, despite the lack of electricity or water in many areas, people are living and working as best they can. Shopkeepers who have lost their shops stand by tables at the side of the road, selling whatever goods they can make or buy from neighbouring countries. Mothers struggle with their conscience and their children every morning before sending them off to bomb-damaged, unheated school buildings. Doctors without so much as a stethoscope, never mind drugs or surgical instruments, offer advice from rooms without heating, windows or doors.

I was there to help the MERLIN team provide drugs and medical equipment and carry out basic repairs to the health centres of Grozny. Many of the problems we faced were the result not only of the war, but

of 4 years of political turmoil and economic blockade since Chechnya first declared independence from Russia.

In the great scheme of things, and with all the everyday problems the Chechen people face, the absence of vaccination services in the region would seem to be a small and easily forgotten problem. But the tragic consequences of this omission appeared last summer in the form of a poliomyelitis epidemic which affected 143 children, most of them less than 5 years old. The epidemic claimed the lives of 7 children and will leave many others with paralysis and deformity of limbs. There is no cure for polio. But good nursing care and intensive physiotherapy can limit the effects of disability in later years.

In response to this, MERLIN decided to set up a rehabilitation centre for children affected by the polio epidemic. We identified and started reconstruction of a suitable building, which had once been the largest children's polyclinic in Grozny. I began to meet regularly with the doctor who will run the centre. Together we selected equipment and planned a rehabilitation programme which could be offered at the centre.

Every week I visited the unit where the children with polio were being cared for at that time. The hospital, just outside Grozny, was cold and damp with few windows, and I found many children dressed in outdoor clothes, huddled close to their mothers for warmth. The mothers lived in the hospital with the children, sharing a camp bed or space on the floor with their child, washing and cooking in the same room where they slept with 6 or 8 other mothers and children. The mothers often took their children home before the doctors advised – but with few drugs, little equipment, and a shortage of specialists like physiotherapists willing to work for little or no pay, they felt there was no point in being separated from their families any longer. I hope that when MERLIN's clinic opens, they will feel more inclined to stay.

That hospital was not unique. During the worst of the fighting in the war last year, many hospitals were destroyed or badly damaged. Soldiers looted drugs and equipment, not all to use or sell but mostly to burn and destroy along with medical records. When doctors returned to hospitals, they often found empty shells of buildings with no equipment



Family shelter in the cellars of Grozny



Polio treatment in Grozny

and very little hope of starting again. One gynaecologist we met was using equipment which was blackened and rusty: she had "rescued" the tools of her trade from a fire in the grounds of the hospital.

When I visited the mothers of the children with polio, I was always distressed by how confused they were about their children's condition. Almost every time I was there, they told me that chemicals were sent to Chechnya and added to the water to cripple their children. No matter how much I talked to them, with the head doctor Zamera by my side, the propaganda won every time. Many of the children had been vaccinated in the past against polio, but without fridges to store the vaccines for the past 4 to 10 years, some children had undoubtedly received impotent vaccine. It was very difficult to try and explain how and why their children had contracted polio, when the women were so convinced that it was all a result of the war.

Working closely with the Ministry of Health, we completed an emergency vaccination campaign against polio which targeted all children in the republic from birth to 16 years. We produced thousands of leaflets explaining the importance of vaccination, in an attempt to override the propaganda which had been so harmful.

During my time in Chechnya, I worked with some of the most resilient and determined people I have ever met. There were some very frightening moments when I wondered what on earth I was doing in the middle of this war. I was sickened by the destruction of lives and the cruelty that man can inflict on his fellow man. As aid workers, we are the lucky ones, we can survive the stress and frustration of our 3 or 4 month contracts in a place like Grozny. I came home for Christmas. For the people of Chechnya, the daily struggle to survive continues.

Ailsa Denney has volunteered for MERLIN in Rwanda, Zaire and Chechnya.

SRI LANKA

Tigers, vipers and bureaucrats

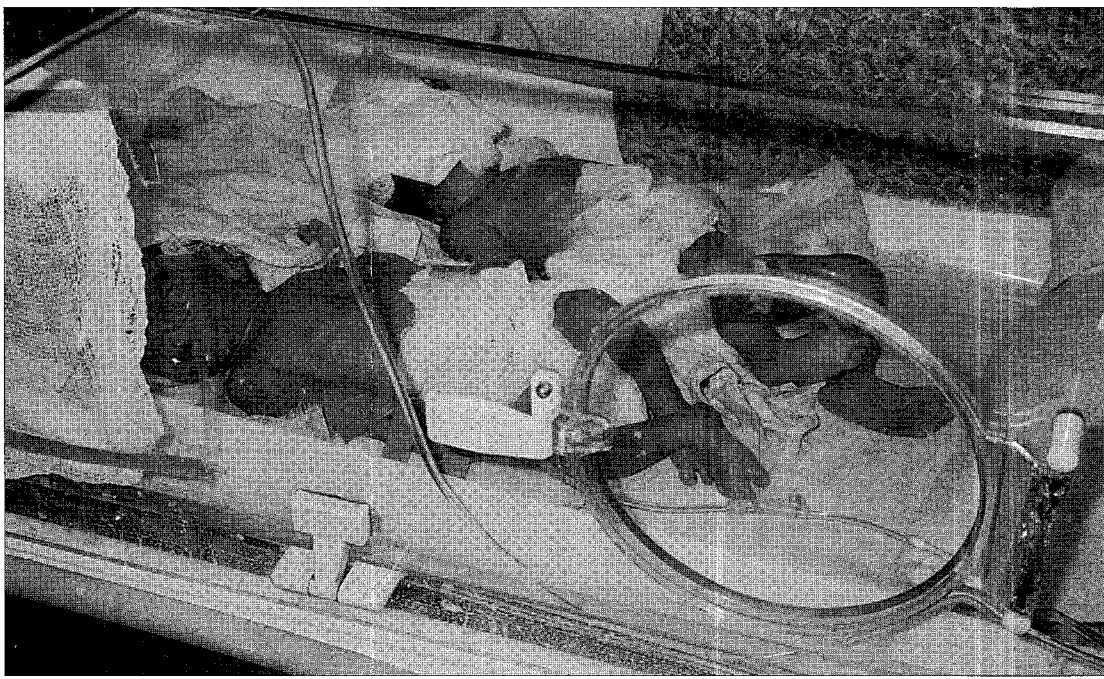
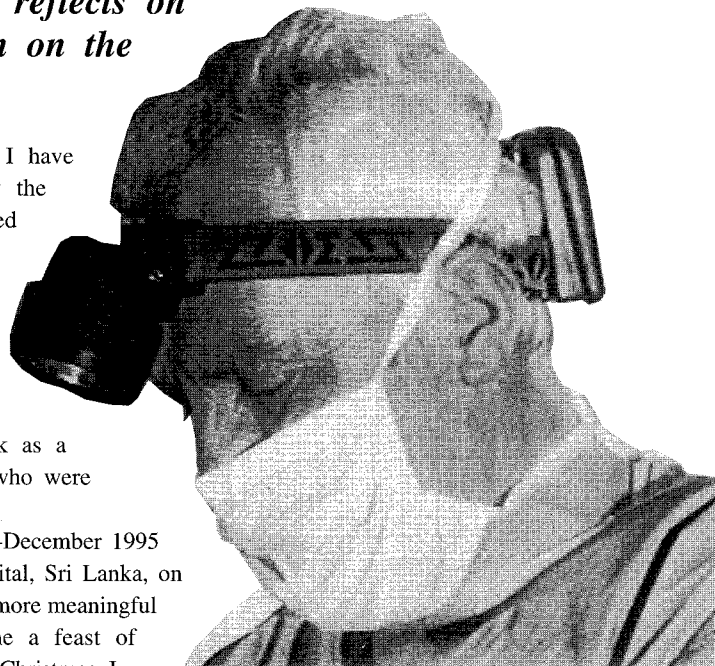
Surgeon Reg Kingston reflects on this time as a surgeon on the East coast of Sri Lanka

Like many doctors of my generation I have become progressively disillusioned by the changing health service in the United Kingdom. What was a caring, logical service has now changed almost unrecognisably into a financially governed, poorly managed service. By contrast, my principal reason for volunteering my services to MERLIN was the appeal of being able to work as a surgeon giving direct care to patients who were very disadvantaged by circumstance.

I left a cold, wet England in mid-December 1995 and started work in Ampara Base Hospital, Sri Lanka, on Christmas Day. It could not have been a more meaningful start. At home, Christmas has become a feast of indulgence far removed from the biblical Christmas. I was pleased to be in a position of giving to patients who lived in a part of Sri Lanka where the only surgeons were those provided by relief teams. No consultant had worked in Ampara Hospital for over 10 years!

My first experience with MERLIN was in Rwanda last year. This prepared me for the difficulties of working with local staff in areas of serious unrest. One of MERLIN's principal aims is to make certain that relief reaches the truly needy people. It is very important to listen to local advice and be seen to be at one with the people.

I was fortunate to be in Ampara at the same time as Sheila Seers, a Canadian nurse working for MERLIN who had established a public health programme in Ampara region. Sheila had worked hard in getting to know the local people and was much respected for her attempts to reach areas without any doctors or nurses. She had won over the hearts and minds of a population subjected to acts of terrorism on a daily basis, by teaching volunteers how to pass on basic knowledge concerning hygiene, nutrition, first aid, vaccination, child birth, family planning, etc. Being accepted into the trust of the local people was made so much easier by Sheila's previous hard work.



My first impressions of the hospital were influenced by a very obvious physical neglect of the property. The wards were dirty, patients crowded into beds with horse-hair mattresses soaked in years of blood and fluids. The roof leaked so badly in the monsoon rains that nearly all patients received a free shower and ward rounds needed to be conducted with the aid of an umbrella. The changing of dressings left much to be desired.

However, it is very important to go with the flow. Despite this apparent neglect, the nursing and medical staff were caring, very hard working and very sensitive to outside opinions. It was not unusual for nurses to work 24 hour shifts. There was never a time when theatre was unavailable. The medical staff were all junior doctors seconded to hospitals that would otherwise have had no Sri Lankan doctors. I worked with three anaesthetists who were a joy to work with. Despite a wide range of patients, from babies to very elderly ill patients, they were always able to cope with a smile and remained gentle and thoughtful.

I was also supported by two Sri Lankan house officers (man and wife team, Anoene and Chandy) who spoke excellent English and made certain one or another of them accompanied me in the clinics, ward

rounds or theatre. Despite a lot of work, long hours and stress, they were always cheerful. On their first night in Ampara, 20 dead soldiers were brought to the hospital following an attack by Tamil Tiger rebels on an army base – very different from hospital work in the UK!

The commonest cause of death in the Ampara region was snake bite – a fact which ensured one always looked under the bed and the pillow before going to sleep. Being aware of vipers and tigers was necessary for survival, but I had not realised that local red tape could also be a trap for the unwary. In order to work, one needed permission from the Sri Lankan Ministry of Health – in writing – and this could take a while to arrive. But I was lucky: they allowed me to work for the whole of my stay in Ampara.

At the end of my time in Sri Lanka, was I satisfied? Yes, because doctors, nurses and patients in Ampara actually took the time to say to me: "Thank you for caring. Please come again".

Reg Kingston is a consultant surgeon at Trafford General Hospital, Manchester. He has volunteered for MERLIN in Sri Lanka and Rwanda.

Supporters



MERLIN volunteer Vince Diamond and friend fly the flag in the Caucasus

On top of the world

MERLIN's name has been seen far and wide this Spring, with supporters carrying out all kinds of events from mountain climbs in the Caucasus to expeditions around the Seven Wonders of the World

Pound for pound

Two Cumbrian clergymen have embarked on a sponsored diet to raise money for MERLIN. As the first event of our new support group in Cumbria, Rector David Thomson and the Reverend Michael Braithwaite set out to lose weight during Lent. Meanwhile, a MERLIN team of logistician David Newall, nurse Annie Macklow-Smith and Medical Director Dr John Howarth visited Cumbria to give talks, meet business people and appear on local television and radio. Dr Howarth, who lives in Cockermouth, has now established a Cumbria committee to raise awareness and funds, the first of several such groups we hope to establish around the country. If anyone is interested in developing a regional base in their area, please let us know.

Vodka and violins

Against the splendid backdrop of the Russian Embassy in London, and supported by generous donations in kind from Smirnoff, MERLIN hosted a musical recital by Martin Loveday, the Leader of the BBC Orchestra, and Olga Thomas-Bosovskaya, the distinguished concert pianist. Guests raised several thousand pounds to fund an evaluation mission in the isolated regions of north-eastern Siberia.

Ancient wonders help modern medicine

Jemima and Mark Reynolds have recently embarked on a fundraising expedition to visit the 7 Ancient Wonders of the World in aid of 7 charities. Mark, who is confined to a wheelchair by muscular dystrophy, is leading a team which aims to cover 7,000 miles in 700 hours, to raise £7,000 for each charity. MERLIN is delighted to be a recipient.

Marathon money-raiser in Malvern

Mrs Grizelda Adam from Hereford and Worcester organised an all-day Bring & Buy session which attracted lively interest, raised a substantial sum of money and introduced a new charitable trust to MERLIN. The marathon event, which filled Mrs Adam's home in Malvern, ran from morning coffee, through lunch and on to evening drinks.

Many thanks to.....

We are very grateful to all our new and existing supporters for their continuing commitment, and would especially like to thank the following organisations for their recent generous donations: The Alan Cadbury Charitable Trust; The De Clermont Charitable Company Ltd; The Sobell Foundation; The Linbury Trust; Dewe Rogerson Ltd; The Guardian Royal Exchange plc; DMG Roper Charitable Trust; Provincial Group plc; Garnett Charitable Trust; KeyMed Ltd; The Really Useful Group; Beatrice Laign Trust; Goldman Sachs International; The EM MacAndrew Trust; The Giedroye Charitable Trust; ED & F Man Charitable Trust; The Ernest Kleinwort Charitable Trust; The Jerwood Foundation; SmithKline Beecham; Smirnoff; BP Exploration Company Ltd.

A schoolhouse and dormitory for Rwandan children at the Ndosho Orphanage, Zaire, (below) has been built with funds raised by John Palmer and Gillian Bell of the Helios Gallery, Birmingham. John and Gillian raised £10,000 with a sponsored mountain bike ride, picture sales and fund-raising events.



If you have any ideas for organising an event, or would like to get involved in fundraising, please contact Georgina Lee or Kate Mervyn-Jones at the London office. We are always grateful for fundraising support and suggestions.

Where in the world...?

Volunteers in the field (as at 19 April 1996)

RWANDA
Serge Bellard-Castebert
Susan Campbell
Ailsa Denney
Charles Easmon
Carole Maunder
Peter Medway
Louise Melluish
Monique Pont
Not Timmermans

AFGHANISTAN
Paul Aurora
Jonathan Patrick
Hazel Simpson
Derrick Tate

CHECHNYA
Shaun Bickley
Jean-Bernard Bouvier
Gavin Newton
Valerie Powell

MOSCOW
Rendt Gorter
Diane Smith

SIBERIA
Kristine Coan
Leonora Lowe
Nick Ignatenko

SRI LANKA
Kenny Hamilton
Simon Little
Michael Schubert
Sheila Seers

SIERRA LEONE
Katie Cuming
Kate Godden
Andy Featherstone
James Foote
Eddy Hertens
Rachael Tapsell
Nick Weatherill

Recently returned

RWANDA
Mike Brewin
Sam Higginson
Caroline Teale

AFGHANISTAN
Michael Roe

CHECHNYA
Stephen Pern

SRI LANKA
Daniel Carhart
Georgios Isserlis
Julie Johnson

Please help MERLIN's volunteers around the world.

Our volunteers are giving their time and skill to save lives, help the sick and limit the spread of disease in disaster zones worldwide. To continue this work, they need your support.

For example – ● Just £15 will buy enough oral rehydration salts to treat 40 people suffering from dysentery and cholera. ● £50 will buy enough antibiotics to treat 266 children for respiratory tract disease and high fever. ● £100 will buy enough life-saving blood plasma for 6 gunshot victims. ● £200 will vaccinate 125 children against diphtheria.

Please note – a donation of £250 or more is worth a third as much again, because we can claim back the tax through Gift Aid. There are many other ways to make tax-effective donations: to find out more, tick the box on this coupon.

To help MERLIN's work, please fill in this coupon and send it back to: MERLIN, 1a Rede Place, London W2 4TU

I enclose a donation of £ to help MERLIN

Name

Telephone

Address

Job

Organisation

For credit card donations, please call 0171 229 4560.

☐ I would like to receive regular information on MERLIN's activities. ☐ I would like to learn about ways to make tax-effective donations.