THE YEAR IN PHOTOS

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ABOVE: An MSF team member changes a young patient’s bandages at Al Hamdaniya hospital in Iraq. Faten, age five, was playing in the garden of her family’s home in western Mosul when a mortar bomb fell nearby, injuring her leg. © Diego Ibarra Sánchez/MEMO

COVER: Rohingya refugees, awaiting permission to continue their journey to the refugee camps near Cox’s Bazar, Bangladesh, seek shelter from monsoon rains in a rice field near the border with Myanmar. Bangladeshi border guards have ordered them to stay here. © Moises Saman/Magnum Photos for MSF
Dear Friends,

This edition of Alert features some of the most powerful images from the past year documenting our medical humanitarian work in the field and providing a glimpse into the lives of our patients. In today’s evolving media landscape, a picture often speaks much more than a thousand words. Photography captures vivid scenes of conflict, natural disaster, and massive displacement as events unfold in real time. Powerful images can humanize crises in ways the written word often cannot.

For Doctors Without Borders/Médecins Sans Frontières (MSF) the medical act is paramount, but it is not our only goal. We also work to raise awareness about the realities faced by our patients through our commitment to témoignage, or “bearing witness.” This founding principle means that we speak out about what we see happening in the places where we work, and that we help expose the medical consequences of abuse and neglect that might otherwise escape the headlines.

We are using photography to shine a spotlight on the longstanding suffering of the Rohingya people, who have been violently uprooted from Myanmar yet again. Since late August, more than 615,000 Rohingya have fled targeted violence in Myanmar to seek safety in neighboring Bangladesh. They join hundreds of thousands of other Rohingya already there, living in dire conditions in makeshift camps. Many of the photographs in this issue come from MSF’s archives, the earliest from 1978, chronicling a decades-long cycle of persecution and displacement.

MSF is rapidly scaling up its response to meet the medical needs of the Rohingya and prevent a wider public health disaster in Bangladesh. Efforts range from treating survivors of sexual violence and trauma-related injuries to building latrines and distributing water filtration devices to prevent the spread of cholera and other diseases. After visiting the camps in Bangladesh in October, MSF international president Dr. Joanne Liu said it was hard to comprehend the magnitude of the crisis, calling it “a public health time bomb.” We are doing what we can to help and calling on the international community to do much more.

This issue also presents images that underscore the value of our advocacy work through MSF’s Access Campaign to secure medications and vaccines at affordable prices for patients who otherwise would not be able to obtain them. We are among the largest non-governmental providers of care for tuberculosis (TB), the world’s deadliest infectious disease. MSF is using newer medications and new treatment regimes to support patients with drug-resistant forms of TB, and urging world leaders to implement the latest international treatment and testing standards. In Cambodia, hepatitis C patients receiving care in our projects can now access free screening and treatment at a cost to MSF that is slightly over $100—less than one-hundredth the price typically charged for a treatment regimen here in the United States. These are just some of the many measures MSF is undertaking globally to make the provision of health care more equitable.

Finally, this issue of “the year in photos” highlights other important contexts that figured prominently in MSF’s work in 2017. In Yemen, MSF helped fight a massive cholera epidemic and continues to provide lifesaving medical care in some of the most volatile parts of this war-torn country. In Democratic Republic of Congo, we responded to a measles outbreak by vaccinating more than a million children against this highly infectious and potentially deadly disease. And in Mexico, MSF deployed a team of psychologists and social workers within 24 hours of a major earthquake to help counsel families who had lost their homes.

We hope that these images will help you to see what we see and to gain a better understanding of the essential medical humanitarian aid your generous support helps us provide. These photographs provide striking visual evidence of the impact our supporters can have to improve the health of millions of people around the world. They also show the incredible strength and resilience of our patients.

On behalf of all of us at MSF-USA, I’d like to thank you for your tremendous support, and to wish you a happier and healthier new year ahead.

Sincerely,

John P. Lawrence, MD
President, MSF-USA Board of Directors

John P. Lawrence, MD
THE PAST AND PRESENT OF THE
ROHINGYA REFUGEE CRISIS
More than 615,000 ethnic Rohingya refugees have fled from Myanmar to seek safety in Bangladesh since late August 2017, according to the United Nations Refugee Agency. The exodus began on August 25, when attacks by Rohingya militants against police stations and a military base in Myanmar were swiftly followed by a wave of targeted violence against the Rohingya community. This is among the largest and fastest-growing refugee emergencies in recent history.
The Rohingya refugee crisis is not new. The latest arrivals join hundreds of thousands of other Rohingya people living in squalid makeshift camps in Bangladesh after having fled earlier flares of violence. Doctors Without Borders/Médecins Sans Frontières (MSF) has provided medical aid to the Rohingya in Bangladesh for decades. Their struggles over successive cycles of displacement and persecution have long been an underreported crisis.

“It’s hard to comprehend the magnitude of the crisis until you see it with your own eyes,” said MSF International President Dr. Joanne Liu after visiting the camps in Cox’s Bazar, Bangladesh, in October. MSF has scaled up operations, bringing the total number of staff on the ground to 1,000. “More action is desperately needed,” said Liu. “We [must ensure that] we cover the vital needs of a population that has faced violence, rape, and torture…. We need more organizations on the ground building latrines, installing water pumps, providing health care, and distributing food.”

1977–1978
Myanmar, the country then known as Burma, launches Operation Dragon King (Naga Min) in Rakhine state. The Rohingya ethnic minority are considered “illegal” after being stripped of their citizenship, thus beginning a cycle of forced displacement. © MSF
1989–1992
After a military crackdown that follows the suppression of a popular uprising, Burma is renamed Myanmar. The ruling State Law and Order Restoration Council increases its military presence in northern Rakhine state, and the Rohingya are reportedly subject to compulsory labor, forced relocation, rape, summary executions, and torture. Some 250,000 Rohingya flee to Bangladesh. © MSF

1977–1978
Operation Dragon King includes mass arrests, persecution, and horrific violence, driving some 200,000 Rohingya across the border to Bangladesh. The neighboring country opens refugee camps, where MSF provides medical aid. But by 1979, most of the Rohingya are repatriated to Burma. Of those remaining in Bangladesh, some 10,000 people die, the majority children, after food rations are cut. © MSF
1992
Rohingya refugees arrive in Bangladesh, bringing only what they can carry. The governments of Bangladesh and Myanmar sign an agreement to repatriate refugees, and the camps are closed to new arrivals in the spring. By fall, forced repatriation begins, despite protests by the international community. Over the following years, hundreds of thousands of Rohingya are sent back to Myanmar, and new refugees attempting the journey are denied entry to Bangladesh. © Liba Taylor

2006
Some 79 percent of the shelters in the two remaining camps in Bangladesh are flooded during the rainy season. The substandard conditions contribute to cases of diarrhea, respiratory infections, and malnutrition. At the MSF therapeutic feeding center serving the makeshift camp near Teknaf, staff take care of an average of 40 severely malnourished children each day. © Greg Constantine
THE PAST AND PRESENT OF THE ROHINGYA REFUGEE CRISIS

2003

Of the 20 camps that were built in Bangladesh in the early '90s, two remain: Nayapara camp near Teknaf (pictured) and Kutupalong camp near Ukhia. Living conditions remain dire—a study finds that 58 percent of children and 53 percent of adults are chronically malnourished. © Johannes Abeling

2009

MSF runs a medical facility in Kutupalong makeshift camp in Bangladesh. Only a small percentage of Rohingya seeking refuge in Bangladesh are officially recognized as refugees. Unrecognized Rohingya refugees are vulnerable to harassment and exploitation. © Juan Carlos Tomasi

2016

MSF’s clinic in Kutupalong makeshift camp provides comprehensive medical care to Rohingya refugees and the local community in Bangladesh. The October 9 Rohingya militant attacks on border police in Myanmar’s Rakhine state trigger reprisals against the Rohingya community, bringing a new wave of refugees across the border and an influx of patients to the MSF clinic in November and December. © Alva White
A Rohingya family arrives at the Bangladeshi border from Myanmar. Following Rohingya militia attacks on several police and army posts in Myanmar on August 25, state security forces launch a campaign of horrific violence and terror targeting the Rohingya community. Half a million Rohingya are driven out of Myanmar within the first month alone. The cycle of mass displacement begins again, this time on an unprecedented scale. © AP Photo/Bernat Armangue

Recently arrived Rohingya refugees enter the sprawling Balukhali refugee camp in Cox’s Bazar. © Moises Saman/Magnum Photos for MSF
Most of the newly arrived refugees in the camps move into makeshift settlements where they have little access to shelter, food, or safe drinking water. Here, patients receive care in the pediatric ward of the MSF clinic in Kutupalong, which treated 487 patients for diarrheal diseases from September 6 to 17 alone. © Antonio Faccilongo

Rohingya refugees rest inside an MSF facility on the Bangladeshi side of the Naf river. © Moises Saman/Magnum Photos for MSF
**Tuberculosis**

- **#1 infectious killer**
- **1.7 million** people died from the disease in 2016
- **20,000** TB patients treated last year

**South Sudan**

- **32 percent** of children under age five in area around Pieri suffered from malnutrition in May
- **14,300** patients treated in feeding centers in 2016
- **934,400** outpatient consultations last year

**Greece**

- **154** mental health assessments for asylum seekers conducted in Lesbos from January-June 2017;
- **79 percent** deemed “severe”
- **2/3** of mental health patients in Lesbos reported being victims of violence before arriving in Greece
- **1/2** of all women seen for gynecological consultations were survivors of sexual violence

**Honduras**

- **190,000** people estimated to be internally displaced by violence in 2016
- **540** people treated for sexual violence in 2016
- **1,830** mental health consultations last year

**Yemen**

- **103,000** patients treated for suspected cholera in 2017
- **1,200** public health workers supported by MSF incentives to prevent collapse of health system
- **64,000** patients treated for war wounds and other violence-related injuries from March 2015 to June 2017

**Syria**

- **15,000** people living in Ain Issa camp, where MSF runs a primary treatment center, after fleeing fighting in and around Raqqa and Deir ez-Zor
- **70** medical facilities supported by MSF across Syria in 2016
- **372,700** outpatient consultations last year

**Iraq**

- **750,000** people forced from home amid battle for control over Mosul
- **9,000** emergency room patients treated in Qayyarah hospital south of Mosul
- **90,000** displaced people provided with mental health services at nine camps across the country

**Central African Republic**

- **600,000** people displaced inside the country since conflict broke out in 2013
- **1,600** HIV patients at risk after Zemio hospital shut down following attacks in July and August
- **595,700** people treated for malaria in 2016

**Bangladesh**

- **615,500** Rohingya refugees fled from targeted violence in Myanmar to seek safety in Bangladesh since August 25
- **30,000** Rohingya patients treated since the start of the crisis, including sexual violence survivors
- **200** latrines, **25** boreholes, and **1** gravity flow water supply system built to improve sanitation and reduce spread of disease

**Kasai, Democratic Republic of Congo**

- **5,000** people killed since conflict flared in Kasai region in August 2016
- **1,242** emergency consultations by teams in Kananga hospital, Central Kasai, from May to September
- **1,000** children under five treated for severe acute malnutrition from June to September in Tshikapa, Kasai
War has been raging in Yemen since March 2015, taking an immense toll on the population of one of the Middle East’s poorest countries. Medical services are in a critical state as hundreds of health facilities across the country stopped functioning due to air strikes, shelling, periodic blockades, lack of supplies, or inadequate funding or staff. Already convulsed by conflict, Yemen also faced an unprecedented outbreak of cholera in 2017. Over the course of the year, more than 1,000 MSF staff members worked to provide medical humanitarian assistance in Yemen, one of the organization’s largest programs worldwide.
Dr. Ahmed al Jouneid, head of the emergency department at Al Koweit University hospital in the capital, Sana’a, tends to a patient. Yemeni Ministry of Health staff have not received regular salaries since October 2016. MSF is working to fill the gaps, providing incentives to essential public health staff and running and supporting hospitals and other health facilities across the country. © Florian Seriex/MSF

**ABOVE:** Cholera spreads where access to clean water, trash collection, and toilets is limited. MSF was at the forefront of the response to the epidemic, admitting more than 103,000 patients for care at dozens of cholera treatment centers and oral rehydration points across the country between late April and late October. Here, a mother sits with her child in the MSF treatment center at Al Thawra hospital, Ibb governorate. © Florian Seriex/MSF

**BELOW:** An MSF nurse travels with a mobile clinic across Abs district to provide care for internally displaced people and host communities, including regular consultations, emergency referrals, antenatal care, and mental health services. © Gonzalo Martinez/MSF
IRAQ: RESPONDING TO TRAUMA AND DISPLACEMENT

Millions of people are displaced from their homes or have suffered under siege in Iraq, where widespread conflict continued in 2017. MSF runs diverse projects across the country, from hospitals to mobile clinics to nutrition services.
Abdulrahman, age 11, was going to a food distribution point when he was hit by shrapnel from an explosion in western Mosul. He received post-operative care at the MSF-run Al Hamdaniya hospital, south of Mosul, the only facility in the region providing long-term physical rehabilitation and psychosocial support. “[Patients] often need many months of therapy ... to allow them to rebuild their shattered lives,” says MSF medical coordinator Chiara Burzio. © Diego Ibarra Sánchez/MEMO

LEFT. Patients recuperate in Qayyarah hospital’s emergency room, where MSF admitted more than 5,657 patients during the first five months of the year alone. The emergency room team treats many patients wounded by air strikes, explosions, and mortar fire. © Javier Rius Trigueros/MSF

BELOW LEFT. MSF staff at a field trauma clinic south of Mosul treat Ilham, who was seriously injured in her abdomen and leg. Throughout the battle for Mosul, MSF teams provided thousands of lifesaving interventions for those wounded in the fighting. © Alice Martins

ABOVE. This mother asks MSF team members about the health of her malnourished child, who was admitted for treatment at the inpatient therapeutic feeding center in Qayyarah, Iraq. In 2017, MSF treated more than 535 babies for malnutrition in Qayyarah—most under six months old. Many of the infants were taken to Qayyarah by families who fled besieged western Mosul during the months-long battle between Iraqi forces and the Islamic State group. Trauma and atrocious living conditions in Mosul meant that many mothers were unable to breastfeed, and some tried to compensate by giving their babies black tea or sugar water. © Hussein Amri/MSF
THE YEAR IN PHOTOS

ABOVE: A guard closes a cell door on people held in Abu Salim detention center in Tripoli. Even at official detention centers, MSF witnessed people packed into dark, filthy rooms with no ventilation, living on top of one another. © Guillaume Binet/Myop

RIGHT: After a failed attempt to cross the Mediterranean Sea to Europe, this woman was taken to a detention center in Sorman, west of the Libyan capital, Tripoli. She is suffering from chemical burns caused by a toxic mix of diesel fuel and sea water. © Guillaume Binet/Myop

FACING PAGE, BELOW: These men are held in cramped conditions at the Abu Salim detention center in Tripoli. There is no way for them to challenge their detention, and virtually no access to the outside world. © Guillaume Binet/Myop
LIBYA: TRAPPED IN DETENTION

For more than a year, MSF has been providing urgently needed medical care to refugees, asylum-seekers, and migrants held in inhumane conditions in detention centers in Libya. Horrific conditions at the detention centers are directly linked to the majority of the physical and mental health problems for which detainees require medical attention. MSF is calling on Libyan authorities to end the arbitrary detention of migrants and refugees, and is urging European leaders to reform migration policies that fuel a criminal system of abuse. Teams in Libya and on rescue ships in the Mediterranean have treated survivors of rape, sexual abuse, and torture.

ABOVE: A woman held at a detention center in Sorman buries her head and cries. People often spend months in Libyan detention centers, not knowing when they will be released. © Guillaume Binet/Myop
Years of political unrest and violence between an array of armed groups have resulted in a protracted humanitarian crisis in Central African Republic (CAR). In 2017, renewed violence forcibly displaced some 600,000 people inside the country, the highest number since 2014. People are seeking refuge in hospitals, churches, and mosques, and often hiding in the bush for long periods of time, with dire health consequences. Children are not able to reach medical facilities during malaria season, regular vaccination campaigns are interrupted, and pregnant women are left without assistance when they deliver. In late August 2017 more than 2,000 Central African and international MSF staff members were working in some 20 projects across the country.
The MSF project in Bangassou offers a full package of medical care to patients in a large area with very poor medical infrastructure. Here, an MSF health worker tends to a young patient who was brought to the hospital with a high fever. © Borja Ruiz Rodriguez/MSF

Savien Robert Zoulemati, age 25 and the father of a week-old baby, was resting after a hunting trip when he and his companions were attacked by a group of fighters. One bullet hit his arm, a second went through his hip, and a third wounded his right leg. © Colin Delfosse/Out of Focus

Marie Mandakouzu brings her six-month-old baby to Kidjigira’s health center in Bambari to be treated for dehydration. © Colin Delfosse/Out of Focus

Zenabou, a 20-year-old mother of three, arrives at the MSF health center at Bambari’s Elevage camp for internally displaced people to seek treatment for her sick baby. © Colin Delfosse/Out of Focus
ABOVE: MSF has run a project to treat multidrug-resistant TB in Kyrgyzstan’s Kara-Suu district since 2012. Here, members of the medical team examine a patient’s X-ray test results. © Joosarang Lee/MSF

BELOW: Sixty-four-year-old TB patient Zaurbek greets members of the medical team at the Republican TB Dispensary in Grozny, Chechnya. “I could hardly walk. I was short of breath,” he says of the time before he began treatment for TB. “Now I’m much better. I have 12 grandchildren. How can I leave them?” © Lana Abramova

RIGHT: Nineteen-year-old Simbazako is receiving treatment for HIV/AIDS at Nsanje district hospital in Malawi. “I feel too much pain in my ribs,” he says. “I take my antiretroviral [medications] without skipping a day, but my health is not improving as I had expected.” Here, he holds still for a chest X-ray to test for tuberculosis. © Luca Sola
Despite being curable, tuberculosis (TB) is now the world’s deadliest infectious disease, overtaking HIV/AIDS. Some 1.7 million people were killed by TB in 2016, and more than 10 million suffer from the disease. The vast majority of TB-related deaths occur in low- and middle-income countries. New medications to treat drug-resistant forms of TB are available, yet less than 5 percent of people who need them actually receive them today. In 2017, MSF continued to advocate for expanded access to these promising new drugs and to use them in TB projects around the world.
FIGHTING OUTBREAKS AND PREVENTING THE NEXT EMERGENCY

From fighting to control the massive cholera epidemic in war-torn Yemen to halting the spread of hepatitis E in Niger to vaccinating more than a million children against measles in Democratic Republic of Congo (DRC), MSF teams around the world worked tirelessly to prevent the spread of diseases in 2017.
LEFT. When measles swept across DRC in 2017, MSF teams mobilized to vaccinate more than a million children against the disease. Here, an MSF vaccination team travels by motorbike down a narrow forest trail to reach patients in a remote area. © Candida Lobes/MSF

FACING PAGE: In response to a major measles outbreak in Guinea, MSF launched a large-scale vaccination campaign in collaboration with the Ministry of Health. More than 100 teams spread out to 164 vaccination sites across the capital, Conakry, with the goal of vaccinating all children from six months to ten years of age. © Markel Redondo

ABOVE: Children from Kassa, Guinea, line up to be vaccinated against measles in April. © Markel Redondo
ABOVE: In the fall, MSF responded to one of the most severe outbreaks of cholera in years in DRC, where the disease spread to 21 of the country’s 26 provinces. Aksha Tchikoni and four of her children received care at an MSF-run cholera treatment center in Bukavu, South Kivu province. © Marta Soszynska/MSF

RIGHT: At an MSF cholera treatment center in Katana, South Kivu province, DRC, a mother watches as her child is examined for symptoms of cholera. By late October MSF had treated some 30,000 patients across the country. © Marta Soszynska/MSF
ABOVE: MSF provides the only free screening and treatment for hepatitis C in Phnom Penh, Cambodia. Due to the overwhelming needs, MSF prioritizes those with the greatest risk of developing severe and fatal forms of the disease. © Todd Brown

ABOVE: An MSF nurse calls a patient in the waiting room at Preah Kossamak hospital in Phnom Penh, where MSF treats hepatitis C patients with newly available medicines that are far more effective but priced out of reach for most people. In October, MSF announced that it can now purchase generic direct-acting antiviral medicines to treat hepatitis C at a fraction of the original cost. © Todd Brown
Mental Health Care: Healing Hidden Wounds

One in five people caught in emergencies and conflicts experiences depression and anxiety. MSF provides mental health care alongside medical services in humanitarian emergencies all over the world. Some of our patients have joined our staff, and are now able to help others who need mental health support. In 2017 the Brain & Behavior Research Foundation awarded the Pardes Humanitarian Prize in Mental Health to MSF in recognition of its provision of mental health care in projects worldwide.

Above: Elva, a community leader and women’s rights activist, receives mental health support from an MSF psychologist in Tumaco, a city of 200,000 people in southwestern Colombia. Years of armed conflict have traumatized the local population and devastated this strategic port city, which remains a hot spot for the trafficking of illegal arms and drugs. An MSF team provides psychosocial counseling and works with the community to raise awareness about mental health issues. © Fabio Basone/MSF

Facing Page, Top: An MSF mental health worker meets with a resident of Xochimilco, Mexico City, following a major earthquake in September that caused widespread destruction and displacement. Within 24 hours after the earthquake struck, MSF activated its emergency response and deployed teams of psychologists and social workers to provide mental health care to families who had lost their homes. © Jordi Ruiz Cirera
After the battle for Mosul began in late 2016, MSF received an influx of patients at its health facilities at camps for displaced people in northern Iraq. Many of those displaced by the fighting were in dire need of mental health support. "The people who come here have lost everything. Many lose trust in everyone," says Mahmud, an MSF psychologist working at a camp. "Here, they meet people who care about them, who give them time and attention and treat them with dignity. With us, they recover their humanity." © Jean Christophe Nougaret/MSF

Since the beginning of 2017, MSF teams have provided more than 18,000 mental health consultations at the project in Erbil, Iraq. © Jean Christophe Nougaret/MSF
FOR CURREY & COMPANY, A GENEROUS CORPORATE DONOR TO MSF, SUCCESS ISN’T DEFINED AS SIMPLY CREATING WEALTH FOR ITS OWNERS AND EMPLOYEES.

“Our mission statement is to serve our customers, owners, and employees in an exemplary manner through a culture that encourages all to flourish,” said Sonny Koontz, CEO of the Atlanta-based manufacturer of distinctive home furnishings. “Now, there’s no question that the customers, owners, and employees of Currey & Company will flourish more if we share our good fortune.”

Robert Currey, founder of the family-owned Currey & Company, brought Koontz on board 15 years ago. Working together, they ushered in a new era in company operations, jump-starting sales and increasing business fivefold while taking an employee-centered management approach with a humanitarian outlook. The company, now a multimillion-dollar firm, prides itself on employee development (they cover college tuition and books for night courses) and on maintaining a diverse workforce. In fact, when our team toured Currey’s manufacturing facility, we met a logistician who had once served as an MSF national staff member in Uganda.

“When you have a workforce,” Koontz said, “your people have a hope for a better tomorrow, which they get with education.”

Currey & Company first became an MSF donor in 2011. Koontz, who learned about MSF when his grandson wrote a high school research paper on global poverty, was particularly moved by the organization’s medical assistance to children in conflict regions. The best way to make the most impact, Koontz believed, was to donate to international children’s relief organizations.

Then, in 2014, Currey & Company was able to ramp up its year-end giving. The firm began asking its top 200 customers to select from among three charitable organizations that would receive a percentage of annual company sales, totaling roughly $300,000. MSF has emerged as a popular perennial choice for Currey’s top customers, receiving six-figure donations every year.

“Both customers and employees have come to want to be a part of a company that adds international charitable giving as a component of its operating system,” Koontz said. Now, Koontz and the Currey family work with outside businesses and institutions, inspiring others with the effectiveness of their humanitarian leadership.

“We have benefited greatly from globalization, but there’s a lot of the world that hasn’t. We need to share our fortune,” Koontz said, expressing hope that Currey & Company’s story will plant a seed in people’s minds that will motivate others to do their part.

PHOTO: Brownlee Currey, son of founder Robert Currey and president of Currey & Company, with John Lawrence, president of the MSF-USA Board of Directors, at the company’s manufacturing facility.
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 https://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.

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 $33 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.
Rohingya refugees cross the Naf river from Myanmar to Bangladesh. © Moises Saman/Magnum Photos for MSF

ALERT

is a quarterly newsletter sent to friends and supporters of Doctors Without Borders/ Médecins Sans Frontières (MSF). As a private, international, nonprofit organization, MSF delivers emergency medical relief to victims of war and disaster, regardless of politics, race, religion, or ethnicity.

DOCTORS WITHOUT BORDERS

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