DOCTORS WITHOUT BORDERS/MÉDECINS SANS FRONTIÈRES (MSF) IS AN INTERNATIONAL INDEPENDENT MEDICAL HUMANITARIAN ORGANIZATION THAT DELIVERED EMERGENCY AID TO PEOPLE AFFECTED BY ARMED CONFLICT, EPIDEMICS, MALNUTRITION, NATURAL DISASTERS, AND EXCLUSION FROM HEALTH CARE IN 63 COUNTRIES IN 2014.

ON ANY ONE DAY, THOUSANDS OF INDIVIDUALS REPRESENTING DOZENS OF NATIONALITIES CAN BE FOUND PROVIDING ASSISTANCE TO PEOPLE CAUGHT IN CRISIS AROUND THE WORLD. THEY ARE DOCTORS, NURSES, LOGISTICS EXPERTS, ADMINISTRATORS, EPIDEMIOLOGISTS, LABORATORY TECHNICIANS, MENTAL HEALTH PROFESSIONALS, AND OTHERS WHO WORK TOGETHER IN ACCORDANCE WITH MSF’S GUIDING PRINCIPLES OF HUMANITARIAN ACTION AND MEDICAL ETHICS.

THE ORGANIZATION RECEIVED THE NOBEL PEACE PRIZE IN 1999.
DEMOCRATIC REPUBLIC OF CONGO

MSF doctors doing rounds in the intensive care ward at Baraka Hospital, South Kivu. ©Brendan Bannon
As you know, our teams were pushed into new territory—and to their limits—by the Ebola outbreak in West Africa, which required us to mobilize personnel and resources on a vast scale in order to treat victims and slow the spread of the disease across Liberia, Guinea, and Sierra Leone. We first sounded the alarm in March, long before others started paying attention, and struggled to keep pace as the disease gained momentum, killing thousands and terrifying communities. As teams in the field treated as many patients as they could, our leadership repeatedly exhorted other bodies to bolster their responses, and headquarters and field staff offered training in Ebola treatment for other agencies—from local NGOs to international organizations to governments.

The outbreak forced us to make difficult operational decisions, not least how to balance the urgent needs of patients with the need to keep our staff as safe as we could in highly infectious environments. And now we must remember not only those we helped save, but also those we lost, which, tragically, includes 13 of our own staff members, who quite literally gave their lives in the effort to beat back this lethal disease.

As is always the case, however, the intensity of one crisis did not diminish the needs elsewhere. Throughout the year, MSF continued to provide emergency care in massive humanitarian emergencies in South Sudan, Central African Republic (CAR), Syria, and beyond, work that brought with it similar levels of pride in what we were able to accomplish, anguish about those we could not reach, and mourning for members of our own teams who died in the effort.

The dangerous nature of our work was again brought into fine focus. We had 13 staff members abducted in Syria, five of whom were held for several months. Three others were killed when a project in Boguila, in CAR, was attacked by gunmen. We also had numerous facilities ransacked and robbed, staff members harassed and intimidated, even patients killed in their beds when a facility in South Sudan was overrun by militants.

This is part of the world in which we operate, where instability often reigns and our best efforts to establish a safe space in which we can provide care can fall short. It is a stark calculus. When millions of people are cut off from humanitarian aid, trapped in a war zone or a displacement scenario or some other crisis, our humanitarian spirit propels us to be at their side, providing care and bearing witness. At the same time, our responsibility toward our staff requires us to be vigilant as we make assessments that help us gauge whether it is reasonable to run programs in a given area, knowing that should we leave, there would be no assistance for the population at all.

In the face of these limitations, however, MSF was able to provide meaningful care to millions of people caught in crisis. We ran six health facilities in northern Syria, for instance, and provided support to 100 medical centers in places it was not safe for us to go. We ran 20 medical projects across CAR and nearly as many in South Sudan, serving, in most cases, people with no other options for medical care.

In addition to responding to emergencies and raising awareness about the suffering we witness, MSF also remained wary of developments that could affect our ability to deliver aid in the future. The Trans-Pacific Partnership Agreement (TPP) is one such measure. A pan-Pacific trade agreement negotiated in secret, its working draft contained stipulations that would severely undermine access to affordable medicines. We advocated for changes in these clauses throughout 2014, and we have continued this work in 2015.

It is the generosity of our donors, who came through for MSF in an amazing force in 2014, that allows us to proceed with this work. We far surpassed projections and raised more than $330 million in 2014, putting us in a strong financial position to tackle the web of continuing emergencies and the new ones that will inevitably arise (because they always do). We are ever grateful to those who supported us in the response to the Ebola crisis and also those who provided unrestricted funding that allows us to respond to simultaneous crises based first and foremost on the medical needs on the ground, now and into the future.

We are deeply grateful for your humanitarian spirit, your dedication, your commitment. We emerged from 2014 stronger, thanks to you, and ready for what the coming days bring.

Sincerely Yours,

Sophie Delaunay, MSF-USA Executive Director
Deane Marchbein, President, MSF-USA Board of Directors

DEAR FRIENDS,
WE THINK IT’S FAIR TO SAY THAT 2014 WAS ONE OF THE MOST CHALLENGING YEARS IN THE HISTORY OF DOCTORS WITHOUT BORDERS/MÉDECINS SANS FRONTIÈRES (MSF), A YEAR MARKED BY UNCOMMONLY COMPLEX CRISES THAT DEMANDED RAPID, SUSTAINED, AND EFFECTIVE RESPONSES ON MANY DIFFERENT FRONTS.
CENTRAL AFRICAN REPUBLIC
The displacement camp at Bangui’s Mpoko Airport. ©Sven Torfinn
DELIVERING CARE, R

AT THE START OF 2014, MSF WAS RESPONDING TO A HOST OF GRAVE EMERGENCIES AROUND THE WORLD. CONFLICTS ENGULFED SYRIA, SOUTH SUDAN, CENTRAL AFRICAN REPUBLIC, AND OTHER NATIONS, WHILE THE PHILIPPINES DUG ITSELF OUT OF A TYPHOON’S WAKE AND NUMEROUS OTHER NATIONS FACED MEDICAL CRISIS BROUGHT ON BY A HOST OF FACTORS.

COLOMBIA

An MSF outreach team visits families in the shantytowns of Quibdó. ©Pieter ten Hoopen
As dictated by its mission, MSF sent teams to provide medical care to people who would otherwise not be able to access it, people whose lives hung in the balance. We will never be able to cover all the needs; this we know. But as the year began, MSF staff in 63 countries were treating thousands of patients every day, doing their utmost to save lives and tend to patients suffering from any number of maladies and injuries.

Then, on just the second day of January, 13 staff members working in northern Syria were kidnapped by the Islamic State (IS) despite earlier guarantees from local commanders that they would not interfere in our medical facilities or harm our staff in areas under their control. Eight Syrian staff were quickly released, but three international staff were held until April and two others until May.

MSF subsequently withdrew from IS-controlled areas, despite ongoing carnage and the tremendous volume of medical needs related to the war itself and to the total breakdown of the country’s health system, which has left people with precious few options for emergency care and more routine services—maternal care, for example—alike. Some local commanders later asked us to return to IS territory, but without guarantees of safety from the group’s senior leadership, it was impossible to do so.

MSF still runs hospitals in areas not controlled by IS or the government—including in Aleppo, Syria’s second-largest city, which was under bombardment throughout 2014—and supports more than 100 health facilities run by Syrian medical health professionals working in extremely hazardous conditions throughout the country. Our teams also work with Syrian refugees in neighboring countries—Lebanon, Jordan, and Iraq, in particular—and further afield. The distance refugees travel testifies both to their desperation and their determination to find some modicum of safety for their families.

The abduction in Syria was one of several serious security incidents MSF confronted in 2014. Another occurred in Baguila, in Central African Republic, when gunmen entered an MSF facility while staff were holding a meeting with local leaders and killed 19 people, including three MSF staff members. In South Sudan, patients were shot in their beds, wards were burned to the ground, medical equipment was looted; in one case, an entire hospital, in Leer, was effectively destroyed, denying lifesaving assistance to hundreds of thousands of people. In addition, one of four staff members abducted in Democratic Republic of Congo in 2013 was freed, but three others remain unaccounted for.

These incidents highlight the ways in which MSF must constantly try to balance the security of staff with the desire to address emergency medical needs in extraordinarily complex and sometimes dangerous environments. Even one security incident is too many, but our way of working allowed us to treat more than 8.25 million patients the world over in 2014, and we know we must remain bold in our actions if we are going to provide the range, scope, and quality of care we aspire to in the years to come.
Sierra Leone

Staff prepare to enter the high-risk area of MSF’s Ebola case management center in Kailahun. ©Anna Surinyach
when MSF staff in Guinea were witness to an outbreak of Ebola that quickly spread to neighboring Sierra Leone and Liberia. The epidemic turned into the biggest of its kind ever experienced; among its victims were some 8,000 people, including scores of health workers, 13 of whom were working with MSF.

As projects expanded on the ground, bolstered by extraordinarily dedicated national staff members, our field human resources teams scrambled to find and send out field workers with the proper experience to work in such a demanding environment; for those who did not yet have that experience, rigorous training programs were organized in Brussels covering, among other things, the bio-safety precautions necessary in Ebola treatment centers.

MSF teams treated more than a third of all confirmed cases during the outbreak, seeing firsthand the toll the disease was taking. Each time one of our staff fell ill, we tried to understand how it happened and how protocols could be improved, with the ultimate goal of providing care for as many patients as possible, even as the epidemic gained pace. At the same time, our international leadership implored the international community to muster a response commensurate with the gravity of the crisis.

Although MSF learned a great deal about the way Ebola behaves inside the body, much remains unknown—information that will be crucial for dealing with future outbreaks of Ebola and similarly aggressive diseases. Before this outbreak, Ebola, like many diseases that do not affect the developed world or are not perceived as a bioterrorism threat, was not a research priority for pharmaceutical companies and national governments. In August, MSF joined research institutions, the World Health Organization (WHO), ministries of health, and certain pharmaceutical companies to stage trials of experimental treatments and vaccines, starting in December, in Guinea.
Other contexts could not be ignored, however; even as we expanded our efforts in West Africa, we had other teams responding to burgeoning and ongoing emergencies in Iraq (where fighting drove some two million people from their homes), Afghanistan, Pakistan, Ukraine, Nigeria, South Sudan, the Occupied Palestinian Territories, Haiti, and elsewhere, including along the migrant routes heading north through Central America and across the Mediterranean Sea.

Our medical professionals were also treating people with HIV, malaria, and tuberculosis; running vaccination campaigns for children in a host of countries; and caring and advocating for neglected communities in places like Myanmar, Honduras, and India. Concurrently, various MSF offices were leading advocacy efforts against provisions of the Trans-Pacific Partnership trade agreement that would restrict access to lifesaving medicines, calling attention to high prices for vaccines, and both developing and demanding new models for research and development of medications that put people over profits. MSF’s US office also developed a powerful communications and advocacy project around women’s health—“Because Tomorrow Needs Her” (www.womenshealth.msf.org)—highlighting the need for greater appreciation of medical issues specifically affecting women, such as ante- and post-natal care, emergency obstetrics, and fistula, among others.
IRAQ

Terrified families fleeing violence in Iraq’s Sinjar region. ©Favila Escobio
Less well-known is the operational research undertaken with an eye towards improving delivery of care and making data-based contributions and recommendations to the medical literature on the treatment of certain diseases or injuries and the nature of working in certain contexts.

More broadly, operational research enables MSF to improve program performance, assess the feasibility of new strategies and/or interventions, and advocate for policy change. It also makes MSF accountable to its patients, its donors, and itself, challenging complacency and “business as usual” approaches. What’s more, operational research leads to improved medical/scientific visibility and credibility, raising awareness of the scientific literature among field staff and facilitating networking and partnerships with other organizations. It also brings synergistic improvements to data collection, monitoring, and feedback, which is vital for credible medical témoignage—bearing witness, speaking out—on behalf of patients.

In the 1990s, for example, MSF’s field-based operational research led to significant changes in treatment protocols and attitudes around malaria and HIV. And MSF has remained an important and at times pioneering contributor to international health research. This is reflected by the number of peer-reviewed publications in which MSF’s work has featured, which has increased from just a handful in 2000 to more than 150 in 2014. Since 2010, MSF-authored publications have been downloaded for free from the MSF Field Research website (www.fieldresearch.msf.org) more than 430,000 times, suggesting that interest in MSF’s operational research is growing significantly.

To further these efforts, MSF has created operational research fellowships, participated in international scientific conferences, established an Ethics Review Board, supported open access to publications, launched an innovation fund, and set up research registries. MSF has also helped develop a WHO-accredited course that is seen as a blueprint for increasing operational research in 70 low- and middle-income countries.

MSF studies have found, for example, that packages for treatment of survivors of sexual violence did not take into account children and men; that antiretroviral drugs can be offered in conflict settings with good outcomes; and that new pathways for treatment and prevention of malaria in low-resource settings were feasible. Other research topics in recent years include Ebola, the use of external fixators for broken bones, and the efficacy of vaccination campaigns for measles after outbreaks begin.

MSF Remains Vocal about Many of These Projects and Issues, Both to Shine a Light on Them and to Be Transparent with Our Supporters About Our Activities.
UGANDA
A staff member checking samples in the lab of Arua Regional Hospital. ©Isabel Corthier
SOUTH SUDAN

Civilians in Bentiu, in South Sudan’s Unity State, after being driven from their homes by conflict. © Ian Atkinson/MSF
THE LACK OF GLOBAL LEADERSHIP AROUND THESE DYNAMICS WAS STRIKING AS WELL. MSF WAS VOCAL ABOUT THIS, BUT ultimately MSF IS A PATIENT-FOCUSED ORGANIZATION AND OUR ATTENTION REMAINED—AND WILL REMAIN IN 2015 AND BEYOND—PRIORITIZED ON THOSE IN NEED OF MEDICAL CARE, NOT GLOBAL SYSTEMS.

MSF CONCENTRATES ON INDIVIDUALS AND WE ARE CONSTANTLY STRIVING TO PROVIDE ASSISTANCE TO THOSE WHO NEED IT MOST. OUR ROLE IS TO SAVE PATIENTS’ LIVES, TODAY, AND WE RESPOND TO CRISSES WITH THAT PURPOSE AT THE FOREFRONT OF OUR MINDS. WE COULD NOT WORK IN THIS WAY WITHOUT OUR SUPPORTERS AND OUR TEAMS AROUND THE WORLD, OR WITHOUT THE PRIVATE DONATIONS THAT ALLOW US TO REMAIN ACTION-ORIENTED AND RESPONSIVE, AS WELL AS NEUTRAL, IMPARTIAL, AND INDEPENDENT. WE WANT TO TAKE THIS OPPORTUNITY TO THANK YOU ALL.
IN 2014, DOCTORS WITHOUT BORDERS/MÉDECINS SANS FRONTIÈRES (MSF) PROVIDED HUMANITARIAN ASSISTANCE IN 63 COUNTRIES. MSF-USA SUPPORTED WORK IN 52 OF THESE COUNTRIES.

Names are indicated solely for those countries and territories in which MSF ran projects in 2014.

LARGEST COUNTRY PROGRAMS BASED ON EXPENDITURE IN 2014

The total expenditure for our programs in these 10 countries was $505.5 million, representing 54 percent of MSF’s operational expenses.

1. SOUTH SUDAN  
2. D.R.C.  
3. C.A.R.  
4. HAITI  
5. SIERRA LEONE  
6. AFGHANISTAN  
7. NIGER  
8. LIBERIA  
9. ETHIOPIA  
10. IRAQ

STAFF NUMBERS IN 2014

Largest country programs based on number of MSF staff in the field.

- SOUTH SUDAN 3,996
- D.R.C. 2,999
- C.A.R. 2,593
- HAITI 2,159
- NIGER 1,866

= 200
LARGEST COUNTRY PROGRAMS BASED ON EXPENDITURE IN 2014

C.A.R. 1,401,800
SOUTH SUDAN 936,200
NIGER 508,300
ETHIOPIA 347,700

OUTPATIENT CONSULTATIONS IN 2014

Largest country programs according to the number of outpatient consultations (not including specialist consultations).

D.R.C. 1,593,800
C.A.R. 1,401,800
SOUTH SUDAN 936,200
NIGER 508,300
ETHIOPIA 347,700
GAZA
An MSF anesthesiologist checks on a child in the intensive care ward of Gaza’s Shifa Hospital. ©Samantha Maurin/MSF.
<table>
<thead>
<tr>
<th>Category</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEASLES</strong></td>
<td>People vaccinated against measles in response to an outbreak: 1,513,700</td>
</tr>
<tr>
<td></td>
<td>People treated for measles: 33,700</td>
</tr>
<tr>
<td><strong>FEEDING CENTERS</strong></td>
<td>Severe malnourished children admitted to inpatient or outpatient feeding programs: 217,900</td>
</tr>
<tr>
<td><strong>HIV</strong></td>
<td>HIV patients registered under care at end of 2014: 229,900</td>
</tr>
<tr>
<td></td>
<td>Confirmed to have Ebola: 4,700</td>
</tr>
<tr>
<td></td>
<td>Recovered and discharged: 2,200</td>
</tr>
<tr>
<td><strong>MENTAL HEALTH</strong></td>
<td>Individual and group mental health consultations: 218,400</td>
</tr>
<tr>
<td><strong>MENINGITIS</strong></td>
<td>People vaccinated against meningitis in response to an outbreak: 75,100</td>
</tr>
<tr>
<td><strong>MALARIA</strong></td>
<td>Malaria cases treated: 2,114,900</td>
</tr>
<tr>
<td><strong>TUBERCULOSIS</strong></td>
<td>Patients on first- or second-line TB treatment: 23,300</td>
</tr>
<tr>
<td><strong>SEXUAL VIOLENCE</strong></td>
<td>Patients treated medically for sexual violence: 11,200</td>
</tr>
<tr>
<td><strong>CHOLERA</strong></td>
<td>People treated for cholera: 46,900</td>
</tr>
<tr>
<td><strong>BIRTHS</strong></td>
<td>Women who delivered babies, including Caesarean sections: 194,400</td>
</tr>
<tr>
<td><strong>SURGERY</strong></td>
<td>Major surgical interventions, including obstetric surgery, under general or spinal anesthesia: 81,700</td>
</tr>
</tbody>
</table>
PROJECT SUPPORT

PROJECTS DESCRIBED IN THIS SECTION WERE MADE POSSIBLE IN PART BY GENEROUS CONTRIBUTIONS FROM INDIVIDUALS, FOUNDATIONS, AND CORPORATIONS IN THE UNITED STATES.

The great majority of funds MSF collects are unrestricted to any particular project, which is essential to MSF’s ability to react to emergencies as they unfold. The dollar amounts here reflect the total MSF-USA funding directed by MSF to field programs in a given country. These amounts are part of total project costs presented by MSF International in its 2014 International Activity Report [www.doctorswithoutborders.org/our-work/publications/annual-reports].

AFRICA

BURKINA FASO $771,341
When Malians fleeing violence in their homeland crossed into Burkina Faso’s Sudafed Province in 2012, MSF began providing basic health care to some 8,000 people in informal settlements around Gandafabou. In 2013, MSF began providing medical and pediatric care, along with vaccinations, in and around settlements at Déou and Dibissi. Last year, as the number of Malian refugees decreased, MSF closed the projects after donating supplies to area medical facilities.

CAMEROON $600,000
MSF established emergency programs in Cameroon in response to an influx of roughly 135,000 refugees from Central African Republic (CAR). Teams supported the Ministry of Public Health, offering medical, nutritional, and psychological care to refugees, as well as general care, maternity services, and pediatric care in host communities.

In Garoua-Boulai, MSF conducted consultations, distributed relief items, and provided water and sanitation support at the Pont Bascule transit site. Staff at the district hospital provided about 1,000 weekly outpatient consultations. MSF also supported a therapeutic feeding center at Protestant Hospital.

At the Gado-Badzéré camp, MSF ran an outpatient feeding center, provided psychological counseling, ran water and sanitation activities, undertook epidemiological surveillance, and responded to a cholera outbreak. And in Gbiti, MSF conducted 1,000-plus weekly consultations, supplied water, and built latrines and showers. Staff referred patients requiring intensive care and treated severely malnourished patients at Batouri District Hospital.

In June, MSF handed over the Buruli ulcer pavilion in Akonolinga, which had treated 1,400 patients since 2002, to the Ministry of Health (MoH).

CENTRAL AFRICAN REPUBLIC $9,096,502
Intercommunal conflicts continued to cause massive displacement and catastrophic health conditions in CAR, where care, trained staff, and supplies have long been in short supply. Rampant malaria and appalling living conditions took a staggering toll as whole communities were driven from their homes and forced to live in sectarian enclaves, flee the country, or subsist in the bush. All told, more than 430,000 people were displaced and hundreds of thousands became refugees.

MSF, already CAR’s main health care provider, expanded efforts, but insecurity limited reach. In April, for instance, armed men killed 19 civilians, including three MSF national staff, at MSF’s hospital in Boguila.
NIGER

An MSF team carries out a seasonal malaria chemoprevention program in Niger’s Madaoua District. © Juan Carlos Tomasi
Nonetheless, teams in Bangui, the capital, assisted tens of thousands, providing emergency surgery at the general hospital; maternal health care and surgery in the Castor Health Center; medical and psychological care for victims of sexual violence; basic care for children; and mobile clinics for the displaced.

In Berbérati, MSF assisted the displaced, pregnant women, and children at Regional University Hospital, while also running weekly mobile clinics, performing nearly 42,000 consultations and vaccinating 23,000 children against measles. MSF also responded to spikes of violence and displacement in Bouar and other areas. Following the Boguila attack, however, some services were reduced or handed over. Insecurity also forced a partial evacuation from Kabo, where teams treated more than 46,000 patients, most for malaria.

In Batangafo, MSF carried out nearly 100,000 consultations and hospitalized 5,000 at a 165-bed hospital and five health centers. Teams opened projects in Bambari and Grimari as well, running mobile clinics for the displaced, supporting local health centers, and vaccinating children. MSF also carried out some 5,500 consultations in Dekoua following clashes.

In Carnot, teams performed more than 40,000 consultations and tended to displaced Muslims sheltering in a church. Staff in Paoua carried out some 71,400 consultations and treated children during peak malaria season. Other teams provided emergency care in Bangassou and Duango and carried out nearly 50,000 consultations in Bria, many for malaria and malnutrition. Basic and specialist care was offered at Ndélé Hospital and four health centers, and in Zémio and outlying health posts.

CHAD $5,861,935

Access to care is limited in Chad, where malnutrition, malaria, and disease outbreaks are common, and an influx of refugees strained resources. MSF teams provided free basic and specialized care in a number of sites.

With roughly 200,000 refugees from CAR arriving in southern Chad, MSF carried out more than 35,000 consultations in Bitoye, Goré, and Sido, mainly for malaria. Teams also ran mobile clinics, vaccinated against measles, and provided seasonal malaria chemoprevention (SMC) for upwards of 1,300 children.

MSF provided care to the local population, Chadian returnees, and Sudanese refugees from Darfur through a fixed clinic in Tissi, mobile clinics in Biere and Amalasi, and health posts in Um Doukhum and Ab Gadamm, which collectively conducted upwards of 47,300 consultations.
In Mandoul region, MSF worked in Moissala Hospital’s malaria unit—malaria is the main cause of death for children under five—and supported health centers in Moissala and Bouna Districts. SMC was given to children under five and pregnant women. All told, staff treated 68,000 children for malaria and administered standard vaccinations to more than 27,200.

In Hadjer Lamis, staff treated nearly 24,000 children during peak malaria season, provided emergency pediatric care and specialized treatment for malnourished children at the hospital in Massakory, and offered basic health care in four surrounding health centers. MSF also treated acutely malnourished children in Bokoro.

Concurrently, MSF supported the government hospital in Am Timan and health centers, focusing on child care, malnutrition treatment, HIV and tuberculosis (TB) care, and reproductive health care, carrying out more than 20,600 consultations and assisting some 1,900 deliveries.

Additionally, MSF performed more than 900 emergency surgeries at Aboché Hospital in Duddai region and worked with the MoH during a measles outbreak to treat more than 4,500 patients in N’Djamena and vaccinate nearly 70,000 children in Massakory.

**DEMOCRATIC REPUBLIC OF CONGO** $23,803,135

MSF’s programs in DRC, where conflicts past and present hamper delivery of care, were again among its largest in terms of finances and personnel. MSF worked with the MoH to provide comprehensive services people could not otherwise obtain or afford. The work comes with risks: four Congolese MSF staff members were abducted in 2013 in North Kivu. One, Chantal, was freed in 2014, but Philippe, Richard, and Romy remain missing.

In North Kivu, MSF supported Rutshuru’s 300-bed hospital and admitted 28,800 patients (31 percent more than in 2013). Teams also work in Masisi Hospital, an outpatient center in Masisi, the Nyabilondo health center, and mobile clinics for displaced people and remote villages.

In Mweso and Walikale Hospitals and associated health centers, staff provided basic and specialist care and ran malaria-focused mobile clinics in Walikale health zone, treating more than 16,200.

In South Kivu, MSF supported Shabunda General Hospital, Matili Hospital, and seven health centers, while providing basic and specialist care to displaced people and host communities in Minova and Kalongi. Teams in Fizi treated more than 101,200 patients for malaria, assisted 8,500 births, and cared for 2,035 cholera patients. Staff also conducted 76,100 outpatient consultations and treated 42,800 patients for malaria at Lulimba Hospital.

Other teams worked to treat and prevent cholera in Katanga, malaria in Mongolo (where MSF treated more than 12,300 children), and measles in Lubumbashi. Furthermore, MSF supported Shamwana Hospital and six health centers in Kiambi, Mitwaba, and Kilwa, carrying out some 67,000 consultations, and treated 37,000 people for malaria in Kinkondja.

In Orientale, MSF focused on health care for women and children under five and offered emergency and intensive care, along with pediatric and maternity services, at Gety Hospital, treating more than 96,800 patients. Other staff tended to survivors of sexual violence in Nia Nia, Mambassa, and Bafwasende health zones, and in Ituri District.

Screening and treatment for sleeping sickness in Doruma and HIV in Kinshasa continued, and emergency teams responded to measles, typhoid, yellow fever, and Ebola outbreaks.

**ETHIOPIA** $8,310,640

With some 200,000 South Sudanese refugees in the Gambella region, MSF provided care at health posts in Pagak and Tiergol, ran mobile clinics in Pamdong and Burbiey, and conducted outpatient consultations in the Matar transit camps. MSF also ran a 300-bed hospital in Leitchuor camp.

In Kule and Tierkidi camps, MSF built a water treatment plant, showers, and latrines; teams offered inpatient and outpatient services in nearby Itang, too. Staff also provided care at health posts in Tierkidi camp, general care and hepatitis E treatment in Kule, and preventative cholera vaccinations for 355,000 refugees and residents. Another 23,000 children received pneumococcal vaccines.

In the Southern Nations, Nationalities, and People’s Region, teams focused on mothers and children in Sidama and worked in health centers in Mejo and Chire. MSF also built two maternity waiting houses for women with high-risk pregnancies, supported referrals of pediatric emergencies, and worked with the Regional Health Bureau to strengthen preparedness and surveillance.

In Somali region, where the population of Somali refugees in Liben’s Buramino and Hilihoyt camps reached 77,000, MSF provided basic care, pediatric inpatient care, emergency obstetric surgery, and measles and polio vaccination for children. Staff at Degehabur’s regional hospital offered pediatric, TB, nutritional, and emergency care, while also supporting three health centers and nine area health posts.

In Nobog, MSF provided emergency referrals, outpatient services, nutritional support, pediatric care, and obstetrics and gynecology at Fiq Hospital. In Danod, MSF ran weekly...
mobile clinics offering maternity services, nutrition care, and training. And in Wardher, staff supported the hospital’s pediatric, TB, and maternity departments, as well as a stabilization unit for severely malnourished children; ran mobile clinics in five villages; and operated an ambulance service.

In Amhara, MSF provided kala azar, HIV/AIDS, and TB care in Abdurafi and offered emergency services and pediatric inpatient care in Humera and Gonder.

GUINEA $3,526,183

In February 2014, MSF vaccinated more than 370,000 children against measles in three Conakry neighborhoods and treated 2,948 cases. Other teams ran a malaria project in Guéckédou.

Focus shifted with the onset of the Ebola outbreak that was declared on March 22 and later became the largest of its kind ever recorded. Staff from the malaria program were reassigned to help the MSF emergency team build an Ebola management center (EMC), which immediately began caring for patients, conducting outreach, training medical and sanitation staff, and offering psychosocial care. By year’s end, 1,076 Ebola cases had been confirmed in Guéckédou; 430 recovered.

MSF opened a transit center in Macenta, Nzérékoré region, which transferred 520 patients to Guéckédou EMC and was later converted into an EMC and handed over to the French Red Cross. Teams also established an EMC in Conakry’s Donka Hospital, admitting 1,463 patients; 594 were confirmed to have Ebola, and 290 recovered. When Telimele District reported cases, MSF set up an isolation area and built an EMC.

As part of the search for new treatments, MSF’s Guéckédou teams, working with the French National Institute of Health and Medical Research, ran a trial of an experimental drug, favipiravir. Results and more trials were planned for 2015.

GUINEA-BISSAU $935,000

In Guinea-Bissau, MSF supports a rudimentary health system that suffers from poorly functioning facilities, a lack of resources, and unequal access to care. In the remote Bafatá region, where there are few care options and high mortality rates—average life expectancy is 48 years—MSF began providing free pediatric care at health centers in rural Tantan Cossé, Contuoboel.

A team also provides basic and specialist care for children at the regional hospital and partners with community health workers to develop decentralized, community-based health care for children.

IVORY COAST $1,564,253

MSF supported the MoH’s focus on maternity and pre- and antenatal care. MSF opened a 90-bed mother-and-child health program in Katiola Hospital, bolstering capacity for emergency obstetric and neonatal care. While renovating Katiola’s maternity unit and operating theaters, building a water- and-sewage network, and organizing midwife training, MSF assumed management of emergency obstetric care and complicated deliveries, assisting more than 1,000 births, including 100-plus Caesarean sections.

As Ebola spread in neighboring countries, an MSF team assessed preparedness in border areas and collaborated with health authorities to build an Ebola management center in Yopougon Hospital in Abidjan as a contingency plan.

KENYA $5,899,878

In Dadaab, which, as “home” to 350,000-plus Somalis, is the largest refugee camp in the world, MSF’s Kenyan staff manages a 100-bed hospital and an inpatient feeding center in Dagahaley, a highly insecure environment rife with kidnapping, robbery, and sexual assault threats. Despite limitations, teams offered outpatient and inpatient services, maternity care, emergency surgery, and HIV/AIDS and TB treatment. Staff also supported four health posts. Each month, teams performed some 15,000 outpatient consultations and 1,000 antenatal consultations, and admitted 1,000 patients. (Unfortunately, worsening insecurity curtailed activities in May 2015.)

Meanwhile, MSF began handing over its HIV program in Homa Bay after providing antiretroviral (ARV) treatment to people since 2011, including more than 7,400 in 2014. MSF started a new program in Ndhiwa after detecting adult HIV prevalence up to 24 percent.

In Nairobi’s slums, MSF’s program at Mathare’s Lavender House clinic offered comprehensive care for sexual and gender-based violence, including a 24-hour hotline and ambulance pick-up, to some 200 patients (half of them minors) each month. Staff provided trauma care to another 300 patients each month and set up a dispatch center for residents.

MSF also supported emergency care at Mama Lucy Kibaki Hospital, Eastland’s only hospital, and its TB program in Mathare initiated its first extremely drug-resistant TB (XDR-TB) patient on the new anti-TB drug bedaquiline.
**CENTRAL AFRICAN REPUBLIC**

Displaced women queue at an MSF distribution point at Bangui Central Mosque.

©Yann Libessart/MSF

Two clinics in Kibera provided the only free care in the area, treating HIV/AIDS, TB, chronic diseases, and survivors of sexual violence. A new clinic in Kibera South supported basic health care, maternity services, and care for diseases such as HIV, diabetes, and asthma.

**LIBERIA $3,000,000**

Liberia’s first Ebola cases were confirmed on March 31. Given the disease’s virulence and a medical system decimated by years of war, the country was ill-prepared. In months, the number of sick had risen exponentially and people were dying in the streets.

MSF sent staff to Lofa and Margibi counties in April to follow up on reports of Ebola and support an isolation unit. In Foya, MSF built an EMC, trained health staff, and supported alert systems. To establish a comprehensive approach to fighting and containing the disease, teams implemented a package of medical care, outreach, psycho-social support, and contact tracing. Of nearly 700 patients admitted, 394 were confirmed with Ebola; 154 survived.

MSF supported the authorities and staff in Monrovia’s JFK and Elwa Hospitals. A岛olation unit was built in JFK and the 120-bed Elwa 3 EMC was opened, later expanding to 250 beds, making it the largest EMC ever built. At the height of the outbreak, teams admitted 152 patients per week and were forced to turn away 30 people per day because there still wasn’t enough space.

Elsewhere, MSF’s rapid response team ran mobile clinics, trained health staff, and supported as many as 22 health centers. Other teams opened a new pediatric hospital, set up an ambulance service, and opened a 10-bed transit center at Redemption Hospital. MSF also worked in River Cass and Grand Bassa counties, and distributed antimalarials to 522,000 people in Monrovia.

The caseload decreased dramatically by year’s end, but contact tracing and communication remain essential, and non-Ebola health needs must be addressed to ensure people do not continue to die of treatable diseases such as malaria and diarrhoea.

**MALAWI $785,594**

MSF supports Malawi’s national HIV response through training, technical support, and innovative treatment models designed to reach more people.

In Chiradzulu District, MSF aimed to simplify HIV treatment and reduce waiting times by putting people on ARVs on six-month appointment schedules. MSF is also implementing a UNITAID-funded project using point-of-care tests to measure CD4 count and viral loads.

In Nsanje, MSF sought to put all HIV-positive pregnant and breastfeeding women on ARVs, regardless of clinical status, to prevent transmission. The team also offered TB treatment in 14 health centers as a move towards integrated HIV-TB care. And MSF is bolstering counseling, testing, and treatment services for sex workers, adolescents, and people with advanced HIV.

In Thyolo, where MSF handed over first-line HIV treatment to the MoH, teams mentored local staff who provide second-line treatments and viral load testing. Some 4,200 people joined community ARV groups, where-in members take turns collecting medication on behalf of the group. And 12 students graduated from MSF’s Rural Human Resources for Health Scholarship Program, in which they commit to work in the country’s understaffed and hard-to-reach areas.

Furthermore, MSF screened roughly 4,400 inmates in two prisons in Lilongwe and Blantyre for HIV, TB, hepatitis B, and sexually transmitted infections (STIs), providing treatment and hepatitis B vaccinations, and established an HIV and STI project for truck drivers and commercial sex workers in Mwanza and Zalewa.

**MALI $5,889,021**

With insecurity and a lack of trained health workers in northern Mali limiting access to care, MSF carried out more than 47,750 consultations at health centers in Gao and the Ansongo Reference Hospital. MSF also supported the MoH during a measles outbreak and helped screen more than 40,000 children for child malnutrition and SMC.

MSF supported the 65-bed Timbuktu Regional Hospital, focusing on medical and surgical emergencies, admitting some 700 patients and assisting 150 deliveries each month. Teams also provided chronic illness care at the Centre de Santé de Référence and mobile clinics that offered basic care, vaccinations, and malnutrition screening—although insecurity hampered mobility.

In the south, MSF treated 37,400 children for malaria and provided severe acute malnutrition care in Koutiala, Sikasso region. Staff also supported the Koutiala health center’s pediatric unit and basic health care in five district health areas. An SMC program reached nearly 194,000 children.

When Ebola was confirmed in October, MSF dispatched emergency teams to Kayes and Bamako to set up EMCs and train health staff, helping the MoH treat and contain the disease before it spread widely.

**MAURITANIA $2,400,000**

MSF provided basic and emergency care, along with DB-GYN services, for Malian refugees in Mbera camp and host communities in Bassiknou and Fassala, where free care had not previously been available. Staff carried out 158,694 medical consultations in all, 23 percent of which were for children under the age of five, along with Caesarean sections and visceral and orthopedic surgery.

**MOZAMBIQUE $1,200,000**

HIV/AIDS is the leading cause of adult death in Mozambique, which also has the world’s fifth-highest rate of HIV-TB coinfection. MSF supports the MoH to ensure access to comprehensive HIV/AIDS and TB care in Kamputumo and Nhamankulo health districts.

In the coming years, teams will aim to provide specialized care and further assist patients who fail first-line ARV treatment and those co-infected with opportunistic infections such as multidrug-resistant TB [MDR-TB] and Kaposi’s sarcoma. In Primeiro de Maio health center, MSF focuses primarily on adolescents and supports urban community ARV groups.

Viral load testing was rolled out in Maputo city and Changara District, and teams worked with community ARV groups that involved 10,000 people in Tete Province. A separate project provided HIV screening and care for sex workers, truck drivers, and other transient populations in Tete and Beira.

**NIGER $8,190,209**

MSF improved and expanded programs to reduce child suffering and deaths in Niger, where the annual “hunger gap” leads to malnutrition, leaving children vulnerable to malaria. Working with the MoH and local NGOs [FRSARI, Befem/Alima], staff helped reduce under-five mortality in several regions. MSF also supported inpatient and outpatient
centers in Maradi, Tahoua, and Zinder regions, and an SMC campaign reached 447,500 people in Sahel region.

Teams in Zinder provided medical and nutritional care for children in Magaria Hospital’s pediatric unit, seven health centers, and 21 health posts. More than 65,000 children were targeted for supplementary food distributions.

In Madarounfa, MSF runs two outpatient and one inpatient feeding center, and supervises four outpatient facilities. MSF also supported Madarounfa Hospital’s pediatric unit and 11 health centers during peak malaria season. MSF treated more than 125,800 children—most for malaria and malnutrition—at five health centers in Guidan Roumdji. An SMC campaign reached more than 67,000 children.

In Madaoua District, staff supported six health centers that admitted more than 4,800 children with acute malnutrition and provided outpatient care for more than 13,660. Psychosocial activities are also being implemented. And in Bouza, MSF provides pediatric and nutritional care for children under five and children with HIV and TB. SMC campaigns in Madaoua and Bouza reached 237,000 children.

MSF supported people driven from neighboring countries by Boko Haram in health centers in N’Garwa and Gueskerou and responded to a cholera outbreak among refugees and the host population in Diffa.

NIGERIA $5,178,323

Amid political instability, rampant Boko Haram attacks, and Nigerian army operations in northern Nigeria, some 400,000 internally displaced people settled in and around Maiduguri, Borno State. MSF carried out 10,000 consultations, provided antenatal care, and established a health surveillance system in two of the largest camps. When cholera hit in September, MSF set up a 120-bed cholera treatment center and cared for 6,833 patients.

At Jigawa State’s Jahun Hospital, MSF supported emergency obstetrics, admitting 7,980 women and assisting more than 5,700 births. Staff also supported fistula treatment in Jahun, providing reparative surgery, with psychological support, for 264 women.

In Sokoto’s Noma Children Hospital, MSF supported children suffering from noma, a disfiguring gangrene infection, carrying out psychosocial counseling sessions and admitting 50 children for treatment. Other teams treated children with lead poisoning in eight villages in Zamfara State, while also treating more than 3,500 children for malaria and screening for other diseases. And MSF’s emergency response unit treated 6,066 people for cholera in Sokoto, Aliero, and Zamfara States, and 330 for meningitis in Aliero.

In October, MSF provided Ebola-related technical support and training in Lagos and Port Harcourt.

SIERRA LEONE $5,808,380

Ebola exploited gaps in the public health system and a slow international response to wreak havoc and destroy lives throughout Sierra Leone. MSF was operating an emergency maternity hospital and midwifery clinic near Bo when it was asked to intervene by the MoH, and eventually had to suspend the maternity project due to the huge strain on other resources.

After the call from the MoH, teams opened an EMC outside Kailahun and launched outreach, health promotion, psychosocial, training, and disease surveillance activities. In October, MSF constructed a maternity unit offering specialized care to pregnant Ebola patients.

In September, MSF opened an EMC outside Bo that grew to 104 beds; ran outreach, health promotion, and surveillance activities; and trained local health staff. Another project trained six other organizations to run EMCs.

In December, health facilities in Freetown, the capital, became overwhelmed. MSF opened an EMC in Prince of Wales secondary school with 70 beds, 30 rooms for suspected cases, and an intensive care ward. MSF also conducted outreach, health promotion, surveillance, and training in nine Freetown sub-districts.

MSF opened a fourth EMC in Tonkolili District in December and established a rapid response team in Magburaka. And to address widespread vulnerabilities to malaria, MSF trained some 6,000 volunteers to carry out a four-day distribution of antimalarial treatments that reached some 1.5 million people in the Freetown area. Another distribution was carried out in January 2015.

SOUTH AFRICA $3,600,000

MSF provided testing and treatment for HIV and TB, including DR-TB, in Cape Town’s Khayelitsha township, where some 1,000 people per month learn that they are HIV-positive and rates of HIV and TB co-infection have reached 70 percent. Adherence clubs are a key element in MSF’s HIV program: instead of monthly one-to-one appointments at the health center, club members attend bi-monthly meetings where they receive a check-up and drug refills, and can ask questions and offer each other mutual support. In 2014 MSF also began a pilot project providing diagnosis and treatment for newborns.

An MSF-initiated pilot project at two community “wellness hubs” offered family planning and testing for pregnancy and STIs, significantly improving access to HIV screening for young women. More than 15,000 patients attended the wellness hubs before the facilities were handed over to the Western Cape Department of Health. MSF also supported two human papillomavirus vaccination campaigns in Khayelitsha, vaccinating more than 3,800 girls.

MSF continued an HIV-TB program covering KwaZulu-Natal’s Mbongwane Health Service Area and Eshowe Municipality. In 2014, more than 50,000 people underwent HIV testing, and three times as many viral load tests were carried out than in 2013. MSF also focused on prevention activities—a million condoms were distributed and more than 3,000 men underwent voluntary circumcision, which is shown to decrease the risk of HIV transmission.

Drug stock outs create major bottlenecks in South Africa’s HIV-TB programs. In 2013, MSF and several partners launched the Stop Stock Outs project, asking health care workers and patients to anonymously gather reports on stock levels in the facilities where they work or receive care, map reported cases, and track specific issues in order to understand the causes of stock outs.

SOUTH SUDAN $32,472,441

In 2014, MSF–USA committed more funds to South Sudan than any other country. Teams ran 20 programs in nine states, maintaining essential pre-existing projects and responding to conflict-related emergency medical needs.

Ongoing fighting has displaced more than 1.5 million people. MSF provided emergency care at designated Protection of Civilians [PoC] sites and UN compounds. Hospitals were looted and burned down, too, in some places, denying hundreds of thousands of people access to desperately needed care. In Leer, for example, attacks halted outpatient and inpatient care for children and adults, surgery, maternity services, and treatment for HIV and TB. In Malakal, patients were killed inside the town’s teaching hospital, and in Bentiu, people were killed on hospital grounds.

In Jonglei State, teams offered a range of services in Bor, Pibor, Gumuruk, Lekwengo-le, and Old Fangak as security allowed, and provided emergency surgery in Lankien. In Upper Nile State, teams at Nasir Hospital and in Malakal provided thousands of monthly consultations until insecurity curtailed efforts. And in Lakes State, MSF offered basic and specialist care, including vaccinations, in Aweil’s Minkaman camp, carrying out some 52,000 consultations.

SOUTH SUDAN Staff and patients in the emergency room of MSF’s inpatient department at the Minkaman camp for people displaced by fighting. ©David Di Lorenzo/MSF
In Pamat, Northern Bahr El Ghazal State, MSF offered basic and specialist care to the displaced, while staff at Aweil Civil Hospital provided pediatric care, maternity services, and emergency obstetric care. MSF treated more than 30,000 people for malaria as well.

In Western Equatoria State, staff at Yambio State Hospital provided pediatric and antenatal care, surgery, and HIV treatment. And in Agok, MSF offered inpatient care, emergency surgery, maternity services, and therapeutic feeding at the region’s only hospital with specialist services.

Teams also provided comprehensive medical services for some 70,000 Sudanese refugees at Yida camp, where they undertook the first ever pneumococcal vaccination campaign in a refugee setting, reaching 10,000 children under the age of two. And in May, MSF opened five cholera treatment centers in Juba during an outbreak.

**SUDAN** $2,909,320

Amid restrictions and ongoing fighting, MSF responded to emergency health needs in Darfur, South Kordofan State—where one of its hospitals was bombed—and Blue Nile State.

In Tawila, North Darfur, an MSF project offering outpatient and inpatient care focused on mothers and children carried out more than 34,900 outpatient consultations and 5,400 antenatal consultations, while treating 1,300 children for malnutrition. Another MSF team worked in four health centers in Dar Zaghawa, conducting more than 46,800 consultations and offering postnatal care at three health posts.

Staff in El Sireaf aided the displaced, providing water and sanitation and medical care, including surgery; conducting some 17,700 outpatient consultations; and treating 1,100 for malaria. Others joined the North Darfur MoH on the North Darfur Emergency Response program to respond to hepatitis E in Um Kadada, screen for malnutrition in Shangil Tobaya, and distribute relief items in Tawisha, Usban, and El Fasher.

Following an influx of new arrivals at El Sereif displacement camp in Nyala, South Darfur, MSF improved the water supply and treated residents sickened by poor living conditions. And in West Darfur, teams supported four health centers in Kerenek and provided Ebola training to local health workers.

MSF’s health clinic in White Nile State conducted around 4,300 monthly consultations for South Sudanese refugees. Staff also offered kala azar training in Sennar State and treated 400 kala azar patients in Tabarak Allah Hospital, Al Gedaref State. Teams also supported TB diagnosis and treatment in the Jebel Awila slum on Khartoum’s outskirts.

**SWAZILAND** $2,300,000

MSF continued to focus on people co-infected with HIV and TB in Swaziland, as well as the simplification and decentralization of HIV care. In Shiselweni, teams supported integrated HIV-TB care through projects in Nhlangano, Hlatikulu, and Matsanjeni. Staff trained local workers and community members with HIV, and helped expand diagnosis and treatment of HIV and TB with door-to-door testing, routine viral load monitoring, and other initiatives. Patients can access treatment and psychosocial support through 22 health clinics and three specialized facilities.

The first phase of “Treatment as Prevention” for pregnant women was implemented nationally after proving effective in a pilot project. The second phase, “Early Access to ARVs for All,” launched in October, providing all HIV-positive patients with ARVs whatever their clinical or immunological status.

In the Manzini region, MSF offered testing and treatment for migrant workers and residents of Matsapha at a family health clinic that provides basic health care, family planning, and medical and psychosocial treatment for victims of sexual violence. Staff also provides comprehensive care for HIV-TB co-infected people at Mankayane Hospital and community clinics.

MSF began a trial gauging the effectiveness of a nine-month treatment regimen for MDR-TB in Matsapha and Mankayane.
**UGANDA $3,513,977**

With upwards of 128,000 South Sudanese refugees crossing into Uganda, MSF ran outpatient and inpatient departments, maternity wards, and an intensive therapeutic feeding center at the Numunzi Transit Center and in four camps in Adjumani District. Staff also provided malnutrition screening and water and sanitation activities. When arrivals slowed, MSF focused on Ayilo 1 and Ayilo 2 camps in the south, carrying out more than 124,000 consultations and admitting more than 4,000.

MSF conducted three rounds of vaccination against pneumococcal disease and Haemophilus influenzae type B, the main causes of respiratory infections in children. More than 2,700 children under two were fully immunized against pneumococcus in the first pneumococcal conjugate vaccination campaign ever run in Uganda, and one of the first in a refugee setting.

Meanwhile, MSF handed over its HIV/TB program in Arua, where staff had provided clinical care, laboratory management, TB and DR-TB testing, and ARV provision for more than a decade. MSF also handed over its MDR-TB management center. Teams continued to work on improving access to viral load testing with the UNITAID-funded Treatment Success Project.

When Marburg hemorrhagic fever was confirmed in Kampala, MSF joined the MoH and the Centers for Disease Control and Prevention to respond. MSF set up five transit centers and one EMC within Kampala hospitals. No further cases were reported.

**ZIMBABWE $1,260,000**

In Zimbabwe, MSF works on HIV and TB care, which is limited at the national level, particularly for children. In Epworth, Harare, MSF focuses on pediatric and adolescent HIV and TB, and patients not responding to standard HIV or TB treatment. More than 2,660 patients under 20 were tested for HIV; more than 200 started treatment.

In Buhera, Gutu, and Chikomba, teams focused on training and mentoring, providing technical and material support to local health centers to implement new WHO guidelines, increase viral load monitoring, and decentralize testing and ARV provision. MSF also supported viral load testing at the central hospital in Harare and helped decentralize care in Nyanga District.

Staff provided mental health care to inmates at Harare’s Chikurubi maximum security prison and trained prison staff. Another program offered free medical care, counseling, and referrals for psychological and legal support for survivors of sexual violence. After three years of providing care for HIV, TB, and sexual violence in Gokwe North, MSF handed its project over to the MoH. Other projects for children with HIV and complicated cases of HIV and TB were also handed over.

**AMERICAS**

**BOLIVIA $270,000**

Over the years, MSF has run several programs to treat Chagas disease, a parasitic disease that affects up to one million people in Bolivia and can be debilitating, even deadly, if not diagnosed, which very few people are. The MoH now manages the program MSF had in Narciso Campero Province, but MSF works with the MoH in Monteagudo Municipality, Hernando Siles Province, on prevention and treatment models for the basic health care system. MSF also worked with the MoH and Johns Hopkins University to prepare the launch of EMOCHA, an e-mobile surveillance application that directs vector control teams to sites infested with the vinchuca bugs that spread the disease.

**COLOMBIA $4,218,800**

In Colombia, where poverty, social exclusion, violence, and limited access to care nurture preventable diseases and mental health issues, MSF teams in Cauca, Nariño, and Caquetá ran mobile clinics and offered basic care, mental health support, and maternity care.
care at health posts. Similar services were provided in Cauca Pacifico, while a program in Cauca Cordillera focused on mental health support for victims of violence, including sexual violence.

Programs in Tumaco Municipality in Nariño and in Buenaventura offered mental health services to victims of violence and comprehensive care to victims of sexual violence. MSF also lobbied the government to recognize sexual violence as a medical emergency.

MSF closed its Buenaventura TB program, having treated 147 patients for TB and DR-TB since 2010, but continued to support the national TB strategy.

**HAITI** $15,271,326

With the health system only partially reconstituted five years after Haiti’s massive earthquake, MSF continued to fill gaps, some of which predated 2010.

In Port-au-Prince, teams ran the country’s only dedicated burn unit at Drouillard Hospital near Cité Soleil, which has three operating theaters and 35 beds for admissions; 481 patients were hospitalized in 2014. At the Martissant emergency and stabilization program, MSF provided pediatric care and internal medicine, treating more than 38,000 patients for trauma and more than 3,700 for cholera.

At the 121-bed Nap Kenbe Center in Tabarre, MSF provided surgery, trauma care, physiotherapy, and mental health support for nearly 10,000 emergency cases in three operating theaters—4,200 surgeries were performed—an intensive care unit, and an outpatient department.

MSF’s 140-bed Centre de Référence en Urgence Obstétricale in Delmas 33 offered free obstetric care to pregnant women experiencing serious complications, ante- and postnatal care, family planning, prevention of mother-to-child transmission (PMTCT) of HIV, neonatal care, and mental health support. There is also a 10-bed ward for pregnant women with cholera. Overall, 10,400 people were admitted and 17 babies were born each day.

Chatuley Hospital in Léogâne offered basic care for pregnant women and children and tended to emergencies, mainly complications in pregnancy and road accidents. Teams admitted 6,782 patients, carried out 2,617 consultations for children under five, provided 6,162 antenatal consultations, and assisted 3,298 births.

When cholera spiked in October, MSF set up treatment centers in Martissant, Delmas, and Carrefour, and focused on preventive measures, including distribution of disinfection kits and education activities.

**HONDURAS** $300,000

MSF teams in the capital, Tegucigalpa, provided emergency medical and psychological care to victims of violence, particularly sexual violence, at two health centers and the main hospital. Health promotion teams ran sensitization and outreach activities. All told, MSF treated 701 victims of violence, including 560 victims of sexual violence—who were provided post-exposure prophylaxis to prevent infection with HIV or other STIs—and carried out 1,770 mental health consultations.

**MEXICO** $2,435,420

MSF provided migrants from and passing through Mexico, many who had experienced violence or illness on their journey, with basic and mental health care, referrals, and follow-up care. Teams carried out more than 10,000 medical consultations and 1,000 mental health consultations in Ixtepec, Apaxco, Lecheria, Huehueteocu, Bojay, and Tierra Blanca. MSF also offered mental health support to people subjected to extreme violence in Colonia Jardín, Acapulco, the city with Mexico’s highest homicide rate.

In Tamaulipas State, convulsed by drug-related violence for years, MSF worked with health authorities to improve emergency care at Nuevo Laredo’s general hospital by implementing 24-hour triage, expanding the emergency room, training staff, and donating equipment and drugs. Teams later replicated the project in Reynosa, Rio Bravo, and Valle Hermoso, and introduced mental health and sexual violence care in Nuevo Laredo and Reynosa.

MSF and health authorities implemented a comprehensive Chagas response in Oaxaca State’s San Pedro de Pochutla municipality, offering education, guidance on prevention (and 3,145 rapid diagnostic tests), and treatment in five health centers. And staff offered psychosocial support to 400 relatives and classmates of 43 students who went missing in Guerrero State in September.

**BANGLADESH** $100,000

MSF provided essential care to vulnerable groups in Bangladesh: undocumented refugees, young women, and people in remote areas and slums. In Kutupalong Camp in Cox’s Bazar, where MSF provides comprehensive care and TB treatment to undocumented Rohingya refugees who fled violence and persecution in Myanmar and the host community, teams carried out some 80,000 outpatient and 1,260 inpatient consultations, as well as more than 3,000 mental health consultations.

In the slums of Kamrangichar and Hazaribagh, teams conducted more than 4,450 consultations at factories and tanneries, where conditions are often hazardous. Staff also conducted 7,700 consultations for girls, assisted 460 births, and cared for 670 victims of sexual and domestic violence.

Additionally, MSF administered more than 3,560 measles and 3,050 polio vaccines. And staff supported the MoH’s malaria response in the remote Chittagong Hill Tracts, traveling in boats and by foot through forests to deliver care.
DELIVERING CARE, REPORTING BACK | PROJECT SUPPORT

INDIA $1,910,000
With India’s under-resourced health care system excluding many, MSF focused on neglected crises such as child malnutrition, providing weekly outpatient treatment, for example, to more than 3,500 severely malnourished children through 12 primary health centers in Bihar State’s Darbhanga District.
Teams ran Darbhanga Medical College Hospital’s intensive care unit as well, treating young malnourished children and admitting more than 250 patients.
MSF’s kala azar teams in Bihar’s Vaishali District saw more than 1,000 patients and helped convince the government to adopt single-dose liposomal amphotericin B for first-line treatment. Other teams ran mobile clinics that conducted more than 63,200 consultations in southern Chhattisgarh, Andhra Pradesh, and Telangana, regions affected by ongoing government-Maoist conflict. MSF’s health center in Chhattisgarh’s Bijapur District focused on mother-and-child health, providing obstetric, neonatal, and pediatric care.
An MSF clinic in Mumbai provided specialized care to patients with or co-infected with DR-TB, HIV, and hepatitis B or C. Teams also offered HIV and TB diagnosis and treatment in Manipur’s Churanchandpur and Chandel Districts.
MSF maintained mental health programs in Kashmir, conducting counseling and outreach in Srinagar, Baramulla, Patan, and Sopore. When floods shuttered MSF’s clinics for a month, new ones were opened in Pulwama, Kakapora, and Bandipora, and teams distributed water, food, blankets, and hygiene kits. Additionally, MSF trained community health workers to detect and treat simple malaria and refer complicated cases in Tripura State, which recorded more than 50,000 cases in four months. And MSF helped upgrade and train staff at Mon District Hospital in Nagaland State.

CAMBODIA $885,579
In Cambodia, where malaria patients have shown resistance to artemisinin-based medicines, MSF undertook a baseline survey of drug-resistant malaria in 23 villages in Preah Vihear Province—while also running case detection and awareness-building activities—with an eye towards developing protocols to eliminate this strain in 2015. Another MSF program provided comprehensive TB care in Kampong Cham, prioritizing early detection and testing in high-risk population groups.

DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA $150,000
In June 2014, MSF completed a project in Anju District, South Pyongan Province, aimed at increasing the capacity of medical services for the local population, primarily through staff training and donations of drugs and supplies. MSF’s approach focused on mother and child health care, including training local staff on management of diarrhea, respiratory and neurological diseases, childhood malnutrition, and lifesaving obstetric procedures. MSF visited the local hospital to examine patients, assess implementation of training modules, and supply medical equipment and drugs related to training topics, along with food for patients, caregivers, and staff. MSF provided direct care for 250 patients and indirect support for 3,000 people.
In October MSF visited the county hospital in Sukchon, South Pyongan, and Kim Man Yu Hospital in Pyongyang, and at year-end negotiated to launch further programs.

MYANMAR $785,000
MSF’s project in Rakhine State, suspended by authorities for most of 2014, resumed by year’s end to provide essential care to highly vulnerable communities enduring a man-made medical humanitarian crisis. Prior to the suspension, MSF provided care in 24 camps for displaced people and in isolated villages. After re-opening, MSF first could only provide staff to MoH facilities in Rakhine and
supply MoH Rapid Response Teams. Following the official resumption of activities, teams carried out more than 3,400 consultations in a month. Not all project activities have restarted, however.

Meanwhile, MSF continued to provide HIV/AIDS and TB care, supplying ARVs to more than half of the 70,000 people on treatment and tending to patients co-infected with TB and HIV in Shan and Kachin States, Yangon, and Dawei in Tanintharyi Region. MSF also renovated its clinic in Insein Township, the country’s largest HIV/AIDS and TB clinic, treating some 10,000 HIV/TB patients.

MSF started supporting three HIV testing and counseling centers in Dawei, focusing on groups such as sex workers and migrant workers, and providing patients with cytomegalovirus retinitis, an infection that causes blindness, with valganciclovir, the first time MSF was able to use the drug. MSF also ran mobile clinics when fighting resumed in Shan and Kachin States.

**PAKISTAN $9,422,598**

Navigating bureaucracy and insecurity, MSF teams in Pakistan focused on mother-and-child health and care for neglected and displaced communities. In Balochistan, teams in Quetta and Kuchlak provided basic services and nutritional support to severely underweight infants, young children, pregnant women, and newborn mothers, conducting almost 60,000 consultations and assisting 3,598 births. At Chaman District Hospital, staff supported basic and specialized mother-and-child care, nutritional programs, and trauma care, carrying out nearly 7,000 outpatient consultations and assisting 4,048 births.

At District Headquarters Hospital in eastern Balochistan’s Dera Murad Jamali District, MSF worked with the MoH on malnutrition and specialized care for newborns, infants, and children. Nutritional support was provided to 8,800 people across Jaffarabad and Nasirabad Districts.

MSF also provided care to displaced and vulnerable communities in Bajaur Agency, while other teams supported health centers in Talai and Bilot with outpatient and antenatal services, screening for malnutrition, and vaccinations. At Nawagai Civil Hospital, MSF provides outpatient, emergency, and mother-and-child care.

In Kurram Agency, MSF ran a pediatric outpatient department that offered therapeutic feeding for children inside Tehsil Headquarters Hospital in Sadda, a Sunni enclave, and in Alizia, a Shia community. In Peshawar, MSF’s 35-bed maternity hospital admitted 3,700 patients and assisted 3,268 deliveries. Teams at Hangu Hospital ran the emergency room, operating theater, and surgical wards. And in Timergara, Lower Dir, staff at the District Headquarters Hospital assisted almost 115,000 patients in the emergency room, 27,576 in the resuscitation room, and 7,369 deliveries.

In Karachi, MSF provided basic and emergency care, including outpatient consultations, triage, delivery service, referrals, and mental health consultations.

**PAPUA NEW GUINEA $1,507,500**

MSF opened a TB project in Gulf Province and started supporting Kerema General Hospital with TB detection by renovating parts of the hospital, setting up a dedicated consultation room, and diagnosing and treating 290. Teams also offered diagnosis and treatment to people in remote areas. And MSF worked with technology company Maternet to successfully test unmanned aerial vehicles to transport sputum samples and results between distant health centers.

MSF also worked with health authorities to provide confidential, integrated care for survivors of domestic and sexual violence. Staff ran awareness sessions at the Port Moresby Regional Treatment and Training project for some 50,000 people and treated 900 outpatients. In Tari, Southern Highlands Province, teams performed 1,190 surgical interventions and provided medical and psychosocial care.

When flash floods and landslides hit the Solomon Islands, MSF mobile clinics carried out 1,443 medical consultations and offered mental health sessions, psychological first aid training, and disease monitoring.

**PHILIPPINES $1,335,000**

Where needed, MSF supported communities affected by Typhoon Haiyan with response and recovery activities. On Leyte Island, MSF closed its 25-bed tent hospital in Tanauan and its 60-bed inflatable hospital in Tacloban when local services could meet medical needs. The facilities provided more than 45,600 consultations and facilitated more than 6,500 surgical procedures. Mental health programs in Tacloban, Palo, and Tanauan counseled some 7,400 patients.

In Palo, MSF supported the maternity ward and surgical team at Leyte Provincial Hospital, renovating wards, ensuring adequate supplies, and supporting surgery, maternity, and neonatology. Teams also helped rehabilitate Abuyog Hospital on Leyte, and Albino Duran Hospital and General MacArthur Hospital in Eastern Samar.

In Guiuan, Samar island, MSF treated around 80 patients per day in a tent hospital until a permanent hospital was completed, then facilitated movement of patients into the new structure, providing equipment, drugs, and medical supplies.

**CAUCASUS/ CENTRAL ASIA**

**ARMENIA $1,442,713**

MSF has worked in Armenia since 2005 to bolster capacity for DR-TB diagnosis and treatment. Teams have treated patients, guiding them through the arduous regimen, offering home-based care and counseling when needed, and implementing infection control measures. Staff also provided a new TB drug, bedaquiline, to 46 patients with MDR-TB and XDR-TB, overseeing day-to-day and follow-up care.

**GEORGIA $1,028,491**

MSF handed over MDR-TB activities in Akhalkalaki in August but continued to treat XDR-TB patients in the capital, Tbilisi. TB has declined in Georgia over the past 20 years, but several hundred MDR-TB cases are still diagnosed each year. MSF supported Tbilisi’s National Center for Tuberculosis and Lung Diseases, training staff on XDR-TB detection and clinical care and facilitating access to new TB drugs (bedaquiline, delamanid) when appropriate. Teams started 18 XDR-TB patients on bedaquiline and should start clinical trials for new treatments in 2016.

**KYRGYZSTAN $800,000**

Given the prevalence of MDR-TB in Kyrgyzstan, MSF runs DR-TB programs around the country. In Kara-Suu District, Dish Province, MSF provides outpatient care, encourages adherence, and gathers evidence to support a more decentralized approach. MSF diagnosed and treated patients in Kara-Suu Hospital as well, while also providing psychological care to patients and supporting the pharmacy, laboratory, and waste and water control. In Bishkek, MSF treated 3,000-plus prisoners for TB since 2006 before handing over the project to the International Committee of the Red Cross.

**RUSSIAN FEDERATION $2,458,506**

In Grozny, Chechnya, MSF continued to improve patient services at the cardio and resuscitation unit of the Republican Emergency Hospital, donating medicines and medical supplies.
equipment and training staff on coronarography and angioplasty. MSF also began training ambulance staff, who administer first aid.

DR-TB is also an issue in Chechnya, and XDR-TB is on the rise. In MoH facilities, MSF ran a comprehensive program, including diagnosis, treatment, and counseling for TB and MDR-TB, in addition to procuring appropriate medicines to provide treatment for people with XDR-TB. The program also includes laboratory support, health promotion, and psychosocial assistance. MSF also provides mental health care in Grozny and other districts still affected by violent clashes.

In August, MSF initiated a project in Moscow that provided over 700 outpatient consultations for migrants, along with referrals for specialized care.

UKRAINE $1,800,000
As violent clashes displaced hundreds of thousands and wounded 10,000 more in Ukraine, MSF provided medicines and supplies to health facilities in Kiev and in the east. Local doctors managed the wounded but struggled to get supplies, so MSF donated enough medicines and materials to treat 13,000 wounded patients to hospitals in Donetsk and Luhansk, across the frontline. When shelling intensified and some hospitals were damaged, further limiting access to care, MSF expanded its support to include chronic disease care. MSF teams also distributed more than 2,600 hygiene kits in Donetsk and 15,000 blankets to hospitals and people around Donetsk and Luhansk ahead of winter. MSF also offered training to Ukrainian psychologists on conflict-related mental health care, and MSF psychologists provided counseling in several cities in the east. MSF kept its DR-TB program in the Donetsk penitentiary system running. When shelling prevented access to the prisons, staff delivered the necessary drugs to a safe location to be picked up by prison staff.

UZBEKISTAN $1,110,000
In the Autonomous Republic of Karakalpakstan, MSF’s TB program, which had 2,000 patients enrolled for first-line treatment and 607 for DR-TB care, provided adherence and psychosocial support. Where possible, MSF offered outpatient treatment and experimented with a nine-month rather than two-year MDR-TB regimen, monitoring results closely. Amidst a burgeoning HIV epidemic in Tashkent, teams initiated 671 people on ARVs at the City AIDS Center and provided counseling.

MIDDLE EAST
EGYPT $600,000
In Egypt, a prominent way station for migrants traveling from the south and east towards Europe—often experiencing violence and sexual violence on the way—MSF provided psychological support and medical assistance at clinics in Cairo’s Maadi District and Nasir City, carrying out 11,030 consultations. A team also assisted 1,690 individuals on the northern coast with medical care and hygiene kits. MSF also collaborated with the MoH on hepatitis C, which infects an estimated 14 percent of the population, the highest prevalence in the world, aiming to develop a decentralized model of care. And the Abu Elan mother-and-child health clinic was closed in June, after others took up the work. About 40,000 consultations had been provided since 2012.

IRAQ $4,685,518
War in Iraq killed thousands, drove nearly two million from their homes, and severed access to medical care in swathes of the country. MSF launched emergency interventions for people besieged and displaced by IS fighters around Mosul, Sinjar, Tikrit, and Ramadi; worked with Syrian refugees; and tried to assist underserved communities. In June, teams opened four mobile clinics in Dohuk Governorate, providing basic medical care, relief items, and water and sanitation services. Other teams ran mobile clinics in five locations in and around Kirkuk, providing basic, chronic disease, maternal, and pediatric care. Additional mobile clinics reached displaced people between Mosul and Erbil, and MSF set up a health clinic at the Bharka Camp as well. MSF offered basic health care and mobile clinics for huge numbers of displaced in Diyala Governorate, but some attempts to do likewise elsewhere were thwarted. In June, MSF’s clinic in Tikrit was destroyed by an explosion; IS later took control of the city and MSF has not been able to return. Fighting also damaged MSF’s offices in Hawijah General Hospital, where teams had been providing emergency care. And staff evacuated from hospitals in Sinjar and Heet when IS forces swept in. MSF was the main provider of health care in the Darashakran and Kawargosk camps for Syrian refugees in northern Iraq, carrying out more than 64,000 consultations before handing over activities to International Medical Corps. MSF remains the main health care provider in Domiz camp, home to 60,000 Syrian refugees, providing sexual and reproductive health care, chronic disease care, and mental health support.

MSF continued to provide reconstructive surgery, psychotherapy, and psychosocial support to Iraqi victims of violence who need specialized surgical care at its project in Amman, Jordan, which opened in 2006. More than 150 Iraqis were referred in 2014.

JORDAN $9,924,131
With the number of Syrian refugees in Jordan topping 600,000, MSF expanded services. At MSF’s maternity hospital in Irbid, which provides free health care, ante- and postnatal services, and emergency obstetric and neonatal care, teams assisted more than 2,000 births and conducted nearly 14,000 pediatric outpatient consultations. Staff at the mental health program for children launched in October carried out 351 consultations, and another new project offered chronic disease care for Syrian refugees and underprivileged Jordanians at a government clinic.

Meanwhile, MSF’s emergency surgery and trauma project in Ramtha, three miles from the Syrian border, conducted more than 1,340 major surgical interventions and offered general inpatient care, physical therapy, and mental health consultations. In March, MSF opened a 40-bed post-operative care facility in Zaatari refugee camp for war-wounded patients transferred from Al Ramtha and other hospitals, admitting 460 patients and offering mental health support and physical therapy.

MSF’s reconstructive surgery program in Amman continued to offer critical orthopedic, maxillofacial, and plastic reconstructive surgical and post-operative care to patients—many of them children—from Syria, Iraq, and Yemen. The team performed 1,369 surgical procedures in 2014—45 percent were Syrian—and the outpatient department provided post-surgical care to Syrians first operated on elsewhere. Mental health professionals ran some 8,000 counseling sessions.

LEBANON $800,000
Since 2011, conflict has driven some 1.2 million Syrians, Palestinian refugees living in Syria, and Lebanese expatriates into Lebanon, a country of just four million. Many live in dire conditions without access to the health care they need.

MSF teams in the Bekaa Valley carried out 113,000 consultations, providing basic and psychological support to Syrian and Palestinian refugees in the area. MSF’s Amman Emergency Project (AEP) supported Boost Hospital, in Lashkar Gah, Helmand. ©Paula Bronstein

AFGHANISTAN
Women and their children wait in front of the ER at MSF-supported Boost Hospital, in Lashkar Gah, Helmand. ©Paula Bronstein
reproductive health care, chronic disease care, and counseling to Syrian refugees and local populations.

In Beirut’s Shatila Camp, MSF provided basic health care for children, chronic disease care, referrals, and mental health support.

In Tripoli’s Dar al Zahraa Hospital, MSF provided medical services, reproductive health care, counseling, and routine vaccinations for vulnerable Lebanese residents and Syrian refugees. Similar programs were launched in Abdie, and MSF also offered reproductive health care, counseling, and care for acute diseases in Jabal Mohsen and Bab el Tabbaneh dispensaries.

In southern Lebanon, staff offered basic health care to refugees, supporting three health centers and specialist referrals. MSF also provided health care and some 4,800 mental health consultations in the Ein-el-Hilweh camp for Palestinian refugees, Syrian refugees, and vulnerable residents.

**OCCUPIED PALESTINIAN TERRITORIES $2,130,000**

Amid increasing violence across the Occupied Palestinian Territories, punctuated by a brutal 50-day war in Gaza, MSF doubled capacity to meet medical and psychological needs, as access to care remained limited.

In the West Bank, MSF ran mental health programs in Hebron, Nablus, and Qalqilya Governorates, as well as in East Jerusalem, supporting more than 5,500 adults and children who have experienced or witnessed violence carried out primarily by Israeli soldiers and settlers, but also by Palestinian security forces or other Palestinians, including family members.

In Gaza, a territory roughly the same square mileage as Philadelphia, demand for reconstructive surgery spiked with the July-August war that killed some 2,286 Palestinians (a quarter of them children), wounded more than 11,000, and displaced more than 500,000. MSF, which already offered surgical and post-operative care in different locations, established a permanent surgical team that carried out more than 320 surgeries. Teams also ran clinics in Gaza City and in an inflatable tent at Nasser Hospital, providing general post-operative care, 12,700 wound dressings, and 11,800 physiotherapy sessions.

A mental health program previously suspended by local authorities resumed in October, and MSF made plans to launch a dedicated pediatric mental health program.

**SYRIA $3,310,088**

MSF’s programs in Syria, while significant, fall far short of addressing the massive needs due to prevailing insecurity in many regions that make it impossible to manage programs. More than 200,000 have been killed, half the population has been displaced, and thousands of medical professionals have been killed, kidnapped, or displaced.

In January, IS gunmen abducted 13 MSF staff. While eight Syrian colleagues were released hours later, five international staff members were held for up to five months. MSF had to withdraw international teams and close a field hospital in Jabal Al-Akrad, in Idlib Governorate, and two nearby health centers.

MSF was able to keep open a different 15-bed hospital in Idlib, which already offered surgical and post-operative care in different locations, established a permanent surgical team that carried out more than 320 surgeries. Teams also ran clinics in Gaza City and in an inflatable tent at Nasser Hospital, providing general post-operative care, 12,700 wound dressings, and 11,800 physiotherapy sessions.

A mental health program previously suspended by local authorities resumed in October, and MSF made plans to launch a dedicated pediatric mental health program.

MSF ran three health facilities in Aleppo Governorate, the site of intense fighting. One has 28 beds and offers emergency, maternity,
and outpatient care, along with vaccinations, stabilization, orthopedic services, and chronic disease care. A second was closed in August for security reasons. It had provided health care for adults and children, including surgery, burn care, maternity services, and antenatal care. MSF’s other Aleppo-area hospital carried out some 22,000 outpatient consultations, more than 12,300 emergency room consultations, and 500-plus surgical interventions, while also offering vaccinations, antenatal care, and mental health support. MSF also donated drugs and medical supplies to 10 area field hospitals, nine first-aid points, and three health centers.

In Ar-Raqqah, where health centers struggled to maintain supplies and staff, MSF ran a clinic and supported a pediatric ward in Tal Abyad Referral Hospital, provided emergency assistance to the displaced in multiple locations, and supported vaccination activities. Teams conducted more than 5,200 outpatient consultations and vaccinated 7,000 children against measles.

In northeast Syria, MSF provided staff, drugs, and supplies—all of which are in short supply—to support pre- and post-operative care in a hospital’s trauma ward, rehabilitated the maternity ward, and ran two clinics offering outpatient consultations and mother- and child-care.

Near the Iraq border, MSF ran clinics focused on mothers and children and vaccinated for polio. Additional clinics tended to Iraqis fleeing fighting in Nineveh Governorate. MSF also continues to support more than 100 Syrian-run medical programs with drugs, supplies, technical support, and, in some cases, ambulances, in government- and opposition-controlled areas in six governorates, including besieged areas outside Damascus.

YEMEN $7,599,862

In a country where fighting and poverty permit few to access health services, MSF provided basic health care and lifesaving surgical care in Al-Dhale’ Governorate’s Al Azaraq and Qataba’a Districts, carrying out more than 47,000 outpatient consultations and offering emergency surgery for victims of violence in Al Naser General Hospital in Al-Dhale’ City, where teams performed around 300 surgical procedures before insecurity forced them to evacuate.

In Amran, teams at Al-Salam Hospital provided emergency, maternity, inpatient, and outpatient services, staging more than 2,300 surgical interventions and 25,300 emergency consultations, and assisting 2,500 deliveries. MSF helped reopen the Heithah health unit in the remote Osman and Akhraf valleys until insecurity forced the suspension of activities.

MSF’s emergency surgical unit in Aden re-established referrals from Abyan, Al-Dhale’, Lahj, and Shabwah, and carried out more than 2,000 emergency consultations, 1,600 surgical procedures, and 5,600 physiotherapy sessions. A clinic in Aden central prison recorded more than 1,600 consultations.

The rapid response team donated medical supplies to 38 clinics and hospitals and relief items to people displaced following outbreaks of fighting. And MSF also trained staff in seven hospitals on diagnosis and treatment of HIV/AIDS, a highly stigmatized disease in Yemen.

OTHER PROGRAM SUPPORT

ACCESS CAMPAIGN $791,748

Drawing on MSF’s field experience and responding to medical needs in the field, the Access Campaign advocates for greater access to affordable, effective medicines and diagnostics. In 2014, it pushed for lower prices and improved thermostability of vaccines; advocated for better diagnosis and treatment of DR-TB; pushed back against aspects of the Trans-Pacific Partnership trade agreement that would impose stricter intellectual property measures than international trade rules require, thereby limiting access to affordable generic medicines in many countries where MSF works; urged countries and companies to ensure affordable access to lifesaving hepatitis C drugs; and both challenged the makeup of, and worked on alternatives to, profit-minded research and development.

DRUGS FOR NEGLECTED DISEASES INITIATIVE (DNDi) $901,500

Co-founded by MSF, DNDi is a not-for-profit, patient needs-driven research and development organization that develops new treatments for diseases ignored by mainstream research and development. In 2014, DNDi launched a clinical study in Ethiopia for visceral leishmaniasis patients co-infected with HIV, presented key findings about the safety of artesunate-mefloquine for children with malaria, and received significant private and public funding to develop new treatments for onchocerciasis (river blindness) and lymphatic filariasis (elephantiasis). DNDi also joined MSF in urging reform of the Food and Drug Administration (FDA) priority review mechanism to better meet patient needs, following the $125 million sale of a voucher for an important visceral leishmaniasis treatment.

JORDAN

An MSF doctor plays chess with a patient at MSF’s trauma surgery program for Syrians in Ramtha. ©Ton Koene
EPICENTRE $3,229,571
A nonprofit research center founded by MSF in 1987, Epicentre conducts epidemiological assessments and studies that allow MSF to better understand medical and nutritional needs, improve treatments, and develop high-quality health care initiatives for field projects. In 2014, in addition to assessing the efficacy of malnutrition treatment in Niger and cholera vaccines in Guinea, Epicentre supported MSF’s Ebola response by conducting various epidemiological studies, providing direct support to staff, and helping to inform the design of MSF’s Ebola projects and its public advocacy throughout West Africa.

MSF INTERNATIONAL OFFICE $2,347,853
MSF’s International Office coordinates common projects on behalf of MSF’s 24 sections worldwide and supports MSF’s advocacy efforts with the United Nations and other international bodies.

MSF INTERNATIONAL FUND FOR INNOVATION AND OPERATIONAL RESEARCH $108,839
The International Fund for Innovation and Operational Research promotes improvements in effectiveness and quality of care by financing MSF projects that undertake innovative operational, medical, and/or non-medical approaches.

TOTAL $231,007,412
The Ebola crisis tested our capacity, especially because of the risks involved and the grueling nature of the work, which meant that we had to restrict the time that volunteers spent in the field, with many only staying six to eight weeks before they needed a rest.

Nonetheless, many of our US-based field workers stepped up to the challenge, and our ability and determination to respond to this crisis was truly impressive. MSF put in place strong measures not only to ensure the safety of our teams but also to train other organizations involved in this response. Unfortunately, despite these measures, 27 of our field staff, including 3 international staff members, contracted Ebola, an indication of both the virulence of the disease and the devastating impact it has had on health care workers in the three most affected countries, which will be felt for years to come.

However, Ebola was not the only emergency last year. Our field workers responded to emergencies in South Sudan, Ethiopia, CAR, in and around Syria, and many other places, knowing, as we all did, that a great many people far from the spotlight being shined on Ebola needed assistance as well. This all served to highlight just how important strong human resources are to our operations; without the dedication and experience of our field staff, we would not be able to provide the care that we all aspire to provide.

While I would not wish for another year like 2014, I was very proud of our volunteers and our Field Human Resources team for the work they did. In all, we had 445 departures from the US for field assignments, the most we’ve ever sent out in a single year. Many of these field workers worked in coordinator and leadership roles, which is testament to some of the training programs we’ve set up in recent years, as well as the quality and commitment of our field workers. Those programs will continue. At the same time, we’ll continue to recruit staff we know we’ll need and continue to provide support to the field workers who do go out with us, all so we are ready to meet the challenges that arise in the future.

— Kate Mort, Director of Field Human Resources, MSF-USA

AFGHANISTAN
Miriam Czech, CA, Head Nurse
Maimona Ghow, HI, Anesthesiologist
Nader Hebeia, PA, Surgeon
Firmine Jean-Baptiste, MD, Obstetrician/Gynecologist
Pavlos Kolovos, CD, Project Coordinator
Roshan Kumarasamy, CA, Head of Mission
Deane Marchbein, MA, Anesthesiologist
Jenny Martino, WA, Medical Doctor
Mark Nawrocki, MA, Anesthesiologist
Susan Okonkwo, MD, Obstetrician/Gynecologist
Samantha Pace, MN, Obstetrician/Gynecologist
Linda Tetreaud, MA, Logistics Specialist
Padma Veligati, MD, Obstetrician/Gynecologist

ARMENIA
Sherri Stiles, UT, Project Coordinator

BANGLADESH
Joshua Allen, NC, Logician
James Bengtson, MI, Medical Doctor
Rolling Morgan, WA, Nursing Team Supervisor

BELARUS
Mary Briggeman, MD, Nursing Activities Manager

BURUNDI
Gregory Engel, WA, Medical Doctor

CAMBODIA
Kim Federici-Florczak, TX, Nurse
Kimberly (KQ) Smith, CA, Deputy Project Coordinator

CAMEROON
Elen Costigan, OH, Health Promotion Activity Manager
Alice Maitland, NH, Nurse
Caitlin Rose, MD, Nursing Activities Manager

CENTRAL AFRICAN REPUBLIC
Caroline Braker, TX, Logistician
Yolaine Civit, MI, Medical Doctor

CHAD
Debora Bertasi, CA, Administrator
Elspeth Cisneros, NY, Nursing Team Supervisor
Kimberly Corwin, PA, Logistics Manager

AFGHANISTAN
Miriam Czech, CA, Head Nurse
Maimona Ghow, HI, Anesthesiologist
Nader Hebeia, PA, Surgeon
Firmine Jean-Baptiste, MD, Obstetrician/Gynecologist
Pavlos Kolovos, CD, Project Coordinator
Roshan Kumarasamy, CA, Head of Mission
Deane Marchbein, MA, Anesthesiologist
Jenny Martino, WA, Medical Doctor
Mark Nawrocki, MA, Anesthesiologist
Susan Okonkwo, MD, Obstetrician/Gynecologist
Samantha Pace, MN, Obstetrician/Gynecologist
Linda Tetreaud, MA, Logistics Specialist
Padma Veligati, MD, Obstetrician/Gynecologist

ARMENIA
Sherri Stiles, UT, Project Coordinator

BANGLADESH
Joshua Allen, NC, Logician
James Bengtson, MI, Medical Doctor
Rolling Morgan, WA, Nursing Team Supervisor

BELARUS
Mary Briggeman, MD, Nursing Activities Manager

BURUNDI
Gregory Engel, WA, Medical Doctor

CAMBODIA
Kim Federici-Florczak, TX, Nurse
Kimberly (KQ) Smith, CA, Deputy Project Coordinator

CAMEROON
Elen Costigan, OH, Health Promotion Activity Manager
Alice Maitland, NH, Nurse
Caitlin Rose, MD, Nursing Activities Manager

CENTRAL AFRICAN REPUBLIC
Caroline Braker, TX, Logistician
Yolaine Civit, MI, Medical Doctor

CHAD
Debora Bertasi, CA, Administrator
Elspeth Cisneros, NY, Nursing Team Supervisor
Kimberly Corwin, PA, Logistics Manager

FIELD STAFF
ON ALMOST EVERY FRONT, 2014 PRESENTED ENORMOUS CHALLENGES FOR MSF-USA’S FIELD HUMAN RESOURCES TEAM.
MOZAMBIQUE
An MSF staff member provides HIV testing and counseling to a truck driver in Mozambique’s Beira City. ©Felco Calderin
Brett Davis, PA, Head of Mission
Rachida Davis, PA, Advocacy Manager
Nastassia Kantorowicz-Torres, Colombia, Human Resources Coordinator
Rachel Minka, NY, Finance Coordinator
Bradley Rollans, TX, Logistician/Logistics Coordinator
Ellen Rymshaw, NY, Head of Mission
Shanna Snider, NY, Project Administration Manager
Jesus-Javier Tellez, CA, Project Administration Manager
Jordan Wiley, OR, Head of Mission

DRC
Sarah Bou-Rhodes, MA, Human Resources Coordinator
Emily Bristle, NY, Human Resources Coordinator
David Caprario, NY, Finance Coordinator
Mamadou Diallo, NY, Project Medical Referent
Susan Doyle, KY, Project Administration Manager
Hope Etheridge, CT, Project Coordinator
Anna Freeman, NC, Project Coordinator
Rhian Gastineau, CA, Head of Mission
Manuel Guerrero, NY, Surgeon
William Holmes, NH, Surgeon
Deborah Kraus, NY, Human Resources Coordinator
Manisha Kumar, MA, Medical Activities Manager
David Kuwayama, WI, Surgeon
Maria Camela Lazo, PA, Nursing Team Supervisor
Ya-Ching Lin, AZ, Project Coordinator
Rohan Mahy, CA, Logistics Manager
Placida Martinez, NV, Medical Doctor
Belen Ramirez, CA, Medical Activities Manager
Maya Sibley, CA, Advocacy Manager
Tricia Vannatter, Mozambique, Health Promotion Activity Manager
Alexander Wade, NY, Project Coordinator
Edward Walworth, ME, Surgeon
Edward Wells, MA, Water Hygiene Sanitation Manager

ETHIOPIA
Patrick Adler, AZ, Logistics Manager
Fekermariam Balcha, TX, Deputy Finance and Human Resources Coordinator
Immaculata Bramlage, TN, Hospital Nursing Manager

Natale Carasali, NV, Pediatrician
Suzanne Ceresko, NY, Logistics Coordinator
Elen Costigan, DH, Field Administrator
Laurent Dedieu, NY, Logistics Coordinator
Sachin Desai, NY, Medical Doctor
Elizabeth Elliott, GA, Human Resources Coordinator
Olumide Faniyan, MA, Epidemiologist
Karia Fredricks, OH, Medical Doctor
Carille Guthrie, TX, Logistician
Jennifer Haner, OR, Finance and Human Resources Coordinator
INTERESTED IN JOINING MSF?

MSF is always looking for motivated and skilled medical and non-medical professionals for our field projects around the world. MSF-USA also needs volunteers and interns to work in our New York office. For more information, please visit www.doctorswithoutborders.org
Nearly half of MSF's available field positions are in francophone countries.

PARLEZ-VOUS skills to MSF's medical humanitarian work, we encourage you to visit countries such as the Democratic Republic of Congo, Chad, Niger, and Haiti, where some of MSF's largest projects are located. “Successful assignment,” notes MSF-USA Field Human Resources Director Kate Mort. Nearly half of MSF’s available field positions are in francophone countries.” If you are interested in contributing your profession—and French—skills to MSF’s medical humanitarian work, we encourage you to visit www.doctorswithoutborders.org/work-with-us/work-in-the-field for more information about MSF recruitment.

**PHILIPPINES**
Mark Anderson, KY, Logistics
Sergio Borrego, FL, Anesthesiologist
Gardy Boyer, NY, Logistics—Construction
David Clark, ME, Surgeon
Julie Grundberg, WA, Deputy Supply Coordinator
Tami Loeffler, NY, Logistics—Supply
Lindsay Moore, MN, Project Administration Manager
Stephen Torres, AR, Obstetrician/Gynecologist
Brent Turner, NM, Logistics Supply
Ibrahim Younis, AZ, Head of Mission

**RUSSIAN FEDERATION**
Sabeen Shaig, CA, Mental Health Activities Manager

**SIERRA LEONE**
Navneet Bhullar, PA, Medical Doctor
Jane Boggi, CT, Nursing Activities Manager
Paul Brockmann, CA, Project Coordinator
Gillian Burkhart, DC, Obstetrician/Gynecologist
Robert Cannon, CA, Epidemiological Activities Manager
Patricia Carrick, MT, Nurse
Mary Jo Frawley, CA, Nursing Activities Manager
Evita Gasa, CA, Nursing Activities Manager
Julie Grundberg, WA, Supply and Logistics Manager

**SOUTH AFRICA**
Lorraine Bello, MA, Obstetrician/Gynecologist

**SOUTH SUDAN**
William Abbott, NM, Surgeon
Zeeshan Ahmed, NY, Medical Doctor
Kimberly Aiken, MI, Pediatrician
Mark Anderson, KY, Mission Manager
Melissa Arons, NY, Nursing Activities Manager
Zacarias Asuncion, HI, Surgeon
Robert Baxt, MD, Surgeon
Ricky Beri, DC, Supply Officer
Kenna Bifani, DR, Nursing Activities Manager
Daniel Bollinger, MI, Project Supply Manager
Jamie Boudreau, CA, Medical Doctor
Jodie Butler, FL, Nurse
Donna Canali, CA, Project Coordinator, Project Medical Referee
Amy Caramore, NY, Nursing Activities Manager
Vito Castelgrand, NY, Logistics Manager
Jeffrey Caulfield, ME, Logistician
Rachel Chan Seay, VA, Obstetrician/Gynecologist
Ruth Chiaware, UK, Anesthesiologist
Lauren Cohen, NY, Medical Team Leader
Larry Cousins, CA, Obstetrician/ Gynecologist
Chris Danilson, VT, Surgeon
John De Csepel, NY, Surgeon
Nicole Dennis, SC, Nursing Activities Manager
Denise Dignia, NY, Nurse Anesthetist
Francis Dorbor, PA, Administrator/Deputy Finance Coordinator
Jeri Driskill, OR, Logistician
Neil Eisenberg, NY, Medical Doctor
Tyler Evans, NY, Medical Doctor

**SPAIN**
Kaci Hickox, TX, Project Medical Referee
Ernest Kandel, CD, Obstetrician/Gynecologist
Ruth Kaufmann, NM, Nursing Activities Manager, Project Coordinator
Rasha Khoury, MA, Obstetrician/Gynecologist
Kathleen Le Fevre, CA, Nursing Team Supervisor
Douglas Lyon, OR, Medical Doctor
Susan Marzolf, ID, Obstetrician/Gynecologist
Esther Moring, FL, Project Medical Referee
Marina Novack, NY, Nursing Activities Manager
Collette Okubo, HI, Obstetrician/Gynecologist
Laura Papaga, MA, Finance/Human Resources Manager
Xandra Rarden, WA, Medical Doctor
Eugene Richardson, NY, Medical Doctor
Philip Sacks, MA, Logistics Coordinator
Monia Sayah, NY, Project Medical Referee
Nicholas Schreiner, MI, Water Hygiene Sanitation Manager
Cynthia Scott, CA, Mental Health Supervisor
Shanna Snider, NY, Finance/Human Resources Manager
David Spence, AZ, Medical Doctor
Celeste Thompson, CA, Finance/Human Resources Manager
Todor Tiedemann, Austria, Logistics Manager
Emily Veltus, WI, Health Promotion Activity Manager
Ella Watson-Stryker, NJ, Health Promotion Activity Manager

**THAILAND**

**VIETNAM**

**UK**

**US**

**PAKISTAN**

**PALESTINIAN TERRITORIES**

**PAPUA NEW GUINEA**

**MEXICO**

**NETHERLANDS**

**NORWAY**

**NETHERLANDS**

**BELGIUM**

**BRAZIL**

**BRAZIL**

**PARLEY VOUS FRANCAIS?**

MSF is in urgent need of French-speaking staff to provide assistance in countries such as the Democratic Republic of Congo, Chad, Niger, and Haiti, where some of MSF’s largest projects are located. “Successful applicants who meet MSF’s criteria and speak French will be eligible for more positions and will usually be matched more quickly with an assignment,” notes MSF-USA Field Human Resources Director Kate Mort.

If you are interested in contributing your profession—and French—skills to MSF’s medical humanitarian work, we encourage you to visit www.doctorswithoutborders.org/work-with-us/work-in-the-field for more information about MSF recruitment.

Matthew Fentress, CA, Medical Activities Manager
Martha Fernandez, MD, Anesthesiologist
Maren Flynn, MN, Obstetrician/Gynecologist
Sara Woznick, MD, Nursing Activities Manager
Mark Heathaway, DC, Obstetrician/Gynecologist
Tyson Hegarty, WA, Nursing Activities Manager
Kelly Hildebrand, FL, Pediatrician
Adam Hill, VA, Logistics Manager
Bradley Holmes, FL, Medical Activities Manager
Matthew Hotchkiss, OR, Anesthesiologist
Katie Hunter, NM, Human Resources Administration Manager
Massoud Javadi, TX, Medical Doctor
Clayton Jones, HI, Medical Team Leader
Lisa Jones, MI, Training Officer
Michael Jorgensen, GA, Operating Theater Nurse
Veena Karir, WA, Project Pharmacy Manager
Terri Keppinger, HI, Project Administration Manager
Cristin King, NY, Mental Health Activities Manager
Brooke Kline, CA, Project Administration Manager
Thomas Krueger, TN, Surgeon
Kimberly Larkins, CA, Pharmacist, Project Pharmacy Manager
Emily Lerman, MI, Logistics Manager
Jillian Loveland, MT, Nursing Team Supervisor
David Maene, MA, Logistics Coordinator
Anna Mapes, GA, Nurse
Frank Mataska, NY, Nurse
Courtney Mather, NJ, Human Resources Coordinator
John Mathews, NY, Anesthesiologist
Ryan McAuley, PA, Medical Doctor
Eric Mensah, VA, Emergency Physician
Eileen Miller, WA, Nurse Anesthetist
Jason Mills, NH, Deputy Head of Mission
Steve Mitchell, OH, Anesthesiologist
Manfred Murillo, NY, Logistics Manager
Melik Noui, FL, Logistician, Logistics Manager
Ramon Nunez-Hernandez, IN, Anesthesiologist
Casey O’Connor, WA, Human Resources Manager/Project Coordinator
Lauren Outlaw, IN, Obstetrician/Gynecologist
Jessica Patti, CT, Nursing Team Supervisor
Eamon Penney, NY, Advocacy Manager
Kathrin Petzold, IN, Obstetrician/Gynecologist
Eric Pitts, TX, Logisticians—Construction
Nandakumaran Ponthenkandath, CA, Anesthesiologist
George Record, WV, Surgeon
Jane Rockhold, WA, Project Administration Manager
Andrea Rodriguez, CA, Nursing Team Supervisor
Kimberlea Roe, TX, Obstetrician/Gynecologist
Caitlin Rose, MD, Nursing Activities Manager
Andrea Rudolph, WA, Project Medical Referent
Erika Sawyer, CA, Midwife
Derek Schott, NH, Logistics Administration Manager

Julian Serain Gil, IL, Logisticians—Water and Sanitation
Maya Sibley, France, Project Coordinator
Grigor Simonyan, CA, Head of Mission
Michael Sinclair, PA, Surgeon
Katherine Skiff, VA, Nursing Team Supervisor
Tara Smith, CT, Nursing Activities Manager
Marisa Sochacki, MI, Project Pharmacy Manager
Matthew Stearns, MA, Logisticians
John Stewart, NC, Obstetrician/Gynecologist
Sandra Tacina, NY, Deputy Human Resources Coordinator, Finance/ Human Resources Manager
Stephen Torres, AR, Obstetrician/Gynecologist
William Toxvard, CO, Logistics Team Leader
Rebecca Ullman, WA, Midwife Activities Manager
William Van Cleve, WA, Anesthesiologist

Hardik Vyas, NY, Surgeon
Hope Wall, WA, Medical Team Leader
Timothy Walsh, MA, Logistics Manager
Cecilia Wang, FL, Surgeon
Sharon Weintraub, MD, Surgeon
Teresa White, TN, Pediatrician
Ante Wind, VA, Medical Activities Manager
Julie Wynne, CA, Surgeon
Habtamu Mehari Zenebe, FL, Supply and Logistics Coordinator

SWAZILAND
Sherry Dubois, DC, Project Coordinator
Mary Ryan, CD, Project Pharmacy Manager
Jennifer Velloza, NY, Epidemiological Activities Manager

SYRIA
Virginia Gil Coss, Dominican Republic, Logistics Supply
Stephen Gilbert, WA, Nurse Anesthetist

Steve Mitchell, OH, Anesthesiologist
Margaret Quan, WA, Finance and Human Resources Coordinator
Joseph [Jose] Ruiz, NC, Logistics Coordinator
Alan [Rob] Williams, NY, Project Medical Referent
Seth Wright, TN, Project Medical Referent

UGANDA
Maneesha Ahluwalia, TX, Project Coordinator
Megan Ancker, CA, Medical Doctor
Immaculata Bramlage, TN, Emergency Nurse
Emily Gerardo, ME, Nursing Team Supervisor
Kristin Hoving, IL, Nurse
Jillian Loveland, MT, Nursing Team Supervisor
Carolyn Muege- Vaughan, TX, Training Facilitator
Paul Orefeich, NJ, Finance And Human Resources Coordinator

CENTRAL AFRICAN REPUBLIC
An MSF team heading to Paoua.
©Marta Szosynska/MSF

UKRAINE
Ivan Alt, GA, Logistics Coordinator
Laure Weber, CA, Mental Health Supervisor

UZBEKISTAN
Getu Minda, MD, Medical Doctor

YEMEN
Maura Daly, CA, Midwife Activities Manager
GUINEA
An Ebola survivor is discharged from an MSF case management center in Gueckedou, Guinea. ©Sylvain Cherkaoui/Cosmos
DONORS

MSF IS EXTREMELY GRATEFUL FOR THE FINANCIAL SUPPORT IT RECEIVES FROM INDIVIDUALS, FOUNDATIONS, AND CORPORATIONS. YOUR GENEROSITY ALLOWS MSF TO RESPOND TO EMERGENCIES BASED ON MEDICAL HUMANITARIAN NEEDS AND TO OPERATE INDEPENDENT OF POLITICAL, ECONOMIC, OR RELIGIOUS INTERESTS.

MSF ACKNOWLEDGES OUR DONORS WHO HAVE MADE MULTIYEAR COMMITMENTS

Multiyear commitments 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. By the close of 2014, MSF had received more than 200 multiyear commitments toward this effort, totaling $36,677,445.

To learn how you can support our efforts through the Multiyear Initiative, please contact Mary Sexton, Director of Major Gifts, at (212) 655-3781, or mary.sexton@newyork.msf.org.

$1,000,000+
- Bloomberg Philanthropies
- Hau‘oli Mau Loa Foundation
- Andrew Justin & Family
- Jerome & Patricia Pesenti
- Swain Barber Foundation

$500,000 - $999,999
- Mr. & Mrs. Daniel J. Goldring
- The Luff Family Fund of The Denver Foundation

$100,000 - $499,999
- Anonymous
- Anonymous in Chicago, IL
- Emmett & Bridget Doerr
- Geoffrey & Michele Kalish
- Sheila & Jim Leatherman
- The Lloyd A. Fry Foundation
- Mr. Eric J. Lunger
- The Morton K. & Jane Blaustein Foundation
- Bruce & Lori Leitman Rosenblum
- Edward B Barbara Shapiro
- Alan Shepoiser
- The George L. Shields Foundation, Inc.
- G. Tiphane
- Michael Toubbeh, MD

$25,000 - $49,999
- Susan W. Almy
- Calvin W. Anderson
- David Baxter
- David Beaver
- Mr. Lee E. Billingsley
- Jennifer & Richard Callaghan
- Estelle B. Ellis
- Mr. Stephan Forget & Ms. Florence Forget-Solal
- Mr. & Mrs. Michael J. Germain
- Gardner Family Fund of the Columbus Foundation
- Mr. Frederick V. Grady
- Gale & David Harding
- Mr. Charles Hirschler
- James & Devon Hull
- Harlan B. Levin, MD
- Natasha I. Leibel, MD
- Mr. Edward B. Luedke
- George Malone
- Thomas C. McConnell & Latricia Turner
- Randy & Claire Miller
- Ms. Gretchen Preston & Dr. Gregory P. Meisner
- Mr. John Purdon
- Donald & Michiko Rupnow
- John & Gwen Schafer
- Jonathan & Sherry Schreiber
- Merrill & Patricia Shanks
- Susan R.S. Schofield
- Drs. Murali & Gouri Sivarajan
- Sheri Sobrato Brisson
- Mr. John G. Sommer
- Maurice Neil Spidell
- Revocable Trust
- Dr. & Mrs. Matthew R. Sutter
- Marion Sweeney, Kate & Carma Laue
- Mr. & Mrs. Kent Taylor
- Tom & Judy Taylor
- Tikva Grassroots
- Empowerment Fund of Tides Foundation
- Dr. Karie Wilyard & Mr. Steven Howard Gerson

$5,000 - $24,999
- Ms. Karen Colye
- Mary Ann Hopkins, MD
- Manaaki Foundation
- Dr. Deane Marchbein & Mr. Stuart Cohen
- Dr. & Mrs. John Obert-Hong
- Mr. Tim Strudwick & Dr. Laura Germine
- Patricia & Chris Weil
- Catherine Whitney Memorial
$1MILLION+
Aphorism Foundation
Audrey S. Burnand
Mr. Roy Cockrum
Estate of Alvena B. Deerkop
Estate of Victoria Earl-Mion
FJC, A Foundation of
Donor Advised Funds
Estate of Frank French
Google.org
Sue & Bill Gross
Estate of Mildred Hughes
Estate of Donald G. Kassebaum
Estate of Pierre M. Loewe
M-A-C AIDS FUND/M-A-C
Cosmetics
Madden/Masson Family Fund
Page Family Foundation
The Paul G. Allen Family Foundation
Estate of Fred Snitzer

$500,000 – $999,999
Anonymous
Caerus Foundation, Inc.
George Lucas Family Foundation
Estate of Robert B. McCreadie
Microsoft Giving Campaign
Mr. Lowell E. & Mrs. Wilda L. Northrop
Pam & Pierre Omidyar
Estate of Frank French
Sorenson Legacy Foundation
Stavros Niarchos Foundation
Swain Barber Foundation
Wallace Genetic Foundation

$250,000 – $499,999
A Glimmer of Hope Foundation
Estate of Iris Baranof
Estate of Michael P. Barnett
Bloomberg Philanthropies
Estate of Rosalie B. Barnett
Harold Slade Trust
Hau’oli Mau Loa Foundation
Humble Bundle, Inc.
Mr. Nicholas J. & Mrs. Joan W. Lamonica
Ruth & David Levine
Lucretia Philanthropic Foundation, Inc.
The Luff Family Fund of
The Denver Foundation
Daniel Maltz
Martha J. Weiner
Charitable Foundation
Neukom Family Foundation
PB & K Family Foundation
The Peierls Foundation, Inc.
Patricia & Jerome Pesenti
The Phelan Foundation
Richard Pozen, MD & Ann Silver Pozen
Rice Family Foundation
The Rockefeller Foundation
Estate of Steven S. Schrage
Estate of Margot G. Seehler
Edward & Barbara Shapiro
Christine M. Simone
Estate of Ann R. Soltész
Estate of Joseph C. Stevens
Tides Foundation
Anna Marie & John E. Thon
Mr. Robert J. Weltman
The Wheeler Foundation
World Bank Community Connections Fund

$100,000 – $249,999
Adobe
The Ajram Family Foundation
Robert Arnow
Estate of Katharina Baltzly
Estate of Marjorie L. Barrows
Estate of Sibyl Beckett
The Bennett Family Foundation
Bernstein Survivors Trust
Ms. Maureen F. Binder
Borrego Foundation, Inc.
Mr. & Mrs. Louis J. Braddi
Mr. Neal C. Bradsher
Bridgewater Associates, LP
Mr. Theodore Bristol
Mr. James L. Brooks
Ms. Véronique Brossier & Mr. Satyen Mehta
Bruderhof Communities
Mr. Lance & Mrs. Julie Burma
Charles Butts
Estate of James G. Butterfield
Mr. David Dee & Ms. Patricia Callahan
Charina Endowment Fund
Mr. David H. & Mrs. Denise K. Chase
Ms. Suzanne Collins
Mrs. Jeannie Cooperman
Estate of Steven H. Cornell
Countess Moira Charitable Foundation
Crane Fund For Widows and Children
Currey & Company, Inc.
Carole Bayer Sager & Bob Daly
The David R. and Patricia D. Atkinson Foundation
Mr. & Mrs. Charles de Lardemelle
Mr. Steven A. Denning & Ms. Roberta D. Bowman
The Donald B. and Dorothy L. Stabler Foundation
Mr. Alan J. Dworsky & Mrs. Suzanne R. Werber Dworsky
Earth and Humanity Foundation
Edwin B. Lillian Krane Trust
Edwin W. and Catherine M. Davis Foundation
Mr. Roger Enrico
Mr. Stefan Findel
Foundation for the Scientific Study of Spiritual and Complementary Healing, Inc.
Mr. Robert Fiede
Estate of Francine Fries
Estate of Helen C. Gardner
Estate of Mark Gervais
Dorothy Grove CRUT
Harari Family Charitable Fund
Mr. Georges R. Harik
Estate of Elinor P. Hempelmann
The Henry L. and Grace Doherty Charitable Foundation
Dr. & Mrs. Geoffrey-Henson
Mr. James W. & Mrs. Anna M. Hoag
Impact, the Warner Bros.
Employee Giving Program
Mr. Michael Jenkins
Estate of Merrie Jensen
The Jordan Family
Ms. Lana Jupiter
Mrs. John L. Kee, Jr.
Ms. Wendy Keys
Estate of Donald S. Klein
L. Lemmer & E. Veach
Lenore Hanauer Foundation
Lopatin Family Foundation
The Louis and Anne Abrams Foundation, Inc.
Malcolm Hewitt Wiener Foundation
Ms. Eleanor C. Mallineckrodt
Estate of Alvin L. Marty
Mr. Austin Marxe
Estate of Joan McCallum
Estate of Paul McManus
Robert Menschel
Mike & Susan Mokelke
Martí Morfitt & Patrick Weber
Estate of Peter A. Morgan
Morrison Family Foundation
Neil Kreitman Foundation
Estate of Irene Nevil
Mr. & Mrs. Peter & Kristan Norvig
Estate of Florence R. Oaks
Ms. Wendy Bassler Orange
Estate of Anne Otolonghi
PARD Foundation
Partridge Foundation
Nicholas & Anne Patterson
The Peter and Carmen Lucia Buck Foundation, Inc.
Estate of Ruth Petersen
Estate of Lillian Page
Randell Charitable Fund
Nancy & George Records
Estate of Margaret D. Reventlow
The S+F Charitable Fund
Mr. Jay H. Sandak
Satter Foundation
Erv & Kathy Sauer
Mr. Steven & Mrs. Anne Schneider
The Schow Foundation
Estate of June Schutzberger
Estate of Elke Shihadeh
Mr. & Mrs. Mark E. Silcox
Estate of Charles F. Sommers
Mr. Patrick Soon-Shiong
& Ms. Michelle Chan
The Spurline Foundation
Lois & Arthur Stainman
Staples, Inc.
Stella and Charles Gutman Foundation
Ms. Pamela Strayer
Survey Monkey
Estate of Margaret F. Taylor
The TriAdvisor Charitable Foundation
Tsunami Foundation - Anson & Debra Beard, Jr.
& Family
Vital Projects Fund
Wasily Family Foundation
Estate of Martin Weideman
Estate of Frances J. Weigel
Ms. Monique Weil
Dr. & Mrs. Robert E. Welch, Jr.
Kirk Wilhelmsen & Chris Brown

$50,000 – $99,999
Anonymous Donor to Doctors Without Borders
Agua Fund of the Community Foundation of
coller County
Mrs. Dorothy M. Allen
Estate of Helen Pamela Allen
Mr. Thomas J. Allen & Mrs. Karen Nazarettian Allen
Mr. Victor R. Ambros & Ms. Rosalind C. Lee
Ambrose Monell Foundation
Ann and Gordon Getty Foundation
The Anschutz Foundation
Estate of Betty M. Baker
The Bank Of America Charitable Foundation
Dr. Cori Bargmann
Barkley Fund
Mr. & Mrs. Frederick C. Benenson
Benjamin R. Bieber Memorial Foundation
Estate of Gillian Lyn Benjamin
Mr. & Mrs. James R. Berger
Ms. Stephanie Bernheim
Bloomberg
Dr. & Mrs. Peter Bolland
Mr. Andrew M. Bostrum
Estate of Andre R. Boulanger
Estate of William R. Boyle
Cheryl & Ken Branson
Estate of Leo Branton, Jr.
Estate of Howard S. Bremond
Estate of Hans Bruijnis
Estate of Bruce Bulen
Clifford Burnstein
The C. E. and S. Foundation
Ceres Charitable Foundation
Dr. Raymond Chang
The Charles Engelhard Foundation
Cogan Family Foundation
Arthur & Margaret Cole
Connecticut Street Foundation
Estate of Wilna J. Cornwell
CREDO Mobile
Mr. Brendan Culligan
Estate of Hermine S. Dawson
Mr. & Mrs. John de Csepel
Donald & Jeanmarie Donahue
Estate of Patricia E. Dwyer
E. Rhodes and Leona B. Carpenter Foundation
Eaglemere Foundation, Inc.
Joan C. Egrie
Barbara & Joseph Ellis
The F.B. Heron Foundation
Mr. Jon W. Faust & Ms. Margaret O. Little
Estate of Gay Fawcett
Mr. Will Ferrell & Ms. Viveca Paulin
The Festoon Foundation, Inc.
The Flora Family Foundation
Flora Shirzad & Farhad Khorasani Trust
Mr. & Mrs. Wyman B. Fowler III
Estate of Marcelle Frank
Ms. Kindy French
The G. Unger Vetlesen Foundation
Estate of Marie L. Gaillard
Estate of Audrey A. Gann
Mr. Clifton A. Gaskill
Mr. Wesley V. Geary III
Mr. & Mrs. James E. Geary III
Mr. Irwin and Marjorie Guttag
Dr. Stephen B. Ippolito
Incentive Logic
Hutcheson
Foundation
Silicon Valley Community advised fund of the Charitable Trusts, an
The Hurlbut-Johnson Foundation
Mr. Joseph V. Huntington
Dr. & Mrs. Paul Hummel
Hesselroth
Ms. Leslie Head
Estate of Jayne I. Hayes
Ms. Leslie Head
Help Darfur Now, Inc.
Mr. Willis & Mrs. Cindy Hesseleroth
Dr. & Mrs. Paul Hummel
Mr. Joseph V. Huntington
The Hurtub-Johnson Charitable Trusts, an advised fund of the Silicon Valley Community Foundation
Estate of Richard Hutcheson
Incentive Logic
Dr. Stephen B. Ippolito
Irwin and Marjorie Buttig Philadelphia Foundation
Mr. Thomas P. Jaikut & Mrs. Millicent Bell
Joyce Fund
Andrew Justin & Family
Mr. Darrell S. & Mrs. Sara Wilson Kindred
Mr. John E. & Mrs. Mary E. King
Estate of Margaret M. Kogler
Caleb Kramer & Ryan Allen
Estate of Susan Krauss
Mr. & Mrs. Alex Krueger
Larry and Nancy Pantrier Family Foundation, Inc.
Fred & Lucy Lee
Linde Family Foundation
Ms. Lorie LeLeux
Linden Root Dickinson Foundation
The Lloyd A. Fry Foundation
Estate of Eileen Lottman
Abigail & Vincent Maddi
Maniak Foundation
Mariposa Foundation
Mr. Eugene Markus
Marshfield Clinic
Mr. Greg & Mrs. Melanie McFarland
Estate of Arthur T. McNeill
Mrs. Paula Medeiros
Medical Assistance Fund
Mr. Maurice R. Meslans & Ms.
Margaret E. Holyfield
Estate of Anita P. Mills
The Miner Foundation
Moccasin Lake Foundation
Mrs. Katherine C. Moore
Morgan Stanley
The Morton K. and Jane Blaustein Foundation
Estate of Yoshiyé K. Mukai
Jay Myers
Estate of Carole Nesbitt
News Corp
Nodu 57 LLC
NOMOS Glashütte/SA
Ms. Susan E. D’Connor
Estate of Thomas E. D’Oliveir
The Grinco Foundation
The Parker Family Foundation
Paul Funk Charitable Account
Mr. Sunder & Mrs. Anjali Pichai
Joe & Kathy Pretlow
The Reed Foundation, Inc.
Ms. Christine Reilly
Estate of Mariana K. Reith
Mr. Michael Rena
The Renee B. Fisher Foundation, Inc.
Reusing & Cole Family Charitable Fund
The Richard and Natalie Jacoboff Foundation
Ms. Barbara J. Ritchie
Robert S. & Marion L. Wilson Fund
Mr. James Robinson
Rockefeller Brothers Fund, Inc.
Estate of Elizabeth A. Rogers
The Rona Jaffe Foundation
Estate of Grant Rowold
Harry R. Sachse
Samuel & Florence Scarlett Trust
Ms. Sheryl Sandberg & Mr. David Goldberg
Estate of Eugenia L. Sanford
Mr. William Sarnoff
Mr. Richard Serra & Ms. Clara Weyergraf-Serra
Ms. Darshana Shanbhag
Alan Shepiser
Silver Family Foundation
Patricia & Stanley Silver
Estate of Margaret B. Singer
Skoll Global Imperatives
The Spark Fund
Mr. Laurence L. Spittler
Estate of Darrold P. Stogdill
Jon Thatcher & Siobhan Spencer
The San Simeon Fund, Inc.
Theresa B. Marque & John H. Marque Fund
G. Tiphane
Mr. & Ms. Eric Todrys
Thomas & Ancella Todrys
The Asen Foundation
DOCTORS WITHOUT BORDERS | MÉDECINS SANS FRONTIÈRES
US Annual Report 2014
43
| DONORS

“[I CONTINUE TO BE AMAZED AT THE COURAGE AND DETERMINATION THAT MSF PERSONNEL SHOW AS THEY SERVE IN SOME OF THE MOST DANGEROUS REGIONS OF THE WORLD. EVERY TIME I SEE THE MSF LOGO ON TV COVERAGE OF CHAOTIC EVENTS, I FEEL A VERY REAL SENSE OF PRIDE IN SUPPORTING YOUR ORGANIZATION.]”

—The Peierls Foundation, Inc., MSF supporters since 1999

Mr. Henry A. Alker
Allen Foundation, Inc.
Allen Whitehill Clowes Charitable Foundation, Inc.
Ms. Judith Allen & Mr. Karl Nusch
Mrs. Simin N. Allison
Salman Al-Rashid
Estate of Helga N. Alten
Mr. & Mrs. George M. Alvarez-Correa
The Alvin and Fanny B. Thalheimer Foundation
The Alvin & Peggy Brown Family Foundation
Amazon.com, Inc.
AMC Networks International American Express Foundation
American Federation of Teachers
Anbinder Family Foundation
Dr. Geoff Andersen
Calvin W. Anderson
Mr. Chris Anderson & Ms. Jacqueline Novogratz
Mr. & Mrs. Kevin Anderson
Ms. Sally M. Anderson
Mr. Vincent & Mrs. Veronica Anderson
Mr. Brian A. Anderson
Andrew R. and Dorothy L. Cechrane Foundation
Ms. Betty Angelos
The Ann Petersen Gift Fund
Annie Bennett Glenn Fund
Franklin & Ellen Arcella
Ms. Sallie W. Arens
Argon Masking, Inc.
The Argus Fund
Armony Erel Charitable Fund
Armstrong Family Foundation
Per A. Arneberg
Dr. John B. Aronian
Dr. Sarjat & Mrs. Akankshi Arora
The Arthur M. Blank Family Foundation
Arts & Sciences
The Asen Foundation

$10,000 - $49,999
Anonymous [17]
Anonymous Donor from Celgene Corporation
Anonymous from Maine
1830 Family Foundation
A B J Saks Foundation
Mr. & Mrs. Ernest Abbott
Abe and Ida Cooper Foundation
The Aber Unger Foundation, Inc.
Mr. & Mrs. Walter Abrams
Ms. Alix Abrons
Accents Decor, Inc.
Mr. Anurag Acharya & Ms. Madhuri Chattopadhyay
Mr. Daniel Adams
Mr. & Mrs. Keith Adams
Ms. Beverly J. Adkins
Adobe Systems Incorporated
Aetna Foundation
Africa Uplifted
Ms. Shalini Goel Agarwal
Agathe M Costa Charitable Foundation Inc
Agnes Gund
Ms. Ginger Agron
Meena & Lijagat Ahamad
Mr. Shahid Ahmed
AIG Matching Gifts Program
AJA International
Mr. Warren K. Akerson
Jacqueline Albert-Simon
Ms. Dola Albusche
The Alvin & Mayda Chatterjee Foundation
The Alvin and Fanny B. Thalheimer Foundation
The Alvin & Peggy Brown Family Foundation
Amazon.com, Inc.
AMC Networks International American Express Foundation
American Federation of Teachers
Anbinder Family Foundation
Dr. Geoff Andersen
Calvin W. Anderson
Mr. Chris Anderson & Ms. Jacqueline Novogratz
Mr. & Mrs. Kevin Anderson
Ms. Sally M. Anderson
Mr. Vincent & Mrs. Veronica Anderson
Mr. Brian A. Anderson
Andrew R. and Dorothy L. Cechrane Foundation
Ms. Betty Angelos
The Ann Petersen Gift Fund
Annie Bennett Glenn Fund
Franklin & Ellen Arcella
Ms. Sallie W. Arens
Argon Masking, Inc.
The Argus Fund
Armony Erel Charitable Fund
Armstrong Family Foundation
Per A. Arneberg
Dr. John B. Aronian
Dr. Sarjat & Mrs. Akankshi Arora
The Arthur M. Blank Family Foundation
Arts & Sciences
The Asen Foundation

"I CONTINUE TO BE AMAZED AT THE COURAGE AND DETERMINATION THAT MSF PERSONNEL SHOW AS THEY SERVE IN SOME OF THE MOST DANGEROUS REGIONS OF THE WORLD. EVERY TIME I SEE THE MSF LOGO ON TV COVERAGE OF CHAOTIC EVENTS, I FEEL A VERY REAL SENSE OF PRIDE IN SUPPORTING YOUR ORGANIZATION." —The Peierls Foundation, Inc., MSF supporters since 1999

Mr. Henry A. Alker
Allen Foundation, Inc.
Allen Whitehill Clowes Charitable Foundation, Inc.
Ms. Judith Allen & Mr. Karl Nusch
Mrs. Simin N. Allison
Salman Al-Rashid
Estate of Helga N. Alten
Mr. & Mrs. George M. Alvarez-Correa
The Alvin and Fanny B. Thalheimer Foundation
The Alvin & Peggy Brown Family Foundation
Amazon.com, Inc.
AMC Networks International American Express Foundation
American Federation of Teachers
Anbinder Family Foundation
Dr. Geoff Andersen
Calvin W. Anderson
Mr. Chris Anderson & Ms. Jacqueline Novogratz
Mr. & Mrs. Kevin Anderson
Ms. Sally M. Anderson
Mr. Vincent & Mrs. Veronica Anderson
Mr. Brian A. Anderson
Andrew R. and Dorothy L. Cechrane Foundation
Ms. Betty Angelos
The Ann Petersen Gift Fund
Annie Bennett Glenn Fund
Franklin & Ellen Arcella
Ms. Sallie W. Arens
Argon Masking, Inc.
The Argus Fund
Armony Erel Charitable Fund
Armstrong Family Foundation
Per A. Arneberg
Dr. John B. Aronian
Dr. Sarjat & Mrs. Akankshi Arora
The Arthur M. Blank Family Foundation
Arts & Sciences
The Asen Foundation
MSF is grateful to the following companies for their gifts in-kind and pro-bono support of our medical programs around the world:

- Davis Polk & Wardwell LLP
- Expedia, Inc.
- FedEx
- Fragomen Worldwide
- JDCeous
- McDermott, Will & Emery LLP
- Simpson Thacher & Bartlett LLP
- US Airways
CA

John Cawley & Christine Marshall
CCS Family Fund
Dr. James Wilbor Cecil & Dr. Ulla Elisabet Thor
The ClementBloc
Mr. Alfonso Cervera
Joan R. Challinor
Mr. John K. & Mrs. Molly M. Chalmers
Fay Chandler
In Memory of Karen E. Chandler
Ms. Carmen Chang
Laurence & Michele Chang
Mr. Shungho Chang
Chapman Family Fund
Ms. Louise G. Chapman
Charles S. and Zena A. Scimeca Charitable Fund
The Charles Schwab Foundation
Charles Spear Charitable Trust
Charles Stewart Mott Foundation
Charles W. Hallstrom Trust
Mr. & Mrs. David D. Charlton
Mr. Peter & Mrs. Sallie Chatfield
Ms. Solina Chau Hoi Shuen
Estate of Norwood Cheairs
Mr. Alec C. Chen
Ms. Lucy Chen
Dr. Ying Chen
Ms. Linda Chernen
Chester F. Chapin
Charitable Lead Unitrust
Ms. Patricia Chi
Mr. Christopher Chadsey & Ms. Karen Roorda
Mr. David & Mrs. Suzanne Chonette
Mr. Yvon Chouinard
The Chris A. Wachenheim Foundation
Christel DeHaan Family Foundation
Mr. Ronald L. Christopherson
Abigail & Lynn Christiansen
Chubb’s Matching Gift Program
Mr. Edward Chun
Cissy Patterson Foundation
Mr. & Mrs. Daniele Civelli
Clannad Foundation
Anne M. Clark
Dr. & Mrs. Howard G. Clark III
Mr. & Mrs. Bayard D. Clarkson
Clemens Family Foundation
Don W. Cleveland & Margaret A. Lopata
Clinton D. and Grace A. Carlough Charitable Foundation
The Clorox Company
Mr. Martin & Mrs. Laine Cobb
Mr. William & Mrs. Susan Cobb
Mr. Leo Coffey
Mr. Vincent Cohen & Ms. Susannah Johnston
Estate of Richard N. Cohen
Mrs. Louisa Winkelman Cohen
Drs. David & Devon Cohn
Lee & Prentiss Cole
Cole-Crone Foundation Inc.
Ms. Judy S. Coley
Ms. Rosemary Colgate
Ms. Janet Collen
The Collier Family Fund
Estate of Loretta J. Coley
Ms. Alexandra Connell
Rose Frances Connelly
Father Thomas Vincet Conn
Construction Specialties, Inc.
Continuum, LLC
The Conway Bennett Fund
Coonan–Rosebrough Foundation
John & Kathleen Corbet
Mr. Ronald Corio & Ms. Wendy Beach
Cormorant Asset Management
Ms. Laura Corwin
Ms. Virginia R. Cosgrove
KJ Cove
Anne S. Covert
Mr. Derek & Mrs. Jean Coward
Estate of Elaine M. Cowie
The Cowles Charitable Trust
Anne Cox Chambers
Mr. Daniel & Mrs. Rachel Craig
Mr. Tom Cramer & Ms. Michele Burger
Ms. Cynara Crandall
Mr. Ronald Creamer
Creative Testing Solutions
Mr. Charles & Mrs. Irene Crewe
The Crewe Family Foundation
Estate of Mary L. Crews
The Criterion Collection/
Janus Films Company
Estate of Virginia A. Croan
Tempy F. Croft
Estate of Carol A. Crotty
Mr. Timothy Crowell & Ms. Patricia Sabalis
Estate of Thomas Crowley
John & Mrs. Vicki Drum
Mr. Albert & Mrs. Robin Drucker
Cultures of Resistance
Network Foundation
Ms. Dianne Christensen
Mr. John & Mrs. Daphne Cunningham
Curt R. & Gerry Pindler Foundation
Mr. David Cutler
The Cynthia and George Mitchell Foundation
Cynthia and Robert J. Stetson Foundation
Drs. James Dahlberg & Elsebet Lund
Mr. & Mrs. Mark Dalton
Mr. & Mrs. Jerome E. Daltorio
Dr. Robert D’Amato
Dancing Tides Foundation
Dr. William Danelli & Dr. Susanne Danelli
Professor [emeritus] & Mrs. William B. Daniels
Estate of Emilie Conrad DaDud
The DARMA Fund
Dr. Aeladin A. Darwich & Ms. Asmaa M. Hashim
Dane Nikkel Foundation
David A. and Susan H. Schoenholtz Foundation
David L. Klein Jr. Foundation
David May Foundation
The David Vickter Foundation
David Woods Kemper Memorial Foundation
Mr. & Mrs. Charles E. Davidow
Sandra Calder Davidson
Mr. & Mrs. Tom & Debby Davidson
Dr. Bruce Davie
Bruce & Mary Davis
Mr. Charles F. Davis, III
Mr. Kelvin Davis
Mr. Wesley P. Callender & Ms. M. Patricia Davis
Mr. Reuben Cohen & Ms. Dawn Day
Miles & Rebecca Dean
DEARS Foundation, Inc.
Mr. & Mrs. Nancy de Brier
A.C. DeChant
Mr. John G. Deemer
Delaplaine Foundation, Inc.
Ms. Martha Delgado
Dell
Ms. Margaret A. Dennis
Mr. Michael E. Derieg
DeTommaso Family Foundation
Deutsche Bank Americas Foundation
DEW Foundation
Dr. Don Dewhirst
Hester Diamond
Mr. Brennan Diaz & Ms. Sadie Holzman Diaz
Dickson Family Fund
Mr. & Mrs. Bill Dickson
Ms. Jane C. Diefenbach
Mr. David Diehl
Deena Jo Heide-Diesslin Foundation
Mr. Charles C. Dietrich
Mr. & Mrs. Edward A. Dik
David B. & Anna Karen Dillard
The Dillard Foundation
Stephen Dinan
Mr. Mitchell Dinnerstein & Dr. Julie Blackman
Ms. Phyllis L. Dixon, Mr. Kenneth C. Dixon & Mrs. Cynthia Dixon
Dr. & Mrs. Emmett Doerr, Jr.
Doll Family Foundation
Mr. Todd A. & Mrs. Michele J. Dominick
Ms. Katinka Domotoroff
Michael J. & Maureen Donahue
Donald and Margaret Robertson Trust
Ms. Wanda Donegan
Mr. Robert & Mrs. Therese Donnell
Dr. Paul J. Donoghue
Mr. & Mrs. Michael P. Donovan
Ms. Eve Dorfzaun
The Douglas and Dorothy Steere Fund
Mr. Chad R. Doverspike
Jane Dowling & Barry Daly, MD
Charles M. Doyle & Jocelyn A. Holash
The Dr. Nirav Patel Foundation
Mr. John P. & Mrs. Dorothy L. Dreher
Mr. & Mrs. Edgar Dresner
Mr. & Mrs. B.M. Drinkard
Mr. Evan Flaschen & Ms. Elizabeth Drolet
Dr. Maurice Druzin & Ms. Elizabeth Hoffman
Estate of Julia Duane
Mr. Frank R. Dunau & Ms. Amy Davis
Ms. Anneliese H. Duncan
Mr. Gene Dunham
Mr. Thomas F & Mrs. Susan K. Dunn
Mr. Arthur Duquette & Mrs. Elizabeth Shafer Duquette
Estate of Richard E. Dwyer
John & Sybil Eakin
Mr. Timothy & Mrs. Eliza Earle
Mr. & Mrs. Thomas & Judith Earp
The East Creek Fund
Mr. Michael Eberstadt & Ms. Nina Beattie
Eccles Family Foundation
Mr. John & Mrs. Susan Eckert
Ed & H Pillsbury Foundation
Edith Wolf Trust
Gloria A. Edlin, CPA
Ms. Susan K. Edling
The Edward Foundation, Inc.
Educational Testing Service
The Edward and Verna Gerbic Family Foundation
The Edward Colston Foundation, Inc.
Edward R. Bazinet Charitable Foundation
Merry Edwards & Ken CooperSmith
Mr. & Mrs. Thomas M. Ehlers
Dr. & Mrs. Marvin S. Eiger
Eight VFX
Eileen Fisher, Inc.
Mr. Gerald & Mrs. Gail Eiselman
Ms. Elizabeth H. Eisen
Dr. Monika M. Eisenbud
Ms. Abby Elbaum
The Elder Family Foundation
Els Olsson Memorial Foundation
Elizondo/Campbell Family Foundation
Ellamae Siebert Foundation, Inc.
Dr. Sylvan & Mrs. Mary Jo Eller
Estate of Nancy Elliot
Mr. David C. Ellis
Ms. Margaret K. Ellis
Mr. W. D. Ellis Jr.
Elsie Lee Garthwaite Memorial Foundation
Mr. Visheshwar R. Emarni & Mrs. Neeta D. Sukthankar
Empowers Africa
Emser International, LLC
Mr. Charles Engelke & Dr. Laurie White
Ms. Elizabeth Anne English
Mr. & Mrs. Richard & Judith English
Mr. Herbert Epler
Estate of Esty Epstein
Mr. & Mrs. Lawrence & Karen Epstein
“THERE ARE MANY CHALLENGES, BUT THEY ARE FORGOTTEN WHEN I GET TO BRING A SURVIVOR HOME. THE VILLAGERS GATHER WITH WIDE SMILES. THEY SING, DANCE, AND SOMETIMES PRAY IN CELEBRATION. FOR PEOPLE WHO HAVE LOST LOVED ONES, THIS PROVIDES HOPE. FOR ME, THIS IS PROOF THAT I HAVE DONE A GOOD JOB.”

—Dominic Pessima, MSF Ebola health promoter, Kailahun, Sierra Leone
Mr. & Mrs. Anthony M. Malizia
Ms. Joan T. Maloney
Mr. John Malouk
Lori and Timon Malloy & the Sun Hill Foundation
Dr. Evamarie Malsch
Mr. Iqbal G. & Mrs. Shelby M. Mamdani
Mr. & Mrs. Frederick & Judith Mancheski
Mr. Josh R. Manion & Ms. Julie K. Oberweis
Mr. & Mrs. Christopher & Linda Mansfield
Mr. Alan L. Marasco & Ms. Deborah Mawhinney
Marc Haas Foundation
Mr. Edwin Marcial
Dr. Carole L. Marcus
The Margaret H. and James E. Kelley Foundation
The Margot Sundheimer Foundation
Marguerite & Donald L. Harvey Family Fund
Marie H. Ankeny Charitable Lead Trust
Mr. William E. Mr. Paula Marino
Marjorie Siebert Aylen Foundation
Mr. & Mrs. Richard S. Markowitz
Mrs. Nancy A. Marks
Marquis George Macdonald Foundation
Mr. & Mrs. Frank Mars
Mr. Michael C. Mars
Mr. Gerald Marshall
Ms. Linda S. Marshall
Dr. Meg Marshall
The Martin Foundation
Martin Foundation
Mr. & Mrs. Charles & Diane Martin
Mr. & Mrs. J. Landis Martin
Estate of Jeffry L. Martin
Mr. Daniel Feidt & Ms. Margery Martin
Mr. Steve Martin
Estate of George W. Martin
The Mary & Albert Bergeron Fund
Mary Lynn Richardson Fund
Mary Owen Borden Foundation
Ms. Lucille Maslin, Ms. Janet Maslin Cheever, Mr. Benjamin Cheever & Mr. Stephen M. Katz
Mr. John B. Mrs. M. Ann Masson
Mr. & Mrs. Henry Massman
MasterCard International Inc.
Mr. Dale P. Mathias
Matson Money, Inc.
Mr. Paul Matthews & Ms. Maria Cardamone
The Mayer and Morris Kaplan Family Foundation
Mr. John A. Mayer, Jr.
Ms. Judith M. Mayer
Estate of Jeanne Meyers
Estate of Christopher L. Maynard
Ms. Eloise O. Mayo
Mazza Foundation
Edith McBean
Mr. & Mrs. Mike McCarthy
Tom & Amanda McCarthy
Mr. Henry & Mrs. Wilma McCennon
Mr. & Mrs. Connie McCurdy
The McCutchen Foundation
Estate of Eileen McEntegart
Mr. & Mrs. Paul & Mary McEvoy
Ms. Joy McGinnis
Mr. & Mrs. John McGreavy
Mr. James C. McGroddy
Ms. Grace McVain
Brian McInerney & Nancy Shepherd
Estate of Collette McInerney
Dr. Kenneth P. McKee
McKibben Merner Family Foundation
Mr. Thomas D. McKiernan
Mr. & Mrs. Thomas & Marilyn McLaughlin
Andrew & Jill McMahon
Mr. John & Mrs. Michele McNellis
Ms. Dorothy S. McPherson
Mr. & Mrs. Richard Meckler
Mr. Kai Medville & Ms. Corilyn Shropshire
Ms. Mary Judith Meelia
Meeting Protocol Worldwide, LP
Meier Family Foundation
Ms. Mary E. Melkonian
The Melkus Family Foundation
The Melrose Fund
Mendelsonoehl Family
Ms. Jessica Meng
Dr. Richard Menning
Ms. Diana Mercer
June & John Mercer
Mr. Jim & Mrs. Dianne Menil
Hilare – Judith Meuwissen
Dr. Anne Meyer
Estate of David Marshall Meyer
Ms. Marie-Noelle Meyer
Estate of Mary E. Meyer
Mr. & Ms. Mitchell S. Meyer
Dr. Thomas & Irene Meyer
Michael and Anne B. Golden Fund
Mr. & Mrs. Lee Michel
Mr. & Mrs. Valar & Lisa Mihan
Mrs. Salma G. Mikhail
Milagro Foundation
Estate of David Milus
Ms. Eleanor B. Miller
Lewis B. Jean Miller
Mr. Lloyd Miller
Ms. Mary F. Miller
Mr. Walter E. D. Miller
Miller-Wehrlie Family Foundation
Mr. & Mrs. Bradley Milikken
Mrs. Gerrish & Gail Miliken
Mills Family Foundation
Mr. Michael W. Ms. Leslie Mills
The Milton and Beatrice Wind Foundation
Mr. Daniel Milton
Mr. Jonathan Minkoff
Minorca Fund
Mr. Neil & Mrs. Anna Mintz
Miriam H. Merin Charitable Foundation Trust
The Mishaw Family
Missall Giving Account
Mr. Frederick & Mrs. Mary Mitchell
Mr. Joseph H. & Mrs. Cynthia G. Mitchell
Ms. Virginia M. Mitchell
Ms. Jan Moberg
Ms. Anne Madariaga
Dr. Kirsten Mogbo
Mr. John & Mrs. Heather Moin
Monomoy Fund, Inc.
Mr. Charles E. & Mrs. Angela W. Monroe
Ms. Cynthia Montague
Dr. Aldo Monzo
Mr. Carle Montes
Mr. Andrew Montgomery & Dr. Elizabeth Lawrence
The Moody’s Foundation
Estate of David W. Moore
Ms. Tertia Moore
Mrs. Albert J. Moorman
Mrs. Elizabeth R. Moran
Ms. Ellen Weisman
Mr. & Mrs. Thomas A. Morel
Dr. Richard Moreland
Morey Bernstein Memorial Foundation
Chip & Jane Morgan
Mr. & Mrs. Don E. Morgan
Jerry & Elaine Morgan
The Moriah Fund
Mr. & Mrs. G. Glen Morie
Dr. Maycine Morice
The Morris And Jeanette Kessel Fund
Mr. B. Wister Wistar Morris III & Ms. Karen M. Moran
Mr. Michael J. Morris & Ms. Robin P. Durst
Alan B. Cheryl Morrow
Mr. David C. & Mrs. Laura F. Morrow
Mr. & Mrs. Christopher S. Moser
The Moskowitz Family Foundation
Robert & Susan Moss
MOTHER Denim
Mr. Philip A. Motto & Ms. Mary Ellen Seravalli
James & Katherine Moule
Mueller Charitable Gift Fund
Bigitta U. Mueller, MD
Estate of Donald A. Mueller
Ms. Marisa Muller
Dr. Amy S. Mulvihill
Mulvaney Family Foundation
Mr. David M. Munson
Mr. & Mrs. Robert C. Murdock
Mr. & Mrs. William F. Murdy
Mr. Dennis Murphy
Mr. & Mrs. Willard & Ms. Joanne Gaskell
Muhlett Family Foundation
Music for Life International
Ms. Mary Musick
Mr. Robert Musser & Ms. Barbara Francis
Mr. Philip M. Mustain
Estate of Lawrence Nabor
Dr. Jasmine S. Nabi
The Naida S. Wharton Foundation
Mr. Tarun R. Nair
Namaste Foundation
The Namaste Foundation, Inc.
Dr. Amir Nashat & Ms. Carmen Barnes
George Nast
The Nayar Family Foundation
The Neall Family
Mr. John Robert II & Mrs. Karen McElderry
Dr. Jasmine S. Nabi
Namaste Foundation
The Nayar Family Foundation
Ms. Inmaculada Z. Ortiz
The O’Shea Family Foundation
Ms. Jeannie H. Osiecki
Ms. Karen M. O’Toole
Estate of Kathyrn H. Ott
Ottole Fund
Ms. Julie Overbeck
Oxbridge International Foundation
Mr. Roger Ashmore & Ms. Kathy Ow
Ms. Sharon Oxby
Mr. William R. Padnos
Ms. Lauranne K. Page
Ms. Marcia Page
Mr. Wayne C. Paglieri

DONORS

DOCTORS WITHOUT BORDERS | MéDECINS SANS FRONTIÈRES

US Annual Report 2014
PA
Mr. Rinaldo Pagnucco & Ms. Sibylle Pagnucco
Mr. Christopher Paulow & Ms. Caroline Wilson-Palow
Chris Panatier & Courtney Van Zandt
Dr. Karamjeet Pandher & Dr. Sukhjinder Khera
Mr. Joe & Mrs. Frances Pao
Ms. F. Taylor Pape
Mr. & Mrs. A. Neil Pappalardo
Mr. L. Robert Pasquesi
Mr. & Mrs. Brian Parish
Mr. Chang K. Park
Mr. Todd Park & Ms. Amy Gong
Mr. Ami J. & Mrs. Vicky L. Patel
Mr. & Mrs. Jay Patel
Mr. Clayton R. & Mrs. Christine M. Patmon
The Patricia M O’Brien Fund
Patrick and Anna M. Cudahy Fund
Professor Annabel Patterson
Patterson, Belknap, Webb & Tyler
Mr. John Patterson, Jr. & Ms. Michele Demarest
Mr. Stephen Patterson
Patuxent Investment Corp
Mr. & Mrs. Michael R. Patz
Mr. David & Mrs. Laurie Pauker
Paul and Patricia Hogan Charitable Foundation
Paul Bechtler Foundation
Paulson Family Foundation
Peanuts Worldwide, LLC
Ms. Jill Pearlman
Mark & Laurie Pedry
Mr. John Peeler
Mr. David Peisner
Ms. Vivian Pellicano-Doris
Mr. & Mrs. Robert Pender
Mrs. Martha Pentacost
Drs. Carl & Jeannette Pergam
Perkins Malo Hunter Foundation
Mr. Jonathan David Perlow
The Persak Shakespeare Family
Estate of Celina R. Peterle
Ms. Susan Petersmeyer
Mr. A. Neil & Mrs. Linda Peterson
Michael & Sarah Peterson
Mr. Theodore S. Petroulas & Ms. Nasimeh Akhiani
Mr. Winston Pettus
Mr. John Ira Petty
The Pew Charitable Trusts Employee Matching Gifts Program
Peter & Charlotte Pfeiffer
Estate of Paul Pfeiffer, Jr.
Carl & Betty Pforzheimer Phalarope Fund
Dr. Tuan V. Phan, MD
Michael & Jane Pharr
The Phillips Family Philitomo Foundation
Joseph & Susan Pichler
Mr. Frank Dwyer & Mrs. Nancy Pierson
Geoff Pike
Mr. Douglas Piper & Mrs. Marcia Lomneth
Mr. Yashar Pirzadeh
Mr. John G. Pitcairn
Ms. Marianne Piterans
Pitney Bowes Relief Fund
Mr. Michael & Mrs. Peggy Pitt
Dr. Frederic W. Platt
PoGo Family Foundation Inc.
Dr. William Polonsky
Dr. Frank & Mrs. Marcia Polyak
The Ponagansett Foundation Inc.
Mr. & Mrs. Thomas H. Porter
Ms. Frances R. Posel
Mr. Harvey Posner III
Potel/Blum Family Fund
Mr. LeRoy Powell Jr.
Bill and Kirth Prady Foundation
Mr. Anoop Prasad
Praxis Foundation
Premier Access Insurance Company
Mr. Robert Preyer
Pricewaterhouse Coopers LLC
Mr. Daniel Prigmore & Ms. Patricia Pringle
Mrs. Margaret M. Prowse
The Prudential Foundation Matching Gifts Program
Mr. Marcel Przymusinski
PSN Family Charitable Trust
Pua Foundation
Mr. John Purdon
Ms. Sabra R. Purtil
Kurian & Michelle Puthenpurayil
Quadrangle Group LLC
Qualcomm Matching Gift Program
Mr. John Queralt
R.F. Technologies, Inc.
Raab Family Charitable Gift Fund
Mr. Lee S. Shearer & Mr. John Rice
Rakitzis Fund
Mr. & Mrs. Roland T. Ramsay
Mr. Saacha Rand & Ms. Kalpana Sajjar
Mr. Clifford & Mrs. Randi Lane
Linda E. Ransom & James J. Capra, Jr.
Mr. Gregory G. Rapawy & Ms. Jessica S. Boger
Dr. Robert Rashiti MD & Mr. Aaron Rashidi
Rathburn Family Foundation
Ms. Dawn S. Rawls
The Ray and Donna Guerin Family Foundation
The Raybee and Mary Boland Charitable Fund
Mr. Apurba K. Ray Dr.
& Mrs. James B. Raybin
Estate of F. William Rayburn
Raymond & Lucille Benedetto Charitable Fund of the Community Foundation of New Jersey
The Rea Fund For Charitable Giving
Reah Legacy Fund
Realan Foundation, Inc.
Red Mountain Foundation
The Refinery
Reid and Stacey Walker Fund
Mr. Arthur Remillard, Jr. The Renaissance
Foundation
Rennoc Corporation Foundation, Inc.
The Resource Foundation, Inc.
Dr. Patrick & Mrs. Monica Respet
Mr. & Mrs. Gerald Reynolds
Dr. Stephen Rhind-Tutt
The Rhodes Foundation
Ms. Patricia G. Rhodes & Ms. Dixie R. Havlak
Dr. & Mrs. John Ribble
Dr. Andrew Ricci, Jr. & Ms. Jacqueline Muschiano
Mr. & Mrs. Randy Rice
Richard & Marianne Reinsch Foundation
Richard Kerns Truck Parts, Inc.
Ms. Nina Richardson
Mr. George & Mrs. Nancy Richmond
Dr. Jocelyn Riede & Mr. Derik Fettig
Eric & Maria Rieders
Mr. James & Mrs. Gail Riepe
Estate of Peter W. Ries
Estate of Rose M. Rigelhof
Mr. William K. Ris Jr. & Ms. Nancy P. Cork
Dr. Mark T. Rise, PhD
Dr. Petra B. Randy Rissman
Frank & Joan Ritchey
Mr. Robert Ritchie
Rivendell Foundation
River Road Unitarian Church Universalist Congregation
Maria & Mary Alice Rizzo
Mr. Michael Roberts & Ms. Mary Larkin
Ms. Eleanor A. Robbins
Dr. & Mrs. Richard Robbins representing The Max and Yetta Karasik Family Foundation
Robert & Arnold Hoffman Foundation
Robert & Catherine Miller Charitable Foundation
Robert & Maxine Hannifin Trust
Robert & Ruth Halpenny Trust
Robert and Shirley Harris Foundation
Robert and Joan Blackman Family Foundation
The Robert M. Schiffman Foundation
Estate of Robert N. Riley
Robert Rauschenberg Foundation
The Robert Simmons Family Trust
Mr. David Roberts
Mr. & Mrs. James & Patricia Robertson
Mr. Paul E. Robertson
Mrs. Audrey Robinson
Mr. Jeffrey & Mrs. Wendy Robinson
Liz & Samuel Robinson
The Rock Brook Consulting Group
Dr. Richard G. Rockefeller
Dr. & Mrs. Ignacio Rodriguez
Rogers Family Foundation
Anthony & Kyra Rogers Family Foundation
Dr. Dwight L. Rogers III & Dr. M. Gail Gillespie
Mr. & Mrs. Fon Rogers II
Mr. Greg & Mrs. Ellen Rogowski
Mr. Michael Rohatyn & Ms. Risa Scobie
Jean Lucier Roland
Mr. Paul & Mrs. Lisa Romanowsk
The Rokus Foundation
Ms. Annie Rorrer
Mr. John & Carolann Rosario
Burton & Gloria Rose
Rosen Family Foundation
Mr. & Mrs. Jonathan Rosen
Mr. Paul F. Rosenbaum & Ms. Rocio Villasenor
Peter & Bettina Rosenbladt
Ms. Harriet Rosenblum
Jeanette & David Rosenblum
Bruce & Lori Laitman
Rosenblum
Ms. Elizabeth Rosenfeld
Ms. Alison Rosenthal
Mr. Michael Rosenthal
Mr. & Mrs. Stephen Rosenthal
Dr. Elizabeth E. Rosqueta
Mrs. Elizabeth Boardman Ross
Ms. Janet C. Ross
Mr. Martin & Mrs. Elenore Ross
Mr. & Mrs. Michael Ross
Mr Paul & Mrs. Nancy Ross
Mr. Richard Roth
Estate of Herbert Rothenberg
Estate of Julian B. Rotter
Rowan D’Riley Family Foundation
Mrs. Julia Rowse
The Roy & Patricia Disney Family Foundation
Roy A. Hunt Foundation
Raw Foundation, Inc.
Mr. Patrick Ru & Mrs. Gloria Bang
Mr. Jozef Ruck & Ms. Donna S. Ito
Mr. Raymond & Mrs. Mary Ruder
Jack & Susan Rudin
Mr. Jack F. Ruffle
Mr. Eric S. Rugart & Ms. Cynthia D. Rugart
Mr. Edward Ruggeri
Dr. Kenneth A. Rule & Ms. P. B. Rule
Donald & Michiko Rupnow
Meredith Rush-Bell & Richard S. Bell
Ms. Lisa Ruskowski
Russell Grinnell Memorial Trust
Mr. & Mrs. F. James Rutherford
Dorothy Rutledge
Tim & Cathy Rutte
Ms. Dixie J. Ruud
Ryan Memorial Foundation
Ryot Foundation
Mr. Brad Sablosky
Sage Foundation
Mr. Akram Saigh
Mr. Robert J. Salerno
Mr. Harold Salmanowitz
Mr. Felix Salmon & Mrs. Michelle Vaughan
Ms. Sheila Saltiel
Mr. William L. Saltonstall Jr.
Mr. Jared Samei
“EVEN AFTER YEARS OF WORKING IN HUMANITARIAN EMERGENCIES, NONE OF IT HAS PREPARED ME FOR STANDING ON THE ROOF OF AN OLD BARN, PERCHED ON A HILLSIDE IN WHAT WAS ANCIENT MESOPOTAMIA, LISTENING TO THE THUD OF NEARBY ARTILLERY, AND TRYING TO DECIPHER WHAT I AM MEANT TO BE DOING IN RESPONSE.”

—Adam Sharp, MSF project coordinator in Syria
When I was last in Grimari, we transported a man to a hospital in Bangui who had a machete cut to the neck and was dying. His wife and six-month-old child came along. About three weeks later I saw him discharged from the hospital, smiling. These are the human stories that make the difference.

—Stephano Argenziano, MSF head of mission in Central African Republic
Ms. Maura A. Hopkins
Estate of Hanna W. Hopp
Mr. Marc A. Hopper
Ms. Dixie Horton
Ms. Lolayl Howitz
Mr. Mark & Mrs. Sharan Hosseini
Mr. John Houston III
Dr. B. Mrs. Nils & Mary Hovik
Ms. Harrette N. Howard
Leslie Howard
Mr. Mort Howard
Mr. & Mrs. Ted & Elizabeth Howe
Dr. Dan Hruza
Dr. Anne M. Hubbard
Mr. David & Mrs. Leslie Hudgiburg
Mr. James B. Hudson & Mrs. Julia R. Knox-Hudson
Huen Electric, Inc.
Mr. & Mrs. Gregory & Patricia Huen
Dr. Joseph Huerta
Dr. & Mrs. Donald & Jean Huffman
Andrene & James Hull
James & Devon Hull
Kimberly Hult & Robert Pasnau
Mr. David C. Humm
Mr. & Mrs. Eleanor Humphrey
Dr. Helen Hunt & Dr. Joseph Bouscaren
Mr. John M. & Mrs. Debra S. Hunter
Ms. Fatima Hussein
Ms. Evelyn Huston
Robert & Sarah Hutchins
Ms. Phyllis A. Hutson
Estate of Bernard V. Hyland
Hyman Family Foundation
Mr. Charles H. Hyman
I.J. and Hilda M. Breeden Foundation
The L.L. Cohen Foundation
Mr. & Mrs. Ian R. Ibbotson
Ms. Holly Idelson
Ms. Turkan Ilkdemirci
Mr. Grant Imahara
IMC Chicago Charitable Foundation
The Inge Foundation
INIT Innovations in Transportation, Inc.
Innovair Corporation
Intelsat
Dr. Yanick Isaac
Mr. James Isbester
Mr. John Isley
Mr. Bryan & Mrs. Joellen Isson
Mr. John Israel
Mr. Tony Lyne
J. Craig Venter Family Foundation
The J.D. Guillory Jr. Charitable Fund
Ms. Donna Jackson
Mr. Samuel Jackson
Ms. Margaret Jacob & Ms. Lynn Hunt
Dr. Joseph D. Jacobson & Ms. Margaret Seton
Keith & Karen Jacobson
Mr. Michael Jacobson & Ms. Trine Sorensen
Mr. Jonathan & Mrs. Susan Jacoby
The Jaffe Family Foundation
Mr. Douglas Jaffe
The Jafari & Gradner Family
Ms. Irene Jakimcius
Mr. & Mrs. Michael Jalbert
The James J. Colt Foundation, Inc.
The James L. and Gillian W. Athey Fund
James W. Lundberg Philanthropic Trust
The James Wasserman Memorial Fund
Joan & Revis James
Mr. & Mrs. Howard Jammer
Mr. Rezie Jan
Dr. James Janney Jr.
Japanese Real Time Attack Marathon (JTRA)
Marci Jarog
Mr. James S. Jarvis
Pamela Jarvis & Anthony Davis
The Jay & Rose Phillips Family Foundation of Minnesota
Dr. Akbar Jazayeri & Dr.erry Young
JBC Safety Plastic, Inc.
Drs. Allen & Mary Jelks
Margaret Jenks
Mr. Robert L. Jennings Jr.
Tom & Betsy Jennings
Ms. Betty K. Jensen
Mr. Rudolf Jetzelsperger & Ms. Louise McIntyre
Mr. Richard Jigarthan
Jim & Marcia Rosenheim Family Fund
Joan W. C.ress Charitable Trust
John & Virginia Blackledge Charitable Foundation
John A. Kozel Charitable Trust
John and Carrie Sheehan Family Charitable Fund
John M. Kohler Foundation
Mr. John Hill
John R. and Margaret S. McCarron Charitable Fund of The Pittsburgh Foundation
The Johnny C. Sims Charitable Fund
The John Smillie and Karen Vogtman Fund
Mr. Donald B. & Mrs. Elizabeth Johnson
Ms. Jean Johnson
Ms. Mary T. Johnson
Mr. & Mrs. Roland & Adeline Johnson
Mr. & Mrs. Stephen A. Johnson
Dr. William Johnson
Phyllis & David Johnston
Mr. & Mrs. Scott Johnston
Mr. & Mrs. William & Suzanne Joiner
Jon and Katherine Dart Charitable Foundation
Mr. & Mrs. Donald Jonas
Mr. Elliott H. Jones
Mr. Robert & Mrs. Kristin Jones
Ms. Sandra Jones
Mr. Thomas Jones
Mr. & Mrs. Thomas P. Jones III
Ms. Mary C. Jordan
Mr. & Mrs. Terrell J. Jordan
Mr. & Mrs. Thornton & Sue Jordan
Bequest of Laura L. & Harold T. Jorgenson
Joseph B Catherine Johnson Family Foundation
Joseph B Catherine Macari Foundation Inc.
Mr. & Mrs. Gyanendra K. Joshi
Mrs. Nancy Joslin
The Joyce Foundation
Ms. Michele Joyce
Prof. Judy M. Judd
Mr. Joshua Julius
Mr. & Mrs. Francis W. Jump, Jr.
Ms. Louise Jung
Ms. Janet M. Junge
Mr. Dana & Mrs. Kalsey Jurick
Mr. Michael J. & Mrs. Deborah M. Kachel
Mr. Robert Kagan & Ms. Paula Sunshine
Michael J. & Aimee Rusinko Kakos
Mr. Stephen Kaloyanides Jr.
Ms. Cynthia Kamp & Mr. John Kerlin
Mr. Faraz Kamran
Mr. Stanley P. Kanter
Hal & Karen Kapell
Mr. & Mrs. Charles Kaplan
James & Sheila Kaplan
Mr. & Mrs. Jerome & Deenna Kaplan
Dr. James Kappler & Mrs. Faye Bender
Dr. Zachary Karabell & Ms. Nicole Alger
Mr. Gary Karrass
Dr. Mitchell Karton & Ms. Ann Gardner
Mr. Robert Kasdin & Ms. Claire Ullman
Ms. Gloria Kassouf
Mr. Lewis R. Kaster
Mr. & Mrs. Michael & Ann Kater
Katharina and Joseph Schoder Foundation
Victoria Katsarou & Anastasios Argyros
Ms. Joanna Katz
Ms. Rachel Kaufman
Carol S. Kautz In Memory of Paul D. Kautz, MD
Mr. Doug & Mrs. Cessna G. Kaye
Mr. Alani & Mrs. Joyce Kaynard
Dr. Ralph Kaywin & Ms. Lisa Buchberg
Mr. & Mrs. Linda Keane
Ms. & Mrs. Patrick Keane
Ms. Kathryn B. Kearney
Mrs. Lucille Kedersha Kehl Family Fund
Keith V. Kiernan Foundation
Mr. Garnett & Mrs. Martha Keith
Bruce & Barbara Keithly Keck and Company, Inc.
Mr. Berk Kellogg
Mr. George Kelly
Mr. John W. Kelly
Joseph & Katherine Kelly
Ms. Maureen J. Kelly
Mr. & Mrs. Neil & M.J. Kelly
Mr. Robert Kelly
Ms. Roswitha E. Kelly
Mrs. Ruth M. & Mr. John R. Kelly
Ms. Ellen M. Kelman
Mr. John L. Kelsey
Mr. John C. Kemmerer
Mr. Lorenzo Kempel & Ms. Ann Rosenberg
Ken Soubry Foundation
Mr. Michael Kendall & Ms. Alexandra Haagensen
Ms. Maureen Kennedy
Mr. & Mrs. Mike Kenny
Sandy B George Kenny
Mr. & Mrs. Rick Kent
Mr. Peter Kern
Mr. & Mrs. Richard C. Kerns
Ms. Kathryn Kersey
Mr. Leo J. Kesselring
Dr. Rohit Keswani & Mrs. Ankur Keswani
Mr. & Mrs. Fawad Khan
Nabeel Khan
Mr. & Mrs. Umesh & Monica Khot
Mr. Charles Kibel
Ms. Margaret Kiefer
Dr. Arthur Kiefer
Mr. & Mrs. Murray S. Kilgour
Drs. Adam & Stephanie Kim
Mr. Kent & Mrs. Susan Kime
Ms. Lucy Jane King
Mr. & Dr. Thad D. King
Mr. & Mrs. Alan C. Kingston
Mr. & Mrs. Timothy M. Kingston
Mr. James Kinzler
Mrs. Ann Pfohl Kirby
Kirk Wise CLAT
Mimi B Don Kirk
Mr. & Mrs. James & Judy Kirk
Mr. & Mrs. Ray Kirkman
The Kirshenbaum Family Charitable Fund
Mr. & Mrs. Keith & Loretta Kiser
Mr. Barry W. Kissane
Ms. Margot Kittredge
Dr. Coleen Kivlahan
Mr. Tom Kivlahan & Ms. Liz O’Kelley
Ms. Jerianne S. Kladder
Mr. Kelly M. Klaus & Ms. Alison Hills
Dr. Susan T. Kleeman, MD
Mr. & Mrs. Robert F. Klein
Ms. Sonja Klein
Mr. & Mrs. Robert & Nancy Klepper
Mr. James Klimkenny & Mrs. Laura Young
Mr. Donald Klingbeil
KLM Foundation
Mr. Jay Kloosterboer & Ms. Barbara Zicari
Mr. Donald Kneram
Mr. Kevin Knott
Mr. Jeffrey Knupp
Dr. Ellen Ko
Ms. Pamela Koubus
Mr. Donald Koch
Mr. James Kocher
Ms. Shirley Koenen
Mr. Stuart Koenig & Ms. Bonnie Fox
Mr. Edgar & Mrs. Eileen Koerner
Mr. Brian Koester & Ms. Helen Routh
Mr. Roger L. Kohn
Mr. Henry Kohring
Komila International
Ms. Carlee G. Konort
“NEITHER OF US CAN IMAGINE THE DIFFICULTY OF DECIDING WHERE TO APPLY RESOURCES, BUT JUDGING FROM WHAT WE READ, MSF DOES A VERY GOOD JOB OF IT. AS YOU KNOW, YOU SERVE AS A BENCHMARK FOR OTHERS, AND A SOURCE OF DEPENDABLE UNBIASED INFORMATION FOR THE WORLD PRESS. KEEP UP THE GOOD WORK.”

—Thomas & Belinda Grisham, MSF donors since 2001
MA
Ms. Dawn Majluf, CFP
Mr. Robert W. Major
The Malcolm Gibbs Foundation
Ms. Kathryn Malizia
Mr. & Dr. Martin Malley
Mr. Mark Malmin
George Malone
Mr. Daniel Malloy
Ms. Laura Malty
Ms. Carolyn A. Mangeng
David N. Mann
Dr. Elizabeth S. Mann
Mr. Michael D. Mann & Ms. Carol Saltzman
Mr. Prem I. Mansukhani
Mr. Anup Mantri
Mr. Urmesh Marathe
In Memory of Kayla Jean Mueller
Marcia And Philip Rothblum Foundation, Inc
Mr. David Marcus
Mr. Eric Margolis
Mr. & Mrs. James Margolis
Marilyn and William Young Charitable Foundation
Marin Pet Hospital
Mr. David Marin & Ms. Amanda Halpin
Mark Colodny Giving Fund
Ms. Barbara A. Marlow
Mr. & Mrs. Tim Marnell
Dr. Christina M. Marra & Paul M. Silver
Ms. Philippa Marrack & Dr. Paul M. Silver
Ms. Constance Mason
Mr. Stephen L. Mason
Mr. Wayne Matelski
Mr. Mark Matera
Mr. Jacob & Mrs. Sara Mathew
Ms. Jennifer Mathews
Mr. Matthew Matias & Mrs. Tami Pilot-Matias
Fred Matser
Dr. John R. Matthes
Mr. & Mrs. Jeffrey Maurer
Maurice Neil Spiddell Revocable Trust
Mrs. Margaret P. Mautner
MAXimum Research, Inc.
Mr. & Ms. Robert S. Maxwell
Ms. Colleen May
Jeffrey Mayer & Tacy Witter
Ms. Susan Mayer
Mr. Rory Altman & Ms. Rebecca Mayne
Mr. Worthington Mayo-Smith
Brian K. & Anne S. Mazar
Estate of Antonette J. Mazza
MBC
Dr. Ruth McGill
Mrs. Lynn G. McAttee
Mr. John McAvity
Mr. Barry McCabe
Mr. Thomas McCafferty
McCaffrey Family Foundation
Stephan W. McCallion & Christopher A. Diani
Mr. Charles C. McCallum
Ms. Elizabeth P. McCauley
Mr. Michael McClain & Ms. Kathleen Quinn
Mr. Thomas C. McConnell & Ms. Laticia A. Turner
Ms. Carol McCord
Mr. Hugh & Mrs. Joyce McCormick
Dr. Kelley Steve McCormick
McCartney Foundation
Ms. Mary McCoy
Ms. Sara McCracken
Mr. & Mrs. Tom McDermott
Ms. Evelyn J. McDonald
Mr. & Mrs. Rick & Shirley McDonald
Dr. Patricia J. McEweney
Ms. Edith McFadden
Mr. & Mrs. Ted McFetridge
Marjorie and Richard McDahren Foundation
Mr. Frederick McGarry & Ms. Helen Ogden
McGarryBowen
Ms. Cynthia McGrath
Mr. John P. McGuire
Ms. Sarah Clark McIntyre
Mckay Family Foundation
Ms. Janet B. Mckelvey
Mr. Gregory B. McKenna
Ms. Janet McKenzie
Mr. Richard A. McKittrick
Mr. & Mrs. Hugh J. McLellan
Dr. Lynn McLellan & Ms. Sandra McLellan Behling
Mr. & Ms. Russell E. McNanus
Ann B. Jim McMillan, DVM
Mr. Thomas W. McNair
Mr. Michael McNamara
Ms. Patricia A. McVicar
Ms. Ruth C. Mead
Mtftah Foundation, Inc.
Mr. & Mrs. Joseph & Christi Mehlman
Prashant & Indira Mehta
Ms. Nancy J. Meier
Mr. Charles Melcher & Ms. Jessica Brackman
Mrs. Linda Mellick
Mr. Kenneth Mendelson
Estate of Andrew Mephams
Ms. Elaine Merians
Mr. & Mrs. Thomas Merrill
Mrs. Alice D. Mertz
Mr. Paul V. Messina
Mrs. Vera Metcalf
Mr. Joseph W. Metz
Mr. William D. Metz
H. F. Metzenberg
Mr. & Mrs. Frank Metzger
Ms. Barbara Meyer
Dr. & Mrs. Tony A. Meyer
Ms. Jodi Micale, Jr.
Mr. Lawrence G. Michelson
Ms. Wanda Middlesworth
Dr. Richard Mier
Dr. & Mrs. Mike & Elston Mills
The Miller Family Foundation
Mr. & Mrs. Bernard & Susan Miller
Mr. Christian Miller
Mr. & Mrs. Jack E. Miller
Mr. Jonathan Miller & Ms. Myriam Barenbaum
Mr. Lawrence E. Miller
Robert and Gladys Miller Foundation and Margaret A. Miller
Ms. Mary E Miller
Dr. & Mrs. Michael Miller
Mr. Michael Miller
Mr. & Mrs. Richard Miller
Mr. & Mrs. Paul & Kerry Mills
Mr. John A. & Mrs. Catherine A. Miles
Mr. Jeremy Mindich
Mr. Howard Miska & Ms. Mary Jane Hovanec
Ms. Tomoko Mitsuhiro
Mr. & Mrs. Masakazu & Mary Miyagi
Dr. Michael Choy & Dr. Shannon Moffett
Mr. William Molisson
Mr. & Mrs. James M. Molloy
Mr. & Mrs. John J. Monagle
Dr. Latonia Moncur
Mr. Howard Mondress
Mr. Eugene & Mrs. Jean Monnier
Ms. R. Elaine Moody & Ms. Sherilyn E. Moody
Moore Family Foundation
Mr. & Mrs. Chris Moore
Mr. John Moore
Mr. Lewis Moore
Mr. John C. & Mrs. Jennifer L. Mor
Ms. Michele Moran
Mr. Carlos Moreno-Quesada
Mr. & Mrs. William Moreo
Mr. & Mrs. Ralph E. Morgan
Mrs. Melanie Morgen
Mr. Richard P. Morgenstern
Mr. & Mrs. Dennis Morikawa
Ms. Ann J. Morris
Marjorie B. Morris
Morrison Family Fund
Mr. Bruce Morrison
Mrs. Kate Morrison
Mr. Kevin L. Moser
Sheila Mossman
Motorola Solutions Foundation
Dr. & Mrs. Eimer Motte
Mr. David Nowat
Mr. & Mrs. Richard Maxley
Ms. Lou Jean Moyer
Mucchic Foundation
Mrs. Christa Mueller
Mr. Andrew Mulcahy & Ms. Nina Lorch
Mr. Andrew Mullen
Ms. Beth Mullen
Mr. Michael Hildebrand & Ms. Myra Munson
Mr. Frank R. Murphy
Murphy & Phyllis Warschauer Fund
Mr. Prashant Murti & Mrs. Renae Holman Murti
The Musca Family Charitable Fund
Muse Games
Mushaw Family Fund
Mr. & Mrs. Jonathan & Carol Muster
Mr. & Mrs. Chuck & Jessica Myers
Mr. & Mrs. Gary Myers
Stephen & Naomi Schiff
Myers
The Myrtle L. Atkinson Foundation
The Nadel Family Charitable Fund
Mr. & Mrs. Robert & Jane Nagel
Mr. Shahrivar Naghshineh
Gloria Nagy & Richard Saul Wurman
Mrs. Mary Louise Napier
Mr. Robert Nardy, Jr.
Mr. Cliff Nash
Mr. & Mrs. John E. Nash
Nason Family Charitable Fund
Dr. James D. Nauman
Mr. & Mrs. Wayne Needham
Daniel & Victoria Neff
Mr. Damien Neil
Mr. Gerhard F. Niels, Jr.
Mr. Mark Neikin & Ms. Lisa Neikin
Mr. Carl R. Nelson
Ms. Jacqueline Nelson
John Nelson & Kate Gessner
Mr. Robert Nelson & Ms. Monica C. Heredia
The Neskey Family Fund
Mr. & Ms. Kirk Z. Nestaval
Netscout Systems, Inc.
Network Appliance, Inc.
Network PCB
Mr. Bruce & Mrs. Nancy Newberg
Mr. & Mrs. Phillip Newcomb
Mr. & Mrs. Stephen D. Newman
Ms. Emily Newmann & Mr. John Darrah
Ms. Wendelynne J. Newton & Mr. Robert Metcalf
Messrs. Charles & Richard Niblock & Dr. Sarah Nordqvist
Mr. & Mrs. Albert Nichols
Mr. Walter Nichols
Mr. Jon Nickerson
Mr. John F. Nickoll
Nancy Niedermeyer
Mr. & Mrs. Kenneth Nielsen
Kamal & Milena Nigam
The Nightingale Fund
NikeTalk.com
Dr. John Nimmo & Ms. Michele D. Stratton
Mr. & Mrs. John Nisbet
Togo & Eleanor Nishiura
Mr. Goran Muhlet & Ms. Ann Noble
Dr. Jason G. Noble
Mr. & Mrs. Richard P. Noble
Ms. Kay Noel
The Nolan Family Charitable Foundation
Mr. Patrick Nolan
"YOU ARE ALL DESERVING OF OUR GRATITUDE AND ADMIRATION FOR THE WORK YOU DO. IT MUST BE EXTREMELY FRUSTRATING AT TIMES. BUT EVEN WHEN YOU CANNOT SAVE EVERYONE OR SOLVE EVERY PROBLEM IT IS STILL WORTH SAVING WHO YOU CAN AND MITIGATING THE PROBLEMS YOU CAN."
—Gary Boxel, MSF donor since 2011
As a member of our Legacy Society, you will receive updates about our work around the world and be listed in our Annual Report. For more information about MSF’s planned giving program, please call our planned giving officer at (212) 847-3153.
“TO HELP PEOPLE LIVING IN THE BUSH, OR IN VILLAGES WHERE THERE IS NO HEALTH POST, WE ARE TRAINING MEMBERS OF THESE COMMUNITIES TO DIAGNOSE AND TREAT MALARIA THEMSELVES—IMAGINE A MAN WITH A RUCKSACK CONTAINING RAPID TESTS TO DIAGNOSE MALARIA AND PILLS TO TREAT IT—IT’S THAT SIMPLE.”

—Roelant Zwaanswijk, MSF project coordinator in Boguila, Central African Republic
“IF THIS CLINIC WASN’T HERE, I DON’T KNOW WHAT I COULD HAVE DONE. I WOULD HAVE HAD TO WAIT. AND JUST HOPE THAT THEY WOULD SOMEHOW RECOVER.” —Mary Keji, whose children were successfully treated for cholera in Juba, South Sudan
EMOTIONALLY, THIS WORK IS QUITE EXTREME. MANY PATIENTS DIE, INCLUDING CHILDREN. PALLIATIVE CARE FOR THIS DISEASE IS TOUGH, AS PATIENTS ARE TERRIFIED. WE CONFORT PATIENTS WHENEVER POSSIBLE. WE ARE THE LAST PEOPLE TO TOUCH THEM, AND MANY OF THEM ASK US TO HOLD THEIR HANDS. THESE MOMENTS ARE BOTH DIFFICULT AND EMOTIONALLY INTENSE. EVEN IF IT IS AN EMERGENCY, WE TRY TO BE AS HUMANE AND AS GENTLE AS WE POSSIBLY CAN.”

—Dr. Hilde de Clerck, on treating Ebola in West Africa
WITHOUT QUESTION, 2014 WAS AN EXTRAORDINARY YEAR. THE INCREASED AWARENESS OF MSF’S WORK TIED TO OUR EBOLA RESPONSE LED TO A SIGNIFICANT OUTPOURING OF PUBLIC SUPPORT, WHICH INCREASED BY 60 PERCENT FROM THE PRIOR YEAR, TO REACH $332 MILLION.

This increased revenue allowed us to simultaneously increase our direct field support to more than $231 million, a 35 percent increase from 2013, and turn an initially projected deficit of $26 million into a surplus of $62.2 million. Consequently, the percentage of our expenses devoted to activities within our Social Mission exceeded 88 percent while fundraising and general management expenses accounted for 11.3 percent of expenditures. South Sudan ($32.5 million), the Democratic Republic of Congo ($23.8 million), and Haiti ($15.3 million) were the three countries to which the greatest amount of funding was allocated, while the combined grants to the three countries most affected by Ebola (Guinea, Liberia, and Sierra Leone) amounted to $12.3 million.

Once again, our prompt, robust response to emergencies was made possible thanks to the hundreds of thousands of individual donors who support MSF-USA. MSF thanks all those who helped make this work possible.

On the facing page you will find a summary from MSF-USA’s audited financial statements.
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

The following summary was extracted from MSF-USA’s audited financial statements:

REVENUES 2014 2013

PUBLIC SUPPORT
Individual and private grants 153,190,278 100,077,054
Sustainer giving 22,479,080 19,901,057
Major gifts 75,863,380 42,168,715
Planned giving 42,306,352 26,334,120
Foundations 19,479,125 7,463,159
Corporations 17,815,878 9,049,065
Contributions pledged 75,112 1,993,347
Total Public Support 332,209,806 208,986,517

OTHER REVENUE
Investment Income 377,345 363,575
Unrealized and realized Gain (Loss) on Investments (137,899) 791,270
Actuarial Gain (Loss) on Investments 177,142 136,922
Gain (Loss) on Investments and Actuarial Gain (Loss) on Annuities 39,243 928,192
Grants from Affiliates 12,237,735 11,327,280
Total Other Revenue 12,654,323 12,619,047

Total Revenue excluding gifts in kind 344,864,129 221,605,564

EXPENSES 2014 2013

PROGRAM SERVICES
Emergency and medical programs 231,007,413 171,134,520
Program Support and development 6,679,026 5,915,520
Field Staff 9,441,123 8,637,536
Communications 3,514,989 3,572,066
Total Program Services 250,642,551 189,259,642

SUPPORTING SERVICES
Management and General 2,519,697 2,723,698
Fundraising 29,520,313 24,658,058
Total Supporting Services 32,040,010 27,381,756
Total Expenses excluding gifts in kind 282,682,561 216,641,398
Excess [deficit] in net assets 62,181,568 4,964,166

NET ASSETS 2014 2013

Net assets at the beginning of the year 165,876,600 160,912,434
Increase / [Decrease] in Net assets 62,181,568 4,964,166
Net assets at year end 228,058,168 165,876,600

STATEMENT OF FINANCIAL POSITION 2014

ASSETS
Cash & Equivalents and Short Term Investments 236,404,735 130,478,364
Receivables 35,334,225 28,594,362
Other assets 23,582,112 17,789,212
Total Assets 295,321,072 176,861,938

LIABILITIES AND NET ASSETS
Grants Payables 53,858,002 1,530,556
Other Payables 4,505,273 3,633,962
Other Liabilities 8,849,509 5,820,820
Total Liabilities 67,212,784 146,537,330
temporarily restricted 26,204,363 18,805,353
Permanently Restricted 634,017 534,017
Total Net assets 228,108,288 165,876,600
Total Liabilities and Net assets 295,321,072 176,861,938

1 Receivables for 2014 and 2013 include 29,315,946 and 21,187,373 respectively, in contributions received as of year-end but deposited in the following month of January
2 The increase in Grants payables is due to OC grants awarded in 2014 but paid out in 2015. These Grants are related to the Ebola response and the better than expected year end revenue results.

For more details or a full presentation of MSF-USA’s audited financial statements, please visit: https://www.doctorswithoutborders.org/sites/usa/files/doctors_without_borders_financial_statements_-_final_20140429.pdf

MSF-USA is recognized as tax-exempt under section 501 [c] (3) of the Internal Revenue Code. A copy of the most recent annual report filed by MSF-USA with the New York State Attorney General may be obtained, upon request, by contacting MSF-USA at 333 Seventh Avenue, 2nd Floor, New York, NY 10001-5004, or the Attorney General’s Charities Bureau at 120 Broadway, New York, NY 10271. A list of all of the MSF offices that received funds from MSF-USA is also available upon request. Audited Financial Statements are also available on MSF-USA website.
A child who lost his mother to Ebola is handed to an MSF staff member for treatment at MSF’s program in Liberia’s Lofa Country. ©Martin Zinggl
In early 2014, MSF launched a response that would grow to include 15 Ebola management centers and transit centers across the three worst-affected countries—including Elwa 3 in Monrovia, Liberia, the largest Ebola treatment center ever built—in addition to smaller containment projects in Mali, Nigeria, and Senegal.

Donors responded as well. In 2014, MSF offices around the world received about $93 million specifically targeted to our Ebola projects through private essential funds that allowed MSF to implement one of the largest and most complex emergency responses the organization has ever carried out.

By the end of 2014, MSF had spent some $78 million on its Ebola response, $11,364,502 of which was contributed by MSF-USA. While the crisis has largely faded from public view, MSF teams continue to battle the disease and bolster depleted medical networks. In 2015, MSF will continue to direct funds as needed to respond to Ebola, provide basic medical services that were interrupted by the epidemic’s spread, and help rebuild health systems in the affected countries.

The tables below describe where and how these funds were allocated in 2014.*

---

**HOW YOUR SUPPORT SAVES LIVES**

In 2014, West Africa experienced the largest and deadliest outbreak of Ebola the world has ever seen. Infecting at least 20,000 people and killing nearly 8,000 in Guinea, Liberia, and Sierra Leone in 2014, the virus destroyed lives and families and caused profound damage to the social and economic fabric of the three affected countries, along with their medical systems.

---

**EXPENSES BY COUNTRY**

<table>
<thead>
<tr>
<th>Country</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>$269,240</td>
</tr>
<tr>
<td>Mali</td>
<td>$700,019</td>
</tr>
<tr>
<td>Senegal</td>
<td>$79,815</td>
</tr>
<tr>
<td>Guinea</td>
<td>$18,805,757</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>$24,145,431</td>
</tr>
<tr>
<td>Liberia</td>
<td>$35,453,880</td>
</tr>
</tbody>
</table>

**EXPENSES BY CATEGORY**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Items</td>
<td>$14,700,953</td>
</tr>
<tr>
<td>Non-medical Items</td>
<td>$18,492,964</td>
</tr>
<tr>
<td>Subcontracted Services</td>
<td>$1,610,409</td>
</tr>
<tr>
<td>General Operational Costs</td>
<td>$3,849,103</td>
</tr>
<tr>
<td>Transport</td>
<td>$18,499,393</td>
</tr>
<tr>
<td>Other Operational Costs</td>
<td>$103,244</td>
</tr>
<tr>
<td>International and National Staff</td>
<td>$21,198,076</td>
</tr>
</tbody>
</table>

* For reporting purposes, all expenses are consolidated in Euros and converted to US dollars at the yearly average exchange rate.
** Amounts rounded to nearest dollar.
BOARD OF DIRECTORS

PRESIDENT | DR. DEANE MARCHBEIN joined MSF in 2006 to work as an anesthesiologist in MSF’s surgical program in Ivory Coast. She has worked as an anesthesiologist with MSF in Democratic Republic of Congo, Haiti, Libya, Nigeria, South Sudan, Afghanistan, and Syria; as a medical doctor in Libya and Lebanon; and as deputy head of mission in Guinea. She was formerly the business manager and chairperson of the anesthesia department, as well as the director of the intensive care unit, at Lawrence General Hospital in Lawrence, Massachusetts. Dr. Marchbein now works for Massachusetts General Hospital and the Cambridge Health Alliance.

VICE-PRESIDENT | MARTHA (CAREY) HUCKABEE began working for MSF in Somalia in 1992 as a food logistician. For the next ten years, she worked primarily in emergency contexts in Africa, with extensive experience in South Sudan and West Africa, while also working at the MSF operational center in Brussels. Martha returned to the US in 2002 to attend graduate school, where she earned an MPH and an MA. That same year, she began her first stint on the MSF-USA Board of Directors. Her most recent MSF field assignment was in 2009, when she went to Malawi with her family to serve as head of mission. Martha currently lives in Kalamazoo, Michigan, and is the practice manager for a congenital heart center in a local hospital.

SECRETARY | DAVID A. SHEVLIN, ESQ. is currently a partner at Catalyst Investors, where he manages investor relations and firm business development, and serves as a member of the investment committee. He also served on the board for Catalyst portfolio company Advantage Business Media. From 2006 to 2008 he was managing director at Citigroup, where he managed the micro-cap sales and trading desk and international broker/dealer relationships in addition to working on special projects related to investment opportunities and acquisitions. Gene has previously held management positions at TD Waterhouse Capital Markets, where he was president and founder; Allegiance Securities; TD Securities USA; and Gateway Capital Investment Group. He holds an MBA in finance from Pace University and a BS in marketing and management from Montclair State University.

TREASURER | GENE WOLFSON is currently a partner at Catalyst Investors, where he manages investor relations and firm business development, and serves as a member of the investment committee. He also served on the board for Catalyst portfolio company Advantage Business Media. From 2006 to 2008 he was managing director at Citigroup, where he managed the micro-cap sales and trading desk and international broker/dealer relationships in addition to working on special projects related to investment opportunities and acquisitions. Gene has previously held management positions at TD Waterhouse Capital Markets, where he was president and founder; Allegiance Securities; TD Securities USA; and Gateway Capital Investment Group. He holds an MBA in finance from Pace University and a BS in marketing and management from Montclair State University.

SECRETARY | DAVID A. SHEVLIN, ESQ. is currently a partner at Catalyst Investors, where he manages investor relations and firm business development, and serves as a member of the investment committee. He also served on the board for Catalyst portfolio company Advantage Business Media. From 2006 to 2008 he was managing director at Citigroup, where he managed the micro-cap sales and trading desk and international broker/dealer relationships in addition to working on special projects related to investment opportunities and acquisitions. Gene has previously held management positions at TD Waterhouse Capital Markets, where he was president and founder; Allegiance Securities; TD Securities USA; and Gateway Capital Investment Group. He holds an MBA in finance from Pace University and a BS in marketing and management from Montclair State University.

SECRETARY | DAVID A. SHEVLIN, ESQ. is currently a partner at Catalyst Investors, where he manages investor relations and firm business development, and serves as a member of the investment committee. He also served on the board for Catalyst portfolio company Advantage Business Media. From 2006 to 2008 he was managing director at Citigroup, where he managed the micro-cap sales and trading desk and international broker/dealer relationships in addition to working on special projects related to investment opportunities and acquisitions. Gene has previously held management positions at TD Waterhouse Capital Markets, where he was president and founder; Allegiance Securities; TD Securities USA; and Gateway Capital Investment Group. He holds an MBA in finance from Pace University and a BS in marketing and management from Montclair State University.

TREASURER | GENE WOLFSON is currently a partner at Catalyst Investors, where he manages investor relations and firm business development, and serves as a member of the investment committee. He also served on the board for Catalyst portfolio company Advantage Business Media. From 2006 to 2008 he was managing director at Citigroup, where he managed the micro-cap sales and trading desk and international broker/dealer relationships in addition to working on special projects related to investment opportunities and acquisitions. Gene has previously held management positions at TD Waterhouse Capital Markets, where he was president and founder; Allegiance Securities; TD Securities USA; and Gateway Capital Investment Group. He holds an MBA in finance from Pace University and a BS in marketing and management from Montclair State University.

PRESIDENT | DR. DEANE MARCHBEIN joined MSF in 2006 to work as an anesthesiologist in MSF’s surgical program in Ivory Coast. She has worked as an anesthesiologist with MSF in Democratic Republic of Congo, Haiti, Libya, Nigeria, South Sudan, Afghanistan, and Syria; as a medical doctor in Libya and Lebanon; and as deputy head of mission in Guinea. She was formerly the business manager and chairperson of the anesthesia department, as well as the director of the intensive care unit, at Lawrence General Hospital in Lawrence, Massachusetts. Dr. Marchbein now works for Massachusetts General Hospital and the Cambridge Health Alliance.

VICE-PRESIDENT | MARTHA (CAREY) HUCKABEE began working for MSF in Somalia in 1992 as a food logistician. For the next ten years, she worked primarily in emergency contexts in Africa, with extensive experience in South Sudan and West Africa, while also working at the MSF operational center in Brussels. Martha returned to the US in 2002 to attend graduate school, where she earned an MPH and an MA. That same year, she began her first stint on the MSF-USA Board of Directors. Her most recent MSF field assignment was in 2009, when she went to Malawi with her family to serve as head of mission. Martha currently lives in Kalamazoo, Michigan, and is the practice manager for a congenital heart center in a local hospital.

SECRETARY | DAVID A. SHEVLIN, ESQ. is currently a partner at Catalyst Investors, where he manages investor relations and firm business development, and serves as a member of the investment committee. He also served on the board for Catalyst portfolio company Advantage Business Media. From 2006 to 2008 he was managing director at Citigroup, where he managed the micro-cap sales and trading desk and international broker/dealer relationships in addition to working on special projects related to investment opportunities and acquisitions. Gene has previously held management positions at TD Waterhouse Capital Markets, where he was president and founder; Allegiance Securities; TD Securities USA; and Gateway Capital Investment Group. He holds an MBA in finance from Pace University and a BS in marketing and management from Montclair State University.

TREASURER | GENE WOLFSON is currently a partner at Catalyst Investors, where he manages investor relations and firm business development, and serves as a member of the investment committee. He also served on the board for Catalyst portfolio company Advantage Business Media. From 2006 to 2008 he was managing director at Citigroup, where he managed the micro-cap sales and trading desk and international broker/dealer relationships in addition to working on special projects related to investment opportunities and acquisitions. Gene has previously held management positions at TD Waterhouse Capital Markets, where he was president and founder; Allegiance Securities; TD Securities USA; and Gateway Capital Investment Group. He holds an MBA in finance from Pace University and a BS in marketing and management from Montclair State University.

SUERIE MOON, MPA, PHD, is research director and co-chair of the Forum on Global Governance for Health at the Harvard Global Health Institute and a lecturer in the Department of Global Health and Population at the Harvard School of Public Health, where she teaches a course on global governance and health. She also co-directs the Project on Innovation and Access to Technologies for Sustainable Development, Sustainability Science Program, at the Harvard Kennedy School of Government. Dr. Moon’s work focuses on the intersection of global governance and public health. Her recent research has examined the trade and investment regimes, intellectual property rules, policies to enhance innovation and access to medicines in low- and middle-income countries, global health financing, and the functioning of the global health system. Previously, she worked for MSF’s Access Campaign, and for MSF offices and missions in New York, Geneva, Paris, Goma (Democratic Republic of Congo), and Beijing. She has also been a policy consultant for MSF, Oxfam, UNITAID, UNAIDS, and the World Health Organization. She received a BA in history from Yale University, an MPA from the Woodrow Wilson School of Public and International Affairs at Princeton University, and a PhD in public policy from Harvard’s Kennedy School of Government.

KELLY S. GRIMSHAW, MSN, RN, APRN, CCRN, joined MSF in 1999, establishing a tuberculosis program in Turkmenistan. She has since worked as a nurse practitioner and project coordinator in China, Sierra Leone, Indonesia, and Zambia, assisting those affected by civil and ethnic conflicts as well as the HIV pandemic. Kelly also provided further assistance and program oversight as medical coordinator in Angola, Liberia, Ivory Coast, and Nigeria, with responses to cholera, Marburg hemorrhagic fever, meningitis, and measles. In the US she has volunteered her services to MSF-USA’s Speaker’s Bureau throughout the country and the Refugee Camp in the Heart of the City exhibits. She currently works in nursing education.

MICHAEL NEWMAN, MD attended the University of Cincinnati Medical School in Cincinnati, Ohio, and completed his general surgery residency at Cottage Hospital in Santa Barbara, California. He began working with MSF in 2005 as a general surgeon in a project in Liberia, and has been on numerous missions since then. A member of the American College of Surgeons and the Ohio State Medical Association, Dr. Newman practices general surgery at Ohio’s Fayette County Memorial Hospital. His research work has been published in the New England Journal of Medicine and A Journal of Social Justice.

RAMIN ASGARY, MD, MPH, started his international health career in the mid-90s, and with MSF in 1997. His experience is in the management of complex humanitarian emergencies and refugee health, working as volunteer physician, project director, medical coordinator, and country director in the former Soviet states, Darfur, on the Somalia/Kenya border, Liberia, Haiti, Ethiopia, Madagascar, and Ghana. Asgary has served as the operational and research advisor for multiple International NGOs on projects including malaria, HIV, and cancer and non-communicable diseases. He holds leadership positions at the American Society of Tropical Medicine and American Public Health Association. Asgary has developed and offered global health training curricula for medical and public health students in academia; published extensively on international health topics; and established clinics for refugees, asylum-seekers, and the homeless in New York City. He is a faculty member at NYU’s School of Medicine and Global Institute of Public Health in New York. He completed his internal and social medicine residency at Albert Einstein School of Medicine, an MPH in refugee health at Columbia University, a fellowship in preventive medicine and MPH in community medicine at Mount Sinai School of Medicine.

MARTHA (CAREY) HUCKABEE began working for MSF in Somalia in 1992 as a food logistician. For the next ten years, she worked primarily in emergency contexts in Africa, with extensive experience in South Sudan and West Africa, while also working at the MSF operational center in Brussels. Martha returned to the US in 2002 to attend graduate school, where she earned an MPH and an MA. That same year, she began her first stint on the MSF-USA Board of Directors. Her most recent MSF field assignment was in 2009, when she went to Malawi with her family to serve as head of mission. Martha currently lives in Kalamazoo, Michigan, and is the practice manager for a congenital heart center in a local hospital.

MASSACHUSETTS GENERAL HOSPITAL. His research work has been published in the New England Journal of Medicine and A Journal of Social Justice.
JANE COYNE recently returned to San Francisco after nine years working with MSF. In 2003, she left the corporate world and began working for MSF as a field logistician. She has since worked in Uganda, Sri Lanka, Nigeria, Central African Republic, Democratic Republic of Congo, and Sudan. Initially, her work focused on logistics but later transitioned to project and program management. In July 2009, she was appointed program manager for MSF-France, where she managed operations in South Sudan, Sudan, Central African Republic, Kenya, and Georgia. She is a graduate of Cornell’s College of Agriculture and Life Sciences and received a master's in business administration from the Kellogg School at Northwestern. She worked for 15 years in a variety of analytical and project management positions for both small and large manufacturing companies (HP, Nike, Dell, etc.) with an emphasis on supply-chain optimization.

DR. MEGO TERZIAN is the president of MSF in France. Born in Lebanon, he earned his medical degree in pediatrics from Yerevan State Medical University in Armenia in 1999. While still in medical school, he worked as a translator for MSF in Nagorno-Karabakh, and, from 1999 to 2002, worked as an MSF field doctor in Sierra Leone, Afghanistan, Iran, and the Democratic Republic of Congo. In 2003, he became an emergency coordinator for MSF projects in Liberia, Ivory Coast, Niger, Pakistan, Central African Republic, Jordan, and other countries, after which he served first as deputy and then as director of MSF’s Emergency Programming in Paris.

JOHN LAWRENCE, a native of Illinois, attended Dartmouth College and Dartmouth Medical School, then completed a family practice internship and worked as a general medical officer in Tuba City, Arizona, on the Navajo Reservation. He later returned to residency and completed training in general surgery in Rochester, New York, and then pediatric surgery at St. Christopher’s Hospital in Philadelphia. For the past 20 years, he has been a practicing pediatric surgeon, primarily in academic settings, and he is currently an associate professor of surgery at the University of Vermont College of Medicine in Burlington, Vermont. Owing in part to a longstanding interest in global health, Lawrence has completed seven missions with MSF since 2009 and has begun coursework for an MPH through the Bloomberg School of Public Health at Johns Hopkins University.

DR. JEAN-MARIE KINDERMANS, MD, first worked for MSF in Thailand in 1980 and later worked in programs in Chad, Afghanistan, and other countries. A specialist in public health and tropical medicine, Jean-Marie also spent time as a public health consultant and as the director of AEDES, the European Association for Development and Health. In 1995, Jean-Marie returned to MSF as secretary general, managing the International Office for five years. Since 2000, he has worked for MSF’s Access Campaign, been a member of the board of MSF-Switzerland, president of MSF-Belgium from 2002 to 2010, and a member of the International Board. Today, he lives in France, where he leads the AEDES Foundation and works on malaria for various international organizations, while also consulting on the medical management of French hospitals.

LIBERIA

A boy who survived Ebola walks with an MSF staff member at the ELWA 3 case management center in Monrovia. ©Géraldine Bégué/MSF
INDEPENDENCE. IMPARTIALITY. INNOVATION. FROM 1971 TO TODAY.

For more information about our programs or ways to make a donation, please call our Donor Services team at 888-392-0392. On behalf of our field staff and the people we assist worldwide, thank you.

TO MAKE A DONATION
1-888-392-0392
donate.doctorswithoutborders.org

TO CONTACT US
Tel: 212-679-6800 Fax: 212-679-7016
www.doctorswithoutborders.org

Doctors Without Borders
333 Seventh Avenue, 2nd Floor New York, NY 10001-5004

Cover: Ethiopia
An MSF staff member checks on a child at Chire health center in Sidama. ©Matthias Steinbach

Back Cover: Sierra Leone
MSF’s Ebola case management center in Kailahun, at dusk. ©Fabio Basone/MSF