

Briefly

Class action approvals: The Quebec Superior Court has approved a \$50 million suit against Pfizer Inc. related to its contraceptive Depo-Provera, which allegedly causes a decrease in bone density in women. Meanwhile, the Saskatchewan Court of Queen's Bench has expanded a suit against Merck Frosst Canada Ltd. to allow non-residents of the province (except Quebecers) to join their action against the drug rofecoxib (Vioxx). In November 2007, Merck & Co. agreed to a US\$4.85 billion settlements for rofecoxib plaintiffs in the United States.

2,4-D safe: Health Canada's Pest Management Regulatory Agency says a scientific re-evaluation of the herbicide 2,4-dichlorophenoxyacetic acid (2,4-D)

has concluded that it poses no risks to the health of children, adults, animals or the environment when used according to label instructions.

Antiretroviral access: About 3 million people had access to antiretroviral therapy in low- and middle-income countries in 2007, comprising roughly 31% of the 9.7 million who now need the life-saving HIV drugs, according to a new report (www.who.int) from the World Health Organization, UNAIDS and UNICEF. Although it took 2 years longer than once planned to achieve the "3 by 5" target, WHO Director-General Dr. Margaret Chan called it "a remarkable achievement for public health."

Discarded needles: The city of Ottawa will spend \$100 000 over the course of the summer of 2008 to hire summer



Pete Birkinshaw

students, who'll roam streets and parks picking up discarded drug needles, which critics say are littering the streets of the national capital as a result of a program to distribute some 343 000 needles a year. City council also launched a \$50 000 safe syringe study. — Wayne Kondro, *CMAJ*

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DISPATCH FROM THE MEDICAL FRONT

Darfur: truck ride

It is market day in the rebel-held village of Feina in the mountains of South Darfur. Some women have walked; others have travelled by donkey for as long as 6 hours. For many, it is the highlight of the week.

Our clinic is located on the edge of the "market," which through the week is as good as empty except for a few huts where you can buy soap, flour, onions, pens, tea and dry biscuits with expiry dates long surpassed.

Last week I stumbled upon a mud hut with holes covered by cloth and plastic sheeting. Inside, I could buy a cup of sugary Sudanese tea or coffee for 30 euro cents. At the entrance, a couple of sitting camels gave me a bored stare. The table was a red straw mat on the floor and nearby, a boiling, blackened tea kettle stay atop a few stones with a small fire underneath.

Market day adds little to the wares except for a few tomatoes and oranges. But it is lively and men in turbans riding camels greet each other warmly,

shake hands endlessly and speak in a cavalcade of Arabic words.

Streams of women waddle into the clinic, children tied onto their backs, holding pregnancy cards they'd received from us.

A young woman lies on the floor. I inquire and, reminded of previous language problems, hope that when I ask how long she has been in pain, the response won't be how many children she has.

She has been in agony for days. She is 20 and lives in a village 5 hours away by donkey. She has 10 brothers and sisters, is married and has 3 children. The nearest water pump is a 3-hour ride by donkey. Her family denied her permission to visit our clinic. When the pain increased, she ventured here alone.

I suspect she has an ectopic pregnancy and there is little I can do, as surgery is required.

I see the fear in her eyes.

My only option is to arrange a ride with the truck that drives to the big city (Nyala), once a week, after market day.

It is hours away on a bumpy road, but Médecins Sans Frontières (MSF) has a doctor there who can admit her, and monitor her care.

When I tell her that she will leave for the hospital the next day, her frightened eyes grow larger. She's never been in a vehicle, never seen a big city.

A short letter is written in Arabic for her husband. Through it, he will learn where she's being taken at MSF's cost.

The next day we carry her to the truck. Fortunately, she's allowed to sit in front. I try to imagine what she thinks of all of this. — Maaïke van Rijn, Feina, Sudan

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CMAJ invites contributions to "Dispatches from the medical front," in which physicians and other health care providers offer eyewitness glimpses of medical frontiers, whether defined by location or intervention. Submissions, which must run a maximum 400 words, should be forwarded to: wayne.kondro@cma.ca