

# International/**A**merican **M**edical **M**ission

*Making a difference in health and well-being... one life at a time.*

*"He who has **HEALTH**, has hope.  
And he who has hope, has everything."*



## Haiti Mission

1st Mission

February 21 -- 27, 2010

Please make donations payable to  
**IAMMM**

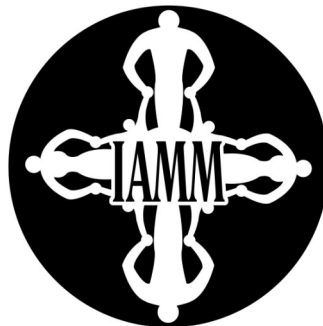
*Your tax-deductible donation will help provide  
**HEALTH** and **HOPE** to our international neighbors*

# IAMMM 1st Relief Mission to Haiti

## February 21 -- 27, 2010

### CONTENTS OF THIS NEWSLETTER:

FLIER FOR IAMM HAITI MISSION .....	COVER PAGE
KEY QUESTIONS.... DR. DONALD MASSENBURG .....	3—4
WHAT IS THE PLAN FOR HAITI.... LEONARDO D. GILBERT .....	5—6
WHAT IS THE OPERATING BUDGET....LOYD C. HARRIS .....	6
CDC GUIDANCE FOR RELIEF WORKERS IN HAITI .....	7—11
• BEFORE YOU DEPART FOR HAITI (IMMUNIZATIONS) .....	7
• OTHER INFECTIOUS DISEASES .....	8
• KEY ITEMS TO BRING .....	8
• WHILE IN HAITI .....	9
• PSYCHOLOGICAL /EMOTIONAL DIFFICULTIES .....	11
• AFTER YOU COME HOME .....	11



**KEY QUESTIONS FOR IAMM HAITI MEDICAL RELIEF MISSION**  
**FEBRUARY 21—27, 2010**  
*Dr. Donald Massenburg, IAMM Medical Director*

**WHO IS GOING?**

The team will consist of medical personnel, ministers, support staff, and security personnel:

Medical:

Internal Medicine Doctors: Don Massenburg & Nikhil Siony

Family Practice Doctors: Gabrielle Barber & David Miller

Pediatric Doctor: Eugenia (Genie) Sanders.

Nurses: Fred Buckley, Elinor Davis & Andrea Lugo.

*Lugo and Buckley have extensive mission experience.*

Ministerial/Assessment:

Leonardo D. Gilbert, Loyd C. Harris & Daniel Harrison.

Support Staff:

Carla Horne & Gentry Wesley

Security:

Officers Dwayne Corley & DeWayne Mason

**WHAT WILL WE BE DOING?**

We expect to be treating a variety of medical problems including bacterial infections of various types, fungal infections of the skin, wounds of various types, parasitic infestations, chronic conditions -- HTN, diabetes, arthritis, etc., and pain from previous surgical interventions. There may also be significant malnutrition and dehydration.

We plan to work for 4 intensive days (Tuesday through Friday); if the "clinic" can be set up on Monday, February 22, work will begin on Monday, which will add 1/2 day. Each day, we will probably work from early morning to late afternoon. For security purposes, we likely will have to be settled at our housing unit by late afternoon (before nightfall).

At this point it is unclear whether we will work at a single clinic site or have a mobile clinic which will relocate to different areas around Port-au-Prince (PAP) Nevertheless, we will equip ourselves as best we can and work for as long as we have resources and time.

**WHERE WILL WE BE GOING?**

We plan to work in the PAP area, and to be hosted by the Delmas 43 Church of Christ, which is directed by minister Jean Robert Hilair. As we know, PAP was devastated by the earthquake. As a result, many of the citizens have been evacuated to tent cities as well as other locations. The city, however, was populated with about a million people and we are expecting that there are still be a significant number of people remaining in the area requiring our services.

**WHEN ARE WE GOING AND HOW LONG ARE WE STAYING?**

We are ticketed to leave from our respective areas on Sunday afternoon, February 21, 2010 en route to Fort Lauderdale FL We will spend the night in Fort Lauderdale and then depart , by charter plane early Monday morning, February 22, 2010 en route to PAP.

We plan to leave PAP and return to the states on Saturday, February 27, 2010, leaving PAP by charter plane returning to the states via Fort Lauderdale.

### **WHAT DO YOU NEED TO DO BEFORE LEAVING?**

Please see the CDC page included with this document. See your doctor for obtaining the immunization shots you are lacking. Some volunteers try to get all shots, while some will get the fewest possible. You will have to decide what you are comfortable traveling with. I intend to get all vaccinations possible and start those that I cannot complete prior to departure. There are varying forms of malaria prophylaxis; I am investigating whether doxycycline is adequate for Haiti.

### **WHAT DO YOU NEED TO BRING?**

Please pack lightly. IAMM will need each traveler to carry some medication and supplies. Bring summer wear, scrubs if you want to wear them for the "clinic." Also be sure to wear comfortable, sturdy shoes. Be sure to pack your personal hygiene items and your portable medication and/or medical equipment. The medical team will need a stethoscope. Otoposcopes are useful. Please do not bring any valuables; security is an issue in Haiti.

***TRAVEL NOTE: According to FAA rules when flying on charter planes, the total weight of luggage, including carryon allowed per person must be 60 lbs. or less. (50 lbs/suitcase and 10 lbs/carryon).***

### **SECURITY?**

Haiti has had a problem with kidnappings in the past. There is also a recent accounting of a medical mission group that was beaten with sticks and robbed of everything except their clothes. Therefore, everyone will need to follow the instructions of our host. No one should wander around alone at any time. We will have 2 Chicago policemen with us for additional protection, but it is imperative that we practice safety-first measures and that we listen to our hosts.

### **WHAT WILL WE EAT AND DRINK?**

If we are sleeping in tents on cots, we will likely be eating MREs (meals ready to eat), nuts, dried fruits, and protein bars. If we stay in a hotel, which at this point is probably not likely, we may have prepared meals for breakfast and dinner. We expect to purchase packaged water; reportedly there is a Culligan plant in Haiti and we are making arrangements to purchase water from them for our use throughout the mission.

### **ACCOMMODATIONS**

At this point we are not sure whether we will be staying in a hotel, in a yard or shelter, or in tents. Our host and travel agent are investigating these options. We will be prepared in either case. We expect that we should be able to shower in purified water. We will keep you informed of which housing option seems to be most likely.

### **MEDICATIONS AND SUPPLIES**

I am putting this list together based on information given to me by doctors around the country, who have been on mission trips to Haiti. I will send the list to the medical personnel for review prior to contacting the supply companies.

### **INTERNATIONAL INSURANCE?**

IAMM is investigating the options for this insurance and will let you know when we have the issue settled.

## **WHAT IS THE PLAN FOR HAITI?**

*Leonardo D Gilbert, President & Chairman of the Board*

The plan for Haiti, as established by IAMM, is a four-phase plan. We are currently in Phase I. Each Phase focuses on a different part of the total mission.

The mission of IAMM, in reference to Haiti, is first to help bring about stability from the immediate effects of the disaster (Phase I). The second goal of IAMM is to provide both medical and support services to victims and make assessment of the situation in terms of what must be done, what can be done, how it can be done, and how IAMM can help to get it done (Phase II). The third goal is to assist in restoring the institutions and persons that support the citizens and to provide spiritual and personal direction through building repairs, supplying where needed, skilled craftsmen and continuing medical attention to the scores of hurting (Phase III). Finally, the goal of IAMM is to establish and operate a full medical clinic with the counseling and spiritual teaching that can help to make people whole again (Phase IV).

### **PHASE I:**

The mission is sending funds for food and essential supplies and providing transportation for medicines and emergency health supplies. During this phase our fact-gathering activities are through phone contacts, correspondence through email, and reports made available through various sources. \$10,000 has been set aside and is deposited in a special account to which ministers and churches in Haiti have access.

### **PHASE II:**

This phase begins on February 21, 2010 when the mission team of fifteen will make their journey into Haiti. Five doctors, three nurses, along with ministers, security personnel and support staff will make up the team. The team will travel to Haiti through Florida and then catch a charter plane into Port au Prince where they will meet Jean Robert St. Hilaire who will be or host.

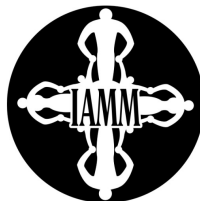
We will set up medical sites and erect tents in which team members will live while there. Tents may also be used for the "clinic." It is conceivable that the team will be mobile and as a result will not be the same place more than a day or two. Conditions are uncertain. Funds necessary for travel to Haiti, travel within Haiti and assessment of the mission plan objectives are projected. Food for the team is expected to be prepared in Haiti, but the team will travel prepared with MRE meals. This is not a general mission, but is a relief mission; therefore, only a small team, comprised primarily of medical personnel will make the trip.

### **PHASE III:**

This phase will be better defined following the assessment achieved in Phase II. Generally speaking, this phase will be designed to provide ongoing medical services, building repairs and skilled craftsmen to help in the process. The goal will be to get people back in their homes, church buildings, schools and their lives. We hope to use this phase to bring families back together who have been separated by the quake. It will probably be necessary to help support the ministers and church staff because so many of their members will be out of work due to the destruction of their jobs or physical incapacitation. In order to facilitate this process it will be necessary to identify specific projects with which we will be working.

**PHASE IV:**

This phase will seek to bring wholeness to individuals and families through the fourfold mission of providing medical services, food, counseling, spiritual encouragement, and evangelism. This will be achieved through a medical mission, commissioning a counseling team, holding encouragement seminars and services and maybe even conducting evangelistic classes and campaign. Phase IV is tentatively scheduled to take place in August 2010.



**WHAT IS THE OPERATING BUDGET?**

*Loyd C. Harris, I.A.M.M. Board*

**PHASE I BUDGET GOALS** **\$10,000.00**

- Medication
- Food and Supplies

**PHASE II BUDGET GOALS** **\$30,000.00**

- Travel to Haiti
- Travel within Haiti
- Food for workers
- Housing
- Relief materials and supplies
- Assistance to Haitians who host mission team

**PHASE III BUDGET GOALS** **\$55,000.00**

This is minimum figure. Assessment is expected to reveal greater needs in this area.

- Ongoing medical service and assistance
- Sending skilled craftsmen to help
- Building repairs

**PHASE IV BUDGET GOALS** **\$30,000.00**

- Medical mission: Doctors, nurses, others
- Supplies
- Medicines
- Food
- Housing

**TOTAL MINIMUM BUDGET REQUEST** **\$125,000.00**

## GUIDANCE FOR RELIEF WORKERS AND OTHERS TRAVELING TO HAITI FOR EARTHQUAKE RESPONSE

This information is current as of February 04, 2010 at 19:18 EST

<http://wwwnc.cdc.gov/travel/content/news-announcements/relief-workers-haiti.aspx>

This notice is to advise relief workers and other personnel traveling to Haiti to assist with the humanitarian response following the January 12th earthquake near Port-au-Prince. Conditions in the area remain hazardous, including extensive damage to buildings, roads, and other infrastructure.

### **Before You Depart for Haiti**

*Recommended Vaccines:* A number of vaccines are recommended for travelers to Haiti. See your doctor before you travel to make sure you have had all necessary vaccines.

- **Routine:** Be sure that you are up to date on vaccines such as measles/mumps/rubella (MMR), diphtheria/pertussis/tetanus (DPT), polio, seasonal and H1N1 flu, and varicella. It is especially important to have a current tetanus shot.
- **Hepatitis A or immune globulin (IG):** Even if your departure is imminent, one dose of hepatitis A vaccine provides adequate short-term protection for healthy people. For long term protection, a second dose is required 6–18 months after the first dose, depending on the brand of vaccine used.
- **Typhoid:** There are 2 vaccines available for typhoid prevention. The injectable vaccine may be preferable to the oral vaccine in cases where travel is imminent. The oral vaccine requires refrigeration and 4 tablets taken every other day over one week.
- **Hepatitis B:** If your departure is imminent, the first in a 3-dose series (day 0, 1 month and 6 months) may provide some protection. An accelerated dosing schedule may be used (doses at days 0, 7, and at 21–30 days with a booster at 12 months).
- **Rabies:** If your activities in Haiti will bring you into contact with animals such as dogs, cats, bats, raccoons, or skunks, you should consider pre-exposure rabies vaccination, which is a 3-shot series (days 0, 7, and 21 or 28) given before travel. Even if you receive pre-exposure vaccination, you will still need immediate medical treatment if you are bitten or scratched by an animal. (*See the Animals section for more information.*)

### **Insect-borne Diseases**

**Malaria** occurs in all parts of Haiti. Ways to prevent malaria include the following:

- Taking a prescription antimalarial drug
- Using insect repellent and wearing long pants and sleeves to prevent mosquito bites
- Sleeping in air-conditioned or well-screened rooms or using bed nets
- No antimalarial drug is 100% protective, so it is important to use all three ways to prevent malaria.

All of the following antimalarial drugs are equal options for preventing malaria in Haiti: Atovaquone/proguanil (Malarone), chloroquine, doxycycline, or mefloquine. Each drug has its own side effects, contraindications, and precautions. You will need to talk to your doctor to decide which of these drugs would be best for you, depending on your current health, medical history, drug allergies, and specific needs. Additional information can be found on the [Drugs to Prevent Malaria](#) page on the CDC Web Site. **Malaria is always a serious disease and may be a deadly illness.** If you become ill with a fever or flu-like illness either while in Haiti or after you return home (for up to 1 year), you should seek immediate medical attention and should tell the doctor that you have recently been in Haiti.

### **Dengue**

Dengue is a common infection in Haiti. Dengue is a disease caused by a virus transmitted to people by the bite of an infected mosquito. Some important information to know about dengue as you

travel to Haiti:

No vaccine or medications are available to prevent dengue. The best way to reduce your risk of dengue is to protect yourself from mosquito bites (see the section below called "[Protection Against Insects and Animals](#)"). The mosquitoes that spread dengue usually bite at dusk and dawn but may bite at any time during the day. Symptoms and signs are high fever, chills, headache and muscle pain. Additionally, a faint rash on the trunk and upper arms may appear on the second to third day of illness. There are no specific medicines to treat dengue, so treatment is supportive with fever-reducing medicines and fluids. You can help control mosquito populations by draining all standing water that you find in open containers left outdoors.

### Other Infectious Diseases

**HIV:** Haiti has a high prevalence of HIV infection. To reduce the risk of HIV and other sexually transmitted diseases, always use latex condoms. Healthcare workers should also take the following additional precautions:

- Wear gloves for touching blood and body fluids, mucous membranes, or broken skin and for handling items or surfaces soiled with blood or body fluids.
- Use masks and protective eyewear or face shields to prevent exposure of the mouth, nose, and eyes during procedures that are likely to generate droplets of blood or body fluids.
- Wear gowns or aprons during procedures that are likely to generate splashes of blood or body fluids.

**Tuberculosis (TB):** Rates of tuberculosis are very high in Haiti. If you anticipate giving medical care to or working closely with ill or injured victims or other displaced persons in Haiti, a [tuberculin skin test](#) or TST (ideally, a two-step test) is recommended before travel and then 8–10 weeks after return.

If you have had a negative result on a tuberculin skin test within the past 12 months, you do not need to be tested before going to Haiti. If you have had a positive result on a tuberculin skin test in the past, you do not need to be tested again. If you are in contact with known TB patients or persons suspected of having TB, use a personal respiratory protective device (e.g., N-95 [respirator](#)). **Regardless of tuberculin skin test results, any person who develops symptoms of TB during or after deployment should see a doctor immediately.**

Symptoms of TB can include a bad cough that lasts 3 weeks or longer; pain in the chest; coughing up blood or sputum (phlegm from deep inside the lungs); weakness or fatigue; weight loss; no appetite; chills; fever; and sweating at night.

**Anthrax:** Anthrax occurs in Haiti and is primarily transmitted by direct contact with infected animals or with contaminated products from infected animals. Cases of cutaneous and inhalation anthrax have been reported among the local population. Cutaneous (skin) anthrax infection usually begins as a small sore that develops into a blister. The blister then develops into a skin ulcer with a black area in the center. The sore, blister, and ulcer do not hurt. The first symptoms of inhalation anthrax are like cold or flu symptoms and can include a sore throat, mild fever (>100° F), and muscle aches. Later symptoms include cough, chest discomfort, shortness of breath, tiredness, and muscle aches. If you develop any of these symptoms, see a healthcare provider immediately.

### **Key Items to Bring**

There will be almost no infrastructure support available in Haiti for the immediate future. Relief workers, volunteers, and other travelers will need to be self-sufficient. Pack basic supplies, including

- Food and water sufficient for the length of your stay.
- Soap and an alcohol-based hand cleaner (containing at least 60% alcohol)
- Insect protection: insect repellent and a bed net.

- Medications: antimalarial pills, medications for the treatment of travelers' diarrhea (e.g., loperamide and an antibiotic), personal prescriptions (including extras), any preferred over-the-counter medications, and copies of all your prescriptions.
- An extra set of prescription eyeglasses and/or contacts.
- Water purification tablets (iodine or chlorine), bleach, or a water purifier.
- Persons with pre-existing health conditions should consider wearing an alert-bracelet and make sure this information is on a contact card in their wallet or travel documents. A contact card should include the following information:
  - Name and contact information of U.S. family member or close contact.
  - Name and contact information of U.S. health-care provider.
  - Pre-existing health conditions and treatment.

**Personal protective equipment (PPE):** Safety glasses or goggles, work boots, leather gloves for physical labor, rubber gloves for handling blood or body fluids, surgical masks, hard hat, ear plugs, N-95 respirators for those who are fit-tested. Due to severe damage to health facilities and shortages of medical supplies, carry a first aid kit for your own protection. Minimum suggested contents:

- Bandages (roller, adhesive, triangular)
- Sterile gauze pads
- Disposable gloves
- Scissors
- Tweezers
- Cold compress
- Antiseptic wipes
- Antibiotic ointment
- Hydrocortisone ointment
- Commercial suture/syringe kits to be used by a local health-care provider. These items will require a letter from the prescribing physician on letterhead stationery. Pack these items in checked baggage, since they may be considered sharp objects and confiscated by airport or airline security if packed in carry-on bags.

### While in Haiti

While in Haiti, wash your hands often with soap and clean water or use an alcohol-based hand cleaner (with at least 60% alcohol). Clean your hands especially before you eat or prepare food.

### **Safe Food and Drinks**

- Eat foods that are packaged or that are freshly cooked and served hot.
- Do not eat raw and undercooked meats and seafood or unpeeled fruits and vegetables.
- Drink only bottled, boiled, or chemically treated water and bottled or canned carbonated beverages. When using bottled drinks, make sure that the seal has not been broken.
- Avoid tap water, fountain drinks, and ice cubes.
- To disinfect your own water: boil for 1 minute or filter the water and add 2 drops of household bleach or ½ an iodine tablet per liter of water.
- Use bottled, boiled, or chemically treated water to wash dishes, brush your teeth, wash and prepare food, or make ice.

### **Protection Against Insects and Animals**

Insect-borne diseases such as malaria and dengue are risks in Haiti. Prevent insect bites by:

- Using insect repellent (bug spray) that contains one of the following active ingredients: DEET, picaridin (KBR 3023), Oil of Lemon Eucalyptus/PMD, or IR3535. Always follow the

instructions on the label when you use the repellent.

- In general, repellents protect longer against mosquito bites when they have a higher concentration (percentage) of the active ingredient. However, concentrations above 50% do not offer a marked increase in protection time. Products with less than 10% of an active ingredient may offer only limited protection, often no longer than 1-2 hours.
- Wearing lightweight long-sleeved shirts, long pants, and a hat outdoors. For greater protection, clothing may also be sprayed with repellent containing permethrin or another EPA-registered repellent. (Remember: don't use permethrin on skin.)
- Remaining indoors in a screened area or using insect repellent frequently on uncovered skin during the peak biting period for malaria (dusk and dawn) and dengue (any time of day).
- Sleeping in beds covered by a bed net (preferably treated with permethrin), if not sleeping in an air-conditioned or well-screened room.
- Spraying rooms with products effective against flying insects, such as those containing pyrethroid.
- For detailed information about insect repellent use, see [Insect and Arthropod Protection](#).
- Direct contact with animals can spread diseases like rabies or cause serious injury or illness. Displaced animals may revert to the wild and go about in packs. They will also be hungry and may be searching for food and may be more likely to bite. Because you may not have access to appropriate medical care, it is important to prevent animal bites and scratches.
- Stay away from all animals, including dogs and cats. Even animals that look like healthy pets can have rabies or other diseases.
- If you are bitten or scratched, wash the wound well with soap and clean water and **seek medical care right away**. If you have a povidone-iodine solution (such as Betadine), use that to clean the wound after washing it.
- If you have **not** received pre-exposure rabies vaccination: You will need shots of rabies immune globulin (or RIG) and 4 shots of rabies vaccine over 1 month.
- If you have received pre-exposure rabies vaccination: You will need two shots of rabies vaccine over 3 days.
- Rabies vaccine and rabies immune globulin are probably not available in Haiti at this time. You will need to have a plan in place to fly to another country for treatment.
- Resist the urge to rescue animals with the intent to bring them home to the United States. Dogs and cats may be infected with rabies but not show signs until several days or weeks after you first encounter them.

After you return from Haiti, be sure to tell your doctor or state health department if you were bitten or scratched during travel. For more information about how to protect yourself from other risks related to animals, see [Animal-Associated Hazards](#). To learn more about Rabies see [CDC's Rabies homepage](#).

### **Injury**

The risk of injury after an earthquake is high. Hazards such as electrocution from downed power lines and structural damage to buildings and roads all pose a risk. Accidents and violence are documented risks for humanitarian workers and cause more deaths than disease and natural causes. According to the World Health Organization, injuries are among the leading causes of preventable death in travelers.

The majority of the road network in Haiti is not paved. Haiti is predominately mountainous and has extensive deforestation and soil erosion, making travel over roadways especially hazardous. Exercise extreme care when traveling on roads particularly in rural areas.

There has been extensive structural damage to buildings in Haiti. Avoid unstable structures if possible. Other potential hazards to be aware of in collapsed buildings include standing water from water system breaks, natural gas leaks, airborne smoke and dust, hazardous materials such as ammonia or leaking fuels, exposure to germs from

sewer line breaks, and exposed wiring. Use personal protection equipment, such as hard hats and steel-toed boots, if in areas with damaged buildings.

### **Exposure to Human Remains**

Human remains may contain blood-borne viruses and diarrhea-causing bacteria. Relief workers who are handling remains should take precautions to avoid being exposed to these organisms:

- Protect your face from splashes of body fluids and fecal material by using a plastic face shield or a combination of eye protection and surgical mask. In extreme situations, a cloth tied over the nose and mouth can be used to block splashes.
- Protect your hands from direct contact with body fluids and from injuries that break the skin by using a combination of a cut-proof inner layer glove and a latex (or similar) outer layer.
- Wash your hands with soap and water or with an alcohol-based hand cleaner immediately after you remove the gloves.
- Protect your feet and ankles against sharp debris by wearing foot wear that covers the entire foot and has thick soles.
- Give prompt care—including immediate cleansing with soap and water, and a tetanus booster if indicated—to anyone who is injured during work with human remains.

For more extensive information about working with human remains after a disaster, read the [Interim Health Recommendations for Workers who Handle Human Remains After a Disaster](#) fact sheet on the CDC Web Site.

### **Psychological/Emotional Difficulties**

As a first responder or relief worker, you may encounter extremely stressful situations, such as witnessing a tremendous loss of life, serious injuries, missing and separated families, and destruction of whole areas. It is important to recognize that these experiences may cause you psychological or emotional difficulties.

Some Common Normal Reactions to a Disaster include:

- Profound sadness, grief, and anger.
- Not wanting to leave the scene until the work is finished.
- Trying to override stress and fatigue with dedication and commitment.
- Denying the need for rest and recovery time.

Ways to Help Manage Your Stress

- Limit on-duty work time to no more than 12 hours per day.
- Rotate work assignments between high stress and lower stress functions.
- Drink plenty of water and eat healthy snacks and energy foods.
- Take frequent, brief breaks from the scene when you are able.
- Keep an object of comfort with you such as a family photo, favorite music, or religious material.
- Stay in touch with family and friends.
- Pair up with another responder so that you can monitor one another's stress.

### **After You Come Home**

If you are not feeling well, you should see your doctor and mention that you have recently returned from response and relief work in Haiti. Also tell your doctor if you were bitten or scratched by an animal while traveling. Symptoms of malaria can develop up to one year after travel, so be alert for fever or flu-like symptoms. Approximately one-third of aid workers report depression shortly after returning home, and more than half of returned aid workers have reported feeling predominantly negative emotions on returning home, even though many reported that their time overseas was positive and fulfilling. You might want to see a mental health professional to help you adjust back into your home environment.



*Become part of the IAMM team and use your time and talents to provide **HEALTH** and **HOPE** to our international neighbors in one or more of the following roles:*

- *Making a tax-deductible donation*
- *Donating requested medications, supplies & other items.*
- *Serving as part of the IAMM planning committee, using your talents in marketing, computer /technology skills, etc.*
- *Traveling and serving as part of the IAMM missionary team*

**[www.iammonline.net](http://www.iammonline.net)**

**773-568-2929, ext. 18**

*Together, we can make a difference in health and well-being*

February 4, 2010