

Keeping you in touch with MERLIN around the world

Lifeline for living dead

CHECHNYA

As Russian troops bombarded the ravaged city of Grozny in August, MERLIN volunteers ran medical convoys into the city and provided eye-witness reports for the world.

While thousands of civilians tramped out of the ruined city, MERLIN's volunteers drove a convoy of jeeps and trucks through the shattered streets, searching out the few health posts still functioning in cellars without water or electricity. Day after day, as the threat of an all-out blitz hung over the city, the team brought emergency medical supplies through streets choked with citizens fleeing on foot.

They found the only surgeons still operating in Grozny – three surgeons in a makeshift operating theatre created in the cellar of a hospital. There was no electricity and the only trained anaesthetist had suffered a nervous breakdown. Operations were being performed under kerosene lamps. This was the only surgical facility in a city of 400,000 people under fire. The MERLIN team gave them an electricity generator, antibiotics, intravenous fluids and bandages.

Another clinic was deserted: the patients had been evacuated under rocket fire. In one district they found that the only doctor left was a retired man aged 72, who was offering first aid from his own home. They supplied him with trauma materials and drugs.

In a basement clinic they found Gallina Vasinova, a Russian

born in Grozny, who had been shot in the throat while looking for water. They offered to take her out of the city but she answered in a hoarse voice: 'There is no need, I have nowhere else to go.'

In Hospital 5 an old woman offered the team some food. She said: 'The apartment block I lived in was destroyed last week. Now I stay here and cook food for the wounded.'

While the convoy was delivering supplies, heavy fighting broke out near Hospital 2. They put 10 mothers and their children and an old man on crutches into their jeeps for evacuation.

Further into the city they found an old man who could not leave the city because he was paralysed by a stroke. His relatives, who could not escape with him, cried as the team lifted him into a jeep. They knew they might never see him again.

Many citizens had decided not to leave, despite an ultimatum from the Russian military commander which gave them just 48 hours to empty the city before a total onslaught. MERLIN volunteers estimated that up to 400,000 people were hiding in their houses or cellars. One man said to the team: 'This is my home. Why should I leave to live like a homeless animal?'

Rendt Gorter, MERLIN's Russia Co-ordinator, led one of the



Civilians flee Grozny under fire

mercy missions into Grozny. He described ordinary people's despair: 'Civilians have to bear the brunt of the fighting here in Chechnya. They have now suffered for so long that they are beginning to despair of ever picking up their lives again. Every time there is a little bit of hope, it is crushed out of them.'

'One man said to me: "My home has just been destroyed for the third time. How can I believe in a future for which I should rebuild my house again?"'

As well as running aid convoys into the city, MERLIN's volunteers supported health posts to the South as over 50,000 refugees streamed into the countryside. Reports from the team were published and broadcast around the world, providing the only source of neutral information on events in Grozny. At the height of the crisis, the European Community allocated a special grant for MERLIN's relief efforts in Chechnya. Finally, as an uneasy truce was agreed between Russian and Chechen forces, the team moved in to provide emergency relief throughout the city.

MERLIN combats killer virus

SIERRA LEONE

Lassa fever, a deadly disease spread by rats, has been found among refugees in war-torn Sierra Leone. In recent months it has killed up to 40% of victims. MERLIN has collaborated with international experts and the local government to control the epidemic.

The disease, which is endemic to West Africa, is one of a group of haemorrhagic fevers which includes ebola, dengue and yellow fever – some of Africa's most feared killer diseases. It kills from shock and haemorrhaging of the internal organs, especially the brain, kidneys and throat. Its early symptoms are easily mistaken for influenza but it can kill an adult within 10 days.

The epidemic centres on Kenema, a district packed with thousands of people who have fled from the recent civil war. Conditions there are ideal for the spread of Lassa fever: unclean water, unhygienic food storage and overcrowding. The virus is spread through rats' urine and excreta which contaminate human food and water supplies.

Since June, when the epidemic was confirmed, MERLIN field staff have helped local health officials to create an isolation unit in Kenema Hospital for Lassa fever patients, with adequate beds, water and medicines. They also set up a special ambulance service to bring patients from outlying districts to the hospital. Meanwhile, medical teams have visited villages around Kenema to educate villagers about the dangers of Lassa fever and how to avoid it through hygienic food and water storage, and control of rats.

Lassa fever can be treated with ribavirin, an antiviral drug which costs \$1,000 per patient. Supplies of this have been donated through the US-based Centres for Disease Control. CDC is part of the international anti-Lassa team which includes MERLIN, the World Health Organisation and the Sierra Leone government.

MERLIN has run emergency programmes in Sierra Leone since December 1995, providing basic medical care and nutritional feeding for people displaced by years of civil war.



Dr Eddie Hertens treats a Lassa fever patient
Picture: Jon Spaul

WHO treatments for TB, which are based on short courses of antibiotics. MERLIN has conducted a clinical trial on newly diagnosed tuberculosis patients to discover whether WHO protocols are as effective as the expensive and complex treatments used in Russia. The Russian procedures include isolation in hospital for up to nine months, irradiating and transfusing patients' blood, installing drugs into the cavities in the lungs and invasive surgery.

MERLIN's findings show that while the Russian and WHO treatments cure similar proportions of patients, the WHO treatments will be more cost-effective. They also allow the majority of patients to be treated without hospitalisation, which is less disruptive to their jobs and families.

Dr Nick Banatvala, MERLIN Medical Adviser, who attended the Warsaw conference, commented: 'These results show that WHO's TB strategy can genuinely help the Russian health service. These treatments are much cheaper and easier to administer, and would have a profound effect on resource allocation. Russian doctors could treat more patients for less money. We hope that we will be able to extend our programme throughout the region.'

Month by month

June **Sierra Leone:** Lassa fever epidemic is confirmed in Kenema district. MERLIN sets up special isolation ward and ambulance service for Lassa patients as part of a multinational anti-Lassa team which includes World Health Organisation, US Centres for Disease Control and Sierra Leone Government. **Afghanistan:** MERLIN is rehabilitating and supplying essential drugs and equipment to five health clinics in Farah. The team is also training local health workers. **Rwanda:** Six health centres are re-equipped and local health staff trained in Gisenyi and Ngorero districts.

July **Yemen:** Flash floods in Shabwa district kill 338 people, make 20,000 homeless and wash away 30,000 hectares of farmland. MERLIN establishes surveillance system for monitoring water- and vector-borne diseases and supplies medicines and rehydration fluids for anticipated diarrhoeal and malarial outbreaks. **Caucasus:** 28 health centres in Chechnya, including hospitals and psychiatric units, are supported by MERLIN with drugs, medical materials and health education leaflets.

August **Caucasus:** Intensive fighting in Grozny traps 400,000 civilians in their homes. MERLIN is the only international agency reaching the city, running convoys of medical supplies to remaining hospitals and refugee centres South of the city. MERLIN volunteers provide the only eye-witness reports to world media on the humanitarian crisis. **Rwanda:** Vaccination programme for tuberculosis, diphtheria, tetanus, polio, whooping cough and measles for all children aged less than five years old, in Umabano refugee camp. **Afghanistan:** Emergency immunisation and treatment programme to fight an outbreak of measles in the mountains of Badakshan.

September **Poland:** MERLIN presents findings of Siberia tuberculosis programme to World Health Organisation's international conference on TB in Eastern Europe. **Sierra Leone:** Fighting in Kenema district causes over 45 deaths. The injured are rushed to Kenema hospital for treatment by MERLIN staff. **London:** BBC Lifeline broadcasts a UK television appeal for volunteers on behalf of MERLIN. **Guatemala:** Assessment of medical needs for MERLIN's first Latin American operation.

Spread the word

EASTERN EUROPE

An international conference on tuberculosis in Eastern Europe, organised by the World Health Organisation, has provided a global platform for disseminating the findings of MERLIN's pioneering Siberia programme.

At the conference in August, Dr Nick Ignatenko, MERLIN's Siberia Project Co-ordinator, announced the preliminary results of an 18 month clinical trial comparing WHO and Russian treatments for tuberculosis.

The conference in Warsaw was attended by medical experts from WHO, the US Centres for Disease Control, the Red Cross and other international agencies, as well as TB programme managers from the former Soviet Union and Eastern Europe. It focused on the epidemiology and control of a TB epidemic which is spreading across the region at up to 10% per annum.

MERLIN's programme in Siberia aims to introduce standard

MERLIN is moving!

On Monday 21 October 1996 our headquarters will move into new offices which will allow us to expand our operations. But we desperately need help with office equipment for the new premises. See the back page for how to help us move.

MERLIN's address as from 21.10.96 is: 14 David Mews, London W1M 1HW. Telephone: 0171 487 2505. Fax: 0171 487 4042.

Letters from the field

Medics, Mullahs and Masochists

AFGHANISTAN

Dr Paul Aurora recalls the highlights and hardships of working in Afghanistan.

If you want to know what someone's like, just ask their neighbours. Not an easy thing to do in Farah, as MERLIN is the only international NGO there, but go to Herat or Kandahar, ask the NGOs there what they think of MERLIN, and they'll all give you the same answer: 'Masochists.'

They even call us names to our faces. Nothing to do with recreational preferences (well, not in my case), more to do with the work and lifestyle we volunteer for. We used to be in Kandahar, the only international NGO to work in Taliban territory, but it got too easy there, so easy that other NGOs started turning up, so we moved to Farah last year. Farah is more MERLIN's style, one third mountains, one third desert, and one third an ugly bit in the middle, where we live: no electricity, telephones or any other mod cons you can think of, and no district health service, so we've got the hard work to go with the hardship. Add the strong religion and armed conflict that's prevalent throughout Afghanistan and you have the ideal MERLIN project.

Of course the tougher a job, the more rewarding it can be, and that's why we do it. Farah is even more uncomfortable than I've implied, but the huge job we've volunteered for makes the sacrifices worthwhile. Twenty years ago there was a reasonable health service in Farah, and doubtless when the communists took power in Kabul, they intended to improve it. Since then, every government in Farah has been occupied by war: first the communists (fighting the mujahideen); then the mujahideen (fighting the communists, and later the Taliban); and then the Taliban (fighting the mujahideen). Not surprisingly there isn't much of a health service left, and the district service in particular has been almost completely destroyed.

In the nine months that MERLIN has been in Farah, we've

opened clinics in most of the ten rural districts of the province. Since there are few qualified doctors, we've staffed the clinics with basic health workers, who have very limited formal medical education, but who are able to diagnose and treat the commonest medical conditions. We have a complex but efficient system for supplying the clinics, with regular lorry-loads of drugs arriving from Herat, eight hours drive away, before being distributed throughout the districts. We're developing systems for reaching more women and children, always the most difficult job in any Taliban area, but one in which we're making some progress. We're training traditional birth attendants, known locally as dyas, and some of the dyas are going on to work as health educators in the districts.

Even all this work is nowhere near enough, as we're still only reaching a minority of the population and providing them with the most basic health services, but it's a strong base from which to build. When we finally leave Farah, we'll hand over our clinics to the local health authorities, or to an Afghan NGO, and hopefully by then the system will be sturdy enough to survive, and maybe even expand.

It's not easy working in Farah. During the summer, the afternoon temperature reaches 50 degrees C, and the heat and the dust combine to wreck any equipment we have, from the high frequency radios we rely on, to the Walkman that makes life bearable. The roads are unspeakably bad, particularly in the mountains, and the average travelling time from our city base to one of our clinics is about three hours, with the longest journey being 14 hours. Even this is only possible at great cost to the vehicles, and our Toyota Hi-luxes spend almost as much time in the workshop as on the road.



Sharing a lighter moment with local staff

More than physical hardship, though, is the politics of working with the Taliban. This militantly Islamic movement has received worldwide attention for the strictness of its laws, particularly those related to women and girls. MERLIN does have some principles that we won't break, and we aim for equal access for women, both as patients and as employees. But beyond that, our approach has been to maintain good relations with the Taliban and work within their laws rather than against them. This is a controversial policy, but there are a number of justifications for it, not least that Afghanistan has had enough of foreign agencies interfering with its politics, and that our pragmatic, non-judgmental approach allows us to reach people who would otherwise be abandoned.

I've left Farah now, and the harshness of the lifestyle is starting to fade, but the memory I will always keep is the kindness and the gratitude of the people we were able to help.

Dr Aurora is a Fellow in Intensive Care at Alder Hey Children's Hospital, Liverpool. Alder Hey gave him a six month deferral to volunteer with MERLIN.

For this project, £10 buys iodine tablets to purify 110 litres of drinking water, £25 buys one mosquito net.

Home and Away

YEMEN

Logistician Stewart Shepherd took five weeks out from his job in MERLIN's head office to work on MERLIN's first Middle Eastern project.

MERLIN launched its Yemen operation at top speed in response to flash floods which made 20,000 people homeless in June. I only learned that I was to be part of the team at the last moment. After spending the past year in the London office as Logistics Assistant, I had definite feelings of excitement and trepidation at my imminent departure.

Although I talk to field staff every day, and send freights of medicines or radios all over the world, I really wasn't sure what I would find when I finally got into the field. In the end, I was so busy working flat out until the last ten minutes before departure that I didn't have time to worry about all that. Suddenly I was on a plane to the Middle East, on my first MERLIN mission.

Despite previous visits to the region, it was something of a shock travelling from the airport into the capital city, Sana'a. The familiar Middle Eastern smells were there, the ubiquitous kaffiyeh headwear and the rooftop calls to prayer. But this was not Amman or Damascus. All the way into town, half-constructed buildings, desolate gap sites and litter-strewn streets gave me an overwhelming impression that Yemen is a poor, poor country.

In fact it is one of the poorest countries in Asia. Life expectancy is 46 years and infant mortality is 13%. Its health indicators are worse than most of Africa. In a country this fragile, the unprecedented floods had caused enormous damage both economically and socially.

The floods had saturated the South East of Yemen, pouring across farmland at an estimated rate of 4,000 sq.m. per second. Some 30,000 hectares of arable topsoil had been washed into the desert. I wondered what flood damage I would see as I drove from Sana'a towards our project base in the town of Ataq. The journey passed through breathtaking scenery, including a 3,000 metre descent down a hairpin mountain road. At the bottom, a sudden rise of over 10 degrees in temperature warned me of the heat that would lie ahead.

Signs of the floods could be seen outside Ataq – to locals at least. Driving down a sand-filled wadi, it was hard to appreciate that this would have been a fertile field only weeks earlier. I found more



Flash floods devastated Shabwa province. Picture: Simon Williamson

obvious testimony to the power of the flood outside Nisab, where the road had been twisted and buckled at will. In the same area, I heard the remarkable story of a family of eight who had been swept away, the sole survivor being a baby of six months who was found in a tree 48 hours after the floods had subsided.

The first task was to find office space and housing for the project team. This was in short supply in a small town like Ataq, and it took three weeks of visiting houses in all states of disrepair before we found one which had a fan and only needed replastering. I had to get a local carpenter to knock us up some wardrobes and tables. We didn't have beds, only mattresses on the floor.

Getting a phone line back to London was another saga. The local post office said it would take 45 days to connect us. But I found a private telephone agency who did it in 24 hours. It was a novel experience drawing up a rental contract in Arabic.

Meanwhile, I had to hire local staff for the non-medical jobs like driving and security. There were few English-speakers, so I had to recruit interpreters all the way from Sana'a. We also had to get special female interpreters who could talk to women patients if their menfolk were not present. I paid all these staff in US dollars because

if I'd used local currency I would have been handing out a brick-sized wad of old notes each time.

In the wake of the floods, the project focused on water-borne diseases like malaria and diarrhoea. We established surveillance points throughout the district, to monitor any outbreaks. This meant many trips for the team through arduous desert terrain to isolated hospitals and health units. Logistics support was at a premium, as reliable vehicles were essential. With temperatures regularly exceeding 50 degrees C, maintaining water supplies within the vehicles was crucial. We realised this when the bodies of five Iraqi medics were found where their vehicle had broken down.

It certainly was a different working environment to the office in London. At the end of my five week stint, I realised how many problems I had overcome. I had helped to start up a project from scratch, taking many decisions on my own initiative. I was very pleased with the results when I handed over to my successor and finally boarded the plane back to London.

For this project, £20 buys oral rehydration salts for 20 children, £1,000 buys one microscope.

Letters from the field

Days to Remember

RWANDA

Dr Charles Easmon reflects on what he learnt from volunteering.

17 April 1996 is a day that I will always remember.

I did not get married, divorced or fired. I called the rest of the MERLIN team in Rwanda, via VHF radio, to say: 'There are 700 Zairean refugees coming over the border who will need medical screening and measles vaccination from tomorrow. In 24 hours' time, they will be placed on volcanic land with limited shelter and no toilet facilities.'

Three months later, our team had managed the health care of over 12,000 Zairean men, women and children. We had vaccinated over 4,000 children against measles, recruited nursing staff, created an expanding tented hospital and initiated reproductive health services. In addition, thanks to a prompt nutritional survey, we had been able to alert United Nations representatives and local health authorities to the alarming fact that over 20% of the children aged less than five were suffering from moderate or severe malnutrition.

How did I get to be in Rwanda and what did I learn from my six months as medical co-ordinator for MERLIN's Rwanda programme?

Ever since I qualified as a doctor, I had wanted to work in developing countries, but within the context of a career in the NHS it seemed a mere pipe dream. However, after leaving hospital medicine I undertook a Masters degree in Public Health at the London School of Hygiene and Tropical Medicine, followed by a diploma in Tropical Medicine at the Liverpool School. At both schools I heard something about the work of MERLIN. Finally I approached MERLIN – and found myself heading South.

As I sat on the plane from London to Rwanda, via Addis Ababa, I wondered how helpful my theoretical knowledge would be out in the field. The role of medical co-ordinator, which I was to take on, had been vacant for several weeks and it was fairly daunting to be the last person to join the team. I felt I had to 'hit the ground running'. Meanwhile, I was aware of the possibility of a second 'Goma' crisis, with 700,000 Hutu refugees in Zaire who could be forced to return at any moment.

When I arrived I did find some unexpected obstacles. Over 70% of local medical staff had been reported 'dead-or-fled': they had simply vanished during the civil war. In the aftermath of the genocide, there was limited interest in health management issues. In this situation, I quickly learned the value of knowing and relying on my own team.

Teamwork is at the heart of a good aid project. Interpersonal conflicts, variation in motivation and lack of shared vision are some of the problems found in almost all teams. We had some initial problems, but working on them paid off handsomely in our swift, co-ordinated emergency response on 17 April.

I learned many other lessons as a result of my experiences in Rwanda. An important lesson was to accept that change is always going to be slower than one expects or desires. One should not be

too disappointed if goals which turn out to have been unrealistic are not achieved.

Another important lesson that I learned was to appreciate that certain academic theories have a limited chance of being implemented in difficult situations. No textbook tells you how to conduct a community survey in an area with security problems such as land-mines, curfews or post-genocide fear.

Finally, I began to understand the local, governmental, and international factors that affect humanitarian aid. This is something that one can only truly appreciate in the field.

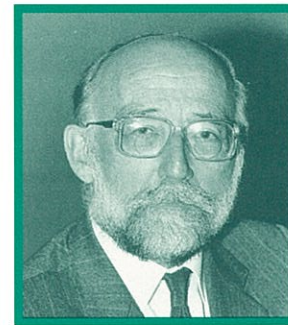
Overall, my work was not only rewarding but enjoyable. One of my lasting memories will be of a little refugee child holding up his pants, his shirt tucked under one arm, whilst he dribbled a football through a forest of taller 14-year-olds, in a football match which I had organised. The lad definitely had talent and I would hope that our contribution to the refugee health services may help him to stay in rude health long enough to develop that talent.

Previously Dr Charles Easmon worked as Medical Registrar at Mayday Hospital, Croydon.

For this project, £15 buys one mattress for the tent hospital, £500 buys one walkie-talkie radio.



Caring for children in Umabano refugee camp



The British medical community should recognise the value of overseas volunteering, argues Sir Donald Acheson, President of the British Medical Association

It was my father who gave me my first lessons about medicine in war. He had volunteered for the Royal Army Medical Corps in World War I. I have a vivid recollection of his description of the tragic early field hospitals with their tetanus and gas gangrene wards. Outside the tetanus ward was a board of wood with the word 'Silence' in large red letters. A banging door or even a cough could precipitate an outbreak of tetanus spasms among the patients. The gas ward could be identified by the stench at least 100 yards away.

In both wards, in the early months of 1914, death was the usual outcome. By 1918, better medical procedures and drugs had reduced the mortality rate to 8%.

Unfortunately, doctors are still needed in areas of conflict. Emergency situations abroad present increasing problems of health, health care and humanitarian relief. These are characterised by the breakdown of local government, hostilities of one sort or another, destruction of public services, and above all by the displacement of populations, principally women, children and the elderly, from their homes.

Such situations have become only too common in recent years. But many aid efforts are based more on emotion than on a proper objective evaluation of what needs to be done. Much more could be achieved through a proper application of the principles of medical science, including those of public health.

I experienced this for myself recently in war-torn Yugoslavia, where I led an emergency mission for the World Health Organisation. When I first arrived, I heard terrible stories of malnutrition in Sarajevo and Gorazde. But when we carried out proper anthropometric surveys based on cluster sampling, we found no overt malnutrition, even in battle zones, except among the very elderly. Food aid was not the most urgent need.

Instead, we persuaded the UN High Commission for Refugees to suspend all food shipments to Sarajevo for two weeks, as winter began, and give priority to delivering blankets, sleeping bags and insulation. Our argument was based on the fact that, at a temperature of minus 10 degrees Celsius, one good blanket will save a person as much energy in a month as would be provided by 5 kilograms of flour: and the blanket lasts for month after month.

This happened in Yugoslavia, but it could equally well be Rwanda, Chechnya or a score of other places in the world today. In these emergencies, there is a major role for medical personnel from a wide range of specialties – clinical specialties such as surgeons and paediatricians, general practitioners and public health doctors, nurses and midwives. The need for qualified personnel from the UK to volunteer their services to those less fortunate around the world is likely to continue – indeed to increase – in the future.

Yet many who wish to serve in this way are frustrated by a lack of flexibility in our postgraduate training programmes, while others experience great problems in gaining release from their current posts and in finding re-employment within the NHS on their return.

The British medical community needs to recognise not only the inherent moral value of relief work, but also the professional benefits which this can bring to the NHS. Working overseas, in difficult circumstances on a tight budget, teaches people a great deal about teamwork, leadership, innovation, negotiation and management – experience which is increasingly useful in today's market-oriented NHS. Many who have volunteered overseas have found it among the most rewarding periods of their life. They bring back to the NHS new skills and fresh commitment.

In my view, this work should be encouraged to be a valid part of the career of any British doctor or nurse who wishes to undertake it, and I am pledged to work with the British Medical Association in pursuing that aim.

Sir Donald Acheson is a Patron of MERLIN.

Where in the World...?

Volunteers in the field (as of 16 September 1996)

Sierra Leone

Beth Dunn
 Rob Bennett
 Babafunke Akinosho
 Kenny Hamilton
 Derrick Tate
 Kathleen Skinner

Rwanda

Notburga Timmermans
 Mary-Ellen McGroarty
 Serge Beliard-Castebert
 Isabel Simpson
 Roy Goonewardene
 Andrea Brezovsek
 Anne-Marie Kabbatende

Afghanistan

Gary Lancet
 Richard Corbett
 Sara Nam
 Marleen de Tavernier
 David Newall
 Seppi Azarbaijani-
 Moghaddam
 Jo Greenfield
 Mike Roe
 Linda Stanton

Sri Lanka

John Bygate

Yemen

Gladys Baldew
 Neil Townsend
 Susan Sandford
 Hazel Simpson

Guatemala

Elena Tiffert-Vaughan
 Peter Greengross

Caucasus

Kristine Coan
 Simon Arthy
 Leonora Lowe
 Carol Fenn
 Susan Lillicrap
 Barry Holmes
 Andy Featherstone
 Jean Bernard Bouvier

Siberia

Nick Ignatenko
 Alex Fiskén
 Eileen Burke
 Gini Gleissberg
 Fraser Wares

Moscow

Rendt Gorter
 Diane Smith
 Simon Little

RECENTLY RETURNED

Sierra Leone

Katie Cuming
 Eddie Hertens
 Kate Godden
 James Foote
 Marie McGrath
 Rachael Tapsell
 Nick Weatherill

Rwanda

Susan Campbell
 Monique Pont
 Louise Melliush
 Carole Maunder
 Peter Medway
 Charles Easmon

Afghanistan

Paul Aurora
 Edward Roney
 Jonathan Patrick
 Derrick Tate

Sri Lanka

Paul Feldberg
 Sheila Sears
 Michael Schubert
 Karen Marshall
 Jason Lane
 Tina Hermann

Yemen

Caroline Teale
 Stuart Shepherd

Caucasus

Shaun Bickley
 Gavin Newton
 Robert Corp
 Valerie Powell

**To volunteer
 with MERLIN
 CALL
 0171 229 4560**

Fundraising News



Christmas is coming... Available soon will be the 1996 MERLIN Christmas card. Featuring a scene from one of MERLIN's programmes, the card is a great way to send seasonal greetings while at the same time help us raise funds. Order forms are available from the Fundraising Department.

Seven Wonders for seven charities. Congratulations to Jemima and Mark Reynolds who since our last newsletter have completed their expedition around the Seven Wonders of the ancient world in aid of seven charities. They raised over £7,000 for each of the charities and we are most grateful to them for choosing us as one of the beneficiaries.

African drumbeat. Master Djembe drummer Henri Gaobi and his group helped us to raise £1,500 in July, by staging a wildly energetic evening of drumming and dancing at the WKD Club in Camden,



Picture: Paul Stewart

North London. The evening was generously supported by Alliance Air and included a raffle of two air tickets to Dar-es-Salaam donated by the airline.

How you can help us

Donations

We desperately need donations to enable us to continue our life-saving work around the world. You only need to fill in the form on this page and send it back to us with your donation. Or you can find out about tax-effective ways of giving from the Fundraising Department.

Organising events

If anyone has any ideas for a fund-raising event, please let us know. We would be delighted to provide support for anything from a traditional coffee morning to a sponsored school event.

Schools work

An increasing number of schools are supporting our work. Both teachers and children find it interesting to compare their average days with those of children in the countries where we work. We have put together a Schools Pack with case studies and would be delighted to send you one, or arrange to come to your school to give a slide presentation at assembly.

London Marathon

Following in the footsteps of previous years' successful runners such as Dr Simon Ramsbotham and Tim Lawson, we already have several enthusiasts ready to run in next year's Marathon, including Dr Polly Richards who worked in Grozny, and certain optimistic members of the head office team. If anyone else has applied for a place, and would like to run for MERLIN, contact us and we will be delighted to send you one of MERLIN's Marathon Packs.

FORTHCOMING EVENTS

Tickets for all these events are available from the Fundraising Department on 0171 229 4560

Scottish evening – 2nd October 1996.

The first Scottish MERLIN volunteer evening is being held in Edinburgh, offering a chance for past and future volunteers to meet members of the core team and field staff. We hope that this will be the first of many events co-ordinated by our Scottish support group. Please let us know if you would like to attend or know anyone in Edinburgh who might be interested in coming along.

Wine Tasting with Wine Magazine – 31st October 1996

Some of Austria's top wine producers will be represented at a wine tasting at the Austrian Trade Commission in London. Tickets are still available for this event, where guests will be encouraged to taste several award-winning sweet wines. Please contact the Fundraising Department if you are interested in attending.

MERLIN's Christmas Carol Concert – 16th December 1996

This annual favourite will be held at St Francis of Assisi Church, Pottery Lane, London W11 at 7.00pm. As well as carol-singing, two of our volunteers will describe their recent experiences in the field. Tickets will be available from mid-November.

The MERLIN Exchange Game – February 1997

The MERLIN Exchange is a specially created market place within which competing teams of City traders test their wits and skill during a hectic evening of simulated trading. We are looking for 20 teams, each comprising four foreign exchange traders – if you are interested please contact the Fundraising Department.

The MERLIN Brain Game – April 1997

A test of trivia – tables of 10 players will be competing against each other in a display of general knowledge. With dinner and drinks to help lubricate the mind, this promises to be an exciting evening with plenty of competitive spirit flying around.

We are looking for corporate sponsors for these Games.

House gifts required

MERLIN is moving house! Can you help us with any of the following items for our new offices? Macintosh powerbook laptop computers, Macintosh Laser printers, Macintosh desktop computers (system 7.1 onwards), Dos Laptop computers, Dos Desktop computer, Dos Laser printer, Dos portable printers, franking machine (with logo/message facility), photocopier (with sorter and feed), small desktop photocopier, dictaphone transcription machine, bookshelves and slide projectors.

If anyone has any of these items lying around their office and not in use, we would be very pleased to make use of them!

Our new address with effect from Monday 21 October will be: 14 David Mews, London W1M 1HW. Telephone: 0171 487 2505. Fax: 0171 487 4042.

Thank you

We would like to say how enormously grateful we are to all our past and new supporters who have continued to contribute to our work since the last newsletter. We are very encouraged by the increasing number of new donors and supporters we have received in the last few months. Your enthusiasm is an inspiration to all of us at MERLIN and helps us to continue our vital work in the field.

Since the last newsletter, we have received donations from the following institutions:

The Bernard Sunley Charitable Foundation, The Clothworkers Foundation, The Reuters Foundation, The Craigmyle Charitable Trust, Glaxo Wellcome plc, The Leach No. 14 Trust, De La Rue Charitable Trust, Beatrice Laign Trust, Wogen Group Ltd, Booker plc, Research Plus, Westcroft Trust, Seeboard plc, Thomas's School (Clapham, London), Henderson Administration Group plc, Laspen Trust, Lorton Parish Church (Cockermouth), All Saints Church (Cockermouth), The Russell and Mary Foreman 1980 Charitable Trust, Lynncroft Primary School, (Eastwood, Notts), The Verdon-Smith Family Charitable Settlement, United Nations Association, 1 Battalion Coldstream Guards.

We are most grateful to Pauffley PRL for designing our latest Annual Report free of charge. Also to Wace Corporate Print and Real Time Studio for their generous free work on the report. If you would like to see a copy or require copies for distribution to colleagues, please contact Kate Mervyn Jones.

We would like to thank the English Nursing Board for helping to produce MERLIN's new volunteer guidelines, and in particular Anthony Smith, Chief Executive, Azad Ramkoleea, Education Officer and Jill Dawson of Jill Dawson Associates.

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