Dear Friends,

Between March 2014 and September 2015, more than 28,000 people in Guinea, Sierra Leone, and Liberia were infected with the Ebola virus. More than 11,300 died from it. And even those who survived still face a host of ongoing challenges, including continued physical symptoms, the possibility that the virus could lay dormant in some organs in the body, persistent psychological trauma, and social exclusion.

A legacy of Ebola that is less evident, however, is what it did to basic health services and health workers in the countries affected. The number of qualified health workers—and nurses in particular—who were killed and the number of health facilities that were forced to close or reallocate resources resulted in a dire shortage of both throughout the region. That means the people left behind struggled—and still struggle—to find care for other health issues, from malaria to malnutrition to childbirth to surgery to vaccination.

This issue of Alert focuses on the aftermath of the Ebola outbreak. Our main story concerns Liberia—the services MSF has provided to survivors and the steps MSF has taken to bolster the health system, especially around mother-and-child care. Much of this is localized in a hospital MSF has opened in Monrovia that focuses on pediatrics—a hospital at which I myself am hoping to work in early 2017.

This is a very meaningful project that fills a clear need in Monrovia right now. It’s unusual in that MSF was able to be part of every facet of the design process, which is rarely the case in emergency response, where you almost always work with what you have (and quickly). It is also evidence, I believe, of an effort to stay with an emergency, to seeing the ways in which an acute crisis can evolve into a more protracted health care crisis, even after the sense of urgency wanes among the broader international community.

Elsewhere in this issue you’ll find accounts of an ambulance service MSF runs in the Mathare slum of Nairobi, and the recollections of one of our staff workers upon her return to Bentiu, South Sudan. We also want to provide you with an update on the Forced From Home exhibition. Its first run through the northeast is now complete, and we were very gratified by the attendance and the response from the public and media outlets alike. The refugee/displacement issue is certainly not going away, and we will continue to make sure our voice—and the voices of the displaced themselves—are heard.

Thank you all for your support throughout this year. It has meant a great deal to me personally and to MSF as a whole.

Sincerely

DR. JOHN P. LAWRENCE, MD
President, MSF-USA Board of Directors
The Ebola outbreak that swept across West Africa in 2014 and 2015 infected more than 28,600 men, women, and children—and killed more than 11,300 of them—before it was contained. Across Liberia, Guinea, and Sierra Leone, schools closed, economies ground to a halt, and health systems collapsed under the strain of the epidemic, cutting off huge swathes of the population from essential medical care.

More than two years after the beginning of the outbreak, survivors, health workers, and the families of those who died are still working to rebuild their lives. Meanwhile, MSF is working to address the needs of patients at risk of falling through the cracks of the region’s shattered national health systems.

One example of this can be found in Liberia. More than 4,800 Liberians died from Ebola in 2014 and 2015. Many people saw relatives die; some lost their whole families. The health situation in Liberia was precarious even before Ebola struck because years of civil war had destroyed what existed of the nation’s infrastructure and stunted efforts to rebuild it. Then Ebola killed an estimated 8 percent of Liberia’s health workers. Many others never returned to work, even after the epidemic was finally brought under control.

HEALING INVISIBLE WOUNDS

“As the outbreak subsided, it became apparent that Ebola survivors and their families would need significant support,” says MSF’s Petra Becker, who recently returned from a mission as both project coordinator and head of mission in Monrovia. “The majority of survivors experienced physical disorders such as joint pain and neurological or ophthalmological problems. At the same time, many survivors—as well as their friends, family, and caregivers—experienced significant mental health problems, including post-traumatic stress disorder and depression, after being confronted so closely with death.”

In early 2015, when Liberia was first declared Ebola-free, many survivors—and family and friends of those who had lost their lives—struggled to find support and care. Not only had the health system virtually...
TOP: The exterior of MSF’s Bardnesville Junction Teaching Hospital (BJTH) in Monrovia; BOTTOM LEFT: A mother watches as a nurse administers care to her child in the pediatrics ward; BOTTOM RIGHT: A mother feeds her young child in the pediatrics ward. All photos © Diana Zeyneb Alhindawi
MSF therefore decided to begin closing its survivor-specific projects as part of a larger handover process in partnership with the Ministry of Health.

**BUILDING CAPACITY TO CARE FOR THE MOST VULNERABLE**

At the height of the Ebola outbreak, as Liberia’s overstretched health system crumbled, it became clear to MSF that its response would have to include more comprehensive health care services, in addition to programs that specifically targeted Ebola.

“We had decided that we were going to focus on front-line, classic Ebola treatment centers, supporting all the pillars, predominantly contact-tracing”—tracking down anyone an infected person may have had contact with—says Mike White, MSF’s deputy operations manager for Ethiopia, Haiti, Liberia, South Sudan, and Sudan. “But during the height of the outbreak, we realized that what was desperately needed in Monrovia was access to safe pediatric care.”

Some 17 percent of Monrovia’s population of 1.4 million people is under the age of five. After seeing numerous pediatric wards and hospitals close during the Ebola outbreak, MSF decided to open Bardensville Junction Pediatric Hospital (now known as Bardensville Junction Teaching Hospital, or BJTH) in March 2015, in order to address the huge gaps in health care for children in and around the city.

Teams on the ground found the space and retrofitted the building into a 94-bed hospital with a 15-bed intensive care unit, an emergency room, a neonatal unit, a therapeutic feeding center to treat malnutri-

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**HEALING BY SHARING**

MSF psychiatrist Frédéric Gelly remembers Massa, an Ebola survivor treated at MSF’s clinic in Monrovia, who, with the help of her granddaughter, came to terms with the trauma of the outbreak, and her daughter’s death:

All Massa* could talk about was the death of her daughter. Massa’s daughter had fallen sick with Ebola after she was infected by someone in the community. Massa took care of her until she and her husband caught the disease, too. All three were taken to an Ebola treatment unit in Monrovia.

A lot of rumors were circulating. One was that the government was killing patients in Ebola treatment units and selling their organs. Another was that the drugs given to patients and the chlorine used to disinfect clothes and bodies were being used to kill people. After Massa’s husband died in the treatment unit, she advised her daughter not to take the drugs she was given.

Massa also fled the unit, leaving her daughter behind. Back at home, she took care of her five grandchildren, despite her fears of infecting them.

Every night she dreamed of her daughter, weak and at the point of death—nightmares that recalled actual experiences, and summoned the same emotions and fears on waking up. Massa began to recover. But one day, she was told that her daughter had died in the Ebola treatment unit.

This situation was obviously traumatic. Ebola seemed to have distorted the normal order of things. Wracked with guilt, Massa felt she had lost trust in everything she knew.

Massa came to MSF’s survivors’ clinic because of her nightmares. Exhausted by sleepless nights, she was trying to cope with everyday life and looking after her grandchildren. She never spoke to the children about their mother.

During the first sessions, Massa talked about the traumatic experiences she’d been through, and soon started feeling better. She agreed to take antidepressants to help her sleep. Her nightmares became less frequent. But it was still impossible to talk to her grandchildren about what had happened.

After coming to the clinic for four months, Massa brought along her eight-year-old granddaughter, Helena.* Massa said the girl always seemed sad, sitting alone in the yard, not playing with other children.

We saw Helena twice in individual sessions. She was aware of what had happened to her mother, and she seemed to understand that we were trying to help her grandmother. But she didn’t want to talk about her feelings, as if talking about her mother would signify that she was really dead.

Finally, we organized a joint session with Massa and Helena. During this session, for the first time, Massa was able to talk about her daughter. Massa told us what she couldn’t say to her grandchildren. And Helena told us what she had to say to her grandmother. In some way, she was asking her grandmother to accept the reality of her mother’s death, and to join the children in their new life. She also let her grandmother know that she shared her pain, and that neither was alone.

For Massa and Helena, sharing their story was the first step towards accepting reality: words can be used to define things and to put them away. Our presence, as witnesses, allowed Massa and Helena to talk without being completely alone. And our presence as providers of care represented the possibility to continue to live and to have trust, after a trauma which had made them believe that it was impossible to trust anyone.

*Patient names changed to protect anonymity.
ALFRED WALKER, 52, WATER AND SANITATION SUPERVISOR

He first worked with MSF from 2004 until 2008 on water and sanitation (or WatSan) projects in Nimba County. He then served as a WatSan supervisor from 2008 to 2010. In 2014, he was an outreach supervisor, and in 2015, he was WatSan supervisor for MSF in Bong County, before taking up his current position in Monrovia.
The doors opened in March 2015. Launching operations at the hospital, which is managed from MSF-USA’s New York operations desk, was a unique challenge. “It’s the first time we’ve ever had to manage a project like this,” says Northan Hurtado, deputy director of MSF’s Medical Unit, which is also based in New York, who recently visited the project. “How do you manage a hospital for non-Ebola patients in the middle of an Ebola outbreak? It’s not an easy task.”

MSF’s stringent infection control protocols had to be adapted to the pediatric hospital setting in order to provide the highest possible level of care to young patients while keeping them safe from the epidemic. “We found something in between, using face protectors in the triage areas instead of the full personal protective equipment, for example,” says Hurtado. “This way you can still see the faces of the hospital staff—it’s a little more patient-friendly than the big astronaut suits—and it still protects against transmission. We had to buy all new machines for the lab, in order to fit them inside the ‘glove box,’ a sealed glass box with rubber gloves inside to safely handle samples. The lab in the hospital, to me, looks like science fiction.”

MSF was able to draw on the experience of Liberian health professionals who have worked with the organization for years. “It’s important to remember that even though MSF has come and gone over the last 30 years in Liberia, we have hugely experienced national staff who have been working with MSF in one capacity or another for decades,” says White, who also recently visited Monrovia. “We have this huge amount of expertise that can assist not just MSF, but the Liberian Ministry of Health as well.”

Now that the Ebola outbreak has drawn to a close and Liberians have begun the process of picking up the pieces, facilities like Bardnesville...
MOSES SIAFA, 51, NURSE

He first worked with MSF in 2005 and 2006 as a licensed nurse practitioner, and then rejoined MSF in 2014 and 2015, for the Ebola response, before joining the staff at the Bardnesville Junction Teaching Hospital.

KEBEH KOLLIEDEY ZAGBAH, 42, DEPUTY HEAD NURSE

Originally from Lofa county, she joined MSF in 2014, during the height of the Ebola outbreak.

ANTHONY Z. MCGILL, 47, DRIVER

He started working with MSF in 2000 in Bong County and later worked with MSF in Monrovia until 2010. In 2014, he worked with two different MSF sections, then started his current position in Monrovia the following year.
Junction will play a central role in the health system’s recovery. As MSF hands over survivor clinics to the Liberian Ministry of Health, the organization’s work is shifting to focus more on capacity building, helping Liberia’s crippled health system, already strained before the outbreak, face the future.

From January to September 2016, Bardnesville Hospital provided more than 3,700 emergency consultations and admitted 1,080 children as inpatients, mainly for malaria. The hospital’s neonatal unit has cared for 581 newborn babies—but this is just the beginning for the facility.

“In late October, Bardnesville Junction was accredited as a teaching hospital, which I think really speaks to how we see MSF’s new role in Monrovia for the foreseeable future,” says White. “We see our role changing in Liberia. We’re in the process of formalizing our first memorandum of understanding with a nursing school in Liberia, and we’re planning to expand hospital services to serve patients under 15 years old, instead of under-fives only, which is in line with the Liberian health system’s pediatric criteria. We can use our experience from our national and international staff to strengthen specific competencies. We are very interested in addressing specific specialties that are lacking. Pediatric surgery is one in particular that we are hoping to move into in 2017.”

MSF hopes to be able to hand over the hospital’s operations to the Liberian Ministry of Health within three to five years. With an upcoming federal election in 2017 and the ever-present specter of a resurgence of Ebola, which is now considered endemic in the country, the future is far from certain. But Petra Becker sees the Bardnesville Junction facility as one of many signs of hope for the future in Monrovia, something that can help build upon the phenomenal resilience so many people have already displayed.

“When I arrived in Monrovia, I noticed that men on the street were shaking hands again, something that you never would have seen during the peak of the outbreak, when there was so much fear surrounding physical contact,” she says. Like the Bardnesville Junction Hospital, it’s a step in the right direction.

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**WILLIAM KPACA, 56, VACCINATOR**

In 1998 and 1999, he worked with MSF on vaccination campaigns in a displacement camp in Kolahun. In 2000, when the war broke out and everyone scattered, he went to Monrovia and lived in Belle Forest, where MSF hired him as a daily worker. When rebels attacked the capital in 2001, he was forced to flee once more and went to Jenemama in lower Gbapolu, where he spent eight months in another displacement camp. From 2001 and 2007, he worked with MSF as a supervisor for community health workers and on mobile clinics. He started working with MSF again in June 2015.

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**AFTER EBOLA IN GUINEA AND SIERRA LEONE**

The Ebola outbreak was not confined to Liberia. Nearby Guinea and Sierra Leone are also recovering from the ravages of the disease. MSF, which was widely active in both countries before and throughout the outbreak, handed over all of its medical and mental health programs for Ebola survivors in Guinea and Sierra Leone at the end of September 2016. MSF continues to provide care for HIV patients in Conakry, the capital of Guinea, and maternity care in the Tonkolili and Koinadugu districts of Sierra Leone. The organization also positioned emergency supplies in the region to ensure medical teams can respond quickly to any future outbreaks of Ebola, or to other epidemic threats.
AN AMBULANCE SERVICE IN THE SLUMS OF KENYA

“Hello. This is MSF Call Center. My name is Gilbert. How can I assist?”

MSF emergency team leader Gilbert Kogo’s voice is calm and steady as he takes an emergency call at MSF’s Lavender House clinic in Nairobi’s Mathare slums. Seated next to him is George Ainolo, an EMT and emergency team member in-training, watching and listening closely.

Children at the nearby St. Benedict’s Primary School have eaten poisonous fruit they found growing near the schoolyard, the caller says. Around ten kids are sick and vomiting. They need immediate attention.

It’s time to dispatch an ambulance.

The service was launched in December 2014. The first test came soon after, when Mathare’s bustling streets can be challenging to navigate. Luckily, Lavender House and the MSF team are well-known; vehicles and street vendors make way for the ambulance as it negotiates the slum’s twisting, mostly unpaved roads.

When the ambulance arrives at the school, a light rain is beginning to fall. Teachers have brought the students out into the yard. Many are visibly ill. Kariuki and Ayani do a quick assessment and get a fuller description of the fruit the kids ate. The children do not seem to be in life-threatening danger, but many are severely dehydrated. Two people can’t attend to all of them, so Kariuki radios back to Lavender House to request another ambulance while Ayani begins attaching saline IVs to the children. The rain intensifies as he works, and soon everyone moves back inside, with the school staff carrying children too weak to walk.

The second ambulance arrives with more members of the Lavender House team. In the main classroom, the sickest kids are laid down on long tables. There are no IV stands, but the situation, for now, seems to be under control.

Back in the call center at Lavender House, George Ainolo takes his first call under Gilbert Kogo’s watchful eye. Their shift isn’t over yet, and the ambulances will likely be dispatched several more times before it ends. Kogo smiles and nods as Ainolo takes notes. It’s a difficult job, but as a resident of Mathare, he knows how crucial it is. “Many of the people here are very poor, and there is a lot of need,” he says. “They benefit from the service of MSF. We manage to save a lot of lives.”

Soon after the call comes in about the poison fruit, EMT Faith Kariuki and nurse Eric Ayani climb into one of the ambulances, check their equipment, confirm directions with the driver, and speed off. The school is close, but Mathare’s bustling streets can be challenging to navigate. Luckily, Lavender House and the MSF team are well-known; vehicles and street vendors make way for the ambulance as it negotiates the slum’s twisting, mostly unpaved roads.

The service has grown and evolved since then. It now has three ambulances and a total staff of 24 emergency responders, who work in shifts and teams of one nurse and one EMT. The service now covers four areas in Eastlands—Mathare valley, Mathare North, Huruma, and Eastleigh. It runs 24 hours a day, ferrying patients to regional hospitals—often Mama Lucy Kibaki Hospital, which MSF also supports with staff, equipment, and training—or, in some cases, the trauma room at Lavender House. In 2015, it fielded 4,200 calls in all.

SADDLING UP

Torre, an MSF field coordinator. In total, MSF provided care to 76 victims. Twenty-two were referred to Nairobi’s Kenyatta National Hospital. “Setting up an advanced medical post at the scene of the accident allowed us to stabilize victims before referral and avoid referring those who don’t need it, in order to avoid overwhelming hospitals,” says MSF head of mission William Hennequin. “For sure, without the ambulance and call center, we would have probably had no capacity to respond to such an incident.”

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The second ambulance arrives with more members of the Lavender House team. In the main classroom, the sickest kids are laid down on long tables. There are no IV stands, so an MSF worker hangs the bags of liquid from the windowsills. Nurses and EMTs speak urgently, their voices echoing off the high ceiling, amid the anxious murmur of teachers and kids who haven’t fallen ill. Staff administers atropine to counteract the effects of the fruit. Some children will be referred to the hospital, but the situation, for now, seems to be under control.

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“LESS THAN AN HOUR LATER, SHE OPENED HER EYES”

Lucy Williams, a British nurse on her third assignment with MSF, writes about returning to the Bentiu Protection of Civilians Site in South Sudan, where thousands displaced by fighting in the area have settled for the time being.

**MY FIRST ASSIGNMENT IN SOUTH SUDAN**

I first arrived to Bentiu in November 2015, as the rainy season was ending, and stayed until April of this year. At the beginning of my mission, malaria was our main issue. I was working in pediatrics and on an almost daily basis I would see children convulsing, suffering from the most severe form of malaria. Many would have scarly low hemoglobin levels, and we never had enough blood in the bank. It was tough.

On top of that, the numbers were so huge that we didn’t even have enough beds. Doing the rounds each day, I would step over children sleeping on mattresses on the floor, as an additional ward was under construction.

There is one evening in particular I will never forget. As a nurse, we do on-call shifts through the night. Around 9:00 p.m., I was called to the emergency room—an 11-month-old baby had been carried in unconscious and very pale. We quickly tested her hemoglobin levels and it was the lowest I have ever seen in my life. She was showing to be around 1.8! It should be at least 10.

Less than an hour later, this tiny little baby who had spent four hours on the cusp of death opened her eyes. I can’t begin to express how shocked we were; even the mum couldn’t believe it. By 2:00 a.m., she was breastfeeding!

Her story is so special because many other children I treated weren’t so lucky. In those first few months, we had several cases where they started to breathe, and you’d get your hopes up, only for them to die a few hours later.

By the following morning, the little girl had started normal intensive feeding and malaria treatment. She stayed with us on the ward for a few weeks and by the time she left, she’d put on a lot of weight. She looked like a different child.

If all went well, children would usually be out of the ward within a few days. Even now when I think about that, it’s pretty remarkable. A child would be carried into our ward completely unconscious and convulsing, but with a blood transfusion and an IV, within two days they would often be running around and playing.

**RETURNING TO BENTIU**

Fast forward a few months and once again, it’s rainy season. I came back to this hospital expecting more of the same but cannot believe how different things are.

Before the rainy season had even begun, spraying to kill mosquitoes was underway. MSF supported the distribution of thousands of nets and established “malaria points” in partnership with other medical organizations. This means that people can access health care much faster and therefore we are catching malaria cases long before they become serious.

By September 2015, we had treated 30,312 cases of malaria. This year, in the exact same period, we have treated 18,414—almost 12,000 fewer patients despite the Protection of Civilians site being the busiest it’s ever been!

On top of that, the severity of the cases we are treating this year is much less—mainly because we are catching cases early.

It’s clear that this proactive and relentless approach to preventing malaria in Bentiu is saving thousands of lives. When I’m walking through the hospital now, there are empty beds in almost every ward. That is a really great feeling. Let’s hope that by next year, we have empty wards too!
The accompanying photos provide a glimpse of the exhibition in various cities, a hint of what awaits cities Forced From Home will visit in 2017 and 2018 (for more information, please visit forcedfromhome.com). And below are remarks prepared for the New York launch by Ali N’Simbo, a doctor from Democratic Republic of Congo who has served in numerous MSF missions and is now an MSF-USA Board member:

Twenty years ago, I was forced from my home for the first time. I was a boy in eastern Democratic Republic of Congo, and war came to my city.

I was at home, listening to a popular song on the radio, when the radio suddenly cut off. We saw missiles coming in our direction. My family decided what to bring with us, and what to hide: few photos, water, food, blankets, cash. And then we ran, under fire.

Our photos fell to the ground. I jumped over the dead bodies of those who had run before me. Others traversed 1,000 miles of inhospitable jungles and crocodile-infested rivers. If they were not in the center of the African continent, they might have tried to cross the sea as well.

When I returned home, I was stopped by foreign soldiers and forced to help dig a mass grave beside a busy city road. Bodies of the displaced, killed as they ran. They have never been counted. Their graves are unmarked. Their voices have disappeared. There are no photos to capture their stories. I thank Doctors Without Borders for being a bridge between these voices and you here today.

Later, as a physician with Doctors Without Borders, I took care of many others who were running from war in my country and in South Sudan. I cared for traumatized patients who had witnessed the massacres of hundreds of people within minutes.

This continues today. While providing medical care to displaced people in a mineral-rich but war-torn area without access to health care, I met a very brave girl. As her family ran from home, her father was killed. She was seven years old. Then her mother died. She was the only caregiver for her two-year-old sister, who was my patient for the three months I worked there.

The following year, after a new wave of displacement and malaria, my team was called back to the same area. I did not find my patient. She died. I found her sister. The sole survivor of her family. She was eight years old. She lived in the hospital, each day at the mercy of whoever would give her something to eat. To say she is displaced is a euphemism. She lost everything. There is no record of what happened to her. All she has are memories. I often wonder if she is still alive today.

Do you think she only needs Doctors Without Borders? Her needs are beyond medical. She needs you. She needs perhaps all of us here, because she needs peace, so she can return home.

And there are many people like her in this world.

Today, we are seeing more people running from their homes, trying to cross the seas, in this exodus from war. The numbers are overwhelming. But there are so many more than what we are counting.

I was not counted, and I was not the only one. There are seas of refugees who are lost in the desert and forest who we are not seeing, and who we do not hear. They are behind the cameras, excluded from the view, in the shadows. They do not even enjoy the status of being a statistic. They are often denied the status of refugee. And this is not new.

Those who have survived are asking themselves, “Does the world understand what is happening to us?” Today I speak not only to your minds as you try to find your own answer to this question, but to your hearts. I hope that as you view this exhibit, you will see not only numbers and statistics, but your fellow human beings behind them. While we may not be able to bring all of the world’s refugees to safety in our countries, we can at least recognize what they have lived through and what they are running from. Through recognition, peace can follow.

I once heard an astronaut describe his trip to space. At first he saw individual countries, then continents, bound by oceans. When he went high enough, he could see only one world. Do we all need to go to the moon to understand that we live together in one interconnected world where peace can be found? I hope that this exhibit helps bring us closer to this view. Thank you for listening to me.
CLOCKWISE FROM TOP LEFT: Inside the 360-degree video dome; Tatiana Chilarela, an MSF field worker from Brazil, explains how MSF responds to cholera in displacement settings; life jackets worn by people who were rescued when they tried to cross the Mediterranean; visitors sit in the kind of boat many people use to try to cross the Mediterranean; an oversized photograph of the inside of an MSF medical tent; visitors inside the virtual reality tent; Laura Acheson, an MSF field worker from Canada, helps a child test how heavy a jerrycan full of water can be. All photos: © Elias Williams
Volunteering and Inspiring Others

MSF FIELD PARTNER JOHN CHADWELL is an IT manager at a security company in Washington, DC. In his free time, he likes to study Arabic and travel in the Middle East. And this past fall, he volunteered at MSF’s “Forced From Home” exhibit in his hometown.

What motivated you to volunteer?

MSF helps people in dire need, and I like to think that this has a trickle-up effect on the rest of the planet. By volunteering at the exhibit, I could be part of that. This was a chance to help out people I consider heroes, to directly support an organization that I greatly admire. This was also an exciting change of pace from the standard financial support. And—sitting under a tent getting to hear stories directly from field workers? How could I say no to that?

As an added bonus, I got to help spread the message of the great work that MSF does! I set up a deal with my co-workers and Facebook friends where I contributed $5 for each person who toured the exhibit and $20 for each person who volunteered at least one shift. I got several people to visit and two friends to volunteer, which resulted in a $75 donation for MSF.

What did you take away from the experience?

I thought the exhibit did a fantastic job of having an impact on teenagers without being graphic or showing violent scenes. In the virtual reality tent, I could hear kids from school groups talking about the things they saw in the exhibit and what it meant. This motivated me to keep doing all I could to share the exhibit. Each of my friends who I convinced to bring their kids thanked me profusely after they went through it.

If you want to support MSF on a monthly basis, please contact Kim Daley at kim.daley@newyork.msf.org or (212) 763-5732. If you’re interested in volunteering with Forced From Home in 2017, please visit forcedfromhome.com/volunteer.

How did you first hear about the exhibit?

I was out doing a morning walk with my sister-in-law when we happened upon the event. I informed her that there was absolutely no way I was going to miss going through this exhibit. After I explained why MSF is the best organization on the planet and how I have been an enthusiastic supporter for years, she agreed to go through the exhibit.

INCREASE YOUR IMPACT

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 criteria vary, check with your company’s human resources department for details. MSF-USA is happy to confirm your gift or satisfy any other requirements your company may have.

If you or your company would like to learn more about our work or have 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 donors who 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, or visit doctorswithoutborders.org/multiyear.
“The Work of MSF is Unique”

JULIE HOLTZMAN, an MSF-USA supporter for over a decade, is a Legacy Society member who has left a generous gift to MSF in her estate plans.

Born in Montreal, Julie first came to the USA to do post-graduate work at the Juilliard School, which led to a career as a pianist, composer, singer, and teacher. From Carnegie Hall to Paris to Beijing, Julie has performed around the world and can sing in nine different languages, often blending classical and jazz with blues and Brazilian influences. “Music has no boundaries,” she says. “It is about freedom and unification of humanity. I love that Doctors Without Borders is much the same in that they look past boundaries and see humanity.”

When Julie first heard about MSF, she was moved by stories of doctors traveling to areas facing crisis and knew instantly that she wanted to become a part of MSF’s work. “I can’t think of a more meaningful and worthy cause,” she says. “I’m thankful to be in a position to be able to give back. What are we here for and what is our purpose if not to help dignify life for others?”

In addition to her longtime support, Julie has made a Legacy gift as well, naming MSF as a beneficiary of a retirement account, in honor of her sister, Beatrice Holtzman, a violin virtuoso who first discovered Julie’s musical talent. “I am so grateful to be able to be in the legacy program and to make a meaningful contribution,” Julie says. And MSF is ever grateful to Julie for her support.

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DONOR PROFILE: LEGACY SOCIETY

“The Work of MSF is Unique”

JULIE HOLTZMAN, an MSF-USA supporter for over a decade, is a Legacy Society member who has left a generous gift to MSF in her estate plans.
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.