Independence and neutrality enable MSF to reach people in need and help those who have been betrayed, attacked, or neglected by others.
DOCTORS WITHOUT BORDERS/MÉDECINS SANS FRONTIèRES (MSF) is an international independent medical humanitarian organization that delivers emergency aid to people affected by armed conflict, epidemics, natural and man-made disasters, and exclusion from health care in more than 70 countries. MSF was founded in 1971 as the first nongovernmental organization to both provide emergency medical assistance and bear witness publicly to the plight of the people it assists. A private nonprofit association, MSF is an international network with sections in 19 countries.

The US section of Doctors Without Borders/Médecins Sans Frontières (MSF) was founded in 1990. It maintains offices in New York City and Los Angeles. MSF-USA supports the international MSF network through management of field projects, fundraising, and recruitment of volunteer medical and other professionals. MSF-USA raises awareness about the causes of suffering and obstacles to providing effective assistance to people in need with the public, the media, the United Nations, US government agencies, and other nongovernmental organizations.

AWARDED THE 1999 NOBEL PEACE PRIZE
“The outpouring of support for people in South Asia shows the kind of positive impact media coverage can have on efforts to bring relief to people in crisis. Why can’t it extend to those trapped by wars or dying by the millions from a disease like TB? Silence is the best ally of atrocities.” — NICOLAS DE TORRENTE
LETTER FROM MSF

ZAMBIA
An MSF physician examines an HIV-positive person in Nchengele district in Luapula.

© PEP BONET
Dear Friends,

Whether treating a severely malnourished child in Sudan, or a woman fighting tuberculosis in Cambodia, the actions of Doctors Without Borders/Médecins Sans Frontières (MSF) are driven by a sense of responsibility towards people struggling to survive amidst forgotten or neglected conflicts, natural disasters, and epidemics around the world. MSF is able to respond to the needs of people caught in crisis, in large part, because of donations from you and other US supporters, who donated an unprecedented $91.4 million to MSF-USA in 2004.

With your support, MSF is responding faster to emergencies and improving the quality and effectiveness of the medical care we provide. As a medical humanitarian organization, MSF uses independent assessments to ensure that our response to an emergency is both relevant and proportional to needs on the ground—not political interest or media attention.

In 2004, two major emergencies—the conflict in Darfur, Sudan, and the Indian Ocean tsunami—required strikingly different operations and commitments from MSF. When Darfur became accessible, MSF medical teams provided lifesaving medical care, performed surgery, conducted vaccination campaigns, treated malnutrition, and supplied clean drinking water. Today, nearly two years after the first Sudanese refugees fled to neighboring Chad, MSF continues to assist more than one million civilians who have been torn from their homes and families by targeted violence against them.

When the Indian Ocean tsunami struck, MSF also launched a major emergency operation, and dispatched more than 200 international staff and 2,000 metric tons of aid to Indonesia and Sri Lanka, the hardest-hit countries, within days of the disaster. In contrast to Darfur, MSF learned soon after our teams were on the ground that—given the international response and mostly long-term reconstruction needs caused by the disaster—our expertise and resources would have a greater impact on other neglected crises, once the tsunami emergency-medical needs were met. As a result, MSF first stopped accepting earmarked donations, and then began asking our supporters to allow us to use the majority of the $127 million received by MSF offices worldwide following the tsunami to provide assistance for emergencies and forgotten crises.

You overwhelmingly supported this request. MSF will spend approximately $30 million in 2004 and 2005 on tsunami-related operations. The additional resources are being used for other emergencies, including the largely overlooked nutritional crisis in Niger, where MSF has already treated more than 10,000 severely malnourished children so far this year.

MSF is constantly looking for ways to innovate and to improve the quality of medical care for our patients. For instance, MSF is using artemisinin-based combination therapy, a safe and potent anti-malaria treatment, even before most governments adopt its use. To address an often invisible need in conflict zones, MSF is providing rape victims with emergency contraception, prophylaxis against HIV and other sexually transmitted infections, and psychosocial counseling.

But MSF knows our response alone is never enough to end the misery of conflict and disease. Governments and international institutions need to be shaken from their complacency—even outward indifference—towards the suffering of people languishing in the shadows of wars and treatable diseases. When assistance is not enough to save lives, MSF speaks out from the perspective of what our medical teams are witnessing on the ground.

To shed light on the violence in Darfur, MSF conducted retrospective mortality studies last spring in several displaced-persons camps, providing some of the first data on the high levels of targeted attacks against civilians. At the international AIDS conference in Bangkok in July, MSF used the experience of our physicians to point out the scandalous lack of pediatric versions of antiretroviral medicines to treat children with HIV/AIDS and the dearth of diagnostic tests that can detect HIV in children younger than 18 months old.

Sadly in 2004, the dangers of providing humanitarian assistance became even clearer with the brutal murders of five of our colleagues in Afghanistan and the subsequent closure of our programs there after 24 years of assisting the Afghan people. These threats and challenges have not diminished our conviction that all people in danger deserve access to medical care, regardless of political, economic, or religious interests, and that independence and neutrality are the best assets we have to reach these people.

It is supporters like you who allow MSF to provide urgently needed medical care for people trapped by conflict or disease. On behalf of all the MSF staff, and most importantly, the people whom we assist, we extend our deep appreciation to you for your belief in our work and your ongoing support. Thank you.

Darin Portnoy
President

Nicolas de Torrenté
Executive Director
When MSF medical teams went to eastern Chad in late 2003 to assess the condition of refugees from Sudan’s Darfur region, they were told of villages being bombarded by Sudanese government forces and attacked by so-called Janjaweed militias. The refugees spoke of entire families killed, women and young girls raped, wells poisoned, and crops, food, and livestock destroyed. The violence forced more than one million people to flee their homes in the Darfur region, and an additional 180,000 civilians to seek safety in Chad’s barren desert landscape. For months, the Sudanese government severely limited the number of aid workers who could enter Darfur. After intense international pressure, the travel bans were lifted. MSF was able to expand its presence and launch one of its largest independent aid operations ever, with more than 200 international volunteers and 2,000 national staff members providing health care and nutritional aid to some 700,000 people in 25 locations in Darfur and Chad. Today, more than one million people are still living in overcrowded camps plagued by outbreaks of diarrhea and malaria, with the threat of violence lurking just outside. Rape victims continue to enter MSF clinics at an alarming rate. The displaced Darfurians remain totally dependent on international assistance, which could be cut off at a moment’s notice because of the continued insecurity in the region. With no prospect of a safe return to their homes, there appears to be no end in sight to the misery in Darfur.
Within 24 hours of the December 26, 2004, Indian Ocean tsunami, MSF teams arrived in Sri Lanka and began to assess aid needs along 200 miles of coastline. By the next day, an MSF team in Jakarta had chartered a cargo plane to bring 3.5 tons of aid supplies to Aceh province in Sumatra, Indonesia. And by December 28, MSF medical teams were assessing needs in seven countries. Ultimately, MSF mobilized more than 200 international staff and 2,000 metric tons of aid to Indonesia and Sri Lanka. In Aceh province, the teams ran mobile clinics and responded to a tetanus outbreak. With roads and bridges destroyed, MSF chartered helicopters to bring aid to isolated groups of wounded people along the devastated coastlines. MSF provided emergency medical care, evacuated severely wounded people, supported local hospitals with supplies and staff, rehabilitated health facilities, carried out mental trauma counseling, and provided food and tents. In Sri Lanka, MSF doctors and nurses helped to meet basic medical needs and distributed 100 metric tons of food, tents, medicine, and thousands of gallons of water as part of initial relief efforts.
A decade-long conflict in the Democratic Republic of Congo (DRC) has cost an estimated three million lives and reduced an already impoverished country’s limited infrastructure to ruins. In 2004, local militias and government troops continued to prey on civilians throughout the east, exacerbating the dire situation of the people. While the medical needs of the Congolese people continue to rise, the public health services remain woefully inadequate. Endemic diseases—including measles, malaria, sleeping sickness, and cholera—claim thousands of more lives than the unending and largely underreported violence. MSF has responded by running hospitals, clinics, and nutritional programs in eight of the country’s ten provinces. MSF also maintains four permanent emergency teams covering the length and breadth of the DRC—a country the size of Western Europe—to respond to the frequent epidemics, violent displacements of Congolese, and nutritional crises.
More than 2.5 million children under the age of 15 worldwide are living with HIV/AIDS. Another 640,000 became infected in 2004. Nearly half of these children will die before their second birthdays. Yet few AIDS medicines are specifically designed for children, forcing them to swallow either adult pills cut in half or large volumes of foul-tasting syrups. The lack of children’s dosages makes it much harder for them to adhere to treatment. Field-based diagnostic tests are unavailable for children under 18 months of age, leaving doctors in the dark about their patients’ HIV status often until it is too late. Among MSF’s innovative activities to improve adherence, MSF medical teams in Thailand have designed an illustrated book to teach children about the disease affecting them. MSF is advocating for antiretrovirals and diagnostic tests that are specifically designed for children.
For 18 years, people in northern Uganda have endured a brutal conflict that remains nearly invisible to the outside world. An astonishing 80 percent of northern Uganda’s population—more than 1.6 million people—has been displaced. Conditions worsened in 2004 as the Lord’s Resistance Army and government forces clashed. While direct violence has affected tens of thousands, chronic food and water shortages along with treatable diseases like malaria and diarrhea also exact a heavy toll. MSF supports hospitals and runs mobile clinics that provide health care, nutritional assistance, and psychosocial counseling to people living in the five northern provinces that are affected by the fighting.
On June 2, 2004, five MSF aid workers were brutally murdered on a road between Khairkhana and Qala-I-Naw in Afghanistan’s Badghis province. They were traveling in a clearly marked MSF vehicle, returning from an MSF clinic. At the time, 80 MSF international volunteers and 1,400 Afghan staff were providing health care in 13 provinces. The murders came during a period in which attacks on aid workers and other civilians were on the rise in Afghanistan and fighting continued between insurgents and both the Afghan government and US-led forces. This direct attack, combined with further threats of attack and the Afghan government’s failure to rigorously investigate the violence and bring the perpetrators of this heinous crime to justice—even though Afghan authorities in Kabul had identified suspects—forced MSF to close all of its programs in July 2004. This incident ended 24 years of MSF’s independent humanitarian assistance to the Afghan people, who continue to live amidst conflict and uncertainty.
In 2004, Doctors Without Borders/Médecins Sans Frontières (MSF) provided humanitarian assistance in more than 70 countries. Countries receiving funding from MSF-USA are described in the Project Support 2004 section of this report.
Every night, thousands of children leave their homes in northern Uganda to avoid abduction by the Lord’s Resistance Army, which has abducted an estimated 20,000 children to serve as soldiers.

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The generous contributions of US individuals, foundations, corporations, and nonprofit organizations to Doctors Without Borders/Médecins Sans Frontières (MSF) helped to make possible the projects described in this section. Amounts contributed by MSF-USA to projects in these countries follow the names of each country listed. Additional funds for these projects were raised by other MSF offices. To learn more about these MSF aid projects and others, please visit www.doctorswithoutborders.org.
By documenting the potency of artemisinin-based combination therapy (ACT) for treating malaria, MSF has helped convince countries like Angola, Ethiopia, and Nigeria, particularly in areas of high drug resistance, to switch from ineffective anti-malarials to ACT.

Prior to closing all of its programs in Afghanistan following the killing of five MSF aid workers in June 2004, MSF worked in 13 of the country’s 32 provinces. MSF teams provided health care, conducted vaccination campaigns, treated tuberculosis and leishmaniasis, ran maternal health programs, rehabilitated hospitals, and ran clinics for internally displaced people and Afghan refugees returning from Pakistan and Iran.

Two years since the end of the country’s civil war, Angolans still suffer from endemic diseases and have limited access to health care. In one of its largest aid operations, MSF supported multiple hospitals and health centers in the provinces of Bié, Moxico, Huambo, Malanje, Zaire, Lunda Norte, Kuanza Sul, Huila, and Cuando Cubango. The organization also helped to improve diagnosis and treatment of malaria, sleeping sickness, tuberculosis (TB), and HIV/AIDS. During an outbreak of malaria in Matala in Huila province, MSF treated more than 15,000 people. MSF has treated at least 800 patients for sleeping sickness and has screened an additional 45,000 people for the disease in Bengo province since the project opened in 2002. MSF worked with more than 600 TB patients in Bié province.

This family—both parents suffer from mental disabilities—lives in a one-room hostel in Tchambarak City, Armenia, where the mentally ill are often isolated from society.

By documenting the potency of artemisinin-based combination therapy (ACT) for treating malaria, MSF has helped convince countries like Angola, Ethiopia, and Nigeria, particularly in areas of high drug resistance, to switch from ineffective anti-malarials to ACT.

MSF worked to improve the care for people with mental health problems in eastern Armenia’s Gegharkunik region. The priority is to improve outpatient care for the mentally ill by reducing their hospitalization and minimizing their social isolation.

Through Buhiga Hospital and ten health centers in the northern Karuzi province, MSF provided access to medical care and nutritional assistance to the estimated 300,000 residents. MSF carried out epidemiological surveillance in 13 health centers, distributed mosquito nets impregnated with insecticide, and sprayed houses and health structures to prevent malaria. MSF ran a 200-bed center for war-wounded in the capital, Bujumbura, and treated 5,000 patients a month in a health center in the northern suburb of Kinama. In Ruyigi province, MSF operated seven outpatient health centers for 120,000 people. MSF ran several wards in the provincial hospital in Makamba. Because sexual violence is widespread amid the unrest and conflict in Burundi, MSF ran comprehensive treatment and counseling programs for victims of sexual violence in three hospitals and one women’s health center.

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CAMBODIA $994,000
International staff: 20 National staff: 145

Expanding care for HIV/AIDS, tuberculosis, and malaria
MSF treated people living with HIV/AIDS, tuberculosis, and malaria through hospital and health centers in the capital, Phnom Penh; in Pailin municipality; and in the provinces of Kampong Cham, Siem Reap, and Takeo. By year end, MSF was providing antiretroviral (ARV) treatment to more than 3,500 people; that is, 70 percent of all those receiving ARV treatment in Cambodia.

CAMEROON $500,000
International staff: 10 National staff: 90

Treating HIV/AIDS and Buruli ulcer
In the capital, Yaoundé, and the city of Douala, MSF ran HIV/AIDS care and treatment projects reaching more than 3,000 people living with the disease. MSF also ran a surgical program to treat Buruli ulcer, a disease similar to leprosy that is treatable only through surgery, in the district of Akonolinga.

CHAD $1,063,000
International staff: 66 National staff: 580

Assisting refugees from Darfur
In eastern Chad, MSF continued to provide medical and nutritional care to thousands of Sudanese refugees who have fled ongoing violence in the Darfur region of Sudan. MSF teams launched a vaccination campaign against measles and meningitis that reached nearly 83,000 children and adults in the Iriba area, and ran the hospital in the town of Adre, performing 30 to 60 surgical interventions each month. In Breidjing camp, an MSF team provided medical and nutritional support to close to 42,000 refugees.

CHINA $300,000
International staff: 19 National staff: 60

Treating AIDS and assisting homeless children
In Xiangfan city, MSF ran a clinic that provides free treatment for opportunistic infections, gives antiretroviral (ARV) treatment, trains medical staff, and conducts educational activities for people living with HIV/AIDS and their families, as well as for the community. A similar program was operated in Nanning. MSF offered psychological, educational, medical, and social support to children in Baoji who have been abandoned, orphaned, or forced onto the streets by abuse. Since 1998, MSF has provided shelter, clothing, food, and medical care to hundreds of North Korean refugees hiding in China.

COLOMBIA $435,251
International staff: 40 National staff: 133

Curing for those isolated by war
MSF ran mobile clinics that provided basic medical and mental health care to civilians who are isolated by Colombia's ongoing civil war. The mobile clinic teams provided assistance in the departments of Norte de Santander, Tolima, Sucre, Bolivar, Córdoba, Caquetá, and Nariño. MSF provided basic health care to people living in Soacha district near Bogotá, where thousands of the country's displaced arrive each year. After six years in Cali, MSF handed over its urban-violence trauma center to local health authorities. MSF had carried out 34,000 consultations and treated 2,700 victims of urban violence, many suffering from paralysis.
REPUBLIC OF CONGO (CONGO-BRAZZA VILLE)

$850,000  
International staff: 36  National staff: 363

Treating victims of war

MSF provided basic health care, performed emergency surgery, vaccinated children against measles and polio, and treated people with malaria or tuberculosis in hospitals and mobile clinics in the Pool region, which had been at the center of the country’s civil war. At the height of the war, between December 2003 and May 2004, MSF conducted approximately 10,000 patient consultations each month in this region. In Kinkala, MSF opened a counseling center to help civilians cope with traumatic war experiences. Victims of sexual violence received comprehensive medical care and psychological support in Makélékélé and Talangaï Hospitals in the capital, Brazzaville. MSF continued to treat people suffering from sleeping sickness—which is fatal if untreated—in Nyazi, Bouenza, Mossaka, and Cuvette.

DEMOCRATIC REPUBLIC OF CONGO

$6,389,129  
International staff: 212  National staff: 1,829

Never-ending violence and health emergencies

In eight of the Democratic Republic of Congo’s (DRC) ten provinces, MSF continued to provide primary and secondary health care; nutritional assistance to malnourished children; surgery and care for war-injured civilians and victims of sexual violence; treatment for endemic diseases such as cholera, meningitis, measles, and sleeping sickness; and psychological counseling. Among these many projects, MSF vaccinated 500,000 children against measles and ran health-care clinics serving some 700,000 people in the Equateur and Orientale provinces. From June 2003 to January 2005, MSF treated and counseled more than 2,500 victims of sexual violence in Bon Marché Hospital in Bunia, a town in the Ituri region. MSF started a treatment program—the only one of its kind in eastern DRC—for severely ill people living with AIDS in the eastern town of Bukavu, located near the Rwandan border in South Kivu province.

ECUADOR

$118,260  
International staff: 12  National staff: 16

Confronting HIV/AIDS

MSF launched a project to improve care for people with HIV/AIDS in Guayas province and ran a sexual and reproductive health program focused on teenagers living in the Flor de Bastion slum of Guayaquil, Ecuador’s largest city.

ETHIOPIA

$1,119,000  
International staff: 57  National staff: 671

Advancing treatment for HIV/AIDS, tuberculosis, and malaria

Following intensive advocacy efforts by MSF and others, the Ethiopian government changed its national malaria-treatment protocol from the use of chloroquine and sulfadoxine-pyrimethamine, which are no longer effective due to parasite resistance, to highly effective artemisinin-based combination therapy. MSF started antiretroviral treatment for more than 100
people living with HIV/AIDS in the northwestern town of Humera, and offered voluntary HIV counseling and testing within the wider community. MSF treated tuberculosis among semi-nomadic people in Galaha in the northeast and in the Somali region; offered care for kala azar on the border with Sudan and Eritrea; and responded to multiple meningitis outbreaks in various parts of the country.

GEORGIA $1,057,000
International staff: 14 National staff: 65
Treating tuberculosis and aiding the excluded
In the separatist republic of Abkhazia, at Gulripsh Hospital, MSF treated approximately 240 people suffering from tuberculosis (TB) and another 20 patients living with the multidrug-resistant form of the disease. A team screened all prisoners in Dandra prison for TB. MSF supported a network of family doctors in their efforts to provide health care for the most vulnerable and excluded people in Abkhazia’s capital, Sokhumi, and in Tbilisi, the Georgian capital. MSF-supported doctors performed emergency surgery within Akhmeta’s district hospital in the volatile Pankisi Valley.

GUATEMALA $2,063,000
International staff: 26 National staff: 132
Responding to AIDS and assisting children
Approximately 67,000 of Guatemala’s 14 million people, including 4,800 children, are HIV-positive. By the end of 2004, MSF was providing and supporting antiretroviral treatment for nearly 1,100 people living with HIV/AIDS in four different locations in the country. MSF also ran a project in Guatemala City that provided free health care and psychological counseling to more than 700 children and young adults who are living on the streets.

GUINEA $603,000
International staff: 30 National staff: 414
Helping refugees and treating infectious diseases
MSF assisted refugees in Guinea; provided surgical and basic medical care; and treated tuberculosis (TB), malaria, and HIV/AIDS. In the capital, Conakry, and the Moyenne Guinée region, MSF trained local doctors and health workers to manage care for TB patients. MSF provided TB drugs for 4,500 patients and supplied 15 TB laboratories. In Conakry and Guéckedou prefecture, MSF operated free HIV-testing and treatment centers that offered care for opportunistic infections, provided treatment with life-extending antiretroviral medicines, and gave out information on the disease. In N’zérékoré prefecture, MSF provided basic medical and maternity care, vaccinations, and therapeutic feeding for people living in two refugee camps.

HAITI $2,063,000
International staff: 26 National staff: 132
Aiding victims of violence and natural disasters
MSF responded to both civil unrest and natural disasters that struck Haiti. MSF installed a 42-bed emergency unit in Saint Joseph’s Hospital in the capital, Port-au-Prince, and offered assistance to victims of violence and trauma. In the district of Artibonite, MSF provided medical care to a population of about 90,000 people. MSF built a maternity care facility in Petite Rivière. When floods hit villages near the Haitian-Dominican Republic border, MSF organized helicopter emergency evacuations from the region to Port-au-Prince. MSF treated the most urgent cases at a health center in the village of Fonds Verrettes. After tropical storm Jeanne struck, MSF conducted more than 500 consultations a day, many involving minor surgery, at the Raboteau health center in the city of Gonaïves. In Port-au-Paix, a team provided emergency medical care, maternity care, and treatment for children at the town’s public hospital, and at a primary health-care unit in the nearby village of Chansolme.

INDIA $10,000
International staff: 17 National staff: 194
Assisting isolated civilians
MSF established seven counseling outposts within health facilities in the Kashmir valley to provide medical and psychosocial support to those traumatized by the ongoing conflict in Jammu and Kashmir state. MSF continued to bring essential medical care to tens of thousands of people in northeastern Assam state, and started a project to provide basic health care with a focus on maternal care and malaria treatment in Manipur state. An MSF emergency team assisted people affected by monsoon flooding in Bihar state.
INDONESIA $57,000
International staff: 17 National staff: 194
Helping victims of infectious disease and violence
Beyond tsunami emergency aid (see “Year in Pictures”), MSF assisted people living with HIV/AIDS who were receiving both inpatient and outpatient care in the Merauke district hospital. MSF offered medical assistance and psychological support to the people in Ambon and helped to address urgent water and sanitation problems.

IRAN $100,000
International staff: 17 National staff: 30
Aiding earthquake survivors and refugees
MSF provided medical assistance, maternal health care, and obstetric services to Afghan refugees in the city of Mashhad, located in the northeastern border province of Khorasan. In the city of Zahedan in southeastern Sistan-va-Baluchestan province, MSF offered medical care and treated malnutrition among Afghan refugees. Following the December 2003 earthquake in Bam, MSF provided 9,000 medical consultations and psychosocial support to 3,000 people in the devastated city.

IRAQ $57,000
International staff: 4 National staff: 87
Caught in a spiral of violence
MSF stopped activities in Iraq in November 2004 due to growing violence and subsequent concerns about the safety of staff. MSF had been helping civilians in Sadr City in Baghdad, where two million residents had little access to basic health care. By mid-2004, MSF teams were providing basic and prenatal care as well as nutritional support for malnourished children in three of the area’s health clinics. More than 3,000 medical consultations were provided each week in these clinics. When Sadr City underwent a siege in mid-2004, the team treated 40 to 50 people wounded during the standoff.

IVORY COAST $2,486,000
International staff: 68 National staff: 851
Providing care amid civil strife
Throughout the year, MSF responded to emergencies and ongoing needs in both government- and rebel-controlled areas of Ivory Coast. MSF ran the pediatric and maternity wards, as well as two 24-hour operating rooms of the 160-bed main hospital in Bouaké. In Korohgo, an MSF medical team operated two health centers and a maternity department, with 250 deliveries per month, until December 2004. Medical teams performed surgery and ran a therapeutic feeding center in Man Hospital in western Ivory Coast. In Danané, one MSF team supported a hospital and another provided consultations and emergency care at Bin Houyé Hospital, near the Liberian border. MSF offered medical care to the more than 5,000 inmates crammed into the 1,500-inmate capacity MACA prison in Abidjan, and began treating people with multidrug-resistant tuberculosis.

KENYA
MSF provides antiretroviral treatment to more than 3,000 people living with HIV/AIDS.

When floods hit villages near the Haiti-Dominican Republic border, MSF organized helicopter emergency evacuations. And after tropical storm Jeanne, MSF conducted more than 500 consultations a day, many involving minor surgery, in the city of Gonaives.
KENYA $2,717,274
International Staff: 39  National Staff: 253

Expanding treatment for people with AIDS
In the cities of Homa Bay, Busia, Kibera, and Nairobi, MSF provided care, antiretroviral treatment, and counseling for more than 3,000 Kenyans living with HIV/AIDS. MSF provided treatment for HIV patients who were co-infected with tuberculosis and home-based care for more than 1,500 patients who were too weak to access health facilities. In April 2004, MSF started a therapeutic feeding program in Turkana, located in the drought-stricken north of the country.

LIBERIA $2,172,000
International Staff: 70  National Staff: 450

War ends, but health needs continue
MSF worked in Bong, Lofa, and Nimba counties, providing medical assistance to displaced Liberians. In the capital, Monrovia, MSF operated and supported Benson Hospital, Mamba Point Hospital, Redemption Hospital, and the 50-bed Island pediatric facility. Teams also managed therapeutic feeding centers in Monrovia, treating severely malnourished children. Combined, the MSF teams treated on average between 1,500 and 2,000 people a day. Since a dedicated program for victims of sexual violence was begun in three camps for displaced people north of Monrovia, MSF has cared for more than 800 people.

MALAWI $1,666,000
International Staff: 19  National Staff: 181

Seeing success against AIDS
MSF provided medical care and antiretroviral treatment to more than 4,500 people living with HIV/AIDS in the southern districts of Chiradzulu and Thyolo. Working in two hospitals, ten health centers, and multiple clinics in Thyolo, MSF offered voluntary counseling and testing services, care and treatment for opportunistic diseases (including tuberculosis), prevention of mother-to-child transmission, and home-based care. In Chiradzulu, MSF cared for people with HIV/AIDS in the district’s central hospital and through bimonthly clinics in 11 district health centers. MSF also conducted community outreach to fight the stigma associated with the disease. In addition, MSF responded to nutritional emergencies and outbreaks of diseases, such as cholera, when needed.

MADAGASCAR $249,000
International Staff: 8  National Staff: 72

Reaching out to the most vulnerable
MSF offered medical, nutritional, social, and legal assistance to children and families living on the streets, in detention centers, and in temporary shelters in the capital, Antananarivo.

NEPAL $115,000
International Staff: 10  National Staff: 24

Assisting civilians trapped by conflict
MSF carried out approximately 900 inpatient and outpatient consultations each month and treated 70 people with tuberculosis in the Rukum district hospital of mid-western Nepal, where government and Maoist rebels are fighting.

NIGER $497,000
International Staff: 9  National Staff: 100

Fighting malnutrition and epidemics
Every year, diseases such as measles, meningitis, and cholera hit different regions of the country causing tremendous illness and exacerbating the ongoing problem of malnutrition. MSF ran an
INNOVATIVE

MSF has developed a home-based therapeutic feeding approach to treat severe malnutrition, in which children, after initial screening and medical care, can complete their recovery at home with their family—10,000 children in Maradi, Niger, were cured this way.

RUSSIAN FEDERATION

$406,000
International staff: 6
National staff: 135

Assisting displaced Chechens

In the Russian Federation, MSF works primarily in the republics of Chechnya and Ingushetia, where it depends largely on its national staff to carry out its aid due to the security risks—such as the threat of kidnapping—to international aid workers. MSF has continued to run mobile clinics, improve hygiene standards, rehabilitate maternity facilities, increase pediatric care, and provide medical supplies and drugs for the displaced people remaining in Ingushetia. MSF also built more than 300 new temporary housing units and rehabilitated many more for Chechens in the Ingush republic. MSF also continued to supply hospitals and clinics inside Chechnya.

SIERRA LEONE $1,543,000
International staff: 7
National staff: 29

Giving medical care to survivors of war

Much of MSF’s work focused on providing and improving basic health care for both Sierra Leoneans and refugees from other

Peru $155,000
International staff: 6
National staff: 42

Helping victims of domestic violence

In Villa El Salvador, a slum on the outskirts of Lima, the capital, MSF developed a program aimed at empowering children and adolescents who have been victims of domestic violence. In the Lurigancho prison, MSF carried out more than 1,600 medical consultations, mostly involving care of people with sexually transmitted infections and opportunistic infections related to HIV/AIDS.

Nigeria

$300,000
International staff: 23
National staff: 70

Responding to AIDS, malaria, and violence

At the General Hospital-Lagos, MSF ran a care and treatment program for people living with HIV/AIDS. In isolated and swampy parts of southern Bayelsa state, MSF teams provided basic health care at several health centers and supported a number of clinics with drug donations. MSF was able to advocate successfully for a change in the national malaria-treatment protocol and the introduction of artemisinin-based combination therapy as the first-line treatment for malaria. After hundreds of people were killed during violent clashes in the town of Yelwa in Plateau state in May 2004, MSF assisted thousands of destitute, displaced people who had fled to neighboring states and provided them with mental health services.

Malawi

MSF provided antiretroviral treatment to more than 4,500 people living with HIV/AIDS in the Chiradzulu and Thyolo districts in Malawi.

Emergency nutrition program in the southwestern province of Maradi, providing nearly 10,000 severely malnourished children with medical and nutritional care and treatment. In collaboration with the Ministry of Health, MSF carried out a massive measles-vaccination campaign in the capital, Niamey, and in two surrounding districts.

Nigeria

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International staff: 23
National staff: 70

Responding to AIDS, malaria, and violence

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National staff: 135

Assisting displaced Chechens

In the Russian Federation, MSF works primarily in the republics of Chechnya and Ingushetia, where it depends largely on its national staff to carry out its aid due to the security risks—such as the threat of kidnapping—to international aid workers. MSF has continued to run mobile clinics, improve hygiene standards, rehabilitate maternity facilities, increase pediatric care, and provide medical supplies and drugs for the displaced people remaining in Ingushetia. MSF also built more than 300 new temporary housing units and rehabilitated many more for Chechens in the Ingush republic. MSF also continued to supply hospitals and clinics inside Chechnya.

Sierra Leone

$1,543,000
International staff: 7
National staff: 29

Giving medical care to survivors of war

Much of MSF’s work focused on providing and improving basic health care for both Sierra Leoneans and refugees from other

Peru

$155,000
International staff: 6
National staff: 42

Helping victims of domestic violence

In Villa El Salvador, a slum on the outskirts of Lima, the capital, MSF developed a program aimed at empowering children and adolescents who have been victims of domestic violence. In the Lurigancho prison, MSF carried out more than 1,600 medical consultations, mostly involving care of people with sexually transmitted infections and opportunistic infections related to HIV/AIDS.

Malawi

MSF provided antiretroviral treatment to more than 4,500 people living with HIV/AIDS in the Chiradzulu and Thyolo districts in Malawi.

Emergency nutrition program in the southwestern province of Maradi, providing nearly 10,000 severely malnourished children with medical and nutritional care and treatment. In collaboration with the Ministry of Health, MSF carried out a massive measles-vaccination campaign in the capital, Niamey, and in two surrounding districts.

Nigeria

$300,000
International staff: 23
National staff: 70

Responding to AIDS, malaria, and violence

At the General Hospital-Lagos, MSF ran a care and treatment program for people living with HIV/AIDS. In isolated and swampy parts of southern Bayelsa state, MSF teams provided basic health care at several health centers and supported a number of clinics with drug donations. MSF was able to advocate successfully for a change in the national malaria-treatment protocol and the introduction of artemisinin-based combination therapy as the first-line treatment for malaria. After hundreds of people were killed during violent clashes in the town of Yelwa in Plateau state in May 2004, MSF assisted thousands of destitute, displaced people who had fled to neighboring states and provided them with mental health services.

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DOCTORS WITHOUT BORDERS
MÉDECINS SANS FRONTIÈRES (MSF)

US ANNUAL REPORT 2004

$ 9,779,328
International staff: 282  National staff: 3,657

SUDAN
Caring for victims of war, malnutrition, and disease

Beyond the crisis in Darfur (see “Year in Pictures”), MSF ran entire hospitals in Akum, in Bahr el Ghazal province, and in Bentiu, in Western Upper Nile province, providing primary health care and treatment for tuberculosis (TB), malaria, and kala azar. MSF also treated people with TB in the towns of Mapel and Lankien in Upper Nile province. MSF worked to control outbreaks of sleeping sickness—a disease endemic to southern Sudan that is fatal if untreated—around the towns of Kajo Keji, Ibba, and Kotobi in Western Equatoria province. Approximately 3,300 patients received treatment for kala azar through MSF projects in the towns of Walgak, Wudier, and Lankien in Upper Nile province, in Umm el Kher in the eastern state of Gadaref, and in Bentiu.

$ 235,000
International staff: 25  National staff: 102

SUDAN
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$ 305,000
International staff: 7  National staff: 29

SOUTH AFRICA
Treating AIDS patients

MSF ran three treatment clinics within primary health-care centers, which provided antiretroviral (ARV) treatment to more than 2,000 HIV-positive people in Khayelitsha township in the Western Cape province. In Lusikisiki, in the Eastern Cape province, a poor area with an HIV-prevalence rate of 30 to 40 percent, MSF treated opportunistic infections and began to offer ARV treatment in 11 rural clinics and in the district hospital. MSF also offered trauma counseling and medical treatment, including post-exposure prophylaxis to prevent HIV transmission, at the Simelela Rape Survivors Center in Khayelitsha.

$ 225,000
International staff: 2  National staff: 6

SOUTH KOREA
Assisting refugees fleeing deprivation and violence

Each year, hundreds of North Korean refugees flee oppression, hunger, and violence in their country, arriving in South Korea, where the size of the refugee population reached more than 5,000 by June 2004. Once they arrive in South Korea, the refugees encounter stigmatization and rejection. Of the 60 refugees who had been assisted by MSF psychologists and physicians during the first nine months of their arrival in South Korea, almost 70 percent experienced mild to extremely severe psychological problems. MSF systematically documents the hardships faced by North Korean refugees through the collecting of personal testimonies from refugees and speaking out at international forums about their plight.

$ 55,492
International staff: 0  National staff: 13

SPAIN
Supporting desperate migrants in Canary Islands

MSF provided medical assistance, food, blankets, and water to migrants who arrived by boat or rafts on Fuerteventura in the Canary Islands or who had been detained by Spanish authorities. MSF advocated for the government to provide assistance to these immigrants, who are typically immediately deported or detained.
Each year, traveling in vehicles—or even by boat or horseback—MSF’s mobile clinics provide medical consultations, vaccinations, and psychosocial support to approximately 50,000 Colombians who are isolated by the country’s civil war.

**UGANDA** $1,642,000
*International staff: 50  National staff: 277*

**Confronting the effects of war and AIDS**
Through hospitals and mobile clinics, MSF provided health care, ran nutritional programs, and offered psychosocial counseling to people living in towns and displaced-persons camps in Soroti, Gulu, Kitgum, Lira, and Pader provinces in northern Uganda. In Arua, MSF provided medical care for nearly 3,000 people living with HIV/AIDS, and by the end of the year, was treating more than 1,200 patients with antiretroviral (ARV) medicines. The program included voluntary testing and counseling as well as prevention of mother-to-child transmission of HIV. In Amudat, in the remote eastern Karamoja region, MSF treated people for kala azar.

**ZAMBIA** $130,000
*International staff: 7  National staff: 69*

**Containing cholera outbreaks**
Responding to simultaneous cholera epidemics in the capital, Lusaka, and farther north in Kabwe, MSF treated 7,600 cases, distributed cholera-treatment kits, trained local medical staff on case management and infection-control procedures, raised awareness about the availability of care, and helped purify water sources.

**ZIMBABWE** $371,050
*International staff: 17  National staff: 73*

**Expanding HIV/AIDS care**
In Bulawayo, MSF worked in two hospitals to prevent transmission of HIV from mothers to children, reaching more than 1,500 women and children. MSF also began treating 700 people living with HIV/AIDS, providing antiretroviral (ARV) medications to part of this group. In rural Tsholotsho district, MSF has been providing nutritional assistance to malnourished children. Hospital wards in the district are filled with people with HIV/AIDS who have no access to care, and, as result in 2004, MSF started supporting one hospital and three clinics, offering voluntary HIV counseling and testing, prevention of mother-to-child transmission, and treatment of opportunistic infections. MSF plans to provide ARV treatment through this program in 2005.

**ADVOCACY, COORDINATION, AND RESEARCH**

**MSF International Office** $416,805

**Supporting advocacy and network coordination**
As part of the MSF network, MSF-USA helped to support the MSF International Office, which coordinates common projects on behalf of MSF’s 19 sections worldwide. It also supported MSF’s medical and humanitarian advocacy efforts with the United Nations and other international bodies.

**MSF’s International Campaign for Access to Essential Medicines** $250,000

**Confronting barriers to treatment**
MSF-USA supported this advocacy campaign, which draws on MSF’s field experience to promote greater access to affordable and effective medicines and diagnostics.

**Drugs for Neglected Diseases Initiative (DNDi)** $692,917

**Developing medicines for forgotten diseases**
This partnership involving MSF, the World Health Organization, and key public research institutes was launched in 2003 to research and develop new medicines to treat diseases such as sleeping sickness, kala azar, and Chagas disease. DNDi is also working to register existing medicines with drug regulators so that they can be used against these neglected diseases.

**Epicentre** $373,000

**Carrying out operational research**
Epicentre is a nonprofit research center that was founded by MSF in 1987. MSF has supported the operational research efforts of Epicentre, which conducts epidemiological assessments and studies to assist MSF in understanding medical and nutritional needs, improving treatments, and developing high-quality health care initiatives in its field projects.

Other donor-designated funds $7,500
Bangladesh, Honduras, Mexico, Myanmar (Burma), Nicaragua, The Philippines, Rwanda, Somalia, and Uzbekistan

**TOTAL PROJECT SUPPORT THROUGH US PRIVATE FUNDING IN 2004:**
$49,284,219
All of Doctors Without Borders/Médecins Sans Frontières’ (MSF) activities depend on the hard work and dedication of the hundreds of people who volunteer in our field projects around the world. When a crisis unfolds, they make themselves and their skills available at a moment’s notice, usually dedicating 6 to 12 months to each assignment. Their expenses are covered and they receive a modest stipend as compensation for their commitment. In 2004, the organization sent physicians, surgeons, nurses, psychologists, midwives, logisticians, and administrators on more than 3,400 medical humanitarian aid projects. Individuals recruited by MSF-USA conducted 151 aid projects in 2004. At each project location, international volunteers worked alongside national staff members to provide urgently needed medical assistance.
MSF volunteers sent to field projects

Alfred Abraham, NY, Physician, Liberia
Marcella Altheimer, Physician, Niger
Jorge Alvarado, Costa Rica, Physician, Guatemala
Mark Ashby, IN, Logistician/Construction, Kenya
Voitek Asztabski, Poland, Logistician/Construction, Ivory Coast
Severine Autesserre, NY, Humanitarian Affairs Officer, Democratic Republic of Congo
James Balz, WA, Surgeon, Liberia
Delphine Barringer, NY, Human Resources Management Field Officer, Sudan
Iris (Edith) Bazing, MD, Physician, Chad
Debora Bear, IL, Nurse, Guatemala
Tania Bernath, NY, Humanitarian Affairs Officer, Uganda
Bryan Blondeau, WA, Logistician, Malawi
Jane Boggini, CT, Nurse, Liberia
Allyson Bowers, GA, Nurse, Sudan
Steven Brash, CO, Physician, Uganda
Mary Briggleman, MD, Nurse, Uganda
Wil Brown, AL, Administrator, Sudan
Patricia Campbell, NY, Physician, Ethiopia; Field Coordinator/Physician, Democratic Republic of Congo
Laura Cobey, NY, Nurse, Sudan
Diane Collari, MA, Nurse, Sierra Leone
Jason Cook, CA, Physician, Sudan
Colleen Cowhick, CO, Head of Mission, Liberia
Jane Coyne, CA, Logistician/Water-Sanitation, Uganda
Michael Cross, FL, Logistician, Uganda, Somalia
Albana Dassori, TX, Mental Health Specialist, South Korea
Brett Davis, PA, Logistician, Sudan
Christopher R. Day, SC, Field Coordinator, Uganda
Henry Debusmann, OH, Logistician/Administrator, Liberia
Karen Decker, NY, Nurse, Angola
Terufat Denke, VA, Logistician/Administrator, Sudan
Sachin Desai, MI, Physician, Liberia
Mary Dirksen, WA, Field Coordinator/Nurse, Ethiopia
Timothy Downing, CA, Anesthesiologist, Liberia
Jerry S. Ehrlich, NJ, Physician, Sudan
Katherine Evans, NY, Administrator/Financial Controller, Guatemala
Michael Fincher, GA, Physician, Uzbekistan
Maureen Foley, WA, Nurse, Uganda
Mary Jo Frawley, CA, Nurse, Sudan
Carlos Eduardo Giraldo, NY, Physician, Uganda
Camilo Gomez, Colombia, Physician, Angola
Jorge Arturo Gonzales Duran, Colombia, Physician, Uganda
James Goodson, MD, Field Coordinator, Malawi; Nurse, Sudan
Kelly Grimson, CT, Medical Coordinator/Nurse, Angola
Maria Guevara, AL, Physician, Liberia
Katherine Hagerty, OR, Field Coordinator/Nurse, Sudan
Richard Hamner, CA, Physician, Malawi
Michael Hauty, OR, Surgeon, Burundi
Nils Hennig, NY, Medical Coordinator, Uganda
Jessica Hermosilla, NY, Logistician/Administrator, Sudan
Jennifer Hunt, WA, Nurse, Malawi
Catherine Husa-Husseini, NY, Physician, Democratic Republic of Congo
Samuel Huston, WI, Logistician, Uganda
Janette Ingram, TX, Physician, Liberia
Dorothea Janney, NC, Nurse, Sudan
Jill John-Kall, NY, Physician, Uganda
Joan Johnson, NV, Nurse, Liberia
Don Johnston, CO, Logistician, Sudan
Bruce Jones, MO, Surgeon, Liberia
Simerjit Kaur, TX, Physician, Somalia
Michelle Kelly, CA, Nurse, Somalia
Anne Marie Kilmartin, MA, Nurse, Sudan
Eamonn Kilmartin, CT, Field Coordinator, Afghanistan
Hak Nam Kim, Argentina, Physician, Colombia
Lauren Kosinski, NY, Surgeon, Liberia
Roshan Kumarasamy, CA, Logistic Coordinator, Sri Lanka
Heemun Kwack, CO, Physician, Liberia
Ruth Lagerberg, NY, Midwife, Sudan
Kathleen Le Fevre, CA, Nurse, Sudan
Ya-Ching Lin, AZ, Epidemiologist, Sudan
Lisabeth List, TX, Emergency Coordinator/Nurse, Uganda and Sudan
John Lovejoy, NY, Physician, Niger
Javier Luza, Chile, Physician, Sudan
Kathryn MacLaughlin, MA, Logistician/Water-Sanitation, Liberia
Jennifer Mann, NV, Nurse, Sudan
Sylvia Martinez, CA, Nurse, Angola
Marcia Mayer, FL, Nurse, Mozambique
Margaret McChesney, AZ, Field Coordinator/Nurse, Angola
Eileen McDonald, AZ, Nurse, Sudan
Kathleen McGregor, WA, Nurse, Uganda
Alexandra McLaren, AZ, Administrator/Financial Controller, Uganda
Juliet Melzer, CA, Physician, Liberia
Caitlin Meredith, CA, Epidemiologist, Sudan
Jeryllyn Merritt, AZ, Nurse, India
Piotr Michałowski, WA, Anesthesiologist, Liberia
Michael Mills, MN, Logistician/Administrator, Sudan
Suerie Moon, CA, Administrator/Financial Controller, Democratic Republic of Congo
Nicola Moore, MA, Physician, Sudan
Adrienne Moore, NY, Physician, Liberia
Max Morel, CO, Field Coordinator, Democratic Republic of Congo
Virginia Morrison, MA, Nurse, Angola
Patrick Murphy, CA, Nurse, Sudan
Joseph Musa, VA, Logistician/Water-Sanitation, Burundi
Gary Myers, OK, Surgeon, Liberia
Patrick Nagle, CA, Nurse, Sudan
Sally Najera, MI, Nurse, Liberia and Sudan
Sussann Nasr, NY, Physician, Angola
Christina Negele, IL, Nurse, Zambia
Eileen Nelan, NJ, Nurse, China
John O’Mara, NY, Physician, Kenya
Paul Orehoff, NJ, Administrator, Uganda
Peter Orr, NY, Field Coordinator, Liberia
Robyn Osnow, NY, Mental Health Specialist, Liberia
Hansel Otero, TX, Physician, Sudan
Olufemi Owoweye, MA, Physician, Ethiopia
Jennifer Pahl, AK, Field Coordinator/Nurse, Sudan
Gandi Pani, TN, Nurse, Sudan
Lisa Pint, IL, Nurse, Sudan
Darin Portnoy, CO, Physician, Liberia
Amulya Reddy, NC, Physician, Chad
Eugene Richardson, NY, Laboratory Technician, Sudan
Christa Robertson, CA, Nurse, Sudan
Paul Roddy, NM, Field Coordinator, Uganda
Megan Roth, IN, Nurse, Sudan
Jonathan Scheffer, CA, Physician, Burma
Erik Schuchmann, TX, Logistician, Uganda
Joseph Schuchter, KY, Epidemiologist, Ethiopia
Jill Seaman, ID, Field Coordinator/Physician, Sudan
Louana Seibold, CA, Midwife, Liberia
Erika Seid, CA, Mental Health Specialist, Congo Republic
Chetan Seshadri, NC, Physician, Malawi
Ali Shadchehr, OH, Physician, Palestinian Territories

INTERESTED IN VOLUNTEERING WITH MSF?

MSF is always looking for motivated and skilled medical and non-medical volunteers for our field projects around the world. For more information on requirements visit: doctorswithoutborders.org

MSF-USA also needs volunteers and interns to work in its offices in New York and Los Angeles. For more information, please visit our website or call 212-679-6800.

Sharmila Shetty, NY, Physician, Sudan
Todd Graham Smith, FL, Logistician, Ethiopia
Jonathan Spector, MA, Physician, Sudan
Amy Starke, NY, Nurse, Congo Republic
Karen Stewart, CO, Health Educator/Trainer, Nigeria
Molly Sweeney, AZ, Nurse, Sudan
Holly Taggart, NC, Nurse, Sudan
Anna Christina Tavares, NY, Health Educator/Trainer, Zambia
Aurora Teixeira, WI, Head of Mission, Angola
Christiane Thiël-Carruth, OR, Nurse, Uganda
Vanessa Bye Van Dyke, VT, Field Coordinator/Nurse, Sudan
Gwen Vogel, NY, Mental Health Specialist, Nigeria
Moirà Walsh, MN, Logistician/Water-Sanitation, Uganda
Benjamin Wan, NY, Physician, Sudan
Ed Ward, CO, Physician, Liberia
Elizabeth Wentzel, NM, Nurse, Ethiopia
Margo White, OH, Physician, Sudan
Annie Whitehouse, CO, Field Coordinator/Nurse, Kenya
Margaret Wiedau, ID, Field Coordinator/Nurse, Guatemala
P. Hope Willson, TX, Nurse, Sudan
Jason Wong, WA, Physician, Sudan
Martin Wong, SC, Mental Health Specialist, India
Ahmed Zouiten, NC, Medical Coordinator/Physician, Laos
Doctors Without Borders/Médecins Sans Frontières (MSF) is extremely grateful for the financial support it receives from individuals, foundations, corporations, and other organizations. Your generosity allows MSF to respond quickly to emergencies around the world, to develop innovative and effective approaches to assisting people in need, to combat infectious diseases, and to operate independent of political, economic, or religious interests.

INDONESIA
An MSF team sets up a mobile clinic in Banda Aceh in Aceh province, Indonesia.
$1 MILLION +
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$5,000 throughout the course of the year are highlighted in red in the following pages.

We are truly grateful for the generous commitment of all our Field Partners.

Speed Saves Lives:
Field Partners Strengthen MSF’s Actions Every Day
More than 15,000 people are members of our monthly giving program, providing MSF with more than $3.2 million in regular and predictable income in 2004. These ongoing contributions allow us to respond immediately to emergencies and to make solid commitments to new and current projects. Field Partners who contribute more than $5,000 throughout the course of the year are highlighted in red in the following pages.

Field Partners make a monthly contribution and appear in red. *Supporter who has made a multi-year pledge as part of MSF’s major gift initiative # In-kind Contribution
INDIA

MSF provides counseling to people suffering from mental trauma as a result of the ongoing violence in Kashmir.

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Ms. Phyllis Bannister & Ms. Patricia Bannister
Caroline C. Banwell
Ruth N. Barber

Jeffrey B. Barden
Richard Barna & Eileen Maisel
Mr. & Mrs. Simon Barouch
Chris & Gayle Barry
Ms. Margaret L. Bates
Eric Bauer
Claire Bean
Beatrice Synder Foundation
Anne Beckett
Ralph & Elizabeth Begley
Pete & Elizabeth Beglin
Joan & Richard Bellis
Harold Bennett

Jeff & Lisa Bennett
David Berkowitz
Charles & Melanie Berman
Martina Bernstein
Faith A. Berry
Walter Berthiaume
James F. & Doris Besikof
Mr. & Mrs. Harold L. Biggs
BioForm, Inc.
Laszlo Birinyi Jr.

29
MAKE A PLANNED GIFT

By providing for MSF in your financial planning, you will help ensure our ability to respond to the challenges we will face now and in the future.

**MSF’s Legacy Society**

Each year, many of our loyal supporters join our Legacy Society by naming MSF in a will or trust, or as a beneficiary of a life-insurance policy, financial account, Individual Retirement Account (IRA), or other qualified retirement programs. As a member of our Legacy Society, you will receive updates about our work around the world and will be listed in our annual report.

**Charitable Trust and Gift Annuities**

Planned giving through Charitable Trusts and Gift Annuities offers an opportunity to leverage your commitment to MSF, while also receiving substantial, individual tax benefits. For information about MSF’s planned giving programs, please call 212-679-6800.

### Field Partners

Field Partners make a monthly contribution and appear in red.

*Supporter who has made a multi-year pledge as part of MSF’s major gift initiative  # In-kind Contribution

**Judy Bischoff**

David Blatt MD, & David Moore, DO

Nancy H. Blood

A.J.P. Boccino-Washburn

Victoria Boisen, DO

Serine Bonnist

Robert Bookman

Nicholas & Lise Borg

Timothy Boudreau

Mr. & Mrs. Everett Bovard

Harriet Butler

John Burns

The Estate of Regina Butler

Harley & Diane W. Cahen

Ms. Bonnie Campbell

Martha Campbell

The Estate Of Harriet T. Cantor

Alexander E. Carles

Ms. Ava Carter

Jennifer C. Carter

Dr. & Mrs. W. L. Carter Jr.

The Cavley Family

CERN Foundation

Kamlesh & Lucy Chainani

James Chambers

Germaine Chan

Laurence J. Chang

Anne Chao

Charles A. Mastronard Foundation

Charles Butt Foundation

Maritza & Francois Chateau

Anna Chavez & Eugene Eidenberg

Ying Chen

Matthew Cheng

C D. Christensen

Cissy Patterson Foundation

Lee Clarke & Kristin Neun

The Clovis Foundation

Paul A. Cohen

Nancy Colailllo

Congregation Emanu-El of the City of NY

Brian Conlon

Daniel Cooper

John & Jeanne Cote

William Cottrell

Countess Moira Charitable Foundation

Jean Crandall

David & Judith Craver

Sondra Crook

Harriet L. Culver

The Danielson Foundation

The David Butler Family Foundation

Mr. & Mrs. Edward Davis

Richard Davis

Harry G. De Meo, MD

Luc & Rieve De Wulf

William & Donna DeSeta

Raymond Desroches

Deutsche Bank Americas Foundation

Irene Devine & Harold Schneider

Mr. Daniel M. Dobkin

Dowd Trust-I Fund

Richard & Sandra Downing

James Doyle

Mary J. Doyle

Karen & Gordon Dressler

Mr. & Mrs. Kingston S. Duffie

Eileen Duggan

The Ebb Point Foundation

Walter Eberstadt

The Edith W. Macguire Charitable Trust

Mr. & Mrs. Edmundson

Paul Egerman

David & Lynne Eggert

Stephan J. Ehnhart

Tom Eisenberg

Jill Eisner

Peter & Cami Elbow

Electric Picture Solutions

Elephant Rock Foundation

Elliot & Roslyn Jaffe Family Foundation

Daniel & Pamela Elliot

Viola Ellison

The Episcopal Church in the Diocese of NW Texas

Hans & Mary Lou Ernst

George C. & Nerys Estes, Jr.

Eule Charitable Foundation

Hazel M. Farrington

Fastener City

Nastaran Fathi, MD

Federal Express Services

James & Tammy Felt

Ferguson Foundation

Arthur B. Ferguson

Fidelity Cares

Maria & Robert Finegan

Daniel P. Florio

Pawel Fludzinski*

Falko Forbrich

Philip R. Forlenza

Tina Foster

French American Charitable Trust

Carol Frick

Robert Friedman & Jane Grenadier

Mr. Andrew I. Fury

Monique & Yves Gaden

The Estate of Nathan Galloway

Mr. & Mrs. Timothy Galston

Elin Gardiner

Nick Gehl

Matthew Geiger

General Atlantic Partners

David W. Gengler

George & Sipes

Dave & Betsy Gifford

Virginia A. Gilder

Mr. & Mrs. Milton Glaser

Glens Falls National Bank & Trust

Company

Glynton Handkerchief Company, LLC

GMW Associates

John Gnuze

Michael Goldenberg

Richard Goldman

Keith Goldstein

Patricia Goss-Rhodes

The Gottlieb Family Foundation

David & Melodie Graber

Leslie Graceffo

Mr. & Mrs. Robert H. Graham

The Estate of J.M. Gramling

Athena Grant

Kathryn Grant

The Estate of Penny Greenfield

Leon Greenspan, MD

The Gregor G. Peterson Family Foundation

Nicholas P. Greville

Frank & Carol Gruen

Mr. Manuel Guerra

Roger Gural

Guzman, LLC

Carl Haefling & Pamela Johnson

Mr. Philip J. Hahn

Charles & Susan Hairston

The Estate of Nancy J. Hall

Edward Hamlin

Lynn Hanna

Lars Hansen & Grace Tsiang

Dean L. Hanson

Gordon Hanson

The Harlan E. Anderson Foundation

Tom Harvey Sr. & Patricia Powers

Francis W. & Serena Hatch

Janice Haymond

Hedgehog Capital, LLC

Roslyn Hees & Donal O’Leary

Wes Hepper

Elizabeth Herbert & Donald Guthrie

Joseph Higdon & Ellen Sudow

Joseph & Dorothy Highland

Anna G. Highsmith

Charles Hirschler & Marianne Rosenberg

Susan Hirschman

Dr. Michael Hoessly & Dr. Selina Luger

Jeff Hoffman

Paul F. Hoffman & Erica Westbrook

Don Hogeland & Kathy Boullin

The Holborn Foundation

Ms. Holland

Trish & John Hooper

Natalie A. Hopkins

Nancy F. Houghton

The Howard and Barbara Forkas Foundation
Within 72 hours of the Indian Ocean tsunami, MSF had received $6,470,650 in donations through its website.

INDONESIA

An MSF aid worker surveys a damaged site in Banda Aceh, Indonesia.

Pamela & Andrew Kaufmann
Ruth Kaufmann
Ken & Kerry Kay
Elizabeth Keade
Keare Hodge Family Foundation
Patricia Keegan, MD, & Thomas E. Lennon
Mr. Vaughan Kelly
Ken E. Joy Family Fund
The Kendzierski Family Fund
Kathy Kennedy
Ms. Frances E. Kent
Mr. & Mrs. Kenneth Key
Todd & Laurie Khoury
Kieve Foundation
Christian E. & Linda Kimball
Barbara Kirchheimer
John & Cornelia Kittredge
Katherine J. Klein & J. Gomperts
The Knorr Charitable Foundation
William C. Kohler
Gabrielle Kopelman
Caleb Kramer & Ryan Allen
Mr. Douglas Kreeger
George W. & Edwynne Krumme
Rhiannon Kubicka
Kurtin Family Fund
K-V Fund
Brian & Lynn Lamb
Jeff & Mary Lane
Lanza Family Foundation
Suzanne Laurenson
Richard & Katherine Laucht
John & Mary Lavezzo
Nancy Lawton
LBC Foundation

Douglas Leaman
Tak & Karen Lee
Mr. & Mrs. Melvin L. Lefkowitz
Judith Lehrsturfer-Wiamcko
Dr. Kevin V. Lemley
Craig Lemmen, MD
Leon Foundation
Leonard & Susan Bay Nimoy Family Foundation
David & Yolanda Lerner
Levi Strauss & Co., Matching Gifts Program
Dr. Joseph M. Levy, MD
Marjorie R. Lewis
John & Mary Leyendecker
Mary & Charles Liebman
Elizabeth & Lowell Lifschultz
Lillian & Ira Langsan Foundation, Inc.
The Estate of Marie E. Limmer
Evelyn Lipper
David & Amy Lippitt
Beth Littleford
The Longfield Family
Low Foundation
Steven & Helen Lundblad
Catherine Lundy
John Lyons
My Charitable Fund
Kathleen MacDonnell
Scott & Jan MacGregor
Douglas Mackenzie
Shigeki & Kay Makino
Elizabeth Malone
Ms. Carolyn Mangeng
Manning Selvage & Lee
Richard Martin

Mathew & Josephine Birnbaum Foundation
Lucille M. Mathews
The Mathworks Incorporated
Mattawin Company, Inc.
Maurice Mandell & Rebekah Gisnet Trust
Brian McCaffrey and Sylvia Yee
Tom & Margaret McCarthy
William McCarthy
The Estate of Marian McClennan
Hugh P. McCormick II
Mr. & Mrs. Paul McCalley
The McGraw-Hill Companies, Inc.
Jeanne McHugh
Dr. & Mrs. Bradley McIver
Gregory B. McKenna
Ruth E. McNally
Vincent Memoli
Jon & Danielle Mewes
Robert & Lisa Ann Miller
Greg Minshall
Brent & Laurie Mitchell
RUSSIAN FEDERATION

A child is examined within an MSF mobile clinic in the Malgobek region of Ingushetia, Russian Federation.

© SIMON C ROBERTS
2004 Public Support Received By MSF-USA

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>$72,588,905</td>
<td>83.6%</td>
</tr>
<tr>
<td>Foundations</td>
<td>$6,289,131</td>
<td>7.2%</td>
</tr>
<tr>
<td>Corporations</td>
<td>$5,677,644</td>
<td>6.5%</td>
</tr>
<tr>
<td>Other</td>
<td>$2,264,479</td>
<td>2.6%</td>
</tr>
<tr>
<td>Total</td>
<td>$86,820,159</td>
<td></td>
</tr>
</tbody>
</table>

380,000 individuals contributed to MSF-USA in 2004.
In 2004, the revenue of the US section of Doctors Without Borders/Médecins Sans Frontières (MSF) totaled $91.4 million. MSF-USA spent $49.2 million on emergency and medical programs—an increase of 25 percent over 2003—and an additional $3.6 million for program support and public education, amounting to $52.8 million on program services, out of a total of $61.8 million in expenses. For the tenth year in a row, MSF-USA has allocated more than 85 percent of its expenditures to MSF’s medical programs and public education.

The significant difference in funds received and spent by MSF-USA in 2004 is related to the influx of $15.6 million after the December 26, 2004, Indian Ocean tsunami. These funds could not be used before the year ended. Of the $15.6 million received in 2004 following the tsunami, nearly $8 million will be used to support MSF’s tsunami-related work in South Asia during 2005.

Thanks to the generous permission of our supporters, an additional $7.6 million will be spent on other emergencies like the ongoing conflict in the Democratic Republic of Congo and the food crisis in Niger.

A five-year fundraising initiative started in 2004 is also worth noting in regard to the year’s revenue. A number of donors have agreed to pledge donations to MSF-USA over multiple years. While these monies will only be available when the funds are received over the coming years, our 2004 revenues and net assets reflect the full value of these pledges, amounting to more than $4.5 million.

**Statement of Activities and Changes in Net Assets**

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

**REVENUES**

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions and private grants</td>
<td>$86,820,160</td>
<td>$53,102,563</td>
</tr>
<tr>
<td>Contributions pledged</td>
<td>4,562,379</td>
<td>–</td>
</tr>
<tr>
<td>Total Public Support</td>
<td>$91,382,539</td>
<td>$53,102,563</td>
</tr>
<tr>
<td>Other Revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest Income</td>
<td>236,917</td>
<td>174,161</td>
</tr>
<tr>
<td>Unrealized and Realized Gain (Loss) on Investments</td>
<td>(1,262)</td>
<td>51,252</td>
</tr>
<tr>
<td>US Government Grants</td>
<td>–</td>
<td>67,785</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>20,299</td>
<td>17,435</td>
</tr>
<tr>
<td>Grants from Affiliates</td>
<td>370,149</td>
<td>128,246</td>
</tr>
<tr>
<td>Total Other Revenue</td>
<td>$626,103</td>
<td>$438,879</td>
</tr>
<tr>
<td>Total Revenues excluding gifts in kind</td>
<td>$92,008,642</td>
<td>$53,541,442</td>
</tr>
</tbody>
</table>

**EXPENSES**

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency and medical programs</td>
<td>49,222,467</td>
<td>38,891,505</td>
</tr>
<tr>
<td>Program Support and development</td>
<td>2,001,087</td>
<td>1,711,539</td>
</tr>
<tr>
<td>Public Education</td>
<td>1,570,087</td>
<td>1,555,111</td>
</tr>
<tr>
<td>Total Program Services</td>
<td>52,793,641</td>
<td>42,158,155</td>
</tr>
<tr>
<td>Supporting Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management and General</td>
<td>1,002,265</td>
<td>947,196</td>
</tr>
<tr>
<td>Fundraising</td>
<td>8,014,894</td>
<td>6,105,222</td>
</tr>
<tr>
<td>Total Supporting Services</td>
<td>$9,017,159</td>
<td>$7,052,418</td>
</tr>
<tr>
<td>Total Expenses excluding gifts in kind</td>
<td>$61,810,800</td>
<td>$49,210,573</td>
</tr>
</tbody>
</table>
NET ASSETS

Net Assets at beginning of year 12,487,981 8,148,087
Increase/(Decrease) in Net Assets 30,197,842 4,330,869
In-Kind Asset contribution (Note 1) – 9,025
Net Assets at end of year $42,685,823 $12,487,981

Note 1: Represents fair market value of software donation in 2003

2004 GIFTS IN KIND (EXPENDED IN 2004)

In-kind Program gifts represent the estimated fair market value of field volunteers’ services, and in-kind management gifts include the estimated fair market value of donated legal services

<table>
<thead>
<tr>
<th></th>
<th>2004 Expenses excluding in-kind expenses</th>
<th>2004 Expenses including in-kind expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>$9,476,471</td>
<td>$9,289,226</td>
</tr>
<tr>
<td>Management</td>
<td>494,289</td>
<td>328,563</td>
</tr>
<tr>
<td><strong>Total Gifts in Kind</strong></td>
<td><strong>$9,970,760</strong></td>
<td><strong>$9,617,789</strong></td>
</tr>
</tbody>
</table>

Statement of Financial Position

ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and equivalent</td>
<td>$9,147,027</td>
<td>$10,634,024</td>
</tr>
<tr>
<td>Receivables (Note 2)</td>
<td>32,341,154</td>
<td>1,749,653</td>
</tr>
<tr>
<td>Other assets</td>
<td>2,690,472</td>
<td>2,837,500</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$44,178,653</td>
<td>$15,221,177</td>
</tr>
</tbody>
</table>

LIABILITIES AND NET ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants payable</td>
<td>$52,391</td>
<td>$2,014,800</td>
</tr>
<tr>
<td>Other payables</td>
<td>1,114,471</td>
<td>521,616</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>325,968</td>
<td>196,780</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>$1,492,830</strong></td>
<td><strong>$2,733,196</strong></td>
</tr>
<tr>
<td>Unrestricted net assets</td>
<td>22,526,171</td>
<td>12,271,523</td>
</tr>
<tr>
<td>Temporarily restricted (Note 4)</td>
<td>20,159,652</td>
<td>216,458</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>$42,685,823</strong></td>
<td><strong>12,487,981</strong></td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td><strong>$44,178,653</strong></td>
<td><strong>$15,221,177</strong></td>
</tr>
</tbody>
</table>

Note 2: For 2004 Receivables include $27,555,859 in contributions received as of year-end but deposited in the following month of January, principally the result of the unusual large amount of year-end giving for the Tsunami disaster. 2004 Receivables also include $4,306,263 in net pledges receivable.

Note 3: Grants Payable reflects unpaid grants as of December 31, 2003 and December 31, 2004 subsequently paid prior to April 2004 and April 2005 respectively.


2004 Expenses excluding in-kind expenses

54.1% Program Services
1.1% Management and General
12.9% Fundraising

2004 Expenses including in-kind expenses

86.8% Program Services
2.0% Management and General
11.2% Fundraising

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.
The figures presented here provide an estimate of MSF’s finances for the 18 national sections in Australia, Austria, Belgium, Canada, Denmark, France, Germany, Holland, Hong Kong, Italy, Japan, Luxembourg, Norway, Spain, Sweden, Switzerland, the United Kingdom, and the United States, and for an international office in Geneva for 2002 and 2003. (Note 1) These combined international figures, presented under internationally agreed upon accounting standards, have not been audited and are therefore not certified. However, each entity of MSF publishes annual, audited financial statements, according to its national accounting policies, legislation and auditing rules—copies of which may be requested from each office. The information used for the preparation of the international figures has also been audited. Figures for 2004 will be certified and available in October 2005.

### Statement of Activities

<table>
<thead>
<tr>
<th>INCOME</th>
<th>Millions $</th>
<th>%</th>
<th>Millions $</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions &amp; Private Grants</td>
<td>335.7</td>
<td>79.3</td>
<td>279.4</td>
<td>80.8</td>
</tr>
<tr>
<td>Institutions &amp; Governments*</td>
<td>87.4</td>
<td>20.7</td>
<td>66.3</td>
<td>19.2</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>423.1</strong></td>
<td><strong>100.0</strong></td>
<td><strong>345.7</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>Millions $</th>
<th>%</th>
<th>Millions $</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency and medical programs</td>
<td>328.3</td>
<td>77.9</td>
<td>242.2</td>
<td>76.0</td>
</tr>
<tr>
<td>Public education</td>
<td>16.1</td>
<td>4.3</td>
<td>18.1</td>
<td>5.7</td>
</tr>
<tr>
<td><strong>Total Social Mission</strong></td>
<td><strong>344.4</strong></td>
<td><strong>82.2</strong></td>
<td><strong>260.3</strong></td>
<td><strong>81.7</strong></td>
</tr>
<tr>
<td>Fundraising</td>
<td>48.4</td>
<td>11.6</td>
<td>37.5</td>
<td>11.8</td>
</tr>
<tr>
<td>Management, general &amp; administration</td>
<td>26.1</td>
<td>6.2</td>
<td>20.6</td>
<td>6.5</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td><strong>419.0</strong></td>
<td><strong>100.0</strong></td>
<td><strong>318.5</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

| Net exchange gains & losses (realized and unrealized) | (7.1) | | (7.7) | |
| Surplus/(deficit) | (3.0) | | 19.5 | |

*Public institutional agencies include, among others, the governments of Belgium, Denmark, Luxembourg, Norway, Sweden, Switzerland and the United Kingdom, as well as the United Nations High Commissioner for Refugees (UNHCR) and the European Community Humanitarian Office (ECHO), and the European Union.

Note 1: The MSF international financial reports are presented in Euros. The figures that appear in the MSF-USA annual report have been converted from Euros using the average exchange rate for their respective years.

2002 figures are converted at a rate of 1 Euro=0.945308 US dollars.

2003 figures are converted at a rate of 1 Euro=1.131708 US dollars.
**Where Was the Money Spent? (Program expenses above $3 million)**

<table>
<thead>
<tr>
<th>Countries/Regions</th>
<th>Millions $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>30.00</td>
</tr>
<tr>
<td>Sudan</td>
<td>22.75</td>
</tr>
<tr>
<td>Angola</td>
<td>22.18</td>
</tr>
<tr>
<td>Liberia</td>
<td>16.4</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>12.3</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>11.65</td>
</tr>
<tr>
<td>Burundi</td>
<td>10.75</td>
</tr>
<tr>
<td>Ivory Coast</td>
<td>9.50</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>9.28</td>
</tr>
<tr>
<td>Chad</td>
<td>8.94</td>
</tr>
<tr>
<td>Chechnya/Ingushetia/Dagestan</td>
<td>7.58</td>
</tr>
<tr>
<td>Kenya</td>
<td>6.90</td>
</tr>
<tr>
<td>Republic of Congo</td>
<td>5.88</td>
</tr>
<tr>
<td>Mozambique</td>
<td>5.65</td>
</tr>
<tr>
<td>Guinea</td>
<td>5.20</td>
</tr>
<tr>
<td>Iraq</td>
<td>4.97</td>
</tr>
<tr>
<td>Somalia</td>
<td>4.30</td>
</tr>
<tr>
<td>Malawi</td>
<td>4.00</td>
</tr>
<tr>
<td>Myanmar/Burma</td>
<td>3.80</td>
</tr>
<tr>
<td>Uganda</td>
<td>3.60</td>
</tr>
<tr>
<td>Cambodia</td>
<td>3.60</td>
</tr>
<tr>
<td>Russia*</td>
<td>3.39</td>
</tr>
</tbody>
</table>

* Excluding Chechnya, Dagestan, and Ingushetia

**Human Resources Statistics**

**Humanitarian aid project departures:**
- Physicians: 972 (28%)
- Nurses & other medical staff: 1,068 (31%)
- Non-medical staff: 1,404 (41%)

**Staff field positions:**
- International staff: 1,896 (11%)
- National staff: 16,099 (89%)

**Statement of Financial Position**

<table>
<thead>
<tr>
<th>2003 Millions $</th>
<th>2002 Millions $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-current assets</td>
<td>38.0</td>
</tr>
<tr>
<td>Current assets</td>
<td>54.2</td>
</tr>
<tr>
<td>Cash &amp; equivalents</td>
<td>181.1</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>273.4</strong></td>
</tr>
<tr>
<td><strong>Permanently restricted funds</strong></td>
<td>4.8</td>
</tr>
<tr>
<td><strong>Unrestricted funds</strong></td>
<td>219.1</td>
</tr>
<tr>
<td><strong>Other retained earnings</strong></td>
<td>(3.2)</td>
</tr>
<tr>
<td><strong>Total retained earnings and equities</strong></td>
<td>220.7</td>
</tr>
<tr>
<td><strong>Non-current liabilities</strong></td>
<td>5.9</td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td>43.5</td>
</tr>
<tr>
<td><strong>Unspent temporarily restricted funds</strong></td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Total liabilities and retained earnings</strong></td>
<td><strong>273.3</strong></td>
</tr>
</tbody>
</table>
During 2004, Doctors Without Borders/Médecins Sans Frontières (MSF) lost valued colleagues who died while carrying out their duties in the field. This report is dedicated to their memory and in recognition of their devotion to alleviating the suffering of others.

On June 2, 2004, five MSF aid workers were brutally murdered on a lonely strip of road between Khairkhana and Qala-I-Naw in Afghanistan’s Badghis province while traveling in a clearly marked MSF vehicle on their return from an MSF clinic. In this single violent act, MSF lost five colleagues:

- Hélène de Beir, project coordinator;
- Pim Kwint, logistician;
- Egil Tynaes, physician;
- Fasil Ahmad, translator;
- and Besmillah, the team’s driver.

They were all committed to providing humanitarian assistance to people in distress. At the time of their murders, MSF had 80 international volunteers and 1,400 Afghan staff were providing health care in 13 provinces. MSF mourns their deaths and extends our deepest sympathy and support to their families.

The murder of five of our colleagues was an unprecedented tragedy for MSF. MSF has never faced a loss of such magnitude in the more than three decades that we have spent working in some of the world’s worst conflicts.

MSF seeks to assist civilians affected by conflict or natural disaster, providing assistance to people in distress based on needs.

In this same year, MSF also lost the following colleagues to accidents and violent acts:

- Beauty Chisimba and Wilson Mwansa were volunteer caregivers, and they died in a car crash in Zambia. Hassan Mohammed Haid, who was serving as a guard, died in Somalia after being shot by a gunman at the compound gate.
- Modu Hyde, a driver, died in Sierra Leone. Nadjinangar Djimadoum died in Ivory Coast in October 2004. Kekoura Nikavogui passed away in the Democratic Republic of Congo. Hussein, a day laborer, was killed by gunmen in Darfur.
THE DOCTORS WITHOUT BORDERS/MÉDECINS SANS FRONTIÈRES (MSF) CHARTER: MSF is a private international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions which might help in achieving its aims. All of its members agree to honor the following principles: MSF provides assistance to populations in distress, to victims of natural or man-made disasters, and to victims of armed conflict. They do so irrespective of race, religion, creed, or political convictions. • MSF observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance, and claims full and unhindered freedom in the exercise of its functions. • Members undertake to respect their professional code of ethics and to maintain complete independence from all political, economic, or religious powers. • As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.
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CHAD
In Chad, an MSF aid worker facilitates a group counseling session for refugees from Darfur, Sudan.
YOUR DONATIONS HELP US SAVE LIVES

What is the impact of your support?

Your donations ensure that when disaster strikes, our medical teams will arrive quickly with emergency supplies and start to provide care immediately. Our pre-packaged medical kits equip teams with everything they need to start battling health emergencies without delay. Your gift provides:

**$5,000**

**Emergency Health Kit**
Contains medicines, dressings, and equipment enabling MSF medical teams to care for 10,000 refugees for three months in an isolated area.

**High-Frequency Radio Kit**
Includes complete equipment for long-range voice and data transmissions allowing our remote teams to communicate with one another and headquarters.

**$10,000**

**Vaccination Kit**
Holds cold-chain equipment, syringes, vaccine cards, and other materials needed to immunize 10,000 children.

**Malaria Treatment**
Purchases the most effective course of treatment—artemisinin-based combination therapy—for 6,000 people infected with the deadliest form of malaria.

**$25,000**

**Cholera Kit**
Delivers medicine, laboratory, and testing supplies, and equipment so that MSF teams can treat 1,000 people during an epidemic.

**Therapeutic Feeding Kit**
Contains all the necessary supplies, including high-energy biscuits, milk powder, vitamins, and essential equipment, to treat 700 acutely malnourished children in a country such as Sudan.

**$50,000**

**Hospital Kit**
Designed to set up medical, surgical, and outpatient activities in a 30-bed field hospital for three months.

**HIV/AIDS Medicines**
Purchases a one-year supply of first-line antiretroviral medicines for approximately 200 people living with HIV/AIDS.

We need your help in 2005

To make a donation:

By phone &gt; 1-888-392-0392
On-line &gt; www.doctorswithoutborders.org
By mail &gt; Doctors Without Borders, 333 Seventh Avenue, 2nd Floor, New York, NY 10001-5004

For more information about our programs or ways to make a donation, please call our Donor Services team at 212.679.6800.

On behalf of our volunteers and the people we assist worldwide, thank you.