THE REACH OF WAR
A DAY IN THE LIFE OF THE SYRIAN CONFLICT
Dear Friends,

My colleagues are often on the scene before the evening news has first reported an emergency, and they stay long after interest moves on. There are always challenges, but we steadfastly do what we can.

Over the past six months, even as the volume of high-profile emergencies has pushed us to our limits in terms of managing security, marshalling the experienced professionals needed, and staying focused on lesser-known catastrophes as well, our teams have been on the job and saving lives in Gaza, South Sudan, Central African Republic, the Democratic Republic of Congo, and elsewhere, including the West African countries now facing an unprecedented Ebola outbreak.

This issue of the Alert focuses primarily on a particularly challenging context: Syria, where a brutal conflict is now in its fourth year. I worked in Syria in 2013 and saw firsthand how what had been a middle income country with a well-developed medical infrastructure had been reduced to a shell of a state where the health system cannot function and millions have little access to care. Those with treatable chronic diseases cannot find medicine. Children are not getting vaccinated. Family after family—with innumerable trained health workers among them—have fled their homes to seek refuge with relatives or in neighboring countries where their presence places an enormous strain on available resources.

To this day, ordinary citizens, including women and children, are living in makeshift shelters without access to clean water and adequate food, making them vulnerable to easily preventable diseases. Syrian doctors and nurses risk their lives to care for the sick and injured in clandestine facilities. MSF, for our part, has been forced to work at various times in a house, a cave, and a chicken farm, and we’ve faced a host of grave security issues in the process. Marauding criminals and would-be kidnappers add to the danger and make it difficult to provide care and bear witness. When I worked in one of these facilities, colleagues repeatedly asked, "Why don’t people care? Do they know what is happening?"

Despite the challenges, MSF is still working in and around Syria, providing care to hundreds of thousands of people across several countries. Last last year, we sent photographers and videographers to document just one day of this work, to show the reach of this war, from several different vantage points. Their work, the story of one day that could be any day for Syrians living with the consequences of this conflict, can be found at reachofwar.msf.org. Many of the images and much of the text are featured in this issue of Alert as well. It is all part of our attempt to give you an insiders’ view, to help you understand the work of our teams and the plight of our colleagues and patients. We hope that by explaining our work and sharing our perspective you will understand why we cannot turn away.

I’d also like to take this opportunity to share a personal loss. In June, MSF lost a dear friend, Richard Rockefeller, who was a founding member of MSF-USA and a passionate advocate for global access to health care. We dedicate this issue to him, and I urge you to read the tribute on page 15, which reflects our admiration.

Richard helped make possible the work we do today. You do as well, and we are forever grateful for your support.

Sincerely,

DEANE MARCHBEIN
President, MSF-USA Board of Directors
In Lebanon’s Bekaa Valley, doctors, nurses, social workers, and midwives begin calling in the mothers, fathers, and children already assembled outside four different clinics. In northern Iraq, a doctor—a refugee himself—walks briskly towards the cries and clamors of new patients who have likewise found themselves far from home, with no sense of when they might return. And inside Syria, where the war that has altered the lives of all these people continues without pause and without mercy, medical teams renew their efforts to do what they can to address even a fraction of the needs they see day after day....

Now into its fourth year, the war in Syria has killed more than 190,000 people and driven upwards of 9 million people from their homes—more than 3 million who’ve fled the country, and more than 6.5 million who are displaced inside its borders.

As astonishing as the numbers are, the human scope of the conflict is still hard to convey. Like an explosion, the force of which radiates outwardly from its point of impact, or a disease that spreads far beyond the initial point of infection, the reach of Syria’s war is visible in many places at once. Day after day, it ruthlessly shapes the lives of Syrians inside the country and across, even beyond, an arc of Middle Eastern...
nations. With no solution in sight, there’s every reason to believe it will continue to do so.

For those in the war’s grip, there are rare instances that could pass for normalcy—a family breakfast, a soccer match, a break for a cup of tea—but they offer only brief escapes before the search for safety, shelter, healing, or a moment’s relief resumes. Doctors Without Borders/Médecins Sans Frontières (MSF) sees much of this through the prism of medical needs and has been working with Syrians in and around their country since soon after the war broke out, providing hundreds of thousands of patient consultations, conducting thousands of surgeries, and delivering thousands of babies, amongst other activities.

That said, like many organizations, MSF has struggled to explain the breadth of the situation, because snapshots of any one group of people in any one place can only relate so much. Therefore, in late 2013, we sent teams to MSF projects in Iraq, Lebanon, and Jordan on the same day to record the work we are doing with Syrians, to experience the situation through the eyes of staff members trying to provide desperately needed assistance. The goal was to chronicle “a day in the life” of this brutal, relentless conflict, to collect imagery and narratives that might foster a deeper understanding of the reach of this war.

“There’s a lack of humanity with respect to Syria because when we talk about Syria, we always talk about figures,” says Dr. Joanne Liu, MSF’s international president. “We always say, in Syria, one in three people are displaced. Or there are 2.8 million refugees outside Syria. But to the normal person, what does that mean? Nobody understands that on a daily basis, kids cannot go to their schools unless parents want to put them at risk of getting hit by a barrel bomb. Children in refugee camps cannot have shelter that is proper to go through winter. A woman cannot deliver in a safe environment, or a child is suffering from a preventable disease.”

In Syria and beyond, the challenges are manifold, the needs immense. “What we are trying to do is attend to the patients we can reach in the surrounding countries and hopefully inside the country,” says Dr. Liu. “The other thing we can do as an organization is bring awareness of what’s going on.”

MSF teams in the field are always aware that there is much more that could be done—that so many needs are going unaddressed—and that there are numerous steps parties to the conflict and their allies, along with humanitarian organizations themselves, could take to enable the delivery of more humanitarian aid to those who need it most.

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—Dr. Joanne Liu, MSF International President
This project is part of the effort to do more, to see and share more of what’s happening in Syria and to Syrians now in neighboring countries, every day, all at once.

SYRIA: RELENTLESS CONFLICT, RADIATING OUTWARDS

MSF began working in Syria soon after the war started, first supporting medical facilities with donations of drugs and supplies, then establishing independent facilities in areas where it could be done. From the outset, MSF sought approval from the government in Damascus to work in Syria, but with none forthcoming, teams set up projects in opposition-held areas, primarily in the country’s northern border regions.

Given the ferocity of the fighting and the collapse of the once-capable Syrian medical system, the needs have been innumerable, but finding the space to work has been a challenge from the beginning, as health workers and facilities have themselves been targeted frequently. Nonetheless, MSF has been running makeshift hospitals and health centers across northern Syria, where and when it was possible to do so, since June 2012.

At various points, our staff set up field hospitals in a private home, a chicken farm, even a cave. Personnel and resources were mobilized from numerous countries—Syria in particular, because Syrians make up the vast majority of staff in these projects—in order to address at least some of the medical consequences of the war. What’s more, MSF has supported some 50 hospitals and 80 health centers managed by Syrian medical networks as well, donating supplies and materials.

From the outset, however, working in Syria required MSF to go to great lengths to find locations where our teams and our patients would be safe. It has also meant repeatedly explaining to all parties to the conflict that our staff provides impartial, independent, privately funded medical care to all who need it, without regard for religious, political, or military affiliation. This has not always been successful.

At first, the most visible and obvious priorities were wounds directly related to the fighting: shrapnel injuries, gunshot wounds, burns caused by bombs. As time passed, people lost access to medications for treatable diseases such as hypertension and diabetes. Children lost protections against communicable diseases like measles and even polio. And women facing complicated pregnancies and deliveries lost the ability to call on qualified medical professionals for the assistance they needed.

MSF adapted its programs accordingly. All told, through May 2014, MSF teams in Syria had conducted more than 7,000 surgeries, 54,000 emergency room interventions, and 88,000 outpatient consultations. In addition to responding to mass casualty events, of which there have been many, MSF medical teams have also offered services ranging from primary health to maternal to chronic disease care. They have assisted with more than 2,000 deliveries and carried out vaccination campaigns when conditions allowed.

The ever-changing security situation continues to proscribe our ability to provide care as widely as we’d like, however. Going forward, MSF will try to further adapt or expand our programs inside Syria when and where possible to reach the greatest number of patients. And our teams will also continue to run programs outside of the country to tend to those who fled war’s onslaught—only to encounter a whole new set of challenges.
EMERGENCIES ABOUND

The war is never far away in Ramtha, a city in northeastern Jordan just three miles from the Syrian border and only a little further from the Syrian town of Daraa. Explosions echoing in the distance are one indication of the conflict’s proximity. The steady stream of wounded arriving at MSF’s trauma surgery program at Ramtha Hospital is another.
On this morning, Dr. Alwash started his rounds around 8:30. Among the first patients he saw was Sami, 22, who had undergone four surgeries since he was admitted a month earlier after being shot in the leg. Then there was Malik, a 14-year-old boy who lost one leg and suffered serious injuries to an arm and his other leg when his house was bombed during a wedding party. "I didn’t feel anything," Malik says.

There was also a 23-year-old man with injuries to his eye, leg, hand, and chest who is expecting to be here at least five more weeks, and a young girl, an infant, who lost a leg when her house was hit by a tank shell that killed most of her family, including a baby sister. "What has this child done to deserve this, that she has to have her leg amputated?" asked her aunt, who was staying with her while she was in the hospital, and who lost her own 16-year-old son to the war.

Dr. Alwash later reached the bedside of a girl named Rukaya, 14, who was out walking with her mother and a neighbor in their hometown when a shell hit nearby. She remembers that it felt like her legs were melting but not much else until she woke up in Ramtha, where she learned that she’d lost both legs and her mother was dead. Seven surgeries followed, and Dr. Alwash will perform another tomorrow as part of the process of preparing her for the prosthetics she will have to use for the rest of her life.

Rukaya smiles when she talks to the doctor, and she smiles once more when asserting her determination to be happy again one day. Other patients also show uncommon fortitude given their circumstances. Malik, for instance, is usually up for a game of chess with anyone willing to play, patients and MSF staffers alike. Others say they hope to return home as soon as they can walk again.

Their resilience helps mitigate, to some small extent, the difficulty of seeing the injured and maimed arrive one after another. On one particularly hard night, Dr. Alwash says, three children—a six-month-old baby boy, a two-year-old girl, and an eight-year-old girl—arrived in the same ambulance, “all of them with severe injuries,” none of them with any relatives.

The baby boy had severe head wounds. “He passed away a few minutes after he arrived,” Dr. Alwash recalls. The team stabilized the two-year-old and managed to resuscitate the older girl, who was almost completely white due to blood loss. Still, her legs were mangled and one had to be amputated. She was in shock, terrified, and there was no one there from her family who could help explain what was happening. With her life at risk, the team had no choice but to operate. Later, they worked with contacts in Syria to bring her grandmother to Ramtha to be with her.

Though that patient has a long road of rehabilitation ahead of her, she is now in good condition, Dr. Alwash reports, and though he is visibly rattled when he recounts that night, the story also reminds him why he and MSF are there. “You are doing an activity that the patient needs now, not tomorrow, not [in] another week,” he says. The work is grueling, but “these projects, the surgical projects for war wounded, they stand alone, because you see exactly the importance, the vital importance, of the services you are doing.”

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IRAQ

A PAINFUL LIMBO

Not long ago, when refugees were streaming out of Iraq, fleeing that country's war, it was unthinkable that the country would become a sanctuary for others. Its own conflict is ongoing, to be sure, but for many Syrians, Iraq is indeed the safer place.

At the Domiz camp in northern Iraq, for instance, it seemed for months as if more people were arriving and more tents were going up every day. The United Nations estimates that there are now at least 58,000 Syrians there, but unofficial counts put the number well above 60,000. And none of them can answer the most pressing question they have: "When can we go home?"

Domiz wasn't built to hold so many people. Opened in 2012, it was designed for 1,000 families, a fraction of its current population—which is itself just over one-quarter of the overall number of Syrian refugees in Iraq. There have been improvements in the water and sanitation systems, which, early on, were woefully insufficient. Shelter options and the general sense of order have also improved, residents say, and some have started businesses. But they still face serious health problems, and MSF has expanded its services as the population has grown.

MSF’s medical team leader, Dr. Mustapha Khalil, a specialist in emergency medicine, is a refugee himself who fled his home in Syria with his wife and young son last year. Arriving to MSF’s clinic in Domiz early in the morning, he’s greeted by the familiar sight of dozens of people assembled in the outdoor waiting area and the familiar sounds of children crying inside.

Soon after entering the ward, Khalil sees a six-year-old boy with ear and respiratory infections, another boy who was scalded by boiling water when a pot inside his tent toppled over, a mother whose baby has a urinary tract infection, a girl who needs stitches for a large cut on her finger, and an older woman who arrives very pale and struggling to breathe. "Every morning is like this," he says.

Initially, MSF offered primary health care, mental health care, and referral services for emergency cases. As time passed and the needs grew clearer, chronic disease care—for hypertension and diabetes, in particular—was integrated. In essence, the project reacted to the medical and psychological needs that grew out of the war, and the circumstances into which it drove this particular population.

“People have suffered a lot in Syria,” says Henrike Zellman, an MSF psychologist who worked in the camp. “A lot of families were torn apart.” Many were also injured or lost loved ones or lost their homes. Now they don’t know how long they’ll be in exile or if there will be anything to return to should the war ever end. “If anybody could tell them, ‘okay, you have to stay here for another two months, and then the situation will be over, and you can go back home,’ people would cope easily,” says Zellman. “But nobody can actually tell them when they can leave.”

In 2012, around 7 percent of MSF’s mental health patients displayed symptoms of a severe psychological disorder; in 2013, 15 percent did. MSF’s mental health team in Domiz—Zellman, two Syrian psychologists and three mental health counselors [two Syrian, one
Iraqi Kurdistan)—conducted seven to nine sessions per day, during which they heard most frequently of depression and anxiety from adults, and nightmares, problems sleeping, and bedwetting among children. Given the ferocity of the war and the way the body and mind process trauma, this is hardly surprising. Zellman says: “They are just reacting normally to very un-normal events.”

It’s a new experience, living in a densely-packed refugee camp where disease can flourish; certain precautions must be taken. MSF therefore built an active outreach component into its work in Domiz, something primarily carried out by community health workers, or CHWs, who traverse the camp to survey health needs and talk to people about things they can do to prevent illness and injury.

On this afternoon, two CHWs, Falak and Rabea—both Syrian refugees and camp residents themselves—enter a tightly packed warren of tents, then ask a woman named Layla if they can speak with her. When she says yes, Falak and Rabea remove their shoes and enter her tent. The interior is spotless. Rugs cover the ground. Mattresses, pillows, and blankets are stacked neatly along one wall. Layla tells her visitors to sit and serves them tea.

Falak and Rabea tell her about MSF’s services. They ask about the children’s health and talk to them about the importance of washing their hands. They cover many of the same topics with others they visit, too, adapting their focus when needed. To a mother with a newborn, they talk about the importance of breastfeeding. To people reporting gastrointestinal problems, they talk about diet, nutrition, and, again, hygiene. And they urge one and all to visit MSF’s clinic if they need any medical or psychological assistance.

Though cordial, the visits underscore the degree to which refugees in Domiz are at the mercy of their situation. Driven here by war, they found some sanctuary, but the pain, the worry, and the wondering all remain.

In 2013 alone, MSF conducted more than 130,000 medical consultations for Syrian refugees in Domiz and another 50,000 consultations for Syrians at two other camps in northern Iraq. And the pace of operations at these projects has not slowed at all in 2014.
THE SEARCH FOR SHELTER

The issues are serious. People lack water, electricity, and sufficient shelter, and some are facing eviction. They have children who are ill and family members they haven’t seen or heard of since they left Syria. One man says he still keeps all his belongings in a car because his tent floods.
The waiting rooms fill up soon after MSF’s clinic in Arsal, a town in Lebanon’s Bekaa Valley, opens for the day. Men and women, their fatigue visible and their children in their arms, find seats on benches until they’re called to see triage nurses who gather information and direct them to the proper part of the facility.

One of four clinics MSF runs for Syrian refugees, Palestinians, and local residents in the Bekaa Valley, MSF’s project in Arsal provides free health care to people who otherwise cannot access or afford it and would likely go without. Staff offer primary health care, pediatric care, chronic disease care, and maternal care, including obstetrics and gynecological services. The crowds are testament to the scope of the medical needs in the area, especially among the ever-expanding refugee population, many of them from Syrian towns and villages just over the border, a few miles away.

In one consultation room, Dr. Rabih Kbar, the general practitioner on call, greets the first of the roughly 50 patients he sees in a given day, a number he says has been rising steadily. In the other, Maria Luz Mendez, who supervises maternal health care at MSF’s clinics in the Bekaa, and Madonna Sleiman, a Lebanese midwife, consult with pregnant women. They see 10 to 12 per day, Mendez says, most of them from Aleppo or Homs. (MSF does not deliver babies at this facility but does provide vouchers women can use to cover birthing costs at nearby hospitals.)

The fixed site projects are only one facet of MSF’s work in the area, however. Unlike in Iraq, there are no organized camps for refugees, so Syrians fleeing to Lebanon have no obvious place to go. There are more than 1 million Syrian refugees now living in a country of only 4.4 million people. In some places, says Hanane Lahjiri, an MSF community health worker in Arsal, “it seems like you see 10 Syrians for each Lebanese person.”

Not surprisingly, said Tania Miorin, MSF’s field coordinator in the Bekaa at the time, tensions haverisen between Syrians and the host population, and between Syrians themselves. There are many local groups and individuals providing assistance, but refugees have to find their own shelter wherever they can, in settings ranging from clutches of canvas tents in rocky valleys to empty schoolhouses to hastily constructed concrete rooms to an abandoned prison. One MSF survey last fall counted 260 settlements in the Bekaa alone; a more recent survey found 450. To make matters worse, the area occasionally gets hit with shells fired from inside Syria.

The services are limited, particularly for refugees not registered with the UN. Fuel, in particular, is increasingly hard to come by, and many families were unprepared for this past winter. As a result, MSF staff started seeing more patients with acute respiratory problems, gastrointestinal problems, and skin diseases. More people have also been presenting at clinics seeking care for chronic diseases that have gone untreated since Syria’s health system collapsed.

Too often, though, people do not know where they can access medical attention. It’s not enough to wait for people to come to the clinics, however. MSF staff have to seek them out. So while the team at the Arsal clinic was hard at work, Lahjiri set off with Sarah Hamood, an MSF social worker and a Syrian volunteer, for a day of driving from one refugee settlement to the next. Some they’d been to before. Some they had heard about only recently and would need to locate. “Before, it used to be easier to identify the needy cases,” says Hamood. “Today, they are more numerous and more scattered.”

The first stop on this day is the Abu Ismael settlement, a collection of 30 to 40 concrete rooms a Lebanese landowner rents out to refugees. Lahjiri wants to check in on a woman whose baby died shortly after being born. Later, she and Hamood go to two other settlements, meeting with community leaders, patients, heads of households, and anyone else from whom they can learn about the general health of the people at the site and with whom they can share information about MSF’s services.

The issues are serious. People lack water, electricity, and sufficient shelter, and some are facing eviction. They have children who are ill and family members they haven’t seen or heard of since they left Syria. One man says he still keeps all his belongings in a car because his tent floods when it rains. One woman lost her husband and home to the war and had to send her teenage daughter to live with an uncle because the latrine in her settlement is too far from her tent, which makes it unsafe for girls at night. “We used to have a happy life,” she says.

The roads in the Bekaa wind through valleys and roll up and over hills, but wherever MSF staff travel, they find people seeking assistance. And as the war grinds on, the numbers, and the needs, continue to grow.

In 2013 alone, MSF staff carried out more than 50,000 medical consultations in the Bekaa Valley, a quarter of them for children under the age of five.
NEWS FROM THE FIELD

1,400 ARE DEAD FROM EBOLA AND WE NEED HELP

By Dr. Joanne Liu, MSF international president. This is an excerpted version of an article that originally appeared on time.com on August 21, 2014.

Entire families are being wiped out. Health workers are dying by the dozens. The Ebola outbreak raging in Guinea, Liberia, and Sierra Leone has already killed more people than any other in history, and it continues to spread unabated.

People are also dying from easily preventable and treatable diseases like malaria and diarrhea because fear of contamination has closed medical facilities, leading to the effective collapse of health systems. While I was in Liberia last week, six pregnant women lost their babies over the course of a single day for lack of a hospital to admit them and manage their complications.

Over the past two weeks, there have been some welcome signs: the World Health Organization (WHO) declared the outbreak a “Public Health Emergency of International Concern” and announced additional funds to fight the disease; the World Bank announced a $200 million emergency fund; and the UN Secretary General appointed a special envoy for Ebola.

But 1,350 lives have already been lost. To prevent more deaths, these funding and political initiatives must be translated into immediate, effective action on the ground.

MSF medical teams have treated more than 900 patients in Guinea, Sierra Leone and Liberia. We have 1,086 staff operating in the entire country right now. Pregnant women cannot receive emergency C-sections. Health facilities must be re-opened and Liberia and Sierra Leone from further collapse. After years of civil war, these countries already struggle to meet the basic health needs of their people, let alone cope with a public health emergency of this magnitude. Last week, all of Monrovia’s hospitals were at one point closed. There is no surgical care available in the entire country right now. Pregnant women cannot receive emergency C-sections. Health facilities must be re-opened or established to treat common illnesses.

We will otherwise face a second wave of this health catastrophe.

GAZA: ENTIRE STREETS ARE NO MORE THAN PILES OF RUBBLE

The bombing of the Gaza Strip killed far more than 1,000 people, many of them civilians, and wounded some 10,000, many of whom will need follow-up medical and surgical treatment. Half of Gaza’s hospitals were damaged and some destroyed altogether. More than 15,000 residences have been partially or totally destroyed, and entire neighborhoods are inaccessible, blocked by piles of rubble that resemble earthquake debris.

Michele Beck, MSF medical team leader in Gaza, surveyed the scene during a brief mid-August ceasefire.

The scale of destruction is staggering. Yesterday with the truce, we were able to go to Beit Hanoun and Shujayah, small towns close to Erez, the crossing point into Israel. It’s not the same seeing footage of the destruction...
and to have it in front of you, making eye contact with people who are searching under the rubble for cushions, blankets. They try to get what they can out of the debris but they recover practically nothing.

In Beit Hanoun and Shujayyah, there were mostly apartment blocks. The closer to the border, the more impact of the shelling and tank fire you see. These were areas where the Israeli army had told inhabitants to evacuate.

The last block is a skeleton of poles holding a few layers of concrete. People sat in front of the ruins—dazed. They left with their children and the clothes they had on. Now they come back and see that everything is destroyed, burned.

Patients recount stories of leaving everything and walking across the Kurdistan border into Erbil Governorate. When you consider that, the priorities are obvious—people need everything. Clean water and sanitation, as well as food, shelter, and health care.

In mid-August, MSF was the first health actor to arrive at the desolate displacement camp of Bharka in Erbil governorate, where more than 2,500 people, mainly Iraqis from Mosul, had settled after an exhausting journey in scorching summer heat.

MSF established a mobile clinic to provide primary health care services while tents and infrastructure were being set up and carried out more than 400 consultations in the two weeks that followed. MSF set up a rehydration point in the clinic to provide camp residents with specific therapy and monitoring.

As other nongovernmental organizations and United Nations agencies arrived, MSF planned to hand over the clinic and deploy its team to other locations where IDP populations still lack access to care.

MSF project coordinator Will Harper described the situation on the ground:

**How is MSF responding?**

The populations MSF had been serving with a mobile clinic into the disputed areas between Erbil and Mosul fled, in anticipation of attacks. MSF has reallocated that team to the largest MSF established a mobile clinic to provide primary health care services while tents and infrastructure were being set up and carried out more than 400 consultations in the two weeks that followed. MSF set up a rehydration point in the clinic to provide camp residents with specific therapy and monitoring.

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FUNDRAISING THROUGH FITNESS

By joining Team Doctors Without Borders and training for one of our endurance events, you can help bring emergency medical care to patients in nearly 70 countries with every mile you run, swim, or cycle. Whether you’re a beginner or an avid athlete, all you need is the commitment to train and fundraise and we’ll help with the rest.

This year Team Doctors Without Borders has already participated in IRONMAN Boulder, Escape from Alcatraz Triathlon, Big Sur International Marathon, and the TD Five Boro Bike Tour in New York City, which raised $300,000. Upcoming premier athletic events include October’s Los Angeles Rock ‘n’ Roll Half Marathon and November’s TCS New York City Marathon.

We’re here to support your athletic and fundraising goals from the moment you sign up to the moment you cross the finish line, providing guaranteed entry into the Team Doctors Without Borders premier event of your choice and an athletic training program with webinars, nutrition tips, stretching pointers, and online training tools. We’ll provide you with step-by-step instructions to help you reach your fundraising goal, and you’ll get an exclusive MSF jersey and goodie bag to commemorate the experience.

When you join Team Doctors Without Borders you’re making it possible for our teams in the field to continue to deliver vaccinations against outbreaks of deadly diseases, treatment for malnutrition, emergency surgery, and urgent medical care to the people who need it most in countries all over the world. You don’t have to be in the field to make a difference—stay fit and help save lives.

We are accepting applications for the 2015 Big Sur International and Five Boro Bike Tour right now. To apply to join a team, see athletes’ pages, and make donations on their behalf, visit events.doctorswithoutborders.org.

STRENGTHEN YOUR COMMITMENT

MSF would like to thank all of our donors who have made commitments toward 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. You can also learn more about the initiative at doctorswithoutborders.org/support-us/other-ways-to-give/multiyear-initiative.

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 is happy to confirm your gift or to satisfy any other requirements your company may have.

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

STOCK DONATIONS

Did you know you can donate gifts of securities to MSF? 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 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 www.doctorswithoutborders.org/support-us/other-ways-give, or call (212) 679-6800 and ask to speak to our donor services department.

CREATE 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. Minimum age when payments begin is 65. We follow the AGCA suggested rates.

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

WAYS TO SUPPORT MSF

APRIME RIGHT: Patients wait at MSF’s Mamadou M’Baiki health center in Bangui, the war-ravaged capital of Central African Republic © Aurelie Baumel/MSF

Above Right: Patients wait at MSF’s Mamadou M’Baiki health center in Bangui, the war-ravaged capital of Central African Republic © Aurelie Baumel/MSF
IN MEMORIAM

DR. RICHARD ROCKEFELLER, FOUNDING CHAIRMAN AND LONGTIME MEMBER OF THE BOARD OF ADVISORS, FIELD VOLUNTEER, AND SPOKESMAN

By Victoria Bjorklund, Esq., founding member of MSF-USA and former secretary of MSF-USA’s board of directors

We were deeply saddened to lose our dear friend, field colleague, and founding chairman of our board of advisors, Dr. Richard Rockefeller, in a plane crash on Friday, June 13, 2014. An experienced pilot, Richard had flown from Maine to New York to celebrate his father David’s ninety-ninth birthday with him the night before. His plane crashed shortly after takeoff in bad weather as he was attempting to return home to Maine in time for a non-profit board meeting.

Richard and his father, David Rockefeller, were absolutely instrumental in the launch of MSF-USA in 1989 and 1990. David Rockefeller so generously provided free office space to founding MSF-USA executive director Chantal Martell and her start-up team within his Rockefeller & Co. office at 30 Rockefeller Plaza. David proudly spoke to Chantal about his son, the family doctor in Maine, and introduced them. From that moment forward, Richard spent the next 21 years chairing the board of advisors, working in the field, advocating for better access to drugs, speaking on behalf of the organization, and leveraging his credibility within the US philanthropic community to gain needed support so critical to MSF’s operational independence in the field.

Richard was dedicated to the field. He worked as a field doctor in Peru in the 1990s and in northern Nigeria when a massive meningitis outbreak struck in 2009, in addition to visiting MSF programs in Cambodia, Malawi, Niger, Thailand, and Uganda.

Upon his return from Uganda in 2000, Richard was diagnosed with chronic myelogenous leukemia (CML), a rare and deadly form of cancer. He immediately attacked his disease by working with his doctors to design his own treatment protocol. A drug marketed by Novartis as Gleevec saved his life, but at an annual cost of $30,000. This caused Richard to speak out publicly, passionately, and personally about the lack of research and development for neglected diseases and access to medicines. For example, in 2003, Richard wrote in a Boston Globe op-ed, “I am glad that a treatment was found to prolong my life, but at the same time I find it troubling to live in an age that privileges my life over others for no reason except my (or rather, my insurance company’s) ability to pay. One shouldn’t have to be a Rockefeller to have access to lifesaving medicines.”

This type of outspoken commitment was quintessential Richard: humble, erudite, and thought-provoking. And it reminds me again of how Richard helped us in so many private as well as public ways. Chantal and I recently reminisced about how Richard was an early adopter of key technologies and helped us to understand how to use the internet to disseminate MSF press releases in real time and to use email to communicate with our members. One would see Richard in the front row of our early general assemblies avidly taking notes on the most current electronic device.

When one of our MSF-USA presidents or DNDi colleagues needed to call on a trusted speaker to tell it like it was, Richard repeatedly answered the call, from testifying at the 2003 DNDi conference in New York to publishing an op-ed in the Times of India about access to essential medicines. Because Richard had spent time in the field, because Richard had experienced access to medicines in his own treatment, because Richard believed fervently in the right of access to medical care, because Richard spoke passionately and humbly, Richard truly lived the values of MSF.

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Doctors Without Borders/ Médecins Sans Frontières (MSF) works in nearly 70 countries providing medical aid to those most in need regardless of their race, religion, or political affiliation.