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ABOVE: An MSF midwife consults with a pregnant woman as part of a mobile clinic in Kalonda settlement in Tanganyika. Democratic Republic of Congo 2017 © Sara Creta/MSF

COVER: An MSF health worker meets with a man who is living with HIV as part of a mobile clinic providing door-to-door care and testing in Katwe. Born with HIV, the man had been managing his condition with antiretroviral treatment before social stigma drove him to stop taking the pills. He is now deaf and blind. Uganda 2016 © Guillaume Binet/MYOP
Dear Friends,

This year we marked five decades since Doctors Without Borders/Médecins sans frontières (MSF) was founded in 1971. Over 50 years, MSF has grown from a group of a few hundred volunteers to an international movement of more than 60,000 staff providing over 10 million medical consultations in more than 70 countries every year. But the core values of humanitarianism, independence, neutrality, and impartiality that brought those original members together in 1971 continue to drive our work.

In this special issue of Alert, we’ll look back at 50 years of medical humanitarian action through the eyes—and lenses—of some of the photographers who have documented it alongside our medical staff. The images assembled here capture MSF’s responses to a wide range of crises over the years, from conflicts to natural disasters to disease outbreaks. And they illustrate our evolution as we keep striving to provide the highest quality medical care to the people who need it most, no matter who or where they are.

As MSF has evolved, our ideas about what constitutes a humanitarian emergency, and how best to respond, have, too. MSF was founded in the wake of war and famine in Biafra, Nigeria, and much of our work still revolves around rapid response to disasters, both natural and human-made. But over the years we’ve also learned that addressing some humanitarian emergencies requires more than setting bones or administering vaccinations.

Evolution isn’t always easy. In the early 2000s, for example, when HIV/AIDS was spreading like wildfire in South Africa, MSF already had decades of experience working in some of the most challenging contexts imaginable. But this time, the obstacles weren’t just logistical—they were systemic, with lifesaving drugs priced far out of reach and a lack of infrastructure to implement treatment at scale. Some believed the crisis was too big and complex for MSF to address. Instead we evolved, launching our Access Campaign to advocate for cheaper and more affordable drugs and partnering with activists and other allies to get those medicines where they needed to go and pioneer new ways to safely administer them.

We’re still evolving today, and, with your vital support, will continue to do so in the future. Over the course of the global COVID-19 pandemic, we’ve adapted our work to keep our projects running safely while supporting national health systems in their struggles against the virus. We haven’t stopped advocating, either—in early November, MSF delivered a petition to the White House demanding that the Biden administration take immediate action to increase global access to lifesaving COVID-19 vaccines.

The racial inequities laid bare by the pandemic also demand that we evolve. Racism is a public health crisis, and we’re taking a hard look at how to confront it, both within our organization and in the places where we work. We’ve put a commitment to diversity, equity, and inclusion at the heart of our strategic plan for the next four years, not just to foster a safe and inclusive workplace for our staff but to ensure we’re doing right by our patients and members of the communities we work with, now and in the future.

The MSF of today is both vastly different and surprisingly similar to the organization launched in 1971. With a firm grip on our principles, we’ll keep evolving to do whatever it takes to bring lifesaving medical humanitarian care to the people who need it most. We couldn’t do it without your support.

Wishing you and your family a happy, healthy new year,

Dr. Africa Stewart
President, MSF-USA Board of Directors
LOOKING BACK, LOOKING FORWARD

The doctors and journalists who came together to found Doctors Without Borders/Médecins Sans Frontières (MSF) 50 years ago believed that our humanitarian action must not be silent. From the start, our medical teams made a commitment to care for patients as well as to speak out and call attention to the problems driving emergency needs. This is a core element of our response to disasters, both natural and human-made.
TO BEAR WITNESS?
Photography is an essential tool in this project of bearing witness, or témoignage. Words matter, of course, but a photograph has the power to bridge wide geographic and cultural gulfs and communicate the realities of a human experience instantly. Photographers accompanied MSF teams on some of our earliest assignments to chronicle this work and show the world what aid workers were seeing—to inspire empathy, solidarity, and, often, outrage.

In this special commemorative issue of Alert, you might recognize the work of many world-class photojournalists. These journalists know that embedding with us means they will get to see the human side of an unfolding humanitarian crisis. Our security regulations and longstanding practice of negotiating access to conflict zones provide them with some assurance of mitigated risk. And, crucially, MSF is a known and trusted actor in often-volatile environments, whereas a solo photographer is not. We can make the introductions, telling local authorities—from military commanders to community leaders—that this visitor in our midst with the camera gear hanging around their neck is here to document history for the world to see.

To mark our 50th anniversary this year, MSF partnered with Magnum Photos, a collective of some of the world’s most renowned photographers. Together, we looked back through five decades of archival images to explore the connections between providing humanitarian assistance and bearing witness to human suffering and survival. We also commissioned a series of new projects to document the stories of individuals living through crisis situations in a range of contexts, from Ethiopian refugees seeking safety in Sudan to Central Americans traveling along the migration route north through Mexico.

Looking forward, this project also prompted important questions about the evolution of our approach to bearing witness alongside the communities we serve. A camera is impartial, but we know that the images it produces are framed by the point of view of the person holding it. The photographs in this issue are arresting, and the stories they tell are as vital now as they were when they were taken. But many of the images were shot by foreign photographers hailing from very different parts of the world from their subjects. Looking at these photographs now, in 2021, one wonders how their depiction of events might differ if the camera had been held in different hands.

A lot has changed in the five decades that have passed since MSF’s founding. We’ve grown from an upstart medical humanitarian organization with a few hundred members to a global movement of nearly 65,000 people. The vast majority of our staff—more than 80 percent, in fact—are hired locally and work in their own communities. Increasingly, this extraordinarily diverse workforce is pushing the movement to reexamine every aspect of our operations, from how we run our medical projects to how we communicate about and with our patients.
In 2016, in a previous position with MSF, I was responsible for co-managing the establishment of a communications team in Lebanon. We needed to boost our capacity to understand the social media noise about MSF and identify the threats in our environment. We also wanted to let communities in operational hotspots like Syria, Iraq, and Yemen know who MSF is and how we can help. We recruited top talent from Beirut, Cairo, and Amman to join the team. Their initial assignment, however, was to translate stories and other communications material that had been gathered, edited, and approved by mostly Western, internationally mobile MSF staff and help amplify them on social media. Our colleagues from the region challenged the assumptions we’d made about this work every step of the way, and they were right to insist that they should take the lead to pursue a different kind of storytelling that would resonate with the Arabic-speaking audiences we were trying to reach.

Today we respect the ways patients and communities wish to be portrayed. We’re interrogating our habitual and problematic reliance on foreign observers to tell the stories of people caught in crisis. We’re expanding our networks to collaborate with more locally or regionally based photographers who bring their own lived experiences to these assignments. Together we seek to share human stories in ways that are more empowering, rich, and authentic. We speak out about our work not only to draw the world’s attention to crises, but to stand in solidarity with our patients and colleagues who are experiencing these emergencies firsthand.

For MSF, bearing witness is more than just a duty; it is a great privilege. It is the people in these photos—these patients, their families, their communities—who are the heroes of the stories we help to tell.
This year, Doctors Without Borders/Médecins Sans Frontières (MSF) marks 50 years since it was founded in 1971. Over those five decades our movement has responded to a wide range of humanitarian crises—and evolved as we’ve grown, reflected, and learned. Here’s a look back at our years of medical humanitarian work, through the eyes of the aid workers and photographers who witnessed it.

50 YEARS OF BEARING WITNESS, 50 YEARS OF SPEAKING OUT

1971

A NEW AND QUESTIONING FORM OF HUMANITARIANISM

In 1968, a group of doctors and nurses set out with the International Committee of the Red Cross to help provide emergency medical care to people affected by war and famine in Biafra, Nigeria. But these young doctors find themselves chafing against the “culture of silence” surrounding their work with the Red Cross, which makes it impossible to speak out about the injustices they witnessed. They openly criticize both the Nigerian government and the Red Cross for what they see as complicity in the murder and starvation of civilians.

Other doctors also speak up and begin to lay the foundations for a new and questioning form of humanitarianism. MSF is created in 1971 on the belief that all people have the right to medical care regardless of gender, race, religion, creed, or political affiliation, and that the needs of these people outweigh respect for national boundaries. For the doctors and journalists who come together to start the organization, bearing witness is inseparable from MSF’s medical humanitarian mission.

“December 22, 1971, will thus come to mean the mobilization and determination to topple the barriers and break down all the borders that separate those who seek to save lives and provide care from the victims.” —Tonus, the French medical journal, where MSF’s founding was officially announced.

Above: © D.R.
1972–1974
RESPONDING TO NATURAL DISASTERS IN CENTRAL AMERICA

MSF’s earliest activities are in response to natural disasters. Medical teams are sent to Nicaragua’s capital, Managua, after an earthquake destroys most of the city and kills between 10,000 and 30,000 people in 1972. In 1974, MSF launches a project in Honduras after Hurricane Fifi causes major flooding and kills thousands of people.

Above and left: © Sipa-Press
1975–1976
ORGANIZING REFUGEE CAMPS IN SOUTHEAST ASIA

To assist Cambodian and Vietnamese people fleeing oppressive regimes in their countries, MSF sets up its first large-scale medical program for refugees in Thailand. In February 1980, MSF works with other organizations to carry out the “March for Survival,” a symbolic protest at the Cambodia-Thailand border calling for international aid to be distributed in Cambodia and giving expression to MSF’s commitment to témoignage, or witnessing.

“We are here to demand protection for these civilians; these unarmed people.” —Claude Malhuret, president of MSF, during the March for Survival of Cambodia, 1980

Above: © Hiroji Kubota/Magnum Photos; right: © Pierre Jambor
1976

LEBANON: MSF’S FIRST OPERATIONS IN THE MIDST OF CONFLICT

After war breaks out in Lebanon, MSF launches an emergency medical response to care for people wounded in the fighting. When MSF arrives in Beirut, bombs are dropping, and the city is burning. The team treats patients injured by shrapnel and bullets and suffering from burns and broken bones in extremely challenging conditions, without access to equipment like X-ray machines and ventilators. In order to comply with its principles of neutrality and impartiality, MSF provides aid to people on both sides of the conflict throughout the country.
Immediately after Soviet troops invade Afghanistan in December 1979, MSF teams rotate through the country to provide medical care. Crossing the border from Pakistan in secret with supplies and medicines on horseback, staff travel hundreds of miles setting up small hospitals deep in the mountains. Over 10 years, more than 550 MSF doctors and nurses will rotate through the country’s high plateaus.

“There was nowhere else to go for treatment. Our centers were oases in the midst of deserts of indifference.” —Juliette Fournot, MSF head of mission in Afghanistan, 1982–1989
1984

ETHIOPIA: RESPONDING TO FAMINE AND SPEAKING OUT

At the height of northern Ethiopia’s dire famine in August, 50 people die each day while thousands more desperately await food distribution. Months go by before the government will call the crisis a “famine.” MSF sends food, medicine, and supplies, in addition to working in therapeutic feeding centers. When the government begins to forcibly displace people and divert humanitarian aid, MSF decides to speak out, resulting in the expulsion of one of the two MSF sections present in the country. MSF continues to care for Ethiopian people who fled to neighboring Sudan.

“If nothing changes, I don’t know what we’re doing here. Without food, medical treatment is meaningless.”
—Brigitte Vasset, MSF medical coordinator in Ethiopia, 1984

© Sebastiao Salgado
1991

SOMALIA: HUMANITARIAN AID UNDER DURESS

War in Somalia results in more than 300,000 deaths. As international aid agencies leave Mogadishu because of safety concerns, MSF teams arrive on the scene to open nutritional centers and treat the thousands of children suffering from malnutrition as a result of a months-long famine. After facing numerous kidnappings and repeated security incidents, MSF is forced to leave the country but speaks out against excessive military force and flawed foreign military interventions.

“If humanitarian aid must now come under the systematic control of the military or of governments [...], that will be very troubling. I don’t want to lose my humanitarian soul.” —Patrick Vial, MSF head of mission in Somalia, 1993
1994

RWANDA: POWERLESS IN THE FACE OF GENOCIDE

The assassination of Rwanda’s president provides a pretext to unleash a campaign to exterminate people from the Tutsi ethnic group, along with other opponents of the government. From April to July, the slaughter of an estimated 500,000 to one million people is met with general indifference from the international community. MSF watches, powerless, as many Rwandan staff members and patients are massacred. For the first time, we issue a warning and testify before the United Nations, hoping to trigger quick military action to stop the killings. The violence leads to a massive exodus of refugees; MSF cares for them in neighboring Zaire and Tanzania.

“We were saying, 'They’re killing these people.' The only decent position was to break completely with humanitarian neutrality and call for military intervention against the perpetrators of the genocide.” —Jean-Hervé Bradol, MSF project coordinator in Rwanda, 1994
1995
SREBRENICA: CALLING FOR ACCOUNTABILITY

For three years, Serbian forces laid siege to the Bosnian enclave of Srebrenica. Food convoys and humanitarian workers were blocked from entering. When Serbian troops capture the town in July, MSF—the only humanitarian organization still working there—is forced to evacuate, with no choice but to leave behind some of its Bosnian staff and patients. After the United Nations peacekeepers abandon Srebrenica, more than 7,000 people are killed and 40,000 people are forcibly removed. MSF calls for an inquiry into the UN troops’ failure to prevent the tragedy.

“We were witnesses, we knew what was going to happen. We did nothing . . . Picking up my camera at least meant facing that responsibility: I don’t want to look away.” —Gilles Peress, Magnum photographer in Srebrenica, 1996

Above and below: © Olivier Jobard
HIV: THE GLOBAL FIGHT FOR ACCESS TO TREATMENT

As HIV/AIDS spreads, MSF teams around the world witness the pandemic’s heavy toll. The astronomically high cost of treatment means people in the hardest-hit countries lack access to antiretroviral drugs (ARVs). MSF first becomes involved in the political and social mobilization around equitable access to these lifesaving medicines in South Africa. The campaign and its slogan—“lives before profits”—goes global and eventually helps lead to the production of generic ARVs and dramatically lower prices.

“Why do we want to introduce antiretrovirals? Because our doctors are treating opportunistic diseases, because these patients keep coming back, coming back—and because we’ll end up sending them all to the cemetery.” —Maryline Mulemba, MSF head of mission in Malawi, 2001
1999

KOSOVO: NO HUMANITARIAN WARS (RIGHT)

As the Milosevic regime continues to operate in former Yugoslavia, Serb forces conduct a campaign of terror and violence, forcibly deporting ethnic Albanians from Kosovo. MSF provides medical care to the persecuted. In March 1999, when NATO intervenes—justifying its bombing as a “humanitarian war”—MSF cares for people in refugee camps across the region while continuing to call for the protection of civilians who remain in Kosovo.

“If you wanted to know what was going on in Kosovo, given that there was no one left to provide information, you had to listen to the people who were leaving. As we listened to them, we became convinced that a crime was being committed.” —Thierry Durand, MSF operations director, 1999

Right: © Cristina Garcia Rodero/Magnum Photos
1999
THE NOBEL PEACE PRIZE IS AWARDED TO DISSENTING HUMANITARIANS
(BELOW)

MSF is awarded the Nobel Peace Prize, which is accepted by James Orbinski, president of MSF’s International Council. In his speech, Orbinski denounces the abuses and indiscriminate bombing of the Chechen village of Grozny by Russian forces, destruction that MSF teams are actively witnessing.

“We are not sure that words can always save lives, but we know that silence can certainly kill.” — James Orbinski, president of the MSF International Council, Nobel Peace Prize speech, 1999

Below left: © Eddy Van Wessel; below right: © Eric Bouvet
2003

DARFUR: SUPPORTING DISPLACED PEOPLE IN CRISIS

Fighting between Sudanese government forces and rebel groups escalates into war, with the Janjaweed militia—backed by the government—attacking and looting villages. Thousands of people are killed and more than one million flee. MSF responds immediately with more than 2,000 staff to provide medical and nutritional care to displaced people in the Darfur region and to refugees in neighboring Chad, where teams are already engaged in other projects.

“At one point, everyone was aware of these atrocities. Thanks to the press, people could no longer say that I was lying when I would tell people in Khartoum about what was happening in Darfur.” —Jamal Abdalmula, MSF referring physician in Sudan, 2020

Above: © Paolo Pellegrin/Magnum Photos; left: © Ton Koene
NIGER: FACING FAMINE AND A NUTRITIONAL REVOLUTION

Niger is hit by a severe food crisis, resulting in unprecedented rates of malnutrition. In response, MSF teams use Plumpy’Nut, a peanut-based ready-to-use therapeutic food, on a large scale for the first time. It proves revolutionary, with excellent recovery rates. This treatment becomes a national protocol in August.

“Sometimes I would cry when I saw all these little children who would show up in a terrible state, just skin and bones . . . My experience as a pediatrician hadn’t prepared me to confront the deaths of so many of them.” —July Menschink, MSF doctor in Niger, 2005
2010

HAITI: MULTIPLE EMERGENCIES

In January, Haiti is struck by a devastating magnitude 7.0 earthquake. MSF—already active on the island for several years—begins treating the wounded within hours of the disaster. Teams also work to rebuild medical facilities and restore access to safe water. In subsequent months, the emergency response shifts to containing a massive cholera epidemic. MSF opens more than 50 cholera treatment centers, launches a widespread public awareness campaign, and treats more than 350,000 people in 10 months—the organization’s largest operation to date.

“I didn’t leave the hospital for the first five days. Gradually, Haiti will no longer appear on the front page of our newspapers every day, but the needs of this community, of the people who’ve lost everything, won’t be met for months and, perhaps, years.” —Paul McMaster, MSF surgeon in Haiti, 2010

Below: © Spencer Platt
Against the backdrop of the growing Arab Spring movement, Syrians rise up in mass protests across the country. As the violent suppression of the demonstrations by President Bashar al-Assad’s government spirals into all-out war, even doctors who attempt to care for the wounded are at risk. Networks of medical professionals organize secretly, but they often lack supplies and equipment. MSF operates without official authorization, providing essential medicine and supplies to local health providers before opening three hospitals in northern Syria. A decade later the war rages on, and MSF continues to care for millions of displaced people, both within Syria and in neighboring countries.

“The first thing that struck me was the number of civilians who’d been killed. They weren’t just collateral damage—they’d been targeted by Syrian army snipers.” — Jérôme Sessini, Magnum photographer in Syria, 2012
2014
RESPONDING TO AN UNPRECEDENTED EBOLA OUTBREAK

In March, the largest Ebola outbreak in history is declared in West Africa. MSF responds immediately, setting up treatment centers in Guinea, Liberia, and Sierra Leone—the three worst-affected countries—while criticizing the international community’s inaction. The lack of a vaccine and available treatments results in extremely high mortality rates, with more than 11,300 deaths (including 500 health care workers) before the spread of the virus is contained. At the peak of the epidemic, nearly 4,000 locally hired staff and more than 325 internationally mobile staff are working across MSF’s Ebola projects, admitting a total of 10,376 patients, of which 5,226 are confirmed Ebola cases.

“I cannot stand aside and watch my people die. But I, along with my colleagues here, cannot fight Ebola alone . . . If the international community does not stand up, we will be wiped out.”

—Jackson Naimah, MSF medical assistant in Liberia, 2014

© Sylvain Cherkaoui/Cosmos
SEARCH AND RESCUE ON THE MEDITERRANEAN SEA

After the Balkan migration route is closed, the treacherous journey across the Mediterranean Sea becomes one of the last ways for asylum seekers to reach Europe. In the absence of a commitment from European nations to save lives at sea, and facing a steadily growing number of deaths, MSF launches a search and rescue and medical assistance operation in the Mediterranean. Over six years, seven boats staffed by MSF teams in partnership with other organizations have rescued and assisted more than 81,000 people. In 2016, MSF announces that it will no longer accept funding from the European Union and Member States, in opposition to their damaging migration deterrence policies and intensifying attempts to push vulnerable people away from European shores.

“Deterrence policies sold to the public as humanitarian solutions have only exacerbated the suffering of people in need. There is nothing remotely humanitarian about these policies, which cannot become the norm and must be challenged. MSF will not receive funding from institutions and governments whose policies do so much harm. We are calling on European governments to shift priorities. Rather than maximize the number of people they can push back, they must maximize the number they welcome and protect.” —Jerome Oberreit, MSF international secretary general

All photos: © Anna Surinyach
2016
ON THE FRONT LINES OF CONFLICT IN MOSUL

The Islamic State group has been occupying Mosul for nearly three years when the Iraqi Army and US-led coalition forces launch an offensive to retake the city in October of 2016. As residents try to flee to camps set up for displaced people, MSF becomes the only organization working in the western part of the city where it opens a hospital and various medical posts close to the front lines. Under constant fire, our teams treat war-wounded people and provide other lifesaving medical services.

“The noise of the explosions was deafening. The constant gunfire created a reign of terror. We wanted to be close to the front line so that we could stabilize the wounded and increase their chance of survival.” — Trish Newport, MSF project coordinator in Mosul, 2017
ROHINGYA REFUGEES IN BANGLADESH

In August, attacks by militant forces in Myanmar’s Rakhine State spark a wave of targeted violence against the country’s Rohingya ethnic minority. More than 700,000 people flee to neighboring Bangladesh. MSF teams immediately offer assistance in the massive and overpopulated camps in the Cox’s Bazar district. After gathering statements and conducting surveys with survivors, MSF publishes a report documenting the horrific scale of the violence in Myanmar. Four years later, most of the refugees continue to live in dire conditions in the camps. MSF has expanded operations in the area to include water and sanitation services along with other necessary medical activities including long-term care for chronic conditions.

“The camp is a time bomb ticking towards a full-blown health crisis. And in the mud and despair, it is hard to fathom that the people there are the lucky ones—the ones who escaped.” —Joanne Liu, president of MSF International, 2017
2020–2021

ACTION AND SOLIDARITY IN A GLOBAL PANDEMIC

On March 11, the World Health Organization declares a global pandemic of COVID-19. Confirmed cases quickly multiply around the world, infecting nearly 85 million people and claiming almost two million lives in 2020 alone. Amid mounting challenges, MSF teams race to respond to the pandemic while ensuring that existing medical humanitarian projects keep running. We continue to demand that pharmaceutical companies stop profiting off the pandemic to ensure fair and equitable access to lifesaving vaccines.

“At times of global crisis, solidarity is not a given. But if we don’t mobilize together, this pandemic will take more than lives—it will cause us to lose our humanity.” —Monica Rull, MSF medical director, 2020

Above: © Olmo Calvo
Totten is a professor emeritus of political science at the University of Arkansas, Fayetteville, who studies genocide and crimes against humanity. He traveled to Chad in 2004 as an investigator under the auspices of the US State Department to interview refugees from Darfur. Totten’s interviews were used, in part, by then-US secretary of state Colin Powell in a report declaring a genocide in Darfur. His experiences led Totten to co-create a small, self-funded aid group that sought to deliver food aid in extremely hard-to-reach, war-torn places including Sudan’s Nuba Mountains.

While working in the region in 2015, an undiagnosed medical condition and dehydration, exacerbated by the extreme heat, caused Totten to pass out and hit his head while staying at the living quarters of another aid group based in the Yida refugee camp in South Sudan. The staff there couldn’t care for him, but they knew of an MSF clinic nearby. Totten was taken to MSF’s field hospital, where he stayed for more than three days in the care of Dr. Lanice Jones and her team. The hospital compound was tiny, based in a concrete Quonset hut. “It’s an astonishing experience, both living it and reflecting on it,” Totten said. “It made me appreciate much, much more [the] people who dedicate their lives to caring for others in regions under extreme duress, and I’m just very impressed with that.”

Totten was eventually taken by medevac to the Nairobi Hospital in Nairobi, Kenya, and sought further medical care in Arkansas and at the Mayo Clinic when he returned to the United States. But everywhere he went, he remained impressed by the dedication and warmth of Dr. Jones and the nurses and staff who cared for him in the Nuba mountains.

“I was in the hospital here in Fayetteville, Arkansas, about three months ago, and I told my wife “This place is fancy, they’ve got everything,” Totten said. “But the care was better in that Quonset hut with MSF, without a doubt.”

Totten was so impressed that when he and his wife, Dr. Kathleen Barta, sat down to discuss charitable giving this past summer, they decided to make their first gift—$50,000—to MSF in honor of Dr. Jones.

“We started talking about making donations to different organizations that we had confidence in and that we had felt fortunate that we’d had connections with,” Totten said. “If you read the newspaper, you’re going to come across MSF on a regular basis, whether in Sudan or wherever they are in the world. I said I’d like to make our first donation to MSF because they’re helping people all over the world, working under remarkably difficult circumstances a lot of the time, and I know their work firsthand.”

In August, Totten and Jones exchanged letters, and he has invited the doctor who he believes may have saved his life to his home in Arkansas for a visit.

“Thank you, Sam and Kathleen, on behalf of MSF and of myself for honoring me with your generous donation,” Dr. Jones wrote in response. “Long may we continue to serve against injustice for all of mankind.”

Photo: © Samuel Totten
INCREASE YOUR IMPACT
Does your employer have a matching gift program? Many companies have matching gift programs that will double or even triple the impact of your gift. Companies will sometimes also match donations made by spouses, retirees, and board members. Because conditions and criteria for gift matching vary by employer, please check with your company’s human resources department for details. MSF-USA is happy to confirm your gift or to satisfy any other requirements your company may have. If you or your company are interested in learning more about our work, or have any questions about our matching gift program, please email corporate.donations@newyork.msf.org or call (212) 763-5745.

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IRA
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JOIN OUR LEGACY SOCIETY
MSF is able to provide independent, impartial assistance to those most in need thanks to the dedication, foresight, and generosity of our Legacy Society members. Every day, legacy gifts help us keep our commitment made 50 years ago to assist people in distress regardless of race, religion, creed, or political affiliation. To learn more about joining MSF-USA’s Legacy Society by making a gift through your will or other legacy gift that will save lives for years to come, please contact Lauren Ford, associate director of planned giving, at (212) 763-5750 or lauren.ford@newyork.msf.org.

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Did you know you can donate gifts of securities to MSF-USA? Making a stock gift is simple and offers a number of valuable financial benefits. You can donate appreciated stocks, bonds, or mutual funds, and the total value of the stock upon transfer is tax-deductible. Also, there is no obligation to pay any capital gains taxes on the appreciation. MSF-USA currently maintains an account with Morgan Stanley Smith Barney to offer donors an easy way to transfer securities hassle-free. For more information on how to make a security donation, please visit doctorswithoutborders.org/support-us/other-ways-give. You can also call William Donas in the Donor Services department at (212) 847-3158.

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RIGHT: A young man is assisted off a helicopter after returning home to Diol village, Gorkha district. He had previously been evacuated to the MSF hospital in Arughat Bazaar, where he received care for a broken leg after an earthquake killed thousands and caused massive destruction in the country.
Nepal 2015 © Brian Sokol / Panos Pictures
DOCTORS WITHOUT BORDERS/MÉDECINS SANS FRONTIÈRES (MSF) WORKS IN MORE THAN 70 COUNTRIES PROVIDING MEDICAL AID TO THOSE MOST IN NEED REGARDLESS OF RACE, RELIGION, OR POLITICAL AFFILIATION.

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

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ABOVE: A staff member clears debris off the roof of MSF’s hospital in Haydan after it was hit by an airstrike days earlier. Yemen 2015 © Rawan Shaif

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