THE YEAR IN PHOTOS
2018
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ABOVE: Twenty-year-old Zaida, a Rohingya refugee, with her newborn baby in a makeshift camp in Cox’s Bazar, Bangladesh. MSF provides primary and mental health services to the hundreds of thousands of Rohingya refugees living in the camps after fleeing horrific violence and persecution in neighboring Myanmar. © Robin Hammond

COVER: A young girl stands in the doorway of her family’s home in Haydan, Yemen, which was damaged by bombs during the fighting that has ravaged Saada governorate. The MSF-supported hospital in Haydan was also struck and destroyed by airstrikes in October 2015. In 2017 our teams returned to the region and currently provide health care to communities in both Haydan and surrounding areas. © Agnes Varraine-Leca/MSF
Dear Friends,

As another tumultuous year draws to a close, this seems like a good time to pause and reflect on the extraordinary scope of the work Doctors Without Borders/Médecins Sans Frontières (MSF) teams are doing around the world. You may catch a glimpse of our work in sporadic media coverage of humanitarian emergencies such as the war in Yemen or the latest Ebola epidemic in Democratic Republic of Congo (DRC), but most of our projects are in places that are woefully underreported. We work with neglected and marginalized communities whose difficulties accessing health care are often connected to their relative “invisibility.”

With this special edition of Alert, we hope to make some of those people, and their experiences, a bit more visible. The images in this issue illustrate MSF’s work across a range of contexts, providing services from trauma surgery to care for chronic diseases to psychosocial counseling. While the power of the written word cannot be underestimated, these striking photographs capture so much more of the lives we touch in the course of our work.

This issue of Alert presents photo stories from the front lines of conflict in Yemen, the Palestinian Territories, Central African Republic, and DRC. The haunting images show how violence and instability affect the health of all segments of society. We look at efforts to contain the threat of outbreaks and epidemics, including our response to an unprecedented outbreak of diphtheria among displaced Rohingya people in Bangladesh. Our ongoing response to the Ebola epidemic in DRC—the worst outbreak ever recorded in that country—is complicated by active conflict and insecurity in the affected areas.

We get an intimate look at our work to provide mental health care in extreme situations, including to provide psychosocial support for Rohingya refugees in Bangladesh, Iraqis uprooted by conflict, and rural communities affected by violence in Mexico.

The images that follow also shed light on the challenges facing people who tend to be overlooked, whether due to political, economic, or social exclusion. Communities may be geographically isolated. They may face diseases that are rare or unfamiliar to many in the West, or even risk dying of preventable diseases like pneumonia and measles.

Access to care can be blocked by many different factors. The struggles of people living with chronic diseases in eastern Ukraine remind us of how medical challenges are often magnified when political and military actions impose access restrictions. MSF runs a burn center in the Cité Soleil neighborhood of Port-au-Prince, Haiti’s capital, providing specialized care for people who could otherwise never afford it. We also help expand access to treatment for HIV/AIDS and tuberculosis among those communities hardest hit.

In addition to serving as the president of MSF-USA’s board of directors, I regularly travel to the field to work as a surgeon in our projects. During these assignments, I often record my impressions using a written journal as well as a cellphone camera. Although I typically anticipate that my journal entries will better capture the moments of joy, hope, stress, and fatigue, it is usually the photographs that best portray my experiences.

It is generally not the most extraordinary elements that garner my attention, but rather images of the routine that end up seeming the most powerful. While the inherent drama of the medical act tends to draw our focus in the field, it is the end result—namely the restoration of a healthy state of being for our patients—that my photographs center upon. This is the goal all our team members strive for: the opportunity for each patient we treat to enjoy their lives as fully as possible.

This life-sustaining work is made possible thanks to your generous support. I want to extend my gratitude to our staff around the world working tirelessly to provide the best possible care to people who need it most. And I’d like to bid a fond farewell to my friend and colleague Jason Cone, who has done a tremendous job leading MSF-USA as the executive director, speaking out for the patients we serve, and contributing to our international movement in countless ways.

I wish you all a happy and healthy New Year ahead.

Sincerely,

John P. Lawrence, MD
President, MSF-USA Board of Directors
Doctors Without Borders/Médecins Sans Frontières (MSF) teams work in some of the most difficult and dangerous places in the world. Approximately one-third of the medical humanitarian assistance provided by MSF is for communities caught in armed conflict. War affects every aspect of life, often plunging societies into poverty and forcing people to live under siege or flee for their lives. Violent conflict can devastate essential health infrastructure, disrupt the flow of medical supplies, and exacerbate outbreaks of deadly diseases.
Yemenis survey the damage caused by a Saudi-led airstrike on an MSF-supported cholera treatment center in Yemen’s Abs region in June. No staff or patients were killed or injured in the attack.

© Essa Ahmed/AFP/Getty Images
Yemen’s brutal war has decimated the country’s health system, leaving more than 22 million people in need of humanitarian assistance, according to United Nations estimates. Health facilities and other civilian structures have been hit by bombs, grenades, and artillery fire by the warring parties—including members of the Saudi- and Emirati-led military coalition backed by the United States, and Houthi fighters and their allies. An economic blockade coupled with high inflation have led to chronic shortages of essential goods, including medical supplies. Even where medical facilities remain operational, most people can no longer afford the cost—and associated risk—of transport to reach them. Some delay care until their condition becomes critical. Pregnant women, for instance, generally receive no prenatal care and often arrive at health facilities with life-threatening complications during labor and delivery.

Despite growing international pressure for a ceasefire toward the end of the year, increased fighting across many parts of the country in November took a heavy toll on civilians. MSF has massively scaled up operations in Yemen since the conflict began in 2015, with 1,797 staff members in the country in 2017. Teams currently provide support to more than 12 hospitals and health centers in 11 Yemeni governorates, offering services ranging from trauma surgery to care for patients with chronic diseases.
ON THE FRONT LINES OF CONFLICT

TOP TO BOTTOM: MSF project coordinator Hisham Al Dawa sits on the roof of the MSF office in Saada, Yemen. The building is marked with the MSF logo to help ensure that it will not be targeted by airstrikes. The MSF-supported hospital in nearby Haydan was destroyed in a Saudi airstrike in October 2015. MSF teams returned to the hospital in March 2017, and now provide health care to isolated communities in the region and in surrounding areas. “What we see most are bullet wounds and injuries like shrapnel wounds sustained during bombing raids,” said MSF project coordinator Frédéric Bonnot. © Agnes Varraine-Leca/MSF

Three-year-old Ayman waits with his father Hamoud (left) and mother Karima (center) at Haydan hospital. Since falling from the second floor of the family’s home, the boy suffers from dizzy spells and no longer speaks. He is being referred to Al Joumhoury hospital, which has the facilities to perform radiography tests. The conflict in Yemen has made traveling to reach care a risky proposition for many Yemeni families and has wildly driven up the cost of fuel and transportation. Hamoud had to borrow 10,000 Yemeni rials (around $40 USD) to reach the hospital, a major expense in one of the world’s poorest countries. © Agnes Varraine-Leca/MSF

During surgery at Al-Salam hospital in Khamer, Amran Governorate, MSF physiotherapist Elizabeth Braga (second from left) tends to a child who suffered burns over 30 percent of their body. The hospital offers comprehensive care in a region where the health system has been decimated by years of conflict. © Agnes Varraine-Leca/MSF
CENTRAL AFRICAN REPUBLIC

Years of bloody conflict in Central African Republic (CAR) have resulted in thousands of deaths and the displacement of millions of people both within the country and across borders. MSF teams here address the consequences of the violence on the health of individuals and entire communities: conflict-related trauma; barriers to medical care; poor vaccination coverage; and more.

In the physiotherapy department of SICA Hospital in the capital city, Bangui, an MSF team performs an average of 150 consultations weekly for trauma patients, many of whom have been wounded by bullets or knives. Our physiotherapists aim to provide as much time as possible for patients to recover from their injuries, many of which are complex.

ABOVE AND LEFT: MSF opened its 60-bed SICA Hospital in Bangui in 2017 to provide specialized orthopedic and visceral surgery, physiotherapy, and mental health support to trauma patients. Twenty-eight-year-old Haroun is being treated at SICA after being stabbed multiple times in the chest. Physiotherapy has helped him recover his lung capacity. “The support I received at the hospital allowed me not to sink; not to lose my head,” he said. © Elise Mertens/MSF
A surgical team at SICA Hospital works to close a gunshot wound in the operating theater. In April, heavy fighting in Bangui resulted in scores of injuries and several influxes of mass casualties to the hospital. The vast majority of patients suffered gunshot wounds, but the MSF team at the hospital also treated shrapnel and stab wounds. © Florent Vergnes/AFP

War wounds are not the only consequences of conflict. The attending damage to health infrastructure and a lack of supplies also contribute to the spread and exacerbation of disease. Here, Média and Mathuri stand with their 18-month-old son Therence outside Bossangoa hospital. The boy is suffering from malaria, the fourth time he has contracted the disease in his short life. “We are very worried this time,” says Mathuri. “He hasn’t eaten anything for the past five days and he is extremely tired.” Most of the patients affected by malaria in Bossangoa are under the age of five. © Elisa Fourt/MSF
Eleven-year-old Mace-Grace recovers in a hospital in Bunia, DRC, in early March. She lost her mother, three siblings, and her left hand in an attack on her village in Ituri province. Conflict in the region has displaced thousands, many of whom gathered at a temporary shelter site at the regional hospital. MSF provided basic health care, mental health support, and referrals for severe cases to two nearby hospitals. © John Wessels/MSF

MSF responds to disease outbreaks and other emergencies across Democratic Republic of Congo (DRC)—and there is no shortage of need. We run some of our largest projects worldwide here, with thousands of staff working in 20 of the country’s 26 provinces. Long-simmering armed conflict has triggered massive population displacements, most notably in North and South Kivu, the greater Kasai region, Ituri, and Tanganyika.

MSF teams address the consequences of violence, providing lifesaving health care services to people displaced by fighting and mental health support for those suffering invisible wounds of war. We care for people displaced outside the country too, including tens of thousands who crossed Lake Albert into neighboring Uganda after fleeing intense violence in Ituri in early 2018.

Active conflict and insecurity have recently hampered the response to an outbreak of Ebola in North Kivu and Ituri provinces (learn more on page 14).
ON THE FRONT LINES OF CONFLICT

ABOVE LEFT: People displaced by fighting in Ituri Province push a boat into Lake Albert, seeking to cross to the relative safety of Uganda. Many who chose to stay in DRC took shelter in Bunia town, where MSF supported several health centers, treating mainly malaria, respiratory infections, and diarrhea. © John Wessels/MSF

ABOVE RIGHT: Congolese refugees wait to receive measles and polio vaccinations for children and tetanus vaccinations for women of childbearing age at the reception center in Kyangwali, Hoima province, Uganda. From December 2017 to March 2018 more than 60,000 refugees crossed Lake Albert to Uganda after fleeing violence in DRC’s Ituri Province. The influx overwhelmed facilities at refugee camps in Uganda, sparking a deadly outbreak of cholera. MSF teams worked on both sides of the lake to care for refugees and curb the spread of the disease. © Diana Zeyneb Alhindawi

An MSF nurse checks on cholera patients in an MSF-supported cholera treatment center on the shores of Lake Albert in DRC. Thousands of people displaced by violence in Ituri Province fled to this region, taking shelter in camps on the lake. MSF teams undertook water and sanitation efforts, installing a water supply and erecting latrines and showers, in an effort to curb the spread of diseases like cholera. © John Wessels/MSF
PALESTINIAN TERRITORIES

MSF provides medical aid to people affected by ongoing conflict in the Palestinian territories with long-running mental health programs in the West Bank and specialized care for victims of burns and trauma in the Gaza Strip. Our patients have witnessed violence, experienced the arrests or deaths of friends or family members, and endured raids on their homes. As a result, many have developed anxiety, stress, and sleeping problems.

In the Gaza Strip, MSF teams also treat patients for burns and trauma in four hospitals and five postoperative clinics. From March 30 to October 31, MSF teams treated 3,117 patients injured during clashes between Israeli troops and Palestinian protestors, many of whom were shot in the legs. Gaza’s fragile health system is struggling to cope with the huge numbers of patients still in need of care for the serious wounds they sustained earlier this year, at the height of the Great Return March demonstrations, leaving thousands in danger of infection and permanent disability.

CLOCKWISE FROM TOP: Patients chat outside MSF’s Khan Yunis clinic in Gaza. About half of the thousands of patients treated by MSF from March 30 to October 31 suffered open fractures, and many suffered severe soft tissue damage. The consequences of these wounds—especially if untreated—can be lifelong disability, amputation, or even death. © Aurelie Baumel/MSF

A staff member tends to a patient inside an MSF postoperative center in May 2018. Every day patients injured by gunshots must come to this facility for follow-up care and to change the dressings of their wounds. For months MSF and other organizations have been working to provide treatment, however, the scale of the needs is overwhelming. © Laurence Geai

Thirteen-year-old Abdullah al-Anqar was shot by a sniper during the Great Return March demonstrations at the Gaza-Israel border. He was initially treated at a hospital in Israel, where doctors amputated his leg. Back home in Gaza he is receiving postoperative care at an MSF facility, and has already undergone several subsequent operations. © Heidi Levine/Sipa Press
PREVENTING AND CONTAINING OUTBREAKS

Around the world, MSF teams responded to manifold disease outbreaks in diverse contexts, from tackling malaria in Niger, to vaccinating refugee children in Greece against measles. In Bangladesh, where more than 800,000 Rohingya Muslim refugees have settled since fleeing targeted violence and persecution in neighboring Myanmar, our teams mobilized quickly to help contain a major outbreak of diphtheria.

MSF also responded to the largest outbreak of Ebola ever recorded in Democratic Republic of Congo (DRC), opening treatment and transit centers in the small town of Mangina, North Kivu, where the outbreak began, and in the larger city of Beni when it began to spread. The outbreak is proving especially difficult to curtail, with active conflict in the region hampering containment efforts. This area also sees a lot of transit and trade, and some communities straddle the border with Uganda to the east. It is quite common for people to travel back and forth, raising risks of transmission across the border and the possibility the virus could spread further in the region.
TOP: MSF nurse Persa Dimitsaki vaccinates a child during an emergency measles vaccination campaign in Moria camp on the Greek island of Lesvos, where thousands of refugee men, women, and children live in squalid, overcrowded conditions without sufficient access to health care. “Moria camp is both unsafe and wholly unhealthy, especially for children,” said Declan Barry, MSF medical coordinator. “Every day we treat many hygiene-related conditions such as vomiting and diarrhea, skin infections, and other infectious diseases, and we must then return these people to the same risky living conditions. It’s an unbearable vicious circle.” In May, MSF called on Greek authorities to transfer people from Lesvos to the Greek mainland and scale up provision of health care on the island. © Julia Kourafa

BOTTOM: An MSF doctor cares for a patient suffering from diphtheria at an MSF clinic near Cox’s Bazar, Bangladesh. In early 2018 an outbreak of diphtheria raged in the refugee camps in Cox’s Bazar, where hundreds of thousands of Rohingya people settled after fleeing Myanmar, where they had extremely limited access to health care. Though diphtheria is covered by the most basic vaccine packages, the deadly childhood disease spread quickly through the camps in Bangladesh, where most children had not been immunized. “We should not be seeing cases of diphtheria anymore,” said MSF doctor Rosie Burton in January. “So when it appears it shows there has been a fundamental breakdown in vaccination programs.” © Sara Creta/MSF
MSF is stepping up its response to the worst outbreak of Ebola ever recorded in DRC. Declared in August, the outbreak began in the small town of Mangina in DRC’s eastern North Kivu Province. It has since moved to the larger city of Beni, where numbers of new and suspected cases of the deadly virus have been rising for weeks. MSF is on the forefront of the response, caring for patients and health workers alike. Here, hygienists disinfect personal protective equipment used by medical staff in the Ebola treatment centers, a crucial part of curbing the spread of the disease.

© Carl Theunis/MSF

**BOTTOM LEFT:** Rollin, an MSF lab technician, and Nel, from the Congolese National Institute of Biomedical Research, look through glass at two nurses in personal protective equipment in the high-risk zone of the laboratory at the Mangina Ebola treatment center. This is the first time a research laboratory has been integrated into an Ebola treatment center. The arrangement minimizes the biomedical risk of transporting blood samples for testing. © Carl Theunis/MSF

**BOTTOM RIGHT:** MSF nurse Seraphine dons her personal protective equipment as she prepares to enter the high-risk zone of the Mangina Ebola treatment center. Born and raised in North Kivu, she has worked with MSF in the region for several years. “My aunt always complained that people working in hospitals never smiled. That’s why she didn’t feel comfortable there,” she said. “She literally asked me to become a nurse so she would encounter at least one person with a smile in the hospital. So that’s what I do now—treat people in the best way I can, [and] give them a big smile!” © Carl Theunis/MSF
PREVENTING AND CONTAINING OUTBREAKS

MSF hygienist Roger prepares to enter the high-risk zone of the Ebola treatment center in Mangina. The personal protective equipment worn by health workers inside the treatment centers is hot, heavy, and makes breathing difficult, which means that they can only remain inside for a maximum of one hour. © Carl Theunis/MSF
"My brother and I have all the worries of this world," says Jolura Begum (center), age 12, who lost both parents and many other family members during the Myanmar military's campaign of violence against the Rohingya ethnic minority. She received psychosocial care from MSF at a refugee camp in Bangladesh. © Robin Hammond
Emergencies like conflict and natural disasters can inflict both visible and invisible wounds. People seek mental health care for many reasons—the loss of a family member in an earthquake, the trauma of violence suffered or witnessed, or the stress of forced displacement. MSF teams provide mental health care and psychosocial support through both individual and group sessions to help people cope with extremely difficult situations.
THE YEAR IN PHOTOS

BANGLADESH
In Bangladesh, where hundreds of thousands of Rohingya refugees have settled after fleeing targeted violence in Myanmar, MSF psychologists work with patients who have survived horrific abuses. Teams provide care for victims of sexual violence, creating a “place of peace” for women to talk about their experiences and support each other. Mental health services are integrated into MSF’s medical facilities, enabling teams to reach patients who might not seek out psychosocial care due to lack of awareness or stigma.

Terrible living conditions in the camps in Bangladesh and limited prospects for the future also contribute to high levels of stress and domestic violence. “Many people are on edge, not just because of the recent trauma but because of the long-time trauma of witnessing horrific things [in Myanmar],” said MSF psychologist Cynthia Scott. Many patients say they have difficulty sleeping, paralyzed by the fear that someone might come into their homes and haunted by memories of attacks by Myanmar security forces.

**FACING PAGE:** Rohima Khatun witnessed atrocities when her village in Rakhine State, Myanmar, came under attack by the military. She says soldiers surrounded the village, separated the men and women, and raped many of the women and young girls. They then set fire to the houses. “Every single moment I remember this and get emotional ... I lost my neighbors, husband, child, and relatives.” © Robin Hammond

**ABOVE:** Ayesha Begum survived the violence in Myanmar along with her children. She still mourns the death of her husband, who was shot by soldiers and trampled by the crowd during their panicked escape from the village. “I cannot forget what happened. Every moment I think about it, and it causes me pain inside.” © Robin Hammond
In Iraq, where years of conflict have forced millions to flee their homes, MSF teams work in camps for internally displaced people, providing counseling to help them process their experiences and cope with the difficulties of their daily realities. Though the city of Mosul was retaken from the Islamic State (IS) group in 2017, the local health system remains decimated and many people are living amid the rubble of ruined homes. They carry with them the psychological scars inflicted by years of life under IS and the fierce fighting when US-backed Iraqi forces retook the city.

Many people remain displaced elsewhere in Iraq. MSF works in six locations around the camps for internally displaced people near Mosul and Erbil, providing mental health services including both psychological and psychiatric consultations, group therapy, psychosocial counseling, and therapy for children.
PROVIDING MENTAL HEALTH CARE AMID EMERGENCIES

FACING PAGE: Eleven-year-old Rasha talks with Raz Babakr, an MSF psychologist, at a camp for displaced people in northern Iraq. Originally from Mosul, Rasha was traumatized by her experiences during the city’s occupation by IS and the battle with Iraqi forces. She is doing better with therapy. “I am like my old self—what I was before IS came.” © Sacha Myers/MSF

TOP LEFT: Mosul’s old town experienced intense shelling, aerial bombing, and attacks with improvised explosive devices during the conflict to retake the city from IS. After the battle, thousands of people returned to ruined homes and the dangers of unexploded ordinance and booby traps. © Sacha Myers/MSF

TOP RIGHT: The scars on 18-year-old Anoud’s face show only a fraction of the pain she has endured over the past year as her family struggles to recover from a bomb blast that killed her sister and brother and destroyed their home in Hawija, Iraq. Anoud looks after her eight-year-old sister, Bushra, who is receiving comprehensive treatment at MSF’s facility in eastern Mosul. © Sacha Myers/MSF

BELOW: “Life has been really hard,” says Nashwan, 42, who came to MSF’s facility in eastern Mosul months after being shot in the back and leg by sniper fire. “My injury has had a negative impact on my life—my family, the way I interact with my kids. I can’t play with them. I can’t work . . . I’ve been really depressed . . . But thankfully the hardest part has passed now that I am here.” © Sacha Myers/MSF
MEXICO
In Mexico, MSF psychosocial teams care for refugees and migrants from Central America traveling the dangerous route north and for local communities trapped in places gripped by criminal violence. In Guerrero State, for example, where territory is fought over by organized criminal gangs vying to control trade, extort communities, and force recruitment, we run mobile clinics to provide both primary and mental health care in isolated communities and in the city of Acapulco.

The constant threats and violence take a heavy psychological toll, especially on those living in rural regions far from care. “We treat people who have been through very traumatic experiences,” said Laura Moreno, MSF mental health activities manager. “People in Guerrero are tough, but if the fear and violence persist, the fabric of society could be torn apart. That’s why providing mental health care is so important here. The support we give helps to strengthen people’s coping mechanisms, so that they can manage their emotions in times of uncertainty and violence.”
PUSHING FOR GREATER ACCESS TO HEALTH CARE AND ESSENTIAL MEDICINES
Whether trapped behind the front lines of a conflict, living in conditions of extreme poverty, or marginalized by discrimination or neglect, many people around the world have trouble accessing health services. In 2018 our teams brought quality, lifesaving care to the patients who need it most, and advocated for greater access to drugs, vaccines, and diagnostics.

In Ukraine, for example, where four years of conflict have severely altered the lives of people living near the front lines, MSF mobile clinics began providing primary health and psychological care to the elderly residents of isolated villages. In Haiti, where quality health care is unaffordable for most people, we provide free care at Drouillard Center, the country’s sole specialized burn center. And our Access Campaign continued to fight for greater access to and investment in treatments for patients living with diseases like tuberculosis (TB) and HIV/AIDS.
Residents of the village of Opytne, in Ukrainian government-controlled territory near the destroyed Donetsk Airport, are trapped by the armed conflict and have limited access to health care. Mariia, 79, lives just a block away from MSF’s mobile clinic. "I’ve been visiting the MSF clinic for a while now for treatment with my nerves and high blood pressure," she says. "I enjoy coming here. The doctors talk and joke with me all the time. It feels like family here." © Kenny Karpov

Barkalova, age seven, waits in the hallway of a mobile clinic MSF runs in Mariupol, a city located in the Donetsk region in eastern Ukraine. Her mother is receiving psychological treatment for issues related to the conflict. Clinical psychology is not incorporated into the Ukrainian health system, leaving many in the community without access to mental health care. © Kenny Karpov
LEFT: A doctor sees a patient at Michael Mapongwane Community Health Center in Khayelitsha, South Africa, where MSF works alongside the health ministry to provide a range of integrated HIV and TB care. The Khayelitsha project has successfully increased access to newer treatments for patients with drug-resistant TB. © Oliver Petrie/MSF

BELOW: An MSF health promoter explains HIV oral self-testing to a group of farmers in the Shiselweni region of Eswatini (formerly Swaziland). Eswatini has among the world’s highest rates of HIV, affecting roughly one in three adults. MSF is using innovative approaches to fight HIV and TB and ensure that people have greater access to treatment. © Fanny Hostettler/MSF
Donor Profile: REACHING A GLOBAL COMMUNITY

Odysseys Unlimited engages with the world through travel and philanthropy

As a leading international tour operator, Odysseys Unlimited is committed to making lasting connections with communities around the world.

For the company, positive impact means fostering meaningful and enduring cross-cultural partnerships, according to Becky Epstein, chair of Odysseys’ charitable giving committee.

“We have travelers all over the world, and we are a part of many communities,” she says of the company’s 58-plus small group tours. Based in Newton, Massachusetts, and active across six continents, Odysseys Unlimited brings clients to a wide range of destinations such as the remote Tibetan capital of Lhasa, the otherworldly Namib Desert in Namibia, the verdant French countryside, and the Grand Canyon in the US.

Over the years the company has grown, and so has its ability to give back to causes that are important to its owners and staff. Eighteen months ago, Odysseys Unlimited decided to launch a formalized charitable giving program that has local, national, and global reach. As part of the program’s international focus, the company has made a five-year commitment to Doctors Without Borders/Médecins Sans Frontières (MSF).

Previously, Odysseys Unlimited had donated to MSF on an ad hoc basis in response to crises around the world.

“Very often, Doctors Without Borders was the one who was there” in times of emergencies, explains Sue Bonchi, vice president of marketing at Odysseys Unlimited and a member of the charitable giving committee.

“When we were ready to formalize [our giving] and we were looking for how we could have a larger impact with our donations, Doctors Without Borders was at the top of our list.”

Odysseys Unlimited is currently supporting MSF’s work with Rohingya refugees in Bangladesh.

“Doctors Without Borders has both the infrastructure and the resources to operate efficiently and have both an immediate and a long-lasting impact,” says company president Bruce Epstein.

So far, reaction to the program from Odysseys Unlimited employees has been moving for company leaders to see. “I’d say the most heartwarming part is that people have said it makes them proud to be working for an organization that has a mission to place charitable giving at a pretty high level,” Bruce Epstein explains.

He hopes that as the program continues, it will help Odysseys Unlimited guests to understand the company’s philanthropic philosophy and inform those who are interested in supporting some of the same causes.

“I think that it’s a positive for people to know that we’re engaged with the world in a different way than only running our trips,” Bonchi adds. “I hope in sharing what we do with our community, both internally and externally, that we can inspire others to give or get involved.”

PHOTO: Odysseys’ charitable giving committee (left to right): Danielle Palko, director, human resources; Sue Bonchi, vice president, marketing; Lisa Furtado, senior vice president, product development & worldwide services; Becky Epstein, committee chair; and Bruce Epstein, company president.
**INCREASE YOUR IMPACT**

Does your employer have a matching gift program? Many companies have matching gift programs that will double or even triple the impact of your gift. Companies will sometimes also match donations made by spouses, retirees, and board members. Because conditions and criteria for gift matching vary by employer, please check with your company’s human resources department for details. MSF-USA is happy to confirm your gift or to satisfy any other requirements your company may have.

If you or your company is interested in learning more about our work, or have any questions about our matching gift program, please email corporate.donations@newyork.msf.org or call (212) 763-5745.

**THE MULTIYEAR INITIATIVE**

MSF-USA would like to thank all of our donors who have made commitments towards the Multiyear Initiative. With annual commitments of $5,000 or more, these generous supporters help provide MSF with a predictable revenue stream that better serves our ability to respond rapidly to emergencies and ensure the continued operation of our programs. To date, we have received commitments totaling more than $60 million towards the initiative.

To find out how you can participate, please contact Mary Sexton, director of major gifts, at (212) 655-3781 or mary.sexton@newyork.msf.org, or visit doctorswithoutborders.org/multiyear.

**JOIN OUR LEGACY SOCIETY**

MSF is able to provide independent, impartial assistance to those most in need thanks to the dedication, foresight, and generosity of our Legacy Society members. Every day, legacy gifts help us keep our commitment made more than 40 years ago to assist people in distress regardless of race, religion, creed, or political affiliation.

To learn more about joining MSF-USA’s Legacy Society by making a gift through your will or other legacy gift that will save lives for years to come, please contact Lauren Ford, planned giving officer, at (212) 763-5750 or lauren.ford@newyork.msf.org.

**SET UP A GIFT ANNUITY WITH MSF**

MSF’s charitable gift annuities make it easy to provide for our future as well as your own. When you set up a gift annuity with MSF you will receive fixed payments for life and an immediate income tax deduction. The minimum age when payments begin is 65. We follow the ACGA suggested rates.

For more information, including a personalized proposal showing how a gift annuity can work for you, please contact Beth Golden, senior planned giving officer, at (212) 655-3771 or plannedgiving@newyork.msf.org.

**STOCK DONATIONS**

Did you know you can donate gifts of securities to MSF-USA? Making a stock gift is simple and offers a number of valuable financial benefits. You can donate appreciated stocks, bonds, or mutual funds, and the total value of the stock upon transfer is tax-deductible. Also, there is no obligation to pay any capital gains taxes on the appreciation.

MSF-USA currently maintains an account with Morgan Stanley Smith Barney to offer donors an easy way to transfer securities hassle-free. For more information on how to make a security donation, please visit our website doctorswithoutborders.org/support-us/other-ways-give. You can also call (212) 679-6800 and ask to speak to our donor services department.

**SHOP FOR GOOD**

Did you know you can generate a donation to MSF every time you shop at Amazon? When you register with and shop through AmazonSmile, the company donates 0.5 percent of the price of your eligible purchases to MSF. Simply go to smile.amazon.com, type “Doctors Without Borders” into the search bar and start shopping! Once you have signed up, remember to go to AmazonSmile for all future Amazon purchases.

If you have any questions or comments, contact our Donor Services team:

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MESSOUD MINT AHMEDNAVE AND MELASSA MINT AHMEDNAVE STAND OUTSIDE THEIR HOME IN MBERA REFUGEE CAMP IN MAURITANIA. OVER SEVERAL MONTHS MSF TEAMS PROVIDED MULTI-ANTIGEN VACCINES TO MORE THAN 8,000 CHILDREN IN THE CAMP. © NYANI QUARMYNE/MSF

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