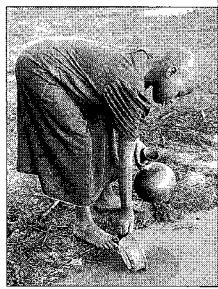


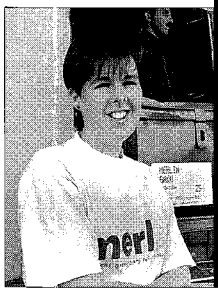
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The  
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NEWS

autumn 1994

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Quarterly  
Newsletter

# MERLIN helps the children of Ndosho

As cholera swept through the refugee camps of Goma, hundreds of Rwandan children were taken to the hospital at Ndosho Orphanage. A MERLIN team worked, in horrendous conditions, to save their lives but now they can look to the future.

The unfolding tragedy in and around Rwanda separated thousands of children from their families. In the aftermath of the cholera and dysentery epidemics at Goma, Zaire, they are still counting the children who were abandoned, lost or orphaned in the crisis.

As the epidemics took hold in Goma, unaccompanied children were taken to centres set up specifically for children. Many were ill, suffering from dehydration, the effects of malnutrition or showing symptoms of cholera. The centres struggled to cope but the numbers were overwhelming. The largest of the orphanages, Ndosho, was refuge to more than 3,000 children during the peak of the epidemic and today, with over 2,000 children, remains the largest in the region.

MERLIN doctor Paul Eunson and two nurses, Jenny Butler and Ailsa Denney, are managing the hospital at the orphanage. The hospital had to expand massively when they arrived in July, with 20 to 30 babies being referred for treatment every day. The mortality rate was high and facilities sparse; there were not enough beds, no electricity, little water and the food supply was, at best, erratic. Even now many of the children are malnourished and as well as medical care need supplementary feeding and constant monitoring.

Conditions however are slowly improving. The hospital has medicines, equipment has been brought in and staffing has increased with local health workers helping to assess, treat and vaccinate the children. The epidemics of

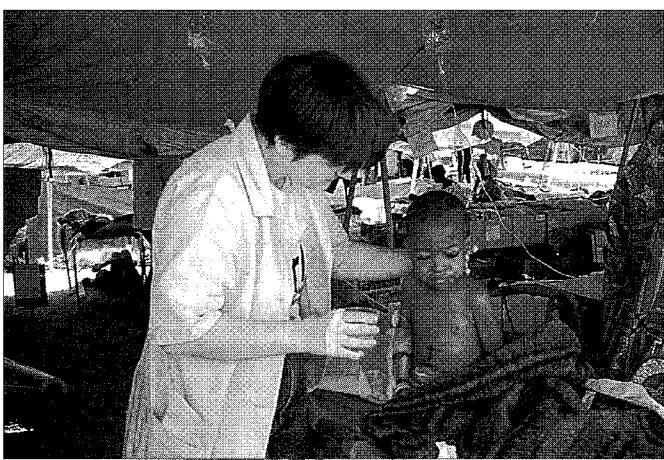
cholera and dysentery are under control and the children have been vaccinated against meningitis and other childhood diseases. Today the priorities are to get electricity, running water and proper sanitation to the orphanage, as well as building wooden shelters to replace the tents the children are currently living in.

Jenny Butler, who was among the first of the team to arrive, has seen the gradual changes at the orphanage taking place. It has, she admits, been an extremely difficult few weeks. "Nothing can prepare you for what you see, it is horrendous, but you just get on with the job. I have concentrated my efforts on the hospital, getting to know the local staff and the children as well as improving facilities and conditions."

But for the longer term, simply feeding and housing the children will not be enough says Paul Eunson. Some children will be reclaimed by their families, and that is the ultimate goal. "But for those who are not, they need as normal a life as possible - play, education, security, an adult to whom they can relate."

Now that the emergency has been contained, the team can do more than simply fire-fighting and is starting to establish the camp as something closer to a proper home.

"When Ndosho has been divided into more manageable 'villages' of 500 children with a school, dispensary, kitchen, water, latrines and most important, a football pitch," says Paul, "then this will be as close as we can get to an appropriate setting until they can return to Rwanda."

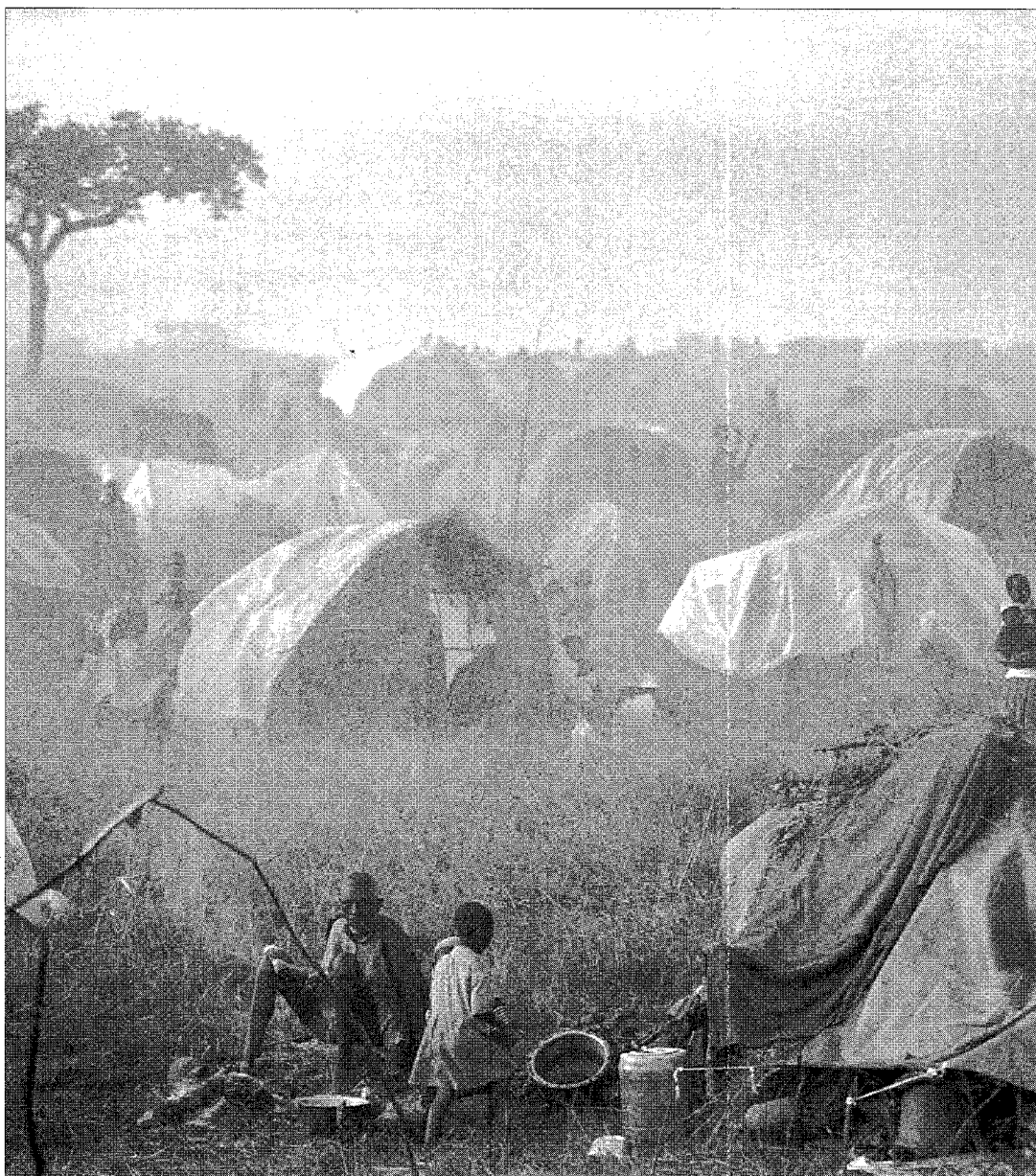


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Photograph right and below: David Stewart-Smith

## Epidemics averted in the south

In the overcrowded camps of the 'safe zone', south west Rwanda, MERLIN teams are working to prevent outbreaks of measles and meningitis from taking hold



MERLIN was one of the few NGOs (non governmental organisations) to start a programme when over 500,000 Hutu Rwandans first arrived in the so-called 'safe zone' in the south west of the country. They were frightened, hungry and exhausted from their long journey.

The displaced people, now numbering up to one million, have settled into makeshift camps of just a few families to over 60,000 people. An evaluation into the region, carried out by

Michael Schubert and Jessica Barry, found a scattered population which might, at any given moment, take to the roads again. Our programme therefore had to be flexible and the teams had to be mobile.

MERLIN decided to use mobile units to provide medical aid and vaccinations in one of the most populated regions around Gikongoro (see map) where up to 600,000 displaced people settled. The programme aims to prevent epidemics, as well as providing curative care. The World Food

Programme reports that malnutrition is now at critical levels in Gikongoro with food supply continuing to be difficult. We have been distributing Vitamin A supplements amongst the displaced to offset some of the effects of malnutrition but the people remain weak and are susceptible to disease. They are living in overcrowded camps, few of which have adequate sanitation and this is a major concern as the rains begin.

The refugees are affected by a number of illnesses including

malaria, meningitis, dysentery and skin diseases. MERLIN doctor Jo Porter spent a short period working alongside Irish agency Trocaire, treating up to 1,200 Rwandans a day in Cyanika camp. Some camps have their own local medics and in these cases, MERLIN can simply provide them with the medical supplies they need.

MERLIN has also initiated a vaccination programme for children aged six months to 15 years and up to 2,000 children are being vaccinated each day. The use of mobile units means that we can reach smaller camps of 1-2,000 people, which are scattered throughout the region. More than 20,000 children have now been vaccinated and we will continue until all those vulnerable to infection have been reached. We expect to vaccinate more than 90,000 children during the programme.

While their medical and nutritional needs become more urgent, it is security that concerns most of the Rwandans. Fear drove them from their homes and could send them just as quickly across the border to Zaire. MERLIN and other NGOs working in the region are providing a small but significant presence for these Rwandans - some reassurance from the international community which we hope will encourage them to stay and finally return to their homes inside Rwanda.

## Future Missions

Medical aid is urgently needed in a number of areas around the world. These are some of the regions that we are hoping to reach.

### Burma

In our last newsletter we reported on a MERLIN evaluation into the Free Shan State in the south of Burma. The Shan Human Rights Foundation had appealed for foreign assistance on behalf of the region which had received no aid, and whose civilians had no access to medical facilities.

The evaluation found an immediate need for reinforcement of the existing limited medical resources, particularly in the domain of public health and hospital services. The lack of public health services, the inaccessibility of treatment centres in Thailand and the absence of foreign aid organisations has isolated a vulnerable population. Readably treated illnesses affecting the population include malaria, dysentery, cholera and pneumonia.

Following the evaluation, MERLIN is recommending direct assistance to existing medical services, including the provision of a doctor to the central hospital at Ho Moeng to provide clinical and diagnostic guidance. In addition the staffing of a small hospital and teaching centre would enable local health workers to be taught clinical assessment and treatment while serving the local population. This programme would be more suited to an NGO involved in longer-term development. A third recommendation, for a MERLIN-staffed dispensary and clinic, would enable the collection of epidemiological data and the provision of curative care.

Unfortunately requests for funding for these recommendations have been turned down and we are still seeking funding for this programme.

### Marsh Arabs

Thousands of Iraqi refugees who escaped into Iran following the Gulf War are living in cramped camps and isolated villages along the border in Iran. Their conditions are terrible and the refugees have little or no access to primary health care. As Saddam Hussein's army has continued its attacks into the former marsh area, much of which has now been drained, many more refugees have crossed the border and have no immediate prospect of returning home.

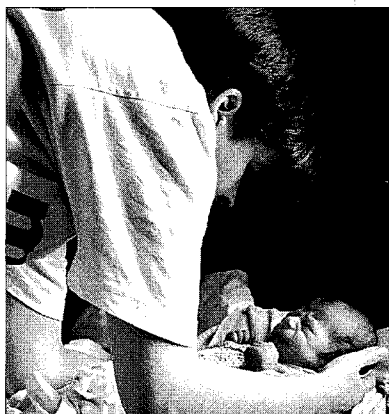
Conditions in most settlements along the border are harsh, with severe shortages of food and medicine. The refugee population consists mainly of women, children and the elderly whose suffering is compounded by summer temperatures which reach around 50 degrees C. Medical ailments within the camps include diabetes, ulcers and epilepsy.

MERLIN hopes to undertake medical relief in the worst affected camps and has applied for visas into Iran to complete an evaluation into the needs of the refugees. While our initial application for visas was refused, we are hopeful that a second application will be successful.

### Afghanistan

The latest news from Afghanistan indicates that the war between Afghan factions is continuing with little respite. While the international community focuses on the desperate situation in Kabul, Kandahar in the south east of the country has also been devastated by severe fighting but remains virtually isolated from humanitarian aid. Its hospital facility is minimal and medical supplies non-existent.

A German NGO, German Afghan Medical Comity, has built a new hospital and MERLIN is hoping to establish the surgical wing for this, reducing the need to evacuate patients to Quetta for treatment. MERLIN's evaluation into the area indicated that as well as the need for supplies, retraining of national medical and logistic personal is required. However before we are granted funding for the programme, further information on the changing security situation and access to Kandahar is required. MERLIN is planning a second evaluation.



## Letter from the Field

Hunger and fear haunt the refugees in south west Rwanda says Jessica Barry, who assisted on the MERLIN evaluation into the 'safe zone'.

Marie de Valoire and her dishevelled companions turned terrified faces to our car. "Please, please, escort us through the checkpoints to Cyanguu. We are sure there are Interhamwe\* hiding in the forest, ready to kill us."

Despite the fact that this meeting took place in the French controlled so-called 'safe zone' in south west Rwanda, it was evident that Marie (an accountant from Kigali) felt far from secure. Her party, some 100 persons, had been on the road for five weeks and they were exhausted. They possessed only a little food and still less money, having had to bribe their way past the many checkpoints along the road from the Rwandan capital. As the Rwandan Patriotic Front (RPF) advanced, they fled to the French-controlled safe haven. But even there they felt in danger. When we met her in July, Marie was making for Zaire.

And what will have become of her now? Is this intelligent woman who speaks French and English perfectly, who worked for a UN affiliated organisation in Kigali, still alive? Or did she quit the horror of the massacres in Rwanda, only to die of cholera across the border in Zaire? For those Rwandans who have stayed in the safety zone, life is only slightly less precarious. By mid July, half a million people were seeking shelter in the area. Since then, thousands more have reached the makeshift camps around Gikongoro, Rukondo, Kaduha and Kebeho - erecting their own small beehive shelters of branches and leaves beside the tens of thousands of others already scattered over the green hillsides.



Conditions for the displaced in south western Rwanda are dire. Food, water and medicines are all in short supply. So too is transport for essential supplies. The camps are found along the simple dirt roads and beside sluggish rivers spanned by frail wooden bridges; heavy vehicles cannot hope to pass. Soon seasonal rains will compound the logistical difficulties being faced by the few NGOs working in the area.

MERLIN has sent two mobile medical teams to the region where they are working in collaboration with three agencies that are making a notable contribution in the safety zone. They are Medecins Sans Frontieres (MSF), Action Internationale Contre la Faim (AICF) and Trocaire, an Irish relief agency which has set up medical dispensaries in camps around Gikongoro.

\* Extremist militia allied to the former Rwandan government



# How our donors support MERLIN

People often ask us where the money comes from to carry out all the work that you are reading about on these pages. Now that we have established ourselves as a recognised non-governmental organisation (NGO), we are able to access significant funds from various national and international government bodies to carry out our programmes. Our work in Goma is partly paid for by the Overseas Development Administration (ODA) and the majority of the funding for the TB programme in Siberia is provided by The European Community Humanitarian Office (ECHO).

However, such grants do not cover the costs of everything that we need to do and, equally importantly, we must remain as free of political constraints as we can. Within our budget, every £1 given by independent donors enables us to 'leverage' £12 from public funds. Without the continued support of our independent donors, public sources could not be tapped and the work we are now doing would not be possible.

During the past quarter we would like to acknowledge, in particular, the continuing and generous support of **Glaxo plc**, which paid for our Evaluation Missions both in Rwanda and Siberia. A large donation from **The Rich Foundation** is enabling us to extend our work on the programme in Siberia which they are co-funding with ECHO. Other sizeable donations from **The Bernard Sunley Charitable Foundation**, **The Network Foundation**, **The Batchworth Trust** and **Jerwood Foundation**, the latter of which is covering the costs of The Director's post, have enabled us to restructure the charity for growth.

Our **Rwanda Appeal** has been successful, generating in excess of £35,000, largely from private individuals although we are still struggling to find another £120,000 to extend our work in the Ndosho Orphanage in Goma! Our most heartfelt thanks to all of you who have contributed to this Appeal.

We were also privileged to be the co-recipients, with the Leonora Trust, of the proceeds of a large dinner at Spencer House at the beginning of May which was organised by **The Bulldog Trust** with His Royal Highness The Duke of Edinburgh as the principal guest.

Finally, **The World Memorial Fund** has once again assisted MERLIN by buying us an Inmarsat communications system which enables our teams in the field to communicate quickly and effectively.

To all our donors from the largest to smallest, our very grateful thanks. If you feel able to contribute to our increasing capability please do; there is always more work to do.

Angus Taverner

# Events

**MERLIN meets the City**  
The Merlin Exchange took the City by storm when 14 City teams descended on the NatWest Hall in June to compete in a simulated trading environment. With one day's trading compressed into just one and a half hours, trading was frenetic with teams up £600m one minute, minus millions the next. The winners from Lehman Brothers are off to the States, courtesy of Virgin Atlantic Airways. The event, organised by Seonaid McConnochie, raised £13,000 for MERLIN and we would like to thank her. Many thanks also to NatWest Tower, who kindly loaned us its hall, Compuserve the computer terminals, Chisholm Roth the software teachers and to the teams that took part.



the winning team

- Running for MERLIN**  
Connie Musicant kindly decided to run for MERLIN in this year's London Marathon and despite troubles with blisters and the cold, has already put in her application for next year's event. MERLIN would like to thank Connie and David Musicant who raised over £900 for the organisation.
- Strong support at film show**  
More than one hundred people came to see Ice Cold in Alex, shown at the Royal Geographical Society in June. The event raised over £1,200. Many thanks to all those who gave up their evenings to join us and for your continued support.
- MERLIN goes green**  
Over the Whitsun bank holiday Chris and Antonia Deuters kindly opened their garden in Herefordshire for MERLIN. The sun shone, the supporting raffle and stalls were a great success and the day raised £865. Our sincerest thanks to them and their supporters.
- Looking ahead**
- Dinner for charity**  
The Restaurant in Naseby has kindly offered its support to MERLIN with another series of events, starting with a Charity Dinner. The Restaurant hosts a number of evenings during the year, many of which are directed at helping charitable organisations and we are very pleased to be one of their adopted charities.
- Evening of music**  
An evening of Victorian music will be held in the autumn, hosted by Louise White. Details will be available nearer the time.
- Thank you to:**
- |                        |                |
|------------------------|----------------|
| Columns                | Lonely Planet  |
| Pershke Price Services | The Lab        |
| Argo Wiggins Teape     | The Big Screen |
| Waldens                |                |

If you would like to help MERLIN, please make a contribution (cash or cheque) to:

**MERLIN**  
PO Box 100  
Tunbridge Wells  
Kent TN2 5XN

Or use this telephone number to make a credit card donation:  
0892 540 040

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# Drugs help prevent tuberculosis epidemic

*Aids, poverty and the complacency of the industrialised world are fuelling a worldwide tuberculosis epidemic. In eastern Europe, the extent of TB infection is becoming apparent. MERLIN was asked to investigate a rapid rise in reported cases in the city of Tomsk, Siberia and sent a team, supported by Glaxo Pharmaceuticals.*

Nuclear plants, gulags and Soviet officialdom have kept the city of Tomsk closed to foreigners for more than 50 years. But while its long isolation is over, the effects linger. MERLIN is the first NGO to be allowed inside the closed city and to visit its hospitals, sanatoria and prisons. We found that the vast resources dedicated to the prevention of TB are failing to prevent a rapid rise in cases.

Two years ago, incidence reached 53 per 100,000 of the population, or forty times the rate in Britain. That figure, says epidemiologist Tim Healing, indicates "a serious endemic TB problem with all the likelihood of an explosive outbreak." It is vital that the problem is tackled as early as possible.

Dr Christopher Besse, who headed the MERLIN evaluation, points out that most of the treatments used in Tomsk have been developed independently of advances made in the west. "While we use standard short courses that have produced high cure rates, the Siberian physicians will use a whole range of treatment strategies, many of which have never been evaluated." Treatments include passing a patient's blood under a UV light (intended to kill the bacteria) and intra-bronchial catheterisation, where a tube is passed via the nose into the chest and drugs are pumped in.

Whether they work or not, the Soviet treatments are expensive and are using up limited resources.



# A Siberian Summer

*Jim Needell has been granted a sabbatical by Glaxo Pharmaceuticals to work as a logistician with MERLIN in Siberia.*

Lenin's statue still stands proudly in the heart of Tomsk, a symbol of conservatism amidst the ruins of the communist system. Tomsk is a beautiful and historic city but is suffering at the hands of its new-found capitalism. We found soaring inflation, unemployment and poverty. Saddest of all is that things look set to get worse, not better, although despite these problems, we still experienced the renowned Siberian hospitality and kindness in abundance.

As the first NGO to enter this region, we had the unenviable task of explaining 'humanitarian aid', which involved continually restating our aims. Our task in the Tomsk Oblast is to investigate and help reduce the worrying trends in TB against a social and economic background in which the disease thrives.

The medics (Dr Nick Ignatenko and Lorna Wielgos) have found a high level of skill and commitment amongst the local medical staff. However the whole system is chronically underfunded, many of the staff have not been paid for months and Moscow has just



imposed another 30% cut in the health budget. Our priority has been to supply the dangerously empty hospital and clinic pharmacies with appropriate drugs.

The education of staff, screening procedures and the bureaucracy all mean that we keep the midnight oil burning. These long hours were compounded by the visit of a MERLIN trustee, Baroness Caroline Cox. She caused quite a stir, warranting a police escort from the airport and a security detail - I only had a Lada car to meet me! Her influence and energy were inspiring and helped to lay the foundations of our work.

We were also given an enthusiastic response at the first Western Siberian TB conference, which

included 75 delegates from all over the Russian Federation. Numerous invitations to other areas of Siberia were offered - I quite fancied a trip to the Altay Mountains or Lake Baikal, but as Nick pointed out, we had more than enough to achieve in Tomsk.

Despite this setback, future plans include visits to the regional bases, a floating clinic up the river Ob, further trips to the 'bath house' (sauna) to be flogged mercilessly with birch leaves and more food to eat than is healthy - not to mention the vodka which appears at every opportunity. A local saying here translates as: "There is no such thing as too much to drink, only not enough food!"

# Vital supplies reach victims of war

*For thousands of displaced people in Azerbaijan, medicines brought by MERLIN provide their only hope of treatment*

Thousands of refugees and displaced people in Azerbaijan are receiving the medicines they need after years of war have drained medical resources and restricted supply. The north west of the country, where MERLIN is working, has seen some of the worst fighting during the five-year war over the territory of Nagorno Karabakh.

A million people have been displaced within Azerbaijan. They are living in cramped conditions in 'hostels'; public buildings, bath houses or factory sanatoria. In the north west there are around 100,000 refugees and displaced people. All their resources are put into food and shelter while health is neglected. Families of five or six generally live, eat and sleep in one small hostel room and with limited access to water, illness is inevitable. Scabies, respiratory infections and dysentery are common. The few medicines that reach Azerbaijan are expensive and

beyond the reach of the hostel-dwellers. Often the only drugs accessible to them are those brought to Azerbaijan by NGOs like MERLIN, which are prescribed and given for free. MERLIN nurse Deborah Baglote emphasises how necessary their work is: "One day I was in a clinic delivering medicines and one of the refugee women I knew pushed her way in to tell me that her children (three of her own and four of her brother's, who had been killed in the fighting) were at last free of the coughs, infections and infestations that they had had for so long."

MERLIN is delivering medicines to the region's central hospital at Ganga, ready to be sent to the local health centres where the displaced are treated. The medicines are also being used to treat the most vulnerable amongst the resident population, the under-fives and over-60 year olds.

The programme is into its final



# Volunteers

When an emergency situation arises, we turn to our emergency register of doctors, nurses, logisticians and administrators. We use this to trace people with the appropriate skills and to find who is available. We continually add to the database with regular interviews of applicants keen to work in the field. What we are looking for is people with relevant qualifications and experience but more than anything else, with the desire and the enthusiasm to make a difference in what may often appear to be a hopeless situation.

MERLIN teams are small and carefully selected, mixing people with previous experience in humanitarian aid with those who have relevant qualifications but no experience overseas.

Volunteers are given a high degree of responsibility in the field but soon forget the limitations they are used to working under in their normal job in the UK. Every programme is different but all require persistence, flexibility and humour from the team. However even in the most remote situations, volunteers are still able to receive a measure of advice and reassurance from the core team in London via various means of communication. These satellites and codan radios are essential both for morale and security.

Our volunteers in London are encouraged to be actively involved with the evolution of MERLIN. We keep people informed about our future programmes, holding volunteer evenings about every six weeks. These include a presentation about current programmes as well as providing an opportunity for future MERLIN team members to meet previous volunteers - and to hear the nitty gritty about life in the field. MERLIN core members are also present at these meetings to answer any questions about the organisation.

Annie MacIow-Smith is responsible for human resources

# Profiles

**MERLIN Volunteers currently in the field include:**

**Paul Eunson**, a paediatrician, is working at the hospital orphanage in Goma, Zaire. Paul managed a hospital in Malawi and assisted on a famine relief programme there. He is a senior registrar with the West Midlands Regional Health Authority.

**Jennifer Butler** was nursing at Guys Hospital when she was asked by MERLIN to work at the orphanage in Zaire. Her previous overseas experience includes working with the Calcutta Rescue street clinic in India.

**Lorna Wielgos** is a senior staff nurse at the Hospital for Tropical Diseases. She has negotiated a leave of absence to work with Merlin on the TB programme in Siberia. She has spent a year working in Canada, followed by a course in infectious diseases.

**Nick Ignatenko** trained as a doctor at the New South Wales University in Sydney, Australia. He has completed the tropical medicine course and is currently in Siberia, coordinating the tuberculosis programme. Nick is fluent in Russian.

**Jim Needell** is employed by Glaxo Pharmaceuticals Ltd but has been granted a five month sabbatical to work for MERLIN in Siberia, as a logistician. He has travelled through southern Africa with Operation Raleigh and in Central America.

**Joanna Porter**, a doctor, was working at St George's Hospital in London before leaving for our programme in south west Rwanda. Her overseas experience includes work in southern India and leading an expedition in the Sudan.

**Debbie Simmonds** has spent 18 months in Tanzania working for Action Health 2,000. She is a midwife and has completed the Tropical Medicine course.

**Lizzy Ellis** is administering the emergency programme in south west Rwanda. She joined MERLIN from Trekforce Expeditions, where she was the expedition coordinator. Lizzie has travelled extensively in Indonesia.

**David McCauley** previously served as a captain in the Royal Irish Rangers in Germany, Northern Ireland, Bosnia and Cambodia. He is now working for MERLIN in Azerbaijan as a logistician.

# In the field

*Jenny Butler arrived at Ndosho orphanage in Goma at the height of the cholera epidemic and describes her work in the field.*

I have been in Goma for a month. It seems longer and an incredible amount has happened. The media coverage had partially prepared me for what we would find but when Paul and I arrived, it was still a shock to see five bodies neatly wrapped up in rush matting, side by side outside the town's hospital.

My first few days have all blurred into one big jumble but I have vivid memories of our first visit to the orphanage. Ndosho is on an area of volcanic rock, very bumpy and inhospitable. On top of this were perched an array of tents, piles of logs and everywhere you looked, children of every age. I was struck immediately by the despondency. There appeared to be no community, no one talking to each other, and I was overwhelmed by the sheer numbers.

Ndosho's 'hospital' is a hut with five rooms, no electricity, no running water and no sanitation. There was masses to do and the first two weeks were extremely hectic looking after 50-70 children in various states of dehydration, sickness and poor health.

My safe NHS nursing skills were somewhat lost amongst the chaos and frantic efforts to administer life saving treatment. I quickly learned how to recognise which child needed the most immediate care. My first experience of death was when I found a child of four, lifeless and cold under a blanket. I felt helpless, and enormously sad that nobody had had the time even to notice him slip away. I realised that it was inevitable in this sort of situation that some would die. It didn't make it any easier.

Now a month later, I feel that it is possible to look forward. We are treating half the number of children so we have more time to concentrate on their medical care. Every day now seems positive, discharging nine children who have recovered enough from dysentery to go back to their tents, or finding one of the children with meningitis, Victore, who'd previously cried or slept, sitting up eating a biscuit.

Ndosho is unrecognisable as the place I saw four weeks ago. There are groups of children enjoying themselves, laughing as Toby, another MERLIN worker, juggles pieces of volcanic rock, or playing football with a makeshift ball. Now it feels like a community. We are all getting to know each other. In the hospital there's a lot of laughter and I get teased mercilessly as I attempt to speak French.

I'll be here for another two months and I am sure there will be good and bad days, but now we can at least look to the future. I don't think about the awful conditions we are working in, it is all so familiar now that I only see the improvements we have made and continue to believe that it can only get better.

