ALERT

PATIENTS

PORTRAITS OF
Dear Friends,

During my field assignments and my tenure as the president of the Board of Directors, I’ve had the distinct privilege of meeting many MSF field workers in projects around the world. That’s given me the chance to marvel at their dedication, their professionalism, and their commitment to this work that we do, often under duress, often in extreme circumstances.

I’ve also had the equally profound honor of meeting scores of patients—people living in places afflicted by crisis and chronic shortages of medical options, doing all they can to survive and tend to their families at the same time. A few that come to mind are the 20 Syrian women and children I met in Lebanon in the winter of 2012, after they’d walked over the mountains with only the clothes on their backs, fleeing the worsening war in their own country. Or the young pregnant Afghan woman who presented to MSF’s maternity center in Khosht with eclampsia and soon fell unconscious, but whose decision to come to the hospital saved both her life and her child’s, because the care she needed—a Caesarean section and rigorous follow-up treatment—was not available anywhere else.

Our staff sees incredible courage and determination from patients on an almost daily basis, and in this issue of Alert, we want to share images of some of those patients, along with their stories, so you can really see the people we try to assist. I won’t say that all of them make it. Some don’t reach our projects in time or we can’t reach them in time. But those we meet, we do not forget, and we’re devoting this issue to them, because they are, after all, the reason we exist and the reason we run programs in some 70 countries across the globe. (And for more news about our biggest current interventions—in Yemen, or the Mediterranean Sea, or Nepal, or Central African Republic, or elsewhere—please visit doctorswithoutborders.org.)

In addition, I want to share the wonderful news that Jason Cone, the director of communications for MSF-USA, was recently named executive director of the US office. Jason has been with the organization for more than 10 years and has displayed his own uncommon commitment to the work we do, developing, during that time, a vision for the coming years that will guide us as we move forward into an era where our services will be as necessary as ever, and our engagement with the American people and its government continues to evolve. I must at the same time say thank you a hundred times over to the departing executive director, Sophie Delauwney, who held the position for more than six years and steered us through some very stormy days bookended by the 2010 earthquake in Haiti and the Ebola epidemic in West Africa—and punctuated by a dramatic uptick in fundraising support and sustained advocacy efforts on numerous political and policy fronts. Sophie, we wish you well and know you will remain part of MSF as an association member, but I’d like to say that your steadfast leadership and wisdom served us and so many others well over the years, and we remain ever grateful.

Please welcome me in thanking Sophie, welcoming Jason, and meeting some of the patients we are all here to assist.

Sincerely Yours,

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Cover: A young boy who was one of more than 75,000 South Sudanese refugees who fled fighting in their country for Uganda’s Adjumani district, where MSF was providing care in the Nyalumansi transit center and three refugee camps. ©Emily Gerardo/MSF
SIAH TOGBA, the woman pictured above, contracted Ebola during the outbreak in West Africa that started early last year. She was one of the more than 9,400 people MSF teams in the region admitted to the treatment management centers they set up—in her case, at the ELWA 3 Ebola management center in Monrovia, Liberia. She was one of the more than 5,100 who were confirmed to have Ebola, and one of the more than 2,500 treated by MSF who survived.

As in every case, though, she is much more than just a number, more than just a patient. She has a story, and a life, of her own. Here, she adds her handprints to the survivors wall at ELWA 3, but the weight of her experience shows on her face. Siah saw the disease claim her mother before she could get any kind of medical assistance. Then her father began showing symptoms, and she did as well. Together, they went to ELWA 3 for treatment, but her father was too sick and died. She herself survived but now must go on living knowing full well who and what was lost in the outbreak. © Fernando Calero/MSF
When this photo was taken, Khamer had recently seen an influx of internally displaced people (IDPs), many of them fleeing airstrikes in Sa’ada. More than 1,000 families had already arrived in Khamer. MSF extended its support by providing mobile clinics for IDPs, as well as clean water and non-food items such as hygiene kits and cooking sets.

©Malak Shaher/MSF

In the town of Khamer, MSF runs Al-Salam Hospital, one of only two hospitals in all of Yemen’s Amran governorate. It normally receives patients from remote areas and valleys in the region, but, as of mid-May, fuel shortages precipitated by the ongoing conflict have made it very difficult for people to reach the hospital, if they’re able to come at all. There are also shortages of clean drinking water.

The photo above shows five girls from Sa’ada standing in a classroom in Um Salama school in Khamer. The girls’ families fled Sa’ada on May 8, after heavy airstrikes. “It was scary,” one girl said. “I could not stand the sound of airstrikes.” Their families were taking shelter in the school. “This place is better than our home,” the girl said.

YEMEN

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TOP ROW: Fighting in CAR displaced hundreds of thousands and shuttered schools, meaning children living in displacement camps had little structure to their days and had to find their own activities.

MIDDLE ROW: Many parents in the camps brought their children to health centers for treatment for malaria, which was rampant, particularly among the very young. MSF was treating more than 3,000 cases per week in Bangui at the time these photos were taken.

BOTTOM ROW: After months of living in displacement camps in Bangui, many “residents” began building semi-permanent or permanent structures, not knowing if they’ll be able to return to their homes. All photos ©Yann Libessart/MSF
FIFI, 33, is from Kinyumba and has four children. “It was war that made me leave Kinyumba to come here. The life that I have here is terrible.... We want to go home, but until peace is re-established, we can’t go back. As soon as there is some stability, we intend to go home and work our fields.”

BUSHU, 62, is from Kishali and has four children. “Since we got here the situation is somewhat calm compared to where we were, but we still live a life that is terrible, with war around us. Sometimes we spend the night in the mountains. During this time we have to make do with what we could find to eat, but we also have problems when we go into the forest in search of food because of the various attacks that happen there.”

The following portraits were taken in July 2014 during an MSF mobile clinic in the village of Nyabiondo, in the Masisi district of Democratic Republic of Congo’s North Kivu province, where overlapping conflicts have terrified and displaced people for years, and where MSF runs a hospital and several smaller projects. ©Phil Moore
MUTIA, 55, is from Mutero and has eight children. “We spent two weeks in the forest. Since the army took back the village, we’ve returned home. It was between Cheka’s forces and the government. If we come across Cheka’s soldiers, there are always problems. They threaten you, beat you, and sometimes they can kill you and take everything that you have. Even with my illness, I had to walk here, as there is no transport. It took me two days because I don’t have much strength. But I had no choice, I need to receive health care.”

REGINA, 32, is a widow from Nyabiondo who has five children. “This is the first time the people of Nyabiondo have seen any aid organization. All the other times they have come to help others, but not us. They target where there is war, but we fled as well and we didn’t get anything! It’s been several times that we’ve fled. When there are gunshots here in town, we flee into the forest. I can’t count how many times.”
CLOCKWISE FROM TOP: A man named Suleiman, who fled the town of Sinjar with his family in August 2014, when it came under siege, leaving behind his belongings and part of his identity. “I am living in this mosque which is under construction with 70 other people,” he said in January 2015. “It is freezing cold and extremely humid.” ©Gabrielle Klein/MSF

Syrian refugees who were living on the grounds of a former prison on the outskirts of the village of Majdal Anjar, in Lebanon’s Bekaa Valley, in 2013. ©Moises Saman/Magnum.

A 19-year-old Eritrean resting inside a “reception center” in Pozzallo, Sicily, where MSF responds to the medical and humanitarian needs of migrants, refugees, and asylum seekers who’ve crossed the Mediterranean, many of whom had to be rescued as their boats started to sink. ©Alessandro Penso

A Syrian woman and her daughter crying after her husband died of a heart attack in the Voenna Rampa refugee center in Sofia, Bulgaria, in 2013. ©Alessandro Penso/Magnum Foundation
PORTRAITS OF PATIENTS

CLOCKWISE FROM TOP: Joseph, 22, and his wife, Promise, 18, stand with their one-year-old daughter, Rose, in a camp for people displaced by the xenophobic violence that drove more than 5,000 people in Durban, South Africa, from their homes in May 2015. ©Greg Lomas

A Syrian refugee family living in a basement in Istanbul, in 2014. ©Anna Surinyach/MSF

Gul Bibi, 65, pictured here with her grandson, was displaced from her village in Pakistan’s Upper Kurram Agency and has been living in Sadda for three years. ©Noor Muhammad/MSF

Byron Solares, a 34-year-old from Guatemala, who lost his leg when he fell off the train known as “The Beast” that many have ridden, perilously, on the journey north, hoping to reach America, in 2014. ©Anna Surinyach/MSF
THE YOUNGEST PATIENTS

FULL PAGE: A young girl carries her sibling in Liberia’s Grand Bassa country, where MSF psychosocial staff conducted Ebola outreach and education programs in hopes of helping people avoid contracting the deadly disease. ©Peter Coiraar/MSF

BOTTOM ROW, LEFT TO RIGHT:

A Haitian girl sits in recovery in MSF’s 200-bed Drouillard hospital in Port-au-Prince, which offers emergency services, intensive care, surgery, internal medicine, physiotherapy, and mental health care, along with a specialized unit for burn victims. ©Yann Libessart/MSF

A mother with her son, who sustained severe burn injuries in 2014, during Israel’s Operation “Protective Edge” in Gaza, where MSF supported the burn unit of Shifa hospital and ran postoperative clinics as well. ©Yann Libessart/MSF

A baby born prematurely at MSF’s maternity program in Jordan’s Irbid province, which primarily serves Syrian refugees. He was kept under close observation and began gaining weight, as the teams hoped he would. ©Enas Al Ab Kholof-Tuffaha/MSF
CLOCKWISE FROM TOP:

A young girl being treated for meningitis and tuberculosis in the pediatric intensive care unit at Boost Hospital in Lashkar Gah, the capital of Afghanistan’s Helmand province. ©Paula Bronstein/Getty Reportage

Boys at the Mpoko displacement camp next to Bangui’s airport in Central African Republic, in 2014. ©Yann Libessart/MSF

A baby born in the maternity unit MSF runs at the Dasht-e-Barchi hospital in west Kabul, in 2014. ©Mathilde Vu/MSF

Bogdan, 4, pictured in 2015 in the Luhansk Orphanage Number 1, his “home” in eastern Ukraine’s Luhansk region, which has struggled during the Russian incursion with shortages of medicines, supplies, and food. MSF was running mobile clinics in health centers in rural areas and providing consultations, medicines, and hygiene materials to facilities such as hospices for the elderly and the disabled, orphans, and people with psychiatric disorders. ©Jon Levy

A young patient recovering from severe burns after being treated at MSF’s specialized burn unit at Drouillard hospital in Port-au-Prince, in 2013. ©Yann Libessart/MSF
RIGHT: Martzak, 49, was diagnosed with tuberculosis while serving out a sentence in a Ukrainian prison called Colony 3, which is reserved for people with TB and where MSF provides treatment for the disease. The regimen is lengthy and difficult, but necessary, because TB spreads easily in prison conditions, particularly those where no care is available. ©Amandine Colin/MSF

BELOW: A 28-year-old woman, pictured in 2012, who was fortunate in that she was able raise the money she needed to come to Yangon, Myanmar’s capital, from her home in the countryside to get testing and treatment for drug-resistant TB. ©Greg Constantine

BELOW LEFT: Carlos, a farmer from southern Colombia, was planting coffee in his field when he was hit in the face by a bullet that exited his body through his ribs, splitting his collarbone and leaving his arm disabled for life. He can no longer work or do things by himself and was receiving mental health care from MSF teams in the country. “Life changes from one moment to the next,” he said in 2014. ©Anna Surinyach/MSF

BELOW: A Palestinian woman after her house in the West Bank city of Hebron was demolished by Israeli forces in 2014. ©Anna Surinyach/MSF
LEFT: Zenobia Moreno, who lives in a village in Colombia’s Cauca Mountains, is but one of the hundreds of survivors of sexual violence MSF cared for in 2014 in its medical and mental health programs in Cauca, Nariño, and Caquetá in the southern part of the country. ©Anna Surinyach/MSF

BELOW: Albert Zondo, an HIV-positive traditional healer from Mnyatsini village in southern Swaziland’s Shiselweni region who is now on antiretroviral (ARV) treatment, in October 2013. ©Giorgos Moutafis

ABOVE: Ahmed Abu Omar, 73, lives in Jayyus village and has 12 children, but he can no longer access much of his land because it’s been annexed by the Israeli military, which, he says, burned down many of its olive trees as well. One of Ahmed’s sons, the one in the photograph he is holding, is in prison, and Ahmed himself has struggled to adapt to an endlessly uncertain situation marked by settler violence, Israeli military activities, and intra-party conflicts amongst Palestinians. That led him to seek out mental health care from an MSF team in the West Bank. ©Aurelie Baumel/MSF

RIGHT: Hnin Hnin, 30, an HIV patient from Kalaymyo village in Myanmar, at the Moreh clinic in Manipur, India, in 2012. ©Sami Siva
A woman waits with her child in Boost Hospital’s emergency room, where some 66,000 patients were treated in 2013 alone, and which has since been expanded. © Paula Bronstein/Getty Reportage

A woman who was admitted to the Boost Hospital emergency room, in Helmand province, with very low blood pressure. © Paula Bronstein/Getty Reportage

AFGHANISTAN

A woman waits with her child in Boost Hospital’s emergency room, where some 66,000 patients were treated in 2013 alone, and which has since been expanded. © Paula Bronstein/Getty Reportage

A woman who was admitted to the Boost Hospital emergency room, in Helmand province, with very low blood pressure. © Paula Bronstein/Getty Reportage
SUPPORTING MSF

DONOR PROFILE: PIERRE M. LOEWE

Pierre M. Loewe was a loyal donor to MSF for nearly two decades. After Pierre passed away on December 31, 2013, MSF received a generous gift from his estate.

Pierre was born in August 1946 in Paris. His father was an engineer, his mother a pedestrian. He first came to the US in 1968 to attend MIT’s Sloan School of Management, where he earned his MS in management. He later lived in a number of different cities, including Toronto, Boston, Los Angeles, and San Francisco. In the mid-1990s he became an American citizen.

Pierre spent most of his career as a management leader, working for McKinsey and Company, Salomon, and the MAC Group before helping to start Strategos, Inc., a strategy consulting firm, in 2005. At Strategos, Loewe helped clients launch new businesses, develop strategies, and integrate innovative practices. In 2010, he began teaching at UC Berkeley’s Haas School of Business, where he led the inaugural Haas@Work experiential learning class. He was also a skilled tennis player, skier, and cyclist, as well as an avid reader of books about history and politics.

In 1980, Pierre married Nancy, the love of his life. In the late 1980s, they moved to the Bay Area, where they lived for the rest of their lives. Nancy died in 2011.

We at MSF will remember both Pierre and Nancy as longtime supporters of MSF, its work, and the patients we aim to assist. Pierre told his friends that he supported MSF because he felt his charitable donations should go “where they make a difference in people’s lives.”

DOCTORS WITHOUT BORDERS LEGACY SOCIETY

Doctors Without Borders 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, donors who include a gift to MSF in their estate plans help us fulfill our mission to assist people in distress regardless of race, religion, creed, or political affiliation.

Here are some ways you can join other Legacy Society members who have made a lasting investment in MSF:

Gift in Your Will or Living Trust
A gift through your will or living trust is one of the most effective ways to provide for MSF’s future. You can leave a stated dollar amount, a percentage of your residual estate, or a specific, readily marketable asset while retaining your assets during your lifetime.

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Naming MSF-USA as a beneficiary on a retirement, bank, investment account, or life insurance policy is a simple way to leave a legacy to MSF without writing or re-writing your will or living trust. Please ask your IRA administrator or institution for the appropriate form.

Charitable Gift Annuity
MSF’s charitable gift annuities make it easy to provide for our future, as well as your own. When you set up a gift annuity with MSF, you make a gift to us, and we invest the assets and agree to pay you (and another beneficiary if you wish) a fixed annual sum at an attractive rate. Minimum age when payments begin is 65. We follow the AGCA suggested rates. Please contact us for a personalized proposal showing how a gift annuity can work for you. To learn more about joining the Doctors Without Borders Legacy Society by making a gift that will save lives for years to come, please contact Laurel Combs, planned giving officer, at (212) 847-3153 or laurel.combs@newyork.msf.org.

STRENGTHEN YOUR COMMITMENT

MSF would like to thank all of our donors who have made commitments towards the Multi-year Initiative. With annual commitments of $5,000 or more, these generous supporters help provide MSF with a predictable revenue stream that better serves our ability to respond rapidly to emergencies and ensure the continued operation of our programs. To date, we have received commitments totaling more than $36 million towards the initiative.

To find out how you can participate, please contact Mary Sexton, director of major gifts, at (212) 655-3781 or mary.sexton@newyork.msf.org, or visit doctorswithoutborders.org/support-us/other-ways-to-give/multiyear-initiative.

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Many companies have matching gift programs that double or even triple the impact of your gift. Companies will sometimes also match donations made by spouses, retirees, and board members. Because conditions and criteria for gift matching vary by employer, please check with your company’s Human Resources Department for details. MSF is happy to confirm your gift or to satisfy any requirements your company may have.

If you or your company is 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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MSF currently maintains an account with Morgan Stanley Smith Barney to offer donors an easy way to transfer securities hassle-free. For more information on how to make a security donation please visit our website doctorswithoutborders.org/support-us/other-ways-give. You can also call (212) 679-8800 and ask to speak to our Donor Services department.
Doctors Without Borders/ Médecins Sans Frontières (MSF) works in nearly 70 countries providing medical aid to those most in need regardless of their race, religion, or political affiliation.

SYRIA: Rayya, 64 and a mother of eight, suffered severe shrapnel wounds and a badly broken arm in 2012 when a grenade exploded near her home in Syria’s Dara’a governorate. She was brought to a field clinic, then to the Zaatari refugee camp in Jordan, where she was operated on, then to MSF’s surgery project in Amman, where she underwent several more operations. ©Kai Wiedenhoefer