

CPHP (who will rotate on regular intervals), CDC, and DHHS. This committee may be expanded to include other partners as necessary.

Budget

\$20 million dollars has been appropriated and will be allocated as follows: 15 Academic Centers for Public Health Preparedness will each receive \$1 million; four new Academic Centers for Public Health Preparedness will be competed with awardees each receiving \$1million; \$1 million is designated for central coordination & administration efforts at ASPH.

15 A-CPHP @ \$1 Million	\$15 M
4 New A-CPHP @ \$1 Million	\$4 M
Central coordination & administration	\$1 M
TOTAL	<u>\$20 M</u>

厚生労働科学研究費補助金（国際健康危機管理ネットワーク強化研究事業）
（分担）研究報告書

国際的な健康危機管理に必要なスキル獲得のための人材育成のあり方に関する研究

分担研究課題： NGOにおける教育・トレーニングの研究

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研究要旨：国際的健康危機が発生した場合、その医療活動の主体は各国政府に所属する人材であることが多いが、世界各地からの NGO もその一端を担っている。NGO は、それぞれ独自の人材確保と人材育成を行っており、医療における専門知識・技術だけでなく、それをサポートするシステムの構築をできる知識・技術をもつ人材をより積極的に行っている。今回は、その領域に焦点をあてて、実際に「国境なき医師団」におけるロジスティックの初期研修の調査を行った。その結果、特に医療体制の構築・維持を行うロジスティックにおいて、次のような項目が、必要なスキルに含まれるものと考えた。1) エネルギー資源 2) 通信 3) 物資の調達 4) 水質・衛生管理 5) コールドチェーン である。これら、1)～5)に関する具体的内容は、資料で提示する。

A.研究目的

初年度は「国際的健康危機管理に必要なスキルは何か」の整理・抽出、および、それに関する調査・分析を行った。国際的健康危機管理に必要なスキルは、その事象の発生した規模によって、派遣される人材の数やその専門性も異なってくるはずである。予想される人材としては、疫学専門家、臨床医・看護師などの医療従事者のほか、ロジスティック・調整担当者（filed coordinator）などの非医療従事者があげられる。また、「人材育成はどのレベルをめざすのか」、「そのカリキュラムには何か必要か」を考えた場合に、非医療従事者が獲得すべきスキルが本当に必要なのかを検討するために、NGOにおけるトレーニングについて、調査を行った。

B.研究方法

当該研究者が所属する「国境なき医師団 Medecins Sans Frontieres(以下 MSF)」は民間の緊急医療援助団体（NGO）であり、世界で 80 カ国あまりの地域で、約 3,000 人のボランティアが活動している。そのうち、医師・看護師などの医療従事者は 6 割で、他の 4 割は財務・ロジスティック・調整などを担当する非医療従事者である。MSF は、世界中からの人材が集まって、数名のチームを編成して紛争地域・災害地域・難民キャンプなどで活動している。その際、医療従事者は現地では本来持っている専門知識や技術を供与するのに対し、非医療従事者の background はさまざまであることから、特に、緊急医療を提供するために必要なハードづくりに欠かせない彼らには、各種の

トレーニングを行っている。

MSFには付属組織として、MSF ロジスティック(フランス、ベルギー)とエピセンター(フランス)がある。MSF ロジスティックセンターは、物資の購入、管理、輸送を担当し、効率的な援助活動のための物資調達を行う。ここには、援助物資はすべて、難民対策用、地震災害用などと目的別にセットされ、通関をすませた状態で蓄えられ、48時間以内に現地支援に出かけることを可能にしている。エピセンターは疫学研究組織で、MSFの活動地で得られた医学的情報の解析などを行う。つまり、現地での医療活動の傍ら、同時に医師や看護師は感染症患者の発生人数・年齢層・地域などのデータ収集を報告し、継続する活動内容の検討も行っている。

今回は、特に MSF ロジスティック(フランス・ボルドー)で行っている研修プログラムの具体的内容を、現地に行って、その実態を調べた。

結果

MSF 内部トレーニングのプログラムは、A 医療従事者対象(a 医師・看護師等や b コメディカル等)と B 非医療従事者に分かれている。

参考までに、エピセンターによる研修プログラムには、①疫学(5日間、対象は a・b) ②感染症予防(12日間、対象 A または B—フィールドコーディネーターあるいはミッション統括者の候補者) ③栄養・予防接種(7日間、対象は A—食糧供給 r プログラムや予防接種に関わる者) ④HIV/AIDS コース(8日間、対象は A) などがあり、さらにトレーナーを育成するプログラム(9日間、対象は A および B)がある。

MSF ロジスティックが行う研修プログラムは、対象者の経験年数によって、さまざまな段階に分かれている。まず、初回の現地活動より前

にロジスティックに登録する段階で、基礎研修(PPDL: Preparation Premier Depart Logistique、5日間、対象は主に B)を受けない。その後の6ヶ月以上の現地活動後に、専門分野別の研修として、①基礎的技術:7日間/対象 B ②機械:7日間/対象 B ③緊急衛生・水管理:11日間/対象 B などがあり、①は2度目の現地活動に行く前に受けるが、②③など特殊な技術については、その期間中でもニーズによって受けることができる。

我々が考える人材育成カリキュラムの作成に関わるものとしては、前述の中では、特に PPDL の内容であると思われた。このプログラムの内容は、表1に示す。

考察

本研究事業の目的である人材育成カリキュラムの作成にあたって、医療従事者のみを対象にすることが前提であると思うが、今回の調査で知れたことは、緊急医療援助を行っている MSF の場合は、その地域がリスクの高い紛争地などであるために、限られた要員でチームを派遣する場合には、非医療従事者がかなりメディカルな知識が要求されているということがわかった。逆にいえば、国際健康危機管理に関わる人材を広く育成するには、医療従事者の育成と同時に、医療システムの支援や維持を行う非医療従事者の育成も決してなごりにはできないと思われた。特に、1) エネルギー資源(資料5) 2) 通信(資料6) 3) 物資の調達(資料7-8) 4) コールドチェーン(資料9) 5) 水質・衛生管理(資料10-11) などの項目は、必要なスキルに含まれるものと考え、1)~5)に関する具体的内容は、資料で提示する。

日本が GO として海外に派遣する場合、この

ロジスティックを担う部署があるのか、あるいは現地政府に任せるのか、地域や状況によって判断されるのであろう。すべての人材にこの領域の知識や技術が要求される必要は全くない。しかし、非常な緊急事態をスムーズに展開していくには、リーダーとなるべき人材には、統括者としてのロジスティックの知識は必要と思われる、この部分は選択制あるいは対象者を限定して、プログラムに組み入れられるものではないかと思う。

最後に、フランスのMSFロジスティックの責任

者はこう言っていた。「私も、よく日系企業でロジスティックに関する講義を頼まれます。具体的には、物資の調達・貯蔵・供給がロジスティックの仕事なのですが、日本人にはこれを総括的にやるという概念があまりないように感じました。医療援助活動、特に緊急事態ではロジスティックな立場での考え方は、その内容を大きく左右すると思っています。」日本の医療従事者には、これまで、このような視点での医療現場を見る機会もなく、非常に的を得た指摘である。

参考資料

CD-ROM PPD/MSF ロジスティック (2004.11月、ボルドーにて実施)

表1 PDDL 研修プログラム

1. MSF について
 - MSF の歴史・理念、MSF ロジスティック(資料1)
 - 緊急活動:緊急事態の認識、どのような緊急事態が考えられるか、etc. (資料2)
 2. MSF ロジスティックについて
 - ロジスティシヤンの果たすべき役割(資料3)
 - 大きな組織の中で初めて活動に参加するロジスティシヤンはどこに位置するか(資料4)
 3. 安全・保障
 - MSF 活動におけるリスク、安全に関する問題への対応
 4. 公衆衛生の指標
 - 健康に関する指標を知る、ロジスティック・衛生と公衆衛生との関係理解する
 5. エネルギー
 - 基本的な電気に関する知識、MSF における基本的エネルギー資源(資料5)
 6. 通信
 - MSF 活動における通信手段、通信方法、通信不能の場合の対処法(資料6)
 7. 栄養
 - 低栄養問題の理解:治療法の各種、栄養障害治療センター、重症栄養障害者の治療など
 8. 供給・運搬および現地購入
 - ミッションにおける供給管理、現地からの注文方法、注文管理(資料7)
 - 供給の受け入れと現地における搬送(資料8)
 - 供給や消耗品などの支払い、その決定法
 9. コールドチェーン・予防接種(資料9)
 - コールドチェーンの概念、冷所保管、受動的/積極的冷所の作成、冷所管理ミスの判定
 - 疫学的な予防接種の意義
 - 予防接種による廃棄物処理
 - 10.水・衛生
 - 衛生的な水の確保や水質管理(資料10)
 - 衛生学的問題に関係した伝染病、具体的な衛生管理法(資料11)
 - 11.機械
 - 自動車(燃料、維持、利用スケジュール、4x4自動車、補修)
 12. コレラ
 - コレラの伝染に関する基礎知識(予防、地域への介入、コレラテントの設置、治療など)
 13. 現地スタッフの管理(資料12)
 - 現地スタッフのマネージメント(雇用/解雇、給与方針、MSF の医療理念の徹底など)
 14. 財務(資料13)
 - 収支の処理、記録など
-

MSF Logistique

1 - INTRODUCTION

- Non-profit, non-governmental organization (created under the French statute, *Association loi 1901*)
- Founded by MSF France in 1986, partner of MSF Switzerland since 2002
- Based at the Merignac site since 1992
- Central purchasing agent and wholesale pharmaceutical distribution company dedicated to humanitarian relief activities

- Staff: 50
- Warehouse area: 5 200 m²
- Items stocked: 13,000 (including 400 kits and modules)
- Permanent inventory: 3,000 items (lot and expiration oversight for half the items)
- Average inventory value: 4 million euros
- Emergency inventories (185 tons – 820 m³)
managed for MSF France, MSF Switzerland and Médecins du Monde France

- Volume of activity: 23 million euros
- Distribution by MSF Logistique clients: MSF France 60% – other MSF sections 35% – non-MSF 5%
- Distribution by MSF Logistique sector: medical 50 % – logistics 30 % – transportation 20 %

Data 2002

- Average tonnage shipped: 2,000 – 4,000 tons (60 % by air – 30 % by sea – 10 % by truck)
15 full charters/year on average
85 country destinations
- Procurement (equipment + transportation + warehousing; local + Europe) represents nearly 50 percent of MSF France's general budget
- Procurement by geographic distribution: Europe 55%/local 45%
- Distribution by category and location

	<i>Europe</i>	<i>local</i>
medical	65%	35%
logistics	40%	60%
food	65%	35%
transportation	50%	50%

Data 200, MSF France

2 - ACTIVITIES

Field Consulting and Communications

- Information on procurement-related problems
 - advising related to order preparation (calculating consumption, inventory management, etc.)
 - explanation of technical order routing and management in terms of needs outlined
- Technical information on MSF Logistique products and services, transportation methods, laws
- Coordination of field orders with defined MSF intervention, MSF products and standards, patterns of field consumption
- advising regarding local purchasing
 - particular products used in MSF interventions (specifications)
 - supplier selection criteria

Training

- knowledge and use of MSF Logistique procurement system
- Training on methods of needs evaluation
- Briefings by mission and procurement managers
- Participation in MSF trainings

Technical Support Site Visits to Field Teams

- Knowledge of field needs and MSF environment
- MSF Logistique skills and knowledge transfer

Program Procurement

technical assistance and consulting – purchasing – storage – order preparation -- shipping

- Product availability
 - Optimal management of MSF Logistique inventory
 - Emergency inventory management
 - Expansion of supplier options
 - Field transport organization
- Quality of procurement
 - Observing product specifications established by MSF
 - Overall response to field requests (timeframe for order preparation & remaining items order not yet delivered)
 - Quality of MSF Logistique bundling (to simplify receiving, handling and storage in the field)
 - Product traceability and quality guarantee
- Best price
 - Purchase price negotiation and competitiveness of our products and services

Health Priorities In Humanitarian Emergencies

Intervention Objective During Severe Stage

Reduce the excess mortality that is always associated with massive population exodus.

Reduce excess mortality in a population

Crucial period: the first weeks

Ten health priorities in humanitarian emergencies

1. Initial evaluation
2. Measles vaccination
3. Watsan
4. Food supplies and nutritional programs
5. Shelter and site planning
6. Treatment activities
7. Diarrheal illness control programs
8. Monitoring system
9. Human resources
10. Coordination:

1. INITIAL EVALUATION

Objectives

- Gain an understanding of the scope and significance of the emergency:
- Provide a snapshot of the situation to determine whether to intervene
- Priority public health problems
- Environmental risk factors
- Available resources (materiel and human)
- External resource needs
- Additional information needs
- Communications

Information Gathered

- 1/Political context
- 2/Geographic information
- 3/Population demographics information
- 4/Nutritional situation
- 5/ Information on environmental factors
- 6/ Information on population health status and health facilities
- 7/ Support logistics and human resources information
- 8/ Other organizations and institutions

Information Sources

- Checklist and systematic observation
- Resources people
- Health facilities' records
- Agency reports
- Convenience sample survey
- If time and expertise available: randomized survey

2. MEASLES VACCINATION

- Measles: elevated lethality
- Basic vaccination coverage
- Overpopulation
- Vaccine effectiveness
- Mass vaccination campaigns
- Target group: 6 months – 15 years
- Objective: 100% vaccine coverage

3. WATSAN

- Diarrheal illnesses: simple and bloody diarrhea, cholera
- Water: quantity >> quality
- Sanitation
 - i. latrines, defecation fields
 - ii. standard operating procedures
- Objectives:
 - i. 20 liters of drinking water/person /day
 - ii. 20 persons/latrine

4. FOOD SUPPLIES AND NUTRITIONAL PROGRAMS

- Programs
 - i. Distribution (ration: 2.100 Kcal/person/day)
 - ii. Intensive feeding centers
 - iii. Supplementary feeding centers
- Monitoring and evaluation
 - i. Market basket: quantity and quality of rations distributed
 - ii. Anthropometric surveys: nutritional status + program coverage

5. SHELTER AND SITE PLANNING

- Camp spatial organization
- Overpopulation: epidemic risk factor (measles, cholera, meningitis, etc.)
- Construction materiel available quickly/locally tents, huts
- Climate
- Cooking utensils
- Standards: 3.5 m²/person for shelters
30 m²/persons for entire camp
-
-

6. TREATMENT ACTIVITIES

- Diarrheal illnesses
- Outlying health facilities
- Provision of effective medications
- Kits (ex: 10,000 persons for 3 months)
- Training
- Expatriates and nationals

7. DIARRHEAL ILLNESS CONTROL PROGRAMS

- Elevated lethality/overpopulation
- Watsan
- ORS corners in clinics
- ORT points in the camp
- CTC for cholera and shigellosis
 - i. active case research
 - ii. treatment
- rapid access to treatment=reduction of lethality

8. MONITORING SYSTEM

- As soon as possible
- Epidemic warnings
- Monitoring the situation/Priorities
- Population statistics
- Mortality Rate: indicators
 - i. CMR> 1 person/10,000/day: critical
 - ii. CMR> 2 persons/10,000/day: out of control

Morbidity: at least the priority diseases: measles, diarrhea, ARI, malaria, malnutrition

9. HUMAN RESOURCES

- Community health agents (CHA)
 - i. active case research
 - ii. monitoring
 - iii. standard: 1 CHW/1,000 people
- Health workers: health care aides, nurses, medical assistants, doctors
- International staff: logisticians, sanitary workers, administrators, trainers, public health specialists, epidemiologists

10. COORDINATION:

- Leadership
- Competence/expertise
- Collaboration
- Communication
- Standardization
- Evaluation

Typical Job Requirements Of a 1st Mission MSF Logistician

Qualifications sought among all applicants (doctors, paramedics, non-medical)

The candidate must be able to:

Read, explain and uphold the MSF charter:

- The organization provides assistance to populations in distress and to victims of natural or man-made disasters and armed conflict, irrespective of race, religion, creed or political convictions.
- It observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance, and claims full and unhindered freedom in the exercise of its functions.
- Its members undertake to respect their professional code of ethics (and the medical code) and to maintain complete independence from all political, economic or religious powers.
- As volunteers, members understand the risks and dangers of the missions they carry out and make no claims for themselves or their dependents for any form of compensation other than that which the association might be able to afford them.

Interpersonal Skills:

The candidate must be able to:

Assimilate into a team of strangers in precarious situations:

- Live in the same house, and over a long period of time, with people who are not necessarily of the same background.
- On arrival, respect the rules of collective living defined by the team.
- Participate in the life of the team: listen carefully, ask questions and offer his/her opinion during team discussions and debates.
- Accept and take on tasks assigned to him/her.
- Request help and advice if s/he does not have the skills to carry out a particular assignment.

Integrate into an unfamiliar population in precarious situations:

- Observe the population's social mores, rules and conventions.
- Analyze the political, social and cultural context and develop an approach tailored to meet the conventions of the society in which s/he is working.

Integrate into the programs:

- Participate in developing or improving programs whose goal is to assure the well being of patients, populations, medical staff and international volunteers.
- Participate in developing or improving programs whose goal is preventing the transmission of disease (hospital hygiene)
- Work closely with a medical team (national and/or international)

Expertise and Specific Skills Required of A First-Mission Logistician

The candidate must be able to:

Evaluate a situation:

- Identify technical or organizational problems.
- Share this analysis with knowledgeable individuals and assemble information to develop the most appropriate response.
- Conduct research in the professional literature or operations handbooks to find possible answers to problems.
- Report regularly to his/her manager(s), primarily on problem areas.

Perform Financial Management (always)

- Purchase (or arrange for the purchase of) supplies and consumables.
- Identify the best products available at the lowest cost.
- Keep basic accounts; maintain an accounting ledger (balzac)

Perform Inventory Management (always)

- Carry out an inventory of supplies
- Maintain stock records
- Place orders and record deliveries
- Maintain security and storage of supplies and/or consumables; assure proper storage conditions.

Provide Team Supervision (always)

- Organize employees' daily work plan (always)
- Supervise and evaluate employee performance (always)
- Evaluate employees' supply needs and provide necessary supplies (always)
- Choose, hire and fire staff (sometimes)
- Provide employee administrative management (sometimes)

Manage and Maintain Vehicles (always):

- Keep vehicles in good working order (schedule maintenance, check fluid levels, change tires, change battery, etc.)
- Diagnose the most common problems and breakdowns (to be specified).
- Provide clear, detailed explanations of vehicle problems and breakdowns to the technical manager

Manage and Maintain Complex and Expensive Equipment (always)

(generator(s), copy machine(s), computer(s), printer(s), HF and VHF radio(s), fax, etc.)

- Keep equipment in good working order (schedule maintenance, check levels, replenish consumables).
- Diagnose the most common problems and breakdowns (to be specified).
- Provide clear, detailed explanations of equipment breakdowns to the technical manager.

資料 4

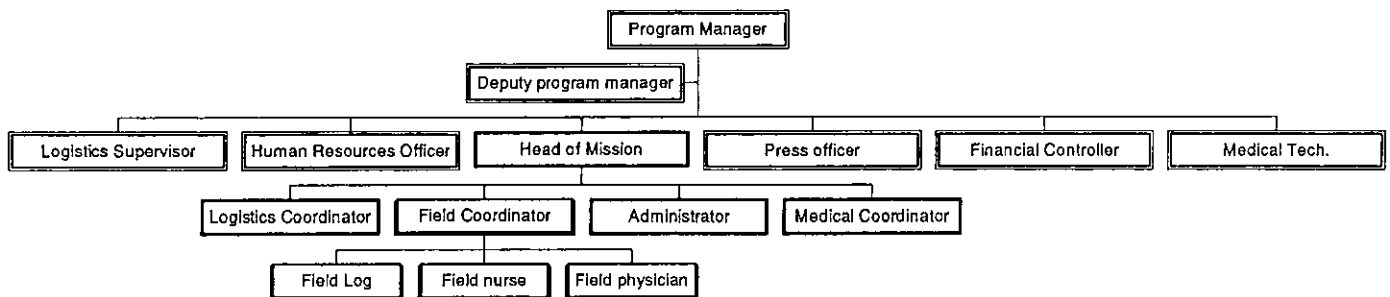
Module: The Logistician's Role

Module Objective:

The intern must be able to:

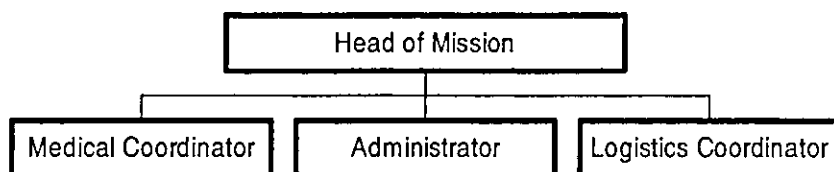
- lay out the principal activities of an MSF 1st mission logistician

Mission Organization Chart



Capital Coordination Team:

Capital Coordination Team Organization Chart



The following describes the mission activities and responsibilities of each member of the coordination team:

Head of mission

- General policy
- Communication/representation
- Team security

Medical coordinator

- Medical programs

Administrator

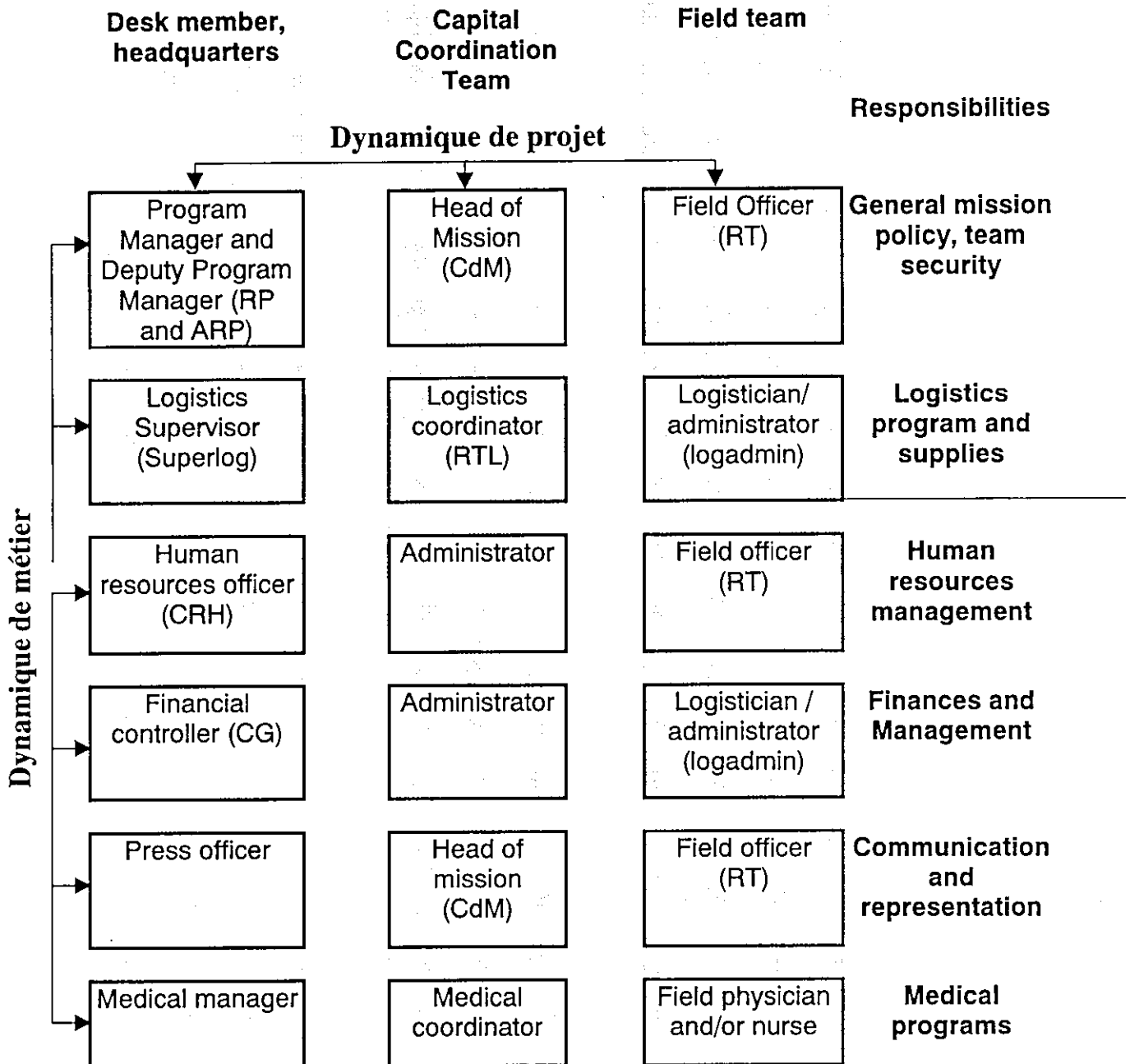
- General administration
- Finances and management
- Human resources management

Logistics coordinator

- Logistics programs
- Supplies

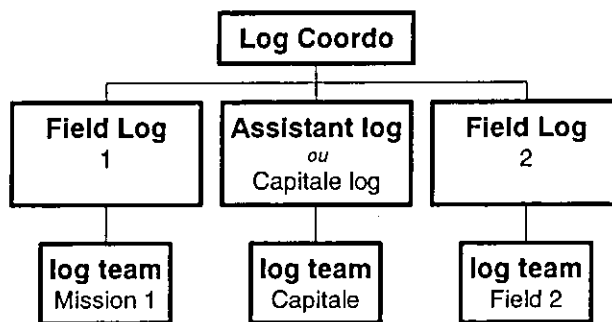
Matrix Organization Chart

The standard organization chart cannot illustrate how responsibilities are assigned across project activities, phases and positions. A matrix organization chart is better suited for displaying such complex interactions.



Logistics team:

Example of a Logistics Team Organization Chart



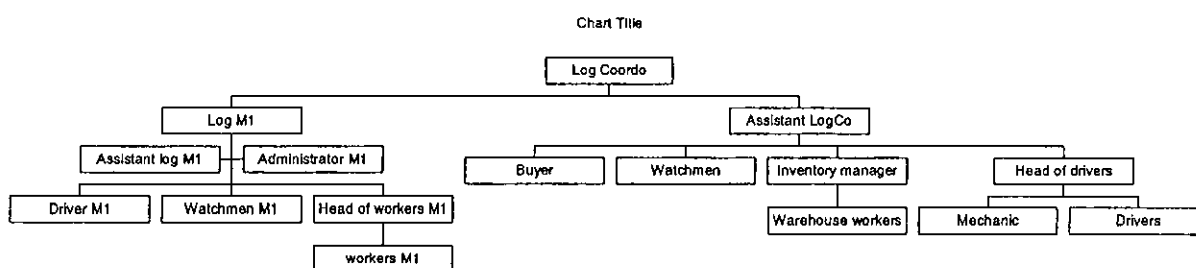
Level 1: Logistics coordinator

- Organizes and supervises the capital logistics team to ensure that missions receive the highest quality logistical support
- Defines, plans and monitors mission logistics programs
- Supports and advises field logisticians and coordinates their work
- Manages and centralizes international orders
- Reports to superlog on operations and development of logistics programs

Level 2: Assistant logistician

- Coordinates the capital logistics team’s activities (vehicle management, supplies, inventory, equipment maintenance, etc.)
- Manages logistics administrative functions
- Manages national purchase orders
- Reports to logistics coordinator on activities

Under the logistics coordinator’s supervision, the assistant logistician manages capital logistics activities. The coordinator may monitor missions by conducting regular field visits, enabling him/her to provide supervision and support to less-experienced field logisticians.



Accountability Framework

Working in a team setting means delegating responsibilities and decision-making. To allow each member to carry out his/her responsibilities to the best of his/her abilities, it is important that the accountability framework appropriate to each member be clearly understood.

Energy Module

Short Preparation Primary Departure Logistics (SPPDL)

Case study: Solutions

First field environment:

Huambo is the province's largest town. The coordination team is based there in order to monitor the various programs, the safety of the teams, as well as the supply and set up of exploratory missions.

Huambo has access to the town's electricity between 6pm and 11pm.

1) (15 minutes in small groups, then 15 minutes with everyone together)

- make a list of the different pieces of equipment needed for the mission to function, as well as the characteristics of the electrical current (220 V / 12 V / constant or isolated needs, etc.)

The equipment needed is as follows:

- HF and VHF radio system (telex): 12 Volt, and 220 V, continuous and permanent (telex)
- photocopier: 220 V, continuous and non-permanent
- laptop computer: 220 V, non-continuous and non-permanent
- printer: 220 V, continuous and non-permanent
- light: 220V and/or 12 V, non-continuous and non-permanent
- satellite telephone: 220 V non-continuous and non-permanent

According to these needs:

- which systems do you think we could set up, and make a sketch or sketches of the installation(s)?
- generator that supplies 220 V
- generator/electricity switch for the town, 220 V
- battery/charger/inverter for radio and telex system

(plus sketch of the Radio and Massis guideline)

2) (45 minutes of installation together)

Finally, there will be a practical set-up of the installation, using MSF's everyday equipment.

- installation of a generator/switch/current for the town/voltage regulator (Benoit table)
- parallel installation of batteries, inverter and charger

Second field environment:

Bunjei is a forced settlement camp for the people, in the middle of the bush. MSF is installing a Supplementary Feeding Centre, a bush hospital (covered with a canvas tent), and the MSF camp.

1) (10 minutes in small groups, then 10 minutes with everyone together)

- make a list of the different pieces of equipment needed for the mission to function, as well as the characteristics of the electrical current (220 V / 12 V / constant or isolated needs, etc.)
- HF and VHF radio system (telex): 12 Volt, and 220 V, continuous and permanent (telex)
- laptop computer: 220 V, non-continuous and non-permanent
- printer: 220 V, continuous and non-permanent
- light: 220V and/or 12 V, non-continuous and non-permanent

According to these needs:

- which systems do you think we could set up, and make a sketch or sketches of the installation(s)?
- generator that supplies 220 V
- solar panel and sun lamp
- battery/charger/inverter for radio and telex system

(plus sketch of the Radio and Massis guideline)

2) (20 minutes of installation together)

Finally, there will be a practical set-up of the installation, using MSF's everyday equipment.

- installation of a generator (Benoit table)
- parallel installation of batteries, inverter and charger
- installation of a solar panel

Each installation is carried using the voltmeter, and by explaining the connections and the risks they may pose.

To Start the RadioTelex Program :

Push the computer's ON/OFF button and let the computer boot up until the stand-by window appears on the screen.

If the radiotelex program does not load automatically, or if, for whatever reason, the following appears on the screen: C :/>

Then type the following: CD GLPLUS and then hit ENTER.

The following should appear: C:\GLPLUS\

Immediately type, once again, GLPLUS

The following should appear on the screen: C:\GLPLUS\GLPLUS

Hit ENTER.

The glplus program should launch.

How to Configure the Machine:

F10 Option then ENTER

Configuration then ENTER

Pactor call : that's the name of my station !

Example : PAC (for pactor) M (mission MSF) A (Afgha) K (Kaboul) F (MSF France section)
then TAB to reach sitor call : type MAKF then TAB

PACTOR CALL PACMAKF

SITOR CALL MAKF

Sitor answerback : Toto or your grandmother's name! TAB

IN Directory : do not touch (C : \GLPLUS\IN\)

OUT Directory : do not touch (C : \GLPLUS\OUT\)

Import Directory : A : \ (do not touch – this is to pick up messages on the disk reader

Modem Port	Print	Sitor Polarity
(.) Com 1	[x] In Messages	(.) Normal
() Com 2	[x] Out Messages	() Reverse
	[x] Chat	
Printer port	[] Formfeed after Messages	Receive Sitor-FEC
(.) LPT 1	[] Formfeed after 60 Lines	(.) Disabled
() LPT 2	[] Left Margin	() Enabled
Screen	File Access Rights	
(.) Color	(.) Restricted Access	
() B & W	() Open Access	

Always end with OK then ENTER to confirm changes.

Sending the message heading:

User- Programmable Keys

Shift and F1 ----- MSF Paris ----- !L ! Destination Mission:

Shift and F2 To:

Shift and F3 From:

Shift and F4 !T ! !L !----- !L ! !L ! !L !

(T for the time to display, !L ! for line spacing)

Shift and F5

Shift and F6

Shift and F7

Shift and F8

Shift and F9

Shift and F10 !L !-----End of message ----- !L ! !L ! !D !

(Skip a line at the end for the printer paper then D for the closing!)

To check your mailbox:

type : **..readall** then enter