
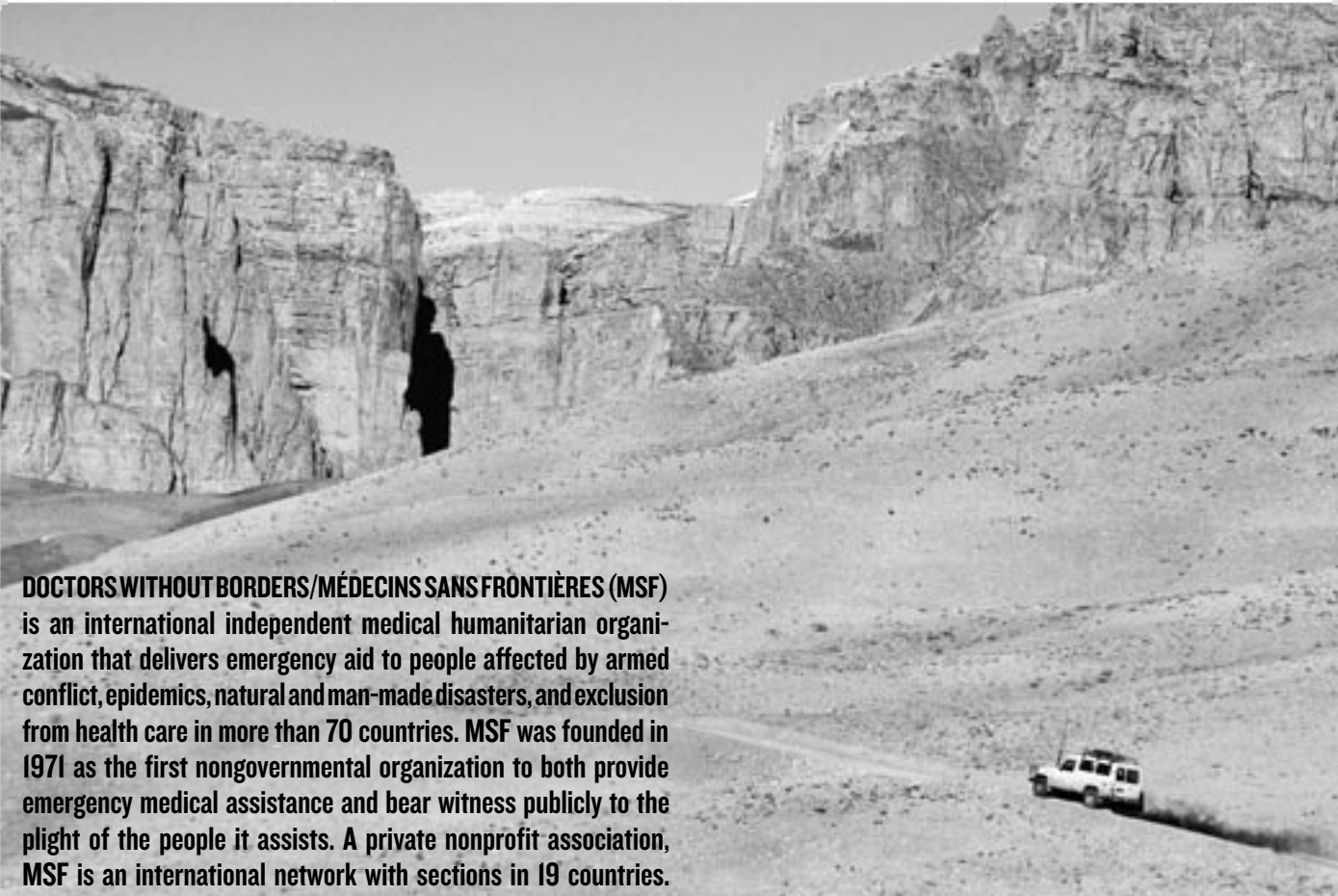


MSF 2004

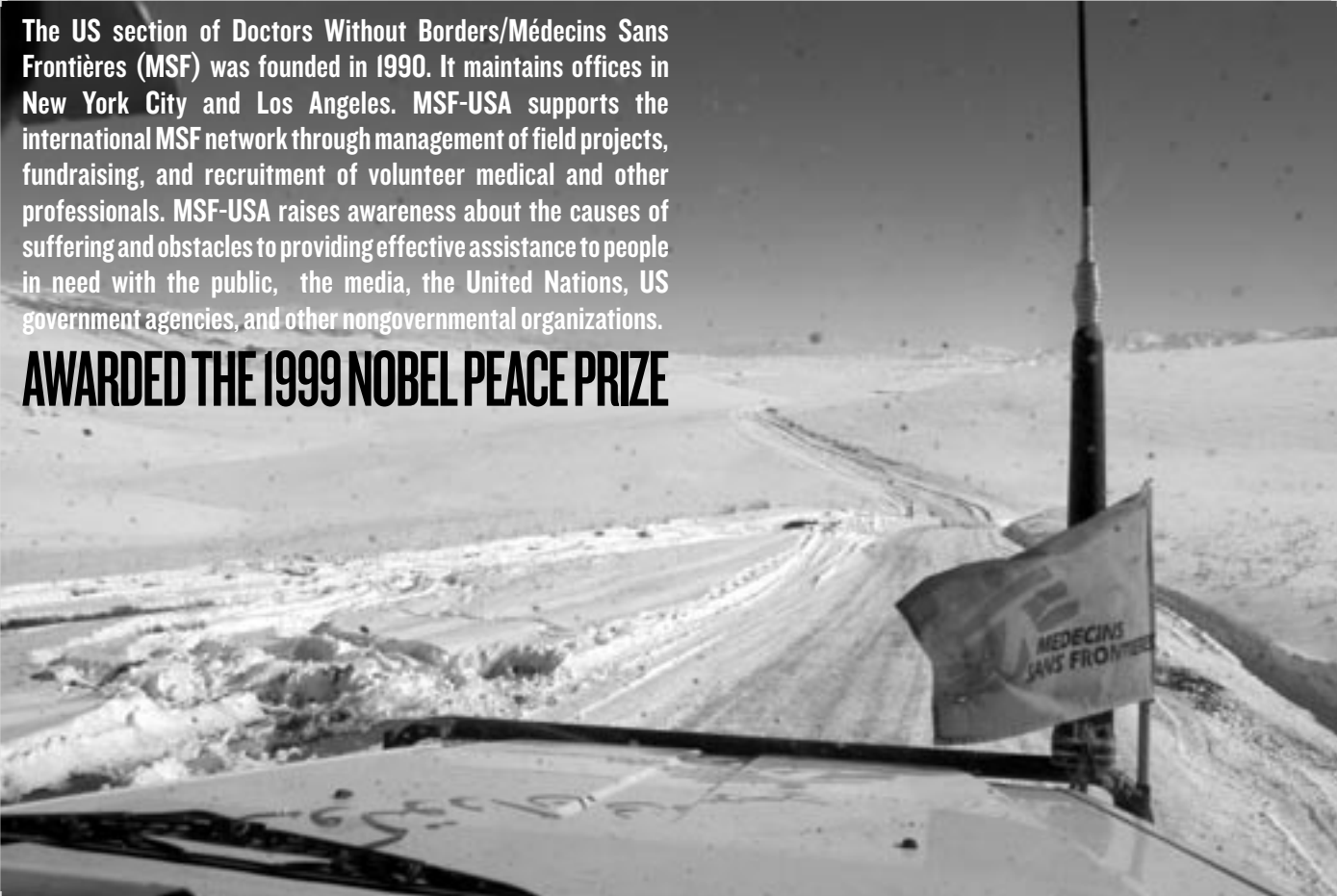
US ANNUAL REPORT



Doctors Without Borders / Médecins Sans Frontières
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.

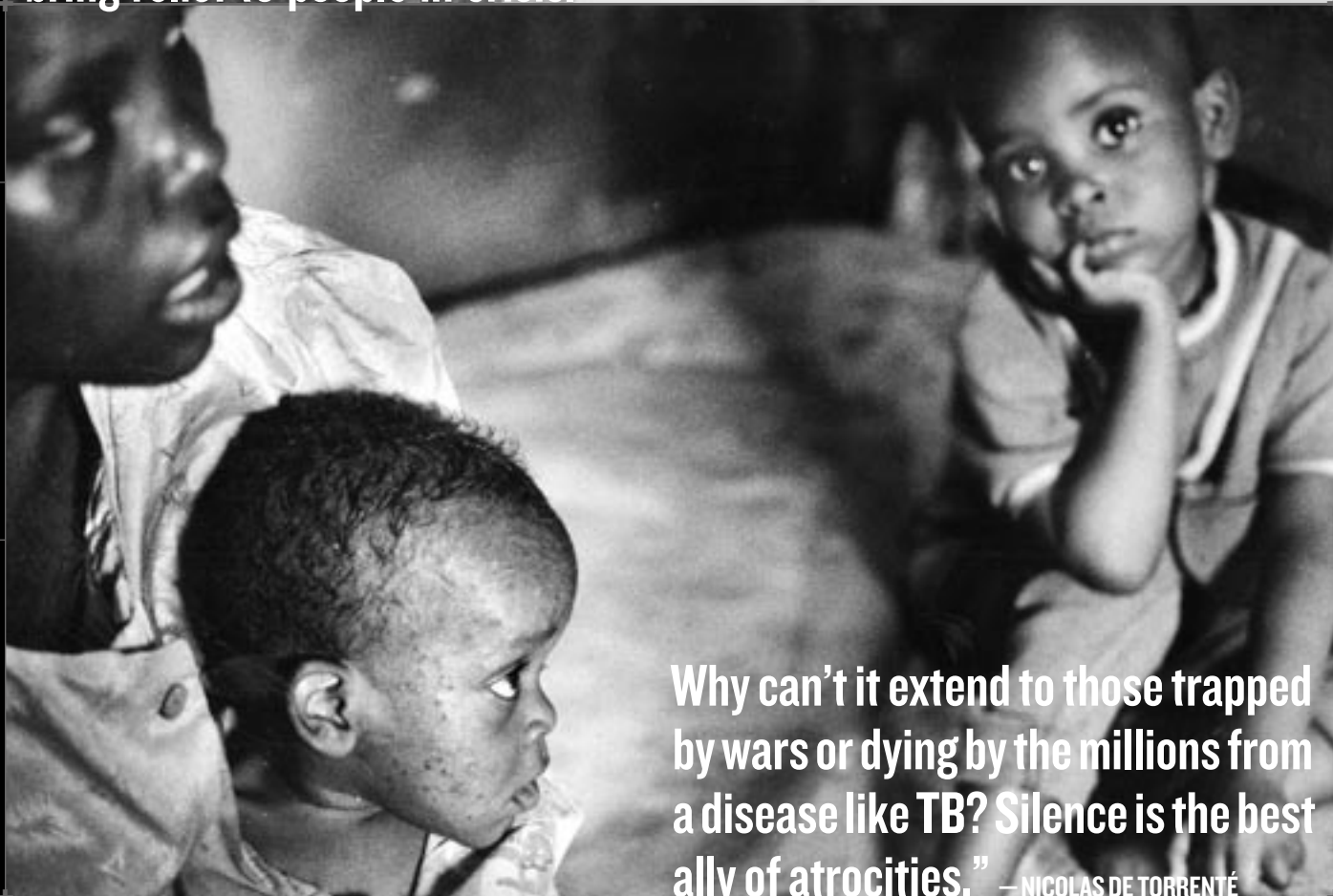


The US section of Doctors Without Borders/Médecins Sans Frontières (MSF) was founded in 1990. It maintains offices in New York City and Los Angeles. MSF-USA supports the international MSF network through management of field projects, fundraising, and recruitment of volunteer medical and other professionals. 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



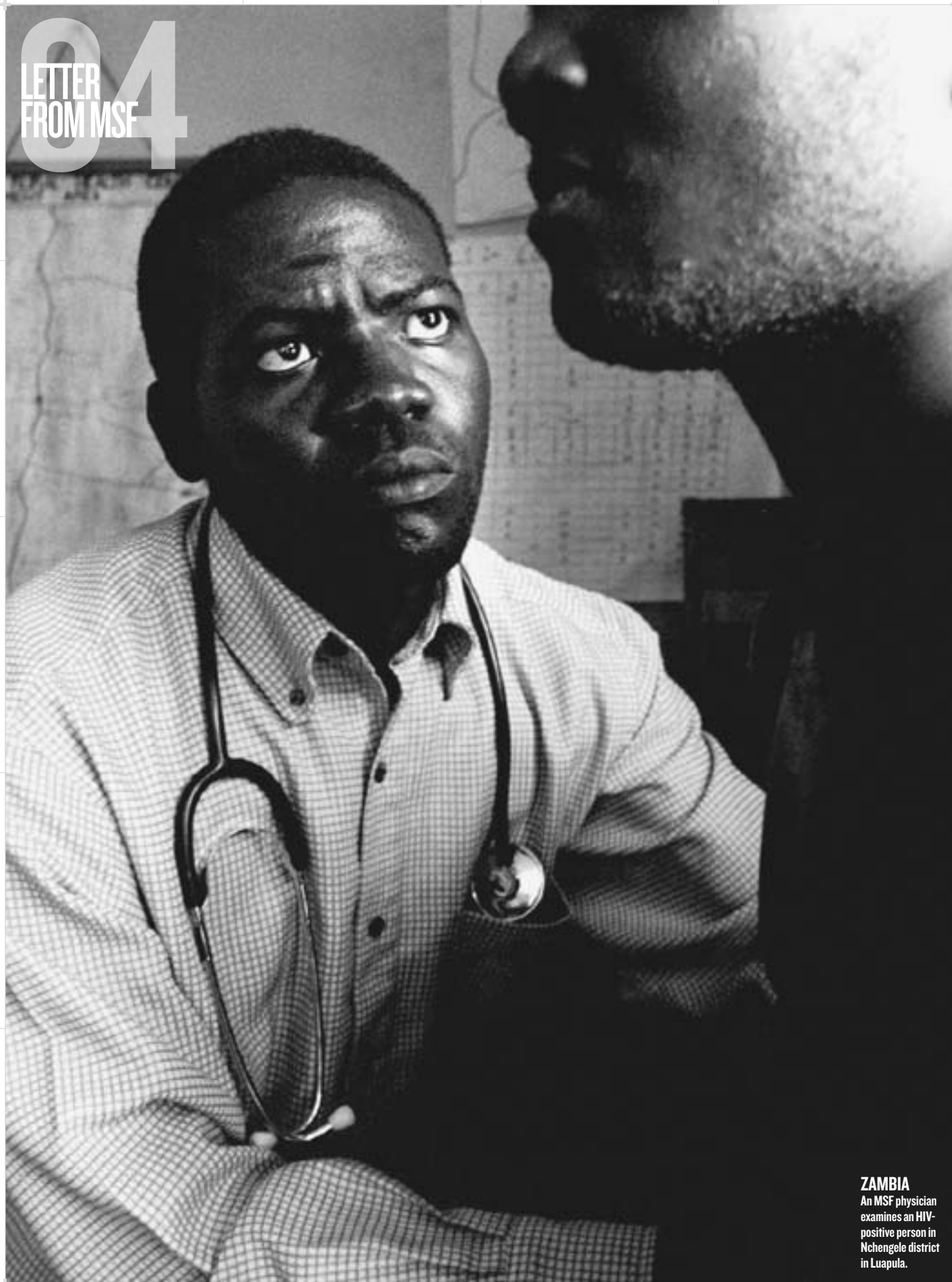
“The outpouring of support for people in South Asia shows the kind of positive impact media coverage can have on efforts to bring relief to people in crisis.



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 TORRENTÉ

04

LETTER
FROM MSF



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

© PEP BONET

RESPONSIBLE TO PEOPLE IN NEED

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.

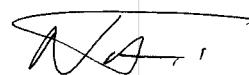
To shed light on the violence in Darfur, MSF conducted retrospective mortality studies last spring in several displaced-persons camps, providing some of the first data on the high levels of targeted attacks against civilians. At the international AIDS conference in Bangkok in July, MSF used the experience 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

84 YEAR IN PICTURES





INDEPENDENT

DARFUR

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.

DARFUR



© JAMES NACHTWEY / VII





TSUNAMI 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.



FAST

DRC

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.

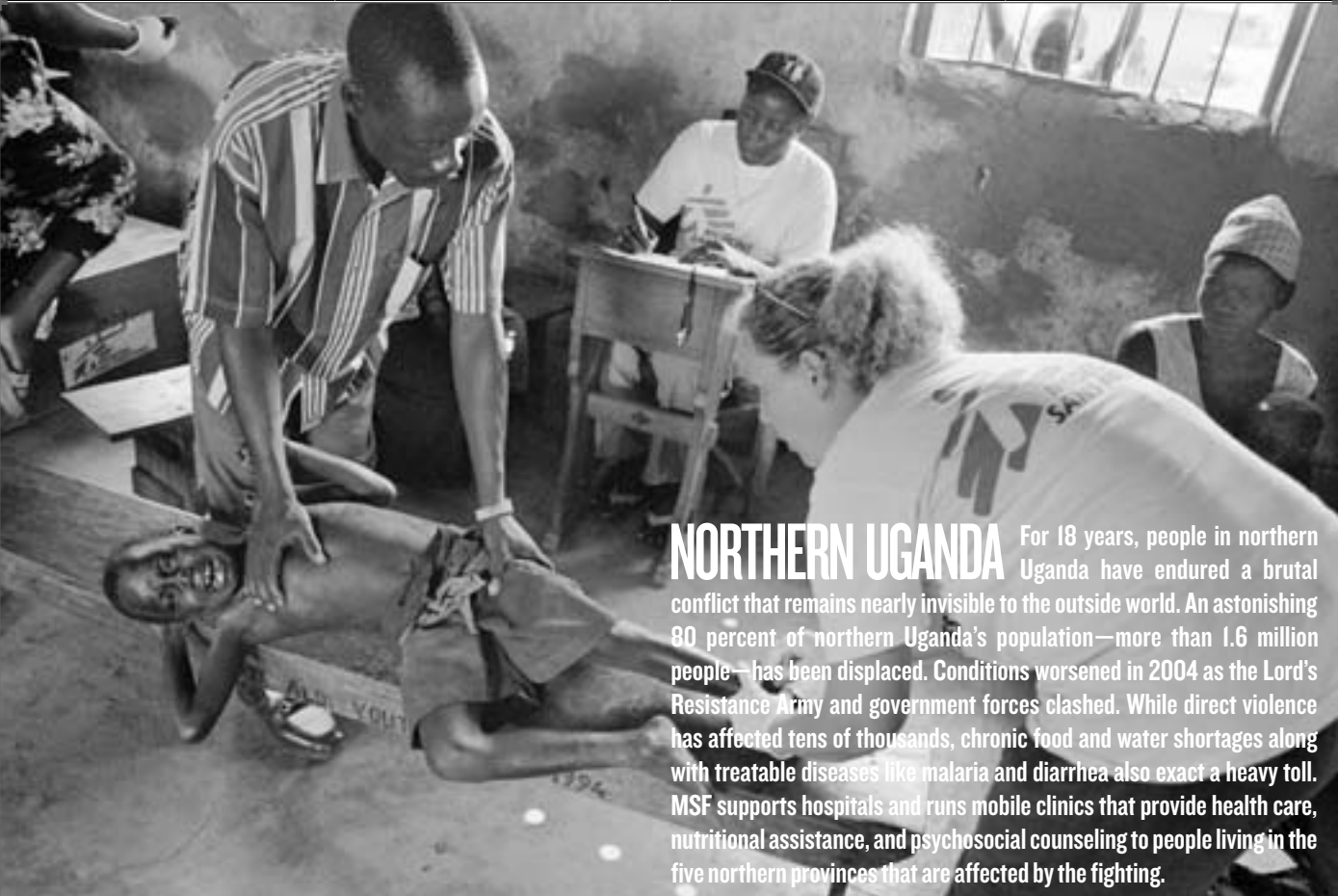
EFFECTIVE



INNOVATIVE



PEDIATRIC AIDS 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 that 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.



NORTHERN UGANDA 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.

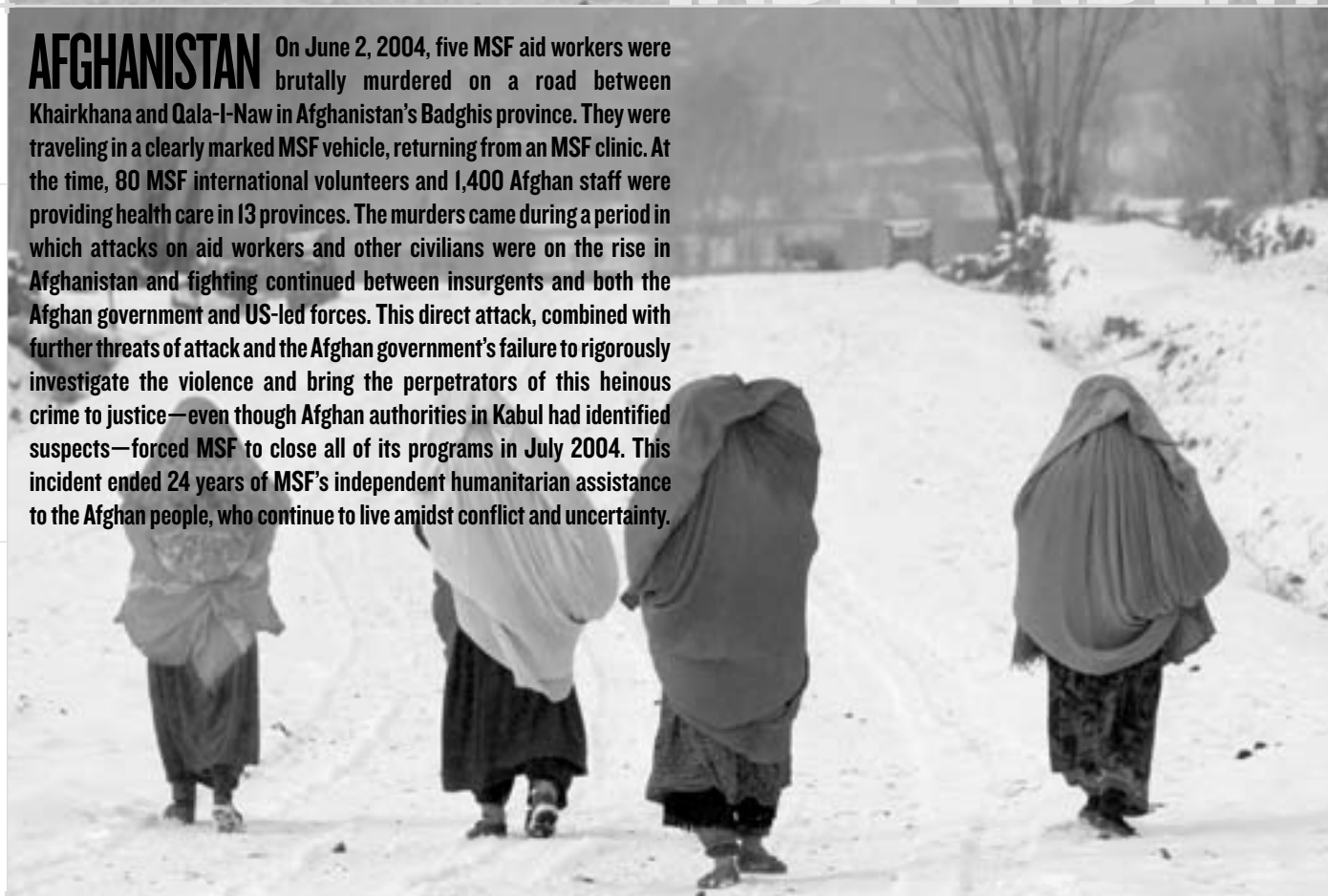


EFFECTIVE.



INDEPENDENT

AFGHANISTAN 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.



04

MSF ACTIVITIES

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.

MÉDECINS SANS FRONTIÈRES (MSF)

AFRICA

Angola
Benin
Burkina Faso
Burundi
Cameroon
Central African Republic
Chad
Democratic Republic of Congo
Ethiopia
Guinea
Ivory Coast
Kenya
Liberia
Madagascar
Malawi
Mali
Mauritania
Morocco
Mozambique
Niger
Nigeria
Republic of Congo (Brazzaville)
Rwanda
Sierra Leone
Somalia
South Africa
Sudan
Tanzania
Uganda
Zambia
Zimbabwe

ASIA AND THE PACIFIC

Afghanistan
Bangladesh
Cambodia
China
India
Indonesia
Iran
Iraq
Japan
Laos
Myanmar
Nepal
Pakistan
Philippines
South Korea
Sri Lanka
Thailand

THE CAUCASUS AND CENTRAL ASIA

Armenia
Georgia and Abkhazia
Russian Federation
Turkmenistan
Uzbekistan

EUROPE

Belgium
Bulgaria
France
Italy
Luxembourg
Poland
Serbia and Montenegro
Spain
Sweden
Switzerland
Ukraine

THE AMERICAS

Bolivia
Brazil
Colombia
Ecuador
Guatemala
Haiti
Honduras
Mexico
Nicaragua
Peru

MIDDLE EAST

Palestinian Territories





UGANDA

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.

CHAD

Sudanese refugees from the Darfur region wait for medical care at an MSF hospital on the Chad-Sudan border.

© MARCUS BLEASDALE

PROJECT SUPPORT 4

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.

AFGHANISTAN \$ 1,105,000
International staff: 67 National staff: 658
**until June 2, 2004*

Assisting Afghans for 24 years

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, operated therapeutic and supplementary feeding programs, 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.

ANGOLA \$ 3,108,440
International staff: 115 National staff: 1,490

Confronting infectious diseases

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.

ARMENIA
\$ 449,000
International staff: 10
National staff: 75

Caring for children and the mentally ill

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.

BURUNDI \$ 1,574,000
International staff: 80 National staff: 840

Responding to civil war and sexual violence

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.

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.

EFFECTIVE

ARMENIA

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.





CAMBODIA
Two patients waiting
for consultations
at MSF's infectious
disease center in
Siem Reap, Cambodia.

© ESPEN RASMUSSEN

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 Doula, 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

Caring 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-BRAZZAVILLE)

\$ 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 Talangai 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.

In Bunia, DR Congo, MSF established an independent hospital in a former market, allowing thousands of Congolese people of all ethnic groups who are exposed to violence, including sexual violence, to receive free surgical and medical care.

INDEPENDENT

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



COLOMBIA

An MSF physician performs a consultation on a child in Colombia during a mobile clinic.



© DIETER TELEMANS

HAITI

When tropical storm Jeanne wiped out a hospital in Gonaïves, Haiti, MSF medical teams performed upwards of 500 medical consultations for Haitians affected by the storm.

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

\$ 421,085
International staff: 10 National staff: 82

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 *Before November 2004

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.

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 Gonaïves.

FAST



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

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.

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.

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.

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

NEPAL

MSF provides medical assistance in Rukum district hospital.





MALAWI

MSF provides 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.

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.

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

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.

INNOVATIVE



NIGERIA

An MSF psychologist looks over a drawing made by children who were traumatized by violent clashes in Yelwa, Nigeria.

countries. In the southern districts of Bo and Pujehun, MSF teams treated people in public health clinics. Near the Liberian border, MSF staff assisted people at health clinics in Zimmi, Fairo, and Sulimo. MSF treated patients at Kabala and Kailahun Hospitals and nine area clinics. In the northern Kambia, Bombali, and Tonkolili districts, MSF provided maternal and child health care; emergency obstetrical and general surgery; training and supervision of local medical staff; epidemiological surveillance; and health education in three district hospitals and 15 clinics. MSF worked in five refugee camps in the districts of Bo and Pujehun. In the Taiama and Tobanda refugee camps, MSF provided medical as well as mental health care for refugees, including former child soldiers, who had been traumatized by violence.

SOUTH AFRICA \$305,000

International staff: 7 National staff: 29

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.

SOUTH KOREA \$225,000

International staff: 2 National staff: 6

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.

SPAIN \$55,492

International staff: 0 National staff: 13

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.

SUDAN \$9,779,328

International staff: 282 National staff: 3,657

Caring for victims of war, malnutrition, and disease

Beyond the crisis in Darfur (see "Year in Pictures"), MSF ran entire hospitals in Akuem, 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.

TANZANIA \$121,690

International staff: 7 National staff: 69

Improving cholera and malaria care

After seven years of operating a cholera-preparedness and treatment project that aimed to improve patient care and government response in Mtwara, MSF transferred the project to the ministry of health in February 2004. MSF started a project in Zanzibar to improve treatment for malaria patients.

THAILAND \$235,000

International staff: 25 National staff: 102

Focusing on AIDS

HIV/AIDS is the leading cause of death in Thailand. MSF cared for people living with HIV/AIDS in the capital, Bangkok, as well as in Kalasin, Maha Sarakham, Nonthaburi, Petchaburi, and Surin



THAILAND
An MSF counselor plays with a child who is visiting MSF's HIV/AIDS program in Petchaburi, Thailand.

© KRIS TORGESON

provinces. By the end of the year, about 1,100 people were receiving antiretroviral (ARV) treatment through MSF programs. In Maela camp in Tak province, MSF offered basic health care to 38,000 refugees, primarily members of the Karen ethnic minority. MSF provided water and sanitation for the 9,000 Karen refugees living in Tham Hin camp, located in Ratchaburi province. MSF treated tuberculosis (TB), including the multi-drug resistant form of the disease, in Maela camp.

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

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.

EFFECTIVE

**TOTAL PROJECT SUPPORT
THROUGH US PRIVATE FUNDING IN 2004:
\$49,284,219**

04
VOLUNTEERS

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.

SIERRA LEONE
An MSF surgeon operates
on a patient in Magburaka,
Sierra Leone.

MSF volunteers sent to field projects

Alfred Abraham, NY, Physician, Liberia
Marcella Allheimen, Physician, Niger

Jorge Alvarado, Costa Rica, Physician, Guatemala

Mark Ashey, IN, Logistician/Construction, Kenya

Voiteck 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 Brasch, CO, Physician, Uganda

Mary Briggeman, 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 Deneke, 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 Grimshaw, 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, Logistical Coordinator, Sri Lanka

Heemun Kwack, CO, Physician, Liberia

Ruth Lagerberg, NY, Midwife, Sudan

Kathleen Le Frevre, 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

Jerilynn Merritt, AZ, Nurse, India

Piotr Michalowski, 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 Neilan, NJ, Nurse, China

John O'Mara, NY, Physician, Kenya

Paul Orechoff, NJ, Administrator, Uganda

Peter Orr, NY, Field Coordinator, Liberia

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Hansel Otero, TX, Physician, Sudan

Olufemi Owoeye, MA, Physician, Ethiopia

Jennifer Pahl, AK, Field Coordinator/Nurse, Sudan

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Lisa Pint, IL, Nurse, Sudan

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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 Thiel-Carruth, OR, Nurse, Uganda

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Jason Wong, WA, Physician, Sudan

Martin Wong, SC, Mental Health Specialist, India

Ahmed Zouiten, NC, Medical Coordinator/Physician, Laos

04
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**INDONESIA**

An MSF team sets up a mobile clinic in Banda Aceh in Aceh province, Indonesia.

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

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A child is examined within
an MSF mobile clinic in the
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Individuals	\$ 72,588,905	<div><div></div></div>	83.6%
Foundations	\$ 6,289,131	<div><div></div></div>	7.2%
Corporations	\$ 5,677,644	<div><div></div></div>	6.5%
Other	\$ 2,264,479	<div><div></div></div>	2.6%
Total	\$ 86,820,159		

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.



INDONESIA
An MSF aid worker surveys the wreckage from the tsunami in Meulaboh in Sumatra, Indonesia.

© FRANCESCO ZIZOLA

Statement of Activities and Changes in Net Assets

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

REVENUES

Public Support		
Contributions and private grants	\$ 86,820,160	\$ 53,102,563
Contributions pledged	4,562,379	—
Total Public Support	\$ 91,382,539	\$ 53,102,563
Other Revenue		
Interest Income	236,917	174,161
Unrealized and Realized Gain (Loss) on Investments	(1,262)	51,252
US Government Grants	—	67,785
Other Revenue	20,299	17,435
Grants from Affiliates	370,149	128,246
Total Other Revenue	\$ 626,103	\$ 438,879
Total Revenues excluding gifts in kind	\$ 92,008,642	\$ 53,541,442
EXPENSES		
Program Services		
Emergency and medical programs	49,222,467	38,891,505
Program Support and development	2,001,087	1,711,539
Public Education	1,570,087	1,555,111
Total Program Services	52,793,641	42,158,155
Supporting Services		
Management and General	1,002,265	947,196
Fundraising	8,014,894	6,105,222
Total Supporting Services	\$ 9,017,159	\$ 7,052,418
Total Expenses excluding gifts in kind	\$ 61,810,800	\$ 49,210,573

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 (EXPENSED 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

Program	\$ 9,476,471	\$ 9,289,226
Management	494,289	328,563
Total Gifts in Kind	\$ 9,970,760	\$ 9,617,789

Statement of Financial Position

ASSETS

	2004	2003
Cash and equivalent	\$ 9,147,027	\$ 10,634,024
Receivables (Note 2)	32,341,154	1,749,653
Other assets	2,690,472	2,837,500
Total Assets	\$ 44,178,653	\$ 15,221,177

LIABILITIES AND NET ASSETS

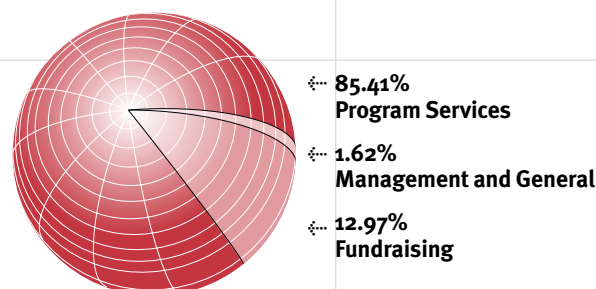
Grants payable (Note 3)	\$ 52,391	\$ 2,014,800
Other payables	1,114,471	521,616
Other liabilities	325,968	196,780
Total Liabilities	\$ 1,492,830	\$ 2,733,196
Unrestricted net assets	22,526,171	12,271,523
Temporarily restricted (Note 4)	20,159,652	216,458
Total Net Assets	42,685,823	12,487,981
Total Liabilities and Net Assets	\$ 44,178,653	\$ 15,221,177

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.

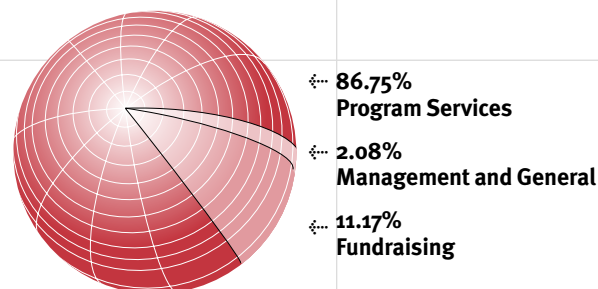
Note 3: Grants Payable reflects unpaid grants as of December 31, 2003 and December 31, 2004 subsequently paid prior to April 2004 and April 2005 respectively.

Note 4: For 2004 Temporarily Restricted Net Assets include the following: Emergency and medical relief restricted specifically to the Tsunami – \$7,557,866 Emergency and medical relief restricted to the Tsunami and other emergencies – \$8,025,629 Pledges receivable – for use in future periods - \$4,306,263 Annuity Trusts - \$211,327 Other - \$58,567

2004 Expenses excluding in-kind expenses



2004 Expenses including in-kind expenses



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.

CHAD

In the Bredjing refugee camp in eastern Chad, a child from Darfur, Sudan, is vaccinated against polio.

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MSF

WORLDWIDE: FACTS AND FIGURES

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

	2003		2002	
	Millions \$	%	Millions \$	%
INCOME				
Contributions & Private Grants	335.7	79.3	279.4	80.8
Institutions & Governments*	87.4	20.7	66.3	19.2
Total Income	423.1	100.0	345.7	100.0
EXPENSES				
<i>Emergency and medical programs</i>	328.3	77.9	242.2	76.0
<i>Public education</i>	16.1	4.3	18.1	5.7
Total Social Mission	344.4	82.2	260.3	81.7
Fundraising	48.4	11.6	37.5	11.8
Management, general & administration	26.1	6.2	20.6	6.5
Total Expenditure	419.0	100.0	318.5	100.0
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.

Statement of Financial Position

	2003 Millions \$	2002 Millions \$
Non-current assets	38.0	30.4
Current assets	54.2	45.2
Cash & equivalents	181.1	163.7
Total assets	273.4	239.3
<i>Permanently restricted funds</i>	<i>4.8</i>	<i>4.1</i>
<i>Unrestricted funds</i>	<i>219.1</i>	<i>188.4</i>
<i>Other retained earnings</i>	<i>(3.2)</i>	<i>0.0</i>
Total retained earnings and equities	220.7	192.5
Non-current liabilities	5.9	5.3
Current liabilities	43.5	39.0
Unspent temporarily restricted funds	3.3	2.6
Total liabilities and retained earnings	273.3	239.4

Where Was the Money Spent? (Program expenses above \$3 million)

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

* Excluding Chechnya, Dagestan, and Ingushetia

Human Resources Statistics

	2003		2002	
Humanitarian aid project departures:	3,444	100%	2,950	100%
Physicians	972	28%	837	28%
Nurses & other medical staff	1,068	31%	897	31%
Non-medical staff	1,404	41%	1,216	41%
Staff field positions:	17,995	100%	16,623	100%
International staff	1,896	11%	1,714	10%
National staff	16,099	89%	14,909	90%

04
IN MEMORIAM

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 Nikavougui passed away in the Democratic Republic of Congo. Hussein, a day laborer, was killed by gunmen in Darfur.

UGANDA

A malnourished child with his mother in an MSF therapeutic feeding center in Lira.

04 MSF CHARTER

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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In Chad, an MSF aid worker facilitates a group counseling session for refugees from Darfur, Sudan.

CHAD

Refugees from war-torn Darfur, Sudan at Farchana refugee camp in neighboring Chad. Approximately 111,000 refugees have already crossed the border looking for safety.

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 > 1-888-392-0392

On-line > www.doctorswithoutborders.org

By mail > 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.



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