ESTTA Tracking number: **ESTTA535415**
Filing date: **05/01/2013**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Notice of Opposition

Notice is hereby given that the following parties oppose registration of the indicated application.

Opposers Information

Name	Medecins Sans Frontieres USA, Inc.
Granted to Date of previous extension	05/01/2013
Address	333 Seventh Avenue, 2nd Floor New York, NY 10001 UNITED STATES

Name	Bureau International de Medecins Sans Frontieres
Granted to Date of previous extension	05/01/2013
Address	78 Rue de Lausanne Geneva, 116, 1211 SWITZERLAND

Attorney information	Erik Risendal Simpson Thacher & Bartlett LLP 425 Lexington Avenue New York, NY 10017 UNITED STATES erisendal@stblaw.com

Applicant Information

Application No	85051901	Publication date	01/01/2013
Opposition Filing Date	05/01/2013	Opposition Period Ends	05/01/2013
International Registration No.	NONE	International Registration Date	NONE
Applicant	Stichting Musicians Without Borders Spoorstraat 38 Alkmaar, 1815BK NETHERLANDS		

Goods/Services Affected by Opposition

Class 009. All goods and services in the class are opposed, namely: Digital music downloadable provided from a computer database or the internet; downloadable music recordings via the internet; pre-recorded music videos; educational materials recorded on computer programs for teaching music
Class 016. All goods and services in the class are opposed, namely: Printed music books; printed music note books; sheet music; printed publications in the nature of songbooks, books, manuals, pamphlets,

programs and brochures in the field of music, music education and conflict resolution; printed educational materials in the fields of music, music education and conflict resolution
Class 025. All goods and services in the class are opposed, namely: Clothing, namely, T-shirts, pants, shorts, shirts, skirts, sweatshirts, sweaters, vests, jackets, scarves, ties, and belts; headgear, namely, hats, caps, and visors
Class 035. All goods and services in the class are opposed, namely: Retail store services and online retail store services in the field of music
Class 036. All goods and services in the class are opposed, namely: Charitable fundraising
Class 038. All goods and services in the class are opposed, namely: Music broadcasting; providing access to digital music web sites on the internet; transmission of musical entertainment, music and musical sound recordings via satellite and cable; delivery of digital music by electronic transmission
Class 041. All goods and services in the class are opposed, namely: Education services, namely, providing classes, seminars, workshops, and training programs in the fields of music, music education, and conflict resolution; entertainment services, namely, organizing cultural activities, namely, music workshops, lectures, conferences, and exhibitions for the purpose of education, information, and fundraising; arranging and conducting educational colloquiums, conferences, congresses, seminars, symposiums, and workshops in the fields of music, music education, and conflict resolution; composition of music for others; music competition services for others; entertainment in the nature of live music festivals for the purpose of education, information, and fundraising; music library services; music publishing services; music recording studio services; organizing talent contests and music and television award events; production of film, video, music, and television music programs; production of sound and music sound recordings; teaching in the field of music, music education, and conflict resolution; entertainment, namely, arranging of music festivals for cultural, training, entertainment, or educational purposes; publication of educational materials; recreational and music camps

Grounds for Opposition

Priority and likelihood of confusion	Trademark Act section 2(d)
Dilution	Trademark Act section 43(c)
Other	Applicant's application for registration in International Classes 16, 38, and 41 claims rights in connection with goods and services that are not claimed in its foreign trademark registration, in violation of 37 CFR 2.32(a)(6).

Marks Cited by Opposer as Basis for Opposition

U.S. Registration No.	2290906	Application Date	02/18/1998
Registration Date	11/09/1999	Foreign Priority Date	NONE
Word Mark	DOCTORS WITHOUT BORDERS		
Design Mark			
Description of Mark	NONE		
Goods/Services	Class 042. First use: First Use: 1971/00/00 First Use In Commerce: 1990/07/00 charitable services, namely, providing emergency medical relief and assisting victims of disasters and conflicts worldwide and promoting public awareness of populations at risk		

U.S. Registration No.	3032188	Application Date	11/19/2004
Registration Date	12/20/2005	Foreign Priority Date	NONE
Word Mark	DOCTORS WITHOUT BORDERS		
Design Mark			
Description of Mark	NONE		
Goods/Services	Class 035. First use: First Use: 1971/01/01 First Use In Commerce: 1990/07/01 recruitment services for medical professionals to participate in international relief projects Class 036. First use: First Use: 1971/01/01 First Use In Commerce: 1990/07/01 charitable fund raising services for international relief projects		

U.S. Registration No.	3028779	Application Date	12/01/2004
Registration Date	12/13/2005	Foreign Priority Date	NONE
Word Mark	MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS		
Design Mark			
Description of Mark	NONE		
Goods/Services	Class 035. First use: First Use: 1971/12/00 First Use In Commerce: 2001/10/00 recruitment servies for medical professionals to participate in international relief projects; promoting public awareness of populations at risk		

U.S. Registration No.	3028780	Application Date	12/01/2004
Registration Date	12/13/2005	Foreign Priority Date	NONE
Word Mark	MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS		
Design Mark			
Description of Mark	NONE		
Goods/Services	Class 036. First use: First Use: 1971/12/00 First Use In Commerce: 2001/10/00 charitable fundraising services for international relief projects		

U.S. Registration No.	3028781	Application Date	12/01/2004
Registration Date	12/13/2005	Foreign Priority Date	NONE
Word Mark	MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS		
Design Mark			
Description of Mark	NONE		
Goods/Services	Class 044. First use: First Use: 1971/12/00 First Use In Commerce: 2001/10/00 charitable services, namely, providing medical services to underdeveloped countries		

Attachments	Opposition.pdf (10 pages)(25889 bytes) Exhibit A.pdf (24 pages)(1688713 bytes) Exhibit B.pdf (18 pages)(650129 bytes) Exhibit C.pdf (18 pages)(663976 bytes) Exhibit D.pdf (18 pages)(681447 bytes) Exhibit E.pdf (18 pages)(1306044 bytes) Exhibit F.pdf (46 pages)(897968 bytes) Exhibits G and H.pdf (11 pages)(328517 bytes) Exhibit I.pdf (30 pages)(1603870 bytes) Exhibit J.pdf (125 pages)(14779040 bytes) Exhibit K.pdf (11 pages)(409149 bytes) May 1 Certificate of Service.pdf (1 page)(185635 bytes)

Certificate of Service

The undersigned hereby certifies that a copy of this paper has been served upon all parties, at their address record by Overnight Courier on this date.

Signature	/s/ Erik Risendal
Name	Erik Risendal
Date	05/01/2013

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

BUREAU INTERNATIONAL DE MÉDECINS SANS FRONTIÈRES	)	
- and -	)	
	)	Opposition No.: _____
MÉDECINS SANS FRONTIÈRES USA, INC.,	)	Serial No.: 85/051,901
	)	Filing Date: June 1, 2010
jointly, Opposer,	)	
	)	Mark: **MUSICIANS WITHOUT BORDERS**
v.	)	
	)	Int'l Classes: 9, 16, 25, 35, 36, 38, 41
STICHTING MUSICIANS WITHOUT BORDERS,	)	Published: January 1, 2013
Applicant.	)	

NOTICE OF OPPOSITION

Trademark Trial and Appeal Board
U.S. Patent and Trademark Office
Madison East, Concourse Level Room C 55
600 Dulany Street
Alexandria, VA 22314

Opposer comprises Bureau International de Médecins Sans Frontières ("MSF International"), an international not-for-profit corporation with its principal place of business located at Rue de Lausanne 78, CP 116, 1211 Geneva 21, Switzerland, and Médecins Sans Frontières USA, Inc. ("MSF USA"), commonly known as and doing business as "Doctors Without Borders," a New York not-for-profit corporation with its principal place of business located at 333 Seventh Avenue, 2nd Floor, New York, New York 10001, USA (jointly, "Opposer").

Opposer believes that it will be damaged by the registration of the mark MUSICIANS WITHOUT BORDERS (Serial Number 85/051,901) and hereby opposes grant of the registration. Opposer submits the required fee of $600 along with this Notice of Opposition.

As grounds for opposition, Opposer alleges as follows:

1. MSF International owns the mark DOCTORS WITHOUT BORDERS (Reg. No. 2,290,906) in International Class 42 for use in connection with "charitable services, namely, providing emergency medical relief and assisting victims of disasters and conflicts worldwide and promoting public awareness of populations at risk." This mark was first used in 1971, was first used in commerce in the United States in 1990, was registered on the Principal Register on November 9, 1999, and is active, valid, and presently subsisting. Affidavits under Section 8 and Section 15 of the Lanham Act, 15 U.S.C. §§ 1058 and 1065, were filed with the United States Patent and Trademark Office ("PTO") on March 31, 2005, supporting the continued use and incontestability of this registration. Such affidavits were accepted and acknowledged on August 2, 2006. Further affidavits under Section 8 and Section 9 of the Lanham Act, 15 U.S.C. §§ 1058 and 1059, were filed with the PTO on October 6, 2009, renewing this registration. Such affidavits were accepted and acknowledged on October 7, 2009. Opposer's registration is *prima facie* evidence of Opposer's exclusive right to use the mark in commerce in connection with the services specified in the registration. A printout of this registration and subsequent history from the PTO's Internet website located at www.uspto.gov is attached hereto as Exhibit A.

2. MSF International owns the mark DOCTORS WITHOUT BORDERS (Reg. No. 3,032,188) in International Class 35 for use in connection with "recruitment services for medical professionals to participate in international relief projects" and in International Class 36 for use in connection with "charitable fund raising services for international relief projects." This mark

was first used in 1971, was first used in commerce in the United States in 1990, was registered on the Principal Register on December 20, 2005, and is active, valid, and presently subsisting. Affidavits under Section 8 and Section 15 of the Lanham Act, 15 U.S.C. §§ 1058 and 1065, were filed with the United States Patent and Trademark Office ("PTO") on November 16, 2011, supporting the continued use and incontestability of this registration. Such affidavits were accepted and acknowledged on January 4, 2012. A printout of this registration and subsequent history from the PTO's Internet website located at www.uspto.gov is attached hereto as Exhibit B.

3. MSF International also owns registrations for a design mark containing DOCTORS WITHOUT BORDERS (Reg. Nos. 3,028,779; 3,028,780; and 3,028,781) in International Classes 35, 36, and 44, all based on first use in 1971 and first use in commerce in the United States in 2001. Printouts of each registration and subsequent history from the PTO's Internet website located at www.uspto.gov are attached hereto as Exhibits C, D, and E.

4. MSF International also has extensive common law rights in the mark DOCTORS WITHOUT BORDERS in other classes based on its first use beginning in 1971, first use in commerce in the United States beginning in 1990, and continuous use in commerce in the United States thereafter. The registrations and common law marks discussed in paragraphs 1, 2, and 3 above are collectively referred to herein as the "MSF Marks."

5. In September 2000, MSF USA assigned the then-current MSF Marks and agreed to assign future MSF Marks to MSF International in exchange for an exclusive license to use the MSF Marks in the United States. MSF USA has recorded the Trademark License and Assignment Agreement between Bureau International de Médecins Sans Frontières and Médecins Sans Frontières USA, Inc., dated September 14, 2000 (the "License"), with the PTO. A copy of the License is attached hereto as Exhibit F.

6. MSF International, as owner, and MSF USA, as exclusive licensee, have standing under Sections 32(1) and 43(a) of the Lanham Act, 15 U.S.C. §§ 1114(1) and 1125(a), to bring this Notice of Opposition based upon their rights with respect to the MSF Marks.

7. In accordance with the terms of the License, MSF International granted MSF USA consent and standing to bring this Notice of Opposition. A copy of the signed consent is attached hereto as Exhibit G.

8. For over 40 years, and continuing to the present, MSF USA has widely used the MSF Marks in the United States, and has been referred to by its staff, its donors and supporters, the press, the individuals that it assists and other third parties throughout the United States and the world as DOCTORS WITHOUT BORDERS.

9. By virtue of such long-standing, highly-publicized use, the mark DOCTORS WITHOUT BORDERS has become a strong and valuable service mark of Opposer in the United States and throughout the world, identifying Opposer and the services that it provides.

10. On June 1, 2010, Stichting Musicians Without Borders ("Applicant") filed an application with the PTO to register the mark MUSICIANS WITHOUT BORDERS (Ser. No. 85/051,901) in (i) International Class 9 for use in connection with "[d]igital music downloadable provided from a computer database or the internet; downloadable music recordings via the internet; pre-recorded music videos; educational materials recorded on computer programs for teaching music;" (ii) International Class 16 for use in connection with "[p]rinted music books; printed music note books; sheet music; printed publications in the nature of songbooks, books, manuals, pamphlets, programs and brochures in the field of music, music education and conflict resolution; printed educational materials in the fields of music, music education and conflict resolution;" (iii) International Class 25 for use in connection with "[c]lothing, namely, T-shirts, pants, shorts, shirts,

skirts, sweatshirts, sweaters, vests, jackets, scarves, ties, and belts; headgear, namely, hats, caps, and visors;" (iv) International Class 35 for use in connection with "[r]etail store services and online retail store services in the field of music;" (v) International Class 36 for use in connection with "[c]haritable fundraising;" (vi) International Class 38 for use in connection with "[m]usic broadcasting; providing access to digital music web sites on the internet; transmission of musical entertainment, music and musical sound recordings via satellite and cable; delivery of digital music by electronic transmission;" and (vii) International Class 41 for use in connection with "[e]ducation services, namely, providing classes, seminars, workshops, and training programs in the fields of music, music education, and conflict resolution; entertainment services, namely organizing cultural activities, namely, music workshops, lectures, conferences, and exhibitions for the purpose of education, information, and fundraising; arranging and conducting educational colloquiums, conferences, congresses, seminars, symposiums, and workshops in the fields of music, music education, and conflict resolution; composition of music for others; music competition services for others; entertainment in the nature of live music festivals for the purpose of education, information, and fundraising; music library services; music publishing services; music recording studio services; organizing talent contests and music and television award events; production of film, video, music, and television music programs; production of sound and music sound recordings; teaching in the field of music, music education, and conflict resolution; entertainment, namely, arranging of music festivals for cultural, training, entertainment, or educational purposes; publication of educational materials; recreational and music camps" ("Applicant's Mark"). A printout of this application and subsequent history from the PTO's official Internet website located at www.uspto.gov is attached hereto as Exhibit H.

11. In connection with its PTO application, Applicant submitted a Certificate of Registration from the Office of Harmonization in the Internal Market in connection with the Community Trade Mark MUSICIANS WITHOUT BORDERS ("Applicant's European Trademark"). A printout of Applicant's European Trademark, located on the PTO's official Internet website at www.uspto.gov, is attached hereto as Exhibit I.

12. Every year, Opposer provides a range of services to people living in conflict and disaster zones around the world, including humanitarian aid, medical care, conflict resolution, and educational services. Opposer maintains international field offices in 19 countries and operates in more than 60 countries. Opposer targets a U.S. and international audience that includes educators, volunteers, and the public at large. A printout of pages from Opposer's Internet website located at www.doctorswithoutborders.org is attached hereto as Exhibit J. Applicant operates or seeks to operate in many of the same areas and targets a similar U.S. and international audience.

13. Opposer provides medical and humanitarian assistance to civilians in war-torn conflict zones and to refugees and displaced persons around the world. On any given day, more than 27,000 doctors, nurses, administrators, logisticians, and other qualified professionals are providing humanitarian aid to individuals in need. *See* Exhibit J. In 2011, Opposer provided humanitarian assistance in 67 countries, and MSF USA supported work in 48 of those countries. *Id*. Over many years, Opposer has tended to the civilians and refugees left in the wake of warfare and other violence, and has frequently played a leading role in bearing witness to neglected conflicts and human suffering. During the Bosnian War, for example, Opposer was the only international aid organization to provide assistance to civilians in Srebrenica, and publicly condemned the deportation and assassination of civilians that took place. *Id.* In Rwanda, Opposer advocated for an international peacekeeping mission during the 1994 genocide and, more recently, provided therapy

and awareness-raising sessions for women who experienced torture and sexual violence. *Id.* Currently, Opposer is providing medical care, psychotherapy, and social assistance to civilians traumatized by conflict and war in the Palestinian territories, as well as mental healthcare in Lebanon to civilians who have fled the Syrian and Palestinian conflicts. *Id.*

14. Applicant seeks to use and register Applicant's Mark in connection with similar services in many of the same conflict and post-conflict zones around the world. According to Applicant's website at www.musicianswithoutborders.org ("Applicant's Website"),[1] Applicant is dedicated to utilizing "the untapped power of music for healing, reconciliation and building tolerance where war and conflict have left people isolated, divided and in despair" and has partnered with "local music, peace and human rights organizations." *See* Exhibit K. Applicant's Website states that Applicant offers a program called "Woman to Woman" in refugee camps in Srebrenica, Potocari, and Tuzla in Bosnia-Herzegovina, using singing to help female refugees "deal with their emotions and their suffering" so that they are able to "accept the past and . . . move on in the future." *Id.* Applicant also claims that it is integrating "organized training sessions in non-violent communication and conflict resolution" into music workshops provided to children in refugee camps and towns in the Palestinian territories, and that the training sessions "will become part of the MwB workshop leaders training program, wherever in the world." *Id.* Applicant's Website states that it has partnered with "international and local organizations specializing in culture and social change" and that it "warmly endorses the work of organizations that invest in future generations and actively contribute to a culture of tolerance and non-violence," including the War Trauma Foundation, the Women's Peacemakers Program, the Fellowship of Reconciliation,

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[1] A printout of several pages from Applicant's Website is attached hereto as Exhibit K.

and Project Hope (based in the Palestinian Territories). *Id*. Applicant also claims to run additional projects and programs in "the war-torn Great Lakes Area" of central Africa, including Rwanda. *Id*.

15. Opposer solicits monetary donations from the public at large via its website and other means. *See* Exhibit J. In fact, 87% of Opposer's funding comes from private sources. *Id.* Similarly, Applicant seeks donations from the public via its website and house concerts. *See* Exhibit K.

16. On January 1, 2013, Applicant's mark was published for opposition in the *Official Gazette*. On January 24, 2013, Opposer filed a first request for an extension of time to file an opposition, which the PTO granted. On February 28, 2013, Opposer filed a second request for an extension of time, which the PTO also granted to and including May 1, 2013. Opposer's efforts to reach an amicable resolution with Applicant during that period of time have been unsuccessful, necessitating the filing of this Opposition.

17. Applicant's Mark is confusingly similar to the MSF Marks. The registration and/or use by Applicant of the mark MUSICIANS WITHOUT BORDERS in International Classes 9, 16, 25, 35, 36, 38, and 41 is likely to cause substantial confusion in the minds of the public, who may mistakenly believe that Opposer is affiliated with Applicant or that Opposer endorses or sponsors Applicant's services. In particular, members of the public who support Opposer's mission and services, by way of donations, recruitment activities, or volunteer activities, may mistakenly believe that there is an affiliation between Opposer and Applicant. In addition, it is critical that Opposer maintain the integrity of the MSF Marks in order to minimize risk to the security of personnel in the field where aid is provided, particularly in situations where the provision of aid requires the establishment of relationships with local leaders and authorities. Opposer's reputation

as an independent, neutral, non-political organization may be damaged if it is perceived to be affiliated with Applicant.

18. In view of the confusing similarity between the MSF Marks and Applicant's Mark, and the similar nature of the services provided or proposed to be provided by the respective parties, Applicant's Mark is likely to cause confusion, mistake, or deception with respect to the MSF Marks, in violation of Sections 32(1) and/or 43(a) of the Lanham Act, 15 U.S.C. §§ 1114(1) and 1125(a), and justifying refusal of registration of Applicant's Mark under 15 U.S.C. § 1052(d).

19. Furthermore, Applicant's use of Applicant's Mark will dilute and blur the distinctive quality of the MSF Marks and lessen Opposer's ability to identify and distinguish its services rendered under the MSF Marks, in violation of Section 43(c) of the Lanham Act, 15 U.S.C. § 1125(c).

20. Lastly, Applicant's application for registration in International Classes 16, 38, and 41 claims rights in connection with goods and services that are not claimed in its European trademark registration. Because Applicant is relying on Section 44(e) of the Lanham Act, 15 U.S.C. §1126, in pursuing this application, the scope of the goods and services in Applicant's application is limited to the scope claimed in its European trademark registration. 37 C.F.R. § 2.32(a)(6). Applicant's attempt to claim any broader scope is improper and the application should also be rejected for this additional and independent reason. *See, e.g.*, *Marmark Ltd. v. Nutrexpa, S.A.*, 12 U.S.P.Q. 2d 1843 (T.T.A.B. 1989).

21. For the foregoing reasons, Applicant is not entitled to federal registration of Applicant's Mark and Opposer will be damaged by the grant of such registration.

WHEREFORE, Opposer requests that this Notice of Opposition be sustained and that Applicant be denied registration of application to register the mark MUSICIANS WITHOUT BORDERS (Ser. No. 85/051,901).

Respectfully submitted,

SIMPSON THACHER & BARTLETT LLP

By: *__/s/ Kerry L. Konrad__*

Kerry L. Konrad
Erik J. Risendal
425 Lexington Avenue
New York, New York 10017
212-455-2000 (telephone)
212-455-2502 (facsimile)

Attorneys for Opposer

Dated: April 30, 2013

EXHIBIT A

United States Patent and Trademark Office

Trademarks > Trademark Electronic Search System (TESS)

TESS was last updated on Mon Apr 29 02:47:26 EDT 2013

Logout Please logout when you are done to release system resources allocated for you.

Start List At: OR Jump to record: **Record 6 out of 10**

TSDR | ASSIGN Status | TTAB Status ***(Use the "Back" button of the Internet Browser to return to TESS)***

Typed Drawing

Word Mark	DOCTORS WITHOUT BORDERS
Goods and Services	IC 042. US 100 101. G & S: charitable services, namely, providing emergency medical relief and assisting victims of disasters and conflicts worldwide and promoting public awareness of populations at risk. FIRST USE: 19710000. FIRST USE IN COMMERCE: 19900700
Mark Drawing Code	(1) TYPED DRAWING
Serial Number	75436137
Filing Date	February 18, 1998
Current Basis	1A
Original Filing Basis	1A
Published for Opposition	August 17, 1999
Registration Number	2290906
Registration Date	November 9, 1999
Owner	(REGISTRANT) Medecins Sans Frontieres USA, Inc. NOT-FOR-PROFIT CORPORATION NEW YORK Six East 39th Street, 8th Floor New York NEW YORK 10016 (LAST LISTED OWNER) BUREAU INTERNATIONAL DE MEDECINS SANS FRONTIERES INCORPORATED ASSOCIATION CASE POSTALE 116 RUE DE LAUSANNE 78 GENEVE, 21 CH-1211 SWITZERLAND
Assignment Recorded	ASSIGNMENT RECORDED
Attorney of Record	Dwayne K. Goetzel
Prior Registrations	1820094

Type of Mark	SERVICE MARK
Register	PRINCIPAL
Affidavit Text	SECT 15. SECT 8 (6-YR). SECTION 8(10-YR) 20091007.
Renewal	1ST RENEWAL 20091007
Live/Dead Indicator	LIVE

USPTO will deploy a small maintenance release for Trademark Status and Document Retrieval (TSDR) system. Deployment will start at 10:00 p.m. on Friday, April 26 and end at 5:00 a.m. on Saturday, April 27. TSDR will be unavailable during the deployment period.

STATUS DOCUMENTS | Back to Search | Print

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Mark: DOCTORS WITHOUT BORDERS

DOCTORS WITHOUT BORDERS

US Serial Number: 75436137 **Application Filing Date:** Feb. 18, 1

US Registration Number: 2290906 **Registration Date:** Nov. 09, 1

Register: Principal

Mark Type: Service Mark

Status: The registration has been renewed.

Status Date: Oct. 07, 2009

Publication Date: Aug. 17, 1999

Mark Information

Mark Literal Elements: DOCTORS WITHOUT BORDERS

Standard Character Claim: No

Mark Drawing Type: 1 - TYPESET WORD(S) /LETTER(S) /NUMBER(S)

Related Properties Information

Claimed Ownership of US Registrations: 1820094

Goods and Services

Note:
The following symbols indicate that the registrant/owner has amended the goods/services:

- Brackets [..] indicate deleted goods/services;
- Double parenthesis ((..)) identify any goods/services not claimed in a Section 15 affidavit of
- Asterisks *..* identify additional (new) wording in the goods/services.

For: charitable services, namely, providing emergency medical relief and assisting victims of disaste public awareness of populations at risk

International Class(es): 042 - Primary Class **U.S Class(es):** 100, 101

Class Status: ACTIVE

Basis: 1(a)

First Use: 1971 Use in Commerce: Jul. 1990

Basis Information (Case Level)

Filed Use:	Yes	Currently Use:	Yes
Filed ITU:	No	Currently ITU:	No
Filed 44D:	No	Currently 44D:	No
Filed 44E:	No	Currently 44E:	No
Filed 66A:	No	Currently 66A:	No
Filed No Basis:	No	Currently No Basis:	No

Current Owner(s) Information

Owner Name: BUREAU INTERNATIONAL DE MEDECINS SANS FRONTIERES

Owner Address: CASE POSTALE 116 RUE DE LAUSANNE 78
GENEVE, 21 CH-1211
SWITZERLAND

Legal Entity Type: INCORPORATED ASSOCIATION State or Country Where Organized: No Place

Attorney/Correspondence Information

Attorney of Record

Attorney Name: Dwayne K. Goetzel Docket Number: 5310-171(

Attorney Primary Email Address: dkgpto@intprop.com Attorney Email Authorized: Yes

Correspondent

Correspondent Name/Address: Dwayne K. Goetzel
Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C.
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Correspondent e-mail: dkgpto@intprop.com Correspondent e-mail Authorized: Yes

Domestic Representative

Domestic Representative Name: Dwayne K. Goetzel Phone: 512-853-8

Fax: 512-853-8801

Domestic Representative e-mail: dkgpto@intprop.com Domestic Representative e-mail Authorized: Yes

Prosecution History

Date	Description	Proceeding Number
Oct. 07, 2009	REGISTERED AND RENEWED (FIRST RENEWAL - 10 YRS)	77315
Oct. 07, 2009	REGISTERED - SEC. 8 (10-YR) ACCEPTED/SEC. 9 GRANTED	
Oct. 07, 2009	CASE ASSIGNED TO POST REGISTRATION PARALEGAL	77315
Oct. 06, 2009	TEAS SECTION 8 & 9 RECEIVED	
Oct. 02, 2009	REVIEW OF CORRESPONDENCE COMPLETE	67723
Oct. 01, 2009	PAPER RECEIVED	
Sep. 23, 2009	CASE FILE IN TICRS	96529
Sep. 21, 2009	ATTORNEY REVOKED AND/OR APPOINTED	
Sep. 21, 2009	TEAS REVOKE/APPOINT ATTORNEY RECEIVED	
Sep. 02, 2009	ASSIGNMENT OF OWNERSHIP NOT UPDATED AUTOMATICALLY	
Sep. 02, 2009	ASSIGNMENT OF OWNERSHIP NOT UPDATED AUTOMATICALLY	
Aug. 26, 2009	ASSIGNMENT OF OWNERSHIP NOT UPDATED AUTOMATICALLY	
Aug. 26, 2009	ASSIGNMENT OF OWNERSHIP NOT UPDATED AUTOMATICALLY	
Aug. 26, 2009	ASSIGNMENT OF OWNERSHIP NOT UPDATED AUTOMATICALLY	
Aug. 19, 2009	ASSIGNMENT OF OWNERSHIP NOT UPDATED AUTOMATICALLY	
Aug. 09, 2006	ASSIGNED TO PARALEGAL	67723
Aug. 02, 2006	REGISTERED - SEC. 8 (6-YR) ACCEPTED & SEC. 15 ACK.	66607
Mar. 31, 2005	REGISTERED - SEC. 8 (6-YR) & SEC. 15 FILED	
Mar. 31, 2005	TEAS SECTION 8 & 15 RECEIVED	
Jun. 03, 2003	TEAS CHANGE OF CORRESPONDENCE RECEIVED	
Nov. 09, 1999	REGISTERED-PRINCIPAL REGISTER	
Aug. 17, 1999	PUBLISHED FOR OPPOSITION	

Jul. 16, 1999	NOTICE OF PUBLICATION
Apr. 26, 1999	APPROVED FOR PUB - PRINCIPAL REGISTER
Mar. 22, 1999	CORRESPONDENCE RECEIVED IN LAW OFFICE
Sep. 30, 1998	NON-FINAL ACTION MAILED

Maintenance Filings or Post Registration Information

Affidavit of Continued Use: Section 8 - Accepted

Affidavit of Incontestability: Section 15 - Accepted

Renewal Date: Nov. 09, 2009

TM Staff and Location Information

TM Staff Information - None

File Location

Current Location: Not Found Date in Location: Oct. 07, 2(

Assignment Abstract Of Title Information

Summary

Total Assignments: 3 Registrant: Medecins

Assignment 1 of 3

Conveyance: ASSIGNS THE ENTIRE INTEREST

Reel/Frame: 2265/0474 Pages: 46

Date Recorded: Mar. 29, 2001

Supporting Documents: assignment-tm-2265-0474.pdf

Assignor

Name: MEDECINS SANS FRONTIERES USA Execution Date: Sep. 14, 2

Legal Entity Type: CORPORATION State or Country Where Organized: NEW YOF

Assignee

Name: BUREAU INTERNATIONAL DE MEDECINS SANS FRONTIERES

Legal Entity Type: ORGANIZATION EXISTING UNDER THE LAWS OF BELGIUM State or Country Where Organized: BELGIUM

Address: DR. JEAN-MARIE KINDERMANS
39, RUE DE LA TOURELLE
B-1040 BRUSSELS, BELGIUM

Correspondent

Correspondent Name: SIMPSON THACHER & BARTLETT

Correspondent Address: ALISON WINICK, ESQ.
425 LEXINGTON AVENUE
NEW YORK, NY 10017

Domestic Representative - Not Found

Assignment 2 of 3

Conveyance: EXCLUSIVE LICENSE IN U.S. TRADEMARK RIGHTS

Reel/Frame: 2265/0534 Pages: 47

Date Recorded: Mar. 29, 2001

Supporting Documents: assignment-tm-2265-0534.pdf

Assignor

Name: BUREAU INTERNATIONAL DE MEDECINS SANS FRONTIERES Execution Date: Sep. 14, 2

Legal Entity Type: ORGANIZATION EXISTING UNDER THE LAWS OF BELGIUM State or Country Where Organized: No Place \

Assignee

Name: MEDECINS SANS FRONTIERES USA

Legal Entity Type: CORPORATION State or Country Where Organized: NEW YOF

Address: 6 EAST 39TH STREET
NEW YORK, NEW YORK 10016

Correspondent

Correspondent Name: SIMPSON THACHER & BARLETT

Correspondent Address: ALISON WINICK, ESQ.
425 LEXINGTON AVENUE
NEW YORK, NEW YORK 10017

Domestic Representative - Not Found

Assignment 3 of 3

Conveyance: ASSIGNS THE ENTIRE INTEREST

Reel/Frame: 3043/0903 Pages: 5

Date Recorded: Mar. 10, 2005

Supporting Documents: assignment-tm-3043-0903.pdf

Assignor

Name: BUREAU INTERNATIONAL DE MEDECINS SANS FRONTIERES Execution Date: Feb. 26, 2

Legal Entity Type: ORGANIZATION EXISTING UNDER THE LAWS OF BELGIUM
State or Country Where Organized: No Place \

Assignee

Name: BUREAU INTERNATIONAL DE MEDECINS SANS FRONTIERES

Legal Entity Type: UNE ASSOCIATION DE BIENFAISANCE QUI N'A PAS DE BUT ECONOMIQUE
State or Country Where Organized: No Place \

Address: CASE POSTALE 116 RUE DE LAUSANNE 78
GENEVE 21 CH-1211, SWITZERLAND

Correspondent

Correspondent Name: ROBYN RAHBAR, ESQ

Correspondent Address: SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK, NY 10017

Domestic Representative - Not Found

Proceedings

Summary

Number of Proceedings: 12

Type of Proceeding: Opposition

Proceeding Number: 91208430
Filing Date: Dec 12, 2(

Status: Terminated
Status Date: Jan 31, 2C

Interlocutory Attorney: GEORGE POLOGEORGIS

Defendant

Name: John D. Silliphant DBA Friends Without Borders

Correspondent Address: JOHN D SILLIPHANT
JOHN D SILLIPHANT DBA FRIENDS WITHOUT BORDERS
3949 HARMON RD
EL SOBRANTE CA , 94803 3043
UNITED STATES

Correspondent e-mail: bethechange@gmail.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
FRIENDS WITHOUT BORDERS	Registered	85518034	4300164

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres, and Medecins Sans Frontieres USA, Inc.

Correspondent Address: ERIK J RISENDAL
SIMPSON THACHER BARTLETT LLP

425 LEXINGTON AVE
NEW YORK NY , 10017
UNITED STATES

Correspondent e-mail: erisendal@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Dec 12, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Dec 13, 2012	Jan 22, 2013
3	PENDING, INSTITUTED	Dec 13, 2012	
4	WITHDRAWAL OF OPPOSITION	Jan 18, 2013	
5	BD'S DECISION: DISMISSED W/O PREJUDICE	Jan 31, 2013	
6	TERMINATED	Jan 31, 2013	

Type of Proceeding: Opposition

Proceeding Number: 91208080 Filing Date: Nov 19, 2(

Status: Pending Status Date: Nov 19, 2(

Interlocutory Attorney: ANDREW P BAXLEY

Defendant

Name: Muslims Without Borders, Inc.

Correspondent Address: SCOTT W JOHNSTON
MERCHANT & GOULD PC
80 SOUTH EIGHTH STREET, SUITE 3200
MINNEAPOLIS MN , 55402-2215
UNITED STATES

Correspondent e-mail: SJohnston@merchantgould.com , slindemeier@merchantgould.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
MUSLIMS WITHOUT BORDERS	Opposition Pending	85341092	

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: ALEXIS GREGORIAN
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017
UNITED STATES

Correspondent e-mail: gdorment@stblaw.com , agregorian@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Nov 19, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Nov 19, 2012	Dec 29, 2012
3	PENDING, INSTITUTED	Nov 19, 2012	
4	ANSWER	Dec 28, 2012	
5	D MOT FOR EXT W/ CONSENT	Mar 19, 2013	
6	EXTENSION OF TIME GRANTED	Mar 22, 2013	
7	STIP FOR EXT	Apr 29, 2013	

Type of Proceeding: Opposition

Proceeding Number: 91207483 Filing Date: Oct 09, 20

Status: Terminated Status Date: Apr 22, 20

Interlocutory Attorney: GEORGE POLOGEORGIS

Defendant

Name: Robert E. Levin DBA Apps Without Borders

Correspondent Address: BRIAN GIBBONS
3936 S SEMORAN BLVD, SUITE 330
ORLANDO FL , 32822
UNITED STATES

Correspondent e-mail: robert.e.levin@gmail.com , trademarks@briangibbons.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
APPS WITHOUT BORDERS	Abandoned - After Inter-Partes Decision	85138204	

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres

Correspondent Address: KERRY L KONRAD
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017
UNITED STATES

Correspondent e-mail: CMcCarthy@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date

1	FILED AND FEE	Oct 09, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Oct 15, 2012	Nov 24, 2012
3	PENDING, INSTITUTED	Oct 15, 2012	
4	D MOT FOR EXT W/ CONSENT	Nov 26, 2012	
5	EXTENSION OF TIME GRANTED	Nov 27, 2012	
6	NOTICE OF DEFAULT	Mar 07, 2013	
7	BD DECISION: SUSTAINED	Apr 22, 2013	
8	TERMINATED	Apr 22, 2013	

Type of Proceeding: Opposition

Proceeding Number: 91206623 **Filing Date:** Aug 15, 2(

Status: Terminated **Status Date:** Jan 31, 2(

Interlocutory Attorney: ELIZABETH A DUNN

Defendant

Name: Therapists Without Borders

Correspondent Address: ANDREA MB OTT
LAW OFFICES OF ANDREA MB OTT LLC
1111 SOUTH BOULEVARD
OAK PARK IL , 60302 2880
UNITED STATES

Correspondent e-mail: andrea@ambottlaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
THERAPISTS WITHOUT BORDERS	Abandoned - After Inter-Partes Decision	85374681	

Plaintiff(s)

Name: Bureau International De Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: KERRY K KONRAD
SIMPSON THACHER BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017 3954
UNITED STATES

Correspondent e-mail: AGregorian@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906

DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Aug 15, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Aug 20, 2012	Sep 29, 2012
3	PENDING, INSTITUTED	Aug 20, 2012	
4	CHANGE OF CORRESPONDENCE ADDRESS	Sep 12, 2012	
5	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Sep 26, 2012	
6	SUSPENDED	Sep 26, 2012	
7	NOTICE OF DEFAULT	Dec 07, 2012	
8	BOARD'S DECISION: SUSTAINED	Jan 31, 2013	
9	TERMINATED	Jan 31, 2013	

Type of Proceeding: Opposition

Proceeding Number: 91205137 Filing Date: Apr 04, 20

Status: Pending Status Date: May 15, 2

Interlocutory Attorney: CHRISTEN M ENGLISH

Defendant

Name: Books Without Borders (Kutub Bila Hudood)

Correspondent Address: BETSY E LEHRFELD
SWANKIN & TURNER
1400 16TH ST NW STE 101
WASHINGTON DC , 20036-2222
UNITED STATES

Correspondent e-mail: bestsy@swankin-turner.com , martin@swankin-turner.com

Associated marks

Mark	Application Status	Serial Number	Registration Number

KUTUB BILA HUDOOD	Opposition Pending	85181019

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: KERRY L KONRAD
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017
UNITED STATES

Correspondent e-mail: egillen@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Apr 04, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	May 15, 2012	Jun 24, 2012
3	PENDING, INSTITUTED	May 15, 2012	
4	ANSWER	May 24, 2012	

Type of Proceeding: Opposition

Proceeding Number: 91192636 Filing Date: Nov 11, 2(

Status: Terminated Status Date: Apr 28, 20

Interlocutory Attorney: ELIZABETH WINTER

Defendant

Name: New York Academy of Sciences

Correspondent Address: NANCY J MERTZEL
DONOVAN & YEE

161 AVENUE OF THE AMERICAS, STE 1201
NEW YORK NY , 10013
UNITED STATES

Correspondent e-mail: nmertzel@yeellp.com , mheddell@yeellp.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
SCIENTISTS WITHOUT BORDERS	Registered	77031372	4115122

Plaintiff(s)

Name: Medecins Sans Frontieres USA, Inc. and Bureau International de Medecins Sans Frontieres

Correspondent Address: RICHARD M ASSMUS
MAYER BROWN LLP
PO BOX 2828
CHICAGO IL , 60690-2828
UNITED STATES

Correspondent e-mail: rassmus@mayerbrown.com , ipdocket@mayerbrown.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Nov 11, 2009	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Nov 12, 2009	Dec 22, 2009
3	PENDING, INSTITUTED	Nov 12, 2009	
4	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Nov 25, 2009	
5	SUSPENDED	Nov 25, 2009	
6	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Mar 19, 2010	
7	SUSPENDED	Mar 19, 2010	

8	CHANGE OF CORRESPONDENCE ADDRESS	Jun 21, 2010
9	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Jun 21, 2010
10	SUSPENDED	Jun 21, 2010
11	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Sep 13, 2010
12	SUSPENDED	Sep 13, 2010
13	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Nov 17, 2010
14	SUSPENDED	Nov 17, 2010
15	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Jan 18, 2011
16	SUSPENDED	Jan 18, 2011
17	CHANGE OF CORRESPONDENCE ADDRESS	Jan 19, 2011
18	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Feb 16, 2011
19	SUSPENDED	Feb 16, 2011
20	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Mar 18, 2011
21	SUSPENDED	Mar 18, 2011
22	WITHDRAWAL OF OPPOSITION	Apr 18, 2011
23	BD'S DECISION: DISMISSED W/ PREJUDICE	Apr 28, 2011
24	TERMINATED	Apr 28, 2011

Type of Proceeding: Opposition

Proceeding Number: 91191458 **Filing Date:** Aug 07, 2(

Status: Terminated **Status Date:** Sep 29, 2(

Interlocutory Attorney: ELIZABETH WINTER

Defendant

Name: Recovery Without Borders

Correspondent Address: MICHAEL R. HULL
MILLER, MATTHIAS & HULL
1 N FRANKLIN ST STE 2350
CHICAGO IL , 60606-3549
UNITED STATES

Correspondent e-mail: mhull@millermatthiashull.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
RECOVERY WITHOUT BORDERS	Abandoned - After Inter-Partes Decision	77580958	

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: Kerry L. Konrad
Simpson Thacher & Bartlett LLP
425 Lexington Ave
New York NY , 10017
UNITED STATES

Correspondent e-mail: mlok@stblaw.com , gdorment@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Aug 07, 2009	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Aug 12, 2009	Sep 21, 2009
3	PENDING, INSTITUTED	Aug 12, 2009	
4	WITHDRAWAL OF APPLICATION	Aug 14, 2009	
5	BOARD'S DECISION: SUSTAINED	Aug 17, 2009	
6	TERMINATED	Aug 17, 2009	

Type of Proceeding: Opposition

Proceeding Number: 91190487 Filing Date: May 28, 2

Status: Terminated Status Date: Dec 16, 2

Interlocutory Attorney: CHERYL S GOODMAN

Defendant

Name: Engineers Without Borders - International

Correspondent Address: TARA L. HOKE
AMERICAN SOCIETY OF CIVIL ENGINEERS
1801 ALEXANDER BELL DR

RESTON VA , 20191-5467
UNITED STATES

Correspondent e-mail: thoke@asce.org

Associated marks

Mark	Application Status	Serial Number	Registration Number
ENGINEERS WITHOUT BORDERS - INTERNATIONAL	Registered	77425745	3738618

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: Mindy M. Lok
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVE
NEW YORK NY , 10017-3903
UNITED STATES

Correspondent e-mail: mlok@stblaw.com , gdorment@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	May 28, 2009	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Jun 03, 2009	Jul 13, 2009
3	PENDING, INSTITUTED	Jun 03, 2009	
4	CHANGE OF CORRESPONDENCE ADDRESS	Jun 17, 2009	
5	P'S CERTIFICATE OF SERVICE	Jun 17, 2009	
6	D'S MOT TO SUSP PEND SETLMT NEGOTIATIONS	Jul 10, 2009	
7	SUSPENDED	Jul 15, 2009	

8	MODIFICATION TO BOARD'S SUSP ORDER	Jul 16, 2009
9	STIP TO DISMISS OPP WO PREJUDICE	Dec 15, 2009
10	BD'S DECISION: DISMISSED W/O PREJUDICE	Dec 16, 2009
11	TERMINATED	Dec 16, 2009

Type of Proceeding: Opposition

Proceeding Number: 91165353 Filing Date: May 25, 2

Status: Terminated Status Date: May 26, 2

Interlocutory Attorney: DAVID M MERMELSTEIN

Defendant

Name: Sharma, Anita Angela

Correspondent Address: DR. K SHARMA
Dentists Without Borders.org
Douglas Square RPO, BOX 87004, 11520-24 STREETSE
Calgary, Alberta, Canada , T2Z3V7

Associated marks

Mark	Application Status	Serial Number	Registration Number
DENTISTS WITHOUT BORDERS	Abandoned - After Inter-Partes Decision	78258587	

Plaintiff(s)

Name: BUREAU INTERNATIONAL DE MEDECINS SANS FRRONTIERES AND MEDECINS SANS FI

Correspondent Address: ROBYN RAHBAR
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	May 25, 2005	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	May 26, 2005	Jul 05, 2005
3	PENDING, INSTITUTED	May 26, 2005	
4	D'S MOTION FOR AN EXTENSION OF TIME	Jul 11, 2005	
5	DF ALLOWED 30 DAYS TO ANSWER TRIAL DATES RESET	Jul 27, 2005	
6	D'S COMMUNICATION	Sep 26, 2005	

7	D'S ALLOWED THIRTY DAYS FROM THE MAILING DATE OF THIS ORDER TO ANSWER NOTICE OF OPPOSITION	Dec 23, 2005
8	NOTICE OF DEFAULT	Feb 21, 2006
9	D'S OPPOSITION/RESPONSE TO MOTION	Mar 27, 2006
10	D ALLOWED 30 DAYS TO FILE ANSWER	Apr 22, 2006
11	BOARD'S DECISION: SUSTAINED	Jul 13, 2006
12	TERMINATED	Jul 13, 2006

Type of Proceeding: Extension of Time

Proceeding Number: 78258587 **Filing Date:** Feb 17, 2(

Status: Terminated **Status Date:** Jun 25, 2(

Interlocutory Attorney:

Defendant

Name: Sharma, Anita Angela

Correspondent Address: Ms. Anita Angela Sharma
113 Douglas Ridge Circle S.E.
Calgary, Alberta , Canada T2Z 3 , 7

Associated marks

Mark	Application Status	Serial Number	Registration Number
DENTISTS WITHOUT BORDERS	Abandoned - After Inter-Partes Decision	78258587	

Potential Opposer(s)

Name: BUREAU INTERNATIONAL DE MEDECINS SANS FR

Correspondent Address: ROBYN RAHBAR
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906

Prosecution History

Entry Number	History Text	Date	Due Date
1	INCOMING - EXT TIME TO OPPOSE FILED	Feb 17, 2005	
2	EXTENSION OF TIME GRANTED	Feb 17, 2005	
3	INCOMING - EXT TIME TO OPPOSE FILED	Mar 22, 2005	
4	EXTENSION OF TIME GRANTED	Mar 22, 2005	

Type of Proceeding: Extension of Time

Proceeding Number: 76059877 Filing Date: Aug 10, 2(

Status: Terminated Status Date: Aug 10, 2(

Interlocutory Attorney:

Defendant

Name: Lawyers Without Borders, Inc.

Correspondent Address: ROBERT M. BORDEN
BINGHAM DANA
ONE STATE STREET
HARTFORD CT , 06103

Associated marks

Mark	Application Status	Serial Number	Registration Number
LAWYERS WITHOUT BORDERS	Renewed	76059877	2779907

Potential Opposer(s)

Name: Bureau International de Medecins San

Correspondent Address: Alison J. Winick
Simpson Thacher & Bartlett
425 Lexington Avenue
New York NY , 10017-3654

Name: Bureau International de Medecins Sans Frontieres a

Correspondent Address: 425 Lexington Avenue
New York NY , 10017-3954

Name: Medecins Sans Frontieres USA, Inc.

Correspondent Address: LORI E LESSER
SIMPSON THACHER & BARTLETT
425 LEXINGTON AVE
NEW YORK NY , 10017-3954

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906

Prosecution History

Entry Number	History Text	Date	Due Date
1	EXTENSION OF TIME TO OPPOSE FILED	May 30, 2001	
2	DELETE ENTRY	Jun 26, 2001	
3	DELETE ENTRY	Jun 26, 2001	
4	DELETE ENTRY	Jun 26, 2001	

5	DELETE ENTRY	Jun 22, 2001
6	DELETE ENTRY	Jun 22, 2001
7	EXTENSION OF TIME TO OPPOSE FILED	May 30, 2001
8	EXTENSION OF TIME GRANTED	Aug 10, 2001
9	DELETE ENTRY	Oct 04, 2001

Type of Proceeding: Opposition

Proceeding Number: 91150043 Filing Date: Jul 03, 20(

Status: Terminated Status Date: Nov 12, 2(

Interlocutory Attorney: DAVID M MERMELSTEIN

Defendant

Name: LAWYERS WITHOUT BORDERS, INC.

Correspondent Address: ROBERT M. BORDEN
BINGHAM MCCUTCHEN LLP
ONE STATE STREET HARTFORD, CT 06103

Associated marks

Mark	Application Status	Serial Number	Registration Number
LAWYERS WITHOUT BORDERS	Renewed	76059877	2779907

Plaintiff(s)

Name: MEDECINS SANS FRONTIERES USA, INC.

Correspondent Address: LORI E LESSER
SIMPSON THACHER & BARTLETT
425 LEXINGTON AVE
NEW YORK NY , 10017-3954

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Jul 03, 2001	
2	OPP FILED; ADDITIONAL FEE NEEDED	Aug 15, 2001	
3	PENDING, INSTITUTED	Aug 15, 2001	
4	COMMUNICATION	Sep 04, 2001	
5	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Oct 25, 2001	Dec 04, 2001
6	PL'S ADDITIONAL FEE FOR OPP	Sep 04, 2001	
7	NOTICE OF DEFAULT	Mar 29, 2002	

8	ANSWER	Apr 22, 2002
9	NOTICE OF DEFAULT IS VACATED AND D'S ANS WER IS DULE NOTED AND TRIAL AND DISC DAT	May 21, 2002
10	D'S MOT TO SUSP PEND SETLMT NEGOTIATIONS	Jul 18, 2002
11	SUSPENDED	Aug 27, 2002
12	PL'S W/D OF OPP W/CON	Sep 10, 2002
13	BD'S DECISION: DISMISSED W/O PREJUDICE	Nov 12, 2002
14	TERMINATED	Nov 12, 2002

Exhibit B

United States Patent and Trademark Office

Trademarks > Trademark Electronic Search System (TESS)

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DOCTORS WITHOUT BORDERS

Word Mark	DOCTORS WITHOUT BORDERS
Goods and Services	IC 035. US 100 101 102. G & S: recruitment services for medical professionals to participate in international relief projects. FIRST USE: 19710101. FIRST USE IN COMMERCE: 19900701 IC 036. US 100 101 102. G & S: charitable fund raising services for international relief projects. FIRST USE: 19710101. FIRST USE IN COMMERCE: 19900701
Standard Characters Claimed	
Mark Drawing Code	(4) STANDARD CHARACTER MARK
Serial Number	78519817
Filing Date	November 19, 2004
Current Basis	1A
Original Filing Basis	1A
Published for Opposition	September 27, 2005
Registration Number	3032188
Registration Date	December 20, 2005
Owner	(REGISTRANT) Bureau International de Medecins sans Frontieres Not-For-Profit Corporation SWITZERLAND Case Postale 116, Rue de Lausanne 78 Geneve 21 SWITZERLAND
Attorney of Record	Dwayne K. Goetzel
Prior Registrations	2290906

Type of Mark	SERVICE MARK
Register	PRINCIPAL
Affidavit Text	SECT 15. SECT 8 (6-YR).
Live/Dead Indicator	LIVE

USPTO will deploy a small maintenance release for Trademark Status and Document Retrieval (TSDR) system. Deployment will start at 10:00 p.m. on Friday, April 26 and end at 5:00 a.m. on Saturday, April 27. TSDR will be unavailable during the deployment period.

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Mark: DOCTORS WITHOUT BORDERS

DOCTORS WITHOUT BORDERS

US Serial Number: 78519817 **Application Filing Date:** Nov. 19, 2

US Registration Number: 3032188 **Registration Date:** Dec. 20, 2

Register: Principal

Mark Type: Service Mark

Status: A Sections 8 and 15 combined declaration has been accepted and acknowledged.

Status Date: Jan. 04, 2012

Publication Date: Sep. 27, 2005

Mark Information

Mark Literal Elements: DOCTORS WITHOUT BORDERS

Standard Character Claim: Yes. The mark consists of standard characters without claim to any particular font style, size, or

Mark Drawing Type: 4 - STANDARD CHARACTER MARK

Related Properties Information

Claimed Ownership of US Registrations: 2290906

Goods and Services

Note:

The following symbols indicate that the registrant/owner has amended the goods/services:

- Brackets [..] indicate deleted goods/services;
- Double parenthesis ((..)) identify any goods/services not claimed in a Section 15 affidavit of
- Asterisks "..* identify additional (new) wording in the goods/services.

For: recruitment services for medical professionals to participate in international relief projects

International Class(es): 035 - Primary Class **U.S Class(es):** 100, 101,

Class Status: ACTIVE

Basis: 1(a)

First Use: Jan. 01, 1971 Use in Commerce: Jul. 01, 19

For: charitable fund raising services for international relief projects

International Class(es): 036 - Primary Class U.S Class(es): 100, 101,

Class Status: ACTIVE

Basis: 1(a)

First Use: Jan. 01, 1971 Use in Commerce: Jul. 01, 19

Basis Information (Case Level)

Filed Use:	Yes	Currently Use:	Yes
Filed ITU:	No	Currently ITU:	No
Filed 44D:	No	Currently 44D:	No
Filed 44E:	No	Currently 44E:	No
Filed 66A:	No	Currently 66A:	No
Filed No Basis:	No	Currently No Basis:	No

Current Owner(s) Information

Owner Name: Bureau International de Medecins sans Frontieres

Owner Address: Case Postale 116, Rue de Lausanne 78
Geneve 21
SWITZERLAND

Legal Entity Type: Not-For-Profit Corporation State or Country Where Organized: SWITZER

Attorney/Correspondence Information

Attorney of Record

Attorney Name: Dwayne K. Goetzel Docket Number: 5310-171(

Attorney Primary Email Address: dkgpto@intprop.com Attorney Email Authorized: Yes

Correspondent

Correspondent Name/Address: Dwayne K. Goetzel
Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C.
P.O. Box 398
Austin, TEXAS 78767-0398
UNITED STATES

Phone: 512-853-8800 Fax: 512-853-8

Correspondent e-mail: dkgpto@intprop.com Correspondent e-mail Authorized: Yes

Domestic Representative

Domestic Representative Name: Dwayne K. Goetzel Phone: 512-853-8

Fax: 512-853-8801

Domestic Representative e-mail: dkgpto@intprop.com Domestic Representative e-mail Authorized: Yes

Prosecution History

Date	Description	Proceeding Number
Jan. 04, 2012	NOTICE OF ACCEPTANCE OF SEC. 8 & 15 - E-MAILED	
Jan. 04, 2012	REGISTERED - SEC. 8 (6-YR) ACCEPTED & SEC. 15 ACK.	70619
Jan. 04, 2012	CASE ASSIGNED TO POST REGISTRATION PARALEGAL	70619
Nov. 16, 2011	TEAS SECTION 8 & 15 RECEIVED	
Mar. 13, 2010	REVIEW OF CORRESPONDENCE COMPLETE	67657
Mar. 11, 2010	CASE ASSIGNED TO POST REGISTRATION PARALEGAL	67657
Oct. 01, 2009	PAPER RECEIVED	
Sep. 21, 2009	ATTORNEY REVOKED AND/OR APPOINTED	
Sep. 21, 2009	TEAS REVOKE/APPOINT ATTORNEY RECEIVED	
Dec. 20, 2005	REGISTERED-PRINCIPAL REGISTER	
Sep. 27, 2005	PUBLISHED FOR OPPOSITION	
Sep. 07, 2005	NOTICE OF PUBLICATION	
Aug. 16, 2005	LAW OFFICE PUBLICATION REVIEW COMPLETED	59272
Aug. 12, 2005	ASSIGNED TO LIE	59272
Aug. 05, 2005	APPROVED FOR PUB - PRINCIPAL REGISTER	
Aug. 05, 2005	TEAS/EMAIL CORRESPONDENCE ENTERED	59272
Aug. 02, 2005	CORRESPONDENCE RECEIVED IN LAW OFFICE	59272

Aug. 02, 2005	TEAS RESPONSE TO OFFICE ACTION RECEIVED	
Jun. 27, 2005	NON-FINAL ACTION E-MAILED	6325
Jun. 27, 2005	NON-FINAL ACTION WRITTEN	74284
Jun. 25, 2005	ASSIGNED TO EXAMINER	74284
Mar. 02, 2005	TEAS/EMAIL CORRESPONDENCE ENTERED	68552
Feb. 28, 2005	CORRESPONDENCE RECEIVED IN LAW OFFICE	68552
Feb. 28, 2005	TEAS VOLUNTARY AMENDMENT RECEIVED	
Nov. 29, 2004	NEW APPLICATION ENTERED IN TRAM	

Maintenance Filings or Post Registration Information

Affidavit of Continued Use: Section 8 - Accepted

Affidavit of Incontestability: Section 15 - Accepted

TM Staff and Location Information

TM Staff Information - None

File Location

Current Location: TMEG LAW OFFICE 104 **Date in Location:** Jan. 04, 2(

Assignment Abstract Of Title Information - None recorded

Proceedings

Summary

Number of Proceedings: 8

Type of Proceeding: Opposition

Proceeding Number: 91208430 **Filing Date:** Dec 12, 2(

Status: Terminated **Status Date:** Jan 31, 2C

Interlocutory Attorney: GEORGE POLOGEORGIS

Defendant

Name: John D. Silliphant DBA Friends Without Borders

Correspondent Address: JOHN D SILLIPHANT
JOHN D SILLIPHANT DBA FRIENDS WITHOUT BORDERS
3949 HARMON RD

EL SOBRANTE CA , 94803 3043
UNITED STATES

Correspondent e-mail: bethechange@gmail.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
FRIENDS WITHOUT BORDERS	Registered	85518034	4300164

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres, and Medecins Sans Frontieres USA, Inc.

Correspondent Address: ERIK J RISENDAL
SIMPSON THACHER BARTLETT LLP
425 LEXINGTON AVE
NEW YORK NY , 10017
UNITED STATES

Correspondent e-mail: erisendal@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Dec 12, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Dec 13, 2012	Jan 22, 2013
3	PENDING, INSTITUTED	Dec 13, 2012	
4	WITHDRAWAL OF OPPOSITION	Jan 18, 2013	
5	BD'S DECISION: DISMISSED W/O PREJUDICE	Jan 31, 2013	
6	TERMINATED	Jan 31, 2013	

Type of Proceeding: Opposition

Proceeding Number: 91208080 Filing Date: Nov 19, 2(

Status: Pending Status Date: Nov 19, 2(

Interlocutory Attorney: ANDREW P BAXLEY

Defendant

Name: Muslims Without Borders, Inc.

Correspondent Address: SCOTT W JOHNSTON
MERCHANT & GOULD PC
80 SOUTH EIGHTH STREET, SUITE 3200
MINNEAPOLIS MN , 55402-2215
UNITED STATES

Correspondent e-mail: SJohnston@merchantgould.com , slindemeier@merchantgould.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
MUSLIMS WITHOUT BORDERS	Opposition Pending	85341092	

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: ALEXIS GREGORIAN
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017
UNITED STATES

Correspondent e-mail: gdorment@stblaw.com , agregorian@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780

MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Nov 19, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Nov 19, 2012	Dec 29, 2012
3	PENDING, INSTITUTED	Nov 19, 2012	
4	ANSWER	Dec 28, 2012	
5	D MOT FOR EXT W/ CONSENT	Mar 19, 2013	
6	EXTENSION OF TIME GRANTED	Mar 22, 2013	
7	STIP FOR EXT	Apr 29, 2013	

Type of Proceeding: Opposition

Proceeding Number: 91207483 **Filing Date:** Oct 09, 20

Status: Terminated **Status Date:** Apr 22, 20

Interlocutory Attorney: GEORGE POLOGEORGIS

Defendant

Name: Robert E. Levin DBA Apps WIthout Borders

Correspondent Address: BRIAN GIBBONS
3936 S SEMORAN BLVD, SUITE 330
ORLANDO FL , 32822
UNITED STATES

Correspondent e-mail: robert.e.levin@gmail.com , trademarks@briangibbons.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
APPS WITHOUT BORDERS	Abandoned - After Inter-Partes Decision	85138204	

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres

Correspondent Address: KERRY L KONRAD
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017
UNITED STATES

Correspondent e-mail: CMcCarthy@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Oct 09, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Oct 15, 2012	Nov 24, 2012
3	PENDING, INSTITUTED	Oct 15, 2012	
4	D MOT FOR EXT W/ CONSENT	Nov 26, 2012	
5	EXTENSION OF TIME GRANTED	Nov 27, 2012	
6	NOTICE OF DEFAULT	Mar 07, 2013	
7	BD DECISION: SUSTAINED	Apr 22, 2013	
8	TERMINATED	Apr 22, 2013	

Type of Proceeding: Opposition

Proceeding Number: 91206623 Filing Date: Aug 15, 2(

Status: Terminated Status Date: Jan 31, 2(

Interlocutory Attorney: ELIZABETH A DUNN

Defendant

Name: Therapists Without Borders

Correspondent Address: ANDREA MB OTT
LAW OFFICES OF ANDREA MB OTT LLC
1111 SOUTH BOULEVARD
OAK PARK IL , 60302 2880
UNITED STATES

Correspondent e-mail: andrea@ambottlaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
THERAPISTS WITHOUT BORDERS	Abandoned - After Inter-Partes Decision	85374681	

Plaintiff(s)

Name: Bureau International De Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: KERRY K KONRAD
SIMPSON THACHER BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017 3954
UNITED STATES

Correspondent e-mail: AGregorian@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Aug 15, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Aug 20, 2012	Sep 29, 2012
3	PENDING, INSTITUTED	Aug 20, 2012	
4	CHANGE OF CORRESPONDENCE ADDRESS	Sep 12, 2012	
5	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Sep 26, 2012	
6	SUSPENDED	Sep 26, 2012	
7	NOTICE OF DEFAULT	Dec 07, 2012	
8	BOARD'S DECISION: SUSTAINED	Jan 31, 2013	
9	TERMINATED	Jan 31, 2013	

Type of Proceeding: Opposition

Proceeding Number: 91205137 Filing Date: Apr 04, 20

Status: Pending Status Date: May 15, 2

Interlocutory Attorney: CHRISTEN M ENGLISH

Defendant

Name: Books Without Borders (Kutub Bila Hudood)

Correspondent Address: BETSY E LEHRFELD
SWANKIN & TURNER
1400 16TH ST NW STE 101
WASHINGTON DC , 20036-2222
UNITED STATES

Correspondent e-mail: bestsy@swankin-turner.com , martin@swankin-turner.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
KUTUB BILA HUDOOD	Opposition Pending	85181019	

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: KERRY L KONRAD
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017
UNITED STATES

Correspondent e-mail: egillen@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780

MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Apr 04, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	May 15, 2012	Jun 24, 2012
3	PENDING, INSTITUTED	May 15, 2012	
4	ANSWER	May 24, 2012	

Type of Proceeding: Opposition

Proceeding Number: 91192636 Filing Date: Nov 11, 2(

Status: Terminated Status Date: Apr 28, 20

Interlocutory Attorney: ELIZABETH WINTER

Defendant

Name: New York Academy of Sciences

Correspondent Address: NANCY J MERTZEL
DONOVAN & YEE
161 AVENUE OF THE AMERICAS, STE 1201
NEW YORK NY , 10013
UNITED STATES

Correspondent e-mail: nmertzel@yeellp.com , mheddell@yeellp.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
SCIENTISTS WITHOUT BORDERS	Registered	77031372	4115122

Plaintiff(s)

Name: Medecins Sans Frontieres USA, Inc. and Bureau International de Medecins Sans Frontieres

Correspondent Address: RICHARD M ASSMUS
MAYER BROWN LLP
PO BOX 2828
CHICAGO IL , 60690-2828
UNITED STATES

Correspondent e-mail: rassmus@mayerbrown.com , ipdocket@mayerbrown.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906

DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Nov 11, 2009	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Nov 12, 2009	Dec 22, 2009
3	PENDING, INSTITUTED	Nov 12, 2009	
4	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Nov 25, 2009	
5	SUSPENDED	Nov 25, 2009	
6	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Mar 19, 2010	
7	SUSPENDED	Mar 19, 2010	
8	CHANGE OF CORRESPONDENCE ADDRESS	Jun 21, 2010	
9	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Jun 21, 2010	
10	SUSPENDED	Jun 21, 2010	
11	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Sep 13, 2010	
12	SUSPENDED	Sep 13, 2010	
13	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Nov 17, 2010	
14	SUSPENDED	Nov 17, 2010	
15	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Jan 18, 2011	
16	SUSPENDED	Jan 18, 2011	
17	CHANGE OF CORRESPONDENCE ADDRESS	Jan 19, 2011	
18	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Feb 16, 2011	
19	SUSPENDED	Feb 16, 2011	
20	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Mar 18, 2011	
21	SUSPENDED	Mar 18, 2011	
22	WITHDRAWAL OF OPPOSITION	Apr 18, 2011	
23	BD'S DECISION: DISMISSED W/ PREJUDICE	Apr 28, 2011	
24	TERMINATED	Apr 28, 2011	

Type of Proceeding: Opposition

Proceeding Number: 91191458 Filing Date: Aug 07, 2(

Status: Terminated Status Date: Sep 29, 2(

Interlocutory Attorney: ELIZABETH WINTER

Defendant

Name: Recovery Without Borders

Correspondent Address: MICHAEL R. HULL
MILLER, MATTHIAS & HULL
1 N FRANKLIN ST STE 2350
CHICAGO IL , 60606-3549
UNITED STATES

Correspondent e-mail: mhull@millermatthiashull.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
RECOVERY WITHOUT BORDERS	Abandoned - After Inter-Partes Decision	77580958	

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: Kerry L. Konrad
Simpson Thacher & Bartlett LLP
425 Lexington Ave
New York NY , 10017
UNITED STATES

Correspondent e-mail: mlok@stblaw.com , gdorment@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780

MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Aug 07, 2009	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Aug 12, 2009	Sep 21, 2009
3	PENDING, INSTITUTED	Aug 12, 2009	
4	WITHDRAWAL OF APPLICATION	Aug 14, 2009	
5	BOARD'S DECISION: SUSTAINED	Aug 17, 2009	
6	TERMINATED	Aug 17, 2009	

Type of Proceeding: Opposition

Proceeding Number: 91190487 Filing Date: May 28, 2

Status: Terminated Status Date: Dec 16, 2

Interlocutory Attorney: CHERYL S GOODMAN

Defendant

Name: Engineers Without Borders - International

Correspondent Address: TARA L. HOKE
AMERICAN SOCIETY OF CIVIL ENGINEERS
1801 ALEXANDER BELL DR
RESTON VA , 20191-5467
UNITED STATES

Correspondent e-mail: thoke@asce.org

Associated marks

Mark	Application Status	Serial Number	Registration Number
ENGINEERS WITHOUT BORDERS - INTERNATIONAL	Registered	77425745	3738618

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: Mindy M. Lok
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVE
NEW.YORK NY , 10017-3903
UNITED STATES

Correspondent e-mail: mlok@stblaw.com , gdorment@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906

DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	May 28, 2009	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Jun 03, 2009	Jul 13, 2009
3	PENDING, INSTITUTED	Jun 03, 2009	
4	CHANGE OF CORRESPONDENCE ADDRESS	Jun 17, 2009	
5	P'S CERTIFICATE OF SERVICE	Jun 17, 2009	
6	D'S MOT TO SUSP PEND SETLMT NEGOTIATIONS	Jul 10, 2009	
7	SUSPENDED	Jul 15, 2009	
8	MODIFICATION TO BOARD'S SUSP ORDER	Jul 16, 2009	
9	STIP TO DISMISS OPP WO PREJUDICE	Dec 15, 2009	
10	BD'S DECISION: DISMISSED W/O PREJUDICE	Dec 16, 2009	
11	TERMINATED	Dec 16, 2009	

Exhibit C

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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

Word Mark	MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS
Translations	The English translation of MEDECINS SANS FRONTIERES is DOCTORS WITHOUT BORDERS.
Goods and Services	IC 035. US 100 101 102. G & S: recruitment servies for medical professionals to participate in international relief projects; promoting public awareness of populations at risk. FIRST USE: 19711200. FIRST USE IN COMMERCE: 20011000
Mark Drawing Code	(3) DESIGN PLUS WORDS, LETTERS, AND/OR NUMBERS
Design Search Code	02.01.02 - Men depicted as shadows or silhouettes of men; Silhouettes of men 02.01.33 - Grotesque men formed by letters, numbers, punctuation or geometric shapes; Stick figures 02.09.05 - Humans, including men, women and children, depicted running; Running, humans 26.17.13 - Letters or words underlined and/or overlined by one or more strokes or lines; Overlined words or letters; Underlined words or letters 26.17.25 - Other lines, bands or bars
Serial Number	78525091
Filing Date	December 1, 2004
Current Basis	1A
Original Filing Basis	1A
Published for Opposition	September 20, 2005
Registration Number	3028779
Registration	

Date	December 13, 2005
Owner	(REGISTRANT) Bureau International de Medecins sans Frontieres NON-PROFIT CORPORATION SWITZERLAND Case Postale 116 Rue de Lausanne 78 Geneve 21 SWITZERLAND CH-1211
Attorney of Record	Dwayne K. Goetzel
Prior Registrations	1156743
Description of Mark	The color(s) red, black and white are claimed as a feature of the mark. The wording "MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS" appears in black. The line separating the wording and the head, arms, and background behind the man running appear in red. The legs of the man running appear in white.
Type of Mark	SERVICE MARK
Register	PRINCIPAL
Affidavit Text	SECT 15. SECT 8 (6-YR).
Live/Dead Indicator	LIVE

USPTO will deploy a small maintenance release for Trademark Status and Document Retrieval (TSDR) system. Deployment will start at 10:00 p.m. on Friday, April 26 and end at 5:00 a.m. on Saturday, April 27. TSDR will be unavailable during the deployment period.

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Mark: MEDECINS SANS FRONTIERES DOCTORS WITHOU

US Serial Number: 78525091 **Application Filing Date:** Dec. 01, 2

US Registration Number: 3028779 **Registration Date:** Dec. 13, 2

Register: Principal

Mark Type: Service Mark

Status: A Sections 8 and 15 combined declaration has been accepted and acknowledged.

Status Date: Jan. 05, 2012

Publication Date: Sep. 20, 2005

Mark Information

Mark Literal Elements: MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS

Standard Character Claim: No

Mark Drawing Type: 3 - AN ILLUSTRATION DRAWING WHICH INCLUDES WORD(S)/ LETTER(S)/NUMBER(S)

Color Drawing: Yes

Color(s) Claimed: The color(s) red, black and white are claimed as a feature of the mark.

Color Location: The wording "MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS" appears in and the head, arms, and background behind the man running appear in red. The legs of the ma

Translation: The English translation of MEDECINS SANS FRONTIERES is DOCTORS WITHOUT BORDEF

Design Search Code(s): 02.01.02 - Men depicted as shadows or silhouettes of men; Silhouettes of men
02.01.33 - Grotesque men formed by letters, numbers, punctuation or geometric shapes; Stick f
02.09.05 - Humans, including men, women and children, depicted running; Running, humans
26.17.13 - Letters or words underlined and/or overlined by one or more strokes or lines; Overlin letters
26.17.25 - Other lines, bands or bars

Related Properties Information

Claimed Ownership of US Registrations: 1156743

Goods and Services

Note:
The following symbols indicate that the registrant/owner has amended the goods/services:

- Brackets [..] indicate deleted goods/services;
- Double parenthesis ((..)) identify any goods/services not claimed in a Section 15 affidavit of
- Asterisks *..* identify additional (new) wording in the goods/services.

For: recruitment servies for medical professionals to participate in international relief projects; promo risk

International Class(es): 035 - Primary Class U.S Class(es): 100, 101,

Class Status: ACTIVE

Basis: 1(a)

First Use: Dec. 1971 Use in Commerce: Oct. 2001

Basis Information (Case Level)

Filed Use:	Yes	Currently Use:	Yes
Filed ITU:	No	Currently ITU:	No
Filed 44D:	No	Currently 44D:	No
Filed 44E:	No	Currently 44E:	No
Filed 66A:	No	Currently 66A:	No
Filed No Basis:	No	Currently No Basis:	No

Current Owner(s) Information

Owner Name: Bureau International de Medecins sans Frontieres

Owner Address: Case Postale 116
Rue de Lausanne 78
Geneve 21 CH-1211
SWITZERLAND

Legal Entity Type: NON-PROFIT CORPORATION State or Country Where Organized: SWITZER

Attorney/Correspondence Information

Attorney of Record

Attorney Name: Dwayne K. Goetzel Docket Number: 5310-168(

Attorney Primary Email Address: dkgpto@intprop.com
Attorney Email Authorized: Yes

Correspondent

Correspondent Name/Address: Dwayne K. Goetzel
Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C.
P.O. Box 398
Austin, TEXAS 78767-0398
UNITED STATES

Phone: 512-853-8800
Fax: 512-853-8

Correspondent e-mail: dkgpto@intprop.com
Correspondent e-mail Authorized: Yes

Domestic Representative

Domestic Representative Name: Dwayne K. Goetzel
Phone: 512-853-8

Fax: 512-853-8801

Domestic Representative e-mail: dkgpto@intprop.com
Domestic Representative e-mail Authorized: Yes

Prosecution History

Date	Description	Proceeding Number
Jan. 05, 2012	NOTICE OF ACCEPTANCE OF SEC. 8 & 15 - E-MAILED	
Jan. 05, 2012	REGISTERED - SEC. 8 (6-YR) ACCEPTED & SEC. 15 ACK.	70132
Jan. 03, 2012	CASE ASSIGNED TO POST REGISTRATION PARALEGAL	70132
Nov. 15, 2011	TEAS SECTION 8 & 15 RECEIVED	
Mar. 13, 2010	REVIEW OF CORRESPONDENCE COMPLETE	67657
Mar. 11, 2010	CASE ASSIGNED TO POST REGISTRATION PARALEGAL	67657
Oct. 01, 2009	PAPER RECEIVED	
Sep. 21, 2009	ATTORNEY REVOKED AND/OR APPOINTED	
Sep. 21, 2009	TEAS REVOKE/APPOINT ATTORNEY RECEIVED	
Dec. 13, 2005	REGISTERED-PRINCIPAL REGISTER	
Sep. 20, 2005	PUBLISHED FOR OPPOSITION	
Aug. 31, 2005	NOTICE OF PUBLICATION	
Aug. 09, 2005	LAW OFFICE PUBLICATION REVIEW COMPLETED	70138
Aug. 05, 2005	ASSIGNED TO LIE	70138

Aug. 02, 2005	APPROVED FOR PUB - PRINCIPAL REGISTER	
Aug. 02, 2005	EXAMINERS AMENDMENT E-MAILED	6328
Aug. 02, 2005	EXAMINERS AMENDMENT -WRITTEN	74284
Aug. 02, 2005	EXAMINER'S AMENDMENT/PRIORITY ACTION E-MAILED	6326
Aug. 02, 2005	EXAMINERS AMENDMENT AND/OR PRIORITY ACTION - COMPLETED	74284
Jun. 27, 2005	NON-FINAL ACTION E-MAILED	6325
Jun. 27, 2005	NON-FINAL ACTION WRITTEN	74284
Jun. 25, 2005	ASSIGNED TO EXAMINER	74284
Feb. 28, 2005	TEAS VOLUNTARY AMENDMENT RECEIVED	
Dec. 09, 2004	NEW APPLICATION ENTERED IN TRAM	

Maintenance Filings or Post Registration Information

Affidavit of Continued Use: Section 8 - Accepted

Affidavit of Incontestability: Section 15 - Accepted

TM Staff and Location Information

TM Staff Information - None

File Location

Current Location: TMEG LAW OFFICE 104 **Date in Location:** Jan. 05, 2

Assignment Abstract Of Title Information - None recorded

Proceedings

Summary

Number of Proceedings: 8

Type of Proceeding: Opposition

Proceeding Number: 91208430 **Filing Date:** Dec 12, 2

Status: Terminated **Status Date:** Jan 31, 2

Interlocutory Attorney: GEORGE POLOGEORGIS

Defendant

Name: John D. Silliphant DBA Friends Without Borders

Correspondent Address: JOHN D SILLIPHANT
JOHN D SILLIPHANT DBA FRIENDS WITHOUT BORDERS
3949 HARMON RD

EL SOBRANTE CA , 94803 3043
UNITED STATES

Correspondent e-mail: bethechange@gmail.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
FRIENDS WITHOUT BORDERS	Registered	85518034	4300164

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres, and Medecins Sans Frontieres USA, Inc.

Correspondent Address: ERIK J RISENDAL
SIMPSON THACHER BARTLETT LLP
425 LEXINGTON AVE
NEW YORK NY , 10017
UNITED STATES

Correspondent e-mail: erisendal@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Dec 12, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Dec 13, 2012	Jan 22, 2013
3	PENDING, INSTITUTED	Dec 13, 2012	
4	WITHDRAWAL OF OPPOSITION	Jan 18, 2013	
5	BD'S DECISION: DISMISSED W/O PREJUDICE	Jan 31, 2013	
6	TERMINATED	Jan 31, 2013	

Type of Proceeding: Opposition

Proceeding Number: 91208080 Filing Date: Nov 19, 2(

Status: Pending Status Date: Nov 19, 2(

Interlocutory Attorney: ANDREW P BAXLEY

Defendant

Name: Muslims Without Borders, Inc.

Correspondent Address: SCOTT W JOHNSTON
MERCHANT & GOULD PC
80 SOUTH EIGHTH STREET, SUITE 3200
MINNEAPOLIS MN , 55402-2215
UNITED STATES

Correspondent e-mail: SJohnston@merchantgould.com , slindemeier@merchantgould.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
MUSLIMS WITHOUT BORDERS	Opposition Pending	85341092	

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: ALEXIS GREGORIAN
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017
UNITED STATES

Correspondent e-mail: gdorment@stblaw.com , agregorian@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780

MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Nov 19, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Nov 19, 2012	Dec 29, 2012
3	PENDING, INSTITUTED	Nov 19, 2012	
4	ANSWER	Dec 28, 2012	
5	D MOT FOR EXT W/ CONSENT	Mar 19, 2013	
6	EXTENSION OF TIME GRANTED	Mar 22, 2013	
7	STIP FOR EXT	Apr 29, 2013	

Type of Proceeding: Opposition

Proceeding Number: 91207483 Filing Date: Oct 09, 20

Status: Terminated Status Date: Apr 22, 20

Interlocutory Attorney: GEORGE POLOGEORGIS

Defendant

Name: Robert E. Levin DBA Apps Without Borders

Correspondent Address: BRIAN GIBBONS
3936 S SEMORAN BLVD, SUITE 330
ORLANDO FL , 32822
UNITED STATES

Correspondent e-mail: robert.e.levin@gmail.com , trademarks@briangibbons.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
APPS WITHOUT BORDERS	Abandoned - After Inter-Partes Decision	85138204	

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres

Correspondent Address: KERRY L KONRAD
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017
UNITED STATES

Correspondent e-mail: CMcCarthy@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Oct 09, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Oct 15, 2012	Nov 24, 2012
3	PENDING, INSTITUTED	Oct 15, 2012	
4	D MOT FOR EXT W/ CONSENT	Nov 26, 2012	
5	EXTENSION OF TIME GRANTED	Nov 27, 2012	
6	NOTICE OF DEFAULT	Mar 07, 2013	
7	BD DECISION: SUSTAINED	Apr 22, 2013	
8	TERMINATED	Apr 22, 2013	

Type of Proceeding: Opposition

Proceeding Number: 91206623 Filing Date: Aug 15, 2(

Status: Terminated Status Date: Jan 31, 2(

Interlocutory Attorney: ELIZABETH A DUNN

Defendant

Name: Therapists Without Borders

Correspondent Address: ANDREA MB OTT
LAW OFFICES OF ANDREA MB OTT LLC
1111 SOUTH BOULEVARD
OAK PARK IL , 60302 2880
UNITED STATES

Correspondent e-mail: andrea@ambottlaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
THERAPISTS WITHOUT BORDERS	Abandoned - After Inter-Partes Decision	85374681	

Plaintiff(s)

Name: Bureau International De Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: KERRY K KONRAD
SIMPSON THACHER BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017 3954
UNITED STATES

Correspondent e-mail: AGregorian@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Aug 15, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Aug 20, 2012	Sep 29, 2012
3	PENDING, INSTITUTED	Aug 20, 2012	
4	CHANGE OF CORRESPONDENCE ADDRESS	Sep 12, 2012	
5	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Sep 26, 2012	
6	SUSPENDED	Sep 26, 2012	
7	NOTICE OF DEFAULT	Dec 07, 2012	
8	BOARD'S DECISION: SUSTAINED	Jan 31, 2013	
9	TERMINATED	Jan 31, 2013	

Type of Proceeding: Opposition

Proceeding Number: 91205137 Filing Date: Apr 04, 20

Status: Pending Status Date: May 15, 2

Interlocutory Attorney: CHRISTEN M ENGLISH

Defendant

Name: Books Without Borders (Kutub Bila Hudood)

Correspondent Address: BETSY E LEHRFELD
SWANKIN & TURNER
1400 16TH ST NW STE 101
WASHINGTON DC , 20036-2222
UNITED STATES

Correspondent e-mail: bestsy@swankin-turner.com , martin@swankin-turner.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
KUTUB BILA HUDOOD	Opposition Pending	85181019	

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: KERRY L KONRAD
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017
UNITED STATES

Correspondent e-mail: egillen@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780

MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Apr 04, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	May 15, 2012	Jun 24, 2012
3	PENDING, INSTITUTED	May 15, 2012	
4	ANSWER	May 24, 2012	

Type of Proceeding: Opposition

Proceeding Number: 91192636 Filing Date: Nov 11, 2(

Status: Terminated Status Date: Apr 28, 20

Interlocutory Attorney: ELIZABETH WINTER

Defendant

Name: New York Academy of Sciences

Correspondent Address: NANCY J MERTZEL
DONOVAN & YEE
161 AVENUE OF THE AMERICAS, STE 1201
NEW YORK NY , 10013
UNITED STATES

Correspondent e-mail: nmertzel@yeellp.com , mheddell@yeellp.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
SCIENTISTS WITHOUT BORDERS	Registered	77031372	4115122

Plaintiff(s)

Name: Medecins Sans Frontieres USA, Inc. and Bureau International de Medecins Sans Frontieres

Correspondent Address: RICHARD M ASSMUS
MAYER BROWN LLP
PO BOX 2828
CHICAGO IL , 60690-2828
UNITED STATES

Correspondent e-mail: rassmus@mayerbrown.com , ipdocket@mayerbrown.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906

DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Nov 11, 2009	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Nov 12, 2009	Dec 22, 2009
3	PENDING, INSTITUTED	Nov 12, 2009	
4	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Nov 25, 2009	
5	SUSPENDED	Nov 25, 2009	
6	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Mar 19, 2010	
7	SUSPENDED	Mar 19, 2010	
8	CHANGE OF CORRESPONDENCE ADDRESS	Jun 21, 2010	
9	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Jun 21, 2010	
10	SUSPENDED	Jun 21, 2010	
11	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Sep 13, 2010	
12	SUSPENDED	Sep 13, 2010	
13	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Nov 17, 2010	
14	SUSPENDED	Nov 17, 2010	
15	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Jan 18, 2011	
16	SUSPENDED	Jan 18, 2011	
17	CHANGE OF CORRESPONDENCE ADDRESS	Jan 19, 2011	
18	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Feb 16, 2011	
19	SUSPENDED	Feb 16, 2011	
20	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Mar 18, 2011	
21	SUSPENDED	Mar 18, 2011	
22	WITHDRAWAL OF OPPOSITION	Apr 18, 2011	
23	BD'S DECISION: DISMISSED W/ PREJUDICE	Apr 28, 2011	
24	TERMINATED	Apr 28, 2011	

Type of Proceeding: Opposition

Proceeding Number: 91191458 Filing Date: Aug 07, 2(

Status: Terminated Status Date: Sep 29, 2(

Interlocutory Attorney: ELIZABETH WINTER

Defendant

Name: Recovery Without Borders

Correspondent Address: MICHAEL R. HULL
MILLER, MATTHIAS & HULL
1 N FRANKLIN ST STE 2350
CHICAGO IL , 60606-3549
UNITED STATES

Correspondent e-mail: mhull@millermatthiashull.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
RECOVERY WITHOUT BORDERS	Abandoned - After Inter-Partes Decision	77580958	

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: Kerry L. Konrad
Simpson Thacher & Bartlett LLP
425 Lexington Ave
New York NY , 10017
UNITED STATES

Correspondent e-mail: mlok@stblaw.com , gdorment@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780

MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Aug 07, 2009	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Aug 12, 2009	Sep 21, 2009
3	PENDING, INSTITUTED	Aug 12, 2009	
4	WITHDRAWAL OF APPLICATION	Aug 14, 2009	
5	BOARD'S DECISION: SUSTAINED	Aug 17, 2009	
6	TERMINATED	Aug 17, 2009	

Type of Proceeding: Opposition

Proceeding Number: 91190487 Filing Date: May 28, 2

Status: Terminated Status Date: Dec 16, 2

Interlocutory Attorney: CHERYL S GOODMAN

Defendant

Name: Engineers Without Borders - International

Correspondent Address: TARA L. HOKE
AMERICAN SOCIETY OF CIVIL ENGINEERS
1801 ALEXANDER BELL DR
RESTON VA , 20191-5467
UNITED STATES

Correspondent e-mail: thoke@asce.org

Associated marks

Mark	Application Status	Serial Number	Registration Number
ENGINEERS WITHOUT BORDERS - INTERNATIONAL	Registered	77425745	3738618

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: Mindy M. Lok
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVE
NEW YORK NY , 10017-3903
UNITED STATES

Correspondent e-mail: mlok@stblaw.com , gdorment@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906

DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	May 28, 2009	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Jun 03, 2009	Jul 13, 2009
3	PENDING, INSTITUTED	Jun 03, 2009	
4	CHANGE OF CORRESPONDENCE ADDRESS	Jun 17, 2009	
5	P'S CERTIFICATE OF SERVICE	Jun 17, 2009	
6	D'S MOT TO SUSP PEND SETLMT NEGOTIATIONS	Jul 10, 2009	
7	SUSPENDED	Jul 15, 2009	
8	MODIFICATION TO BOARD'S SUSP ORDER	Jul 16, 2009	
9	STIP TO DISMISS OPP WO PREJUDICE	Dec 15, 2009	
10	BD'S DECISION: DISMISSED W/O PREJUDICE	Dec 16, 2009	
11	TERMINATED	Dec 16, 2009	

Exhibit D

United States Patent and Trademark Office

Trademarks > Trademark Electronic Search System (TESS)

TESS was last updated on Mon Apr 29 02:47:26 EDT 2013

Logout Please logout when you are done to release system resources allocated for you.

Start List At: OR Jump to record: Record 5 out of 10

TSDR | ASSIGN Status | TTAB Status ***(Use the "Back" button of the Internet Browser to return to TESS)***

Word Mark	MEDECINS SANS FRONTIERES **DOCTORS WITHOUT BORDERS**
Translations	The English translation of MEDECINS SANS FRONTIERES is **DOCTORS WITHOUT BORDERS.**
Goods and Services	IC 036. US 100 101 102. G & S: charitable fundraising services for international relief projects. FIRST USE: 19711200. FIRST USE IN COMMERCE: 20011000
Mark Drawing Code	(3) DESIGN PLUS WORDS, LETTERS, AND/OR NUMBERS
Design Search Code	02.01.02 - Men depicted as shadows or silhouettes of men; Silhouettes of men 02.01.33 - Grotesque men formed by letters, numbers, punctuation or geometric shapes; Stick figures 02.09.05 - Humans, including men, women and children, depicted running; Running, humans 26.17.13 - Letters or words underlined and/or overlined by one or more strokes or lines; Overlined words or letters; Underlined words or letters 26.17.25 - Other lines, bands or bars
Serial Number	78525098
Filing Date	December 1, 2004
Current Basis	1A
Original Filing Basis	1A
Published for Opposition	September 20, 2005
Registration Number	3028780
Registration Date	December 13, 2005

Owner	(REGISTRANT) Bureau International de Medecins sans Frontieres NON-PROFIT CORPORATION SWITZERLAND Case Postale 116 Rue de Lausanne 78 Geneve 21 SWITZERLAND CH-1211
Attorney of Record	Dwayne K. Goetzel
Prior Registrations	1156743
Description of Mark	The color(s) red, black and white are claimed as a feature of the mark. The wording "MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS" appears in black. The line separating the wording and the head, arms, and background behind the man running appear in red. The legs of the man running appear in white.
Type of Mark	SERVICE MARK
Register	PRINCIPAL
Affidavit Text	SECT 15. SECT 8 (6-YR).
Live/Dead Indicator	LIVE

USPTO will deploy a small maintenance release for Trademark Status and Document Retrieval (TSDR) system. Deployment will start at 10:00 p.m. on Friday, April 26 and end at 5:00 a.m. on Saturday, April 27. TSDR will be unavailable during the deployment period.

STATUS DOCUMENTS | Back to Search | Print

Generated on: This page was generated by TSDR on 2013-04-29 14:41:09 EDT

Mark: MEDECINS SANS FRONTIERES DOCTORS WITHOU

US Serial Number: 78525098 **Application Filing Date:** Dec. 01, 2

US Registration Number: 3028780 **Registration Date:** Dec. 13, 2

Register: Principal

Mark Type: Service Mark

Status: A Sections 8 and 15 combined declaration has been accepted and acknowledged.

Status Date: Jan. 03, 2012

Publication Date: Sep. 20, 2005

Mark Information

Mark Literal Elements: MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS

Standard Character Claim: No

Mark Drawing Type: 3 - AN ILLUSTRATION DRAWING WHICH INCLUDES WORD(S)/ LETTER(S)/NUMBER(S)

Color Drawing: Yes

Color(s) Claimed: The color(s) red, black and white are claimed as a feature of the mark.

Color Location: The wording "MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS" appears in and the head, arms, and background behind the man running appear in red. The legs of the ma

Translation: The English translation of MEDECINS SANS FRONTIERES is DOCTORS WITHOUT BORDEF

Design Search Code(s): 02.01.02 - Men depicted as shadows or silhouettes of men; Silhouettes of men
02.01.33 - Grotesque men formed by letters, numbers, punctuation or geometric shapes; Stick f
02.09.05 - Humans, including men, women and children, depicted running; Running, humans
26.17.13 - Letters or words underlined and/or overlined by one or more strokes or lines; Overlin letters
26.17.25 - Other lines, bands or bars

Related Properties Information

Claimed Ownership of US Registrations: 1156743

Goods and Services

Note:
The following symbols indicate that the registrant/owner has amended the goods/services:

- Brackets [..] indicate deleted goods/services;
- Double parenthesis ((..)) identify any goods/services not claimed in a Section 15 affidavit of
- Asterisks *..* identify additional (new) wording in the goods/services.

For: charitable fundraising services for international relief projects

International Class(es): 036 - Primary Class U.S Class(es): 100, 101,

Class Status: ACTIVE

Basis: 1(a)

First Use: Dec. 1971 Use in Commerce: Oct. 2001

Basis Information (Case Level)

Filed Use:	Yes	Currently Use:	Yes
Filed ITU:	No	Currently ITU:	No
Filed 44D:	No	Currently 44D:	No
Filed 44E:	No	Currently 44E:	No
Filed 66A:	No	Currently 66A:	No
Filed No Basis:	No	Currently No Basis:	No

Current Owner(s) Information

Owner Name: Bureau International de Medecins sans Frontieres

Owner Address: Case Postale 116
Rue de Lausanne 78
Geneve 21 CH-1211
SWITZERLAND

Legal Entity Type: NON-PROFIT CORPORATION State or Country Where Organized: SWITZER

Attorney/Correspondence Information

Attorney of Record

Attorney Name: Dwayne K. Goetzel Docket Number: 5310-168(

Attorney Primary Email Address: dkgpto@intprop.com
Attorney Email Authorized: Yes

Correspondent

Correspondent Name/Address: Dwayne K. Goetzel
Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C.
P.O. Box 398
Austin, TEXAS 78767-0398
UNITED STATES

Phone: 512-853-8800
Fax: 512-853-8

Correspondent e-mail: dkgpto@intprop.com
Correspondent e-mail Authorized: Yes

Domestic Representative

Domestic Representative Name: Dwayne K. Goetzel
Phone: 512-853-8

Fax: 512-853-8801

Domestic Representative e-mail: dkgpto@intprop.com
Domestic Representative e-mail Authorized: Yes

Prosecution History

Date	Description	Proceeding Number
Jan. 03, 2012	NOTICE OF ACCEPTANCE OF SEC. 8 & 15 - E-MAILED	
Jan. 03, 2012	REGISTERED - SEC. 8 (6-YR) ACCEPTED & SEC. 15 ACK.	70132
Jan. 03, 2012	CASE ASSIGNED TO POST REGISTRATION PARALEGAL	70132
Nov. 15, 2011	TEAS SECTION 8 & 15 RECEIVED	
Mar. 13, 2010	REVIEW OF CORRESPONDENCE COMPLETE	67657
Mar. 11, 2010	CASE ASSIGNED TO POST REGISTRATION PARALEGAL	67657
Oct. 01, 2009	PAPER RECEIVED	
Sep. 21, 2009	ATTORNEY REVOKED AND/OR APPOINTED	
Sep. 21, 2009	TEAS REVOKE/APPOINT ATTORNEY RECEIVED	
Dec. 13, 2005	REGISTERED-PRINCIPAL REGISTER	
Sep. 20, 2005	PUBLISHED FOR OPPOSITION	
Aug. 31, 2005	NOTICE OF PUBLICATION	
Aug. 09, 2005	LAW OFFICE PUBLICATION REVIEW COMPLETED	70138
Aug. 05, 2005	ASSIGNED TO LIE	70138

Aug. 02, 2005	APPROVED FOR PUB - PRINCIPAL REGISTER	
Aug. 02, 2005	EXAMINERS AMENDMENT E-MAILED	6328
Aug. 02, 2005	EXAMINERS AMENDMENT -WRITTEN	74284
Aug. 02, 2005	EXAMINER'S AMENDMENT/PRIORITY ACTION E-MAILED	6326
Aug. 02, 2005	EXAMINERS AMENDMENT AND/OR PRIORITY ACTION - COMPLETED	74284
Jun. 27, 2005	NON-FINAL ACTION E-MAILED	6325
Jun. 27, 2005	NON-FINAL ACTION WRITTEN	74284
Jun. 25, 2005	ASSIGNED TO EXAMINER	74284
Mar. 07, 2005	AMENDMENT FROM APPLICANT ENTERED	76243
Feb. 28, 2005	CORRESPONDENCE RECEIVED IN LAW OFFICE	76243
Feb. 28, 2005	TEAS VOLUNTARY AMENDMENT RECEIVED	
Dec. 09, 2004	NEW APPLICATION ENTERED IN TRAM	

Maintenance Filings or Post Registration Information

Affidavit of Continued Use: Section 8 - Accepted

Affidavit of Incontestability: Section 15 - Accepted

TM Staff and Location Information

TM Staff Information - None

File Location

Current Location: TMEG LAW OFFICE 104 **Date in Location:** Jan. 03, 2(

Assignment Abstract Of Title Information - None recorded

Proceedings

Summary

Number of Proceedings: 8

Type of Proceeding: Opposition

Proceeding Number: 91208430 **Filing Date:** Dec 12, 2(

Status: Terminated **Status Date:** Jan 31, 2(

Interlocutory Attorney: GEORGE POLOGEORGIS

Defendant

Name: John D. Silliphant DBA Friends Without Borders

Correspondent Address: JOHN D SILLIPHANT
JOHN D SILLIPHANT DBA FRIENDS WITHOUT BORDERS
3949 HARMON RD
EL SOBRANTE CA , 94803 3043
UNITED STATES

Correspondent e-mail: bethechange@gmail.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
FRIENDS WITHOUT BORDERS	Registered	85518034	4300164

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres, and Medecins Sans Frontieres USA, Inc.

Correspondent Address: ERIK J RISENDAL
SIMPSON THACHER BARTLETT LLP
425 LEXINGTON AVE
NEW YORK NY , 10017
UNITED STATES

Correspondent e-mail: erisendal@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Dec 12, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Dec 13, 2012	Jan 22, 2013
3	PENDING, INSTITUTED	Dec 13, 2012	
4	WITHDRAWAL OF OPPOSITION	Jan 18, 2013	
5	BD'S DECISION: DISMISSED W/O PREJUDICE	Jan 31, 2013	

6	TERMINATED	Jan 31, 2013

Type of Proceeding: Opposition

Proceeding Number: 91208080 Filing Date: Nov 19, 2(

Status: Pending Status Date: Nov 19, 2(

Interlocutory Attorney: ANDREW P BAXLEY

Defendant

Name: Muslims Without Borders, Inc.

Correspondent Address: SCOTT W JOHNSTON
MERCHANT & GOULD PC
80 SOUTH EIGHTH STREET, SUITE 3200
MINNEAPOLIS MN , 55402-2215
UNITED STATES

Correspondent e-mail: SJohnston@merchantgould.com , slindemeier@merchantgould.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
MUSLIMS WITHOUT BORDERS	Opposition Pending	85341092	

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: ALEXIS GREGORIAN
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017
UNITED STATES

Correspondent e-mail: gdorment@stblaw.com , agregorian@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780

MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Nov 19, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Nov 19, 2012	Dec 29, 2012
3	PENDING, INSTITUTED	Nov 19, 2012	
4	ANSWER	Dec 28, 2012	
5	D MOT FOR EXT W/ CONSENT	Mar 19, 2013	
6	EXTENSION OF TIME GRANTED	Mar 22, 2013	
7	STIP FOR EXT	Apr 29, 2013	

Type of Proceeding: Opposition

Proceeding Number: 91207483 **Filing Date:** Oct 09, 20

Status: Terminated **Status Date:** Apr 22, 20

Interlocutory Attorney: GEORGE POLOGEORGIS

Defendant

Name: Robert E. Levin DBA Apps Without Borders

Correspondent Address: BRIAN GIBBONS
3936 S SEMORAN BLVD, SUITE 330
ORLANDO FL , 32822
UNITED STATES

Correspondent e-mail: robert.e.levin@gmail.com , trademarks@briangibbons.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
APPS WITHOUT BORDERS	Abandoned - After Inter-Partes Decision	85138204	

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres

Correspondent Address: KERRY L KONRAD
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017
UNITED STATES

Correspondent e-mail: CMcCarthy@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Oct 09, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Oct 15, 2012	Nov 24, 2012
3	PENDING, INSTITUTED	Oct 15, 2012	
4	D MOT FOR EXT W/ CONSENT	Nov 26, 2012	
5	EXTENSION OF TIME GRANTED	Nov 27, 2012	
6	NOTICE OF DEFAULT	Mar 07, 2013	
7	BD DECISION: SUSTAINED	Apr 22, 2013	
8	TERMINATED	Apr 22, 2013	

Type of Proceeding: Opposition

Proceeding Number: 91206623 Filing Date: Aug 15, 2(

Status: Terminated Status Date: Jan 31, 2(

Interlocutory Attorney: ELIZABETH A DUNN

Defendant

Name: Therapists Without Borders

Correspondent Address: ANDREA MB OTT
LAW OFFICES OF ANDREA MB OTT LLC
1111 SOUTH BOULEVARD
OAK PARK IL , 60302 2880
UNITED STATES

Correspondent e-mail: andrea@ambottlaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
THERAPISTS WITHOUT BORDERS	Abandoned - After Inter-Partes Decision	85374681	

Plaintiff(s)

Name: Bureau International De Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: KERRY K KONRAD
SIMPSON THACHER BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017 3954
UNITED STATES

Correspondent e-mail: AGregorian@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Aug 15, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Aug 20, 2012	Sep 29, 2012
3	PENDING, INSTITUTED	Aug 20, 2012	
4	CHANGE OF CORRESPONDENCE ADDRESS	Sep 12, 2012	
5	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Sep 26, 2012	
6	SUSPENDED	Sep 26, 2012	
7	NOTICE OF DEFAULT	Dec 07, 2012	
8	BOARD'S DECISION: SUSTAINED	Jan 31, 2013	
9	TERMINATED	Jan 31, 2013	

Type of Proceeding: Opposition

Proceeding Number: 91205137 Filing Date: Apr 04, 20

Status: Pending Status Date: May 15, 2

Interlocutory Attorney: CHRISTEN M ENGLISH

Defendant

Name: Books Without Borders (Kutub Bila Hudood)

Correspondent Address: BETSY E LEHRFELD
SWANKIN & TURNER
1400 16TH ST NW STE 101
WASHINGTON DC , 20036-2222
UNITED STATES

Correspondent e-mail: bestsy@swankin-turner.com , martin@swankin-turner.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
KUTUB BILA HUDOOD	Opposition Pending	85181019	

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: KERRY L KONRAD
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017
UNITED STATES

Correspondent e-mail: egillen@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780

MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Apr 04, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	May 15, 2012	Jun 24, 2012
3	PENDING, INSTITUTED	May 15, 2012	
4	ANSWER	May 24, 2012	

Type of Proceeding: Opposition

Proceeding Number: 91192636 **Filing Date:** Nov 11, 2(

Status: Terminated **Status Date:** Apr 28, 20

Interlocutory Attorney: ELIZABETH WINTER

Defendant

Name: New York Academy of Sciences

Correspondent Address: NANCY J MERTZEL
DONOVAN & YEE
161 AVENUE OF THE AMERICAS, STE 1201
NEW YORK NY , 10013
UNITED STATES

Correspondent e-mail: nmertzel@yeellp.com , mheddell@yeellp.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
SCIENTISTS WITHOUT BORDERS	Registered	77031372	4115122

Plaintiff(s)

Name: Medecins Sans Frontieres USA, Inc. and Bureau International de Medecins Sans Frontieres

Correspondent Address: RICHARD M ASSMUS
MAYER BROWN LLP
PO BOX 2828
CHICAGO IL , 60690-2828
UNITED STATES

Correspondent e-mail: rassmus@mayerbrown.com , ipdocket@mayerbrown.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906

DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Nov 11, 2009	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Nov 12, 2009	Dec 22, 2009
3	PENDING, INSTITUTED	Nov 12, 2009	
4	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Nov 25, 2009	
5	SUSPENDED	Nov 25, 2009	
6	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Mar 19, 2010	
7	SUSPENDED	Mar 19, 2010	
8	CHANGE OF CORRESPONDENCE ADDRESS	Jun 21, 2010	
9	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Jun 21, 2010	
10	SUSPENDED	Jun 21, 2010	
11	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Sep 13, 2010	
12	SUSPENDED	Sep 13, 2010	
13	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Nov 17, 2010	
14	SUSPENDED	Nov 17, 2010	
15	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Jan 18, 2011	
16	SUSPENDED	Jan 18, 2011	
17	CHANGE OF CORRESPONDENCE ADDRESS	Jan 19, 2011	
18	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Feb 16, 2011	
19	SUSPENDED	Feb 16, 2011	
20	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Mar 18, 2011	
21	SUSPENDED	Mar 18, 2011	
22	WITHDRAWAL OF OPPOSITION	Apr 18, 2011	
23	BD'S DECISION: DISMISSED W/ PREJUDICE	Apr 28, 2011	
24	TERMINATED	Apr 28, 2011	

Type of Proceeding: Opposition

Proceeding Number: 91191458 Filing Date: Aug 07, 2(

Status: Terminated Status Date: Sep 29, 2(

Interlocutory Attorney: ELIZABETH WINTER

Defendant

Name: Recovery Without Borders

Correspondent Address: MICHAEL R. HULL
MILLER, MATTHIAS & HULL
1 N FRANKLIN ST STE 2350
CHICAGO IL , 60606-3549
UNITED STATES

Correspondent e-mail: mhull@millermatthiashull.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
RECOVERY WITHOUT BORDERS	Abandoned - After Inter-Partes Decision	77580958	

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: Kerry L. Konrad
Simpson Thacher & Bartlett LLP
425 Lexington Ave
New York NY , 10017
UNITED STATES

Correspondent e-mail: mlok@stblaw.com , gdorment@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780

MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Aug 07, 2009	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Aug 12, 2009	Sep 21, 2009
3	PENDING, INSTITUTED	Aug 12, 2009	
4	WITHDRAWAL OF APPLICATION	Aug 14, 2009	
5	BOARD'S DECISION: SUSTAINED	Aug 17, 2009	
6	TERMINATED	Aug 17, 2009	

Type of Proceeding: Opposition

Proceeding Number: 91190487 **Filing Date:** May 28, 2

Status: Terminated **Status Date:** Dec 16, 2

Interlocutory Attorney: CHERYL S GOODMAN

Defendant

Name: Engineers Without Borders - International

Correspondent Address: TARA L. HOKE
AMERICAN SOCIETY OF CIVIL ENGINEERS
1801 ALEXANDER BELL DR
RESTON VA , 20191-5467
UNITED STATES

Correspondent e-mail: thoke@asce.org

Associated marks

Mark	Application Status	Serial Number	Registration Number
ENGINEERS WITHOUT BORDERS - INTERNATIONAL	Registered	77425745	3738618

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: Mindy M. Lok
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVE
NEW YORK NY , 10017-3903
UNITED STATES

Correspondent e-mail: mlok@stblaw.com , gdorment@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906

DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	May 28, 2009	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Jun 03, 2009	Jul 13, 2009
3	PENDING, INSTITUTED	Jun 03, 2009	
4	CHANGE OF CORRESPONDENCE ADDRESS	Jun 17, 2009	
5	P'S CERTIFICATE OF SERVICE	Jun 17, 2009	
6	D'S MOT TO SUSP PEND SETLMT NEGOTIATIONS	Jul 10, 2009	
7	SUSPENDED	Jul 15, 2009	
8	MODIFICATION TO BOARD'S SUSP ORDER	Jul 16, 2009	
9	STIP TO DISMISS OPP WO PREJUDICE	Dec 15, 2009	
10	BD'S DECISION: DISMISSED W/O PREJUDICE	Dec 16, 2009	
11	TERMINATED	Dec 16, 2009	

Exhibit E

United States Patent and Trademark Office

Trademarks > Trademark Electronic Search System (TESS)

TESS was last updated on Mon Apr 29 02:47:26 EDT 2013

Logout Please logout when you are done to release system resources allocated for you.

Start List At: OR Jump to record: Record 4 out of 10

TSDR | ASSIGN Status | TTAB Status ***(Use the "Back" button of the Internet Browser to return to TESS)***

Word Mark	MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS
Translations	The English translation of MEDECINS SANS FRONTIERES is DOCTORS WITHOUT BORDERS.
Goods and Services	IC 044. US 100 101. G & S: charitable services, namely, providing medical services to underdeveloped countries. FIRST USE: 19711200. FIRST USE IN COMMERCE: 20011000
Mark Drawing Code	(3) DESIGN PLUS WORDS, LETTERS, AND/OR NUMBERS
Design Search Code	02.01.02 - Men depicted as shadows or silhouettes of men; Silhouettes of men 02.01.33 - Grotesque men formed by letters, numbers, punctuation or geometric shapes; Stick figures 02.09.05 - Humans, including men, women and children, depicted running; Running, humans 26.17.13 - Letters or words underlined and/or overlined by one or more strokes or lines; Overlined words or letters; Underlined words or letters 26.17.25 - Other lines, bands or bars
Serial Number	78525106
Filing Date	December 1, 2004
Current Basis	1A
Original Filing Basis	1A
Published for Opposition	September 20, 2005
Registration Number	3028781
Registration Date	December 13, 2005

Owner	(REGISTRANT) Bureau International de Medecins sans Frontieres NON-PROFIT CORPORATION SWITZERLAND Case Postale 116 Rue de Lausanne 78 Geneve 21 SWITZERLAND CH-1211
Attorney of Record	Dwayne K. Goetzel
Prior Registrations	1156743
Description of Mark	The color(s) red, black and white are claimed as a feature of the mark. The wording "MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS" appears in black. The line separating the wording and the head, arms, and background behind the man running appear in red. The legs of the man running appear in white.
Type of Mark	SERVICE MARK
Register	PRINCIPAL
Affidavit Text	SECT 15. SECT 8 (6-YR).
Live/Dead Indicator	LIVE

USPTO will deploy a small maintenance release for Trademark Status and Document Retrieval (TSDR) system. Deployment will start at 10:00 p.m. on Friday, April 26 and end at 5:00 a.m. on Saturday, April 27. TSDR will be unavailable during the deployment period.

STATUS DOCUMENTS | Back to Search | Print

Generated on: This page was generated by TSDR on 2013-04-29 14:42:54 EDT

Mark: MEDECINS SANS FRONTIERES DOCTORS WITHOU

US Serial Number: 78525106 **Application Filing Date:** Dec. 01, 2

US Registration Number: 3028781 **Registration Date:** Dec. 13, 2

Register: Principal

Mark Type: Service Mark

Status: A Sections 8 and 15 combined declaration has been accepted and acknowledged.

Status Date: Jan. 03, 2012

Publication Date: Sep. 20, 2005

Mark Information

Mark Literal Elements: MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS

Standard Character Claim: No

Mark Drawing Type: 3 - AN ILLUSTRATION DRAWING WHICH INCLUDES WORD(S)/ LETTER(S)/NUMBER(S)

Color Drawing: Yes

Color(s) Claimed: The color(s) red, black and white are claimed as a feature of the mark

Color Location: The wording "MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS" appears in and the head, arms, and background behind the man running appear in red. The legs of the ma

Translation: The English translation of MEDECINS SANS FRONTIERES is DOCTORS WITHOUT BORDEF

Design Search Code(s): 02.01.02 - Men depicted as shadows or silhouettes of men; Silhouettes of men
02.01.33 - Grotesque men formed by letters, numbers, punctuation or geometric shapes; Stick f
02.09.05 - Humans, including men, women and children, depicted running; Running, humans
26.17.13 - Letters or words underlined and/or overlined by one or more strokes or lines; Overlin letters
26.17.25 - Other lines, bands or bars

Related Properties Information

Claimed Ownership of US Registrations: 1156743

Goods and Services

Note:
The following symbols indicate that the registrant/owner has amended the goods/services:

- Brackets [..] indicate deleted goods/services;
- Double parenthesis ((..)) identify any goods/services not claimed in a Section 15 affidavit of
- Asterisks *..* identify additional (new) wording in the goods/services.

For: charitable services, namely, providing medical services to underdeveloped countries

International Class(es): 044 - Primary Class U.S Class(es): 100, 101

Class Status: ACTIVE

Basis: 1(a)

First Use: Dec. 1971 Use in Commerce: Oct. 2001

Basis Information (Case Level)

Filed Use:	Yes	Currently Use:	Yes
Filed ITU:	No	Currently ITU:	No
Filed 44D:	No	Currently 44D:	No
Filed 44E:	No	Currently 44E:	No
Filed 66A:	No	Currently 66A:	No
Filed No Basis:	No	Currently No Basis:	No

Current Owner(s) Information

Owner Name: Bureau International de Medecins sans Frontieres

Owner Address: Case Postale 116
Rue de Lausanne 78
Geneve 21 CH-1211
SWITZERLAND

Legal Entity Type: NON-PROFIT CORPORATION State or Country Where Organized: SWITZER

Attorney/Correspondence Information

Attorney of Record

Attorney Name: Dwayne K. Goetzel Docket Number: 5310-168(

Attorney Primary Email Address: dkgpto@intprop.com
Attorney Email Authorized: Yes

Correspondent

Correspondent Name/Address: Dwayne K. Goetzel
Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C.
P.O. Box 398
Austin, TEXAS 78767-0398
UNITED STATES

Phone: 512-853-8800
Fax: 512-853-8

Correspondent e-mail: dkgpto@intprop.com
Correspondent e-mail Authorized: Yes

Domestic Representative

Domestic Representative Name: Dwayne K. Goetzel
Phone: 512-853-8

Fax: 512-853-8801

Domestic Representative e-mail: dkgpto@intprop.com
Domestic Representative e-mail Authorized: Yes

Prosecution History

Date	Description	Proceeding Number
Jan. 03, 2012	NOTICE OF ACCEPTANCE OF SEC. 8 & 15 - E-MAILED	
Jan. 03, 2012	REGISTERED - SEC. 8 (6-YR) ACCEPTED & SEC. 15 ACK.	70132
Jan. 03, 2012	CASE ASSIGNED TO POST REGISTRATION PARALEGAL	70132
Nov. 15, 2011	TEAS SECTION 8 & 15 RECEIVED	
Mar. 13, 2010	REVIEW OF CORRESPONDENCE COMPLETE	67657
Mar. 11, 2010	CASE ASSIGNED TO POST REGISTRATION PARALEGAL	67657
Oct. 01, 2009	PAPER RECEIVED	
Sep. 21, 2009	ATTORNEY REVOKED AND/OR APPOINTED	
Sep. 21, 2009	TEAS REVOKE/APPOINT ATTORNEY RECEIVED	
Dec. 13, 2005	REGISTERED-PRINCIPAL REGISTER	
Sep. 20, 2005	PUBLISHED FOR OPPOSITION	
Aug. 31, 2005	NOTICE OF PUBLICATION	
Aug. 09, 2005	LAW OFFICE PUBLICATION REVIEW COMPLETED	70138
Aug. 05, 2005	ASSIGNED TO LIE	70138

Aug. 02, 2005	APPROVED FOR PUB - PRINCIPAL REGISTER	
Aug. 02, 2005	EXAMINERS AMENDMENT E-MAILED	6328
Aug. 02, 2005	EXAMINERS AMENDMENT -WRITTEN	74284
Aug. 02, 2005	EXAMINER'S AMENDMENT/PRIORITY ACTION E-MAILED	6326
Aug. 02, 2005	EXAMINERS AMENDMENT AND/OR PRIORITY ACTION - COMPLETED	74284
Jun. 27, 2005	NON-FINAL ACTION E-MAILED	6325
Jun. 27, 2005	NON-FINAL ACTION WRITTEN	74284
Jun. 25, 2005	ASSIGNED TO EXAMINER	74284
Mar. 11, 2005	TEAS/EMAIL CORRESPONDENCE ENTERED	65287
Feb. 28, 2005	CORRESPONDENCE RECEIVED IN LAW OFFICE	65287
Feb. 28, 2005	TEAS VOLUNTARY AMENDMENT RECEIVED	
Dec. 09, 2004	NEW APPLICATION ENTERED IN TRAM	

Maintenance Filings or Post Registration Information

Affidavit of Continued Use: Section 8 - Accepted

Affidavit of Incontestability: Section 15 - Accepted

TM Staff and Location Information

TM Staff Information - None

File Location

Current Location: TMEG LAW OFFICE 104 **Date in Location:** Jan. 03, 2(

Assignment Abstract Of Title Information - None recorded

Proceedings

Summary

Number of Proceedings: 8

Type of Proceeding: Opposition

Proceeding Number: 91208430 **Filing Date:** Dec 12, 2(

Status: Terminated **Status Date:** Jan 31, 2(

Interlocutory Attorney: GEORGE POLOGEORGIS

Defendant

Name: John D. Silliphant DBA Friends Without Borders

Correspondent Address: JOHN D SILLIPHANT
JOHN D SILLIPHANT DBA FRIENDS WITHOUT BORDERS
3949 HARMON RD
EL SOBRANTE CA , 94803 3043
UNITED STATES

Correspondent e-mail: bethechange@gmail.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
FRIENDS WITHOUT BORDERS	Registered	85518034	4300164

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres, and Medecins Sans Frontieres USA, Inc.

Correspondent Address: ERIK J RISENDAL
SIMPSON THACHER BARTLETT LLP
425 LEXINGTON AVE
NEW YORK NY , 10017
UNITED STATES

Correspondent e-mail: erisendal@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Dec 12, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Dec 13, 2012	Jan 22, 2013
3	PENDING, INSTITUTED	Dec 13, 2012	
4	WITHDRAWAL OF OPPOSITION	Jan 18, 2013	
5	BD'S DECISION: DISMISSED W/O PREJUDICE	Jan 31, 2013	

6	TERMINATED	Jan 31, 2013

Type of Proceeding: Opposition

Proceeding Number: 91208080 Filing Date: Nov 19, 2(

Status: Pending Status Date: Nov 19, 2(

Interlocutory Attorney: ANDREW P BAXLEY

Defendant

Name: Muslims Without Borders, Inc.

Correspondent Address: SCOTT W JOHNSTON
MERCHANT & GOULD PC
80 SOUTH EIGHTH STREET, SUITE 3200
MINNEAPOLIS MN , 55402-2215
UNITED STATES

Correspondent e-mail: SJohnston@merchantgould.com , slindemeier@merchantgould.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
MUSLIMS WITHOUT BORDERS	Opposition Pending	85341092	

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: ALEXIS GREGORIAN
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017
UNITED STATES

Correspondent e-mail: gdorment@stblaw.com , agregorian@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780

MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Nov 19, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Nov 19, 2012	Dec 29, 2012
3	PENDING, INSTITUTED	Nov 19, 2012	
4	ANSWER	Dec 28, 2012	
5	D MOT FOR EXT W/ CONSENT	Mar 19, 2013	
6	EXTENSION OF TIME GRANTED	Mar 22, 2013	
7	STIP FOR EXT	Apr 29, 2013	

Type of Proceeding: Opposition

Proceeding Number: 91207483 **Filing Date:** Oct 09, 20

Status: Terminated **Status Date:** Apr 22, 20

Interlocutory Attorney: GEORGE POLOGEORGIS

Defendant

Name: Robert E. Levin DBA Apps Without Borders

Correspondent Address: BRIAN GIBBONS
3936 S SEMORAN BLVD, SUITE 330
ORLANDO FL , 32822
UNITED STATES

Correspondent e-mail: robert.e.levin@gmail.com , trademarks@briangibbons.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
APPS WITHOUT BORDERS	Abandoned - After Inter-Partes Decision	85138204	

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres

Correspondent Address: KERRY L KONRAD
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017
UNITED STATES

Correspondent e-mail: CMcCarthy@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Oct 09, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Oct 15, 2012	Nov 24, 2012
3	PENDING, INSTITUTED	Oct 15, 2012	
4	D MOT FOR EXT W/ CONSENT	Nov 26, 2012	
5	EXTENSION OF TIME GRANTED	Nov 27, 2012	
6	NOTICE OF DEFAULT	Mar 07, 2013	
7	BD DECISION: SUSTAINED	Apr 22, 2013	
8	TERMINATED	Apr 22, 2013	

Type of Proceeding: Opposition

Proceeding Number: 91206623 Filing Date: Aug 15, 2(

Status: Terminated Status Date: Jan 31, 2(

Interlocutory Attorney: ELIZABETH A DUNN

Defendant

Name: Therapists Without Borders

Correspondent Address: ANDREA MB OTT
LAW OFFICES OF ANDREA MB OTT LLC
1111 SOUTH BOULEVARD
OAK PARK IL , 60302 2880
UNITED STATES

Correspondent e-mail: andrea@ambottlaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
THERAPISTS WITHOUT BORDERS	Abandoned - After Inter-Partes Decision	85374681	

Plaintiff(s)

Name: Bureau International De Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: KERRY K KONRAD
SIMPSON THACHER BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017 3954
UNITED STATES

Correspondent e-mail: AGregorian@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Aug 15, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Aug 20, 2012	Sep 29, 2012
3	PENDING, INSTITUTED	Aug 20, 2012	
4	CHANGE OF CORRESPONDENCE ADDRESS	Sep 12, 2012	
5	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Sep 26, 2012	
6	SUSPENDED	Sep 26, 2012	
7	NOTICE OF DEFAULT	Dec 07, 2012	
8	BOARD'S DECISION: SUSTAINED	Jan 31, 2013	
9	TERMINATED	Jan 31, 2013	

Type of Proceeding: Opposition

Proceeding Number: 91205137 Filing Date: Apr 04, 20

Status: Pending Status Date: May 15, 2

Interlocutory Attorney: CHRISTEN M ENGLISH

Defendant

Name: Books Without Borders (Kutub Bila Hudood)

Correspondent Address: BETSY E LEHRFELD
SWANKIN & TURNER
1400 16TH ST NW STE 101
WASHINGTON DC , 20036-2222
UNITED STATES

Correspondent e-mail: bestsy@swankin-turner.com , martin@swankin-turner.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
KUTUB BILA HUDOOD	Opposition Pending	85181019	

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: KERRY L KONRAD
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVENUE
NEW YORK NY , 10017
UNITED STATES

Correspondent e-mail: egillen@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780

MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Apr 04, 2012	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	May 15, 2012	Jun 24, 2012
3	PENDING, INSTITUTED	May 15, 2012	
4	ANSWER	May 24, 2012	

Type of Proceeding: Opposition

Proceeding Number: 91192636 Filing Date: Nov 11, 2(

Status: Terminated Status Date: Apr 28, 20

Interlocutory Attorney: ELIZABETH WINTER

Defendant

Name: New York Academy of Sciences

Correspondent Address: NANCY J MERTZEL
DONOVAN & YEE
161 AVENUE OF THE AMERICAS, STE 1201
NEW YORK NY , 10013
UNITED STATES

Correspondent e-mail: nmertzel@yeellp.com , mheddell@yeellp.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
SCIENTISTS WITHOUT BORDERS	Registered	77031372	4115122

Plaintiff(s)

Name: Medecins Sans Frontieres USA, Inc. and Bureau International de Medecins Sans Frontieres

Correspondent Address: RICHARD M ASSMUS
MAYER BROWN LLP
PO BOX 2828
CHICAGO IL , 60690-2828
UNITED STATES

Correspondent e-mail: rassmus@mayerbrown.com , ipdocket@mayerbrown.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906

DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Nov 11, 2009	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Nov 12, 2009	Dec 22, 2009
3	PENDING, INSTITUTED	Nov 12, 2009	
4	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Nov 25, 2009	
5	SUSPENDED	Nov 25, 2009	
6	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Mar 19, 2010	
7	SUSPENDED	Mar 19, 2010	
8	CHANGE OF CORRESPONDENCE ADDRESS	Jun 21, 2010	
9	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Jun 21, 2010	
10	SUSPENDED	Jun 21, 2010	
11	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Sep 13, 2010	
12	SUSPENDED	Sep 13, 2010	
13	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Nov 17, 2010	
14	SUSPENDED	Nov 17, 2010	
15	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Jan 18, 2011	
16	SUSPENDED	Jan 18, 2011	
17	CHANGE OF CORRESPONDENCE ADDRESS	Jan 19, 2011	
18	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Feb 16, 2011	
19	SUSPENDED	Feb 16, 2011	
20	STIP TO SUSPEND PEND SETTLEMENT NEGOTNS	Mar 18, 2011	
21	SUSPENDED	Mar 18, 2011	
22	WITHDRAWAL OF OPPOSITION	Apr 18, 2011	
23	BD'S DECISION: DISMISSED W/ PREJUDICE	Apr 28, 2011	
24	TERMINATED	Apr 28, 2011	

Type of Proceeding: Opposition

Proceeding Number: 91191458 Filing Date: Aug 07, 2(

Status: Terminated Status Date: Sep 29, 2(

Interlocutory Attorney: ELIZABETH WINTER

Defendant

Name: Recovery Without Borders

Correspondent Address: MICHAEL R. HULL
MILLER, MATTHIAS & HULL
1 N FRANKLIN ST STE 2350
CHICAGO IL , 60606-3549
UNITED STATES

Correspondent e-mail: mhull@millermatthiashull.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
RECOVERY WITHOUT BORDERS	Abandoned - After Inter-Partes Decision	77580958	

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: Kerry L. Konrad
Simpson Thacher & Bartlett LLP
425 Lexington Ave
New York NY , 10017
UNITED STATES

Correspondent e-mail: mlok@stblaw.com , gdorment@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906
DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780

MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Aug 07, 2009	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Aug 12, 2009	Sep 21, 2009
3	PENDING, INSTITUTED	Aug 12, 2009	
4	WITHDRAWAL OF APPLICATION	Aug 14, 2009	
5	BOARD'S DECISION: SUSTAINED	Aug 17, 2009	
6	TERMINATED	Aug 17, 2009	

Type of Proceeding: Opposition

Proceeding Number: 91190487 Filing Date: May 28, 2(

Status: Terminated Status Date: Dec 16, 2(

Interlocutory Attorney: CHERYL S GOODMAN

Defendant

Name: Engineers Without Borders - International

Correspondent Address: TARA L. HOKE
AMERICAN SOCIETY OF CIVIL ENGINEERS
1801 ALEXANDER BELL DR
RESTON VA , 20191-5467
UNITED STATES

Correspondent e-mail: thoke@asce.org

Associated marks

Mark	Application Status	Serial Number	Registration Number
ENGINEERS WITHOUT BORDERS - INTERNATIONAL	Registered	77425745	3738618

Plaintiff(s)

Name: Bureau International de Medecins Sans Frontieres and Medecins Sans Frontieres USA, Inc.

Correspondent Address: Mindy M. Lok
SIMPSON THACHER & BARTLETT LLP
425 LEXINGTON AVE
NEW YORK NY , 10017-3903
UNITED STATES

Correspondent e-mail: mlok@stblaw.com , gdorment@stblaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
DOCTORS WITHOUT BORDERS	Renewed	75436137	2290906

DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78519817	3032188
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525091	3028779
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525098	3028780
MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS	Section 8 and 15 - Accepted and Acknowledged	78525106	3028781

Prosecution History

Entry Number	History Text	Date	Due Date
1	FILED AND FEE	May 28, 2009	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Jun 03, 2009	Jul 13, 2009
3	PENDING, INSTITUTED	Jun 03, 2009	
4	CHANGE OF CORRESPONDENCE ADDRESS	Jun 17, 2009	
5	P'S CERTIFICATE OF SERVICE	Jun 17, 2009	
6	D'S MOT TO SUSP PEND SETLMT NEGOTIATIONS	Jul 10, 2009	
7	SUSPENDED	Jul 15, 2009	
8	MODIFICATION TO BOARD'S SUSP ORDER	Jul 16, 2009	
9	STIP TO DISMISS OPP WO PREJUDICE	Dec 15, 2009	
10	BD'S DECISION: DISMISSED W/O PREJUDICE	Dec 16, 2009	
11	TERMINATED	Dec 16, 2009	

Exhibit F

TRADEMARK LICENSE AND ASSIGNMENT AGREEMENT

This trademark license and assignment agreement is entered into and effective as of 14 September 2000.

Between :

Bureau International de Médecins Sans Frontières, a not-for-profit charitable organization organized and existing under the laws of Belgium and having its offices at 39, rue de la Tourelle, B-1040 Brussels, Belgium, represented hereto by Dr. Jean-Marie KINDERMANS , empowered for the purposes hereof (hereinafter referred to as "MSF International"),

ON THE ONE HAND,

and :

Médecins Sans Frontières USA, commonly known as "Doctors Without Borders", a not-for-profit charitable organization organized under the laws of the State of New York and having its offices at 6 East 39th Street, New York, NY 10016, USA, represented hereto by Victoria Bjorklund, empowered for the purposes hereof (hereinafter referred to as "MSF USA").

ON THE OTHER HAND.

WHEREAS, MSF International, and MSF USA wish to provide for unified ownership by MSF International of all trademarks throughout the world relating to DOCTORS WITHOUT BORDERS, MEDECINS SANS FRONTIERES, MEDICOS SIN FRONTERAS, any other translation of the French name, and MSF ;

WHEREAS, MSF USA owns or has right to use certain trademark registrations and applications related to DOCTORS WITHOUT BORDERS in the United States of America and on the World Wide Web of the Internet ;

WHEREAS, MSF USA desires for MSF International to own such trademark registrations and applications and all rights relating thereto, and MSF International desires for MSF USA to have exclusive use thereof in the United States of America and certain rights on the World Wide Web of the Internet as set forth herein;

NOW, THEREFORE, for good and valuable consideration, including the foregoing and the mutual promises set forth herein, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. DEFINITIONS

For purposes of this Agreement, the following terms shall have the respective meanings assigned to them below:

1.1 Agreement. The term "Agreement" shall mean this document and any annex, exhibit, attachment, schedule or modification hereto.

1.2 Effective Date. The term "Effective Date" shall mean 14 Sept 2000.

1.3 Member shall mean being a member of the International Association "Bureau International de Médecins Sans Frontières", the rules of which have been published in the Legal Journal "Annexes du Moniteur Belge" of 29 August 1996 under code number 17991/92.

1.4 Territory. The term "Territory" shall mean the United States of America with respect to the goods and services provided by MSF USA, and the Internet and any future equivalent or similar media with respect to advertising and promotion of goods and services offered by MSF USA within the United States of America.

1.5 Trademarks, or Trademark. The term "Trademarks" or "Trademark" shall mean the U.S trademark registration(s) and/or application(s) and other rights as listed on Part I and Part II of Exhibit A hereto. Any new application or registration of the Trademarks by MSF International shall automatically be included in the list of Exhibit A.

VBB Jnt.

2. ASSIGNMENT/LICENSE

2.1 MSF USA hereby assigns to MSF International any and all of its right, title and interest in the Trademarks listed in Part I of Exhibit A.

2.2 At the same time, MSF International hereby grants to MSF USA, who accepts, an exclusive perpetual - except if the Agreement is terminated under the conditions stated in Section 11 "Termination" - royalty-free license to use the Trademarks in the Territory.

2.3 In the event MSF USA wishes to begin using (i) a new trademark that is confusingly similar to DOCTORS WITHOUT BORDERS, MEDECINS SANS FRONTIERES, MEDICOS SIN FRONTERAS, any other translation of the French name or MSF or (ii) the trademarks DOCTORS WITHOUT BORDERS, MEDECINS SANS FRONTIERES, MEDICOS SIN FRONTERAS, any other translation of the French name or MSF on goods and services not covered by the registrations and applications set forth on Exhibit A hereto, MSF USA shall request in writing the consent of MSF International to such use, which MSF International shall not unreasonably withhold or delay. If MSF International agrees to give its consent, such new trademark shall be appended to Exhibit A hereto without further amendment of this Agreement and shall be considered within the definition of "Trademarks" for all purposes herein.

2.4 The parties agree to cooperate in good faith as to an agreement on the ownership and use of domain names matching the Trademarks. Domain names are not covered by the definition of the Trademarks hereunder.

3. REPRESENTATION AND WARRANTIES

3.1 Each party to the Agreement warrants and represents to the other party that it has full right and power to enter into and perform its obligations under this Agreement, and that there are no outstanding agreements, assignments and encumbrances in existence inconsistent with the provisions of this Agreement, nor will other party enter into the same in the future.

3.2 Each party to the Agreement hereby disclaims all representations and warranties with respect to the Trademarks, including their ownership, validity and non-infringement of the rights of any third party.

4. USE OF THE TRADEMARKS

4.1 MSF USA undertakes to use the Trademarks in conformity with the Trademark registrations or applications and in conformity with the Graphic Chart (see photocopy in Exhibit B hereto). MSF USA shall only use the Trademarks in accordance with applicable trademark law and practice.

The Graphic Chart shall be automatically replaced only if any new graphic chart or corporate identity is approved, with respect to any limits upon MSF USA's ability to use English translations of the Trademark, by both the International Council and the Board of directors of MSF USA, and with respect to the logo, font, color, other artistic or stylistic issues concerning the Trademarks, by the International Council.

4.2 Without the consent of MSF International, MSF USA shall not create any new mark that combines the Trademarks with the trademarks of any third party and shall not use the Trademarks in combination with other third party marks in any manner that reasonably suggests that MSF USA is endorsing or sponsoring such third party.

4.3 MSF USA undertakes to use all the Trademarks on a continuous basis in order to avoid any cancellation of the Trademarks for non use. MSF USA should inform MSF International in the event that MSF USA decides to stop using one of the Trademark.

5. TRADEMARK REGISTRATIONS

5.1 MSF International shall, at its own expense, maintain and renew the Trademarks registrations within the term for renewal and fully prosecute all Trademarks applications. In the event MSF International does not want to maintain, prosecute or renew a Trademark, it must inform MSF USA within a reasonable time. Thereafter, MSF USA shall have the right to take all necessary actions in this regard and MSF International must cooperate as necessary.

5.2 At MSF international's expense and request, MSF USA undertakes to help, support and assist MSF International and to provide MSF International with the necessary information and documents necessary to maintain the validity and value of the Trademarks, and any registrations or applications related thereto.

5.3 MSF International shall, at its own initiative or under a proposal of MSF USA, file for new registrations of the Trademarks. The rights resulting from these new filings in the Territory shall be automatically incorporated in the Agreement.

5.4 MSF USA shall not apply in its own name for registration of any of the Trademarks, nor for registration of any trademark confusingly similar to the Trademarks within the Territory, in any class and for any goods and services, nor shall MSF USA assist any third party to do so. In the event of a failure to this undertaking, upon request, MSF USA shall immediately assign all rights in any such application to MSF International at MSF USA's expense, or MSF International shall have the right to terminate this Agreement under the conditions stated in section 11.

6. QUALITY CONTROL

6.1 MSF USA undertakes that all goods and services that it provides under the Trademarks shall be of high quality and in accordance with the requirements and standards established by MSF International and by all applicable laws, regulations and customs.

6.2 MSF USA undertakes to inform MSF International every six months of any new goods and services to be displayed to the public under the Trademarks.

7. TRADEMARK PROSECUTIONS

7.1 Each party shall promptly notify the other party in writing of any unauthorized use of the Trademarks, or of any act that may constitute an infringement or dilution of the Trademarks or any related unfair competition act or damage (Infringement) of which it has actual knowledge.

7.2 MSF International shall have the right to bring or assert claims, actions, suits or proceedings (Proceedings) alleging Infringement to the Trademarks. If MSF International does bring a Proceeding, MSF USA shall provide MSF International with its reasonable cooperation and assistance with respect to any such proceedings. MSF International may, at its own discretion, invite MSF USA to be party to such Proceedings.

7.3 If MSF USA requests that MSF International bring a Proceeding alleging Infringement of the Trademarks; MSF International shall decide within 30 days (or sooner, if justified under the circumstances) whether to do so. If MSF International declines to bring the Proceedings, then MSF USA shall have the right to bring such Proceeding. In such event, MSF International shall provide MSF USA with its reasonable cooperation and assistance with respect to any such Proceedings, including granting MSF USA all consents and standing required by law and, if required by law, being joined with MSF USA as a party to any such Proceedings.

7.4 In the event of any Proceeding under this section 7, the parties shall agree in good faith on a fair and reasonable allocation of all costs, control and responsibilities, damages, recoveries and benefits relating thereto.

8. TRADEMARK DEFENSE

8.1 Each party shall promptly notify the other party in writing of any claim by a third party as relating to the validity or enforceability of the Trademarks of which it has actual knowledge.

8.2 In the event of a Proceeding by a third party against the validity or enforceability of the Trademarks, MSF International shall have the right in the first instance to assume the defense of the Trademarks. If MSF International does assume the defense, MSF USA shall provide MSF International with its reasonable cooperation and assistance with respect to any such Proceedings. If MSF USA requests that MSF International assume such defense, MSF International shall decide within 20 days (or sooner, if justified under the circumstances) whether to do so. If MSF International declines to assume the defense, then MSF USA shall have the right to do so. In such event, MSF International shall provide MSF USA with its reasonable cooperation and assistance with respect to any such defense, including granting MSF USA all consents and standing required by law and, if required by law, being joined with MSF USA as a party to any such defense.

8.3 In the event that a definitive judicial order declares that the Trademarks are invalid, void or forfeited for any reason, the parties shall cooperate on the best course of action to preserve the parties' intent and purpose hereunder. MSF USA agrees that it shall not claim to MSF International any compensation, damages or interest because of such invalidity, provided that such order is not the result of any act of or on behalf of MSF International.

8.4 Each party shall promptly notify the other party in writing of any third party claim or Proceeding related to the use of the Trademarks by MSF USA, such as but not limited to actual or threatened infringement Proceedings.

8.5 MSF International shall provide MSF USA with its reasonable cooperation and assistance with respect to any such Proceedings.

8.6 In the event that a definitive judicial order declares that the Trademarks are infringing any third party rights, the parties shall cooperate on the best course of action to preserve the parties' intents and purposes under this Agreement.

8.7 In the event of any Proceeding under this section 8, the parties shall agree in good faith on a fair and reasonable allocation of all costs, control and responsibilities, damages, recoveries and benefits relating thereto.

9. ASSIGNMENT

9.1 Each party of this Agreement agrees that it shall not transfer and assign in part or in whole, directly or indirectly, this Agreement, the Trademarks, or any other right or obligation related to the same to any third party, without the prior written approval of the other party. Any purported transfer or assignment in violation of this §9.1 shall be null and void ab initio and of no force and effect.

[illegible]

9.2 MSF USA has the right to sub-license its rights hereunder to third parties on terms that are not inconsistent with this Agreement provided that the use by such third parties does not exceed the scope of use MSF USA is permitted to make persuant to this agreement. MSF USA shall inform MSF International of any sub-license.

10. TERM OF THE AGREEMENT

The Agreement shall be effective as of the Effective Date. The Agreement shall continue in perpetuity, without prejudice of section 11.

11. TERMINATION

11.1 The Agreement shall be automatically and immediately terminated in the event that MSF USA is no longer a Member,
- either because MSF-USA has resigned its membership of the MSF organization,
- or because MSF-USA has been permanently excluded by a majority vote of the International Council (according to the rules of the International Association "Bureau International de Médecins Sans Frontières"), as a result of a material dispute caused by initiation by MSF USA of international operations without the advance approval of the International Council or the material failure by MSF USA to respect the basic principles of MSF International as set forth in the document on Principles set in Exhibit C, thus bringing MSF-USA into public disrepute or disagreement with MSF-International,
- or in the event of any transfer or assignment by MSF USA in violation of Section 9 of this Agreement.

11.2 The Agreement shall also be automatically and immediately terminated in the event of insolvency and/or compulsory liquidation of MSF USA. If MSF International is liquidated then the Trademarks in the Territory should be assigned, subject to MSF USA's rights hereunder, to the successor of MSF International (according to MSF International bylaws) or, if there is no designated successor, to MSF USA.

11.3 If this Agreement terminates, the assignment of the Trademarks to MSF International stated in Section 2 shall survive and remain in full force and effect.

12. EFFECTS OF TERMINATION

In the event of termination of the Agreement pursuant to Section 11, MSF USA shall cease any use of the Trademarks and shall, as soon as reasonably possible, change its corporate name to a name that shall not be confused with the Trademarks; provided that, to facilitate an orderly transition to a new name MSF USA may continue using in good faith the Trademarks for no more six (6) months after the termination date.

VBB Jmb.

13. NOTICES

13.1 All notices required or permitted under this Agreement shall be in writing, shall reference this Agreement and shall be deemed given when: (i) delivered personally; (ii) sent by confirmed telex or facsimile; (iii) received after having been sent by registered or certified mail, return receipt requested, postage prepaid, or by commercial overnight carrier, with written verification of receipt.

13.2 All communications shall be sent to the addresses set forth on the first page of this Agreement or to such other address as may be desirable by a party by giving written notice to the other party pursuant to this Section 13.

14. RECORDATION OF THE AGREEMENT

14.1 The Agreement will be recorded at the US Patent and Trademark Office by MSF International. The costs of recordation at the US Patent and Trademark Office and any further costs related thereto, shall be entirely incumbent on MSF International.

14.2 At MSF International's expense, MSF USA agrees to execute any documents necessary to effectuate and register the Agreement.

15. ENTIRE AGREEMENT

The Agreement constitutes the entire understanding and agreement between the parties hereto with respect to the Trademarks and supersedes and terminates all prior agreements and understandings between the parties either oral or written, regarding the same subject matter. No modifications, additions, extensions or waivers of any provisions of this Agreement or any release of any right thereunder shall be valid, unless the same is in writing and is consented to by the parties hereto.

16. FURTHER ASSURANCES

Each party shall execute such documents and take such action as the other party may reasonably request to effectuate the purposes of this Agreement and to preserve and protect the Trademarks.

17. SEVERABILITY

In the event that any non-material part or provision of the Agreement is deemed by a court of competent jurisdiction to be invalid, illegal, or unenforceable in any respect, such

VHB Jul.

invalidity, illegality, or unenforceability shall not affect any other part or provision of this Agreement, but this Agreement shall be construed as if such invalid, illegal, or unenforceable part or provision had never been contained therein.

18. GOVERNING LAW; JURISDICTION

This Agreement shall be governed by and interpreted in accordance with the laws of the State of New York. Each party irrevocably consents to the exclusive jurisdiction of the courts of New York, in connection with any action by either party to enforce the provisions of the Agreement, to recover damages or other relief for breach or default under the Agreement, or otherwise arising under or by reason of the Agreement.

19. HEADINGS

The captions and headings used in this Agreement are inserted for convenience only and shall not affect the meaning or interpretation of this Agreement.

20. COUNTERPARTS

This Agreement may be executed simultaneously in one or more counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same document.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the Effective Date.

This Agreement is executed in three (3) originals, one of them being for the purpose of the recordation with the U.S. Patent and Trademark Office.

Médecins Sans Frontières USA	Médecins Sans Frontières International
By: Victoria B. Bjorklund	By: Jan Kinderman
Title: Secretary, Director Chair, Administration Committee	Title: Director of the International Office
Date: October 3, 2000	Date: 14.9.00
Victoria B. Bjorklund	Jan Kinderman

List of exhibits:

Exhibit A: Trademarks

Exhibit B: Photocopy of the Graphic Chart

Exhibit C: "Who are the Médecins Sans Frontières".

EXHIBIT A

PART I

TRADEMARK	REGISTRATION
DOCTORS WITHOUT BORDERS	U.S. Reg. No 1,820,094 (February 8, 1994)
DOCTORS WITHOUT BORDERS	U.S. Reg. No 2,290,906 (November 9, 1999)

All common-law rights in the marks "Doctors Without Borders" and "DWB".

PART II

TRADEMARK	REGISTRATION
LOGOTYPE	U.S. Reg. No. 2,066,252 (June 3, 1997)
MEDECINS SANS FRONTIERES	U.S. Reg. No. 1,156,743 (June 2, 1981)

All common-law rights in the marks "Médecins Sans Frontières", "Medicos Sin Fronteras" and "MSF".

VBB Jmh.

EXHIBIT B

Photocopy of the Graphic Chart

VBB

CHARTE GRAPHIQUE

RPORATE

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LOGOTYPE

Construction du logotype	*a*	*Logotype construction*
Références couleur du logotype	*b*	*Logotype colour references*
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Principes essentiels	*i*	*Basic principles*

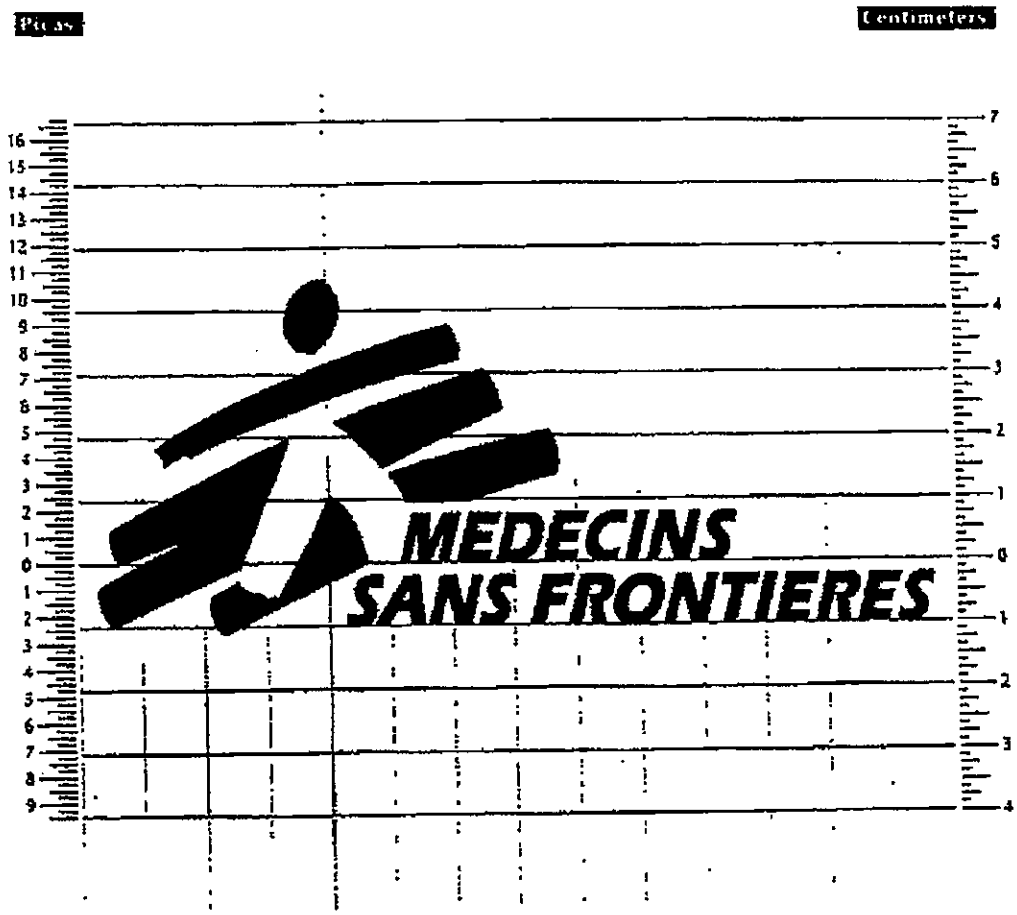
LOGOTYPE

CONSTRUCTION

Le logotype est présenté dans sa version complète sur une grille de construction. Celle-ci en fournit les proportions, à respecter en cas d'agrandissement.

The logotype is presented in full on a grid. This gives the proportions which are to be respected when enlarging.

CONSTRUCTION



RÉFÉRENCES COULEUR

Le rouge et le noir retenus sont les couleurs fondamentales de l'image de MSF. Ils ne peuvent être modifiés.

Red and black are the fundamental colours that have been chosen for the MSF logotype. They are not to be modified.

COLOUR REFERENCES

PANTONE
PANTONE

Red 032 C

Process Black C

QUADRICHROME
FOUR COLOURS

M.100% + Y.100%

Black 100%

MONOCHROME
MONOCHROME

Black 100%

CONSTRUCTION

C'est le dessin abouti du personnage, en cas d'utilisation sans la typographie. Sa reproduction partielle ou tronquée est à proscrire.

It is the finalised drawing of the figure to be used without the typography. It is forbidden to reproduce it in part only or truncated.

CONSTRUCTION

RÉFÉRENCES COULEUR

Les couleurs doivent être les mêmes pour le logotype et le sigle. Le rouge garde ainsi son impact et assure la reconnaissance internationale du sigle, même sans la typographie.

The same colours should be used both for the full logotype and the simple graphic logotype. In this way the colour red has the desired impact and the graphic element is internationally recognisable even without the typography.

COLOUR REFERENCES

PANTONE
PANTONE

Red 032 C

QUADRICHROME
FOUR COLOURS

M.100% + Y.100%

MONOCHROME
MONOCHROME

Black 100%

VBO

TYPOGRAPHIE

Le caractère typographique a été dessiné spécialement pour MSF. Il doit être reproduit fidèlement dans tous les cas. Un "Stone Sans" l'accompagne pour l'édition.

The typographic fonts have been designed especially for MSF. They should always be accurately reproduced. A copy of "Stone Sans" is available for publishers.

TYPOGRAPHY

TITRAGE INSTITUTIONNEL POUR LES LOGOTYPES MSF
INSTITUTIONAL HEADING FOR MSF'S LOGOTYPES

ABCDEFGHIJKLMNO
PQRSTUVWXYZÄÆ

Titrage spécialement dessiné pour l'identité visuelle MSF
Heading specially designed for MSF's visual identity.

LE STONE SANS ITALIQUE
ITALIC "STONE SANS"

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
a b c d e f g h i j k l m n o p q r s t u v w x y z
1 2 3 4 5 6 7 8 9 0.....CORPS 14 - INTERLIGNE 22 - APPROCHE 400

LE STONE SANS BOLD ITALIQUE
BOLD ITALIC "STONE SANS"

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
a b c d e f g h i j k l m n o p q r s t u v w x y z
1 2 3 4 5 6 7 8 9 0.....CORPS 14 - INTERLIGNE 22 - APPROCHE 350

Caractère obligé pour la papeterie MSF
The obligatory font for MSF stationary

LOGOTYPE LOGOTYPE

RÈGLES POUR LES SECTIONS MSF

Le Conseil International a décidé, en avril 1994, de saisir l'opportunité d'un nouveau logotype pour promouvoir au maximum le nom de l'organisation « MÉDECINS SANS FRONTIÈRES »

In April 1994, the International Council decided to take the opportunity of promoting the name of "MÉDECINS SANS FRONTIÈRES" to a maximum when introducing the new logotype

MSF SECTIONS LOGOTYPES

1 - Le conseil international recommande de promouvoir le logotype avec MÉDECINS SANS FRONTIÈRES en Français.

1 - The International Council recommends using the logotype with " MÉDECINS SANS FRONTIÈRES " written in French.

MÉDECINS SANS FRONTIERES

2 - Mailings nationaux grand public : soit " MÉDECINS SANS FRONTIÈRES " (cf. point n°1), soit le nom dans la langue locale seule.

2 - Mailings to the general public in one's country : either " MÉDECINS SANS FRONTIÈRES " (cf. point n°1), or the name written in the local language.

MÉDICOS SIN FRONTERAS

RÈGLES POUR LES SECTIONS MSF

MSF SECTIONS LOGOTYPES

ARABE
- AUTORITÉ PALESTINIENNE
- ÉGYPTE
- ÉMIRATS ARABES UNIS
- AUTRES PAYS ARABES

AUSTRALIE
CANADA
USA

BELGIQUE
HOLLANDE

DANEMARK

RÈGLES POUR LES SECTIONS MSF

MSF SECTIONS LOGOTYPES

ESPAGNE

MEDECINS SANS FRONTIERES
MEDICOS SIN FRONTERAS

GRÈCE

MEDECINS SANS FRONTIERES
ΓΙΑΤΡΟΙ ΧΩΡΙΣ ΣΥΝΟΡΑ

HONG-KONG
SINGAPOUR
CHINE

MEDECINS SANS FRONTIERES
無國界醫生

ITALIE

MEDECINS SANS FRONTIERES
MEDICI SENZA FRONTIERE

INTERDITS

Les jeux de couleur et de typographie sont interdits pour ne pas nuire à la cohésion de l'image de MSF et à sa reconnaissance internationale. En voici quelques exemples.

It is forbidden to change the colours or the typography as it would destroy the cohesion of the MSF logotype and its international recognition. Here are a few examples.

RESTRICTIONS

UTILISATION SUR UNE SEULE LIGNE
TEXT ON ONE LINE ONLY

AVEC UN ENCADRÉ
WITH A BORDER

AVEC UNE DIFFÉRENCE DE TAILLE DU TEXTE
WITH DIFFERENT SIZE TEXTS

INTERDITS

Les jeux de couleur et de typographie sont interdits pour ne pas nuire à la cohésion de l'image de MSF et à sa reconnaissance internationale. En voici quelques exemples.

It is forbidden to change the colours or the typography as it would destroy the cohesion of the MSF logotype and its international recognition. Here are a few examples.

RESTRICTIONS

LE SIGLE EN TRAMÉ NOIR OU DANS UNE AUTRE COULEUR QUE LE ROUGE
THE GRAPHIC ELEMENT IN BLACK SCREEN OR ANY OTHER COLOUR THAN RED

LES INITIALES EN COULEUR
THE INITIALS IN COLOUR

SIGLE TRONQUÉ SEUL
THE TRUNCATED GRAPHIC ELEMENT ALONE

TEXTE ABRÉGÉ
ABBREVIATED TEXT

FONDS COULEUR

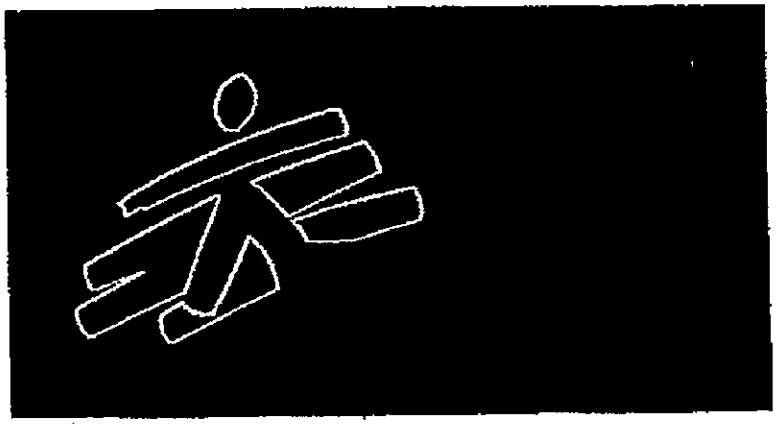
Le logotype réagit différemment sur un fond coloré ou une photographie. Pour une lecture parfaite, un filet blanc entoure alors chaque élément rouge. La typographie reste noire ou peut passer en réserve blanche.

The logotype [illegible] background or on a photograph. [illegible] is a white outline around each element. The typography is usually black or can be white.

BACKGROUND COLOURS

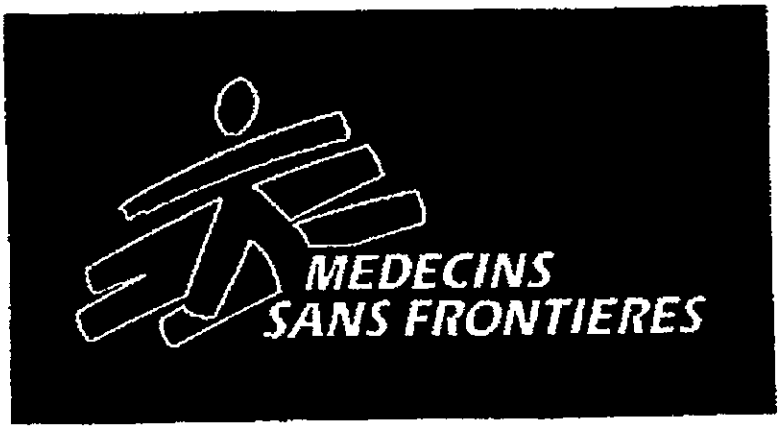
SIGLE : FOND ROUGE, CERNÉ BLANC 1,3 POINT + TEXTE : NOIR 100%

GRAPHIC ELEMENT : RED BACKGROUND, WHITE OUTLINE 1.3 POINT + TEXT : BLACK 100%



CERNÉ BLANC 1,5 POINT POUR LONGUEUR LOGO 10 CM

A 1.5 POINTS WHITE OUTLINE FOR 10 CM LONG LOGOTYPE



SIGLE : FOND ROUGE, CERNÉ BLANC 1,3 POINT + TEXTE : BLANC, CERNÉ NOIR 100% 0,5 POINT

GRAPHIC ELEMENT : RED BACKGROUND, WHITE OUTLINE 1.3 POINT + TEXT : WHITE, BLACK OUTLINE 100% 0,5 POINT

FONDS COULEUR

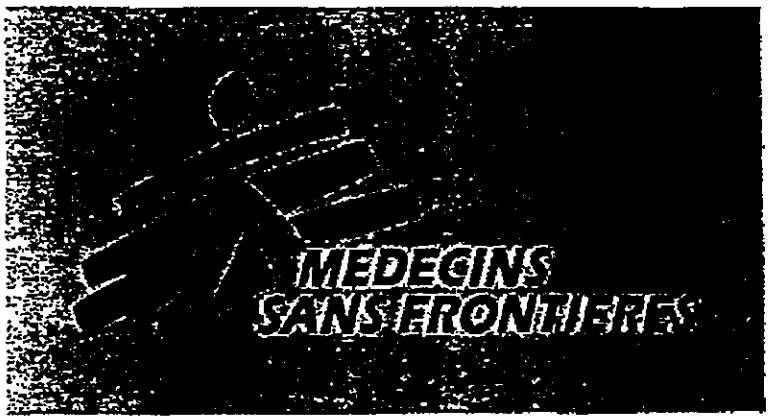
Le logotype réagit différemment sur un fond coloré ou une photographie. Pour une lecture parfaite, un filet blanc entoure alors chaque élément rouge. La typographie reste noire ou peut passer en réserve blanche.

The logotype [illegible] different [illegible] background [illegible] photograph. For [illegible] a white outline around each element. The typography is usually black or can be white.

BACKGROUND COLOURS

SIGLE : FOND ROUGE + TEXTE : NOIR 100%

GRAPHIC ELEMENT : RED BACKGROUND + TEXT : BLACK 100%



SIGLE : FOND ROUGE + TEXTE : NOIR 100%

GRAPHIC ELEMENT : RED BACKGROUND + TEXT : BLACK 100%

PRINCIPES ESSENTIELS

Ce résumé des points clé recommandés et des précautions d'emploi est à respecter dans le cadre de l'utilisation du logotype MSF. Ces principes respectés finalisent la bonne reconnaissance de cette image.

This résumé of precautions and key recommendations of usage are to be respected wherever the MSF logotype is to be used. The respect of these principles ensures the clear recognition of the logo.

BASIC PRINCIPLES

• Les caractères dessinés spécialement pour le logotype et ceux déterminés pour la papeterie ne peuvent en aucun cas être remplacés par d'autres caractères (cf. 1.e).

• Une version a été spécialement conçue pour utiliser exceptionnellement le logotype sans titrage. Dans ce cas, il est obligatoire d'utiliser ce sigle (cf. 1.c et 1.d).

• Lorsque le logotype est utilisé en une seule langue, le titrage s'inscrit toujours sur deux lignes, avec le mot "Médecins", seul, sur la première ligne. Les proportions entre le sigle et son titrage sont précises et doivent être respectées (cf. 1.a et 1.b).

• Lorsque le logotype est utilisé en plusieurs langues, chaque langue s'inscrit sur une seule ligne. Chaque ligne est séparée d'un filet rouge pour la version couleur, noir pour la version monochrome. Les proportions entre le sigle, les titrages et le filet sont précises et doivent être respectées (cf. 1.f.3).

• Lorsque le logotype s'inscrit sur un fond coloré foncé (monochrome ou photographique), le personnage et sa trace sont toujours cernés d'un filet blanc. Le titre, en fonction du fond, sera noir 100% ou blanc à votre convenance (cf. 1.h.1 et 1.h.2).

• The fonts specially designed for the logotype and those chosen for the stationary cannot be replaced by any others fonts whatsoever (cf. 1.e).

• A special version of the Logotype has been designed for when the graphic is used exceptionally without the heading. It is then obligatory to use this logotype (cf. 1.c and 1.d).

• When the logotype is used in one language only, the heading is always written on two lines with the word "Médecins" on its own on the first line. The proportions between the graphic element and its heading are precise and should always be respected. (cf. 1. a and 1. b).

• When the logotype is used in more than one language, each language is written on one line. Each line is separated by a red line in the colour version and a black line in the monochrome version. The proportions between the graphic element, the headings and the separating line are precise and must be respected (cf. 1.f.3).

• When the logotype is on a dark coloured background (monochrome or photographic) the graphic element is always outlined in white. The title, depending on the background, is either black 100% or white as desired (cf. 1.h.1 and 1.h.2).

PAPETERIE

Tête de lettre	*a*	*Letter head*
Suite de lettre	*a*	*Continuation sheet*
Page de fax	*b*	*Fax page*
Carte de visite	*c*	*Business card*
Carte de correspondance	*c*	*Correspondence card*
Enveloppes	*d*	*Envelopes*

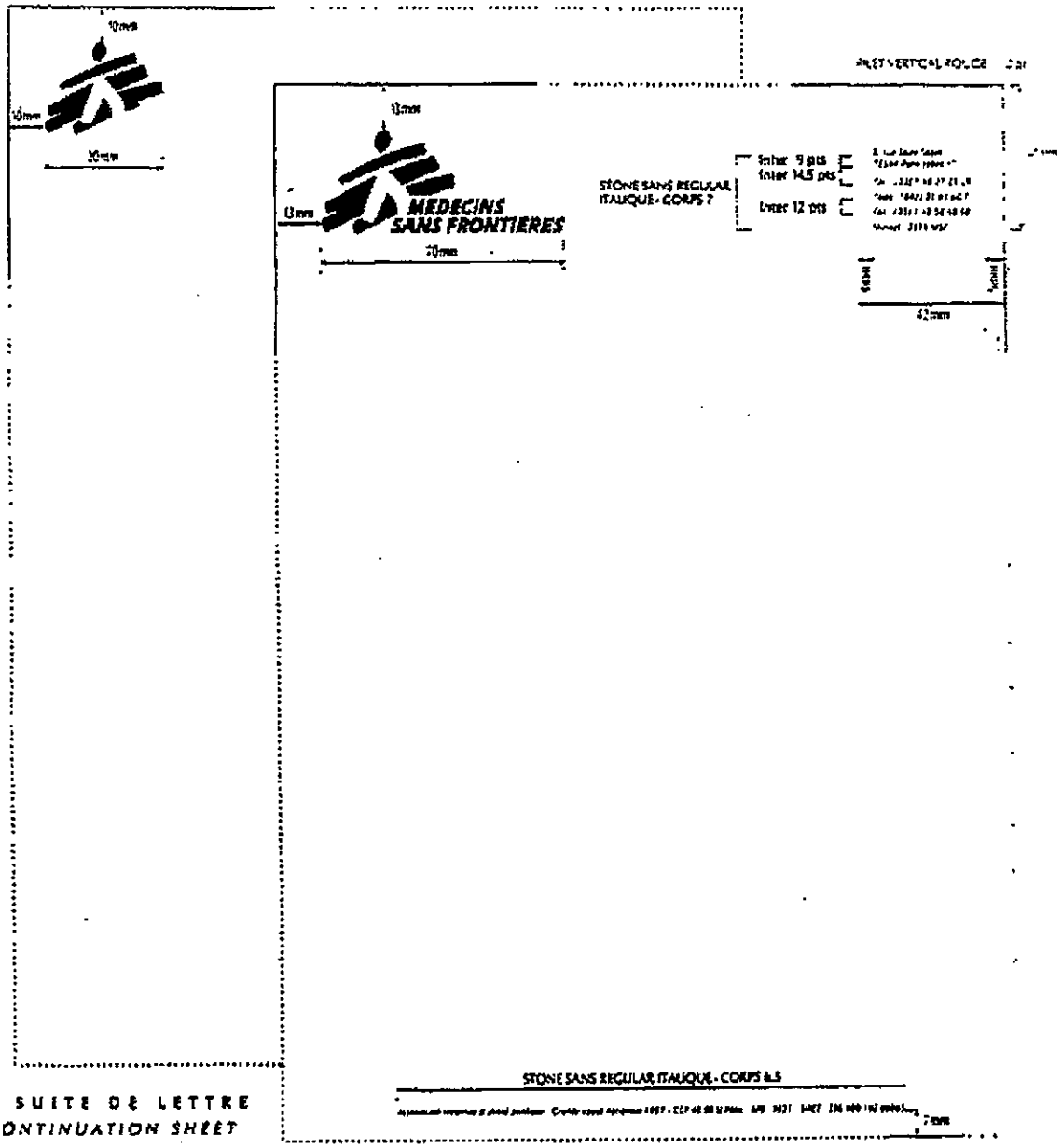
STATIONARY

TÊTE DE LETTRE

L'homogénéité des en-têtes de lettre est nécessaire. Les cotes de placement du logotype et des textes doivent être respectées sur tous les formats.

The headings on letter head pages must be uniform. The dimensions for placement of the logo and texts must be respected on all page sizes.

LETTER HEAD



SUITE DE LETTRE
CONTINUATION SHEET

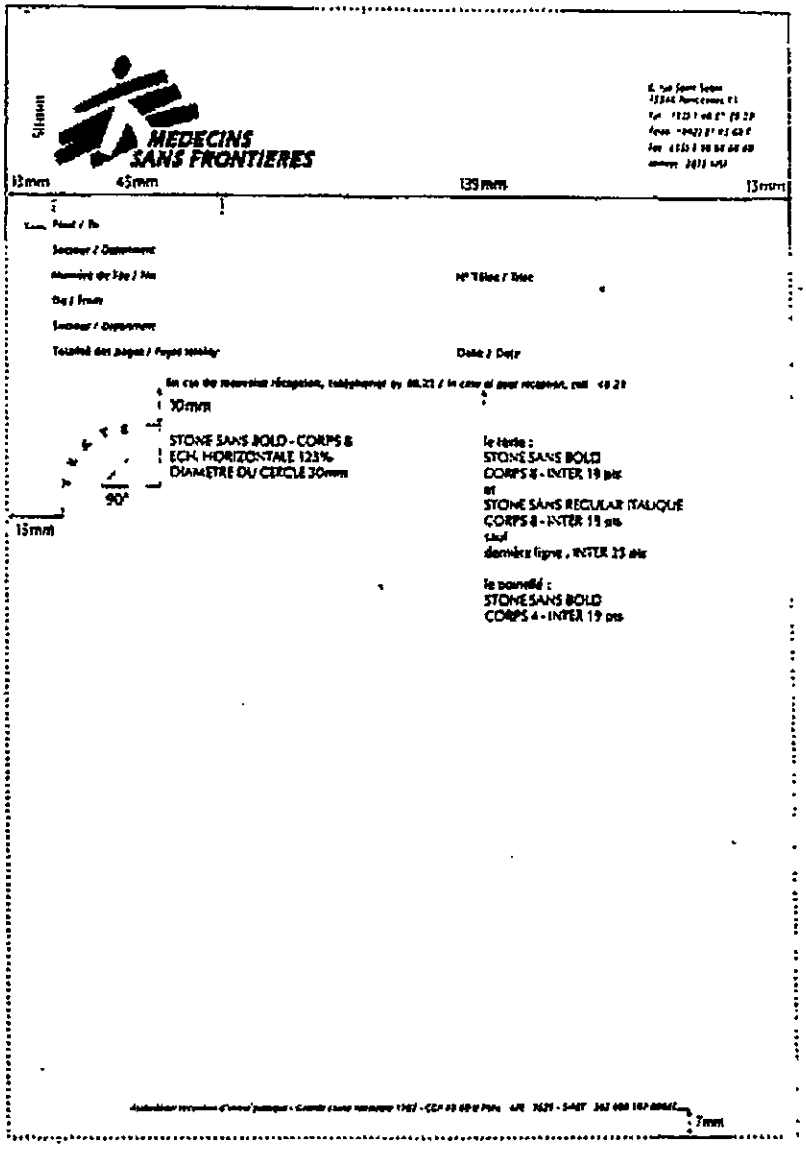
TÊTE DE LETTRE
LETTER HEAD

PAGE DE FAX

L'homogénéité des en-têtes de lettre est nécessaire (cf. 2.a). Cette mise en page a été dictée par la nécessité d'offrir le plus d'espace libre possible au message transmis.

The headings on letter head pages must be uniform (see 2.a.). This layout is necessary in order to leave as much space as possible for the message.

FAX PAGE



Concernant les cotes à respecter pour le placement du logotype, du bloc adresse et du filet, de la ligne de texte en bas de page, se référer à la page "tête de lettre" (cf. 2.a.).

With regard to the dimensions for placement of the logo, the address and the vertical line, as well as the line of text at the bottom of the page, refer to the "Letter head" page (2.a.).

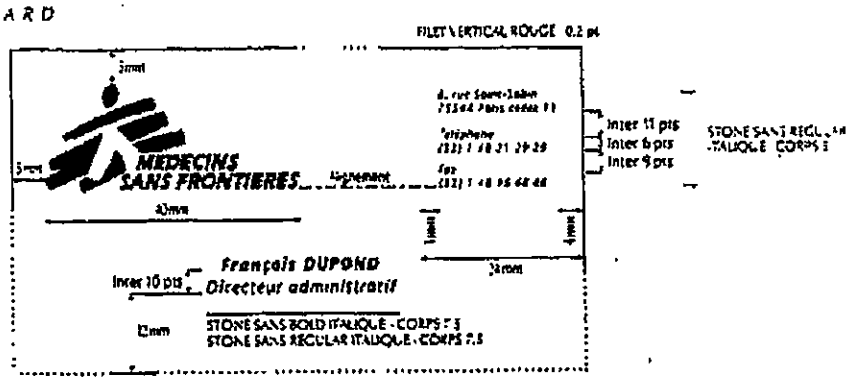
CARTE DE VISITE

Une unité de mise en page est prévue pour les cartes de visite et de correspondance. Le logotype se détache nettement des textes, toujours alignés sur un fin filet rouge.

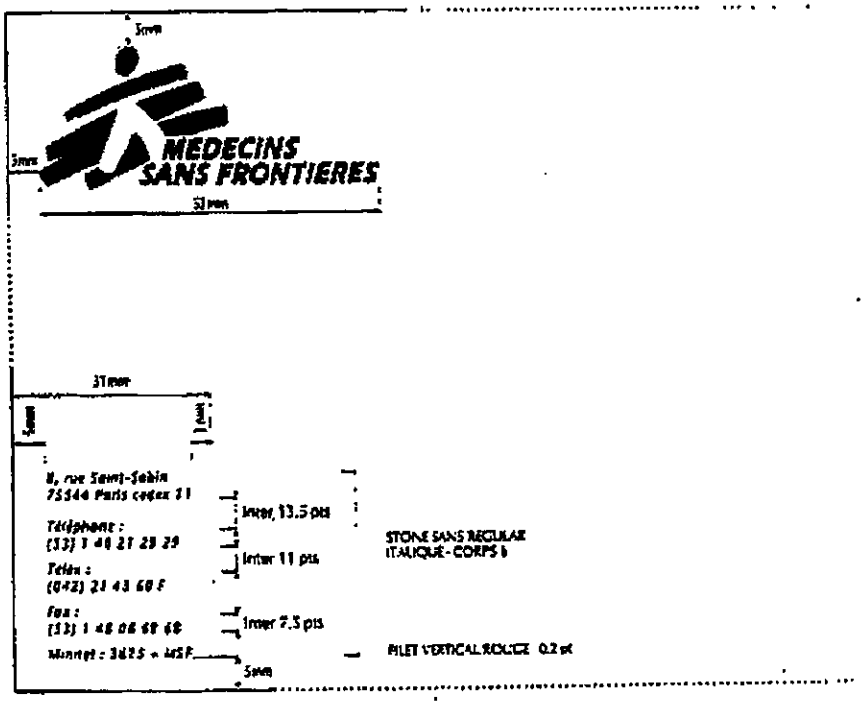
A specific layout is provided for business and correspondence cards. the logo stands out clearly from the texts, which are always framed by a fine red line.

BUSINESS CARD

CARTE DE VISITE
BUSINESS CARD



CARTE DE CORRESPONDANCE
CORRESPONDENCE CARD

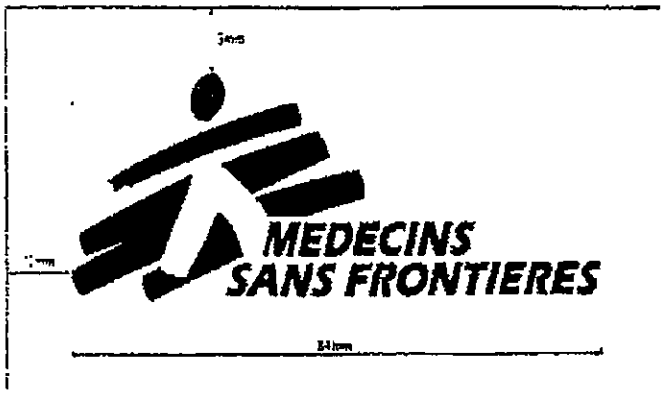


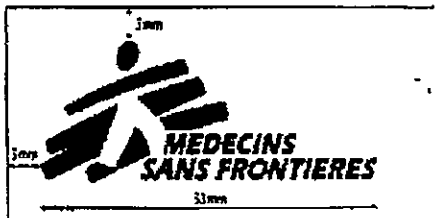
ENVELOPPES

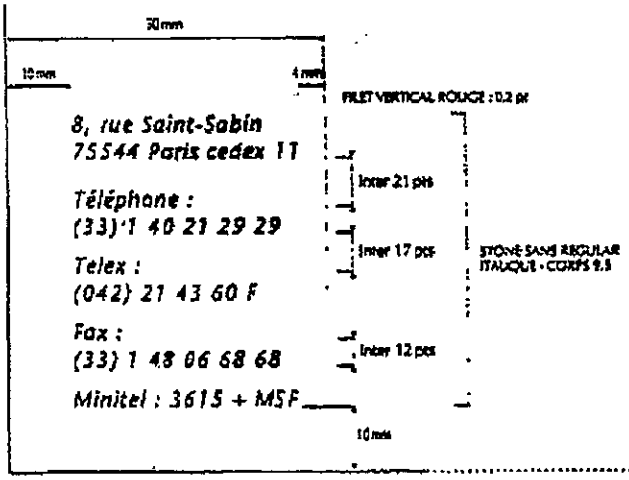
Les éléments définis page 2c sont repris sur les enveloppes. Des cotes précises permettent de s'adapter aux deux types de format.

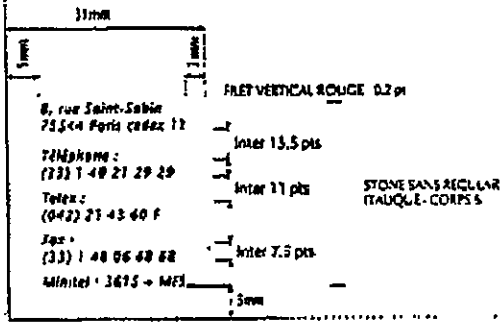
The elements shown on page 2c are also printed on envelopes. Precise dimensions make it possible to adapt to both sizes.

ENVELOPES









PUBLICATION

Edition	*a*	*Publishing*
Brochure	*b*	*Brochure*

PUBLICATION

ÉDITION

Nous vous présentons ici un exemple d'application du logotype VIAF en couleur qui présente le logotype directement appliqué sur le visuel.

[illegible]

PUBLISHING

BROCHURE

Nous vous présentons ici un exemple d'application du logotype MSF en couleur directement appliqué sur le visuel en quadrichromie.

[illegible]

BROCHURE

OBJETS DE PROMOTION

PROMOTIONAL ITEMS

Textile	*a*	*Clothing*
Véhicules	*b*	*Vehicles*

TEXTILE

Le logotype MSF devra être imprimé sur les deux faces du vêtement, au format maximum. Une version logotype au recto et sigle au verso reste possible.

The MSF logo must be printed as large as possible on both sides of the garment. An alternative version with the logo on the front and the logo picture alone on the back is also possible.

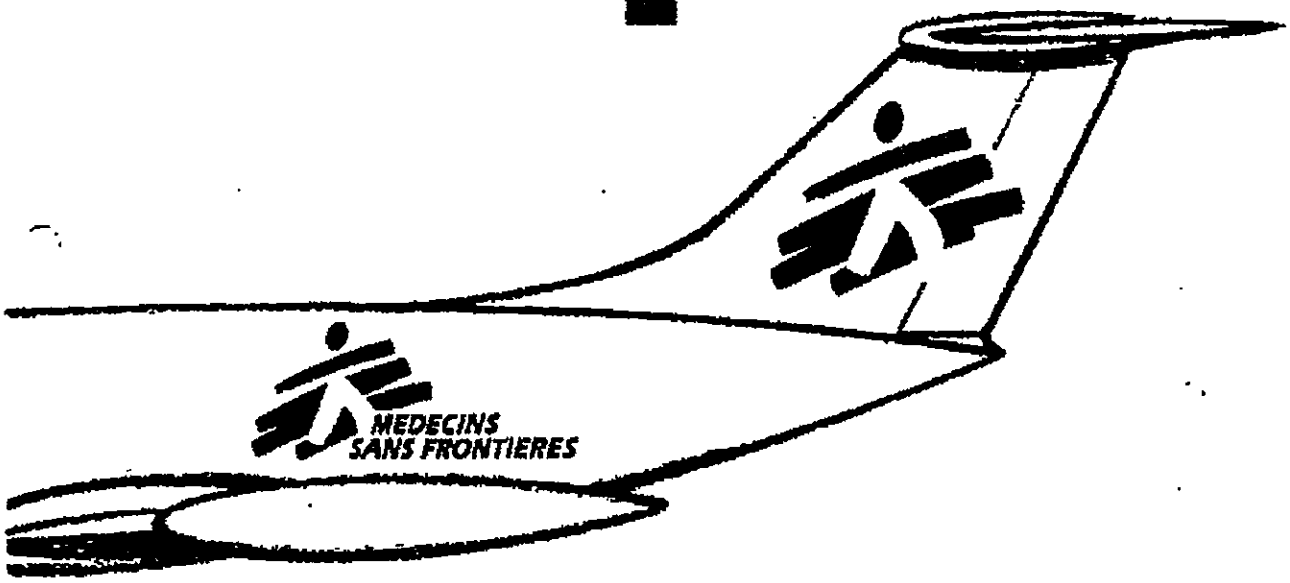
CLOTHING

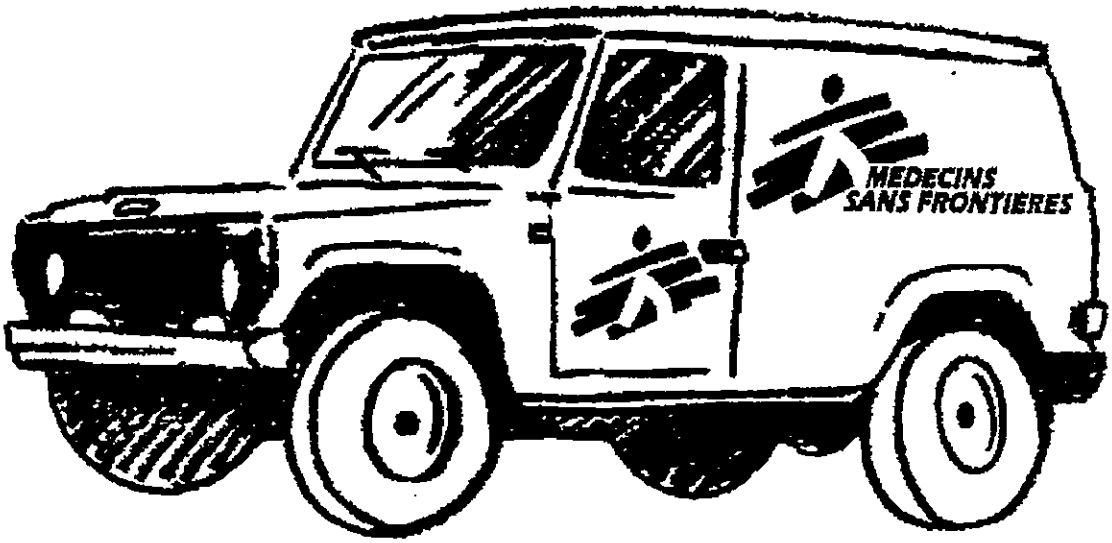
VÉHICULES

Pour des raisons de sécurité, il est souhaitable que le logotype apparaisse sur toutes les faces du véhicule. Quand l'espace est insuffisant, on utilise seulement le sigle (cf. portière 4x4 - queue de l'avion).

For safety reasons, the logo should appear on all sides of the vehicle. When space is lacking, the logo picture alone is used (refer to the door of the 4-wheel drive vehicle and the tail of the aircraft).

VEHICLES





ÉCHANTILLONS / SAMPLES

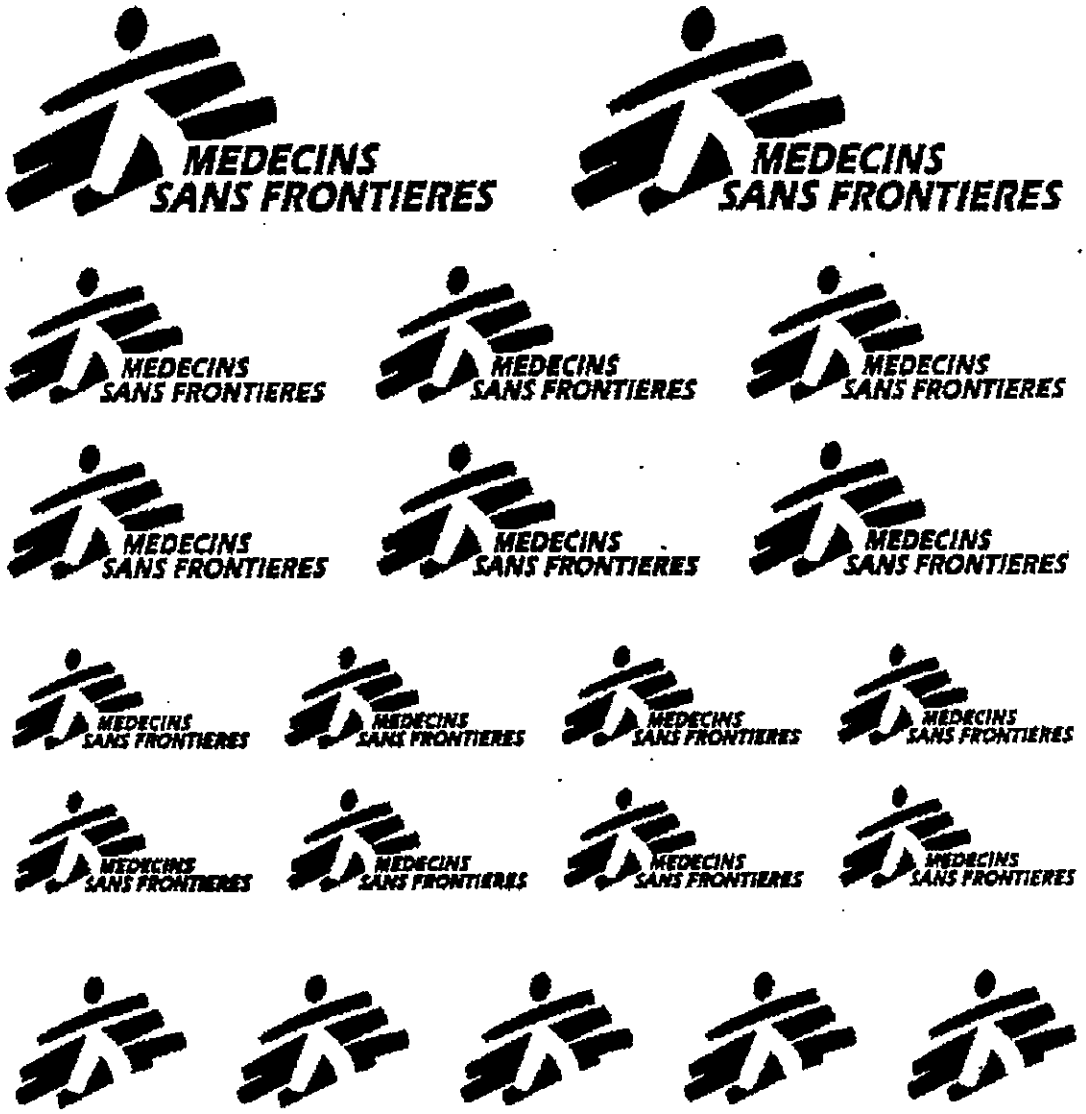
logotypes noirs	*a*	*Black logotypes*
Pantone	*b*	*Pantone*

LOGOTYPES NOIRS

Ces logotypes en noir 100% sont à utiliser comme pièce étalon. Lorsque votre graveur ou votre imprimeur vous réclame un brumure ou un modèle type du logotype, donnez-lui ce document. Récupérez-le après emploi.

These 100% black logotypes can be used as standard versions. If only your printer need a drum or as a sample of the logotype, you can provide him with this document. It must be returned after use.

BLACK LOGOTYPES

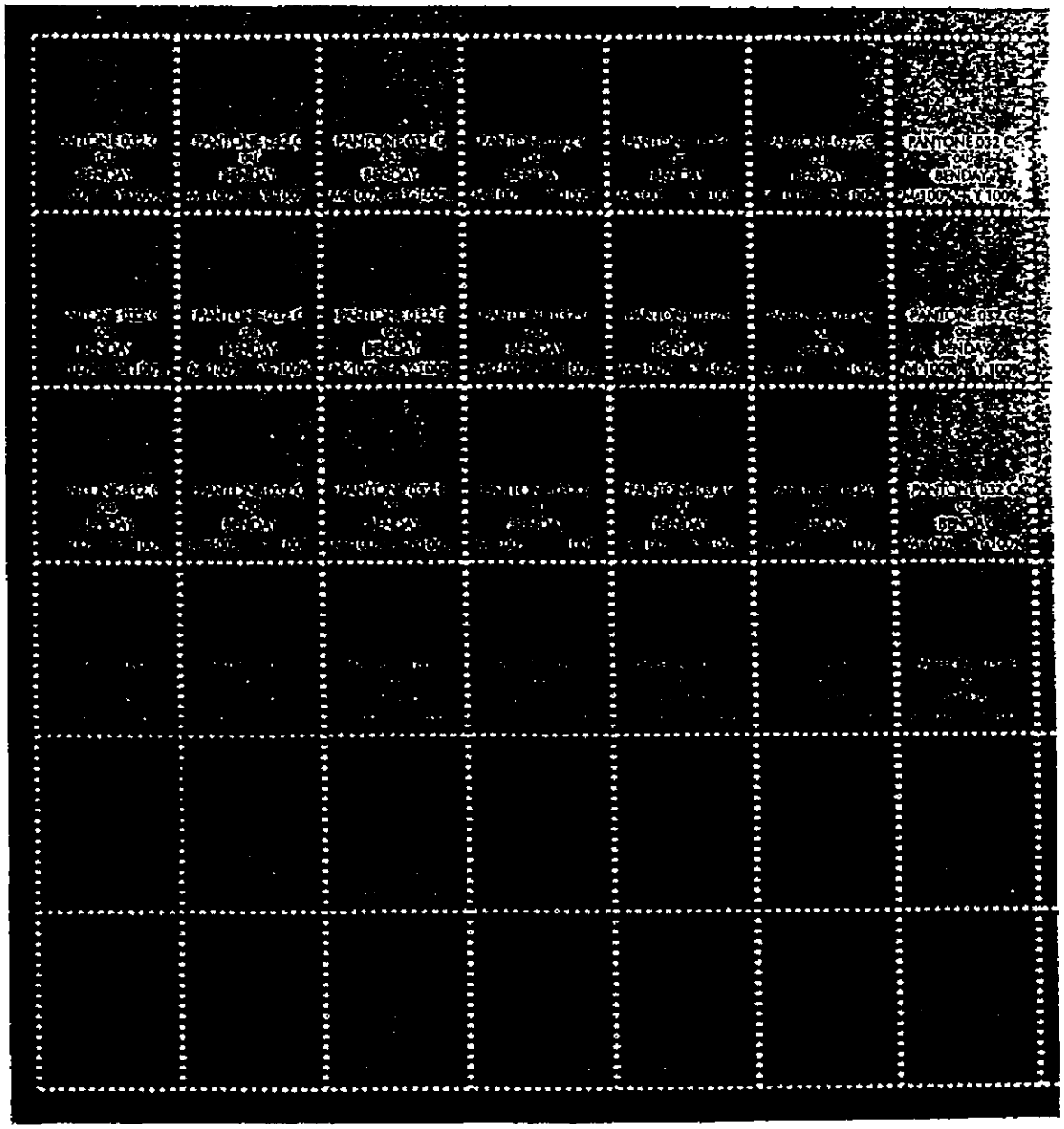


PANTONE

Les timbres ci-dessous vous donnent les références précises du logotype SISF en Pantone et en Benday. Lors d'un travail d'impression, il est recommandé de joindre un échantillon de cette couleur à votre imprimeur.

The stamps shown below give the precise references of the SISF logotype in Pantone and Benday. For printing purposes, it is recommended to attach a colour sample to go with the artwork.

PANTONE



5

ÉCHANTILLONS b SAMPLES

EXHIBIT C

WHO ARE THE MEDECINS SANS FRONTIERES

I THE PRINCIPLES

Médecins Sans Frontières (MSF) was founded to contribute to the protection of life and the alleviation of suffering out of respect for human dignity.

MSF brings care to people in precarious situations and works towards helping them regain control over their future.

1. MEDICAL ACTION FIRST

The actions of MSF are first and foremost medical. This primarily consists of providing curative and preventive care to people in danger, wherever they may be. In cases where this is not enough to ensure the survival of a population - as in some extreme emergencies - other means may be developed, including the provision of water, sanitation, food, shelter, etc.

This action is mainly carried out in crisis periods when a system is suddenly destabilised and the very survival of the population is threatened.

2. TEMOIGNAGE (WITNESSING) - AN INTEGRAL COMPLEMENT

Temoignage is done with the intention of improving the situation for populations in danger. It is expressed through:

- the presence of volunteers with people in danger as they provide medical care which implies being near and listening
- a duty to raise public awareness about these people
- the possibility to openly criticise or denounce breaches of international conventions. This is a last resort used when MSF volunteers witness mass violations of human rights, including forced displacement of populations, *refoulement* or forced return of refugees, genocide, crimes against humanity and war crimes.

In exceptional cases, it may be in the best interests of the victims for MSF volunteers to provide assistance without speaking out publicly or to denounce without providing assistance, for example when humanitarian aid is "manipulated".

3. RESPECT FOR MEDICAL ETHICS

MSF missions are carried out in respect of the rules of medical ethics, in particular, the duty to provide care without causing harm to either individuals or groups. Each person in danger will be assisted with humanity, impartiality and in respect of medical confidentiality.

In other respects, this ethical consideration provides that no one will be punished for carrying out medical activities in accordance with the professional code of ethics, regardless of the circumstances or the beneficiary of the action.

Finally, no person carrying out a medical activity can be forced to perform acts or operations in contradiction to the professional code of ethics or the rules of international law.

4. DEFENCE OF HUMAN RIGHTS

Médecins Sans Frontières ascribes to the principles of Human Rights and International Humanitarian Law. This includes the recognition of:

- the duty to respect the fundamental rights and freedoms of each individual, including the right to physical and mental integrity and the freedom of thought and movement, as outlined in the 1949 Universal Declaration of Human Rights;

- the right of victims to receive assistance, as well as the right of humanitarian organisations to provide assistance. The following conditions should also be assured: free evaluation of needs, free access to victims, control over the distribution of humanitarian aid and the respect for humanitarian immunity.

5. CONCERN FOR INDEPENDENCE

The independence of MSF is characterised above all by an independence of spirit which is a condition for independent analysis and action, namely the freedom of choice in its operations, and the duration and means in carrying them out.

This independence is displayed at both the level of the organisation and of each volunteer.

- MSF strives for strict independence from all structures or powers, whether political, religious, economic or other. MSF refuses to serve or be used as an instrument of foreign policy by any government.

  The concern for independence is also financial. MSF endeavours to ensure a maximum of private resources, to diversify its institutional donors, and, sometimes, to refuse financing that may affect its independence.

- From their side, MSF volunteers are expected to be discrete and will abstain from linking or implicating MSF politically, institutionally or otherwise through personal acts or opinions.

VBB Jul.

6. A FOUNDING PRINCIPLE: IMPARTIALITY

Impartiality is fundamental to the mission of MSF and is inextricably linked to the independence of action. Impartiality is defined by the principles of non-discrimination and proportionality:

- non-discrimination in regard to politics, race, religion, sex or any other similar criteria.
- proportionality of assistance as it relates to the degree of needs - those in the most serious and immediate danger will receive priority.

7. A SPIRIT OF NEUTRALITY

MSF does not take sides in armed conflicts and in this sense adheres to the principle of neutrality.

However, in extreme cases where volunteers are witness to mass violations of Human Rights, MSF may resort to denunciation as a last available means in helping the populations it assists. In these cases, simple assistance is rendered in vain when violations persist. For this reason, MSF will drop its strict observance of the principle of neutrality and will speak out to mobilise concern in an attempt to stop the exactions and improve the situation for these populations.

8. ACCOUNTABILITY AND TRANSPARENCY

Faced with populations in distress, MSF has an obligation to mobilise and develop its resources.

Aiming at maximum quality and effectiveness, MSF is committed to optimising its means and abilities, to directly controlling the distribution of its aid, and to regularly evaluating the effects.

In a clear and open manner, MSF assumes the responsibility to account for its actions to its beneficiaries as well as to its donors.

9. AN ORGANISATION OF VOLUNTEERS

MSF is an organisation based on volunteerism. This notion principally implies:

- an individual commitment to people in precarious situations. The responsibility of the organisation is based on the responsibility taken by each volunteer;
- disinterest, attested to by the non-lucrative commitment of volunteers.

Volunteerism is a determining factor in maintaining a spirit of resistance against compromise, routine and institutionalisation.

MB Jack.

Exhibit G

To Médecins Sans Frontières USA, Inc.:

In accordance with section 7 of the Trademark License and Assignment Agreement dated September 14, 2000 between Bureau International de Médecins Sans Frontières ("MSF International") and Médecins Sans Frontières USA, Inc., ("MSF USA"), MSF International hereby grants to MSF USA, the exclusive licensee in the United States of all rights in and to the service marks DOCTORS WITHOUT BORDERS (including U.S. Reg. Nos. 2,290,906), consent and standing to file a Notice of Opposition with the United States Patent and Trademark Office in connection with the application for the mark MUSICIANS WITHOUT BORDERS (Ser. No. 85/051,901). MSF International further consents to the use of MSF International's name as a party to such Notice of Opposition.

Signed: BUREAU INTERNATIONAL DE MÉDECINS SANS FRONTIÈRES

Name: J. OBERRET

Dated: 30/04/2013

Exhibit H

United States Patent and Trademark Office

Trademarks > Trademark Electronic Search System (TESS)

TESS was last updated on Mon Apr 29 02:47:26 EDT 2013

Logout Please logout when you are done to release system resources allocated for you.

Record 1 out of 1

Word Mark	MUSICIANS WITHOUT BORDERS
Goods and Services	IC 009. US 021 023 026 036 038. G & S: Digital music downloadable provided from a computer database or the internet; downloadable music recordings via the internet; pre-recorded music videos; educational materials recorded on computer programs for teaching music
	IC 016. US 002 005 022 023 029 037 038 050. G & S: Printed music books; printed music note books; sheet music; printed publications in the nature of songbooks, books, manuals, pamphlets, programs and brochures in the field of music, music education and conflict resolution; printed educational materials in the fields of music, music education and conflict resolution
	IC 025. US 022 039. G & S: Clothing, namely, T-shirts, pants, shorts, shirts, skirts, sweatshirts, sweaters, vests, jackets, scarves, ties, and belts; headgear, namely, hats, caps, and visors
	IC 035. US 100 101 102. G & S: Retail store services and online retail store services in the field of music
	IC 036. US 100 101 102. G & S: Charitable fundraising
	IC 038. US 100 101 104. G & S: Music broadcasting; providing access to digital music web sites on the internet; transmission of musical entertainment, music and musical sound recordings via satellite and cable; delivery of digital music by electronic transmission
	IC 041. US 100 101 107. G & S: Education services, namely, providing classes, seminars, workshops, and training programs in the fields of music, music education, and conflict resolution; entertainment services, namely, organizing cultural activities, namely, music workshops, lectures, conferences, and exhibitions for the purpose of education, information, and fundraising; arranging and conducting educational colloquiums, conferences, congresses, seminars, symposiums, and workshops in the fields of music, music education, and conflict resolution; composition of music for others; music competition

	services for others; entertainment in the nature of live music festivals for the purpose of education, information, and fundraising; music library services; music publishing services; music recording studio services; organizing talent contests and music and television award events; production of film, video, music, and television music programs; production of sound and music sound recordings; teaching in the field of music, music education, and conflict resolution; entertainment, namely, arranging of music festivals for cultural, training, entertainment, or educational purposes; publication of educational materials; recreational and music camps
Mark Drawing Code	(3) DESIGN PLUS WORDS, LETTERS, AND/OR NUMBERS
Design Search Code	03.15.19 - Birds or bats in flight or with outspread wings 03.15.25 - Cardinals; Crows; Doves; Other birds; Pigeons; Ravens; Robins; Woodpeckers 26.01.03 - Circles, incomplete (more than semi-circles); Incomplete circles (more than semi-circles)
Serial Number	85051901
Filing Date	June 1, 2010
Current Basis	44E
Original Filing Basis	44E
Published for Opposition	January 1, 2013
Owner	(APPLICANT) Stichting Musicians Without Borders applicant is a not-for-profit foundation organized and operating under the laws of the netherlands. it is a limited liability organization in the nature of a limited liability company. NETHERLANDS Spoorstraat 38 Alkmaar NETHERLANDS 1815BK
Attorney of Record	Anna Kurian Shaw
Disclaimer	NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE "MUSICIANS" APART FROM THE MARK AS SHOWN
Description of Mark	The color(s) blue and black is/are claimed as a feature of the mark. The mark consists of the following: a blue-colored outline of a circle whose border is broken by the blue-colored shadows of two birds in flight with the words "MUSICIANS WITHOUT BORDERS" to the right in black.
Type of Mark	TRADEMARK. SERVICE MARK
Register	PRINCIPAL
Live/Dead Indicator	LIVE

USPTO will deploy a small maintenance release for Trademark Status and Document Retrieval (TSDR) system. Deployment will start at 10:00 p.m. on Friday, April 26 and end at 5:00 a.m. on Saturday, April 27. TSDR will be unavailable during the deployment period.

STATUS DOCUMENTS | Back to Search | Print

Generated on: This page was generated by TSDR on 2013-04-29 14:48:19 EDT

Mark: MUSICIANS WITHOUT BORDERS

US Serial Number: 85051901 **Application Filing Date:** Jun. 01, 2

Register: Principal

Mark Type: Trademark, Service Mark

Status: A request for an extension of time to file an opposition has been filed with the Trademark Trial a information, see TTABVUE on the Trademark Trial and Appeal Board web page.

Status Date: Jan. 24, 2013

Publication Date: Jan. 01, 2013

Mark Information

Mark Literal Elements: MUSICIANS WITHOUT BORDERS

Standard Character Claim: No

Mark Drawing Type: 3 - AN ILLUSTRATION DRAWING WHICH INCLUDES WORD(S)/ LETTER(S)/NUMBER(S)

Description of Mark: The mark consists of the following: a blue-colored outline of a circle whose border is broken by flight with the words "MUSICIANS WITHOUT BORDERS" to the right in black.

Color Drawing: Yes

Color(s) Claimed: The color(s) blue and black is/are claimed as a feature of the mark.

Disclaimer: "MUSICIANS"

Design Search Code(s): 03.15.19 - Birds or bats in flight or with outspread wings
03.15.25 - Doves; Robins; Cardinals; Crows; Woodpeckers; Other birds; Pigeons; Ravens
26.01.03 - Circles, incomplete (more than semi-circles); Incomplete circles (more than semi-circ

Foreign Information

Foreign Registration Number: 008453193 **Foreign Registration Date:** Feb. 10, 2

Foreign Application/Registration Country: EUROPEAN (EU) OFFICE FOR HARMONIZATION IN THE INTERNAL MARKET (OHIM)

Foreign Expiration Date: Jul. 27, 20

Goods and Services

Note:
The following symbols indicate that the registrant/owner has amended the goods/services:

- Brackets [..] indicate deleted goods/services;
- Double parenthesis ((..)) identify any goods/services not claimed in a Section 15 affidavit of
- Asterisks *..* identify additional (new) wording in the goods/services.

For: Digital music downloadable provided from a computer database or the internet; downloadable n recorded music videos; educational materials recorded on computer programs for teaching mus

International Class(es): 009 - Primary Class U.S Class(es): 021, 023,

Class Status: ACTIVE

Basis: 44(e)

For: Printed music books; printed music note books; sheet music; printed publications in the nature c pamphlets, programs and brochures in the field of music, music education and conflict resolutio fields of music, music education and conflict resolution

International Class(es): 016 - Primary Class U.S Class(es): 002, 005,

Class Status: ACTIVE

Basis: 44(e)

For: Clothing, namely, T-shirts, pants, shorts, shirts, skirts, sweatshirts, sweaters, vests, jackets, sca hats, caps, and visors

International Class(es): 025 - Primary Class U.S Class(es): 022, 039

Class Status: ACTIVE

Basis: 44(e)

For: Retail store services and online retail store services in the field of music

International Class(es): 035 - Primary Class U.S Class(es): 100, 101,

Class Status: ACTIVE

Basis: 44(e)

For: Charitable fundraising

International Class(es): 036 - Primary Class U.S Class(es): 100, 101,

Class Status: ACTIVE

Basis: 44(e)

For: Music broadcasting; providing access to digital music web sites on the internet; transmission of musical sound recordings via satellite and cable; delivery of digital music by electronic transmis

International Class(es): 038 - Primary Class U.S Class(es): 100, 101,

Class Status: ACTIVE

Basis: 44(e)

For: Education services, namely, providing classes, seminars, workshops, and training programs in t conflict resolution; entertainment services, namely, organizing cultural activities, namely, music exhibitions for the purpose of education, information, and fundraising; arranging and conducting congresses, seminars, symposiums, and workshops in the fields of music, music education, anc for others; music competition services for others; entertainment in the nature of live music festiv information, and fundraising; music library services; music publishing services; music recording contests and music and television award events; production of film, video, music, and television and music sound recordings; teaching in the field of music, music education, and conflict resolu music festivals for cultural, training, entertainment, or educational purposes; publication of educ camps

International Class(es): 041 - Primary Class U.S Class(es): 100, 101,

Class Status: ACTIVE

Basis: 44(e)

Basis Information (Case Level)

Filed Use:	No	Currently Use:	No
Filed ITU:	No	Currently ITU:	No
Filed 44D:	No	Currently 44D:	No
Filed 44E:	Yes	Currently 44E:	Yes
Filed 66A:	No	Currently 66A:	No
Filed No Basis:	No	Currently No Basis:	No

Current Owner(s) Information

Owner Name: Stichting Musicians Without Borders

Owner Address: Spoorstraat 38
Alkmaar 1815BK
NETHERLANDS

Legal Entity Type: applicant is a not-for-profit foundation organized and operating under the laws of the netherlands. it is a limited liability organization in the nature of a limited liability company.

State or Country Where Organized: NETHERL

Attorney/Correspondence Information

Attorney of Record

Attorney Name: Anna Kurian Shaw Docket Number: 90334-10

Attorney Primary Email Address: DCPTOTrademarkMail@hoganlovells.com Attorney Email Authorized: Yes

Correspondent

Correspondent Name/Address: ANNA KURIAN SHAW
HOGAN LOVELLS US LLP
555 13TH ST NW
WASHINGTON, DISTRICT OF COLUMBIA 20004-1109
UNITED STATES

Phone: 2026375600 Fax: 20263759

Correspondent e-mail: DCPTOTrademarkMail@hoganlovells.com Correspondent e-mail Authorized: Yes

Domestic Representative - Not Found

Prosecution History

Date	Description	Proceeding Number
Jan. 24, 2013	EXTENSION OF TIME TO OPPOSE RECEIVED	
Jan. 01, 2013	OFFICIAL GAZETTE PUBLICATION CONFIRMATION E-MAILED	
Jan. 01, 2013	PUBLISHED FOR OPPOSITION	
Dec. 12, 2012	NOTIFICATION OF NOTICE OF PUBLICATION E-MAILED	
Nov. 28, 2012	LAW OFFICE PUBLICATION REVIEW COMPLETED	70629
Nov. 14, 2012	APPROVED FOR PUB - PRINCIPAL REGISTER	
Nov. 13, 2012	TEAS/EMAIL CORRESPONDENCE ENTERED	88889
Nov. 12, 2012	CORRESPONDENCE RECEIVED IN LAW OFFICE	88889
Nov. 12, 2012	TEAS RESPONSE TO OFFICE ACTION RECEIVED	
May 10, 2012	NOTIFICATION OF NON-FINAL ACTION E-MAILED	6325
May 10, 2012	NON-FINAL ACTION E-MAILED	6325
May 10, 2012	NON-FINAL ACTION WRITTEN	73370
Apr. 16, 2012	LIE CHECKED SUSP - TO ATTY FOR ACTION	70629
Oct. 13, 2011	REPORT COMPLETED SUSPENSION CHECK CASE STILL SUSPENDED	70629
Oct. 13, 2011	ASSIGNED TO LIE	70629

Apr. 12, 2011	NOTIFICATION OF LETTER OF SUSPENSION E-MAILED	6332
Apr. 12, 2011	LETTER OF SUSPENSION E-MAILED	6332
Apr. 12, 2011	SUSPENSION LETTER WRITTEN	73370
Mar. 15, 2011	TEAS/EMAIL CORRESPONDENCE ENTERED	88889
Mar. 15, 2011	CORRESPONDENCE RECEIVED IN LAW OFFICE	88889
Mar. 15, 2011	TEAS RESPONSE TO OFFICE ACTION RECEIVED	
Sep. 15, 2010	NOTIFICATION OF NON-FINAL ACTION E-MAILED	6325
Sep. 15, 2010	NON-FINAL ACTION E-MAILED	6325
Sep. 15, 2010	NON-FINAL ACTION WRITTEN	73370
Sep. 13, 2010	ASSIGNED TO EXAMINER	73370
Jun. 05, 2010	NOTICE OF DESIGN SEARCH CODE MAILED	
Jun. 04, 2010	NEW APPLICATION OFFICE SUPPLIED DATA ENTERED IN TRAM	
Jun. 04, 2010	NEW APPLICATION ENTERED IN TRAM	

TM Staff and Location Information

TM Staff Information

TM Attorney: BENMAMAN, ALICE MEDINA **Law Office Assigned:** LAW OFF

File Location

Current Location: PUBLICATION AND ISSUE SECTION **Date in Location:** Nov. 28, 2

Assignment Abstract Of Title Information - None recorded

Proceedings

Summary

Number of Proceedings: 1

Type of Proceeding: Extension of Time

Proceeding Number: 85051901 **Filing Date:** Jan 24, 2C

Status: Not Instituted **Status Date:** Jan 24, 2C

Interlocutory Attorney:

Defendant

Name: Stichting Musicians Without Borders

Correspondent Address: ANNA KURIAN SHAW
HOGAN LOVELLS US LLP
555 13TH ST NW
WASHINGTON DC , 20004-1109

Associated marks

Mark	Application Status	Serial Number	Registration Number
MUSICIANS WITHOUT BORDERS	Request For Extension of Time to File Opposition	85051901	

Potential Opposer(s)

Name: Medecins Sans Frontieres USA, Inc.

Correspondent Address: Erik Risendal
Simpson Thacher & Bartlett LLP
425 Lexington Avenue
New York NY , 10017
UNITED STATES

Correspondent e-mail: erisendal@stblaw.com

Name: Bureau International de Medecins Sans Frontieres

Correspondent Address: Erik Risendal
Simpson Thacher & Bartlett LLP
425 Lexington Avenue
New York NY , 10017
UNITED STATES

Correspondent e-mail: erisendal@stblaw.com

Prosecution History

Entry Number	History Text	Date	Due Date
1	INCOMING - EXT TIME TO OPPOSE FILED	Jan 24, 2013	
2	EXTENSION OF TIME GRANTED	Jan 24, 2013	
3	INCOMING - EXT TIME TO OPPOSE FILED	Jan 24, 2013	
4	EXTENSION OF TIME GRANTED	Jan 24, 2013	
5	INCOMING - EXT TIME TO OPPOSE FILED	Feb 28, 2013	
6	EXTENSION OF TIME GRANTED	Feb 28, 2013	
7	INCOMING - EXT TIME TO OPPOSE FILED	Feb 28, 2013	
8	EXTENSION OF TIME GRANTED	Feb 28, 2013	

Exhibit I

PTO Form 1478 (Rev 9/2006)
OMB No. 0651-0009 (Exp 12/31/2011)

Trademark/Service Mark Application, Principal Register

Serial Number: 85051901
Filing Date: 06/01/2010

The table below presents the data as entered.

Input Field	Entered
SERIAL NUMBER	85051901
MARK INFORMATION	
***MARK**	\\TICRS\EXPORT10\IMAGEOUT 10\850\519\85051901\xml1\ APP0002.JPG
SPECIAL FORM	YES
USPTO-GENERATED IMAGE	NO
COLOR MARK	YES
COLOR(S) CLAIMED (If applicable)	The color(s) blue is/are claimed as a feature of the mark.
***DESCRIPTION OF THE MARK (and Color Location, if applicable)**	The mark consists of the blue-colored outline of a circle whose border is broken by the blue-colored shadows of two birds in flight and the words MUSICIANS WITHOUT BORDERS .
PIXEL COUNT ACCEPTABLE	YES
PIXEL COUNT	938 x 617
REGISTER	Principal
APPLICANT INFORMATION	
***OWNER OF MARK**	Stichting Musicians Without Borders
***STREET**	Spoorstraat 38
***CITY**	Alkmaar
***COUNTRY**	Netherlands
***ZIP/POSTAL**	

CODE (Required for U.S. applicants only)	1815BK
LEGAL ENTITY INFORMATION	
TYPE	stichting
STATE/COUNTRY WHERE LEGALLY ORGANIZED	Netherlands
GOODS AND/OR SERVICES AND BASIS INFORMATION	
INTERNATIONAL CLASS	009
*** IDENTIFICATION**	Digital music downloadable provided from a computer database or the internet; music recordings; pre-recorded music videos; educational materials in the form of computer programmes for teaching music
FILING BASIS	SECTION 44(e)
FOREIGN REGISTRATION NUMBER	008453193
FOREIGN REGISTRATION COUNTRY	European Community
FOREIGN REGISTRATION DATE	02/10/2010
FOREIGN REGISTRATION EXPIRATION DATE	07/27/2019
DATE FOREIGN REGISTRATION RENEWED (if applicable)	07/27/2019
FOREIGN REGISTRATION FILE NAME(S)	
ORIGINAL PDF FILE	reg-67132198254-132122559 . Registration_Cert_8453193.pdf
CONVERTED PDF FILE(S) (10 pages)	\\TICRS\EXPORT10\IMAGEOUT10\850\519\85051901\xml1\APP0003.JPG
	\\TICRS\EXPORT10\IMAGEOUT10\850\519\85051901\xml1\APP0004.JPG
	\\TICRS\EXPORT10\IMAGEOUT10\850\519\85051901\xml1\APP0005.JPG
	\\TICRS\EXPORT10\IMAGEOUT10\850\519\85051901\xml1\APP0006.JPG

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	\\TICRS\EXPORT10\IMAGEOUT10\850\519\85051901\xml1\APP0011.JPG
	\\TICRS\EXPORT10\IMAGEOUT10\850\519\85051901\xml1\APP0012.JPG
STANDARD CHARACTERS OR EQUIVALENT	NO
INTERNATIONAL CLASS	016
*** IDENTIFICATION**	Music books; music note books; sheet music; printed publications in the field of music; educational materials in printed form
FILING BASIS	SECTION 44(e)
FOREIGN REGISTRATION NUMBER	008453193
FOREIGN REGISTRATION COUNTRY	European Community
FOREIGN REGISTRATION DATE	02/10/2010
FOREIGN REGISTRATION EXPIRATION DATE	07/27/2019
DATE FOREIGN REGISTRATION RENEWED (if applicable)	07/27/2019
FOREIGN REGISTRATION FILE NAME(S)	
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	\\TICRS\EXPORT10\IMAGEOUT10\850\519\85051901\xml1\APP0012.JPG
STANDARD CHARACTERS OR EQUIVALENT	NO
INTERNATIONAL CLASS	025
* **IDENTIFICATION**	Clothing, headgear
FILING BASIS	SECTION 44(e)
FOREIGN REGISTRATION NUMBER	008453193
FOREIGN REGISTRATION COUNTRY	European Community
FOREIGN REGISTRATION DATE	02/10/2010
FOREIGN REGISTRATION EXPIRATION DATE	07/27/2019
DATE FOREIGN REGISTRATION RENEWED (if applicable)	07/27/2019
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	\\TICRS\EXPORT10\IMAGEOUT10\850\519\85051901\xml1\APP0012.JPG
STANDARD CHARACTERS OR EQUIVALENT	NO
INTERNATIONAL CLASS	035
* **IDENTIFICATION**	Retail store services and online retail store services in the field of music
FILING BASIS	SECTION 44(e)
FOREIGN REGISTRATION NUMBER	008453193
FOREIGN REGISTRATION COUNTRY	European Community
FOREIGN REGISTRATION DATE	02/10/2010
FOREIGN REGISTRATION EXPIRATION DATE	07/27/2019
DATE FOREIGN REGISTRATION RENEWED (if applicable)	07/27/2019
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	\\TICRS\EXPORT10\IMAGEOUT10\850\519\85051901\xml1\APP0012.JPG
STANDARD CHARACTERS OR EQUIVALENT	NO
INTERNATIONAL CLASS	036
*** IDENTIFICATION**	Charitable fundraising
FILING BASIS	SECTION 44(e)
FOREIGN REGISTRATION NUMBER	008453193
FOREIGN REGISTRATION COUNTRY	European Community
FOREIGN REGISTRATION DATE	02/10/2010
FOREIGN REGISTRATION EXPIRATION DATE	07/27/2019
DATE FOREIGN REGISTRATION RENEWED (if applicable)	07/27/2019
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	\\TICRS\EXPORT10\IMAGEOUT10\850\519\85051901\xml1\APP0012.JPG
STANDARD CHARACTERS OR EQUIVALENT	NO
INTERNATIONAL CLASS	038
*** IDENTIFICATION**	Music broadcasting; providing access to digital music web sites on the internet
FILING BASIS	SECTION 44(e)
FOREIGN REGISTRATION NUMBER	008453193
FOREIGN REGISTRATION COUNTRY	European Community
FOREIGN REGISTRATION DATE	02/10/2010
FOREIGN REGISTRATION EXPIRATION DATE	07/27/2019
DATE FOREIGN REGISTRATION RENEWED (if applicable)	07/27/2019
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STANDARD CHARACTERS OR EQUIVALENT	NO
INTERNATIONAL CLASS	041
* **IDENTIFICATION**	Education; providing of training; entertainment; cultural activities; arranging and conducting of colloquiums, conferences, congresses, seminars, symposiums, and workshops; arranging of music performances; composition of music for others; consultancy on film and music production; digital music provided from the internet; education services in the form of music television programmes; education services relating to music; entertainment services provided by a music group; live music performances; music competition services; music festival services; music library services; music publishing and recording; organisation and arrangement of music concerts; organizing talent contests and music and television award events; production of film, video film and music programmes; production of sound and music recordings; providing satellite delivered and cable delivered musical entertainment, music and musical sound recordings; teaching of music; arranging of music festivals for cultural, training, entertainment or educational purposes; publication of educational materials; provision of musical instruments and music books; recreational and music camps
FILING BASIS	SECTION 44(e)
FOREIGN REGISTRATION NUMBER	008453193
FOREIGN REGISTRATION COUNTRY	European Community
FOREIGN REGISTRATION DATE	02/10/2010

FOREIGN REGISTRATION EXPIRATION DATE	07/27/2019
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STANDARD CHARACTERS OR EQUIVALENT	NO
INTERNATIONAL CLASS	045
* IDENTIFICATION	Exploitation of music productions
FILING BASIS	SECTION 44(e)
FOREIGN REGISTRATION NUMBER	008453193
FOREIGN REGISTRATION COUNTRY	European Community
FOREIGN	

REGISTRATION DATE	02/10/2010
FOREIGN REGISTRATION EXPIRATION DATE	07/27/2019
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	\\TICRS\EXPORT10\IMAGEOUT10\850\519\85051901\xml1\APP0012.JPG
STANDARD CHARACTERS OR EQUIVALENT	NO
ATTORNEY INFORMATION	
NAME	Anna Kurian Shaw
ATTORNEY DOCKET NUMBER	90334-10494
FIRM NAME	Hogan Lovells US LLP
STREET	555 13th Street, NW
CITY	Washington
STATE	District of Columbia

COUNTRY	United States
ZIP/POSTAL CODE	20004
PHONE	2026375600
FAX	2026375910
EMAIL ADDRESS	DCPTOTrademarkMail@hoganlovells.com
AUTHORIZED TO COMMUNICATE VIA EMAIL	Yes
OTHER APPOINTED ATTORNEY	Raymond A. Kurz, Celine Jimenez Crowson, Shelly L. McGee, Walter B. Stillwell, Jordana S. Rubel, Timothy J. Lyden, Valerie K. Brennan
CORRESPONDENCE INFORMATION	
NAME	Anna Kurian Shaw
FIRM NAME	Hogan Lovells US LLP
STREET	555 13th Street, NW
CITY	Washington
STATE	District of Columbia
COUNTRY	United States
ZIP/POSTAL CODE	20004
PHONE	2026375600
FAX	2026375910
EMAIL ADDRESS	DCPTOTrademarkMail@hoganlovells.com
AUTHORIZED TO COMMUNICATE VIA EMAIL	Yes
FEE INFORMATION	
NUMBER OF CLASSES	8
FEE PER CLASS	325
***TOTAL FEE DUE**	2600
***TOTAL FEE PAID**	2600
SIGNATURE INFORMATION	
SIGNATURE	/aks/

SIGNATORY'S NAME	Anna Kurian Shaw
SIGNATORY'S POSITION	Attorney of record, DC bar member
DATE SIGNED	06/01/2010

PTO Form 1478 (Rev 9/2006)
OMB No. 0651-0009 (Exp 12/31/2011)

Trademark/Service Mark Application, Principal Register

Serial Number: 85051901
Filing Date: 06/01/2010

To the Commissioner for Trademarks:

MARK: (Stylized and/or Design, see mark)
The color(s) blue is/are claimed as a feature of the mark. The mark consists of the blue-colored outline of a circle whose border is broken by the blue-colored shadows of two birds in flight and the words MUSICIANS WITHOUT BORDERS .
The applicant, Stichting Musicians Without Borders, a stichting legally organized under the laws of Netherlands, having an address of

Spoorstraat 38
Alkmaar 1815BK
Netherlands

requests registration of the trademark/service mark identified above in the United States Patent and Trademark Office on the Principal Register established by the Act of July 5, 1946 (15 U.S.C. Section 1051 et seq.), as amended, for the following:

International Class 009: Digital music downloadable provided from a computer database or the internet; music recordings; pre-recorded music videos; educational materials in the form of computer programmes for teaching music
Based on Foreign Registration: Applicant has a bona fide intention to use the mark in commerce on or in connection with the identified goods and/or services, and submits a copy of European Community registration number 008453193, registered 02/10/2010 with a renewal date of 07/27/2019 and an expiration date of 07/27/2019, and translation thereof, if appropriate. 15 U. S.C. Section 1126(e), as amended.

Original PDF file:
reg-67132198254-132122559 . Registration Cert 8453193.pdf
Converted PDF file(s) (10 pages)
Foreign Registration-1
Foreign Registration-2
Foreign Registration-3
Foreign Registration-4
Foreign Registration-5
Foreign Registration-6
Foreign Registration-7
Foreign Registration-8
Foreign Registration-9
Foreign Registration-10

International Class 016: Music books; music note books; sheet music; printed publications in the field

of music; educational materials in printed form
Based on Foreign Registration: Applicant has a bona fide intention to use the mark in commerce on or in connection with the identified goods and/or services, and submits a copy of European Community registration number 008453193, registered 02/10/2010 with a renewal date of 07/27/2019 and an expiration date of 07/27/2019, and translation thereof, if appropriate. 15 U. S.C. Section 1126(e), as amended.

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Foreign Registration-4
Foreign Registration-5
Foreign Registration-6
Foreign Registration-7
Foreign Registration-8
Foreign Registration-9
Foreign Registration-10

International Class 025: Clothing, headgear
Based on Foreign Registration: Applicant has a bona fide intention to use the mark in commerce on or in connection with the identified goods and/or services, and submits a copy of European Community registration number 008453193, registered 02/10/2010 with a renewal date of 07/27/2019 and an expiration date of 07/27/2019, and translation thereof, if appropriate. 15 U. S.C. Section 1126(e), as amended.

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Foreign Registration-7
Foreign Registration-8
Foreign Registration-9
Foreign Registration-10

International Class 035: Retail store services and online retail store services in the field of music
Based on Foreign Registration: Applicant has a bona fide intention to use the mark in commerce on or in connection with the identified goods and/or services, and submits a copy of European Community registration number 008453193, registered 02/10/2010 with a renewal date of 07/27/2019 and an

expiration date of 07/27/2019, and translation thereof, if appropriate. 15 U. S.C. Section 1126(e), as amended.

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Foreign Registration-7
Foreign Registration-8
Foreign Registration-9
Foreign Registration-10

International Class 036: Charitable fundraising
Based on Foreign Registration: Applicant has a bona fide intention to use the mark in commerce on or in connection with the identified goods and/or services, and submits a copy of European Community registration number 008453193, registered 02/10/2010 with a renewal date of 07/27/2019 and an expiration date of 07/27/2019, and translation thereof, if appropriate. 15 U. S.C. Section 1126(e), as amended.

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Foreign Registration-4
Foreign Registration-5
Foreign Registration-6
Foreign Registration-7
Foreign Registration-8
Foreign Registration-9
Foreign Registration-10

International Class 038: Music broadcasting; providing access to digital music web sites on the internet
Based on Foreign Registration: Applicant has a bona fide intention to use the mark in commerce on or in connection with the identified goods and/or services, and submits a copy of European Community registration number 008453193, registered 02/10/2010 with a renewal date of 07/27/2019 and an expiration date of 07/27/2019, and translation thereof, if appropriate. 15 U. S.C. Section 1126(e), as amended.

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Foreign Registration-5
Foreign Registration-6
Foreign Registration-7
Foreign Registration-8
Foreign Registration-9
Foreign Registration-10

International Class 041: Education; providing of training; entertainment; cultural activities; arranging and conducting of colloquiums, conferences, congresses, seminars, symposiums, and workshops; arranging of music performances; composition of music for others; consultancy on film and music production; digital music provided from the internet; education services in the form of music television programmes; education services relating to music; entertainment services provided by a music group; live music performances; music competition services; music festival services; music library services; music publishing and recording; organisation and arrangement of music concerts; organizing talent contests and music and television award events; production of film, video film and music programmes; production of sound and music recordings; providing satellite delivered and cable delivered musical entertainment, music and musical sound recordings; teaching of music; arranging of music festivals for cultural, training, entertainment or educational purposes; publication of educational materials; provision of musical instruments and music books; recreational and music camps
Based on Foreign Registration: Applicant has a bona fide intention to use the mark in commerce on or in connection with the identified goods and/or services, and submits a copy of European Community registration number 008453193, registered 02/10/2010 with a renewal date of 07/27/2019 and an expiration date of 07/27/2019, and translation thereof, if appropriate. 15 U. S.C. Section 1126(e), as amended.

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Foreign Registration-4
Foreign Registration-5
Foreign Registration-6
Foreign Registration-7
Foreign Registration-8
Foreign Registration-9
Foreign Registration-10

International Class 045: Exploitation of music productions
Based on Foreign Registration: Applicant has a bona fide intention to use the mark in commerce on or in connection with the identified goods and/or services, and submits a copy of European Community registration number 008453193, registered 02/10/2010 with a renewal date of 07/27/2019 and an expiration date of 07/27/2019, and translation thereof, if appropriate. 15 U. S.C. Section 1126(e), as amended.

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Foreign Registration-6
Foreign Registration-7
Foreign Registration-8
Foreign Registration-9
Foreign Registration-10

The applicant's current Attorney Information:
Anna Kurian Shaw and Raymond A. Kurz, Celine Jimenez Crowson, Shelly L. McGee, Walter B. Stillwell, Jordana S. Rubel, Timothy J. Lyden, Valerie K. Brennan of Hogan Lovells US LLP
555 13th Street, NW
Washington, District of Columbia 20004
United States
The attorney docket/reference number is 90334-10494.

The applicant's current Correspondence Information:
Anna Kurian Shaw
Hogan Lovells US LLP
555 13th Street, NW
Washington, District of Columbia 20004
2026375600(phone)
2026375910(fax)
DCPTOTrademarkMail@hoganlovells.com (authorized)

A fee payment in the amount of $2600 has been submitted with the application, representing payment for 8 class(es).

Declaration

The undersigned, being hereby warned that willful false statements and the like so made are punishable by

fine or imprisonment, or both, under 18 U.S.C. Section 1001, and that such willful false statements, and the like, may jeopardize the validity of the application or any resulting registration, declares that he/she is properly authorized to execute this application on behalf of the applicant; he/she believes the applicant to be the owner of the trademark/service mark sought to be registered, or, if the application is being filed under 15 U.S.C. Section 1051(b), he/she believes applicant to be entitled to use such mark in commerce; to the best of his/her knowledge and belief no other person, firm, corporation, or association has the right to use the mark in commerce, either in the identical form thereof or in such near resemblance thereto as to be likely, when used on or in connection with the goods/services of such other person, to cause confusion, or to cause mistake, or to deceive; and that all statements made of his/her own knowledge are true; and that all statements made on information and belief are believed to be true.

Signature: /aks/ Date Signed: 06/01/2010
Signatory's Name: Anna Kurian Shaw
Signatory's Position: Attorney of record, DC bar member

RAM Sale Number: 2808
RAM Accounting Date: 06/02/2010

Serial Number: 85051901
Internet Transmission Date: Tue Jun 01 16:14:30 EDT 2010
TEAS Stamp: USPTO/BAS-67.132.198.254-201006011614302
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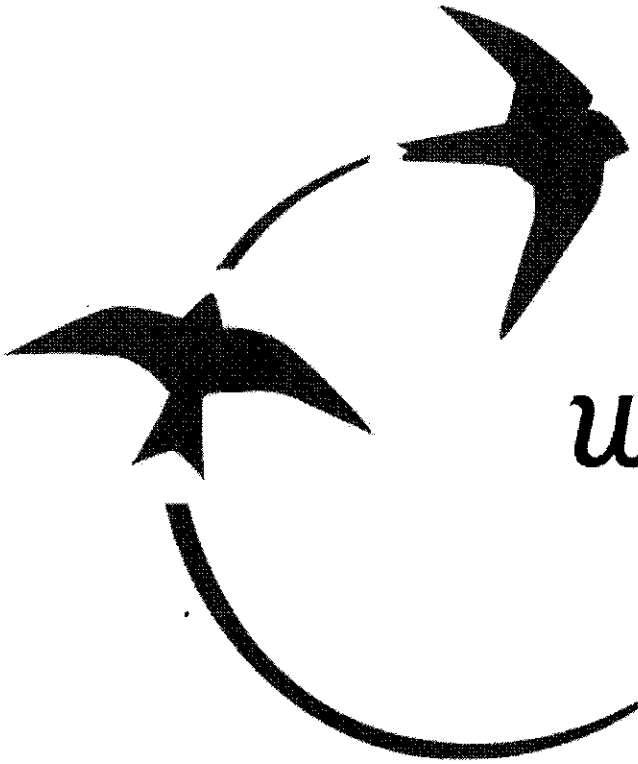

Musicians without Borders

Registered / Eingetragen 10/02/2010

No 008453193

OHIM – OFFICE FOR HARMONIZATION IN THE INTERNAL MARKET
TRADE MARKS AND DESIGNS

CERTIFICATE OF REGISTRATION

This Certificate of Registration is hereby issued for the Community Trade Mark identified below. The corresponding entries have been recorded in the Register of Community Trade Marks.

HABM – HARMONISIERUNGSAMT FÜR DEN BINNENMARKT
MARKEN, MUSTER UND MODELLE

EINTRAGUNGSURKUNDE

Diese Eintragungsurkunde wird für die unten angegebene Gemeinschaftsmarke ausgestellt. Die betreffenden Angaben sind in das Register für Gemeinschaftsmarken eingetragen worden.

Musicians without Borders

The President / Der Präsident

Wubbo de Boer

210 008453193
220 27/07/2009
400 26/10/2009
151 10/02/2010
450 15/02/2010
186 27/07/2019
541 Musicians without Borders
521 0
546

591 BG - Син, черен.
ES - Azul, negro.
CS - Modrá, černá.
DA - Blå, sort.
DE - Blau, schwarz.
ET - Sinine, must.
EL - Μπλε, μαύρο.
EN - Blue, black.
FR - Bleu, noir.
IT - Blu, nero.
LV - Zils, melns.
LT - Mėlyna, juoda.
HU - Kék, fekete.
MT - Ikħal, iswed.
NL - Blauw, zwart.
PL - Niebieski, czarny.
PT - Azul, preto.
RO - albastru, negru.
SK - Modrá, čierna.
SL - Modra, črna.
FI - Sininen, musta.
SV - Blått, svart.

531 3.7.16
26.1.3
26.1.19

732 Stichting Musicians Without Borders
Spoorstraat 38
1815 BK Alkmaar
NL

740 HOGAN & HARTSON RAUE
Potsdamer Platz 1
10785 Berlin
DE

270 EN DE

511 BG - 9
Дигитална музика която може да се сваля осигурена от компютърна база данни или Интернет; музикални записи; предварително записани музикални видеоклипове;образователни материали под формата на компютърни програми за преподаване на музика
BG - 16
Музикални книги;нотни книжки; партитури;печатни публикации в областта на музиката; образователни материали в печатна форма.
BG - 25
Дрехи, шапки за глава.
BG - 35
Услуги на магазин за продажба на дребно и услуги на магазини за онлайн продажба на дребно в областта на музиката
BG - 36
Акции по набиране на средства за благотворителни цели.
BG - 38
Музикално излъчване; доставка на достъп до (уеб сайтове) за цифрова музика в Интернет.
BG - 41
Образование; обучение; развлечение; културни дейности;уреждане и провеждане на колоквиуми, конференции, конгреси, семинари, симпозиуми и уъркшопове; организиране на музикални представления; композиране на музика за други; консултации относно филмово и музикално продуциране; цифрова музика [без възможност за сваляне], предоставяна от интернет;образователни услуги под формата на музикални телевизионни програми; образователни услуги, свързани с музика;развлекателни услуги, предоставени от музикална група;изпълнение на музика на живо;управление на музикални зали;услуги за музикални състезания; услуги за музикални фестивали; услуги на музикална библиотека;издаване и записване на музика; услуги свързани с посещение на концерти; Организиране на състезания за таланти и музикални и телевизионни предавания с награди; продукция на радио,телевизионни и музикални програми,филми и видеофилми; продукция на звукови и музикални записи;предоставяне на сателитна доставка и кабелна доставка на музикални развлечения, музика и музикални записи; преподаване на музика;уреждане на музикални фестивали за културни, развлеактелни и образователни цели; публикуване на образователни материали;отдаване под наем, заемане или предоставяне на музикални инструмети и учебници по музика;предоставяне на съоръжения за музика;лагери за възстановяване и музикални лагери
BG - 45
Използване на музикална продукция.
ES - 9
Música digital descargable suministrada desde una base de datos informática o Internet; grabaciones musicales; vídeos de música pregrabados;materiales de educación en forma de programas de ordenador para la enseñanza de música
ES - 16
Libros de música;cuadernos de música; partituras musicales;publicaciones impresas en materia de música; material educativo en formato impreso.
ES - 25
Prendas de vestir, sombrerería.
ES - 35
Servicios de tienda al por menor y servicios de tienda al por menor en línea en materia de música
ES - 36
Colectas de fondos para fines benéficos.
ES - 38

Emisiones de radio musicales; suministro de acceso (a sitios web) de música digital en Internet.

ES - 41
Educación; formación; esparcimiento; actividades culturales;organización y dirección de coloquios, conferencias, congresos, seminarios, simposios y talleres; organización de espectáculos musicales; composición musical para terceros; consultoría sobre producción de películas y música; música digital [no descargable] facilitada desde Internet;servicios educativos en forma de programas de televisión musicales; servicios educativos relacionados con la música;servicios de esparcimiento prestados por un grupo musical;actuaciones musicales en directo;gestión de salas de música;servicios de concursos musicales; servicios de un festival de música; servicios de biblioteca musical;publicación y grabación de música; servicios de conciertos; organización de concursos de talento y galas de premios de televisión y musicales; producción de programas de radio y televisión, películas, videos y programas musicales; producción de grabaciones de sonido y música;suministro de esparcimiento musical, música y grabaciones sonoras musicales suministrados por satélite y por cable; enseñanza de música;organización de festivales musicales con fines culturales, formativos, de esparcimiento o educativos; publicación de materiales educativos;alquiler, préstamo o suministro de instrumentos de música y libros de música;facilitación de instalaciones de música;campamentos de recreo y de música

ES - 45
Explotación de producciones musicales.

CS - 9
Digitální hudba ke stažení poskytovaná z počítačové databáze nebo z internetu; zvukové zápisy; nahraná hudební videa;vzdělávací materiály ve formě počítačových programů pro výuku hudby

CS - 16
Hudební sešity;tištěné notové sešity; hudebniny;tištěné publikace v oboru hudby; vzdělávací materiály v tištěné formě.

CS - 25
Oděvy, kloboučnické zboží.

CS - 35
Služby maloobchodních prodejen a online maloobchodní služby v oboru hudby

CS - 36
Peněžní sbírky pro dobročinné účely.

CS - 38
Hudební vysílání; poskytování přístupu k digitálním hudebním nahrávkám na internetu (místa v síti).

CS - 41
Vzdělávání; školení; zábava; kulturní aktivity;organizování a pořádání kolokvií, konferencí, kongresů, seminářů, sympozií a seminářů; pořádání hudebních vystoupení; skládání hudby pro druhé; konzultace k filmové a hudební produkci; digitální hudba [bez možnosti stažení] poskytovaná z internetu;zábava ve formě hudebních televizních programů; vzdělávací služby vztahující se k hudbě;zábavní služby poskytované hudební skupinou;živá hudební vystoupení;správa hudebních hal;služby skládání hudby; služby týkající se hudebních festivalů; hudební knihovní služby;vydávání hudby a nahrávek; koncertní služby; organizování talentových soutěží a událostí k udělování hudebních a televizních cen; výroba rozhlasových, televizních, filmových, video a hudebních programů; výroba zvukových a hudebních zápisů;poskytování hudební zábavy, hudby a hudebních zvukových nahrávek přes satelit a kabel; výuka hudby;pořádání hudebních festivalů pro kulturní, školicí, vzdělávací nebo zábavní účely; vydávání učebních materiálů;pronájmy, půjčování nebo poskytování hudebních nástrojů a notových sešitů;zajišťování hudebních zařízení;rekreační a hudební kempy

CS - 45
Využívání hudební produkce.

DA - 9
Digital musik, der kan downloades, leveret fra en computerdatabase eller internettet; musikoptagelser; optagne videoer med musik;undervisningsmaterialer i form af computerprogrammer til musikundervisning

DA - 16
Nodebøger;nodebøger; uindbundne noder;trykte publikationer inden for musik; undervisningsmaterialer i trykt form.

DA - 25
Beklædningsgenstande, hovedbeklædning.

DA - 35
Detailhandel og onlinedetailhandel inden for musik

DA - 36
Pengeindsamlinger til velgørende formål.

DA - 38
Udsendelse af musik; adgang til websteder med digital musik på internettet.

DA - 41
Uddannelse; undervisningsvirksomhed; underholdningsvirksomhed; kulturelle aktiviteter;arrangering og ledelse af kollokvier, konferencer, kongresser, seminarer, symposier og workshopper; arrangering af musikalsk optræden; sammensætning af musik for andre; rådgivning vedrørende film- og musikproduktion; digital musik (der ikke kan downloades) udbudt på internettet;undervisningsvirksomhed i form af tv-programmer med musik; uddannelsesvirksomhed i forbindelse med musik;underholdning leveret af en musikgruppe;optræden med levende musik;administration af spillesteder;musikkonkurrencevirksomhed; musikfestivalvirksomhed; tjenesteydelser vedrørende musikbiblioteker;udgivelse og optagelse af musik; koncertvirksomhed; organisering af talentkonkurrencer og prisoverrækkelser inden for musik og fjernsyn; produktion af radio-, tv-, film- videofilm- og musikprogrammer; produktion af lyd- og musikoptagelser;levering af musikalsk underholdning, musik og lydoptagelser indeholdende musik via satellit eller kabel; musikundervisning;arrangering af musikfestivaler inden for kultur, undervisning, underholdning eller uddannelse; udgivelse af undervisningsmateriale;udlejning, lån eller tilvejebringelse af musikinstrumenter og nodebøger;tilvejebringelse af musikfaciliteter;fritids- og musiklejre

DA - 45
Udnyttelse af musikproduktioner.

DE - 9
Aus einer Computerdatenbank oder aus dem Internet bereitgestellte herunterladbare digitale Musik; Musikaufzeichnungen; bespielte Musikvideos;Lehrmaterialien in Form von Computerprogrammen für den Musikunterricht

DE - 16
Musikbücher;Notenbücher; Notenblätter;gedruckte Veröffentlichungen auf dem Gebiet der Musik; Lehrmittel in gedruckter Form.

DE - 25
Bekleidungsstücke, Kopfbedeckungen.

DE - 35
Dienstleistungen von Einzelhandelsgeschäften und Online-Dienstleistungen von Einzelhandelsgeschäften auf dem Gebiet der Musik

DE - 36
Sammeln von Spenden für wohltätige Zwecke.

DE - 38

Ausstrahlung von Musik; Bereitstellung des Zugangs zu Webseiten mit digitaler Musik im Internet.

DE - 41
Erziehung; Ausbildung; Unterhaltung; kulturelle Aktivitäten;Organisation und Durchführung von Kolloquien, Konferenzen, Kongressen, Seminaren, Symposien und Workshops; Organisation von Musikveranstaltungen; musikalische Kompositionen für Dritte; Beratung zur Film- und Musikproduktion; digitale Musik (nicht herunterladbar), bereitgestellt über das Internet;Bildung in Form von Musikfernsehprogrammen; Erziehung in Bezug auf Musik;Unterhaltung durch eine Musikgruppe;Livemusikveranstaltungen;Management von Varietétheatern;musikalische Wettbewerbe; Dienstleistungen für Musikfestivals; Dienstleistungen einer Musikbibliothek;Veröffentlichung und Aufzeichnung von Musik; Konzertdienstleistungen; Organisation von Talentwettbewerben sowie von Musik- und Fernseh-Preisverleihungsveranstaltungen; Produktion von Rundfunk-, Fernseh-, Film-, Videofilm- und Musikprogrammen; Produktion von Ton- und Musikaufzeichnungen;Bereitstellung von musikalischer Unterhaltung, Musik und Musikaufnahmen via Satellit und Kabel; Musikunterricht;Organisation von Musikfestivals für kulturelle, Schukungs-, Bildungs- oder Unterhaltungszwecke; Veröffentlichung von Lehrmaterialien;Vermietung, Verleih oder Bereitstellung von Musikinstrumenten und Musikbüchern;Bereitstellung von Musikeinrichtungen;Erholungs- und Musikcamps

DE - 45
Nutzung von Musikproduktionen.

ET - 9
Arvutiandmebaasist või Internetist pakutav allalaaditav digitaalne muusika; helisalvestised; eelsalvestatud muusikavideod;õppematerjalid arvutiprogrammide kujul muusika õpetamiseks

ET - 16
Muusikaraamatud;muusika noodivihikud; noodid (muus.);trükitud väljaanded muusika valdkonnas; õppematerjalid trükitud kujul.

ET - 25
Rõivad, peakatted.

ET - 35
Jaekaupluse teenused ja sidusjaekaupluse teenused muusika valdkonnas

ET - 36
Heategevuslikud korjandused.

ET - 38
Muusikaedastus; Interneti digitaalse muusika veebikohtadele juurdepääsu pakkumine.

ET - 41
Haridus; väljaõpe; lõbustus, meelelahutus, ajaviide; kultuuriüritused;kollokviumide, konverentside, kongresside, seminaride, sümpoosionide ja õpikodade korraldamine ning juhatamine; muusikaliste etteastete korraldamine; helilooming kolmandatele isikutele; filmi- ja muusikatootmise konsultatsioonid; digitaalse muusika [allalaadimatu] pakkumine Internetist;õppeteenused muusikaliste telesaadetena; muusikaõppeteenused;muusikaansambli pakutavad meelelahutusteenused;muusikalised elavettekanded;varieteeteatrite haldamine;muusikakonkursi teenused; muusikafestivaliteenused; muusikaraamatukoguteenused;muusika kirjastamine ja salvestamine; kontserditeenused; talendikonkursside ning muusika- ja teleauhindade ürituste organiseerimine; raadio-, televisiooni-, filmi- ja muusikaprogrammide tootmine; heli- ja muusikasalvestiste tegemine;satelliitide ja kaabli kaudu edastatava muusikalise meelelahutuse, muusika ning muusikaliste helisalvestiste pakkumine; muusikaõpetus;kultuuri-, koolitus-, meelelahutus- või haridusalaste muusikafestivalide korraldamine; õppematerjalide avaldamine;muusikariistade ja noodivihikute ürimine, laenamine või pakkumine;muusikaliste töövahendite pakkumine;puhke- ja muusikalaagrid

ET - 45
Muusikatoodangu käitamine.

EL - 9
Τηλεφορτώσιμη ψηφιακή μουσική παρεχόμενη από βάση δεδομένων ηλεκτρονικών υπολογιστών ή από το Διαδίκτυο·μουσικές ηχογραφήσεις· προεγγεγραμμένα μουσικά βίντεο·εκπαιδευτικό υλικό υπό μορφή προγραμμάτων ηλεκτρονικών υπολογιστών για τη διδασκαλία της μουσικής

EL - 16
Μουσικά βιβλία·τετράδια μουσικής· παρτιτούρες·έντυπες εκδόσεις στον τομέα της μουσικής· εκπαιδευτικό υλικό σε έντυπη μορφή.

EL - 25
Ενδύματα, είδη πιλοποιίας.

EL - 35
Υπηρεσίες καταστημάτων λιανικής πώλήσης και υπηρεσίες επιγραμμικών καταστημάτων λιανικής πώλησης στον τομέα της μουσικής

EL - 36
Δραστηριότητες φιλανθρωπικών εράνων.

EL - 38
Εκπομπή μουσικής· παροχή πρόσβασης σε ιστοθέσεις ψηφιακής μουσικής στο Διαδίκτυο.

EL - 41
Εκπαίδευση· επιμόρφωση (επαγγελματική κατάρτιση)· ψυχαγωγία· πολιτιστικές δραστηριότητες·διοργάνωση και διεξαγωγή διαλέξεων, διασκέψεων, συνεδρίων, σεμιναρίων, συμποσίων και εργαστηρίων· διοργάνωση μουσικών παραστάσεων· μουσική σύνθεση για λογαριασμό τρίτων· παροχή συμβουλών σε θέματα κινηματογραφικών και μουσικών παραγωγών· ψηφιακή μουσική [χωρίς δυνατότητα τηλεφόρτωσης] παρεχόμενη από το Διαδίκτυο·εκπαιδευτικές υπηρεσίες με τη μορφή μουσικών τηλεοπτικών προγραμμάτων· εκπαιδευτικές υπηρεσίες σε σχέση με τη μουσική·ψυχαγωγικές υπηρεσίες παρεχόμενες από μουσικά συγκροτήματα·ζωντανές μουσικές παραστάσεις·διαχείριση μεγάρων μουσικής·υπηρεσίες μουσικού διαγωνισμού· υπηρεσίες που αφορούν φεστιβάλ μουσικής· υπηρεσίες μουσικής βιβλιοθήκης·έκδοση και εγγραφή μουσικής· υπηρεσίες συναυλιών· διοργάνωση διαγωνισμών ταλέντων και εκδηλώσεων απονομής μουσικών και τηλεοπτικών βραβείων· παραγωγή ραδιοφωνικών, τηλεοπτικών, κινηματογραφικών προγραμμάτων, βιντεοταινιών και μουσικών προγραμμάτων· παραγωγή εγγραφών ήχου και μουσικής·δορυφορική και καλωδιακή μετάδοση μουσικών ψυχαγωγικών προγραμμάτων, μουσικής και μουσικών ηχογραφήσεων· διδασκαλία μουσικής·διοργάνωση μουσικών φεστιβάλ για πολιτιστικούς, επιμορφωτικούς, ψυχαγωγικούς ή εκπαιδευτικούς σκοπούς· έκδοση εκπαιδευτικού υλικού·εκμίσθωση, δανεισμός ή παροχή μουσικών οργάνων και μουσικών βιβλίων·παροχή μουσικών χώρων·κατασκηνώσεις αναψυχής και μουσικής

EL - 45
Εκμετάλλευση μουσικών παραγωγών.

EN - 9
Digital music downloadable provided from a computer database or the internet; music recordings; pre-recorded music videos; educational materials in the form of computer programmes for teaching music

EN - 16

Music books; music note books; sheet music; printed publications in the field of music; educational materials in printed form

EN - 25
Clothing, headgear

EN - 35
Retail store services and online retail store services in the field of music

EN - 36
Charitable fundraising

EN - 38
Music broadcasting; providing access to digital music web sites on the internet

EN - 41
Education; providing of training; entertainment; cultural activities; arranging and conducting of colloquiums, conferences, con-gresses, seminars, symposiums, and workshops; arranging of music performances; composition of music for others; consultancy on film and music production; digital music [not downloadable] provided from the internet; education services in the form of music television programmes; education services relating to music; en-tertainment services provided by a music group; live music per-formances; management of music halls; music competition ser-vices; music festival services; music library services; music pub-lishing and recording; organisation and arrangement of music concerts; organizing talent contests and music and television award events; production of radio, television, film, video film and music programmes; production of sound and music recordings; providing satellite delivered and cable delivered musical enter-tainment, music and musical sound recordings; teaching of music; arranging of music festivals for cultural, training, entertainment or educational purposes; publication of educational materials; rental, borrowing, or provision, of musical instruments and music books; provision of music facilities; recreational and music camps

EN - 45
Exploitation of music productions

FR - 9
Musique numérique téléchargeable fournie à partir d'une base de données informatique ou de l'internet; enregistrements sonores; vidéos musicales préenregistrées;matériel d'éducation sous forme de programmes informatiques pour apprentissage de la musique

FR - 16
Livres de musique;partitions; partitions musicales;publications imprimées dans le domaine de la musique; matériel de formation et d'éducation sous forme imprimée.

FR - 25
Vêtements, chapellerie.

FR - 35
Services de magasins de vente au détail et services de magasins de vente au détail en ligne dans le domaine de la musique

FR - 36
Actions de collecte de fonds à des fins caritatives.

FR - 38
Diffusion de musique; offre d'accès à des (sites web) de musique numérique sur internet.

FR - 41
Éducation; formation; divertissement; activités culturelles;organisation et tenue de colloques, conférences, congrès, séminaires, symposiums et ateliers; organisation de représentations musicales; composition de musique pour le compte de tiers; assistance en matière de production cinématographique et musicale; musique numérique [non téléchargeable] fournie à partir de l'internet;services d'éducation sous forme de programmes télévisés musicaux; services d'éducation en matière de musique;services de divertissement assurés par un groupe musical;spectacles musicaux en direct;gestion de cabarets;services de concours musicaux; services relatifs à un festival de musique; services de librairie musicale;édition et enregistrement de musique; services de concerts; organisation de compétitions et de cérémonies de remise de récompenses musicales ou de télévision; production de programmes radiophoniques, télévisés, filmés, vidéo-filmés et musicaux; production d'enregistrements sonores et musicaux;fourniture de divertissements musicaux, de musique et d'enregistrements musicaux par satellite et par câble; enseignement de la musique;organisation de festivals musicaux à des fins culturelles, pédagogiques, récréatives ou éducatives; publication de matériel éducatif;location, prêt ou fourniture d'instruments et livres de musique;fourniture d'infrastructures de musique;camps récréatifs et musicaux

FR - 45
Exploitation de productions musicales.

IT - 9
Musica digitale scaricabile disponibile da una banca dati o Internet; registrazioni musicali; video musicali preregistrati;materiali didattici sotto forma di programmi per computer per insegnamento della musica

IT - 16
Libri di musica;spartiti; spartiti di musica;pubblicazioni musicali stampate; materiale didattico in forma stampata.

IT - 25
Articoli d'abbigliamento, cappelleria.

IT - 35
Servizi di negozi al dettaglio e servizi di negozi al dettaglio on-line in materia di musica

IT - 36
Collette di beneficenza.

IT - 38
Trasmissione di musica; fornitura di accesso a (siti web) di musica digitale su Internet.

IT - 41
Educazione; formazione; divertimento; attività culturali;organizzazione e conduzione di convegni, conferenze, congressi, seminari, simposi e workshop; organizzazione di manifestazioni musicali; composizione di musica per conto terzi; consulenza su produzione di film e musica; musica digitale (non scaricabile) disponibile da Internet;servizi d'istruzione sotto forma di programmi televisivi musicali; istruzione in materia di musica;servizi d'intrattenimento forniti da gruppi musicali;spettacoli musicali dal vivo;gestione di sale da musica;servizi relativi a concorsi musicali; festival musicali; librerie musicali;pubblicazione e registrazione di musica; servizi relativi a concerti; organizzazione di gare di talento e di spettacoli televisivi a premi; produzione di programmi radiofonici, televisivi, cinematografici, su videocassetta e musicali; produzione di registrazioni sonore e musicali;fornitura d'intrattenimento musicale, musica e registrazioni musicali tramite satellite e via cavo; corsi di musica;organizzazione di festival musicali a scopo culturale, di formazione, d'intrattenimento o educativo; pubblicazione di materiale per l'istruzione;noleggio, prestito o fornitura di strumenti musicali e libri di musica;fornitura di strutture per la musica;campi ricreativi e musicali

IT - 45
Sfruttamento di produzioni musicali.

LV - 9
Ielādējama ciparu mūzika, kas nodrošināta no datora datu bāzes vai interneta; skaņu ieraksti; iepriekš ieraksfiti mūzikas

videoierakstī;mūzikas mācību materiāli datorprogrammu veidā

LV - 16
Nošu burtnīcas;nošu grāmatas; nošu lapas;drukātie izdevumi mūzikas jomā; izglītības materiāli drukātā veidā.

LV - 25
Apģērbi, galvassegas.

LV - 35
Mazumtirdzniecības veikalu pakalpojumi un tiešsaistes mazumtirdzniecības veikalu pakalpojumi mūzikas jomā

LV - 36
Naudas vākšanas akcijas labdarības nolūkos.

LV - 38
Mūzikas apraide; piekļuves nodrošināšana digitālajiem mūzikas ierakstiem tīmekļa saitēs internetā.

LV - 41
Izglītošana; apmācība; izpriecas; kultūras pasākumi;kolokviju, konferenču, kongresu, semināru, simpoziju un darbseminārū veidošana un vadīšana; mūzikas uzvedumu organizēšana; mūzikas komponēšana citiem; konsultācijas par kinofilmu un mūzikas izstrādi; digitālā mūzika [neielādējama], iegūta no Interneta;izglītības pakalpojumi mūzikas televīzijas raidījumu veidā; izglītības pakalpojumi saistībā ar mūziku;izklaides pasākumi, kurus nodrošina mūzikas grupa;dzīvās mūzikas priekšnesumi;koncertzāļu vadīšana;mūzikas konkursu pakalpojumi; mūzikas festivālu pakalpojumi; muzikālu bibliotēku pakalpojumi;mūzikas ierakstu izdošana un ierakstīšana; koncertu pakalpojumi; talantu konkursu un mūzikas, un televīzijas balvu piešķiršanas ceremoniju organizēšana; radio, televīzijas, filmu, videofilmu un mūzikas programmu sagatavošana; skaņas un mūzikas ierakstu ražošana;pa satelīttelevīziju un kabeļtelevīziju pārraidīto muzikālo izklaides raidījumu, mūzikas un skaņu ierakstu nodrošināšana; mūzikas mācīšana;mūzikas festivālu organizēšana kultūrizglītības, mācību, izklaidēšanas vai izglītošanas nolūkos; izglītības materiālu publicēšana;mūzikas instrumentu un nošu burtnīcu izīrēšanas, aizdošana vai nodrošināšana;mūzikas telpu nodrošināšana;mūzikas un atpūtas nometnes

LV - 45
Mūzikas ražojumu izmantošana.

LT - 9
Parsisiunčiama skaitmeninė muzika, teikiama iš kompiuterio duomenų bazės ar interneto; garso įrašai; iš anksto įrašyti filmuoti muzikiniai vaizdai;švietimo medžiaga, teikiama kaip kompiuterių programos, skirtos mokyti muzikos

LT - 16
Muzikos knygos;spausdintinės muzikinės knygos,; nedideli atskiral išleisti muzikos kūriniai;spausdinti muzikos srities leidiniai; atspausdinta šviečiamoji medžiaga.

LT - 25
Apranga, galvos apdangalai.

LT - 35
Mažmeninės prekybos parduotuvės paslaugos ir internetinės mažmeninės prekybos parduotuvės paslaugos muzikos srityje

LT - 36
Geriems tikslams skirta pinigų rinkimo veikla.

LT - 38
Muzikos transliavimas; prieigos prie skaitmeninių muzikos internetinių svetainių (tinklalapių) teikimas.

LT - 41
Švietimas; mokymas; pramogos; kultūrinė veikla;kolokviumų, konferencijų, suvažiavimų, seminarų, simpoziumų ir praktinių seminarų rengimas ir vykdymas; muzikinių pasirodymų organizavimas; muzikos kūrimas kitiems; konsultacijos dėl filmų ir muzikos gamybos; skaitmeninė muzika [neatsisiunčiama], teikiama iš interneto;švietimo paslaugos, teikiamos kaip muzikinės televizijos programos; švietimo paslaugos, susijusios su muzika;pramogų paslaugos, teikiamos muzikinių grupių;gyvo garso muzikiniai pasirodymai;muzikinių pasirodymų vietų valdymas;muzikinių konkursų paslaugos; muzikos festivalių paslaugos; fonotekos paslaugos;muzikos leidyba ir įrašymas; koncertų paslaugos; talentų varžybų ir muzikos bei televizijos apdovanojimų renginių organizavimas; radijo, televizijos, filmų, videofilmų ir muzikos programų kūrimas; garso ir muzikos įrašų gamyba;per palydovinę ir kabelinę televiziją perduodamų muzikinių pramogų, muzikos ir muzikinių garso įrašų teikimas; muzikos mokymas;muzikos festivalių rengimas kultūros, mokymo, pramogų ar švietimo reikmėms; šviečiamosios medžiagos spausdinimas;muzikos instrumentų ir knygų apie muziką nuoma, skolinimas ar teikimas;muzikos paslaugų teikimas;poilsio ir muzikos stovyklos

LT - 45
Muzikinės produkcijos naudojimas.

HU - 9
Számítógépes adatbázisból vagy az internetről szolgáltatott letölthető digitális zene; hangfelvételek; előre rögzített zenei videók;oktatóanyagok zene tanítására szolgáló számítógépes programok formájában

HU - 16
Hangjegyfüzetek;zenefüzetek; kotta;nyomtatott kiadványok a zene területén; oktatási anyagok nyomtatott formában.

HU - 25
Ruhák, kalapáruk.

HU - 35
Kiskereskedelmi bolti szolgáltatások és online kiskereskedelmi bolti szolgáltatások a zene területén

HU - 36
Jótékonysági célú pénzgyűjtő akciók.

HU - 38
Zenei műsorszórás; digitális zene (weboldalakhoz való) hozzáférhetőség biztosítása Interneten.

HU - 41
Oktatás (és nevelés); szakmai képzés; szórakoztatás; kulturális tevékenységek;kollokviumok, konferenciák, kongresszusok, szemináriumok, szimpóziumok és alkotóműhelyek rendezése és lebonyolítása; zeni előadások rendezése; zeneszerzés mások számára; filmes és zenei produkciókkal kapcsolatos tanácsadás; az interneten szolgáltatott [nem letölthető] digitális zene;oktató szolgáltatások zenés televíziómműsorok formájában; zenével kapcsolatos oktatás;zenekar (együttes) által nyújtott szórakoztató szolgáltatások;élő zenei előadások;hangversenytermek igazgatása;zenei versenyszolgáltatások; zenei fesztiválí szolgáltatások; zenetár szolgáltatásai;zenekiadás és -felvétel; koncertszolgáltatások; tehetségkutató versenyek és zenei és televíziós díjkiosztó ünnepségek szervezése; rádió, tévé, videofilm és zenei műsorok készítése; hang- és zenefelvételek előállítása;műholdon keresztül és kábelen közvetített zenés szórakoztatás, zene és zenei hangfelvételek szolgáltatása; zeneoktatás;kulturális, képzési, szórakoztató vagy oktatási célú zenei fesztiválok rendezése; oktatási anyagok kiadása;hangszerek és kották bérbeadása, bérlete vagy biztosítása;zenei létesítmények biztosítása;szabadidős és zenei táborok

HU - 45
Zenei produkciók kiaknázása.

MT - 9
Muzika digitali li tista' titniżżel ippruvduta minn fuq dejtabejż tal-kompjuter jew l-Internet; reġistrazzjonijiet tal-ħseijes; vidjows muzikali reġistrati minn qabel;materjali edukattivi f'forma ta' programmi tal-kompjuter għat-tagħlim tal-muzika

MT - 16

Kotba tal-mużika;kotba tan-noti tal-mużika; fojji tal-mużika;pubblikazzjonijiet stampati fil-qasam tal-mużika; materjali edukattivi f'forma stampata.

NT - 25
Hwejjeġ, xedd ir-ras.

NT - 35
Servizzi ta' stabbilimenti għall-bejgħ bl-imnut u servizzi ta' stabbilimenti għall-bejgħ bl-imnut ontajn fil-qasam tal-mużika

NT - 36
Il-ġbir ta' fondi għall-karità.

NT - 38
Ix-xandir tal-mużika; il-provvista ta' aċċess għal websajts ta' mużika digitali fuq l-Internet.

NT - 41
Edukazzjoni; provvediment ta□taħriġ; divertiment; attivitajiet kulturali;arrangament u tmexxija ta' kollokwi, konferenzi, kungressi, seminars, simpożji, u laboratorji; arrangament ta' prestazzjonijiet mużikali; komposizzjoni ta' mużika għal terzi persuni; konsulenza dwar produzzjoni ta' films u mużika; mużika digitali (li ma tistax titniżżel) ipprovduta mill-Internet;servizzi edukattivi f'forma ta' programmi televiżivi relatati mal-mużika; servizzi ta' l-edukazzjoni relatati mal-mużika;servizzi ta' divertiment ipprovduti minn gruppi mużikali;prestazzjonijiet ta' mużika lajv;ġestjoni ta' swali marbuta mal-mużika;servizzi ta' kompetizzjonijiet relatati mal-mużika; servizzi ta' festivals mużikali; servizzi ta' librerija mużikali;ippubblikar u reġistrar ta' mużika; servizzi ta' kunċerti; l-organizzazzjoni ta' kompetizzjonijiet ta' talenti jew avvenimenti ta' premjazzjoni ta' mużika jew televiżjoni; il-produzzjoni ta' programmi għar-radju, televiżjoni, films, vidjo films u mużika; il-produzzjoni ta' reġistrazzjonijiet ta' ħsejjes u mużika;provvista ta' divertiment mużikali, reġistrazzjonijiet ta' mużika u ta' awdjo mużikali permezz tas-satellita u tal-kejbil; tagħlim mużikali;arrangament ta' festivals mużikali għal skopijiet kulturali, għal skop ta' taħriġ jew ta' edukazzjoni; il-pubblikazzjoni ta' materjali edukattivi;kiri, self, jew provvista, ta' strumenti mużikali u kotba tal-mużika;provvista ta' faċilitajiet relatati mal-mużika;kampijiet ta' rikreazzjoni u ta' mużika

NT - 45
Sfruttament ta' produzzjonijiet mużikali.

NL - 9
Digitale muziek (laadbaar), online geleverd vanuit een computerdatabase of internet; muziekopnamen; voorbespeelde muziekvideo's;onderwijsmaterialen in de vorm van computerprogramma's voor muziekonderwijs

NL - 16
Muziekboeken;boeken met muzieknoten; bladmuziek;publicaties op het gebied van muziek; opvoedingsmateriaal in gedrukte vorm.

NL - 25
Kledingstukken, hoofddeksels.

NL - 35
Winkels en onlinewinkels op het gebied van muziek

NL - 36
Geldinzamelacties voor goede doelen.

NL - 38
Muziekuitzending; het verlenen van toegang tot digitale muziekwebsites op internet.

NL - 41
Opvoeding; opleiding; ontspanning; culturele activiteiten;het organiseren en houden van colloquia, conferenties, congressen, seminars, symposia en workshops; het organiseren van muziekopvoeringen; het samenstellen van muziek voor derden; raadgeving op het gebied van film- en muziekproducties; digitale muziek (niet downloadbaar) geleverd vanaf internet;opvoeding in de vorm van muziektelevisieprogramma's; onderwijs met betrekking tot muziek;ontspanning, verzorgd door een muziekgroep;livemuziekoptredens;beheer van muziekhallen;muziekcompetities; diensten op het gebied van muziekfestivals; muziekbibliotheek;uitgave en opname van muziek; organisatie van concerten; organisatie van talentenjachten en van uitreikingen van muziek- en televisieprijzen; productie van radio-, televisie-, film-, videofilm- en muziekprogramma's; productie van geluids- en muziekopnamen;het leveren van muzikale ontspanning, muziek en muziekopnamen via satelliet en kabel; muziekonderwijs;organisatie van muziekfestivals voor culturele, opleidings-, ontspannings- of educatieve doeleinden; publicatie van educatief materiaal;verhuur, uitleen of verschaffing van muziekinstrumenten en muziekboeken;het verstrekken van muziekfaciliteiten;recreatieve en muzikale kampen

NL - 45
Exploitatie van muziekproducties.

PL - 9
Pobieralna muzyka cyfrowa z komputerowych baz danych lub za pośrednictwem Internetu; nagrania dźwiękowe; nagrane muzyczne treści wideo;materiały edukacyjne w formie programów komputerowych do nauki muzyki

PL - 16
Zeszyty do nut;papier nutowy; papier nutowy;publikacje drukowane z dziedziny muzyki; materiały edukacyjne w formie drukowanej.

PL - 25
Odzież, nakrycia głowy.

PL - 35
Usługi sklepów detalicznych i usługi sklepów detalicznych online, w dziedzinie muzyki

PL - 36
Akcje zbierania funduszy na cele dobroczynne.

PL - 38
Nadawanie muzyki; przydzielanie dostępu do stron www z muzyką cyfrową w Internecie.

PL - 41
Edukacja; kształcenie; rozrywka; imprezy kulturalne;organizowanie i prowadzenie kolokwiów, konferencji, kongresów, seminariów, sympozjów i warsztatów; organizowanie widowisk muzycznych; komponowanie muzyki dla osób trzecich; doradztwo w zakresie produkcji filmów i muzyki; muzyka w formacie cyfrowym [nie nadająca się do pobrania], udostępniana przez internet;usługi edukacyjne w postaci muzycznych programów telewizyjnych; usługi edukacyjne związane z muzyką;usługi rozrywkowe z udziałem grup muzycznych;występy muzyczne na żywo;zarządzanie halami muzycznymi;usługi konkursów muzycznych; usługi w zakresie festiwali muzycznych; usługi bibliotek muzyki;publikowanie i nagrywanie muzyki; wydawanie koncertów; organizowanie festiwali talentów muzycznych oraz konkursów nagrody telewizyjnej; realizacja programów radiowych, telewizyjnych, filmów, kaset wideo oraz programów muzycznych; produkcja nagrań dźwiękowych i muzycznych;udostępnianie dostarczanej przez satelitę lub połączenia kablowe, rozrywki, muzyki i nagrań muzycznych; nauka muzyki;organizacja festiwali muzycznych do celów kulturalnych, szkoleniowych, rozrywkowych lub edukacyjnych; publikowanie materiałów edukacyjnych;wynajem, wypożyczanie lub zapewnianie instrumentów muzycznych i książek muzycznych;udostępnianie obiektów muzycznych;obozy rekreacyjne i muzyczne

PL - 45
Wykorzystanie produkcji muzycznych.

PT - 9

Música digital descarregável fornecida através de uma base de dados informática ou da Internet; gravações de música; vídeos de música pré-gravados;materiais educativos sob a forma de programas de computador para o ensino da música

PT - 16
Livros de música;livros de notas musicais; partituras;publicações impressas no domínio da música; material de educação impresso.

PT - 25
Vestuário, chapelaria.

PT - 35
Serviços de loja de venda a retalho e serviços de loja de venda a retalho em linha no domínio da música

PT - 36
Acções de angariação de fundos de beneficência.

PT - 38
Difusão de música; fornecimento de acesso a (websites) de música digital na Internet.

PT - 41
Educação; formação; divertimento; actividades culturais;organização e direcção de colóquios, conferências, congressos, seminários, simpósios e workshops; organização de espectáculos de música; composição de música para terceiros; consultoria em matéria de produção cinematográfica e musical; música digital (não descarregável) fornecida a partir da Internet;serviços educativos sob a forma de programas de televisão no domínio da música; serviços de educação relacionados com música;serviços de entretenimento prestados por um grupo musical;actuações musicais ao vivo;gestão de music-halls;serviços de concursos de música; serviços de festivais de música; serviços de biblioteca musical;edição e gravação de música; serviços de concertos; organização de concursos musicais e espectáculos de atribuição de prémios de música e televisão; produção de programas de rádio, programas de televisão, filmes, filmes de vídeo e programas musicais; produção de registos (gravações) de som e música;fornecimento de entretenimento musical, música e gravações musicais através de satélite e por cabo; ensino de música;organização de festivais de música com fins culturais, formativos, recreativos ou educativos; publicação de materiais educativos;aluguer, empréstimo ou fornecimento de instrumentos de música e livros de música;disponibilização de instalações para actividades musicais;campos recreativos e de música

PT - 45
Exploração de produções musicais.

RO - 9
Muzica digitala descarcabila provenind dintr-o baza de date de calculator sau de pe internet; inregistrari muzicale; videoclipuri muzicale preinregistrate;materiale educationale sub formă de programe informatice pentru predarea muzicii

RO - 16
Carti in domeniul muzicii;calete pentru muzică; partituri pe foi volante;publicatii tipărite în domeniul muzicii; materiale educationale sub forma tiparita.

RO - 25
Articole de imbracaminte, articole de acoperit capul.

RO - 35
Servicii de magazin de vânzare cu amănuntul şi servicii de magazin cu vânzare cu amănuntul on-line în domeniul muzicii

RO - 36
Actiuni de colectare de fonduri pentru cauze nobile.

RO - 38
Difuzarea de muzica; furnizare de acces la (site-uri web) de muzica digitala pe internet.

RO - 41
Educaţie; instruire; divertisment; activităţi culturale;intermediere şi coordonare de colocvii, conferinţe, congrese, seminarii, simpozioane şi ateliere de lucru; organizare de reprezentatii muzicale; compunere de muzica pentru terti; consultanta privind productia de filme si muzica; muzica digitala [nedescarcabila] furnizata de pe internet;servicii de educaţie sub formă de programe de televiziune cu muzică; servicii educationale cu privire la muzica;servicii de divertisment furnizate de către un grup muzical;interpretări muzicale în direct;administrare de săli de concert;servicii de concursuri muzicale; servicii de festivaluri muzicale; servicii de librarii muzicale;publicare şi înregistrare de muzică; servicii de concerte; organizarea de concursuri pentru amatori si de decernari de premii in domeniul muzical si al televiziunii; producţie de programe de radio, televiziune, filme, filme video şi muzică; producţie de înregistrări sonore şi muzicale;furnizare de divertisment muzical prin satelit şi prin cablu, înregistrări de muzică şi sunete muzicale; predarea muzicii;organizare de festivaluri muzicale în scopuri culturale, de pregătire, de divertisment sau educaţionale; publicare de materiale educative;închiriere, împrumutare sau furnizare de instrumente muzicale şi cărţi de muzică;furnizare de locaţii pentru spectacole de muzică;tabere de recreere şi muzicale

RO - 45
Exploatare de productii muzicale.

SK - 9
Stiahnuteľná digitálna hudba, poskytovaná prostredníctvom internetu alebo počítačovej databázy; zvukové zápisy; hudobné videozáznamy;vzdelávacie materiály v podobe počítačových programov na vyučovanie hudby

SK - 16
Notové zošity;hudobné zošity; partitúry;tlačené publikácie v oblasti hudby; vzdelávacie materiály v písomnej podobe.

SK - 25
Odevy, klobučnícky tovar.

SK - 35
Služby maloobchodných predajní a on-line maloobchodných predajní v oblasti hudby

SK - 36
Aktivity za účelom získavania finančných prostriedkov na charitatívne účely.

SK - 38
Hudobné vysielanie; Poskytovanie prístupu k digitálnym hudobným webovým stránkam na Internete.

SK - 41
Vzdelávanie; poskytovanie odbornej prípravy; zábava, pobavenie; kultúrne podujatia;organizovanie a usporiadanie stretnutí, konferencií, kongresov, seminárov, sympózií a kurzov; zabezpečovanie hudobných vystúpení; skladanie hudby pre klientov; konzultácie v oblasti filmovej a hudobnej tvorby; nestiahnuteľná digitálna hudba poskytované prostredníctvom internetu;vzdelávacie služby v podobe hudobných televíznych programov; vzdelávacie služby v oblasti hudby;služby v oblasti zábavy, poskytované hudobnou skupinou;živé hudobné vystúpenia;správa koncertných sál;služby hudobných súťaží; služby hudobných festivalov; služby hudobnej knižnice;hudobné nakladateľstvo a nahrávanie; koncerty [služby-]; organizovanie súťaží pre talenty a podujatia odovzdávania hudobných a televíznych cien; produkcia rozhlasových, televíznych, filmových, video a hudobných programov; výroba zvukových a hudobných zápisov;poskytovanie hudobnej zábavy, hudby a hudobných zvukových záznamov prostredníctvom satelitného a káblového vysielania; vyučovanie hudby;organizovanie hudobných festivalov na kultúrne, výcvikové, zábavné alebo vzdelávacie účely; vydávanie vzdelávacích materiálov;prenájom požičiavanie alebo poskytovanie hudobných nástrojov a par-

titúr;poskytovanie hudobných zariadení;rekreačné a hudobné tábory

SK - 45
Vyžívanie hudobnej tvorby.

SL - 9
Naložljiva digitalna glasba, nudena iz računalniške baze podatkov ali interneta; zvočni posnetki; predposneti glasbeni videi;izobraževalni materiali v obliki računalniških programov za poučevanje glasbe

SL - 16
Notni zvezki;glasbene knjige z notami; note;tiskane publikacije s področja glasbe; izobraževalni materiali v tiskani obliki.

SL - 25
Oblačila, pokrivala.

SL - 35
Storitve maloprodaje in online maloprodaje na področju glasbe

SL - 36
Denarne zbiralne akcije za dobrodelne namene.

SL - 38
Oddajanje glasbe; posredovanje dostopa do spletnih strani z digitalno glasbo na internetu.

SL - 41
Izobraževanje; pouk; zabave; kulturne dejavnosti;prirejanje in vodenje kolokvijev, konferenc, kongresov, seminarjev, simpozijev in delavnic; organiziranje glasbenih nastopov; skladanje glasbe za druge; svetovanje v zvezi s filmsko in glasbeno produkcijo; digitalna glasba [nenaložljiva], nudena prek interneta;izobraževalne storitve v obliki televizijskih glasbenih programov; storitve poučevanja v zvezi z glasbo;razvedrilne storitve, nudene s strani glasbene skupine;glasbeni nastopi v živo;upravljanje dvoran za glasbene prireditve;storitve glasbenih tekmovanj; storitve glasbenih festivalov; storitve glasbenih knjižnic;snemanje glasbe in glasbeno založništvo; koncertne storitve; organizacija tekmovanj talentov in glasbeni dogodki ter podelitve televizijskih nagrad; produkcija radijskih, televizijskih, filmskih, video filmskih in glasbenih programov; produkcija zvočnih in glasbenih posnetkov;satelitski in kabelski prenos glasbenega razvedrila, glasbe in glasbenih posnetkov; poučevanje glasbe;prirejanje glasbenih festivalov za kulturne namene, namene usposabljanja, razvedrilne ali izobraževalne namene; publikacija izobraževalnih materialov;oddajanje v najem, izposoja in nudenje glasbenih instrumentov in not;nudenje glasbene opreme/prostorov za glasbene prireditve;razvedrilni in glasbeni tabori

SL - 45
Izkoriščanje glasbene produkcije.

FI - 9
Tietokoneen tietokannasta tai internetistä ladattava digitaalinen musiikki; musiikkiäänitteet; valmiiksi tallennetut musiikkivideot;koulutusmateriaalit musiikinopetukseen tarkoitettujen tietokoneohjelmien muodossa

FI - 16
Nuottivihot;nuottivihkot; nuotit;painetut julkaisut musiikin alalla; koulutusmateriaalit painetussa muodossa.

FI - 25
Vaatteet, päähineet.

FI - 35
Vähittäiskauppapalvelut ja online-vähittäiskauppapalvelut musiikin alalla

FI - 36
Rahan keruu hyväntekeväisyyteen.

FI - 38
Musiikin lähettäminen; digitaalimusiikkia sisältävien WWW-sivustojen käyttömahdollisuuden tarjoaminen Internetissä.

FI - 41
Koulutus; koulutuksen järjestäminen; ajanviete; kulttuuritoiminnat;kollokvioiden, konferenssien, kongressien, seminaarien, symposiumien ja työpajojen järjestäminen ja ohjaaminen; musiikkiesitysten järjestäminen; musiikin säveltäminen muiden lukuun; elokuva- ja musiikkituotantoon liittyvä konsultointi; Internetin kautta tarjottava (muu kuin ladattava) digitaalinen musiikki;koulutuspalvelut television musiikkiohjelmien muodossa; musiikkiin liittyvät koulutuspalvelut;musiikkiyhtyeiden tarjoamat viihdepalvelut;live-musiikkiesitykset;konserttitilojen johtaminen;musiikkikilpailupalvelut; musiikkifestivaaleihin liittyvät palvelut; musiikkikirjastopalvelut;musiikin julkaiseminen ja tallennus; konserttipalvelut; kykyjenetsintäkilpailujen sekä musiikki- ja televisiopalkintotapahtumien järjestäminen; radio-, televisio-, elokuva-, videofilmi- ja musiikkiohjelmien tuotanto; ääni- ja musiikkitallenteiden tuottaminen;satelliitin ja kaapelin avulla tähetettävän musiikkiviihteen, musiikin ja musiikkitallenteiden tarjoaminen; musiikinopetus;musiikkifestivaalien järjestäminen kulttuuri-, opetus-, ajanviete- tai koulutustarkoituksiin; koulutusmateriaalin julkaisu;soittimien ja nuottivihkojen vuokraus, lainaus tai tarjoaminen;musiikkitilojen tarjoaminen;virkistys- ja musiikkileirit

FI - 45
Musiikkituotantojen hyödyntäminen.

SV - 9
Digital musik (nedladdningsbar) tillhandahållen från Internet eller från en datoriserad databas; musikinspelningar; inspelade musikvideor;utbildningsmaterial i form av datorprogram för undervisning i musik

SV - 16
Notböcker;notböcker; notblad;tryckta publikationer inom musikområdet; utbildningsmaterial i tryckt form.

SV - 25
Kläder, huvudbonader.

SV - 35
Detaljhandelsbutiktjänster och online-detaljhandelsbutiktjänster på området musik

SV - 36
Penninginsamling för välgörenhet.

SV - 38
Musiksändning; upplåtande av åtkomst av webbplatser för digital musik på Internet.

SV - 41
Undervisning/utbildning; anordnande av handledning/instruktion; underhållning; kulturverksamhet;arrangerande och hållande av kollokvier, konferenser, kongresser, seminarier, symposier och studiecirklar; anordnande av musikuppträdanden; komponerande av musik för andras räkning; konsultation avseende film- och musikproduktion; digital musik [nedladdningsbar] tillhandahållen från Internet;utbildningstjänster i form av musik-tv-program; utbildning rörande musik;underhållningstjänster erbjudna av en musikgrupp;levande musikuppträdanden;handhavande av musiklokaler;musiktävlingstjänster; musikfestivalproduktion; musikbibliotekstjänster;publicering och inspelning av musik; konserttjänster; anordnande av talangtävlingar och musik- och tv-prisutdelningsevenemang; produktion av radio-, TV-, film-, videofilm- och musikprogram; produktion av ljud- och musikinspelningar;tillhandahållande av musikunderhållning via satellit eller kabel, musikinspelningar och musikaliska ljudinspelningar; musikundervisning;arrangerande av musikfestivaler för kultur-, tränings-, underhållnings- och utbildningsändamål; publicering av utbildningsmaterial;uthyrning, lån, eller ombesörjande av musikinstrument och notböcker;upplåtande av musikinrättningar;rekreations- och musikläger

SV - 45
Musikproduktionsanvändning.

Exhibit J

Email Print 1109 58

HISTORY & PRINCIPLES

Doctors Without Borders/Médecins Sans Frontières (MSF) is an international medical humanitarian organization created by doctors and journalists in France in 1971.

Today, MSF provides independent, impartial assistance in more than 60 countries to people whose survival is threatened by violence, neglect, or catastrophe, primarily due to armed conflict, epidemics, malnutrition, exclusion from health care, or natural disasters. MSF provides independent, impartial assistance to those most in need. MSF also reserves the right to speak out to bring attention to neglected crises, challenge inadequacies or abuse of the aid system, and to advocate for improved medical treatments and protocols.

In 1999, MSF received the Nobel Peace Prize.

Timeline

View key moments from MSF's history.

Charter

Médecins Sans Frontières 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. Read more »

Humanitarian Action

MSF's work is based on the humanitarian principles of **medical ethics** and **impartiality**. The organization is committed to bringing quality medical care to people in crisis regardless of their race, religion, or political affiliation.

MSF operates **independently** of any political, military, or religious agendas. Medical teams conduct evaluations on the ground to determine a population's medical needs before opening programs, aiming to fill gaps that exist (rather than replicating services that are already offered) or reach communities that are not being assisted. The key to MSF's ability to act independently in response to a crisis is its **independent funding**. Ninety percent of MSF's overall funding (and 100 percent of MSF-USA's funding) comes from private, non-governmental sources. In 2009, MSF had 3.8 million individual donors and private funders worldwide.

As an organization, MSF is **neutral**. It does not take sides in armed conflicts, provides care on the basis of need alone, and pushes for increased independent access to victims of conflict as required under international humanitarian law.

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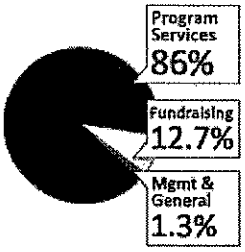
HOW YOUR FUNDS ARE USED



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By country

By issue

MSF midwife, Rebecca Ullman, talks about the difficult decisions she had to make in Ivory Coast.

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MSF's principles of action are described in the organization's 1971 founding charter, which established a framework for its activities.

Bearing Witness & Speaking Out

MSF medical teams often witness violence, atrocities, and neglect in the course of their work, much of which occurs in places that rarely receive international attention. At times, MSF may speak out publicly in an effort to bring a forgotten crisis into view, alert the public to abuses occurring beyond the headlines, criticize the inadequacies of the aid system, challenge the diversion of humanitarian aid for political interests, or call out policies that restrict access to medical care or essential medicines.

For example, in 1985, MSF spoke out against the Ethiopian government's forced displacement of hundreds of thousands of members of its own population. In 1994, the organization took the unprecedented step of calling for an international military response to the 1994 Rwandan genocide. The following year, MSF condemned the Serbian massacre of civilians at Srebrenica, and four years after that, denounced the Russian military bombardment of the Grozny, the capital of Chechnya.

SLIDESHOW

MSF Advocates on Behalf of Hmong Refugees in Thailand

In 2004 and 2005, MSF called on the United Nations Security Council to pay greater attention to the crisis in Darfur. And in 2007, MSF denounced the targeting of civilians in conflict—something that was occurring with greater frequency in the Democratic Republic of Congo, Central African Republic, Chad, and Somalia—and the governments of Thailand and Laos, which were threatening to forcibly return nearly 8,000 Hmong refugees to Laos.

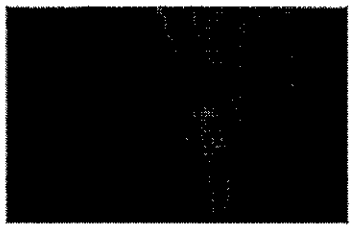
More recently, MSF endeavored to bring greater scrutiny to the inadequate response of both the South African government and the United Nations High Commissioner for Refugees following xenophobic violence against Zimbabweans and other foreign African nationals; attempts to restrict the availability of generic medicines for people living with HIV/AIDS and other diseases; the hypocritical stance of nations who send nutrition-deficient products to developing nations and call it food aid; the need for a greater response to child malnutrition across the globe; the tendency to politicize and militarize humanitarian aid, as has happened in Afghanistan and Pakistan; and the inadequate response by the international aid system to the cholera crisis in Haiti.

MSF medical teams on the ground are in constant dialogue with local authorities, warring parties, and other aid agencies in an attempt to reinforce the organization's operational independence and to facilitate the delivery of the best possible medical care for patients and their communities.

Who is MSF?

On any given day, more than 27,000 committed individuals representing dozens of nationalities can be found providing assistance to people caught in crises around the world. They are doctors, nurses, logistics experts, administrators, epidemiologists, laboratory technicians, mental health professionals, and others who work together in accordance with MSF's guiding principles of humanitarian action and medical ethics.

SLIDESHOW



Dr. Leo Ho Treats Children with Malaria in Sierra Leone

MSF field staff are supported by their colleagues in 19 offices around the world, including one in New York City. The vast majority of MSF's aid workers are from the communities where the crises are occurring, with ten percent of teams made up of international staff, including the more than 200 aid workers from the US who completed nearly 300 assignments in 2009, and the 340 US-based aid workers who left on more than 435 assignments to 45 countries in 2010.

More information:

Download an MSF fact sheet

How to apply to join MSF in the field

Quality Medical Care

MSF rejects the idea that poor countries deserve third-rate medical services and strives to provide high-quality care to patients. Simultaneously, and with equal vigor, MSF continuously seeks to improve the organization's own practices.

Chad 2007
© Anna-Karin Moden/MSF

Through the Campaign for Access to Essential Medicines and, in recent years, in partnership with the Drugs for Neglected Diseases initiative, this work has helped lower the price of HIV/AIDS treatment and has stimulated research and development for medicines to treat malaria and neglected diseases like sleeping sickness, kala azar and chagas disease.

It has led to significant improvements in MSF's logistics supply chains and several innovations in the field of humanitarian medicine, particularly in the care of chronic conditions and neglected diseases.

International Structure

MSF is an international movement made up of 19 associative organizations: Australia, Austria, Belgium, Canada, Denmark, France, Germany, Greece, Holland, Hong Kong, Italy, Japan, Luxembourg, Norway, Spain, Sweden, Switzerland, United Kingdom, and the United States.

Each association is responsible to a Board of Directors elected by its members (MSF's current and former field staff members) during an annual General Assembly. Thanks to this large network, MSF has considerable financial, human, and logistical resources.

MSF-USA was founded in 1990 in New York City to raise funds, create awareness, recruit field staff, and advocate with the United Nations and US government on humanitarian concerns.

In 2009, MSF-USA raised $133.9 million, representing more than 16 percent of the MSF network's private funding. In 2010, it sent US-based aid workers on more than 430 assignments overseas, liaised with a wide range of US media, organized high-level meetings with UN and US government officials, and arranged regular speaking events and activities across the US.

Activities

Learn more about when and how MSF responds to armed conflict, epidemics, malnutrition, and natural disasters. Continue »

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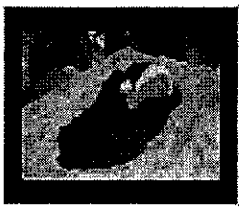

A Doctor Returns to Somaliland

VIDEO »

Meet 2-Year-Old Nyota, a Malaria Survivor in Congo

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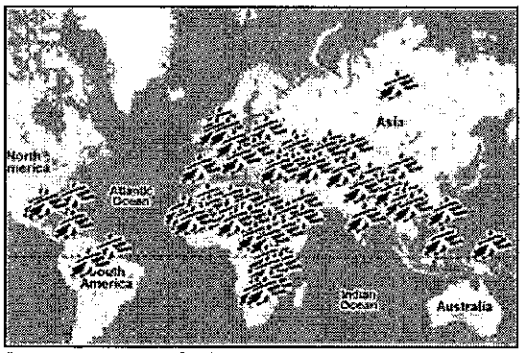
HOW WE WORK

Every year, Doctors Without Borders/Médecins Sans Frontières (MSF) provides emergency medical care to millions of people caught in crises in more than 60 countries around the world. MSF provides assistance when catastrophic events — such as armed conflict, epidemics, malnutrition, or natural disasters — overwhelm local health systems. MSF also assists people who face discrimination or neglect from their local health systems or when populations are otherwise excluded from health care.



See an overview of MSF's work around the world on this interactive map.

On any given day, more than 22,000 doctors, nurses, logisticians, water-and-sanitation experts, administrators, and other qualified professionals working with MSF can be found providing medical care around the world.

In 2009, MSF medical teams carried out more than 7.5 million outpatient consultations; delivered 110,000 babies; treated 1.1 million people for malaria; treated 200,000 severely and moderately malnourished children; provided 165,000 people living with HIV/AIDS with antiretroviral therapy; vaccinated 7.9 million people against meningitis; and conducted 50,000 surgeries.

Peru 2007 © David Levene

Slideshow: When MSF Responds

MSF is a neutral and impartial humanitarian organization that aims first and foremost to provide high-quality medical care to the people who need it the most. It does not promote the agenda of any country, political party, or religious faith, and, as such, endeavors to communicate its history, background, and capabilities to all parties in a given situation so that it may gain the necessary access to populations in need.

When MSF Responds

At its core, the purpose of humanitarian action is to save the lives and ease the suffering of people caught in acute crises, thereby restoring their ability to rebuild their lives and communities.

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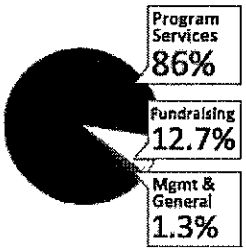

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In the countries where MSF works, one or more of the following crises is occurring or has occurred: armed conflict, epidemics, malnutrition, natural disasters, or exclusion from health care.

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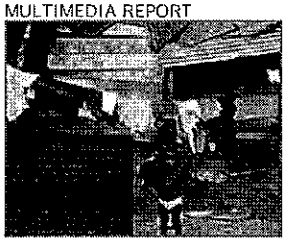
Armed Conflict

Kenya 2008 © Brendan Bannon

In numerous countries, MSF is providing medical care to people caught in war zones. Some may have been injured by gunfire, knife or machete wounds, bombings, beatings, or sexual violence. Others are cut off from medical care or denied the ability to seek the treatment they need. This could be a pregnant woman who cannot reach help to deliver her baby, or someone with a chronic condition who has no way to resupply his medicines. Conflict's consequences are manifold, and MSF has historically attempted to respond with speed, focus, and flexibility in order to deliver the necessary care to those most in need.

In 2009 and 2010, MSF provided surgical care in approximately two dozen countries, including the Democratic Republic of Congo, Haiti, Nigeria, Iraq, Somalia, and Jordan, as well as in Gaza, Sri Lanka, and elsewhere. MSF also provided medical care to refugees and internally displaced people seeking sanctuary in camps and other temporary shelters. Today, in places such as Chad, Niger, Kenya, Bangladesh, and Sudan, MSF runs vaccination campaigns and water-and-sanitation projects, provides basic medical care through clinics and mobile clinics, builds or rehabilitates hospitals, treats malnutrition and infectious diseases, and provides mental health support. Field teams also provide shelter and basic supplies—blankets, plastic sheeting, cooking pots, and more—when people have been uprooted from their homes and have nothing to help them survive.

MULTIMEDIA REPORT

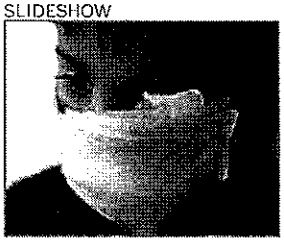


Colombia

FIELD NEWS

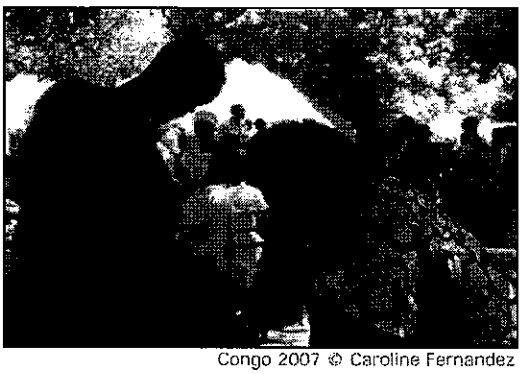
Democratic Republic of Congo

SLIDESHOW



Iraq

Epidemics


Congo 2007 © Caroline Fernandez

MSF has a long history of responding to epidemic outbreaks of cholera, meningitis, measles, malaria, and other infectious diseases that spread rapidly and can be fatal if not treated.

Over the past decade, MSF has also become involved in the treatment of the devastating pandemics of HIV/AIDS and tuberculosis, which is the leading cause of death for people with HIV/AIDS. MSF also treats neglected diseases such as kala azar,

sleeping sickness, and Chagas, diseases that largely affect the world's poorest people and for which there are, at present, few effective treatment options.

MSF believes in bringing the highest quality medical care possible to its patients. Through the Campaign for Access to Essential Medicines MSF pushes for improved diagnostics and treatments for diseases that disproportionately affect the world's poor, along with urgently needed second-line drugs for the growing numbers of patients developing resistance to first-line medicines. MSF has also called attention to the need for appropriate pediatric formulations for children with HIV/AIDS, and improved treatments and diagnostics for tuberculosis, for which there have been virtually no new advances in treatment since the 1960s.

In 1999, MSF co-founded the Drugs for Neglected Diseases initiative (DNDi) which brought together drug researchers, medical practitioners, and pharmaceutical companies to explore alternative ways of developing medicines — basing research and development priorities on need rather than profit. In 2007, DNDi and the pharmaceutical company sanofi-aventis launched ASAQ, an effective and easy-to-use treatment for malaria. More recently, MSF and DNDi worked to develop and implement the first viable new treatment for sleeping sickness in a quarter of a century, nifurtimox-eflornithine combination therapy (NECT), and they are now working to find and clinically test a new drug to treat Chagas disease.

In 2010, MSF responded to measles epidemics in several countries (particularly in Central and West Africa), a dengue fever outbreak in Honduras, kala azar outbreaks in southern Sudan and elsewhere, and a widespread outbreak of cholera in Haiti, where the organization treated more than 60 percent of all the cases that presented in the country. MSF also supported the governments of Niger and Mali as they implemented the use of a new, low-cost and longer-lasting vaccine for meningitis A.

AUDIO SLIDESHOW

Meningitis Vaccination Campaign in Sudan

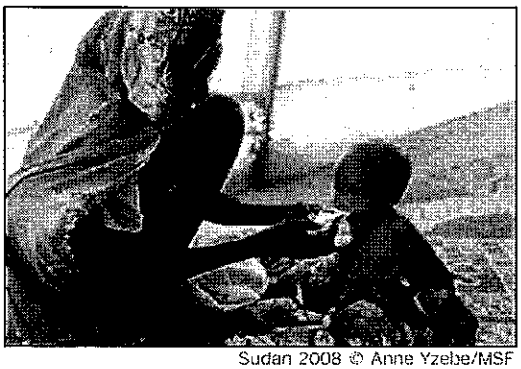
VIDEO

Treating HIV/AIDS in Malawi

VIDEO

New Malaria Medicine Developed

Malnutrition



Sudan 2008 © Anne Yzebe/MSF

An estimated 195 million children worldwide suffer from the effects of malnutrition, with 90 percent of them living in sub-Saharan Africa and South Asia. In fact, malnutrition contributes to at least one-third of the eight million annual deaths of children under five years of age.

In 2009, MSF treated approximately 200,000 severely and moderately malnourished children in a host of countries in Africa and Asia. In many cases, teams employed ready-to-use therapeutic food, or RUTF, a revolutionary product that is changing protocols for responding to malnutrition. These nutrient-dense milk- and peanut-based pastes include all the minerals, vitamins, and nutrients that rapidly growing young children need for proper development. In traditional treatment programs, severely malnourished children had to be hospitalized for several weeks to receive treatment.

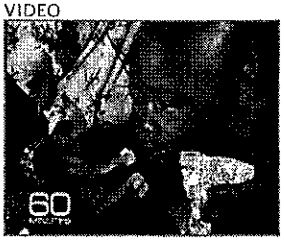
The fact that several weeks worth of RUTF can be given to families and then taken at home means that far more children can be treated than ever before.

In Niger in 2005 MSF pioneered the use of RUTF on a massive scale, treating 63,000 severely malnourished children on an outpatient basis with cure rates of nearly 90 percent. These results provided the impetus for MSF to begin treating moderately malnourished children in Niger with RUTF rather than providing them with the standard supplemental-enriched blended flour.

In 2007, MSF launched a pilot project using a modified RUTF to prevent malnutrition from developing in children living in one of Niger's high prevalence districts. Two years later, a study published in the Journal of American Medicine (JAMA) showed, as an MSF press release stated at the time, that "children in rural Niger who received ready-to-use food in addition to their normal diet were nearly 60 percent less likely to progress to the most life-threatening form of malnutrition than children whose diets were not supplemented."

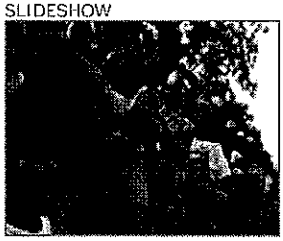
In 2010, MSF teamed with VII Photo Agency to launch the "Starved for Attention" multimedia campaign. The ongoing campaign has already been shown in several American, European, and African cities and featured in numerous media outlets. In pictures and video, it exposes the neglected and largely invisible crisis of childhood malnutrition and urges countries making the largest contributions to food assistance to supply the right foods and adequate resources for nutrition programs in the most -affected countries. MSF sent letters to the heads of several governments and top aid officials in the US and elsewhere to call for the reform of their food aid policies. Tens of thousands of people have already signed a petition that will be presented to leaders on the eve of the G8 Summit in France in 2011.

VIDEO



Anderson Cooper's Special Report on 60 Minutes

SLIDESHOW



Preventing Malnutrition in Niger

PODCAST

Interviews with MSF Team in Niger

Natural Disasters

Natural disasters can overwhelm a local or national health structure in a matter of minutes. There are times when the aftermath of monumental disasters requires more of a development and reconstruction focus than a medical one. This was the case after the Indian Ocean tsunami in 2005, when other organizations and government agencies had the necessary capacities to address the most pressing needs and there actually was not much for MSF to do.

Pakistan 2005 © Ton Koene/MSF

In numerous instances, however, MSF played a large role in tending to the wounded and the ill who were left in a catastrophe's wake. In several situations, MSF teams were already present in a place when disaster struck and were thus able to respond quickly. This was the case when the Kashmir region of Pakistan and India was hit by a devastating earthquake in 2005, when flooding swamped Mexico in 2007, and

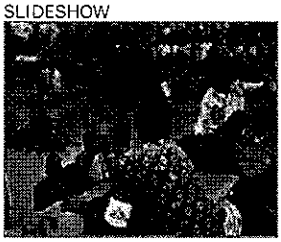
when cyclones thrashed Bangladesh in 2007 and Myanmar in 2008. MSF teams were able to rapidly assess where their expertise would be of most assistance and set up primary and secondary care health facilities, surgical units, and mobile clinics to reach people trapped in remote areas.

More recently, MSF launched what became the organization's largest-ever emergency effort following the January 2010 earthquake that devastated Haiti, killing more than 200,000 people and leaving more than a million homeless. Because MSF has been working in Haiti since 1991 teams were able to respond quickly. In the first seven weeks, nearly 1,200 tons of supplies were flown, driven, and carried by boat into Haiti. Staff was increased from 800 to more than 3,300, the vast majority of them Haitian. In the three-month emergency phase that followed the earthquake, MSF treated more than 165,000 people. Through October 2010, the organization treated nearly 360,000 people.

VIDEO

Surgical Care in Aftermath of 2005 Earthquake in Pakistan

SLIDESHOW



Bangladesh: MSF Assists Cyclone Sidr Victims

SLIDESHOW

Assistance to Victims of 2007 Earthquake in Indonesia

Exclusion from Health Care

In many parts of the world, certain groups—refugees, internally displaced people, migrants, minorities, the unemployed, prisoners, people with HIV/AIDS or tuberculosis, drug users, sex workers, street children and others—are marginalized and prevented from accessing adequate health care simply because of who they are. They may fear stigma and be reluctant to seek help, or their health care system may deliberately neglect or exclude them.

Rohingyas Refugees in Bangladesh

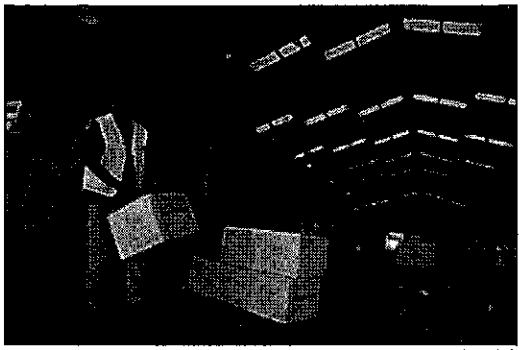
In these instances, MSF tries to bridge the gap in services and call on governments to make sure that all of the people for whom they bear responsibility can get the treatments they need. In places such as Bangladesh and Honduras, MSF medical teams provide medical, social, and mental health care to those affected by institutional neglect and advocate with local and national governments and civil society for improved access to services and increased social acceptance for their patients.

Expertise

Since its inception, MSF's work has required specialized medical and logistical support and medical departments that work together to ensure that innovations and research advances are incorporated into the organization's practices. This is an ever -evolving process, one that the organization is constantly looking to improve and expand. For instance, MSF has continually tried to upgrade its logistical networks and supply chains. And the organization now utilizes specialized medical kits and equipment that enable its teams to start saving lives immediately after they are deployed.

Custom-designed by MSF for specific field situations, geographic conditions, and climates, these medical kits may contain everything

needed to set up an entire operating room, or all of the supplies needed to treat hundreds of cholera patients as quickly as possible. In Pakistan in 2005 and in Haiti in 2010, MSF employed inflatable hospitals to give patients an actual facility in which they could be treated.



Uganda 2007 © MSF

MSF has likewise demonstrated proven expertise in the field of epidemiology through repeated experiences of diagnosing and controlling outbreaks of diseases—cholera, for example, or meningitis, measles, and even lead poisoning—by conducting emergency vaccination campaigns and treating the sick.

Epicentre, MSF's epidemiological research arm, conducts assessments and studies to bolster MSF field teams' efforts to understand the medical and nutritional needs in their area of operation, improve treatments and protocols, and develop high-quality medical care initiatives in field projects. Research from Epicentre and MSF published in 2006, in fact, showed that rapid, mass vaccinations can reduce the toll of measles epidemics in Africa, even after the epidemic has begun. The findings spurred the World Health Organization to change their protocols on responding to measles outbreaks, which had previously operated on the assumption that mass immunizations were of limited value once an outbreak was underway.

Medical data and research from MSF field operations are regularly published in peer-reviewed journals and other periodicals. MSF also publishes special reports on devastating health issues, such as sexual violence and pediatric AIDS.

Speaking Out

As part of its founding principles, MSF stands ever ready to speak out publicly on a given issue should the situation call for it. This could mean that a certain group is being neglected, that military or political efforts are causing severe medical consequences, or that international organizations are not doing enough to respond to an emergency.

Additionally, MSF advocates in capitals and board rooms around the world in order to combat policies that might restrict access to essential medicines and health care.

These efforts could take the form of a public statement, an op-ed article, posts on MSF's Facebook, Twitter, and Tumblr pages, or media appearances used to spread the word on a particular issue.

Closing a Project

Since MSF is an emergency medical organization, handovers are also necessary so that resources can be allocated to the next emergency response, when and where the needs arise.

There often comes a time when the services MSF offers are no longer necessary, when, for example, an epidemic or a conflict has abated, or local organizations are able to take over the operations. There is not a rigid and specific formula for when this might occur; nor is it always an easy decision. It is a very complex process that depends on the specific project, the immediate context, the capabilities that exist on the ground, and the judgment of field and headquarters staff.

In 2009, for example, MSF handed over its HIV/AIDS programs in Cambodia to local actors. In 2010, it handed over a number of projects in Liberia, where relative stability had arrived after many years of civil war, and closed its Bon Marche hospital in the town of Bunia, in the Democratic Republic of Congo, because it was

determined that the situation in the immediate area had improved and that the emergency needs were greater in other locations.

In each case, MSF does the best it can to ensure high quality continuity of care.

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ON THE MEDICAL FRONTLINES

WHAT IS DOCTORS WITHOUT BORDERS/ MEDECINS SANS FRONTIERES (MSF)?

Sudan, 2007 © Simon Burroughs/MSF

Doctors Without Borders/Médecins Sans Frontières (MSF) delivers emergency medical assistance to people affected by armed conflict, epidemics, malnutrition, natural disasters, or exclusion from health care in nearly 60 countries. An independent international humanitarian organization, MSF unites direct medical care with a commitment to bearing witness to the plight of the people it assists.

In emergencies and their aftermath, MSF provides essential health care, rehabilitates and runs hospitals and clinics, performs surgery, responds to epidemics, carries out vaccination campaigns, operates feeding programs for malnourished children, and offers mental health care. When needed, MSF also constructs wells and dispenses clean drinking water, and provides shelter materials like blankets and plastic sheeting. MSF also provides treatment for people caught in the medical catastrophes of HIV/AIDS, malaria, and tuberculosis, and advocates for appropriate and affordable quality treatments and diagnostics through its Campaign for Access to Essential Medicines.

On any one day, close to 27,000 doctors, nurses, logisticians, water-and-sanitation experts, administrators, and other qualified professionals can be found providing medical care in international teams made up of local MSF aid workers and their colleagues from around the world.

Founded in 1971 in France, today MSF is an international association with offices in 19 countries. MSF-USA was established in 1990 in New York City. In 1999, the organization was awarded the Nobel Peace prize.

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

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ON THE MEDICAL FRONTLINES

HUMANITARIAN ACTION IN CONFLICT

Somalia, 2006 © Espen Rasmussen

"Humanitarian action is based on the conviction that ordinary people caught in conflict and crisis, whoever and wherever they may be, deserve to be spared from the excesses of violence and to receive lifesaving assistance that is impartial, neutral, and free from political or religious agendas.

It has a limited, one could even say modest, ambition: to seek out those in the gravest danger, alleviate suffering, and help as many of them as possible survive. This is the simple and extremely powerful idea at the core of what Doctors Without Borders/Médecins Sans Frontières (MSF) has been doing for more than 35 years.

Civilians are subject to unrelenting violence and discrimination in conflict. Think of the millions of people forced from their homes in Colombia, the Democratic Republic of Congo, Chad, Somalia, Sri Lanka, and Sudan struggling to survive and facing uncertain futures. Think of the Hmong refugees in Thailand who talk of suicide rather than face forced repatriation to Laos. Think of the Iraqis subjected to unimaginable violence on a daily basis and with little or no medical care.

The principles of humanitarian action require that we push for access to those we cannot reach; that we provide lifesaving medical assistance to those we can; and that we bear witness to the plight of people trapped in conflict in the absolute conviction that there must be a space for humanity in war. If it is true to itself, humanitarian action should not only give tangible help, it should also be a constant thorn in the side of those responsible for atrocities and those who choose to ignore them."

Nicolas de Torrenté
Executive Director, MSF-USA

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PUBLICATIONS

International Activity Report 2002

Srebrenica: Questions for the Future

Having been the only international aid organization to witness the 1995 Srebrenica massacre, MSF has repeatedly called for independent and thorough inquiries into the tragedy. In 2001, MSF presented testimony at the French Parliamentary Hearing into the Srebrenica tragedy. In April of 2002, MSF submitted "Srebrenica: Questions for the Future" to the Netherlands Institute for War Documentation (NIOD) asking that the institute's independent inquiry into the events clarify key questions. Excerpts from the report are below. Click here to read the full document.

MSF in Srebrenica: Questions for the Future, 2002

MSF Activity Reports on Srebrenica: Questions for the Future:
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All articles on Srebrenica: Questions for the Future »

On July 11th 1995, the east Bosnian city of Srebrenica fell into the hands of the Bosnian-Serb army. This resulted in a mass exodus from the enclave; approximately 7,000 men have since been killed or are missing.

The people of Srebrenica lived in a "safe area" as labelled by the United Nations. They were convinced that those same UN forces that carried the word "protection" in their name would protect them: UNPROFOR (United Nations Protection Force). The UNPROFOR battalion in Srebrenica at the time of the fall was the Dutch battalion, Dutchbat.

As the only international aid organization with international staff in Srebrenica at that time, MSF witnessed the panic and fear of death amongst the population during the fall of the enclave and the days that followed. MSF witnessed the international community's failure to act, which resulted in the deaths of many thousands of people. The fact of our presence bearing witness to events provides us with the responsibility to demand total disclosure of the facts.

The international community and the Dutch parliament must never again allow people in conflict situations to be deluded by a false sense of security; they must never again allow their soldiers and humanitarian aid workers to be placed in such an untenable position; they must put the lessons from "Srebrenica" into practice to promote real protection of civilians and prevent crimes against humanity.

INTERNATIONAL ACTIVITY REPORT 2002

Same aims, different means? Why promoting "coherence" in military and humanitarian goals is a disservice to civilians in need

Treatment starts now: Increasing access to HIV/AIDS treatment in resource-poor countries

Ten Years for the Rohingya Refugees: Past, Present and Future

Mental health care within MSF activities

Chechnya/Ingushetia: A Deliberate Strategy of Non-Assistance to People in Crisis

Srebrenica: Questions for the Future

The Palestinian Chronicles: Trapped by War

DR Congo: Quiet, We're Dying

Violence, Health and Access to Aid in Unity State/Western Upper Nile, Sudan

Populations Affected by War in the Mano River Region of West Africa: Issues of Protection

Words into Action: What the Doha Declaration means for public health

The Good Medicine: Why are millions of malaria victims in Africa going without a treatment that works? by Tine Dusauchoit, MD, General Director, MSF Operational Center, Brussels

The Year in Review
Dr. Morten Rostrup
President, MSF International Council
Rafael Vilasanjuan
MSF Secretary General

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PUBLICATIONS

International Activity Report 2001

Rwanda

MSF Responds to Needs Stemming From War and Genocide

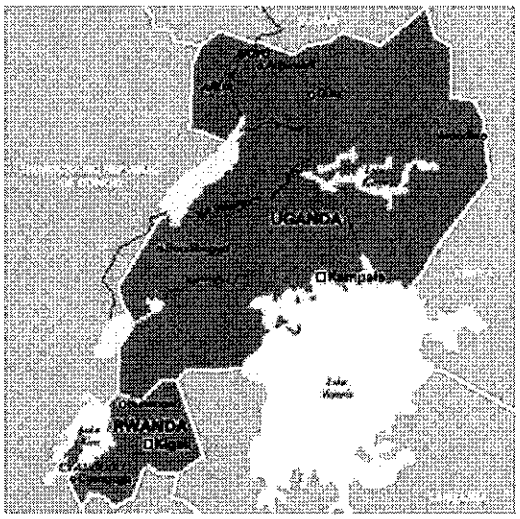
Rwanda is still reeling from the genocide in 1994 and the large-scale population displacements that rocked the country in the early and mid-1990s. The country also remains embroiled in war in neighboring Congo.

Pressing health concerns include mental trauma stemming from the genocide, war-related injuries, rising rates of HIV/AIDS, and diseases such as malaria, cholera, and meningitis. The health system lacks investment, with the government continuing to invest much of its budget, and its attention, in the war.

MSF in Rwanda, 2001

MSF Activity Reports on Rwanda:
2007, 2006/2007, 2006, 2005, 2004, 2003, 2002, 2001

All articles on Rwanda »



International staff:

11

National staff:

90

Assisting Traumatized Women

Many women were subject to torture and sexual violence during the genocide. Many also lost their husbands and faced the strain of taking over as head of the household. To aid these women, MSF joined forces with three Rwandan NGOs in August 2000 to create group therapy and awareness-raising sessions. MSF trains Rwandan trauma counselors, who lead the groups.

Another new project seeks to educate children about HIV/AIDS, which now affects more than 11% of the adult population (ages 15-49). This program reaches all primary schools in Cyangugu and Kigali prefectures—a total of nearly 28,000 children. In late 2001, direct care for people living with AIDS will begin in Kigali, the capital.

Support for Bushenge Health District

INTERNATIONAL ACTIVITY REPORT 2001

Earthquake: El Salvador, India, and Peru

Srebrenica, Five Years Later

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Caught in the Crossfire: The Refugee Crisis in West Africa in 2000-2001

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Protection For, or Protection From?

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Using the Law of War to Protect the Displaced
Françoise Bouchet-Saulnier
MSF Legal Director and Director of Research at the MSF Foundation, Paris, France

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Activity Report by Country

MSF continues its support of the Bushenge health district in Cyangugu prefecture. Since 1997, MSF has helped improve care in the district's hospital and nine health centers. In 2000, maternity wards were built in two of the health centers. MSF also began a project to improve water and sanitation by constructing water supply and rainwater collection systems to supply five health centers. This program includes response to epidemics related to the water supply, such as the cholera outbreak that hit the area in late summer 2000.

MSF also remains ready to respond to other emergencies. After fighting in northwestern Rwanda in June 2001, MSF began surgical intervention in Ruhengeri.

Witness to Past Events

In spring 2001, MSF doctor Rony Zachariah was called to testify at a groundbreaking trial in Belgium of four Rwandans accused of genocide and crimes against humanity. He spoke about what he had seen in April 1994, when Rwanda was plunged into the butchery that would claim the lives of one million people. The defendants were eventually found guilty.

Although Zachariah testified as an individual, and not as a representative of MSF, his presence in the Brussels courtroom with the full support of the organization attested to the importance of witnessing, or "témoignage," as part of MSF's mission.

MSF has been working in Rwanda since 1991.

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SPECIAL REPORT

Breaking the Cycle: Calls for Action in the Rwandese Refugee Camps in Tanzania and Zaire

NOVEMBER 10, 1994

Contents

1. Summary
2. Introduction
3. Events Leading Up to the Refugee Crisis
4. The Power Structures in the Camps
5. Security Incidents
6. Misuse of Humanitarian Relief Goods
7. Militarization
8. Impunity of the Perpetrators of Genocide
9. Conclusion: The Moral Dilemma for the Aid Agencies
10. Recommendations

Summary

The situation in the camps for Rwandese refugees in Tanzania and Zaire cannot be sustained. Humanitarian relief organizations may well be forced to halt their humanitarian relief activities. The security situation in the camps is deteriorating. Refugees do not enjoy adequate protection and live in fear for their lives with killings and disappearances becoming regular events. Refugees are being threatened and killed for wishing to return to Rwanda by the militia. Humanitarian relief operations are being interfered with and the militia is ruling a reign of terror. Living and working conditions of refugees and aid workers in the camps are becoming more and more unacceptable.

Those responsible for the genocide and other grave breaches of humanitarian law of Rwanda's minority Tutsi ethnic group and moderate Hutus go unpunished and walk around freely in the refugee camps in Tanzania and Zaire enjoying the facilities of international relief operations. In this respect an important first step has been taken by the United Nations (UN) Security Council which decided that an international tribunal will be set up to try these criminals.

Refugees regularly get subjected to violence by members of the militia and sometimes get killed publicly because of their wish to return to Rwanda. Refugees wanting to return home are being considered collaborators with the Rwandese Patriotic Front (RPF). Community leaders hold meetings urging people not to return. The former Rwandese authorities having called upon the Hutu population to follow them into exile, now hold the refugees hostage in the camps. Aid workers have also become targets of violence and have repeatedly received threats against their lives. As a result they had to withdraw from the camps temporarily.

The distribution of humanitarian relief is being controlled and aid is often diverted by community leaders many of whom themselves are suspected of having been involved in the genocide. Refugees do not have equal access to humanitarian aid. The United Nations High Commissioner for Refugees (UNHCR) has found it impossible to do a census of the refugees in Goma and to set up independent refugee groups to assist with food distribution. They have found that such groups are also threatened.

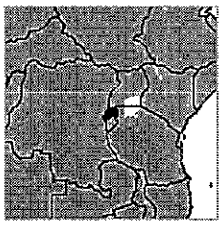
There is growing evidence of the refugee camps becoming training bases for members of the militia and the former Rwandese armed forces (FAR). Weapons have been found and military training occurs openly. Rumors circulate widely that preparations are being made for a military offensive in the near future.

The UN Secretary General has called for the immediate deployment of an international police force to establish order in the camps and urged UN member states to support a proposal to this effect which in due course will be put to the Security Council.

Aid workers are becoming increasingly outraged that they are becoming unwilling accomplices to the perpetrators of the genocide in Rwanda.

Médecins Sans Frontières (MSF) is calling on the relevant bodies of the UN and its individual member states to take all measures needed to ensure that those suspected of having been involved in the genocide in Rwanda are brought to justice;

RWANDA



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that refugees get adequate protection and do not have to live in fear of their lives; that they get equal access to humanitarian relief goods; that the militia and military are separated from the refugees into different camps; and that adequate measures are taken to improve the security situation of refugees and of relief workers.

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Introduction

This report documents and analyses the situation in the Rwandese refugee camps and reports about human rights violations in relation to problems of security, distribution, repatriation and miniaturization.

The report illustrates the problems in the camps and provides background to the position of MSF. If no immediate measures are taken to establish order and security in the camps and to bring the perpetrators of the genocide to justice, MSF may be forced to halt its humanitarian relief operations.

Since the beginning of the refugee crisis, the refugees rights' are being flouted daily. The situation has recently become more tense and the diversion of aid by the former leaders of Rwanda systematic and more organized. The MSF teams in the field, as well as those of other organizations, are becoming increasingly outraged not only about the deterioration of the security in the camps and human rights abuses by the alleged perpetrators of a genocide, but also about the absence of clear international action.

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Events Leading Up to the Refugee Crisis

April 1994 marked the beginning of a human tragedy in Rwanda in which probably more than 500.000 people, most of them members of the minority Tutsi ethnic group and moderate Hutus were massacred throughout Rwanda. On 6 April an attack was carried out on a presidential aircraft in which President Juvénal Habyarimana of Rwanda and President Cyprien Ntyamina of Burundi were killed.

The killings have been systematic and were clearly instigated and accepted at the highest level of the former government. Most of the killings were carried out by members of the extremist Hutu parties and circles close to the president especially by the militia of the *Mouvement Républicain National pour la Développement et la Democracie* (MRND), the *interahamwe* ("those who attack together") and the *Coalition pour la Défense de la République* (CDR), the *impuzamugambi* ("they with a single purpose").

The killings were planned, systematic and horrifying in nature. Since the beginning of the war in 1990 the authorities had prepared their supporters through propaganda inciting Hutu to kill all members of the Tutsi ethnic group and the militia had received intensive military training. Roadblocks were set up within hours after the attack on the presidential aircraft and every Tutsi or moderate Hutu passing them was killed. Unarmed defenseless people including whole families were being exterminated in appalling manners. MSF staff present in Rwanda at the time witnessed piles of bodies everywhere and attempted to give medical aid to numerous victims of violence. For example, on 15 April in Kibeho in South West Rwanda MSF staff witnessed how at least a hundred unarmed villagers were killed. The Hutu mobs were launching in on the Tutsi civilians with home made weapons and soldiers were firing into the crowds with machine guns. The sick, the old and the mothers, small children and babies were not spared. People were screaming and trying to escape.

Soon it became clear to the international community that the massacres could be qualified as genocide which was also confirmed by the United Nations (UN) Secretary General in May when he addressed the Special Session of the Human Rights Commission on Rwanda.

In areas controlled by the RPF there have also been reports of hundreds of deliberate executions and disappearances both before the victory of the RPF as well as after. However these killings are not at all on the same scale as the massacres of Tutsi and moderate Hutu.

The conflict in Rwanda has led to an unprecedented flow of internally displaced persons and refugees. More than two million people are reported to have left their homes out of fear for the hostilities between the forces of the former Rwandese government and those of the RPF and out of fear for the massacres and/or reprisals. Tanzania is giving shelter to 255,000 refugees in Benaco camp, 98,000 in Lumasi and 30.000 in Musuhura. Zaire harbors around 600,000 refugees in the areas around Goma in Kahindo, Katale, Kibumba, Kituku and Mugunga camps. An estimated 140,000 refugees reside around Bukavu in Chimanga, Hongo, Kaléhe, Kashusha, Kamianola camps. Most refugees are Hutu.

The influx of refugees around Goma started on 14 July. Within a few days aid agencies unexpectedly faced hundreds of thousands of people who had crossed the border and settled around Goma. The consequences were disastrous. Famine and thirst were followed by a cholera epidemic in which more than 20.000 refugees died in the first days. This epidemic was followed by an outbreak of dysentery.

The UN is giving assistance to the refugees through several of its agencies including United Nations Children's Emergency Fund (UNICEF), UNHCR, the World Food Program (WFP), the World Health Organization (WHO). More than 50 non governmental humanitarian organizations (NGOs), including MSF, are also providing humanitarian relief to the refugees in all these areas.

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The Power Structures in the Camps

The former Rwandese authorities have control on almost all aspects of camps life. It appears that there is close co-ordination between the former Rwandese government, the military, the civilian authorities and the militia. The same structures of authority which prevailed in Rwanda continue to exist in the camps and the militia continues to be active.

The Administrative Authorities

The former government, the prefects and burgomasters have strong power over the refugees. Although the exact nature of the structures between the former government, leaders, the militia and the former Rwandese army is difficult to establish, certain mutual links continue to exist and are based on the politico-administrative structure which previously existed in Rwanda. A meeting of the former government, the former Rwandese army and most likely the representatives of the militia was held in Bukavu at the beginning of October. Here it was decided to seize power over the camps.

The former government is the only body able to represent the refugees as a whole. In Goma MSF received reports of visits to the camps of two well-known former government officials: the old Minister of Defense and former prefect of Buymba, and the chief of staff of the former Rwandese army. Similarly, the former prime minister visited Katale and Kibumba camps in October. He was greeted with much enthusiasm in Kibumba where he spoke to a crowd of several hundred people. His speech inflamed the spirits of the listeners and when asking the crowd if they wanted a peaceful or a violent return to Rwanda, he was greeted with an overwhelming cry for war.

The administration in the camps is organized in *prefectures, communes, secteurs* and *cellules*. Each of these levels is headed by a leader. They are headed by the former Rwandese government, the former Rwandese army and the former members of parliament in close collaboration with the prefects and burgomasters.

In Bukavu a security committee was established by the leaders, which is headed by the so-called *chef de securité*. This person is in direct contact with those responsible for police, intelligence and law and order. Six judges are also reported to be part of this committee.

The former government officials have been able to reinforce their position. The distribution of relief items is arranged through the leaders from the top down, which allows them to determine the beneficiaries. MSF has received reports that the leaders' lists often are not fair nor reliable and are composed of names to serve their political ends. There are reliable reports that the names of certain refugees do not appear on these lists and that consequently they do not receive humanitarian relief at times of distribution.

The Militia

The militia can be identified as armed young men in their late teens or early twenties wearing a sports outfit and/or military garments. Often acting upon the authority of the leaders, they employ a policy of terror among the refugees.

On 30 September a serious incident occurred in Katale camp during which the militia killed a Rwandese boyscout. Another 29 are reported to have disappeared. The boyscouts were delegated to regulate the traffic and the distribution of relief goods. UNHCR, not having the assistance of an independent body to maintain law and order, was forced to rely upon their order control activities. The boyscouts were seen as an obstacle by the leaders to extend their power.

The Former Rwandese Army

The FAR is present in the camps in Zaire, Mugunga near Goma and Chimanga near Bukavu and in the Tanzanian camps. They live with their families among the refugees. A military structure continues to exist and stocks of arms and training

activities have been reported. The market in Mugunga camp is extremely well-supplied and bags of relief goods are openly being traded.

The Refugees

The refugees live together with their relatives and neighbors of their *communes* in Rwanda. The social structures of the refugees have proven to be effective in that those living near their *communes* are usually well supplied with humanitarian relief goods. In August, it appeared that the mortality rate in Kibumba camp, which is organized along communal lines, was lower than in Katale camp, where many refugees have been separated from their *communes* and/or their families. In the sectors where the refugees live together, they have firm social control over each other and easily identify foreigners. In many cases outsiders are being labeled as 'RPF infiltrators'. Guards are selected by the refugees to protect them against stealing and looting.

The Presence of International Aid Agencies

The international community is present in the Rwandese refugee camps only through humanitarian activities. UNHCR took up its traditional role as the co-ordinator of the relief efforts for the refugees. Food was brought in by WFP relatively quickly. For the implementation of the programs UNHCR relied heavily on large specialized NGOs. Several military or civilian contingents of national forces were deployed in Goma for heavy logistics such as the transport of water and delivering medical services.

Although the mandate of the United Nations Assistance Mission for Rwanda (UNAMIR) does not extend to the camps, UNAMIR distributed leaflets to the refugees in August by helicopter. These leaflets stated that Rwanda was not only a safe country to return, but also that the refugees were willing to return. This appeared to be an uncoordinated UNAMIR action. They had not consulted UNHCR nor had they asked the Zairian authorities permission to fly over their territory. The refugees' leaders immediately reacted by stating that this was RPF propaganda.

The Authorities in Control of Law and Order

The governments of Tanzania and Zaire kept their borders open despite all difficulties posed by an influx of hundreds of thousands of refugees. On their territory they have jurisdiction over the refugees including the duty to maintain law and order in the camps.

Tanzania decided already in June that it would send 300 police men as a security force to the camps in the Kagera district. It took more than four months of pressure from aid agencies for a force of 226 men finally to be deployed. Financial mismanagement and bureaucracy on behalf of the Tanzanian authorities seem to have been the cause of their delayed employment.

The Zairian army is organized in an overlapping network of military and paramilitary forces, each of which is led by one of Mobutu's close allies. Due to irregular payment of salaries, most of these forces are a continuous source of unrest. In the region around Goma there are, among the regular troops, special forces such as the *division speciale presidentielle* (dsp) which are paid incentives by UNHCR, a special unit deployed after the refugees' influx in the region and the SARM (*Service et Action de Renseignements Militaire*).

The Zairian and Tanzanian national authorities work together with the UNHCR and they in turn work directly with the leaders attempting to maintain a minimum level of security. During weekly meetings UNHCR representatives encourage co-operation with the national authorities and demand that the leaders themselves become more responsible in restraining the trends towards popular justice and summary executions. After an incident between Zairian military and refugees in Katale camp, UNHCR officials gave megaphones to the camp leaders in order to establish control of the crowd. Without the support of the international community, the UNHCR has in effect little choice but to collaborate with the leaders.

In Benaco a 350 men Rwandese security force was selected upon advise of the leaders and employed by the UNHCR without interviewing them on their previous activities. They assist in the distribution of relief goods, concentrate on the most crowded points such and the UNHCR registration center and patrol the roads. Thus the UNHCR boosted the leaders' power. Although UNHCR now admits now it was a mistake, it cannot be reversed.

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Security Incidents

While MSF does not have crime statistics, it believes security incidents occur regularly because of the frequency with which the Organization receives these reports. Refugees are being threatened, attacked and killed for being 'RPF spies' or

for wanting to return to Rwanda. Such popular justice takes the form of summary executions, public stoning and physical violence and is often being carried out by the militia.

Security and intelligence systems run by Hutu leaders have become even more efficient since early September. Security and intelligence are geared primarily towards identifying infiltration of the RPF and controlling tightly the refugees. Anyone suspected of being an 'agent' of the RPF is likely to be subject to summary justice.

On 9 June in Benaco camp MSF staff witnessed a violent crowd chasing a man who was accused of stealing, with sticks, hoses and broken bottles and killed him. A leader mentioned that the man was a RPF spy and stated: "this is what should happen to all RPF people."

In Goma similar events were reported on 25 August when an alleged RPF spy was followed into a medical facility of *Medicos del Mundo* (MDM) in Mugunga camp. The medical personnel could do nothing but handing over the man to the crowd and paying the Rwandese military for their 'services'. One international medical agency reported fresh bodies in Mugunga camp every morning during September.

In Kituku camp four men, who were not inhabitants of the camp, were seen at the water reservoir on 25 October. The refugees suspected them of being RPF infiltrators trying to poison the water. One of the four was caught and subsequently stoned to death by the refugees.

Four armed persons were detained by the refugees in Katale camp on 30 October. The rumor was that the men had come from Kigali and entered the camp to kill some personnel of the international agencies in order to force them to pull out.

In Kibumba camp five men were killed said to be Tutsis on 1 November. One of them trying to seek refuge into a MSF feeding center was followed and beaten to death. MSF staff were prevented from intervening.

Reprisals Against Refugees Willing to Return to Rwanda

While in the early days of the crisis entire communities were forced to follow their leaders, the leaders' terror campaign is now aimed at keeping the refugee population in the camps for their own political ends. MSF has witnessed several meetings in which the refugees were discouraged to return. In Benaco a wall newspaper "Shishoza" ("be aware") incited the refugees not to return. Refugees have been influenced by such propaganda. Effectively, they have become hostages of their own leaders. Refugees will refer immediately to their leaders if being asked when they will return to Rwanda. Anyone who questions the leaders' authority is seen as an agent of the RPF and is subjected to summary justice.

On 22 August, 19 refugees were killed in Benaco camp because they were returning or suspected of returning to Rwanda.

In Goma UNHCR stopped encouraging voluntary repatriation after an incident which occurred on 23 August. A group of 200 to 300 people who were waiting to be transported along the road of Kibumba to return to Rwanda was attacked by the militia. As a result, several refugees got wounded.

Apart from intimidation and violence employed by the leaders against refugees wishing to return to Rwanda, repatriation is also seriously hampered due to reports of reprisals by the Rwandese Patriotic Army (RPA). The contents of an UNHCR internal report which apparently reports about the bodies of thousands of people suspected of having been killed by the RPA became known publicly in October. In October Amnesty International published a report about killings and abductions by the RPA. Reports of abuses by the RPA have been used as political propaganda by the leaders who do not want the refugees to return. The delay in sending UN human rights monitors to Rwanda can also be considered as a complicating factor in creating a safe climate in Rwanda to which refugees are willing to return.

Threats to Staff of International Relief Agencies

On 2 October the security for some local personnel of the relief agencies seriously deteriorated in the camps around Ngara as one local staff was killed and three others reportedly disappeared.

On 29 August a MSF car was stopped and the radio and personal belongings of the two expatriates were stolen. On the same day a Canadian television crew was robbed of their equipment.

On 2 September the Zairian authorities announced, following a cabinet meeting in Kinshasa, that the refugees should have left Zaire before the end of the month. The refugees believed that the aid agencies would terminate their activities over the weekend. Crowds started to demand their relief supplies.

On 30 September the relief agencies had to suspend their activities in Katale because of the fighting between the boyscouts and the militia. CARE Canada, responsible for carrying out the food distribution in the camp, was told that names of their expatriate staff were on a so-called 'hit list' of the militia. Their staff also received death threats. Consequently, the Organization decided to pull out.

Incidents Involving National Authorities

Those involved in controlling law and order in the camps are often seen to be harassing and provoking the refugees.

On 4 August one Zairian soldier was killed in Katale by refugees with machetes when the soldiers tried to confiscate a car belonging to the refugees.

During August and September, there were reports of men wearing masks who have been involved in robberies. They were alleged to be members of the Zairian army.

On 19 October Zairian military tried to steal a car belonging to a refugee in Katale. After the refugees disarmed the soldier, a Zairian colonel with 15-20 soldiers entered the camp and started beating the owner of the car. A riot between the soldiers and the refugees then erupted. Finally, UNHCR brought the unrest under control in co-operation with the leaders and the Zairian authorities.

Banditry

Ordinary criminal acts also occur regularly in the camps.

On 29 September a man known for his criminal activities and mental illness, who spent several years in prison in Rwanda, headed a gang of 20 men armed with machetes in Kibumba camp. On the crowded points around the distribution center and medical facilities they threatened relief workers and stole several items of the equipment of the relief agencies.

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Misuse of Humanitarian Relief Goods

The diversion aid can be noticed in the camps in many forms.

Mostly young men are selling food contained in WFP sacks or UNHCR plastic sheeting on rapidly expanding markets.

On 6 October MSF witnessed two men in FAR uniforms beating three women an a boy returning from a distribution site in Kibumba. The uniformed men beat the four victims with short sticks until they collapsed. Once the four had fallen on the ground, the uniformed men began kicking them. The men left with the rations of the four victims as the MSF employee stood by, unable to intervene.

In general the amount of aid arriving in the camps around Goma does not correspond with the actual number of refugees present. This is illustrated by the situation in Katale where the food is being distributed for approximately 220,000 refugees whereas MSF believes that the real number of refugees does not exceed around 120,000. The reasons behind the fact that the surplus cannot be located any more after distribution are that several strong prefectures are able to collect food several times a week and that some prefectures receive more than others. For Katale camp it can be concluded that in spite of sufficient food supply approximately 24% of the refugees receive less than the minimum 2000 kcal per person per day.

One way to control whether the amount of food coming into the camps corresponds with the needs of the given number of refugees is to know the exact amount of refugees present in the camp. While a census of the refugee population has been done in Benako camp, this has not yet been done in the camps around Bukavu and Goma. Problems of security attached to doing such a census is one of the causes for the delay in carrying one out.

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Militarization

Evidence collected by various observers reveal open military training activities and stocks of arms in the camps. From this it can be concluded that the former Rwandese forces are preparing for a military offensive in the near future.

Press reports reveal that hundreds of FAR military performed training activities in a military training site just outside Kahindo. Several journalists reported that near Mugunga camp military training is in full swing and several jeeps, other military vehicles and arms were in stock. Another press report of a journalist noted the location of joint Zairian/Rwandese military camps on a map of Virunga National Park.

On 1 November, 110 uniformed FAR members were holding a rally on the main road into Katale.

Local sources reported children as young as 15 years being forcibly recruited for military training.

Other reports mentioned that military from Goma visited Bukavu and Benaco camp in Tanzania and vice versa. Early October one refugee mentioned that he came to Benaco camp because of the military training he could get there.

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Impunity of the Perpetrators of Genocide

Those suspected of having been involved in the killings, still enjoy total impunity for their crimes. Although legally these persons should be excluded from the protection provided by the 1951 Convention Relating to the Status of Refugees, in practice they are being protected as refugees. Consequently, these people continue to live freely in the camps and receive and control humanitarian relief goods. Many of them have been positively identified by refugees as killers.

In Benaco camp the burgomaster of Rusumo has been accused by many witnesses of involvement in massacres. He can be seen regularly at the distribution sites in Benaco camp.

Journalists visited the town of which he was the burgomaster, Nyarubuye, one of the many places where a massacre took place. There they spoke to Tutsi survivors of the massacre who alleged that the Hutu burgomaster was one of those who organized the killing and had ordered villagers to kill their Tutsi neighbors. When confronted with these allegations in Benaco refugee camp, however, he denied them and accused the survivors of being liars. This testimony was filmed and then shown to the persons who had accused him. These survivors then confirmed that this was indeed the man they had pointed out before.

In Benaco camp also lived a Hutu leader who was the former Chief of Cabinet to the Minister for Family Affairs. He has been widely accused as having been involved in the genocide. On the night of 15 June 1994, the Hutu leader was invited by UNHCR to discuss him leaving the camp. Within minutes a violent crowd of several thousand people, armed with machetes and sticks, surrounded the tent in which the discussions were held. They demanded that he could stay in the camp. The crowd dispersed only after the Tanzanian police shot in the air. Aid workers who had been trapped in the tent were then able to get away. As a result of this incident all foreign staff of the aid agencies was temporarily evacuated. The Hutu leader, however, was able to stay.

Regarding bringing those responsible for the massacres to justice an important positive step has been taken by the Security Council which decided that an international tribunal will be set up to try those suspected of having committed genocide and other grave breaches of humanitarian law. No other legal steps have been taken to bring those responsible to justice, although they are known publicly and the UNs own experts have received lists of individuals involved in the planning and execution of the genocide.

The absence of an adequate legal systems can be seen as the main reason for this situation. Tanzania and Zaire are already insufficiently equipped to control law and order and they do not have the capacity to bring those responsible for the genocide to justice.

Rwanda's legal system is virtually non-existent at the moment. The former administrative authorities were mainly dominated by the Hutu ethnic groups which have fled to the neighboring countries. Only a few judges and lawyers remain in Rwanda.

Combating impunity in Rwanda is also pressing because of the reports on human rights violations by the RPA forces, which are now in control in Rwanda and due to the absence of a legal system cannot be held accountable for their crimes. Impunity as a consequence of the genocide and other violations of humanitarian law in Rwanda thus becomes one of the main causes of new violations.

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Conclusion: The Moral Dilemma for the Aid Agencies

Relief workers are becoming increasingly outraged about being unwilling accomplices to alleged perpetrators of genocide in Rwanda. To work in refugee camps where killers walk around freely, are often in control of the distribution of relief items and where preparations are being made for an new attack, poses a great moral dilemma for relief workers. Combined with the fact that the security

situation is worsening every day MSF is forced to consider the question to what extend its humanitarian relief activities are sustainable.

At the same time MSF has a strong moral commitment to the most vulnerable populations among the refugees and its first aim is to prevent those from further suffering.

MSF therefore believes that the international community should act immediately and take a number of important measures. The Organization therefore recommends the following:

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Recommendations

Refugees must be protected from violence and threats of violence and have unimpeded access to humanitarian aid

1. Refugees must be protected from violence or threats of violence in their places of refuge especially from the Rwandese militia and other responsible for killings in Rwanda.

   Each refugee has to be able to decide freely whether to stay or to leave the camps without fear for his/her life.

   To this end an international police force should be employed in the refugee camps around Bukavu, Goma and Ngara.

   Maintaining of law and order should under no circumstances be done by refugees selected by the leaders many of whom are themselves suspected of having been involved in the genocide.

2. Registration should take place as soon as possible in Bukavu and Goma with as main aim to ensure that all refugees equally have access to humanitarian relief.

   The distribution of humanitarian relief should be supervised by independent bodies and not be controlled by those who are suspected of having been involved in the genocide.

   Smaller camps are to be set up so as to reduce the influence of the leaders on the distribution of humanitarian aid. There is also an urgent need for clear cut separation between the militia and the former Rwandese army on the one hand and the refugees on the other hand. If an international police force will be established it should collaborate with the UN authorities responsible for bringing to justice the perpetrators of genocide and other grave breaches of humanitarian law.

3. UNHCR should take upon it more effectively its role of giving protection to the refugees. If no resources are available these resources should be supplied by the international community without any delay.

Disarmament

4. All soldiers and members of the militia who are present in the refugee camps should be disarmed by the national authorities.

Those responsible for the genocide and grave breaches of humanitarian law should be brought to justice.

5. Those responsible for the genocide and grave breaches of humanitarian law should be brought to justice. In particular all measures should be taken so that no impunity is given to those leaders suspected of the genocide and grave breaches of humanitarian law who are currently allowed to walk freely in the refugee camps.

   Governments of countries on whose territories these killers remain must ensure that they do no escape justice and remain in their countries unpunished. They must take all measures necessary for these people to be brought to justice. The international community must provide financial and other resources needed for such measures.

6. The UN should send an adequate number of human rights monitors to Rwanda and also to the camps as has been requested by its own Special Representative of the Secretary General and by the Special Rapporteur for Rwanda. They should have sufficient resources to carry out their tasks. These

monitors should report about human rights violations to the relevant UN bodies and make recommendations as to what measures need to be taken in this regard.

7. Now the Security Council has taken the positive step to create an international tribunal to try those who have committed genocide and other grave breaches of humanitarian law in Rwanda, all measures needed should be taken for this tribunal to commence proceedings as soon as possible.

8. The international community should give aid and expertise for the reconstruction of the judicial system in Rwanda so that fair trials of those involved in the genocide and other grave breaches of humanitarian law can take place.

Tags:Rwanda, Refugees and IDPs, United Republic of Tanzania, Zambia, Democratic Republic of the Congo

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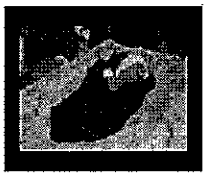

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PUBLICATIONS

International Activity Report 2011

Occupied Palestinian Territory

Residents of Occupied Palestinian Territory continued to suffer the consequences of violence and conflict in 2011. In 2011, the number of attacks, shootings, detentions, demolitions, evictions, raids, night incursions and violent incidents increased alarmingly. In the West Bank, more than 700 Palestinian civilians were displaced by force. Conflict between Palestinian factions also caused injury and trauma.

MSF in Occupied Palestinian Territory, 2011

MSF Activity Reports on Occupied Palestinian Territory:
2011

Recent update:

Gaza: "The Wounded Are Stuck At Home"

All articles on Occupied Palestinian Territory »

Care for patients traumatized by violence

Doctors Without Borders/Médecins Sans Frontières (MSF) teams provide medical care, short-term psychotherapy and social assistance and referral to people affected by violence and conflict in the West Bank districts of Hebron, Qalqilya, Nablus and Tubas. The teams focus on people who show signs of acute stress, anxiety, post-traumatic syndromes or depression. In total, staff carried out more than 1,600 medical consultations and over 4,000 mental health consultations.

The program is being extended to people in East Jerusalem who are suffering from psychological distress and have no access to such healthcare: in 2011, staff held 223 consultations with residents of Shu'fat refugee camp and the neighbourhood of Silwan.

Similar programs are operating in the Gaza Strip, but a decision by health authorities forced their suspension in August. Between January and August, staff carried out 870 medical consultations and more than 2,000 mental health consultations. Most patients were children.

Shortages of medical supplies

The continuing Israeli embargo of the Gaza Strip, years of financial crisis within the Palestinian National Authority in Ramallah and the chronic lack of cooperation between the Palestinian National Authority and Gaza authorities have all contributed to a deterioration in the capacity of the public health sector. Since mid-2011, health facilities have been facing a serious shortage of medicines and other supplies. MSF donated essential medicines to the cardiology department of Al-Shifa hospital, and made other periodic donations as needs arose.

Assisting burn victims

Since 2007, MSF has been running a rehabilitation program for burn victims in the Gaza Strip. The team provides physiotherapy and wound dressing to patients referred from the burn units of Al-Shifa and Nasser hospitals. MSF also operates a

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specialized surgery program in Nasser hospital, which is in Khan Yunis, in the south of the Gaza Strip. Several times a year, teams of surgeons, operating theater nurses and anesthetists carry out complex surgical operations that are not otherwise available. Most of those who undergo surgery are children, and most suffer from burns.

At the end of 2011, MSF had 136 staff in Occupied Palestinian Territory. MSF has been working there since 1989.

Recent updates on Occupied Palestinian Territory:

Gaza: "The Wounded Are Stuck At Home"

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International Activity Report 2011

Lebanon

Following the arrival of thousands of Syrians fleeing violence in their country, Doctors Without Borders/Médecins Sans Frontières (MSF) extended its activities in Lebanon.

MSF began by donating emergency supplies to health centers near the border with Syria. In November, a team set up a mental health program in Wadi Khaled, a region in northeastern Lebanon, serving a local population of more than 20,000 people as well as Syrians seeking refuge in Lebanon. Staff carried out psychological and psychiatric consultations.

MSF in Lebanon, 2011

MSF Activity Reports on Lebanon:
2011, 2010, 2009, 2008, 2006, 2001

Recent update:

"A Humiliating Situation": Syrian Refugees in Lebanon

All articles on Lebanon »

Mental healthcare in Palestinian refugee camps

Life in the overcrowded Palestinian refugee camps is arduous, and this has a significant impact on mental wellbeing, particularly for those who have already suffered traumatic experiences. MSF offers community-based mental health services – counseling, treatment and social support – in two refugee camps and the area surrounding them.

Staff make home visits and work to raise awareness of mental health services in an effort to reduce the stigmatization of mental illness. On World Mental Health Day, October 10, the MSF-produced documentary film *Where Do I Begin?* directed by Lebanese- Palestinian filmmaker Carol Mansour, had its premiere screening in Beirut.

Both Palestinian refugees and local people who would otherwise be unable to afford mental healthcare can go to the MSF community mental health center outside Burj el-Barajneh camp in Beirut, as well as to MSF services at the United Nations Relief and Works Agency (UNRWA) clinic and the Palestinian Red Crescent hospital inside the camp.

In April, MSF extended its services to Ein el-Hilweh refugee camp, in the city of Sidon (Saïda), south of Beirut, where some 75,000 people live within just one square kilometer. There are regular security incidents and clashes between political factions. MSF's team works in the two UNRWA clinics and in Al-Nidaa Al-Insani hospital. Close to 380 patients in Sidon, mostly aged between 18 and 40, received psychological or psychiatric care in 2011.

In total, staff saw more than 1,000 new patients and carried out more than 7,500 mental health consultations in Lebanon. Patients were mainly suffering from depression, anxiety, psychosis and personality disorders.

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At the end of 2011, MSF had 34 staff in Lebanon. MSF first worked in the country in 1976.

Recent updates on Lebanon:

"A Humiliating Situation": Syrian Refugees in Lebanon

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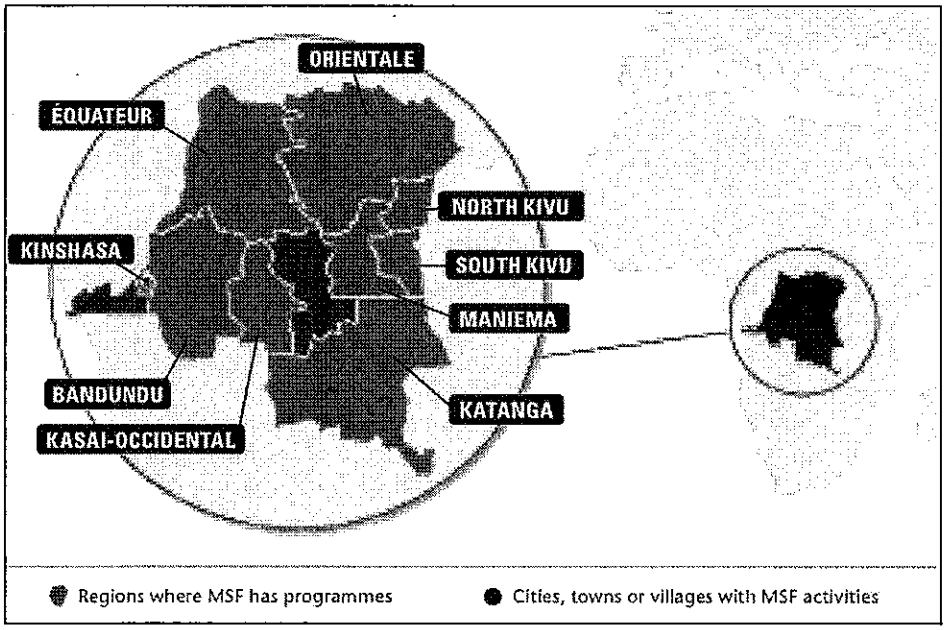
PUBLICATIONS

International Activity Report 2011

Democratic Republic of the Congo

Accessing even basic healthcare in the Democratic Republic of the Congo (DRC) is difficult. In the eastern part of the country, violent incidents occur daily, as a result of shifting alliances between armed groups, and banditry. Medical needs are great in eastern DRC and the infant mortality rate is one of the highest in the world, but general insecurity and crime in the region have at times forced Doctors Without Borders/Médecins Sans Frontières (MSF) to suspend medical activities.



Providing healthcare to victims of conflict

At the end of 2011, more than 500,000 people in North Kivu were registered as displaced, while another 630,000 in South Kivu had fled their homes.

MSF runs a number of programs, working from hospitals and health centres across the provinces, to provide healthcare to people trapped by conflict. In North Kivu, teams in Masisi, Mweso, Pinga, Birambizo, Rutshuru, Nyanzale, and in and around Goma and Butembo towns provide basic and specialist healthcare. Last year, some services at Rutshuru hospital were handed over to the Ministry of Health. In total, staff carried out more than 404,000 consultations in the province. In South Kivu, similar services are offered in Kalonge – where the program was extended to three more health centers – Lulingu, Hauts Plateaux and Shabunda, and in a second hospital in Matili. In addition, staff operate mobile clinics for people living in more remote areas – some locations can be reached only by long journeys on foot – and in camps. There is also an MSF team in South Kivu dedicated to emergency response.

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At five camps on the border between South Kivu and Katanga, MSF provided basic healthcare, including vaccinations, and nutritional support. The team also ensured access to safe water. In September, staff began assisting people in two camps in the north of Kalemie town, in Katanga, providing basic healthcare and food aid.

In Katanga and North Kivu, teams of surgeons spent several weeks performing fistula repair operations in MSF programs in Manono, Shamwana and Masisi. Obstetric fistulas are injuries to the birth canal that usually occur as a result of prolonged or obstructed labor. They cause incontinence, which often leads to social exclusion. In 2011, more than 110 women underwent fistula repair surgery.

In Orientale province, MSF handed over some of its activities in Bunia to a local organisation, Sofepadi, which offers treatment for sexually transmitted diseases, family planning services and assistance to victims of sexual violence. MSF provides medical, technical and financial support to Sofepadi, and now focuses its work on emergency response and HIV treatment for children under 15. In Gety, a team provides basic and emergency health services and runs a 24-hour therapeutic feeding center.

In South Kivu in April, armed and uniformed men opened fire on an MSF car travelling to Marungu, near Hauts Plateaux, robbed the driver and stole everything. Later, gunmen attacked another MSF car on the road between Bukavu and Uvira: two staff members were wounded. In November, a number of armed men forced their way into the MSF residence in Masisi, North Kivu, and opened fire. One member of the team received a gunshot wound to the shoulder. MSF suspended mobile medical activities in the area, but continued to provide a minimum level of emergency support at Masisi general referral hospital. There were 108 attacks involving humanitarian workers in North Kivu in 2011.

Responding to epidemics

MSF has a network of emergency teams ready to respond to outbreaks of disease across the country. In 2011, in response to a measles epidemic, MSF staff vaccinated over three million children, and treated more than 13,700 for the disease.

Malaria accounts for approximately 40 percent of child deaths in DRC. MSF saw a 250 percent increase in the number of patients with malaria in its hospitals in the east of the country compared with 2009, and treated more than 158,000 people in North Kivu, South Kivu, Katanga, Équateur, Orientale and Maniema provinces.

Teams also responded to outbreaks of cholera in the provinces of North Kivu, South Kivu, Orientale, Bandundu, Équateur, and the capital Kinshasa, setting up treatment centers and treating thousands of patients.

HIV care

More than one million people are estimated to be living with HIV in DRC, yet antiretroviral (ARV) treatment coverage is among the lowest in the world: some 350,000 are in need of treatment, but do not receive it. Donors are withdrawing funding from HIV programs, and MSF is seeing the number of people in urgent need of treatment grow.

An MSF team in Kinshasa runs a hospital dedicated to HIV treatment, and MSF programs at hospitals and health centers across the country also offer HIV care: in total, more than 5,000 patients are registered for HIV treatment with MSF.

Sleeping sickness program

The prevalence of sleeping sickness (human African trypanosomiasis) in the districts of Haut-Uélé and Bas-Uélé, Orientale province, is considered to be one of the highest in the world. A parasitic disease transmitted by the tsetse fly, sleeping sickness is deadly if not treated. In 2011, MSF staff screened tens of thousands of people through a mobile clinic and in programs in Dingila, Haut-Uélé, and Doruma, Bas-Uélé, and treated around 1,500 patients for the disease.

Hospital care in Maniema

MSF took over Lubutu hospital in 2006. By the end of 2011, the capacity of the hospital – which serves 100,000 people – had grown to 160 beds, and mortality in the area had dropped fivefold since 2005. In 2012, MSF plans to hand over activities to another non-governmental organization.

Sexual violence

As well as assisting victims of sexual violence in many of its regular healthcare programs, MSF responded to around ten incidents of mass rape around Fizi, South Kivu, and Pinga, North Kivu. Altogether, more than 2,300 people received medical and psychological assistance.

At the end of 2011, MSF had 2,919 staff in the Democratic Republic of the Congo. MSF has been working in the country since 1981.

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PUBLICATIONS

International Activity Report 2011

Uganda

In Uganda, Doctors Without Borders/Médecins Sans Frontières (MSF) operates HIV and tuberculosis (TB) programs and assists people recovering from years of conflict in the north of the country.

MSF supports hospitals and health centers in the districts of Kitgum and Lamwo and the subregion of Karamoja in northern Uganda. In 2011, staff conducted close to 17,000 outpatient consultations and 3,365 antenatal consultations, and admitted 506 people to hospital.

MSF in Uganda, 2011

MSF Activity Reports on Uganda:
2011, 2010, 2009, 2008, 2007, 2006/2007, 2006, 2005, 2004, 2003, 2002, 2001

Recent update:

Month in Focus: September 2012

All articles on Uganda »

Since the conflict ended, the general health situation has improved, and this has prompted MSF to switch the focus of its activities in Kitgum and Lamwo to supporting victims of sexual violence: there are now 18 centers in the two districts that can care for survivors of sexual violence.

In Karamoja, fighting persists, and a number of patients needed treatment for injuries. When yellow fever and hepatitis E broke out in the region, MSF assisted the health authorities, and also supported the response to an outbreak of Ebola in Luwero, central Uganda.

MSF continued to run its TB program, and more than 500 new patients started treatment in 2011. In December, the first patient to start treatment for multidrug-resistant TB (MDR-TB) in the program was declared cured. MSF has been lobbying for other organisations to provide treatment for MDR-TB.

HIV care in Arua

The Ugandan Ministry of Health decided that it would start implementing nationwide MSF's treatment protocol for preventing mother-to-child transmission (PMTCT) of HIV in 2012.

MSF continued to provide treatment at Arua regional referral hospital, in the northwest of the country. Each month, an average of 25 women gave birth through the PMTCT programme. Nearly 2,000 new patients were registered at MSF's HIV program and more than 6,400 received antiretroviral (ARV) treatment.

Being close to the border with the Democratic Republic of the Congo (DRC), where access to ARV treatment is very limited, a significant proportion of the people living with HIV in the Arua area come from the DRC. MSF has been supporting an HIV clinic at a health center in Oli, on the outskirts of Arua. At the end of 2011, more than 780 patients were receiving care in Oli. This program will be handed over to the Ministry of Health in 2012.

INTERNATIONAL ACTIVITY REPORT 2011

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Thailand: MSF Closes Its Longest Mission

Glossary of Diseases and Activities

Humanitarian Action: At Any Price?
An excerpt from Marie-Pierre Allié's introduction to *Humanitarian Negotiations*

Somalia: Extreme Needs, Extreme Choices

The Year in Review
Dr. Unni Karunakara, International President
Kris Torgeson, Secretary General

Scaling Up HIV Treatment

MSF PROJECTS 2011

Activity Report by Country

The Oli and Arua programs both offer integrated care for HIV patients suffering from other conditions associated with the infection, including TB and malnutrition. More than 700 patients co-infected with TB and over 550 children suffering from severe malnutrition received treatment in 2011.

Sleeping sickness

Sleeping sickness (human African trypanosomiasis) is endemic in Uganda. MSF had been supporting Ministry of Health programs, but in the middle of the year, after an assessment revealed prevalence to be less significant than suspected, the team decided to focus instead on lobbying for the opening of treatment centers and on providing training to national and regional programs.

Research to improve testing and treatment

A number of research projects were carried out in Uganda in 2011. With the London School of Hygiene and Tropical Medicine, MSF undertook operational field research into TB and drug-resistant TB patients' acceptance of home-based care through village health teams.

In Karamoja, researchers embarked on a study of how children's recovery from malaria, diarroea or respiratory infections is affected by their nutrient intake. MSF also started a study on rapid diagnostic testing methods for HIV.

At the end of 2011, MSF had 613 staff in Uganda. MSF has been working in the country since 1986.

Recent updates on Uganda:

Month in Focus: September 2012

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Insecurity In Central African Republic Threatens Lives of Civilians and Aid Workers, Blocking Urgent Medical Care

All mobile medical activities in northwest suspended after shooting death of MSF staff member

Bangui, Central African Republic, June 25, 2007 — The insecurity that prevails in northwestern Central African Republic (CAR) is severely impacting civilian populations and the humanitarian workers assisting them, Doctors Without Borders/ Médecins Sans Frontières (MSF) said today.

After the violent death of our colleague Elsa Serfass on June 11, all MSF mobile medical activities in the region have been suspended while all hospitals remain fully operational. Other humanitarian organizations present in the area have followed suit, bringing assistance to this highly vulnerable population to a standstill outside the main towns. MSF urgently calls upon all parties within CAR to respect the lives of the civilian population and to ensure that humanitarian workers can safely access people in need throughout the region.

Over the past few months, people living in northwestern CAR have faced increasing violence and insecurity at the hands of warring parties and bandits. Villagers are fleeing into the bush after their homes have been attacked, burned, and pillaged. The displaced often lack access to adequate shelter and potable water, and are vulnerable to malaria, respiratory infections, and diarrhoea. During the first five months of 2007, MSF-supported health structures have performed more than 95,000 consultations. Among the predominant morbidities, 25,078 people were treated for malaria, of which 15,356 were children under five years of age.

All parties are contributing to the insecurity in this region and humanitarian workers have been subjected to threats, and, more recently, kidnappings. In the past five months, MSF's mobile clinics—which provide life-saving primary health care to 6,553 people per month—have been suspended 29 times due to insecurity. If this insecurity blocks humanitarian workers from reaching people in need, it is just as bad, if not worse, for patients trying to reach us. People fear venturing outside their villages or hiding-places in the bush, even to access much-needed medical care.

MSF calls on all parties to the conflict to respect the lives and health of civilians in northwestern CAR, and to ensure humanitarian space for aid to reach those who need it most. If insecurity prevents humanitarian organizations from continuing their activities, the first victims will be these populations affected by violence, intimidation, and displacement. It is their lives and health that continue to hang in the balance.

MSF is present throughout the violence-affected areas of northern CAR, where 540 staff provides urgently-needed primary and secondary health care with a network of hospitals, health centers, and mobile medical activities in and around Paoua, Boguila, Markounda, Batangafo, Kabo, Kaga Bandoro, Gordil, and Birao.

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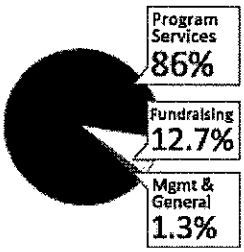

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Tags:Central African Republic

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With Focus on Darfur, Emergency Situation Unfolding in Eastern Chad

New York, June 8, 2007 – While Darfur remains the focus of intense political discussions surrounding the establishment of humanitarian corridors from Chad–of little relation to the reality on the ground—150,000 internally displaced persons (IDPs) are caught up in a growing humanitarian crisis in Chad itself, the medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) said today. Although a recent MSF survey has confirmed an emergency situation, assistance is still largely insufficient and MSF is confronting numerous obstacles to increasing its activities inside Chad.

In eastern Chad, repeated deadly attacks on villages over the past eighteen months have forced tens of thousands of people to flee their homes. Grouped together in camps where security is not always guaranteed, they live in basic huts and lack food, water, and access to medical care.

At the end of May, Epicentre, MSF's research and epidemiological survey center, carried out a survey in IDP camps around Goz Beida in eastern Chad. The survey revealed that one child in five was suffering from acute malnutrition and that the mortality rates from March 30 to May 20, 2007 were catastrophic.

Until recently, the assistance provided by many organizations in Chad focused on refugees arriving from Darfur, and neglected the IDP population. In April, the United Nations' Office for the Coordination of Humanitarian Affairs (OCHA) finally launched a three-month emergency plan, but its objectives in terms of food, water, and shelter are inadequate.

"In Goz Beida, the IDPs receive 3-8 liters of water per person per day, whereas they should have 20 liters," said Franck Joncret, head of mission for MSF in Chad. "Only around one hundred malnourished children are receiving treatment, but our survey estimated that at least 2,000 children are suffering from acute malnutrition."

MSF is present in Dogdore, Goz Beida, Ade, Koukou, and Kerfi, and is extending its activities. In certain localities however, MSF is facing considerable obstacles. Despite repeated requests, MSF is still being refused authorization to open a pediatric hospital in Goz Beida, which would focus in particular on treating malnourished children.

There will be an increase in malaria cases and epidemic diarrhoeal diseases during the rainy season, which starts at the end of this month. MSF also fears a significant increase in malnutrition. Given the anticipated deterioration of the situation, it is urgent, in order to avoid a catastrophe, to increase hospitalization capacity, improve the water supply, and respond to the nutritional problems.

"It is imperative that the emergency in eastern Chad be fully recognized, that aid organizations provide massive, immediate aid to the IDPs, and that the Chadian authorities facilitate humanitarian aid," said Isabelle Defourny, head of MSF programs in Chad.

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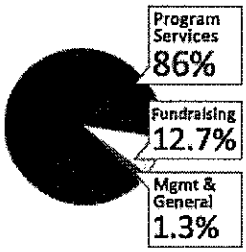

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Tags:Chad

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MSF Calls on Thailand to Halt Forcible Return of Hmong Refugees to Laos

Bangkok/Paris, October 31, 2007 - The international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) today called on the Thai government to halt all forced repatriation proceedings against the 7,500 ethnic Hmong refugees from Laos who are currently confined to a camp in northern Thailand's Petchabun province. The refugees, who claim to have fled violence and persecution in Laos, are deeply fearful of being returned to their country.

As the only international organization working inside the camp, MSF urges the Thai government to carry out a proper objective screening process controlled by an independent, legitimate third party, such as the United Nations High Commissioner for Refugees (UNHCR). This third party would assess the legitimacy of their fears, verify their claims to refugee status and protection, and assure that any repatriation to Laos is voluntary.

Briefing Paper

The Situation of the Lao Hmong Refugees in Petchabun, Thailand

Slideshow

Fearing a Forced Return: Lao Hmong Refugees in Northern Thailand

"The Hmong refugees we have been caring for in the Huai Nam Khao camp since 2005 constantly tell us how afraid they are of being sent back to Laos," said Gilles Isard, MSF head of mission in Thailand. "Yet every day, they are threatened with an imminent return to Laos—from where many claim to have fled persecution and violence—with no credible guarantees for their safety upon return. This not only violates international standards on repatriation of refugees, but shows a basic disrespect for the dignity and safety of people who are living in fear."

In May 2007, the Thai and Lao governments signed the Lao-Thai Committee on Border Security agreement, which allows Thailand to send back Lao Hmong asylum seekers upon arrival. In September, the Thai and Lao authorities announced their intention to forcibly repatriate the Hmong refugees before the end of 2008 without any independent screening process. According to international standards, repatriation cannot be forced or imposed on individuals fearing for their lives or safety. Furthermore, any repatriation process must remain linked to international guarantees for safety upon return. Neither of these conditions has been guaranteed for the refugee population in Huai Nam Khao camp.

In the medical consultations conducted by the MSF team, the main need voiced by the Hmong refugees is that of protection. Our patients say they are extremely afraid about the prospect of a forced return to Laos. For some of them, this situation produces intense stress and psychological suffering. Though our team provides psychological support for this population, it cannot respond to the real need the people are voicing; the need to be protected from a forced return. This is why MSF

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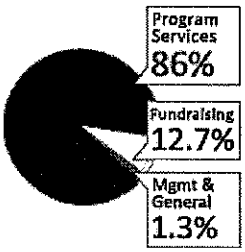

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is calling upon Thai authorities to accept the presence of another organization, such as UNHCR, which can better judge and assess the demands made by the Hmong refugees confined to Huai Nam Khao camp and ensure that their rights are protected.

Since July 2005, MSF has assisted the Hmong refugees in the Thai village of Huai Nam Khao in Petchabun province. MSF teams provide medical and relief assistance to the 7,500 refugees, including health care, psychosocial care, food, relief supplies, water, and sanitation. Another MSF team working in Maesot, on the border with Myanmar, treats tuberculosis in an average of 600 Burmese migrant workers and refugees each year. Additionally, MSF teams are treating people living with HIV/AIDS in Thailand.

Tags:Hmong Refugees, Thailand, Refugees and IDPs

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SPEECH

The Humanitarian Situation in Darfur, Sudan

Statement by Ton Koene, Emergency Coordinator, Médecins Sans Frontières (MSF) to the United Nations Security Council "Arria Formula" Meeting

MAY 24, 2004

Members of the Security Council,

Médecins Sans Frontières (MSF) is grateful for this opportunity to address the members of the United Nations Security Council about the escalating humanitarian emergency in the Darfur region of Sudan.

Since February 2003, a conflict has been raging in Darfur between the government of Sudan and the rebel groups of the Sudan Liberation Army (SLA) and the Justice and Equality Movement (JEM). Simultaneously, a systematic campaign of widespread and extreme violence has been perpetrated against the civilian population of Darfur. People in the region continue to tell the doctors and nurses in our clinics of a scorched earth policy being carried out by Janjaweed militias backed by the government of Sudan that has resulted in the forced displacement of an estimated one million people within the Darfur region and an additional 110,000 people to neighboring Chad. People have been brutally attacked and chased from their homes. Their villages have been bombarded, burned, emptied, and sometimes occupied. Water points and crops have been destroyed and property such as food stocks and livestock have been looted or completely ruined. The majority of the displaced in Darfur have gathered in the main trading centers leaving the rural areas of the region totally emptied.

I was in Darfur in the months of March and April and was shocked to see during my first four hours on the road that all the villages were burned to the ground and empty. I did not see a single civilian.

We are witnessing excessive levels of death and malnutrition among a displaced population that is entirely dependent on aid. Relief efforts remain utterly inadequate and all indicators point to a looming famine.

MSF currently has forty-seven international aid workers and hundreds of Sudanese staff in the province of Western Darfur, providing medical, water and sanitation, and nutritional assistance, including food rations to children and basic supplies in ten villages where the people were forced to move. MSF is currently treating more than 1,000 severely malnourished and 3,500 moderately malnourished children in our feeding centers and performing 6,500 medical consultations per week. MSF has also vaccinated nearly 40,000 children in Western Darfur against measles since an outbreak began spreading in January.

An MSF team recently completed an assessment mission in the province of Northern Darfur and will soon open a medical and nutritional program in the area of KebKabiya where 130,000 people have sought refuge. Finally, another MSF team opened a feeding center last week for the 18,000 displaced people currently living in the Kalma camp in the province of Southern Darfur. Unfortunately, our actions remain a drop in the ocean in comparison to the tremendous needs.

Deterioration of Health Status of the Displaced

The medical and nutritional status of the displaced and destitute population in the Darfur region, especially the children, is dramatically deteriorating. At the end of April, an MSF team conducted a nutritional survey in five villages in the province of Western Darfur where 100,000 displaced people have sought refuge. The survey revealed that malnutrition already affects 21.5% of children and among them 3.2% are suffering from severe malnutrition. As you know, 20% global malnutrition is considered the emergency threshold level. The survey also showed that as of now, MSF is only reaching 30% of the children in need of nutritional assistance in the region surveyed.

In the village of Mornay in Western Darfur province, where the total population has grown from 5,000 in December 2003 to 80,000 now, the number of severely malnourished children being treated in our feeding center has tripled during the

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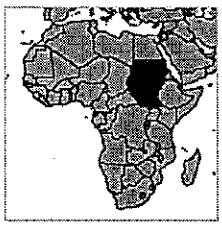

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month of April. In Kalma camp in Southern Darfur province, our team admitted 200 children in the first few days of the opening of the therapeutic feeding center last week.

Even more worrying is that for the period from February to the end of April of this year, mortality among the population surveyed was three times higher than the emergency threshold. An alarming 50% of recorded deaths among children and 60% among adults were a direct result of violence.

Inadequate Humanitarian Relief Response

Unfortunately, our teams continue to notice that the overall amount of aid currently being delivered in the overcrowded villages and sites does not come close to meeting the needs. MSF aid workers fear that the present conditions may further deteriorate in the coming weeks as the rainy season may bring new outbreaks of cholera, meningitis, and malaria. In addition, the rainy season will reduce access to the people and the delivery of assistance, therefore food and other goods must be pre-positioned on the ground in the coming weeks. In short, a massive relief effort is urgently needed to provide more food, medical, shelter and other basic commodities, water and sanitation facilities.

Despite the enormous needs, the United Nations agencies and humanitarian organizations and the donor community have been slow to respond to the emergency in Darfur. Although the scale of the crisis has been known since the first villages were attacked more than eight months ago, it is only in recent weeks that the UN agencies and other international organizations have started to launch emergency funding appeals, and move from the preparation of operational plans and field assessment missions to providing actual assistance.

The international community has failed the people of Darfur who have so far received too little or, in some cases, no assistance at all. In the province of Western Darfur, where it is estimated that half of the million displaced people have sought refuge, only six organizations are currently providing assistance. The distribution of food, under the responsibility of the World Food Programme, has so far been irregular and clearly insufficient both in terms of quality and quantity. In most of the villages and sites where MSF works, only one or two general distributions of food have been carried out since the month of December and these distributions have not adequately covered the needs of the people. In Zalinge, where a total of 33,000 displaced persons have now gathered, the most recent food distribution carried out at the beginning of May left out more than 7,000 people. In addition, some sites and villages have not received any food aid during the past six months.

Humanitarian agencies must immediately and substantially increase their operational activities in the areas where the displaced people of Darfur have sought refuge. According to MSF's recent nutritional survey, 70 to 90% of the displaced left their homes with little or no personal belongings. Therefore, they are and will be completely dependent on aid for months to come, particularly since the ongoing violence is making it impossible for them to return home for the upcoming planting season.

Obstacles to Humanitarian Access

Why have these basic and obvious needs so far been left unmet?

First and foremost, the government of Sudan is currently implementing a policy intended to drastically limit the ability of humanitarian organizations to freely and independently assess the needs of the displaced population and implement assistance programs in Darfur. In particular the exceedingly long and cumbersome visa, travel, and customs procedures have dramatically hindered and delayed assistance.

For example, one MSF team arrived in Khartoum on January 13, 2004, with the objective of opening an emergency assistance program in Northern Darfur province but was only allowed to travel to El Fasher, Kutum, and KebKabyia to assess the needs at the end of April - more than four months later. At present MSF still has fifty requests pending for visas for humanitarian aid workers urgently needed in Darfur.

In addition to the slow and complex procedures for obtaining visas to enter Sudan and travel permits to access the Darfur region, there are also restrictions on the flow of assets and goods. Despite the announcement by the government of Sudan on new procedures to facilitate access and delivery of assistance in Darfur, MSF was told today by the customs authorities that our 200MT of medical supplies and food that arrived at the Port Sudan in mid-April could not be released as only air cargo are being considered as emergency supplies. And in Darfur itself, various authorities

are also tightly controlling our access to those in need and hampering the delivery of aid by imposing additional procedures.

At present, MSF has only limited access to areas of Darfur under the control of the government of Sudan and no access whatsoever to the populations in the areas controlled by the two rebel movements. Even though insecurity is a factor limiting our access, bureaucratic obstacles imposed by the government of Sudan are also a critical factor in limiting the access we have.

However, the woefully inadequate and slow response to the humanitarian needs in Darfur from the UN agencies, humanitarian organizations, and the donor community cannot be explained or justified only by the obstacles to access in the region. For example, in Chad where humanitarian access has been unlimited since the arrival of the first Sudanese refugees from Darfur in the fall of 2003, tens of thousands of refugees remain at the border without adequate aid and at immediate risk of attack and looting from the Janjaweed militia. Furthermore, the health of the refugees in the seven camps set up so far by UNHCR has deteriorated as the provision of food, shelter, non-food items, water and sanitation facilities remains clearly insufficient.

Violence Against Civilians

We must also be clear, however, that a dramatic improvement in the relief efforts in Darfur will not be enough and might even be irrelevant if violence being perpetrated against civilians is not stopped. Therefore, protection and security must immediately be provided to the civilian population of Darfur.

As of today, excessive violence and abuses continue to be perpetrated against the civilian population of Darfur by the Janjaweed militias. The sites and villages where the displaced were forced to flee have become virtual prison enclaves. The Janjaweed militias are preventing any movement in or out of these enclaves despite the need for people to fetch water, search for food, firewood, and shelter material in order to survive. Displaced people trying to move from the enclaves are attacked or taxed by the Janjaweed. They are trapped, humiliated by their captors, with no means to survive other than by relying on external assistance that has been inadequate so far. A significant number of the patients admitted to MSF's field hospital in Mornay have been victims of rape, torture, gunshots, knife wounds, or burns. People have also been shot at or looted in their shelters, often at night. Cases of extra-judicial killings, kidnappings, men being rounded-up in villages and taken away by the militias, have also been brought to the attention of our teams.

The widespread violence and the heavy presence of Janjaweed and regular security forces in and around these enclaves have created an intense climate of fear and intimidation that has severely limited the ability of the displaced to seek assistance. We have treated several gunshot victims in their shelters because they were too afraid to come to our clinic. Is it possible to implement a meaningful humanitarian response in such an environment?

An MSF survey of retrospective mortality conducted from November 2003 to the beginning of February 2004 found rates of 5 deaths per 10,000 people per day for Mornay and 3.1 for Zalinge. This is particularly shocking when you consider that the emergency threshold level is 1 death per 10,000 per day. In addition, this survey found that 74% of all deaths recorded in Mornay and 47% in Zalinge were due to violence.

What is immediately clear when you visit Darfur is that the population has been seriously traumatized and left without any protection. In my fifteen years of experience with MSF, I have never been to a feeding center where there was absolutely no sense of relief among people who were finally beginning to see a light at the end of their tunnel of suffering until I went to Darfur. In the feeding centers in Darfur, there is absolutely no laughing, no smiling.

In addition, there are increasing signs on the ground that the government of Sudan will soon forcibly move the displaced people back to their villages of origin or relocate them to other unsafe and inadequate sites and villages that are inaccessible to international humanitarian organizations. The displaced, however, are clear: they don't want to go back to their villages of origin or move anywhere else unless the Janjaweed are disarmed and neutralized, and that security is drastically improved.

Conclusions

The civilian population of Darfur is living in a climate of terror, the victims of widespread violence and abuse committed by the Janjaweed militias. This must stop immediately.

The minimal survival needs of the civilian population of Darfur are not being met. UN agencies, the donor community, and humanitarian organizations must

immediately and drastically step up emergency relief efforts in both Darfur and Chad. This aid must not be contingent upon the implementation of the April 8 humanitarian cease-fire agreement in Darfur or the peace process between the SPLA and the government of Sudan.

Finally, all restrictions on the movement of goods and humanitarian workers to Darfur must be lifted and humanitarian organizations and United Nations agencies must be fully allowed to implement independent assistance programs in Darfur. Thank you.

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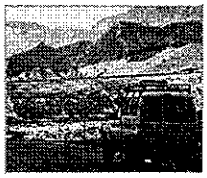

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SPEECH

The Humanitarian Situation in Darfur, Sudan

Statement by Dr. Nathalie Civet Head of Mission, Sudan Médecins sans Frontières (MSF)

JULY 27, 2005

Members of the Security Council,

Médecins Sans Frontières (MSF) appreciates having this opportunity to address the United Nations Security Council about the ongoing humanitarian situation in Darfur and the uncertain future the people continue to face. In May 2004, my colleague Ton Koene was here to speak to you about the then escalating humanitarian emergency in Darfur. Unfortunately, although more than a year has passed, I am not here to provide good news about improvements in the lives of the people of Darfur. With 180 international and 3,000 Sudanese staff operating in 32 locations across the region, Darfur continues to be one of MSF's largest operations worldwide.

I am a medical doctor and I have been working in Darfur for the past year and a half. It is this direct experience that both informs and limits my remarks to the humanitarian conditions of the people in Darfur and the obstacles to adequately assisting them.

Five minutes, however, is not enough time for me to convey to you what daily life is like for people in Darfur. How can I convey how a woman living in a camp feels when she goes out each day to fetch firewood knowing that she may be attacked, robbed, beaten, or even raped? How can I tell you what it is like for her to then rush back not to miss the general food distribution, if it is even happening, then cook the food while also not forgetting to bring her sick child to the feeding center? And on the side, she will be trying to earn some money by making bricks, or collecting wood or water, all of this while taking care of her entire family as she is the head of the household. How can I convey any of this to you in five minutes?

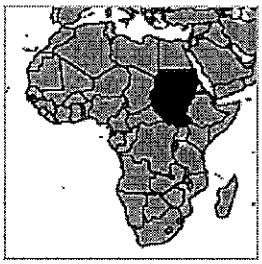
The humanitarian situation in Darfur today has recently been described as at an "equilibrium" point – but if you ask the people living in one of the crowded, unsanitary, and unsafe displaced camps in Darfur whether they feel they are experiencing an equilibrium, I have no doubt they will more likely tell you that their lives are dangling by the thin thread that is humanitarian aid. Simply because mortality rates in Darfur are now just below the emergency threshold level, in certain locations, doesn't mean that the living conditions for the displaced in Darfur are in any way humane, safe, adequate, or acceptable. There is no such thing as reaching an equilibrium when people's lives are still hanging in the balance.

The perpetuation of violence

The situation is not stabilizing in Darfur and the need for humanitarian assistance grows as the conflict continues.

In May 2004, when my MSF colleague addressed the Security Council about Darfur, there were a reported 1 million people displaced in the region. Today, the figure most commonly used is 2 million (4 million if we speak about war-affected people as well as the displaced). This includes a doubling of the number of refugees in Chad. The needs have only increased in the past year as the violence and displacement continue. A staggering 125,000 people are now estimated to be living in Kalma camp in South Darfur, up from 25,000 a year ago. In the first four months of 2005

SUDAN



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alone, 3000 new people fleeing violence arrived in Serif Umra in North Darfur, a 10% increase. The scorched-earth campaign of 2003-2004 has now been replaced by less overt and large-scale, but equally devastating, forms of violence and intimidation of civilians, including the effects of sporadic fighting, directs attacks, and sexual violence.

In all locations where it provides medical care, MSF continues to receive and treat a significant number of victims of direct violence. From January to May 2005, MSF treated over 500 persons for violence-related injuries and 278 women for rape. The numbers of trauma patients varies by location, due both to the local dynamics of the violence as well as access to medical care.

Surveys carried out by MSF in Darfur continue to show high rates of mortality, much of it due to violence against civilians. In April 2005, for example, two-thirds of deaths recorded in a mortality survey carried out in Shangil Tobaya in North Darfur were linked to violence, primarily due to intense fighting in Khor Abeche in early April in which 50 wounded arrived in Dar es Salam hospital and 250 families fled to Shangil Tobaya, their village having been burned. The intensification of fighting around the Jebel Marra uplands in North Darfur has also sustained a steady flow of villagers moving away from the clashes.

Rape and sexual violence is also pervasive. In Korma, on June 9, for example, I personally examined and treated 15 women who had been attacked the day before. Five had been raped, one was a 15 year old and another one was 3-months pregnant. All had been beaten and humiliated. They were all terrified. In Mornay, West Darfur, an area reportedly stable, on July 11, MSF received 15 women at its clinic. Our medical doctor there found clinical evidence of rape and beatings in all of them.

An increased but unbalanced and precarious humanitarian response

Humanitarian assistance to Darfur, although late to arrive, has increased significantly over the past year. Since the government of Sudan finally eased the restrictions on access to Darfur early last summer, the number of international non-governmental organizations (INGOs) present has increased from a handful to approximately 80. This has led to a stark change from the situation found in June 2004.The improved mortality indicators since last September in areas where access by NGOs has been possible can be explained at least in part by the steady rise in preventive and curative medical services, nutritional interventions, such as blanket feedings, and the improvement of the quantity and quality of the water supply.

However, I would like to emphasize that the improvement in morbidity and mortality indicators in some areas of Darfur cannot be assumed for all locations, because the humanitarian response today presents, in our view, three main problems:

First, despite all its improvements, aid is still inadequate and precarious even in areas that are relatively easily accessible by aid agencies, such as the big camps and settlements of displaced people in or near the regional capitals. In many of these locations where assistance has been present for the past year, people are still in makeshift shelters and assistance is inadequate and not adapted to the needs. In Zalingei, West Darfur, for example, just two months ago only 5-8 liters of water was provided per person per day, when a absolute minimum supply should be more than twice that one. As long as people are living in crowded camp conditions, rates of infectious disease and the risk of epidemics will remain high. Dependence on general food distributions is not meant to continue for extended periods of time and is especially unsuitable for the long-term nutritional needs of children.

In Kalma camp, where an estimated 125,000 people are living not far from Nyala in South Darfur, from September 2004 to January 2005, crude mortality rates barely dropped below the emergency threshold (0.94). The health situation in overcrowded camps like Kalma remains precarious due to the continued influx of new arrivals and the fragility of the aid distribution, which when interrupted due to insecurity, can have enormous consequences on the life and health of camp residents.

Continuous assessments are needed to ensure that people who might have who coping a year ago are now in need of support. There needs to be better reactivity to meet the constantly changing needs of the displaced.

Second, while the health indicators in the biggest camps and settlements of displaced people have improved, this aid has not had the same impact on geographically remote areas or those in rebel-held territories. For example, in Korma, an SLA-controlled zone in North Darfur, where resident and displaced people are not living in camps but in an 'open' setting, an MSF survey found that in April of this year under-five mortality was still at 2.2 per 10,000/day and overall mortality at 1.3 -- as you know these remain above emergency threshold levels. Although Korma is relatively easily accessible geographically, its location in a rebel-held area of Darfur has meant that the UN agencies and NGOs have not mounted an adequate aid response. In remote locations away from the main cities of Darfur, such as Golo in Jebel Mara, for example, we can also not talk at all of a comprehensive aid effort.

In these remote and rebel-held areas, the situation remains just as it was in the large camps a year ago -- with at best one agency trying to cover too many needs. The population numbers are smaller per location, but in large areas of the Jebel Mara and Korma region, for example, the complete loss of coping mechanisms due to a lack of access to land and complete destruction of traditional trading mechanisms makes the situation of these smaller groups comparable in need and urgency.

The third problem, in MSF's view, is insecurity and its impact on aid. Security remains a major limiting factor for the adequate provision of humanitarian assistance in Darfur today. With the size of the region and the dispersed population, access is highly dependent on the movement on roads, which is regularly interrupted due to logistical constraints and weather, but foremost due to insecurity. In Muhajariya in South Darfur, MSF operations ceased for almost an entire month at the beginning of the year when fighting broke out nearby. Only three days ago, on July 24, the MSF team in Shangil Tobaya in North Darfur, had to evacuate after intense fighting, including grenade attacks, took place in the town, resulting in several shelters in the camp being burned and hundreds of IDPs being forced to run for their lives again. The MSF team treated 14 injured civilians – 10 men and 4 children – all of them wounded by bullets or shrapnel. The team is also aware of several deaths from this incident, although the number cannot be confirmed.

Just last week on July 16, the World Food Program (WFP) attempted to resume general food distributions in Mornay camp after a suspension of two months due to insecurity. Violence erupted at the distribution point resulting in massive chaos that rapidly spread throughout the entire camp. 23 people – nine of whom had gunshot wounds – were admitted to the MSF hospital in Mornay. Two died. As a consequence, the food distribution was again suspended until further notice and all aid personnel evacuated Mornay with the exception of MSF, Islamic Relief, and national staff from Oxfam.

Further complicating the security situation is the changing nature of the conflict in some areas of Darfur. Rebel groups appear to have fragmented, and it is increasingly difficulty to identify who is in control and in a position to provide assurances to humanitarian organizations concerning security and access. Access to the Korma – Kutum or Jebel Marra areas of North Darfur, for example, can be difficult due to the insecurity and sporadic offensives involving armed groups in the region.

Fighting for their survival

The two million people in Darfur who are currently in what I would call a humanitarian limbo more than a humanitarian equilibrium are subject to violence, communicable disease in crowded camps, and food insecurity for the foreseeable future. As a doctor having worked in Darfur for over a year and a half and talking to my patients, I have often thought about what the life choices of the victims of this war are. Two years after having fled their homes because of violence and fear, they remain living in humiliating conditions with no end in sight.

They are dependent on hand-outs. But what can they do? They have already fled one, two or more attacks before reaching an area of concentration like Mornay or Serif Umra or countless others in Darfur. Their village has been burned down, their land is often occupied, if they were to return they would very likely have to live side by side with their attackers and they know that new attacks are always possible.

For the majority of the displaced people we have spoken with, returning home is not an option in the current context despite the fact that a return to normality and their homes is what they all hope for.

The displaced are, however, under the constant fear of being relocated, a process which could itself undermine their health status by exposing them to further violence and distancing them from essential services. This push for relocation appears in different forms and is often difficult to measure, including rumors of financial incentives proposed by the very ones who chased the displaced from their land in the first place.

Conclusion

In terms of crude assistance to Darfur, the situation has improved compared with a year ago. But the underlying causes of this crisis remain, and with them widespread insecurity. In many areas, the situation is deteriorating, both in terms of humanitarian and security conditions. Violence resurges in places that have been reported stabilized, while some areas are still beyond sufficient reach. In Darfur today, while the nature of the conflict has changed, the fighting continues. People are stuck in camps or in remote areas, subject to violence and to recurring displacement. They are still waiting. Their lives are hanging in the balance, not at equilibrium.

Thank you.

Tags:Sudan

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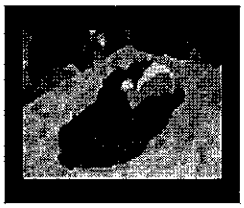

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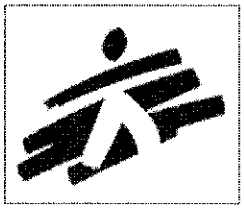

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SUPPORT OUR WORK

Commitment to Our Supporters

Thanks to the generous support of donors like you, Doctors Without Borders/Médecins Sans Frontières (MSF) is able to maintain the financial and operational independence that allows us to provide urgent medical care to hundreds of thousands of people affected by war, starvation, and disease in nearly 60 countries around the world each year. On behalf of MSF volunteers, staff, and, most importantly, the people whom we assist, we would like to extend our deepest gratitude to you for your belief in our humanitarian work and your ongoing support in making it a reality.

In return for your support, we would like to offer this document as an expression of our commitment to you, our supporters, on how MSF uses your donations to reach people in need in the most effective and cost-efficient manner, while adhering to stringent fundraising ethics.

What principles determine how your contribution is used?
How programs are chosen and implemented
Transparent and accountable financial management
A commitment to financial efficacy
The importance of your contribution
The information we provide you
Our fundraising ethics
How funds are raised for MSF
MSF Privacy Policy

WHAT PRINCIPLES DETERMINE HOW YOUR CONTRIBUTION IS USED?

Private donations are essential to our ability to operate independently, and allow MSF to respond at a moment's notice to the most urgent emergencies, often in countries and regions that are otherwise forgotten.

Through our mailings and publications, we keep donors informed of our current activities and the situations we believe are of highest priority, while asking you to provide general support for our activities so that we can allocate your contribution to where the needs are greatest. However, if you decide to designate your contribution to support MSF programs in a particular area, we will honor your choice. Please be aware that MSF uses a portion of all gifts, including those restricted to specific programs, for fundraising and administration costs, always striving to keep these costs to a minimum and allocating at least 85% of your donation to our programs.

If we are unable to use a designated contribution in keeping with your wishes (in the case of a program closure, for example, or contributions exceeding needs for a particular program), we will contact you to discuss what you would like us to do with your gift. MSF will never prolong an intervention for the sole purpose of spending allocated funds.

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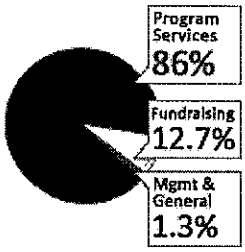

86 cents of every dollar supports our programs.

3433452). MSF-USA is a member of an international network of private non-for-profit MSF associations. Funds collected by MSF-USA support field programs implemented by its MSF partner organizations, which are headquartered in Europe, and the Drugs for Neglected Diseases Initiative, of which MSF is a founding member.

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HOW PROGRAMS ARE CHOSEN AND IMPLEMENTED

Medical humanitarian action seeks to save lives and alleviate the suffering of those most at risk as a result of an acute crisis. Armed conflict has a devastating impact on ordinary people – direct violence, forced displacement, epidemic outbreaks, starvation, and psychological trauma are common consequences, as is the collapse of local health services. Providing life-saving medical and nutritional assistance to victims of armed conflict is MSF's main priority. The mounting death and suffering associated with infectious diseases, fuelled by the neglect of governments, is the other main area of MSF's programmatic focus, and the organization aims to effectively provide treatment and care to vulnerable people affected by such diseases as HIV/AIDS, TB, human African trypanomiasis, and visceral leishmaniasis. MSF also responds to the needs of people who are excluded from access to essential health services, and assists victims of natural disasters.

MSF's decision to intervene in any crisis is based solely on our independent assessment of people's needs–not political, economic, or religious interests. MSF does not take sides or intervene where governments or warring parties tell us to–we go where the medical needs are greatest. MSF's single-minded mission is to help those most in need, to the exclusion of any other agenda and without taking sides – this is the meaning of the humanitarian principles of neutrality, impartiality, and independence to which MSF is deeply committed. Each year, MSF doctors, nurses, logisticians, water-and-sanitation experts, administrators, and other medical and non-medical professionals depart on more than 4,700 aid assignments. They work alongside more than 25,800 locally hired staff to provide medical care in more than 70 countries.

Experienced MSF teams determine medical humanitarian needs by conducting independent assessments of the situation on the ground. The teams focus on assessing the condition of the affected people as well as their vulnerability to the crisis. Local medical professionals are important sources of information that MSF may complement by carrying out independent epidemiological and nutritional surveys. The existing capacity of local medical staff and facilities as well as the response of other outside parties are all key factors in determining whether MSF's intervention is required. The local authorities' acceptance of MSF's action and adequate safety conditions for our volunteers are critical prerequisites for any intervention. Projects are outlined in detail before they are launched and evaluated throughout their operation. Clearly defined quantitative, as well as qualitative, objectives are revised if necessary. The duration of our intervention is determined solely by those needs that are defined and reevaluated over the course of the mission. Projects and needs are evaluated on an ongoing basis through a standardized data collection system, plus ad-hoc epidemiological surveys.

MSF is committed to ensuring that its assistance actually reaches those it is intended to help. For this reason, we insist that our field staff must be free to communicate with the people we seek to help; to travel and independently assess needs; to determine how our aid will be allocated; and to be involved in the actual delivery of assistance. This is also why MSF directly manages all aspects of our field programs and does not delegate management responsibility to third parties. When it is the only effective way of reaching patients, MSF may provide medicines and medical materials to existing health facilities, particularly in highly insecure contexts. On rare occasions, MSF may also provide financial support to other private humanitarian organizations, community groups, or health facilities we are working closely with in a specific field, and we exercise close oversight over these activities.

MSF takes seriously its responsibility to ensure that all of its assets – whether resources or services - exclusively serve humanitarian purposes. Accordingly, rigorous program funding and personnel procedures are in place to prevent the

diversion of assets. Excerpts of our program funding and personnel procedures are available for review upon request. MSF does not knowingly employ individuals who use any of its assets to engage in or support conduct that contravenes MSF's humanitarian mission, including violence or other conduct that seriously endangers the health or welfare of others.

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TRANSPARENT AND ACCOUNTABLE FINANCIAL MANAGEMENT

MSF exercises rigorous fiscal controls over our field programs and offices.

Every MSF field project has a detailed budget that is reevaluated on a regular basis. Program managers review program budgets throughout the year to ensure they are implemented responsibly and in keeping with project objectives. All budgets are reviewed and subject to approval by the Board of Directors of the MSF office responsible for implementing the field programs.

MSF-USA's Board of Directors exercises fiduciary control over the use of all funds collected in the United States . It allocates grants to MSF field programs based on detailed narrative and financial proposals, and requires narrative and financial reports upon completion of the grants. External financial audits are conducted annually. Both the **MSF-USA Annual Report** and **IRS Form 990** are available on request or may be downloaded from our web site.

For transparency to our donors worldwide, MSF combines the accounts of all of our offices internationally. The result is a thorough and transparent picture of the full range of our activities. International combined accounts will be consolidated and certified by an independent auditing firm in 2005 for 2004 activities. International figures will be made available as soon the certification is complete.

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A COMMITMENT TO FINANCIAL EFFICACY

Between 1995 and 2011, MSF-USA allocated more than 85 percent of its expenditures to MSF's social mission programs and public education activities. More financial information can be found here.

MSF-USA has consistently met all standards of watchdog agencies and has recently been awarded the highest rating for charitable agencies from the American Institute of Philanthropy.

In the field as well as at headquarters, MSF compensation levels are moderate and transparent. At MSF-USA, for example, the salary of the executive director will not exceed three times the salary of the lowest paid full-time position in the office. MSF-USA strives to limit administrative expenses -- for instance, travel is economy class and hotels are budget.

MSF-USA seeks to maintain available cash and reserves equivalent to six months of operating costs, allowing us to respond to emergencies and to ensure continued funding of our field programs even in the event of a downturn in contributions.

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THE IMPORTANCE OF YOUR CONTRIBUTION

To maintain its operational independence and flexibility, MSF relies on the general public for nearly 87 percent of its operating funds. The remaining 13 percent of funds come from international agencies and governments. MSF has not received or solicited US government funding since 2002.

In 2008, MSF's worldwide income was $979 million, to which US private donors contributed more than $128 million.

In recent years, your contributions have enabled MSF to significantly expand funding for programs in the field: reaching more people in need, responding more quickly to emergencies, broadening the range of medical services we provide, and improving the quality of our interventions by using more effective medications. With your support, MSF is committed to improving the impact and expanding the reach of its programs in the years to come.

Also, the financial independence provided by your contributions allows MSF to:

Choose freely where to intervene based on medical needs alone.

Intervene quickly, particularly in emergency situations, without waiting for political actors or the media to mobilize.

Decline government funding that may compromise our ability to implement effective programs.

Commit resources and teams to innovative projects to improve the lives of those individuals we aid, and demonstrate their appropriateness in specific interventions. In this way, MSF was able to treat patients living with HIV/AIDS with antiretroviral medicines well before governments started allocating funding for this activity.

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THE INFORMATION WE PROVIDE YOU

Our information and first-hand accounts come directly from our field projects, thus guaranteeing their integrity.

We make every effort to respond to specific questions regarding our programs and operations. Our Donor Services' staff is available to answer your questions about your contributions or our field programs: 212-679-6800

We will honor your wishes about the amount of information you wish to receive from us in mailings.

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OUR FUNDRAISING ETHICS

MSF operates in a manner consistent with the Association of Fundraising Professionals' (AFP's) Donor Bill of Rights and the AFP Code of Ethical Principles and Standards of Professional Practice. We comply with the principles of the AFP's draft E-Donor Bill of Rights, currently in development.

MSF's Corporate Gift Acceptance Policy ensures that the organization will not accept contributions from corporations/industries and their respective corporate foundations whose core activities may be in direct conflict with the goals of the medical humanitarian work of MSF, or in any way limit MSF's ability to provide humanitarian assistance. Please read our our Corporate Gift Acceptance Policy.

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HOW FUNDS ARE RAISED FOR MSF

Doctors Without Borders requests funds from donors and supporters through various media including phone, email, and telephone throughout the year. Our supporters also host events to raise funds on our behalf. Doctors Without Borders is grateful for the support of all of our donors and we are firmly committed to safeguarding the security of your personal and financial information. We take many measures to ensure that your transactions are secure and that our name is not used under false pretenses. If you have any reason to suspect, however, that you have been approached by a third party posing illicitly as an associate or affiliate of Doctors Without Borders, please contact our Donor Services Team immediately at 212-679-6800.

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Please see our recently updated Privacy Policy.

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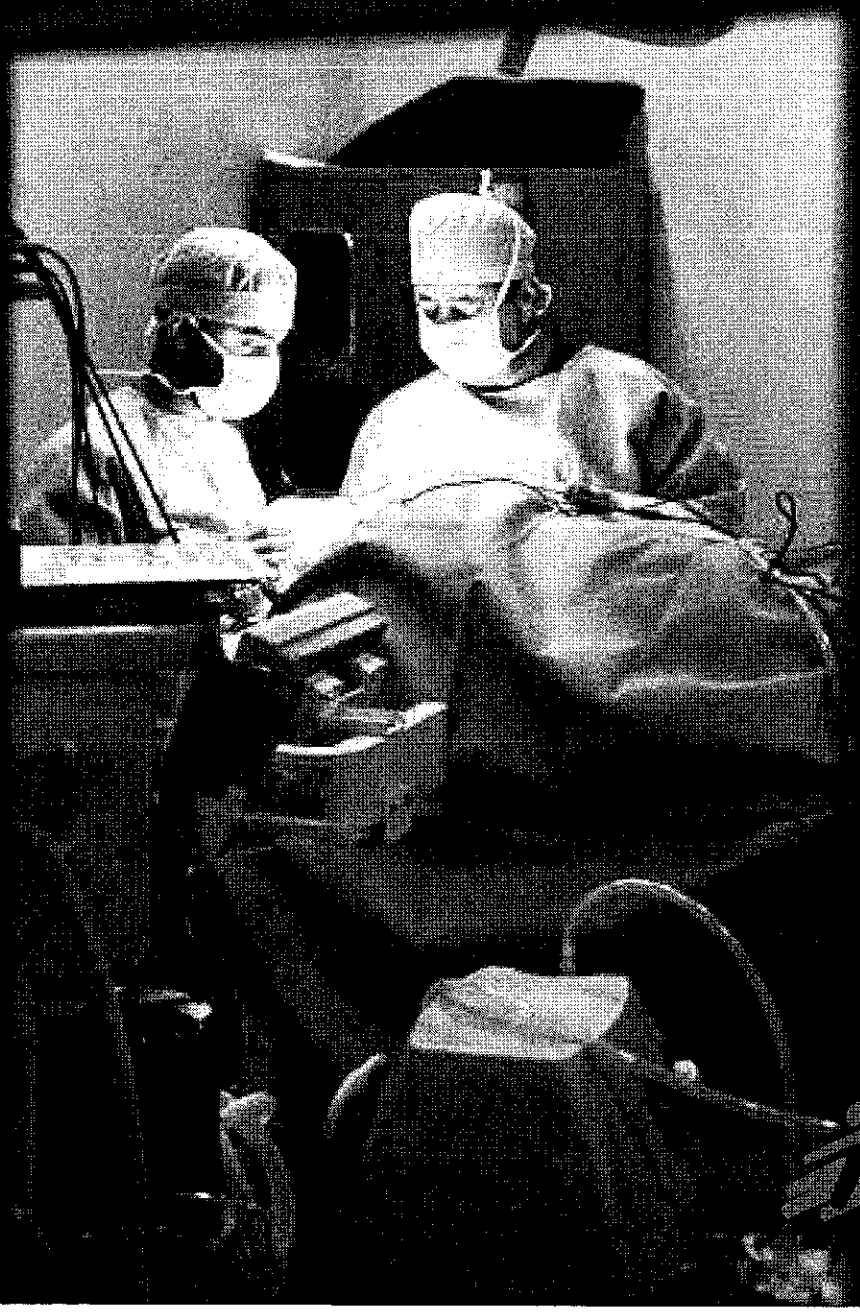
MEDECINS SANS FRONTIERES

ACCOUNTABILITY --> US ANNUAL REPORT 2011



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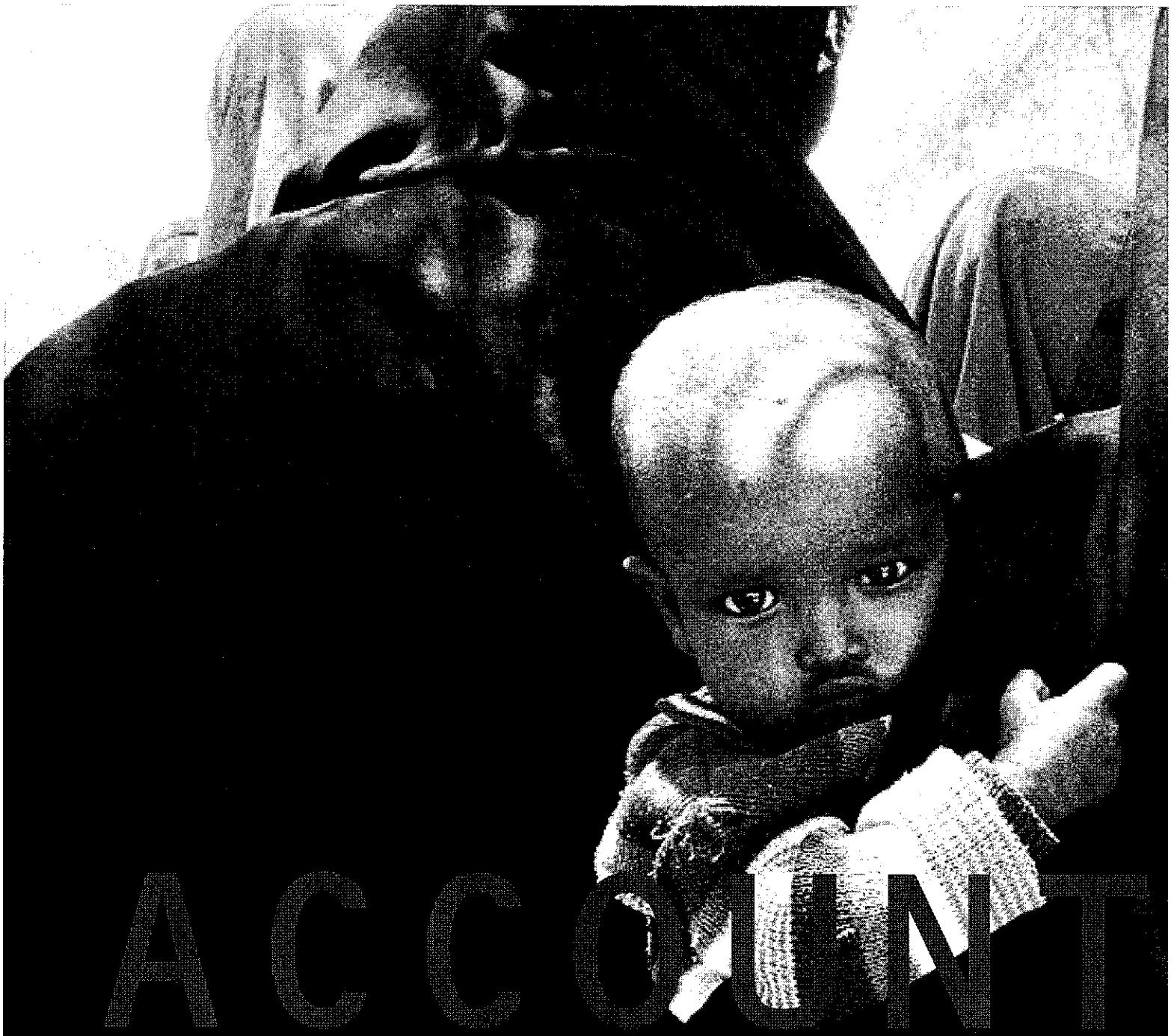

ACCOUNT

DOCTORS WITHOUT BORDERS/MEDECINS SANS FRONTIERES (MSF)
is an international independent medical humanitarian organization that delivers emergency aid to people affected by armed conflict, epidemics, malnutrition, natural disasters, and exclusion from health care in more than 60 countries. ---> On any one day, more than 27,000 individuals representing dozens of nationalities can be found providing assistance to people caught in crises around the world. They are doctors, nurses, logistics experts, administrators, epidemiologists, laboratory technicians, mental health professionals, and others who work together in accordance with MSF's guiding principles of humanitarian action and medical ethics. ---> The organization received the Nobel Peace Prize in 1999.

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ABILITY

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SOMALIA
Vaccinating displaced Somalis against measles

US ANNUAL REPORT 2011

Dear Friends,

Every year, our annual report provides us with the opportunity to explain to our supporters how we've allocated your generous donations and to give you details about the lifesaving programs Doctors Without Borders/Médecins Sans Frontières (MSF) is running in clinics, hospitals, and feeding centers all across the globe. In short, it gives us the opportunity to be accountable to the people who make our work possible.

This year, we're taking it one step further and focusing on accountability—in practice and principle—throughout the publication. You'll see our usual overviews of the field projects supported by donors like you, along with breakdowns of where we directed our resources, how many patients were treated, in what context, and for what conditions. We also show that, for the seventeenth consecutive year, at least 85 percent of all money raised was spent on program activities (as opposed to fundraising or administrative costs). And, as in years past, we provide a financial case study of a single program, a very busy surgical hospital in Port Harcourt, Nigeria.

What's different this year is an essay that further delves into the question of what accountability means to MSF and describes the steps we take to ensure our accountability to patients, local authorities, donors, our own medical and humanitarian principles, and our association of past and current MSF staff, which plays an active role in both our governance and our decision-making processes.

The essay features excerpts from evaluations carried out and shared publically in recent years—on the response to the 2010 earthquake in Haiti, for instance, or the nutritional crisis in Somalia and the greater Horn of Africa last year. It also includes information about books MSF produced last year to stimulate reflection on the negotiations we conduct in order to open and operate projects in a given country, and on the ways our work is seen by people, patients, and communities in those countries.

All of these—the books, the project evaluations, this annual report—were designed as critical examinations of our work undertaken with the aim of improving the care we deliver to patients, finding ways to better prepare for future crises, and being transparent about the choices we make. They also allow us to promote best practices for others working in the same field. Last year,

Supplies for remote villages on Lake Tumba

© GUS VAN GASSEN

for example, our Paris-based epidemiological branch, Epicentre, released the results of its evaluation of MSF's nutritional programs in Niger, showing that supplementary feeding programs using nutrient-rich supplementary food had cut child mortality in half—a remarkable outcome that can be replicated by others working on this often chronic and far too frequently fatal condition.

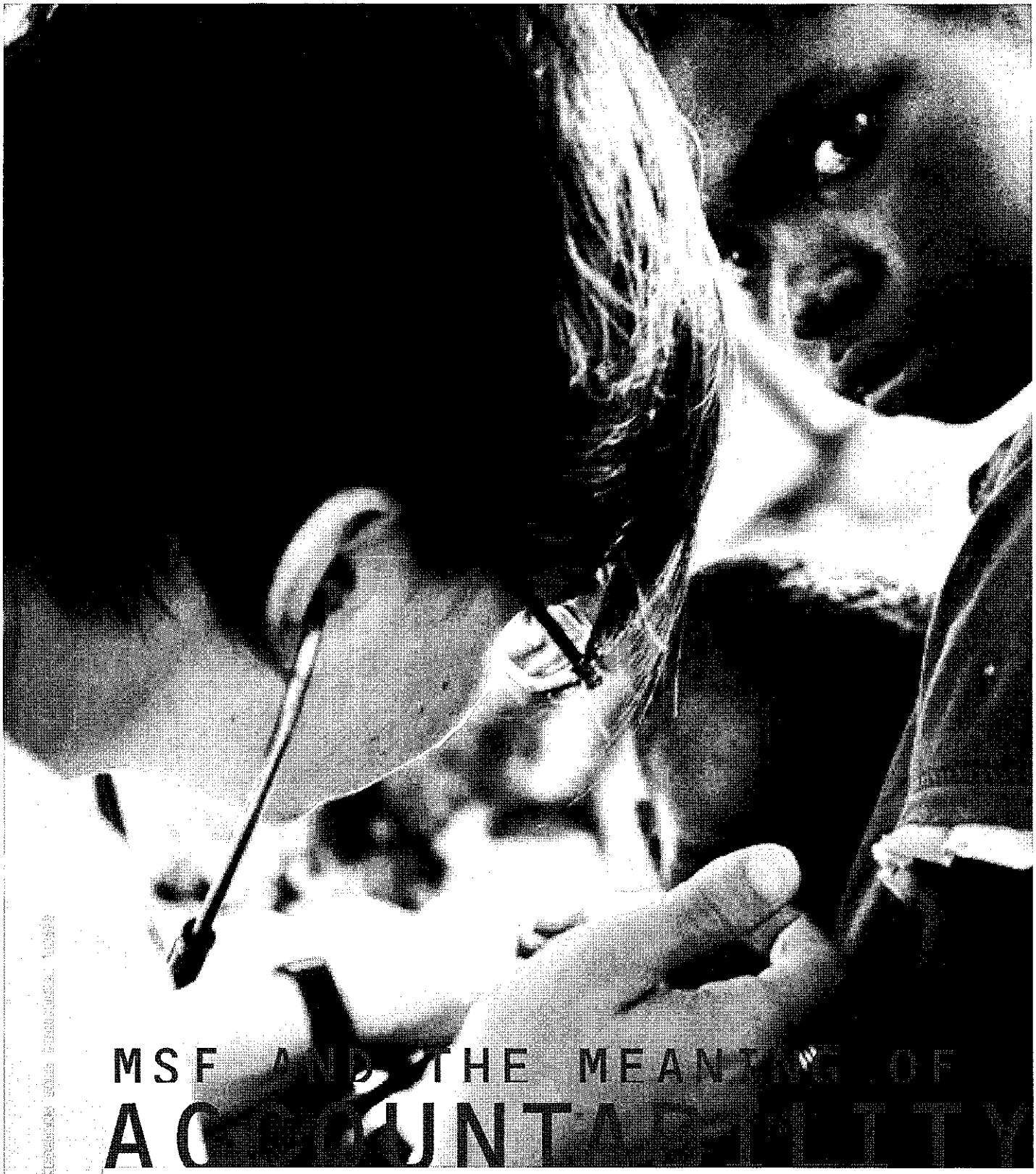
Looking ahead, we anticipate staying involved in places such as Sudan, South Sudan, Somalia, Democractic Republic of Congo, and many others, as well as in the shifting, tumultuous events evolving across the Arab world. In these and other contexts, we strive to bring high-quality medical care to our patients and to implement lessons learned over the years of our existence, while also preparing for the unexpected. To that end, we have developed an ambitious four-year international plan that includes improvements in human resources, logistics, medical data, and diagnostics—all designed to improve patient care.

It is thanks to the generosity of millions of private donors around the world that MSF was able to respond quickly and effectively to multiple crises in 2011, and to do so independently and impartially, in accordance with our medical and humanitarian principles. We hope this report illustrates our gratitude and our commitment to accountability, while also doing justice to the hard work of our medical teams and the courage and resilience of our patients.

Sincerely yours,

Matthew Spitzer
President

Sophie Delaunay
Executive Director



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MSF AND THE MEANING OF ACCOUNTABILITY

What does accountability mean, in practice and principle, for MSF? It's something that's at the core of our conduct and identity, and something we'd like to discuss further in this year's annual report.

It means that we continuously reflect on the impact of our humanitarian action, that we keep the people who support us informed, and that we are transparent and specific about the costs and benefits of our operations. That is why we published lengthy reports about our work in Haiti six months after the devastating January 2010 earthquake and again six months later, after the nation was further stricken by a cholera outbreak. That is why, at the end of 2011, we similarly documented our work in the Horn of Africa—in Somalia, Ethiopia, and Kenya—during the malnutrition crisis that contributed to the death of tens of thousands of Somalis and the displacement of hundreds of thousands more.

Treating a 20-month-old boy for malaria

© PENNY BRADFIELD

NIGERIA An MSF nurse and a post-surgery fistula patient

© BEN MILPAS

It means that we ground our decisions in our medical and humanitarian ethics, and that experienced MSF teams conduct independent assessments of the needs on the ground before we open a project. MSF exists to assist those who would otherwise have no access to medical care. And when it appears that MSF can provide medical services others cannot, we aspire to treat those who need it, regardless of ethnicity, religion, or affiliation, regardless of how they were hurt or what sympathies they might have. But we must answer certain questions when gauging the efficacy of our programs: First and foremost, is what we are doing medically relevant and medically effective—are we saving or improving lives? Additionally, because we are aware that aid can, at times, do more harm than good, we make sure that our presence, especially in conflict zones, is providing comfort to the tormented, not the tormentors. --->

DEMOCRATIC REPUBLIC OF CONGO
Hydrating a child in a cholera treatment unit

"Accountability means we protect our independence and vigilantly monitor our own impartiality."

INDEPENDENT, IMPARTIAL MEDICAL CARE

In an effort to uphold the principles of medical ethics, we fight for access to better treatments and diagnostics in the field, demanding—ceaselessly, if not always successfully—that patients have access to tools and medications available to wealthier nations. We aim to make the care we deliver of the highest possible standard. Our field workers are carefully selected and rigorously vetted, and they must already have relevant experience before they go on assignment. We do not use second-hand or donated medicines. We do not veer from medical goals towards development work. We directly manage all of our own programs as well, communicating directly with the local leadership and with people we seek to help, independently assessing needs, and determining how our aid will be allocated.

Accountability means we protect our independence and vigilantly monitor our own impartiality. If we turned patients away because of their affiliations, we would undermine our principles, our safety, and the humanitarian space we have tried to build, leaving dozens, hundreds, or thousands of people without care. Even in the worst situations, international humanitarian law dictates that there should be a medical space in which a person can access treatment without wondering if they might get arrested, attacked, or killed for doing so. To preserve that humanitarian space for our action, we maintain open dialogues with all parties, while at the same time staying aware that parties involved in today's conflicts—like the al-Shabaab, or the Taliban, or the US or British or Pakistani military—might politicize or instrumentalize our work to further their political goals.

Asserting and then demonstrating MSF's impartial, medically-focused agenda is part of a process that helps us establish trust, and once trust is established, even well-armed fighters, we hope, begin to have faith in the doctors and nurses bumping down those long, dusty roads to reach people in crisis. Then, when our mobile clinics ask local commanders for authorization to access a village cut off by fighting or affected by a measles or cholera outbreak, that trust—and the knowledge that we'll treat *all* victims—helps us gain access and protection from local communities. Deliberately working with one party to a conflict or serving some broader military-political agenda would compromise both that trust and our ability to deliver assistance. It would compromise our safety as well, because we do not carry guns, and in only one place in the world, Somalia, do we have armed guards. We must find other ways to protect ourselves and our patients.

"We do not carry guns, so we must find other ways to protect ourselves and our patients."

WHAT WE CAN AND CANNOT DO

Accountability means that we are honest about what we can and cannot do, that we make decisions based on medical needs alone, and that we do not raise money for places or programs we cannot see through. That is why we told people who wanted to donate to our work in Japan following the March 2011 earthquake and tsunami that we had limited operations there because effective national health and disaster relief networks were already in place. A similar dynamic prevailed following the Indian Ocean tsunami of 2004, when we made --->>

©PETER CASAER (Left) ©LYNSEY ADDARIO/VII (Right)

SOMALIA Displaced women and children await care

KENYA After a long journey from their troubled homeland, Somali refugees arrive at Dadaab's Ifo 2 camp.

© YANN LIBESSART / MSF

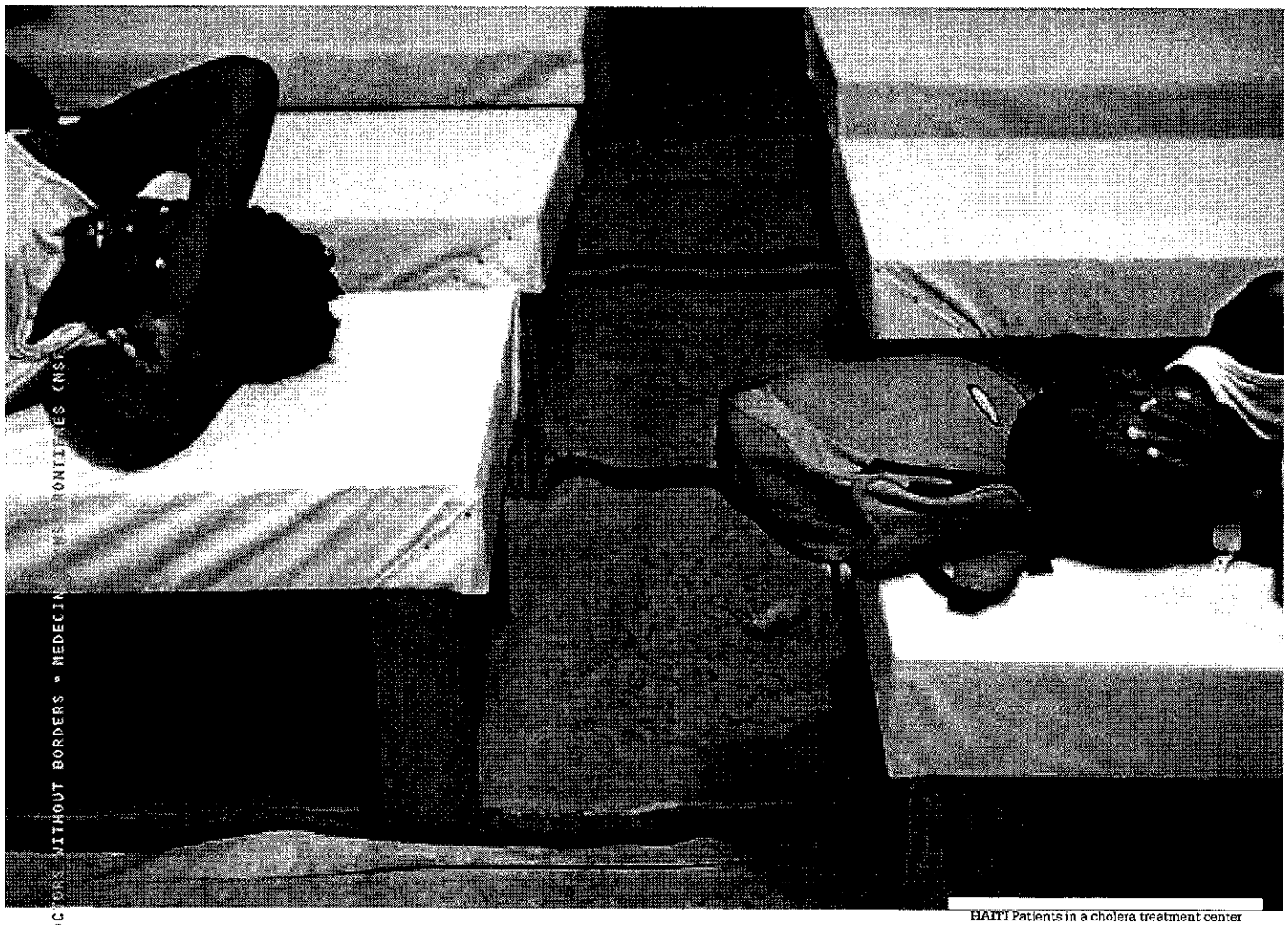
HAITI The burn unit of Drouillard hospital

an unprecedented offer to return previously-accepted earmarked donations that we would not have been able to spend (many donors instead chose to derestrict their gifts). In the main, we believe that unrestricted pledges give us the ability to direct donor funds where the needs are greatest. On rare occasions—and once in recent memory, in Haiti following the earthquake—we've asked for money for specific contexts, but only when we knew the cost of our medical activities would exceed what was budgeted and that additional funds were necessary to meet unprecedented needs.

Accountability means that we reveal how much we allocate to programs, fundraising, and management and administration, and that for more than 15 years now, we have spent more than 85 percent on programs. In 2011, we spent upwards of 86 percent on programs, less than 13 percent on fundraising, and just over 1 percent on administrative costs, including salaries for MSF-USA office staff. Speaking of salaries: We have exceptional, dedicated individuals in the US office, but our compensation structure recognizes and reflects the fact that we aim to serve the world's most vulnerable people. We provide excellent benefits, but executive pay is decidedly moderate—at the bottom quartile, in fact, for management positions at nonprofit organizations of comparable size.

It means that we discuss with you the reasons we're in some places and not others, along with the calculations made along the way. This past year, MSF published *Humanitarian Negotiations Revealed,* a uniquely frank account of some crucial choices the organization made in the last decade, including the extensive conversations we entered into with the Afghan government, NATO forces, and the Taliban

"Accountability means that we are honest about what we can and cannot do, that we make decisions based on medical needs alone, and that we do not raise money for places or programs we cannot see through."



HAITI Patients in a cholera treatment center

© RON HAVIV / VII

© GREG CONSTANTINE

MYANMAR A mother, father, and child living with HIV (left) and a man receiving HIV care (right)

to delineate our intentions and principles before we re-started operations in Afghanistan in 2009, or the highly restrictive conditions we accepted from the governments of Sri Lanka—during the brutal conclusion to the country's civil war—and Myanmar, where mobility was severely proscribed but there has been room enough for us to treat more than 20,000 people with HIV/AIDS who would otherwise now be dead. Some decisions were and are hotly contested within MSF, but hindsight allows us to mine them for lessons to apply in the future.

Accountability means understanding there will be instances when the conditions impressed upon us make it impossible to work in an ethical, medically effective, or safe manner. We have in the past suspended or curtailed operations in North Korea, when aid was channeled through a public system that privileged regime allies rather than the most vulnerable groups, and in Goma, in the Democratic Republic of Congo (then Zaire), when militias that had carried out mass killings in Rwanda were using aid delivered to refugee camps to help them prepare for future attacks. In early 2012, we halted a program delivering assistance in prisons in the Libyan city of Misrata because we realized that prisoners we were treating were being tortured again after they received care. And in Somalia, we decided that we could not expand programs any further until our colleagues Blanca Thiebaut and Montserrat Serra, who were abducted in October 2011, were released. These are hard decisions that can mean forgoing care for a great many people, but doing otherwise would undermine our reasons for being there and the principles we hold most dear.

"It means that we discuss with you the reasons we're in some places and not others, along with the calculations made along the way."

CONSTANT EXAMINATION

To be accountable is to be willing to review, analyze, and critique our operations constantly, at all levels. In Paris, there is an arm of MSF known by its French acronym, CRASH, that exists for just this purpose and is staffed by some of our most senior officers. In ways headquarters staff focused on day-to-day operations cannot, CRASH reflects on projects and analyzes MSF's actions in light of past operations and our essential humanitarian principles. A similar unit based in our Geneva office recently finalized a three-year study of how people in the countries where we work see us. The resulting book, *In the Eyes of Others,* was published in early 2012 and, as with *Humanitarian Negotiations Revealed,* MSF offered the text for free on our website and organized a number of public forums, webcasts, and interviews to further examine the topic.

We also conduct regular program evaluations and share data and research we've collected that might—or should—inform protocols or policies through our Field Research website (fieldresearch.msf.org). Our epidemiological arm, Epicentre, often plays a key role in these efforts, and over the years, MSF has influenced the debate on (among other things) treating HIV in resource-limited countries, treating and preventing malnutrition in chronic settings, and carrying out mass vaccination campaigns during measles outbreaks. And we look not only at what's happening in a given moment, but also at the factors and dynamics that contributed to the situation—why some groups cannot access care, for instance, why some tools or medications are hard to come by, or why specific agreements or players are preventing treatments and medicines from getting where they are needed most. --->

© AVRIL BENOIT / MSF

"To be accountable is to be willing to review, analyze, and critique our operations constantly, at all levels."

A COLLECTIVE EFFORT

Overseeing and monitoring all of this is our Association, which is made up of current and former field workers. Its impact is felt across our operations, not least because Association members elect our Board of Directors, almost all of whom (aside from the Treasurer and the Secretary) are former field workers themselves. The Board, in turn, follows field projects closely, questioning the MSF-USA management

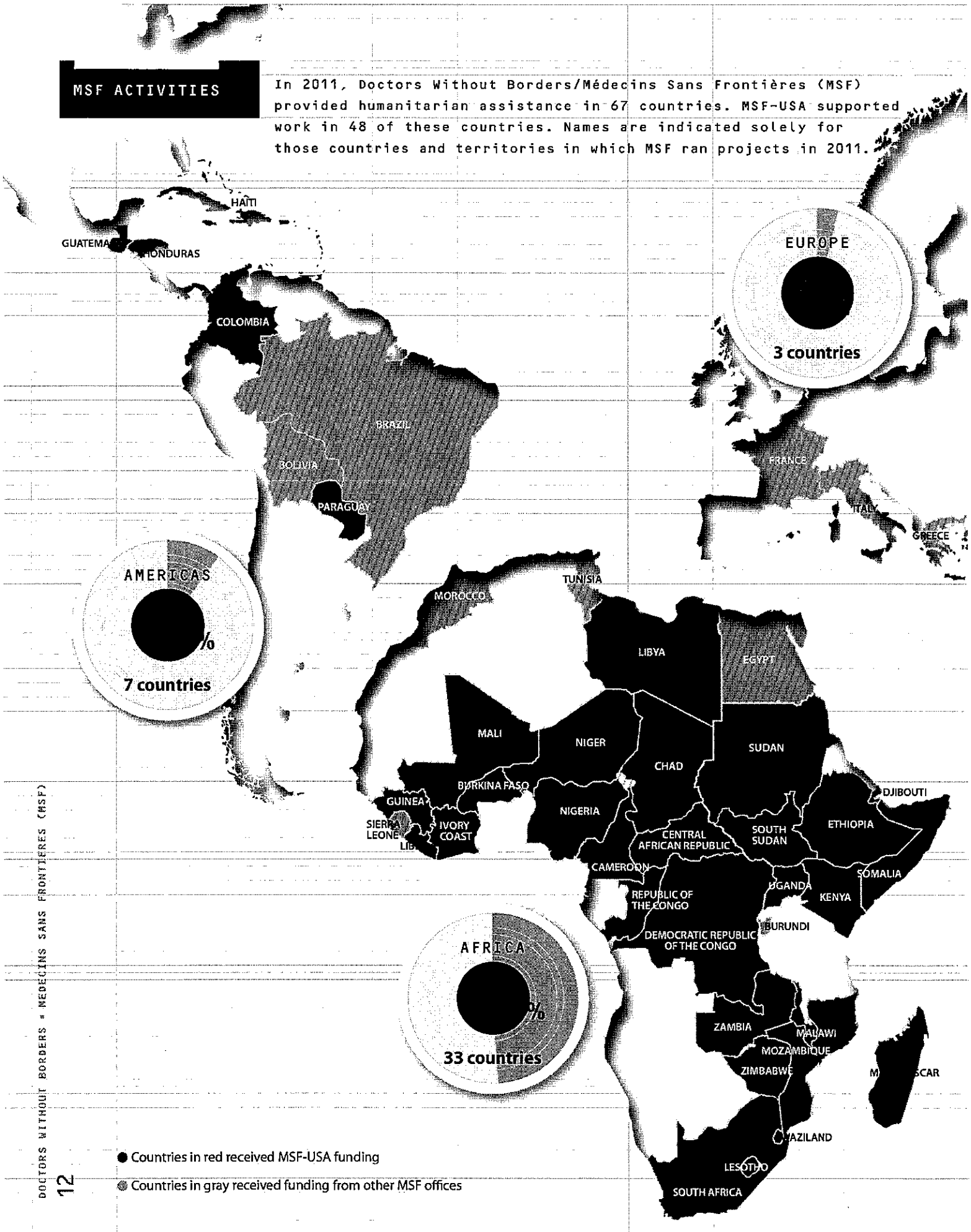
SOUTH SUDAN A child is vaccinated against measles

team regularly, greenlighting project grants, and making sure work proceeds in line with the current four-year operational plan. The result is an organization directed by people who know whereof they speak when it comes to field operations and, now more than ever, an organization that looks after its volunteers when they return home. Last year, MSF-USA expanded its psychosocial unit, which gives the people we send out a chance to discuss their experiences with qualified, empathetic counselors or peers who know well the road they've traveled.

Lastly, accountability means that we try to infuse reports like this with the same commitment to openness and transparency, recognizing that not everyone can come to the field with MSF, but that we can try to bring the field back to them, doing our utmost to convey the nature and scope of our work, and the ways in which the resources donors so generously entrust us with are used. ■

MSF ACTIVITIES

In 2011, Doctors Without Borders/Médecins Sans Frontières (MSF) provided humanitarian assistance in 67 countries. MSF-USA supported work in 48 of these countries. Names are indicated solely for those countries and territories in which MSF ran projects in 2011.



RUSSIA
CAUCASUS & CENTRAL ASIA
5 countries
GEORGIA
ARMENIA
TURKEY
UZBEKISTAN
KYRGYZSTAN
CHINA
JAPAN
SYRIA
LEBANON
IRAQ
IRAN
AFGHANISTAN
PAKISTAN
PALESTINIAN TERRITORIES
BAHRAIN
BANGLADESH
MYANMAR
INDIA
YEMEN
THAILAND
CAMBODIA
PHILIPPINES
SRI LANKA
MIDDLE EAST
%
8 countries
PAPUA NEW GUINEA
ASIA
%
12 countries

MSF IN 2011: BY THE NUMBERS

* Entries marked with an asterisk were compiled by staff on the ground in direct contact with MSF patients and do not represent a full overview of relevant activities.

8,407,596
Outpatient consultations

© ANNA SURINYACH / MSF

446,197
Patients admitted

1,422,839
Patients treated for Malaria

30,707
New admissions for first-line TB treatment

(Left - Right) © KATE HOLT, © MARTINA BACIGALUPO, © BRENDAN BANNON

1,431
Patients treated for sleeping sickness

5,034,546
People vaccinated against measles during outbreak

191,960
Women who delivered babies, including Caesarean sections

(Left - Right) © ROBIN MELDRUM, © MICHAEL TSEGAYE, © KATE GERAGHTY

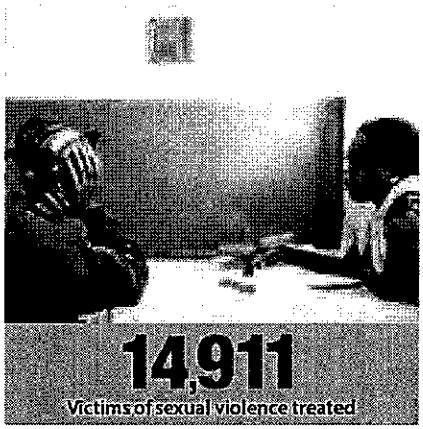
188,977
Mental health consultations

821,812
Antenatal consultations

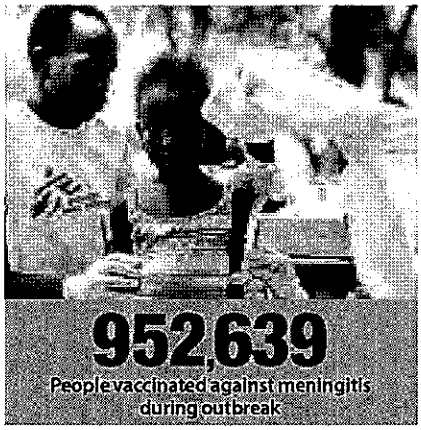
73,135
Major surgical procedures

(Left - Right) © PETER CASAER, © MARTINA BACIGALUPO

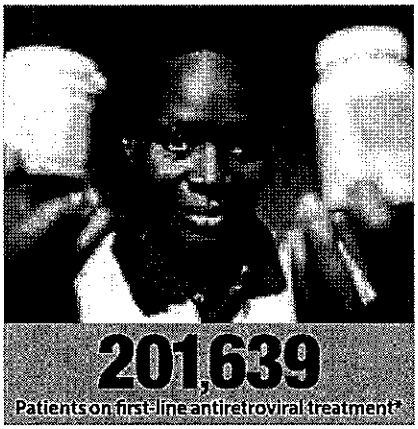
(Left - Right) © MARTINA BACIGALUPO, © MARCELL NIMPUEHR / FISCHKA.COM, © SVEN TORFINN



14,911
Victims of sexual violence treated

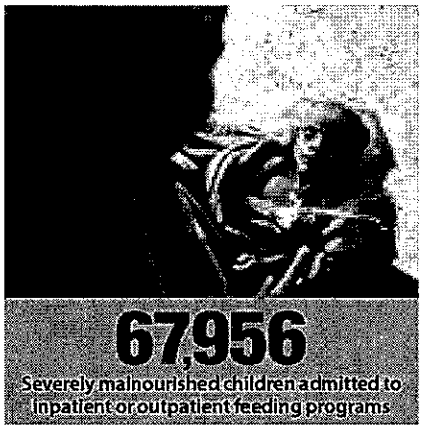


952,639
People vaccinated against meningitis during outbreak



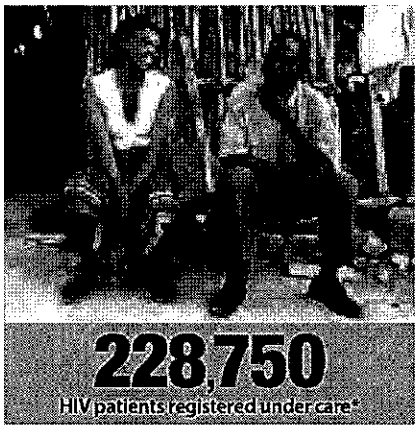
201,639
Patients on first-line antiretroviral treatment*

(Left - Right) © MARTINA BACIGALUPO, © CHRISTIAN FERRIER, © BRENDAN BANNON



67,956
Severely malnourished children admitted to inpatient or outpatient feeding programs

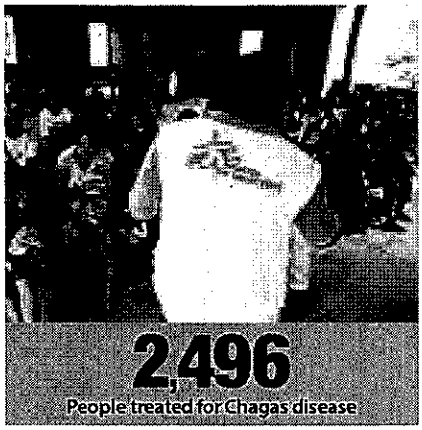
225,550
Relief kits distributed



228,750
HIV patients registered under care*

(Left - Right) © ISABELLE MERNY / MSF, © ANNA SURINYACH / MSF

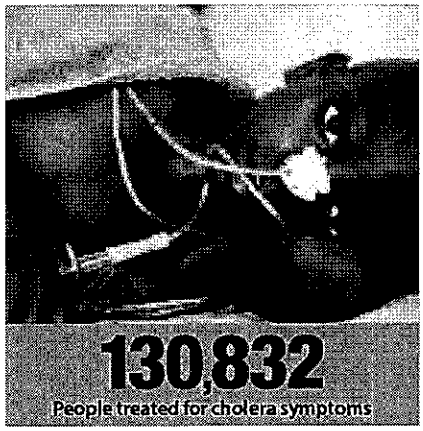
54,297
Medical and surgical interventions due to direct violence



2,496
People treated for Chagas disease

7,627
Patients treated for kala azar

(Left - Right) © JEAN MARC GIBOUX AND © P.K. LEE

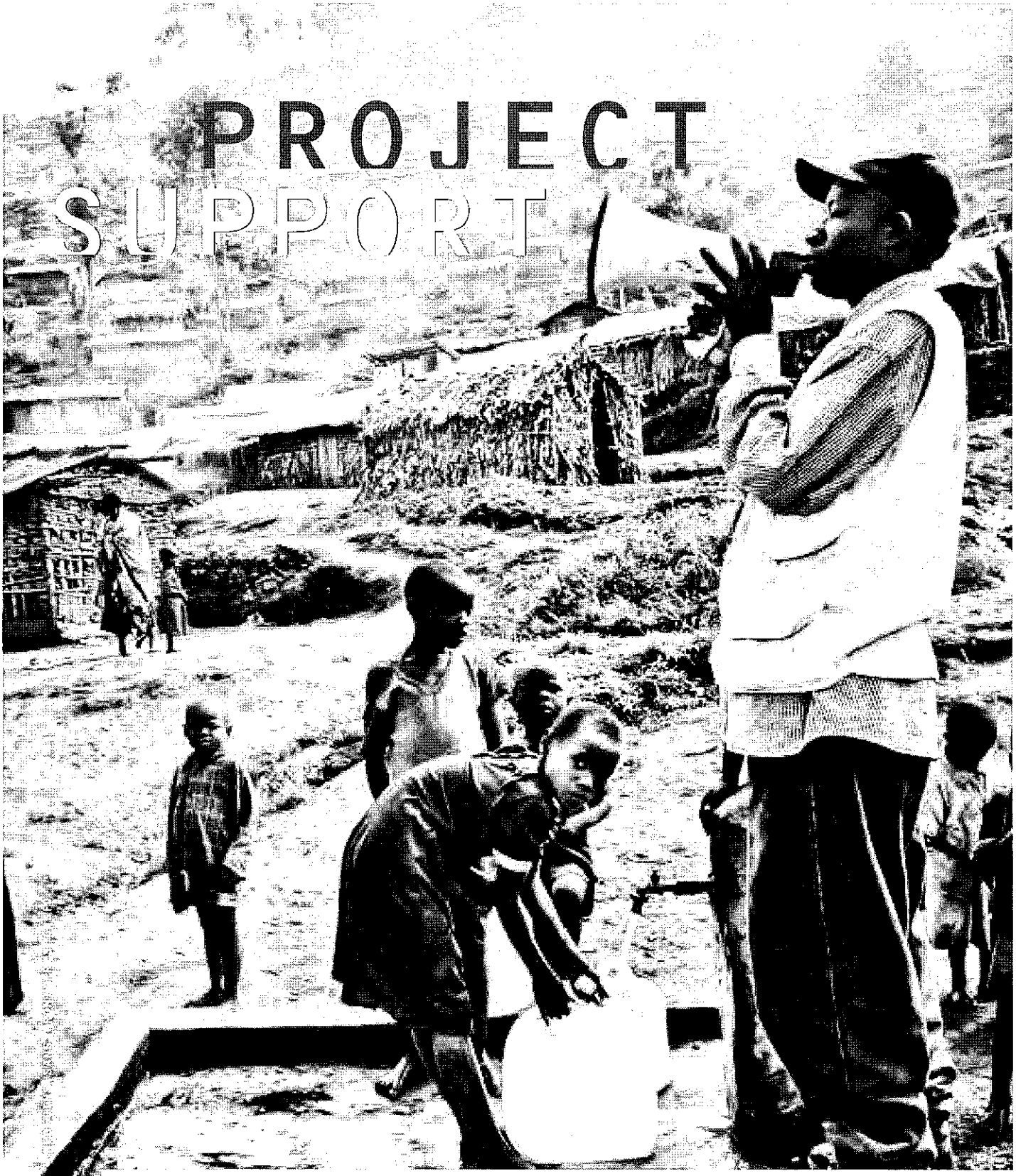


130,832
People treated for cholera symptoms

96,058,426
Liters of water distributed

*at end 2011

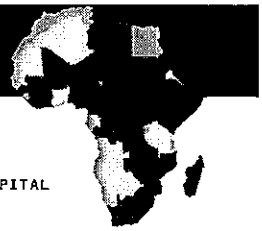
PROJECT SUPPORT



© PETER CASALE

Projects described in this section were made possible in part by generous contributions from individuals, foundations, and corporations in the United States. The great majority of funds MSF collects are unrestricted to any particular project, which is essential to MSF's ability to react to emergencies as they unfold. The dollar amounts here reflect the total MSF-USA funding directed by MSF to field programs in a given country. These amounts are part of total project costs presented by MSF International in its 2011 International Activity Report, which is available at www.doctorswithoutborders.org/publications/ar.

An MSF staff member talks to displacement camp residents about health and hygiene.



"Slowly, slowly, after the surgery, he was improving every day. We carried him here. Now he can walk, he is beautiful." – MOTHER OF A BOY TREATED BY MSF AT SOMALILANDS'S BURAO HOSPITAL

BURKINA FASO ---> $350,000

In northern Burkina Faso, where a hostile climate and fluctuating prices limit the availability of food, MSF operates free nutrition programs for children under five. Teams in Loroum province treat malnutrition and provide basic health care at 11 outpatient programs and one hospital-based inpatient center. Activities in five health centers in Yako were handed over to UNICEF. MSF also cared for children with diarrhea, malaria, and respiratory infections, among other maladies, and offered routine vaccinations.

In Titao hospital and in outlying health centers, MSF worked with Ministry of Health (MoH) staff to treat 4,500 children for malaria, the main cause of sickness and death in Burkina Faso, especially among under-fives, bringing the total number of malaria patients treated since the program started in 2007 to 55,000. Heading into 2012 amidst concerns of an acute malnutrition crisis and increasing political unrest, MSF was looking into other program possibilities as well.

CAMEROON ---> $1,000,000

In the city of Douala's Nylon district hospital, MSF has introduced improved first-line HIV treatment using tenofovir (TDF), which has fewer side effects, for more than 1,500 patients. MSF also successfully lobbied the MoH and donors to change standard first-line protocols to TDF-based combinations. In addition, MSF switched 54 HIV patients who were not responding to first-line treatment to second-line treatment.

In the eastern town of Akonolinga, MSF treated 160 patients with Buruli ulcer, a disease related to leprosy that can cause extreme pain, deformities, and long-term disability. The disease is prevalent mainly among poor, rural communities where the complex treatment is unavailable.

MSF also helped the MoH tackle cholera epidemics in March, in Yaoundé—when MSF set up a 300-bed cholera treatment center (CTC) and treated some 1,350 patients—and in November, in Douala, where MSF opened a 130-bed CTC, treating more than 1,000.

CENTRAL AFRICAN REPUBLIC (CAR)

---> $3,000,000

In CAR, where disease, conflict, and a failed health system created overlapping health emergencies, MSF supported nine hospitals and 36 health centers and advocated for more donor assistance.

In Mambéré-Kadéï prefecture, MSF offered pediatric services and integrated TB-HIV care in Carnot district—where surveys showed mortality rates three times the emergency threshold—registering almost 520 HIV patients and conducting 5,500 consultations.

In the Zemio border area, MSF carried out nearly 31,000 consultations for people fleeing fighting in DRC and provided HIV treatment as well. In the conflict-affected town of Paoua, in Ouham-Pendé, staff conducted 18,900 outpatient consultations, admitted more than 2,700, and supported seven health centers. At Batangafo, Boguila, and Kabo hospitals in Ouham prefecture, staff carried out some 16,700 consultations, admitted 940 inpatients, and assisted more than 180 monthly births. At Boguila, MSF worked in 14 health posts and ran "surgical camps" that offered otherwise unavailable services.

After screening almost 37,500 and treating 27 people for sleeping sickness, MSF showed prevalence rates in the Maitikoulou area fell from 5.9 percent to below 0.5 percent in three years. Teams also carried out more than 56,000 medical consultations and 35,000 antenatal consultations.

In Bamingui-Bangoran prefecture's capital, Ndele, MSF held, on average, more than 5,100 consultations a month for displaced people and residents, while surgeons performed an average of 14 operations a month and teams ran mobile clinics and worked in five health centers. MSF also treated more than 212,000 people for malaria, the principal cause of death among children, had 998 HIV patients on ARV treatment at MSF clinics, and, in Batangafo, Kabo, and Ndele, provided care and diagnosis for tuberculosis (TB).

CHAD ---> $4,850,000

Chad has the world's highest under-five mortality rate. MSF focuses on maternal and pediatric services and responds to emergencies. In Am Timan, in the east, staff cared for more than 3,700 children in the pediatric ward, treated another 5,300 for malnutrition, held 7,300 antenatal consultations, and assisted 1,795 births in an MoH district hospital and seven health centers. In Kerfi, MSF offered nutritional support, reproductive health care, and assistance for victims of sexual violence, treating 27,800 in all.

In Massakory, MSF admitted around 1,200 children for malnutrition, treated another 3,200 in outpatient programs, and gave supplementary food to 6,400 more. MSF also treated 3,600 children in Nokou district.

In Abéché's regional hospital, MSF supported obstetric and gynecological services and assisted some 3,000 births, while specialists performed 222 fistula repair surgeries. Staff also cared

for more than 12,700 patients suffering from cholera symptoms and treated 2,800 and vaccinated approximately 575,000 against measles in four regions. Another 3,000 children received nutritional care in Logoné Occidental.

MSF staff vaccinated more than 900,000 people in five regions for meningitis and treated or provided drugs for nearly 6,500 others. In Mandoul region, staff treated more than 2,100 people for malaria, distributed 17,000 mosquito nets, and trained workers to diagnose and treat simple cases in remote villages. Children with complications were sent to the nearest health center or MSF's malaria ward at Moissala hospital.

War in Libya aggravated instability in the east. Road ambushes and kidnappings grew more frequent, but teams still assisted 1,850 Chadians fleeing violence and vaccinated 3,000 against measles.

DEMOCRATIC REPUBLIC OF CONGO (DRC)

---> $17,620,000

Violence, disease, and limited access to health care plague DRC, which has one of the world's highest infant mortality rates. In 2011, MSF vaccinated three million children and treated nearly 14,000 during a measles outbreak and treated more than 158,000 for malaria in five eastern provinces. Teams also responded to cholera outbreaks in several provinces and screened tens of thousands of people and treated around 1,500 for sleeping sickness.

MSF has more than 5,000 patients registered for HIV care in DRC, but woeful national ARV coverage means 350,000 of the nation's estimated one million people with HIV do not get proper care—a number likely to grow if donors withdraw funding.

In North Kivu province, where 500,000 people displaced by conflict were registered, teams in Masisi, Mweso, Pinga, Birambizo, Rutshuru, Nyanzale, and in and around Goma and Butembo provided basic and specialist health care, carrying out more than 404,000 consultations. In South Kivu, where 630,000 were displaced, staff offered services in Kalonge, Lulingu, Hauts Plateaux, Shabunda, and Matili, along with mobile clinics for more remote communities. MSF also supported people in five camps on the South Kivu-Katanga border, and north of Kalemie, in Katanga, as well.

In Katanga and North Kivu, surgeons performed more than 110 fistula repair operations and, in addition to assisting sexual violence victims in established programs, teams responded to mass rape attacks in both North and South Kivu.

Security remained an issue. MSF cars were twice attacked by gunmen who wounded two staff members. And, in November, armed intruders shot and wounded a staff member inside MSF's residence in Masisi, North Kivu, forcing MSF to suspend mobile activities.

DJIBOUTI

---> $200,000

Malnutrition rates rose in 2011 in Djibouti and MSF admitted 60 percent more children to its inpatient therapeutic feeding center than in the prior year (1,029 in 2010, and 1,735 in 2011). Teams also treated more than 2,200 children for malnutrition in six health centers on the Djibouti City outskirts. Eighty-one who tested positive for TB were referred to the national TB program after finishing nutritional treatments.

In order to focus on emergency activities, however, MSF transferred its outpatient program to the MoH and other NGOs. The inpatient feeding program will be handed over in April 2012 as well, though the MoH began revising protocols based on MSF's petition to both treat and prevent malnutrition with protein-based ready-to-use food containing nutrients vital to a child's growth (instead of corn-soy blend fortified flour). MSF also supported government cholera responses in July, August, and October.

ETHIOPIA

---> $2,208,969

When war and a dire nutritional crisis drove some 120,000 Somali refugees into Ethiopia's Liben zone in 2011, MSF set up a medical screening unit, provided basic health care and nutritional support in displacement camps, vaccinated more than 53,000 against measles, and helped enroll tens of thousands of children in nutrition programs.

Meanwhile, in Somali region, MSF provided inpatient and outpatient care, nutrition programs, reproductive health care, and malaria and TB treatment in Degehabur's regional hospital, primarily serving people affected by the ongoing Ogaden conflict and conducting nearly 4,000 antenatal consultations, delivering 519 babies, and carrying out 270 surgical interventions.

In the town of Wardher, MSF carried out more than 67,000 consultations at health posts and mobile clinics and admitted more than 1,250 people to the regional referral hospital, where MSF provides maternal care and malaria and TB treatment.

MSF also conducted 3,000 monthly consultations in East and West Imey and supported 54 mobile feeding clinics in Oromia region, reaching 4,000-plus patients before handing over the programs when malnutrition decreased. Additionally, MSF started nutritional activities in the Sidama zone of the Southern Nations, Nationalities and People's Region.

In the northern Amhara region, MSF treats patients with potentially fatal kala azar (visceral leishmaniasis) and co-infected with kala azar and HIV. MSF also treated more than 5,000 patients and vaccinated some 34,500 children for measles following an outbreak.

When fighting in South Sudan pushed tens of thousands of Nuer people into the Gambella region, MSF conducted over 35,000 consultations in Mattar's health center and 17,000 more in mobile clinics, admitting around 1,200 to the hospital and delivering an average of 17 babies per month. And MSF also provided medical services when 25,000 refugees fled Sudan's Blue Nile state for Ethiopia's Benishangul-Gumuz region.

GUINEA

---> $800,000

Guinea's underfunded efforts to combat disease and improve maternal care have been hampered by inconsistency and drug

©MICHAEL TSEGAYE

ETHIOPIA A boy's height is measured at a transit camp for Somali refugees.

shortages, leaving many patients without care. At the end of 2011, MSF was providing ARVs to 7,440 people in Conakry, the capital, and Guéckédou, in the south, while also supporting HIV care—emphasizing pediatric HIV and prevention-of-mother-to-child-transmission (PMTCT) programs—in five health centers in Conakry's Matam district.

At MSF's mother-and-child program in Matam, teams working with national health authorities carried out more than 47,000 pediatric and maternal health consultations in three health centers and conducted outreach and education activities. MSF also treated more than 55,000 people for malaria, supported 16 public health facilities, and trained MoH medical staff, along with 45 community health workers, to diagnose and treat simple cases of malaria.

IVORY COAST ---> $8,233,000

MSF rapidly expanded its work in Ivory Coast after an electoral dispute triggered factional fighting that killed some 1,000 people, displaced hundreds of thousands, and crippled the health care system. Many medical facilities, for instance, were destroyed in the western Moyen-Cavally and Dix-Huit Montagnes regions, where MSF offered emergency assistance, conducting close to 100,000 consultations and assisting more than 1,480 births. Teams also carried out more than 77,000 consultations in Guiglo department, opened programs in Bloléquin and Taï in September and December, and carried out more than 33,000 consultations in and around the towns of Man, Zouan-Hounien, and Toulépleu. In March alone, a surgical team in Bangolo performed 147 operations, most for gunshot wounds. Staff carried out some 80,000 consultations in Tabou in Daloa.

In February, MSF opened Abobo Sud hospital on the urban front lines in Abidjan, performing more than 2,200 operations in five months, admitting some 3,890 emergency patients, and assisting more than 4,100 births. When conditions allowed, MSF expanded to eight city health centers and two other hospitals. Staff at Koumassi hospital helped conduct more than 19,800 consultations in April and May and set up cholera treatment units when an outbreak hit.

In Treichville, MSF donated drugs and supplies to the hospital, opened a trauma center, and offered obstetric and gynecological services. At Port-Bouët hospital, MSF renovated operating theaters and carried out more than 4,000 emergency consultations and 1,300 surgical procedures, while assisting 1,250 births and working with Handicap International on post-surgical rehabilitation. At six other heath centers, MSF carried out more than 17,700 consultations.

In Yopougon, MSF held some 22,270 consultations at Attié general hospital in April and admitted 950 patients for surgery. A team also ran a mobile clinic in a church sheltering more than 1,000 people. When the violence subsided later in the year, MSF began handing over activities.

LESOTHO ---> $500,000

In May, MSF opened a program designed to help reduce maternal and infant deaths in Lesotho, where life expectancy for women is less than 47 years and nearly 60 percent of maternal deaths are HIV-related.

MSF supports St. Joseph's district hospital in Roma, six health care clinics in the surrounding lowlands, and three clinics in Semonkong. All facilities provide integrated HIV and TB care, due to high levels of co-infection, along with PMTCT care.

Overall, MSF enrolled more than 8,000 people in HIV care and 5,300 were started on ARVs. MSF also used a new automated TB test at St. Joseph's hospital, speeding up diagnosis significantly. Additionally, MSF will buy an ambulance to run between Semonkong and St. Joseph's and is assessing ways to help improve patient-staff communications. Meanwhile, efforts to shift HIV-care tasks from doctors to nurses continue, as do efforts to train community and village health workers to assist people with HIV treatment.

LIBERIA ---> $50,000

When 150,000 Ivorians sought shelter in Liberia, MSF launched an emergency program for refugees in western Liberia's Nimba County and mobile clinics and in a health post at the Bahn refugee camp. Staff conducted more than 45,800 consultations—more than 2,700 antenatal, and some 14,500 for malaria—vaccinated children for measles, and provided drugs and support.

In March, MSF conducted more than 38,300 consultations, admitted 226 children to a nutrition program, and carried out more than 1,900 mental health sessions in villages hosting refugees in Grand Gedeh. Safe drinking water was also provided. By the end of the year, the situation had stabilized sufficiently for MSF to hand over the activities.

In Monrovia, MSF works with MoH staff to offer comprehensive care and a 24-hour walk-in service in two hospitals to victims of sexual violence. In 2011, 993 new patients received care, 92 percent of whom were under 18 years old, and 1,115 follow-up consultations were arranged.

MADAGASCAR ---> $100,000

Madagascar's troubled health system took another blow in 2011 when the health budget was cut by 50 percent amid a financial and funding crisis. MSF offered general medical, maternal, and pediatric services in the 20-bed hospital in the town of Bekily, in Androy district, admitting around 150 patients and assisting around 25 births each month, while transferring obstetric and surgical emergencies to Ejeda or Isonala hospital. Staff started testing for TB as well, and teams renovated clinics, donated supplies, and carried out training and consultations in three health centers and mobile clinics in the surrounding area.

Work was temporarily suspended in December following disagreements between MSF and MoH staff over management of patient care, but activities soon resumed. MSF also communicates with the National Office for Disaster and Risk Management in case a natural disaster should strike.

MALAWI ---> $650,000

In Malawi's Chiradzulu district, where over 17 percent of people aged 15 to 49 have HIV—the national rate hovers over 10 percent—MSF has been providing ARV treatment and follow-up for a decade. Despite early skepticism, more than 55 percent of patients who started treatment then are still alive, and a total of 22,000 are now on ARV treatment in Chiradzulu, including 2,700 children. To extend the reach and efficacy of care, MSF is shifting some tasks from doctors to nurses in ten health centers across Chiradzulu and having 3,500 stable patients visit medical staff every six months.

In Thyolo district, where MSF began offering ARVs in 2003 and uses the same models, more than 24,420 patients were receiving care. MSF has also started handing over responsibility for HIV services to the improved national treatment program. Furthermore, by year's end, more than 1,650 pregnant women in Chiradzulu and 1,500 in Thyolo had enrolled in MSF's PMTCT program, which has shown to lower rates of transmission from mother to child from 40 percent to just 3 percent. MSF also assisted nearly 3,400 births.

Recent studies have shown that male circumcision reduces the risk of HIV transmission, so MSF offers circumcision to adult

LIBERIA Tending to Ivorian refugees in Nimba County

patients in Chiradzulu. And because more than 80 percent of TB patients registering for treatment in Chiradzulu have HIV, TB and HIV care have been integrated, allowing patients to get all the treatment they need in one place.

MALI ---> $2,200,000

Progress has been made in reducing child mortality in Mali, but 178 of every thousand children still die before reaching five, at least half due to malnutrition and malaria, which remained MSF's focus.

Malaria treatment is urgently needed in Kangaba province, where MSF supported 11 health centers, delivering free health care to 6,500 people, about half of whom were children under five. Teams also trained "malaria experts" to screen and treat people living far from health centers. In five years, the area's mortality rate among children under five has dropped 50 percent, and in April, MSF handed the project over to a Malian association partnered with the French nongovernmental organization ALIMA.

In Koutiala, MSF worked in five health centers and the pediatric ward of the district hospital, treating 53,000 children in 2011—30,000 for malaria—admitting more than 6,600 children, and caring for 4,800 in the therapeutic feeding center.

In Konseguela, MSF works with community health workers to offer comprehensive child health services that include supplementary feeding, routine vaccinations, malaria testing and treatment, and mosquito nets. MSF carried out 20,000 pediatric consultations in the district, and in 2012, MSF plans to start offering antimalarial drugs to all under-fives as a preventive measure during the annual malaria season. Teams also increased activities in neighboring countries for Malians fleeing political instability and violence between several armed actors.

MOZAMBIQUE ---> $1,730,000

MSF provides HIV care in ten facilities across Mozambique's capital, Maputo, where once paltry coverage has now been expanded to 80 percent of the patients who need it. MSF employed task-shifting strategies to expand the number of people who can provide, and benefit from, basic HIV testing and care. Services have also been decentralized to local clinics, making both HIV and TB treatment more widely available. Overall, MSF teams provided treatment and care to 28,320 HIV patients, including more than 1,600 children, supported a referral center for patients needing special attention, and assisted in caring for patients with complicated conditions.

Overall, some two-thirds of all Mozambicans needing ARV treatment do not get it. However, community ARV groups piloted by MSF in 2008, in which patients take turns visiting health centers and picking up each other's drugs, have been so successful that the national authorities have adopted the concept and, with MSF's support, aim to roll it out in 2012. MSF, meanwhile, is taking the concept to Tete province and Maputo, particularly urban slums where HIV prevalence is high.

NIGER ---> $1,700,000

Although harvests were good in 2010, acute malnutrition rates among children stayed near the 10 percent alert threshold, and MSF continued its emergency nutrition programs into 2011, even as insecurity limited mobility for aid organizations. Working with local partners, and endeavoring to decentralize nutrition services, MSF treated a total of 104,000 acutely malnourished children. Overall, the MoH led an effort that treated some 300,000 children and enrolled more than 650,000 in supplementary feeding programs.

In the Maradi region, programs run by MSF and FORSANI, a national medical organization, provided outpatient treatment for severe malnutrition in five health centers, admitted 900 severely malnourished children to Madarounfa hospital, offered supplementary rations of milk-based food to prevent severe malnutrition, and treated 750 children for malaria in Dan Issa. Teams also vaccinated 14,000 children in the area during a measles outbreak. Similarly, MSF provided maternity and pediatric care, managed an emergency ambulance referral system, and ran nutrition programs at five health centers in Dakoro Department, while providing supplies, drugs, and water and sanitation support in the pediatric ward and an intensive therapeutic feeding center in Guidan Roumdji Department. In all, teams conducted 76,500 consultations in Maradi, including more than 44,000 for malaria.

In neighboring Zinder region, MSF, with community health workers, ran nutrition programs in 18 community health centers and vaccinated 26,700 during a measles outbreak. Staff also worked in Magaria, Dan Tchao, and Dungass, treating a total of about 13,000 children for malaria, 11,000 for diarrhea, and 9,000 for respiratory infections. And in Tahoua, MSF treated more than 43,000 people for malaria and ran nutrition programs in the Madoua and Bouza districts. MSF also provided pediatric and reproductive care for migrants passing through the Agadez region and helped respond to a cholera outbreak in the capital, Niamey, over the summer.

NIGERIA ---> $10,300,000

Insecurity, disease, and a weak health system precludes access to medical care for many Nigerians. Religious tension simmered and the armed group Boko Haram carried out several deadly attacks in the north, threatening to further restrict the mobility of aid groups.

As it happened, MSF conducted some 70,300 consultations with children under five in Sokoto state in 2011, and more than 28,700 antenatal consultations. At Jigawa state's Jahun hospital, surgeons performed 390 fistula repair surgeries, and other staff responded to obstetric emergencies and assisted more than 5,800 births. MSF also carried out nutritional surveillance and treated more than 16,000 children for severe malnutrition in Kazaure and worked in two health centers in volatile Jos North during the presidential elections.

Since 2010, MSF has treated more than 2,500 children for lead poisoning, contracted due to chemicals used in small-scale gold mining—and first diagnosed by MSF—in Zamfara. At MSF's emergency trauma facility in Port Harcourt, in Rivers state, which

provides free emergency surgery and health care, staff carried out more than 12,000 emergency consultations, mostly for injuries linked to violence or traffic accidents, and assisted more than 750 victims of sexual violence.

MSF's emergency response team in Nigeria helped treat more than 7,900 patients for measles and 4,800 for cholera during separate outbreaks in the northwest, and helped treat 277 for malaria after deadly outbreaks in two villages. Staff also treated 15,700 people for measles in Bauchi and Katsina and assisted MoH vaccination campaigns against measles in the south and polio in Plateau and Kaduna states.

In Lagos, a city of 18 million, MSF opened the Aiyetoro health center for people in the Makoko slum, a floating health clinic in the Riverine neighborhood of Makoko, and a health post in Badia, providing the area's only free medical services and tending to more than 18,100 patients, administering more than 18,000 vaccinations, and assisting some 1,200 births.

REPUBLIC OF CONGO ---> $2,500,000

To ensure refugees fleeing violence in DRC received care, MSF supported the 89-bed Bétou district hospital, where roughly half the 400 monthly admissions were women requiring maternity care and one-third were children. Staff assisted more than 2,600 births, treated 80 people for TB, started 60 people with HIV on ARVs, and conducted more than 2,600 monthly outpatient consultations, mostly with children and mainly for respiratory infections and malaria.

MSF supported health centers in Ipenkbele and in Boyele and two mobile clinics along the Ubangi River. Staff offered antenatal care and treated people for severe malnutrition, carrying out nearly 9,000 consultations per month and transferring people in need of specialized care by boat to Bétou.

MSF also worked in Adolphe Cissé hospital's intensive care unit in Pointe-Noir, treating and providing physiotherapy to 140 patients after a polio outbreak in the southwest, withdrawing after the caseload declined and handing physiotherapy over to Handicap International.

SOMALIA ---> $8,942,437

MSF treated more than 864,000 patients in Somalia, nearly double the 2010 amount, as drought, war, a collapsed health system, and restricted access to aid worsened an already dire humanitarian crisis.

In the Spring and Summer, hundreds of thousands of weakened, malnourished Somalis fled to Mogadishu, or to Kenya or Ethiopia, in search of help, only to find crowded, unsanitary living conditions and little relief. MSF rapidly scaled up in the capital, sending in international staff for the first time since 2009 and offering basic health care, surgery, nutritional support, cholera and measles treatment, vaccinations, and maternal care in 12 new health facilities. From May to December, MSF vaccinated 235,000 children against measles. MSF also set up five cholera treatment sites during a November outbreak.

Staff in North Galkayo, in Mudug region, offered pediatric and maternity services, while teams treated TB in Galkayo and in Jowhar, Middle Shabelle. MSF also treated patients wounded in fighting in North and South Galkayo, while admitting more than 3,500 people—44 percent with war-related injuries—to the Daynile emergency room, outside Mogadishu. In the Afgooye corridor, where nearly 500,000 people sought refuge, MSF conducted more than 27,000 consultations and treated more than 3,300 malnourished children. And after the Kenyan military invaded, teams in Marere treated dozens of civilians after an aerial bombardment killed five and wounded 45, including 31 children, from a displacement camp in Jilib.

Securing access for personnel or programs in al-Shabaab-controlled areas was immensely challenging; in many, unfettered movement was nearly impossible, though MSF did manage to run nutrition activities for children in Kismayo. MSF also used telemedicine to bring specialized care to more than 500 people in high-risk areas.

Nonetheless, MSF's compound in Wadajir, west of Mogadishu, was attacked with grenades twice in March, forcing a temporary suspension of activities. In October, two of our colleagues, Blanca Thiebaut and Montserrat Serra, were abducted from the Dadaab refugee camps in Kenya, where thousands of Somalis had fled, and are still being held inside Somalia while MSF continues to do everything it can to bring them home. And in December, colleagues Philippe Havet and Dr. Andrias Karel Keiluhu were shot dead in Mogadishu, forcing MSF to close two programs that had served 200,000 displaced people and local residents.

In the self-declared republic of Somaliland, MSF supported the Burao general hospital in the Togdheer region and the district hospital in Ceerigabo, and handed over programs in Hargeisa. Staff carried out 4,000 consultations, assisted more than 2,700 births, and performed 671 surgical procedures.

SOUTH AFRICA ---> $501,000

Staff at MSF's 10-year old HIV program in Khayelitsha, which has put more than 20,000 patients on ARVs since it opened, are focused on decentralizing treatment and running "adherence clubs"—where club members get screening, drugs, and support at bi-monthly meetings—in 16 facilities. Overall, teams tested some 50,000 people for HIV in 2011, started more than 450 on ARV treatment each month, and signed up more than 5,000 patients to adherence clubs.

The incidence of TB in South Africa has risen by around 400 percent in the past 15 years. Employing an automated test in its KwaZulu-Natal program that provides faster results, MSF saw diagnoses of TB increase from 13 to 40 patients per month in 2011. Mobile teams also offered testing for TB and HIV in the province.

In Musina, at the Zimbabwean border, MSF provided basic health care, treatment for HIV and TB, and assistance for victims of sexual violence to new arrivals and migrant workers. And in some of Johannesburg's most deprived areas, MSF screened, transferred, or referred some 11,100 people.

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SOMALIA A therapeutic feeding program in Galcayo South

SOUTH SUDAN ---> $6,803,000

In South Sudan, which became a nation in July 2011 and is plagued by violence, disease, and mass displacements, MSF provided services in eight states and the Abyei border area.

In Jonglei State, site of increasingly deadly intercommunal fighting, MSF carried out around 12,500 consultations in Pibor and more than 11,800 in the villages of Lekwongole, and treated approximately 2,500 patients for malaria, 1,000 children with severe malnutrition, and 500 people with violence-related injuries, including 108 after a December attack during which attackers also killed an MSF watchman and his wife and ransacked MSF's hospital and clinic.

To the north, MSF's clinic in Lankien and outreach sites in Pieri and Yuai treated nearly 75,000 patients for anything ranging from respiratory tract infections to malaria to spear wounds. After an August raid on Pieri and surrounding villages, MSF treated over 100 people for injuries—the majority women and children. One MSF staff member and her entire household were killed.

MSF's hospital in Agok treated some 2,300 patients after fighting in the contested Abyei area. MSF also distributed medical supplies and relief items to displaced people and, in December, supplementary food to 10,200 children.

In November, MSF opened a field hospital in Doro and provided care at the El Fuj border crossing for thousands of refugees fleeing Sudan's Blue Nile state, while also vaccinating for measles and distributing supplies and water. MSF also provided services for 20,000 refugees who came to Unity state from South Kordofan in Sudan.

In Aweil, in Northern Bahr El Ghazal, MSF enrolled 1,200 children in nutrition programs, assisted in 3,400 births, and admitted almost 3,800 children to the hospital's pediatric ward. In Western Bahr El Ghazal, teams performed 12,000-plus pediatric consultations and admitted 1,600 children to Raja civil hospital. And in Western Equatoria, MSF provided maternal, pediatric, nutrition, and malaria care to some 24,000 patients.

SUDAN ---> $1,700,000

In Sudan, MSF provides medical assistance in conflict zones and remote regions, and treats kala azar. Bureaucratic constraints, however, hampered provision of care in some areas, including Blue Nile and South Kordofan.

In 2011, MSF worked with the MoH to screen 3,090 people and treat 729 for kala azar in Al Gedaref state's Tabarak Allah hospital, using a regimen that reduced treatment duration from 30 to 17 days. Staff also supported free treatment for nearly 20,000 patients with other conditions and vaccinated 44,800 children and treated 620 for measles.

Fighting continues to restrict access to care in Darfur, where MSF maintained five programs despite insecurity and bureaucracy that limited international staff to short "flash visits." In South Darfur, MSF treated 469 children for malnourishment and set up a program in Shaeria, though the needs were clearly much greater. In North Darfur, MSF conducted more than 150,000 consultations at a hospital in Shangil Tobaya, ran a mobile clinic in neighboring villages, and offered comprehensive services for the local community and displaced people in Tawila.

In Abushok and Al Salam camps, MSF's therapeutic feeding programs, treated more than 1,239 children for malnutrition. The project was transferred to the MoH. In Dar Zaghawa, near the Chad border, the team supports five health centers and responds to emergencies.

Teams providing specialist care and surgery in Kaguro, and in five rural clinics conducted more than 39,000 consultations and performed 119 major surgeries. And MSF supported the MoH's response to flooding in Red Sea State, distributing relief kits to 200 households and nutritious food to approximately 1,500 children at risk of malnutrition.

SWAZILAND ---> $970,000

In Swaziland, almost 26 percent of adults aged 15 to 49 and four in ten pregnant women have HIV. Some 80 percent of TB patients are co-infected with HIV as well, but Swaziland's effort to expand treatment struggled to generate funds for drugs and supplies. In Shiselweni, MSF runs 22 rural clinics that offer integrated HIV and TB care and that have used community workers to more than triple the number of people getting tested for HIV.

In Mankayane, MSF assisted MoH staff in improving diagnosis and treatment of 664 HIV-TB co-infected patients and treated 60 drug-resistant TB (DR-TB) patients. In September, MSF built a new DR-TB ward in Nhlangano; MSF also rehabilitated and re-equipped 11 rural clinics in 2011.

Swaziland is very short on medical human resources, so MSF uses task-shifting in its programs to enable more people to receive care, while counselors are taught how to test people for HIV. In 2011, the MoH began developing a national framework for task-shifting, which should significantly increase coverage across the country.

UGANDA ---> $3,500,000

In Uganda, MSF operates HIV and TB programs and assists people affected by years of conflict in the north. In the northern Kitgum and Lamwo districts and the Karamoja subregion, MSF supports hospitals and health centers where staff conducted nearly 17,000 outpatient consultations and 3,365 antenatal consultations and admitted 506 people. As conflict waned and health conditions improved in Kitgum and Lamwo, MSF supported 18 centers providing care for victims of sexual violence.

In Karamoja, where fighting persists, MSF treated patients for wounds and assisted with yellow fever, Ebola, and hepatitis E outbreaks. Some 500 patients started TB treatment as well.

MSF continued to provide treatment and run a PMTCT program at Arua regional hospital in the northwest. Nearly 2,000 new patients were registered, more than 6,400 received ARV treatment, and an average of 25 women gave birth each month.

MSF also cared for 780 patients, many of whom came from DRC for treatment, at an HIV clinic in Oli that will be handed over to the MoH—which will implement MSF's PMCTC treatment protocol—in 2012. Additionally, MSF provided integrated HIV and TB care to more than 700 patients and treated some 550 children for malnutrition in both Oli and Arua.

On the research front, MSF and the London School of Hygiene and Tropical Medicine surveyed TB and DR-TB patients' acceptance of home-based care, and in Karamoja, MSF researched how children's recovery from malaria, diarrhea, or respiratory infections affects their nutrient intake. MSF also studied rapid diagnostic testing methods for HIV.

ZAMBIA ---> $400,000

According to UNAIDS, up to 80 percent of Zambians who need ARV treatment receive it. However, with prevention still an issue, MSF focused on PMTCT activities in the northern Luwingu district, working with the MoH to test and counsel nearly 4,800 women in 2011.

UGANDA Residents of the Karamoja region, where MSF is one of the few health care providers

The stigma around HIV is still strong, so MSF regularly travels to villages to increase understanding of HIV testing and treatment. MSF also supports maternal health in seven rural centers in Luwingu, where staff offered testing, assisted an average of 110 births, and held some 700 monthly antenatal consultations.

Additionally, MSF trained MoH staff and donated supplies and vaccines, worked with authorities to vaccinate some 558,800 children for measles in Luapula and Northern provinces in May, and ran a cholera prevention program in Lusaka during the rainy season.

ZIMBABWE ---> $3,000,000

Only 63 percent of Zimbabweans in need of ARV medication receive treatment. MSF tests for, diagnoses, and treats HIV and TB in public facilities, offers antenatal care and PMTCT, and supports ARV treatment for about 48,430 people. Likely limits on funding from the Global Fund to Fight AIDS, TB, and Malaria undermined plans to improve national HIV care, however.

Since 2004, MSF has provided HIV and TB care in eastern Manicaland province, where coverage rates now stand at 86 percent. MSF has implemented task-shifting, allowing trained nurses to initiate ARV treatment and follow-up, and works in rural health centers to expand access to care. Similarly, MSF trained 26 MoH staff to support clinics in Masvingo province and Mashonaland East province, and had more than 9,000 patients on ARVs in Tsholotsho.

Nearly 4,000 patients were transferred from Domboramwari clinic in Epworth to MSF's clinic in Overspill, and 11,000 HIV patients from Gweru and Bulawayo were integrated into the national health system. MSF also tested more than 26,600 for HIV at Domboramwari and was treating 14,220 HIV patients at year's end.

In Caledonia Farm on Harare's outskirts, MSF provides basic health care, counseling, HIV testing, and ARV and TB treatment. In the Mbare suburb, MSF began offering medical and psychological care to victims of sexual violence. And MSF's project in Beitbridge saw roughly 2,500 HIV and TB patients. MSF also treated nearly 70 people for cholera in Buhera and more than 950 for typhoid in Harare. Staff also responded to an anthrax outbreak and a measles alert in Tsholotsho.

AMERICAS

"When the psychologist listens to me, I cry out of relief. I feel that there are people who will listen and help me." –CATHERINE, 25, HONDURAS

COLOMBIA ---> $4,600,000

In the southern departments of Caquetá, Nariño, Putumayo, and Cauca, MSF clinics provided pediatric and reproductive health care, vaccinations, and referrals in areas affected by a resurgent conflict that has displaced an estimated three million people, conducting more than 54,200 consultations in 53 locations. Some 1,600 people also received mental health care at MSF programs in hospitals in Cauca and Caquetá, and MSF mobile clinics conducted 9,000 general and 780 mental health consultations in Turbaco and Tierra Alta, in Bolívar.

Staff carried out more than 3,900 consultations at MSF's clinic in Riosucio, offering mental and reproductive health care and assistance for victims of sexual violence. At a clinic in Buenaventura, MSF conducted more than 33,200 consultations and provided emergency assistance, care for victims of sexual violence, ante- and postnatal care, family planning, TB treatment, and treatment for acute malnutrition. MSF also offers counseling and testing services for HIV and PMTCT services.

Teams in Norte de Santander and in the Tame municipality of Arauca provided screening and treatment for Chagas disease, reaching more than 2,000 children under 18 years old. Relatively few patients tested positive, though, so the program was closed. Lastly, MSF provided medical and psychological assistance and water and sanitation services to 4,800 people in 19 emergency interventions, including distributions to 4,430 people after flooding hit Cauca.

GUATEMALA ---> $600,000

Between January and November 2011, nearly 4,000 cases of sexual violence were recorded in Guatemala, although the real number is likely far higher. MSF works with the MoH to provide 24-hour emergency care in the general hospital's emergency department and in clinics in neighborhoods where violence is common. In 2011, staff tended to nearly 780 new patients, carried out more than 1,270 medical consultations, and held some 1,500 follow-up psychological consultations with patients suffering post-traumatic stress and other issues tied to their experiences.

As part of its care, MSF offers medication that reduces the likelihood of contracting HIV or other sexually transmitted infections (STIs) if taken within 72 hours of an assault. Teams also work to raise awareness and to demonstrate that sexual violence is a medical emergency that requires medical attention after an attack.

Additionally, MSF distributed blankets, mattresses, and washing kits to 1,000 families in Escuintla department after a mid-October tropical depression caused flooding.

HAITI ---> $16,180,700

With nearly half a million Haitians still homeless from the January 2010 earthquake and the health system still unable to offer care to those who can't pay for it, MSF shifted focus from emergency response to more routine specialized services in hospitals. In March, MSF opened an 80-bed referral center for obstetric emergencies in the Delmas 33 neighborhood—replacing a maternity center destroyed in the earthquake—offering free 24-hour care to pregnant women experiencing complications, postnatal and neonatal care, family planning, mental health care, and PMTCT programs, and assisting in more than 4,000 births.

In Cité Soleil, staff worked in two operating theaters, the emergency department, and the pediatric and maternity wards of Choscal hospital, while also providing care to victims of sexual violence. MSF's 40-bed stabilization center in Martissant continued to offer maternity care, internal medicine, and mental health services. In Sarthe, MSF tends to wounds, performs orthopedic and reconstructive surgery, and, with Handicap International, offers physiotherapy and rehabilitative services.

In May, MSF replaced its inflatable hospital with a 200-bed hospital in Drouillard, offering a wide range of services, including a burn unit; staff admitted some 29,000 patients, and surgeons performed around 20 operations daily. MSF also ran a 160-bed hospital in Léogâne, west of Port-au-Prince, focusing on trauma and obstetric emergencies and basic health care for women and infants.

At Bicentenaire hospital and two mobile clinics, staff provided emergency, pediatric, surgical, and mental health care to 4,000 patients per month before closing the hospital in July. MSF also withdrew from the MoH's Saint Michel hospital in Jacmel when needs abated. Meanwhile, MSF treated 170,000 patients for cholera symptoms in 50 facilities nationwide from October 2010 through the end of 2011. Case numbers ebbed early in 2011 but rose again in May, and MSF reopened eight emergency centers in Port-au-Prince. The disease was not yet under control at year's end, due largely to a lack of safe drinking water.

HONDURAS ---> $800,000

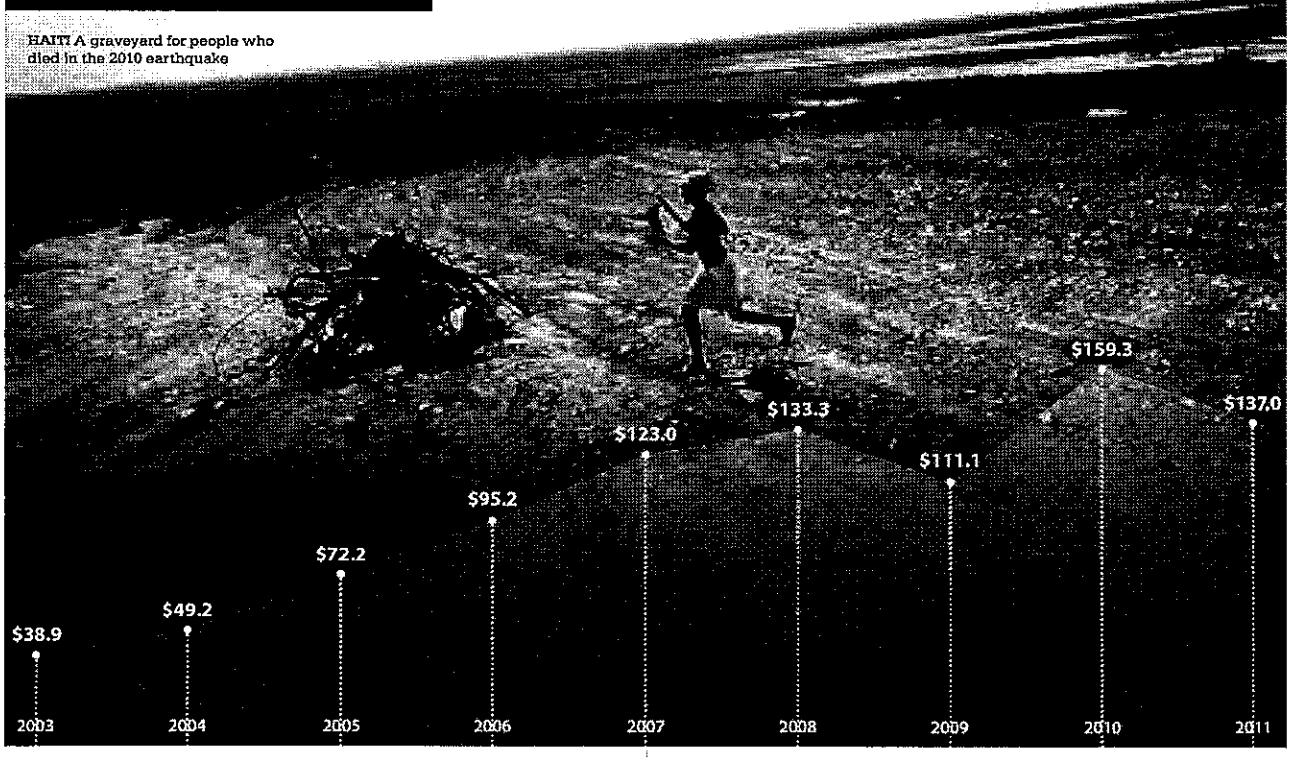
Drug trafficking, gang fighting, and the proliferation of guns have made violence commonplace in Honduras. A 2010 MSF survey found nearly 59 percent of children under 18 living on the streets of Tegucigalpa had experienced physical violence within the past year, while 45 percent reported being victims of sexual violence.

MSF teams provide on-the-spot health care, refer people to MoH facilities for advanced treatment, and support four health centers in some of the city's most violent areas. MSF teams conducted 1,860 consultations in 2011; nurses and psychologists provided training for MoH staff. MSF has also aided development of national protocols for the treatment of victims of sexual violence.

SUPPORT FROM MSF-USA

Total Project Support (in $ millions). Figures are rounded.

Over the years, generous support from donors has allowed MSF-USA to provide grants for lifesaving field projects around the globe.



HAITI A graveyard for people who died in the 2010 earthquake

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INDIA An MSF clinic in the disputed region of Kashmir.

ASIA

"Two minutes after the explosion, wounded people streamed into the emergency room, where we managed the triage. We saw severe head injuries, multiple fractures, serious chest wounds, and shrapnel in arms and legs."

—BRIAN MOLLER, MSF PROJECT MANAGER IN HANGU, PAKISTAN

CHINA ---> $180,000

In 2011, after major floods in the central and southern parts of China, MSF supplied relief items to 3,860 families in Xincheng county and Gaosui in Guangxi province, Wangmo county in Guizhou, and Baiyi in Sichuan province.

As China's health care system undergoes significant changes, market incentives and decreased government funding have affected both the cost and quality of care. People flock to cities to find work but have difficulty accessing health services due to a complex registration system and discrimination. Guangzhou, Guangdong's provincial capital, has also drawn hundreds of thousands of immigrants from across Africa. Many migrant women shut out from social services and other opportunities become sex workers to earn money, and the lack of health care combined with the rapidly growing sex trade has led to a huge increase in STIs. In 2012, MSF plans to offer basic health care in Guangdong, focusing particularly on STIs.

INDIA ---> $950,000

In India, where millions have no access to quality health care, MSF provides free health services in Bihar and Chhattisgarh states, the disputed region of Kashmir, the Nagaland region, and Mumbai.

In Chhattisgarh, where government forces are battling Maoist Naxalite insurgents, MSF runs mobile clinics in 16 locations that provided 68,000 consultations—including antenatal care, nutritional support, malaria and TB treatment, and hospital referrals—to rural communities and displaced people in camps in neighboring Andhra Pradesh. In the town of Bijapur, MSF carried out nearly 20,000 consultations in its mother and child center and treated 5,000 and vaccinated 11,000 for malaria. Staff also screened for TB, performed emergency obstetric surgery, and supported a health center in Konta.

In Kashmir, where decades of instability took a clear toll on health, MSF delivers ante- and postnatal care, vaccinations, and TB screening services at clinics near the Line of Control. Staff psychologists and counselors also saw almost 4,000 patients for mental health counseling.

In the isolated, conflict-affected Nagaland region, MSF rehabilitated the Mon district hospital, improved waste management capacities and basic health care services, and trained hospital staff. The team held more than 30,000 outpatient consultations and admitted 3,044 people. In neighboring Manipur, MSF offers reproductive health services, vaccinations, and an HIV program that provides first-line ARVs and second-line care for drug-resistant patients. Staff also carried out approximately 30,000 consultations with TB and MDR-TB patients and introduced an innovative home-based model of care.

In Mumbai, MSF's HIV treatment center provides medical and psychosocial care to people excluded from public health services, treats MDR-TB patients, conducts outreach, and carries out operational research on HIV care. And in Bihar, MSF treated more than 1,900 people for kala azar in five local health centers in Vaishali district and more than 2,900 children for malnutrition in a 20-bed inpatient feeding center in Darbhanga district.

JAPAN ---> $100,000

The tsunami and earthquake that struck northeastern Japan in March 2011 killed approximately 15,000 people, injured another 6,000, and displaced hundreds of thousands. Because Japanese emergency teams were largely able to respond to the needs of survivors, MSF offered specialist assistance. The day after the quake and tsunami, MSF staff made their way to affected areas and began providing medical care and distributing relief items.

MSF worked principally in the northern coastal towns of Minami Sanriku and Taro, where health care facilities had been totally destroyed, conducting nearly 5,000 consultations, donating two buses, and constructing a temporary shelter for displaced people. Teams also offered psychological support for survivors, particularly in evacuation centers. This was MSF's first time providing medical assistance in Japan.

PAKISTAN ---> $3,720,000

When people displaced by 2010 floods began returning home in 2011, MSF scaled down provision of medical care and water in some areas, but teams in Johi and Karachi in Sindh Province, and in Dera Murad Jamali, in Balochistan, continued running nutrition and relief programs. Staff ran mobile clinics, distributed water, and conducted around 21,000 consultations in displacement camps outside Karachi and distributed around 2,000 temporary shelters in Johi and Jamshoro districts. After rainfall flooded Sindh again in August, MSF ran mobile clinics for displaced families in Badin, Tharparkar, and Moro districts. And during monsoon season, MSF treated 9,774 patients with acute watery diarrhea in temporary clinics in Khyber Pakhtunkhwa (KP) province and in Kurram Agency in the Federally Administered Tribal Areas (FATA).

MSF also continued emergency assistance and mass-casualty preparation activities in northern KP and FATA. Staff in Dargai and Timurgara treated thousands of patients in emergency departments and operating theaters, including more than 18,800 in Timurgara's resuscitation room. Surgeons also performed more than 2,000 operations. In Hangu, near the Afghan border, teams in Tehsil headquarter hospital saw 1,500 patients per month.

In Kurram, MSF supported local hospitals, provided pediatric care, managed mass-casualty incidents, and ran an ambulance service. After 18 months boosting capacity in Swat district's town of Mingora, MSF handed activities over to the MoH. Teams continued, however, providing emergency care in Chaman's district hospital, on the Afghanistan border, treating nearly 9,300 people.

In areas with few maternal care resources, MSF staff delivered more than 7,000 babies in Dargai and Timurgara, opened a 30-bed women's hospital in Peshawar, and supported local ante- and postnatal care clinics. Additionally, teams in Dera Mura Jamali and Chaman district hospitals delivered comprehensive obstetric care, and MSF offered free neonatal and pediatric care in a newly-opened

PAKISTAN Women seeking antenatal and postnatal care in Peshawar

50-bed pediatric hospital in Quetta, Balochistan's capital. And in Kulchak, MSF runs a mother-and-child clinic with a birthing unit for Afghan migrants and refugees, nomads, and residents.

SRI LANKA ---> $950,000

MSF continued to support people affected by Sri Lanka's civil war, which ended in 2009, focusing on specialist medical care and mental health services in the north. In Vavuniya, a team performed reconstructive orthopedic surgery on 150 people with complicated war-related injuries before the program was closed in December. Ninety patients with spinal injuries received treatment, physiotherapy, and mental health care at MSF's rehabilitation program before MSF handed over that program as well.

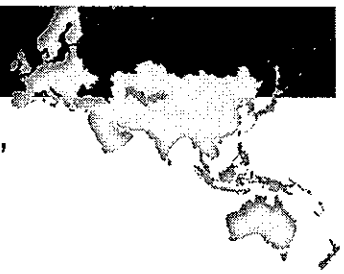
At hospitals in Point Pedro and Mullaitivu, MSF staff helped provide emergency care, surgery, and gynecological and obstetric services. Surgeons performed 1,720 major operations and 1,600 minor procedures. More than 6,900 received emergency consultations, and some 5,300 women received antenatal care.

The team in Point Pedro withdrew at the end of the year, while the team in Mullaitivu continued operating five mobile clinics that carried out more than 11,500 consultations and expanded psychological support services at eight sites. Most patients were women displaced by the war. Another 433 people received counselling in Kilinochchi.

OTHER ASIA PROGRAMS ---> $1,500

MSF USA also contributed small amounts to MSF programs in Afghanistan, Thailand, and Bangladesh.

CAUCASUS & CENTRAL ASIA



"People from MSF were the first ones to come to us and explain about the disease, about the treatment, about everything."

—ARMENIAN WOMAN WHOSE NEPHEW AND THREE OTHER RELATIVES ARE BEING TREATED FOR TB

ARMENIA ---> $500,000

MSF worked with Armenian authorities to improve detection, diagnosis and treatment of DR-TB, focusing on patients the national program doesn't reach, including people with social or psychological difficulties that undermine adherence to a grueling regimen that can last two years.

MSF expanded it program for children with DR-TB, helped improve medical laboratories, and allocated more staff to patient care and counseling in order to make up for personnel shortages on the national level. Staff also expanded their work with the national program in the northern areas of Kotayk, Ararat, and Lori. By year's end, MSF was treating 290 patients for DR-TB in Armenia.

Staff closely monitors patients both when they are in the hospital and at home. To help them cope with the severe side effects from the drugs and to encourage adherence, counselors conduct individual or group sessions and make home visits, providing food if needed.

GEORGIA ---> $1,000,000

In 2011, MSF teams in Georgia worked with TB patients and with a growing caseload of patients with kala azar. It's not clear why kala azar incidence is rising in Georgia, but deforestation and large-scale migration to cities have been suggested. MSF launched a kala azar program in Tbilisi, the capital, in collaboration with the Parasitological Hospital, admitting more than 130 people, most of them children. MSF also introduced rapid testing and treatment with liposomal amphotericin B, which reduces the regimen from 30 days to 10.

Meanwhile, TB-linked mortality rates have declined in Georgia, but the number of deaths remains high, and there is great concern about drug-resistant forms of the disease. MSF handed over its main TB programs to local authorities, but the organization is treating DR-TB patients in the autonomous republic of Abkhazia. Overall, 208 patients have started TB treatment, for which MSF also offers counseling.

RUSSIAN FEDERATION ---> $1,200,000

MSF is working to fill gaps in the health system in Chechnya and Ingushetia caused by years of conflict in the north Caucasus region of the Russian Federation. The fighting also contributed to a resurgence of TB. MSF improved access to treatment and facilities in Chechnya, decentralizing treatment and offering patients direct care at home. From January to December, approximately 500 patients were admitted to the TB program.

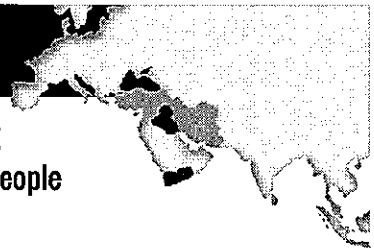
MSF closed its program in the Dagestan city of Khasavyurt, instead focusing on the mountainous areas of Chechnya and Ingushetia that were severely impacted by violence and government counterinsurgency measures. Teams held approximately 8,000 individual and 1,700 group counseling sessions in Chechnya and almost 5,100 individual and 1,020 group sessions in Ingushetia.

In Grozny, Chechnya's capital, MSF offered outpatient gynecological and pediatric care. Staff also ran mobile clinics in

Shelkovskoy, Naursky, and Shatoy districts. An average of 1,500 women visited clinics each month, 60 percent of whom were diagnosed and treated for STIs, and teams held 1,620 monthly pediatric consultations as well.

What's more, MSF renovated the cardiac emergency program in Grozny's Republican Emergency Hospital. The clinical laboratory was functional by mid-2011, and staff admitted more than 800 patients through the end of the year. MSF also performed 17 successful coronary thrombolysis procedures as part of the first cardiac emergency intervention in the organization's history.

MIDDLE EAST



"We managed to dock at Misrata on Sunday afternoon, despite intense fighting in the city over the past few days. The violence caused an influx of wounded people and it was fortunate we could be there and get them onboard."

—HELMY MEKAOUI, MSF DOCTOR, ON THE EVACUATION BY BOAT OF WOUNDED FROM MISRATA, LIBYA

IRAQ ---> $900,000

In Al-Zahra district hospital, Najaf governorate's main referral center for obstetric, gynecological, and pediatric care, MSF works with hospital staff to build capacity in specialized services such as intensive care, maternal and antenatal care, sterilization, and infection control. An MSF team also renovated an operating theater at Basra hospital and trained staff on emergency patient intake, mass casualty preparation, and post-operative and neonatal care. The program was then handed over to the MoH. Another team offered surgery and obstetric care in Hawijah hospital, where MSF surgeons carried out 212 operations.

In Kirkuk general hospital, MSF treated non-communicable diseases and improved kidney dialysis capacity; 88 patients were receiving dialysis at the end of 2011, three times the prior year's count. MSF staff also conducted more than 10,700 mental health counseling sessions with some 3,800 patients in hospitals in Baghdad and Fallujah.

Additionally, MSF continued its reconstructive surgery program for wounded Iraqis in Amman, Jordan. The program has expanded to admit patients from other Middle East locales including Gaza, Yemen, Libya, and Syria. In 2011, MSF specialists performed a total of 913 operations and provided psychosocial support and physiotherapy.

PALESTINIAN TERRITORIES ---> $2,400,000

In 2011, the number of attacks, shootings, detentions, demolitions, and violent incidents in the Palestinian Territories increased alarmingly. In the West Bank, more than 700 civilians were displaced by force and factional conflicts also caused injury and trauma.

Against this backdrop, MSF teams provide medical care, short-term psychotherapy, and social assistance and referral in the West Bank districts of Hebron, Qalqilya, Nablus, and Tubas. Staff carried out more than 1,600 medical consultations and more than 4,000 mental health consultations. Staff also held 223 mental health consultations in East Jerusalem's Shu'fat refugee camp and Silwan neighbourhood.

Between January and August, staff in Gaza carried out 870 medical consultations and more than 2,000 mental health consultations, mostly for children. But a decision by health authorities forced the program to suspend operations in August. Still ongoing, though, is MSF's rehabilitation program for burn victims in Gaza's Al-Shifa and Nasser hospitals. MSF also carries out otherwise unavailable complex surgical operations in Nasser hospital in Khan Yunis, mostly for children suffering from burn wounds. Lastly, MSF donated essential medicines to Al-Shifa hospital's cardiology department and made other donations to make up for any shortfalls.

YEMEN ---> $6,960,300

In 2011, MSF filled gaps in medical supplies and offered ad hoc support when protests in the capital led to numerous injuries. Fighting between opposing Islamic groups and government forces in Abyan governorate also escalated, damaging health facilities and prohibiting access to some places.

In Jaar, MSF provided medical and emergency assistance and set up stabilization and ambulance referral systems, caring for some 2,000 people in all and referring 200 to a private hospital in Aden. In Ad-Dali hospital, MSF supported the emergency department, carrying out some 4,400 consultations and referring 120 patients to Aden.

In Radfan district hospital. MSF admitted more than 9,500 patients for emergency care and surgeons performed over 1,160 operations.

Civil conflict and changing policies in Saada forced MSF to suspend activities in Al Talh and Razeh hospitals and five area health centers. Nevertheless, in Al Talh MSF held 48,000 outpatient consultations, performed 459 surgical interventions, and admitted 1,900 inpatients.

In Amran governorate's Khameer and Huth hospitals, MSF mobile clinics carried out 40,000-plus consultations, treated some 1,250 children for severe malnutrition, and assisted 500 births. Surgeons performed around 325 operations, and teams cared for more than 800 inpatients as well.

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YEMEN MSF staff and patients at a hospital in Haradh

In the camps around Al Mazraq, MSF treated children for malnutrition, assisted victims of sexual violence, and provided mental health care. MSF also offers care at the only hospital in Al Mazraq. Overall, staff carried out more than 30,000 consultations, treated more than 4,200 patients for emergencies, and provided sexual and reproductive health care to 3,900 people.

OTHER

INTERNATIONAL CAMPAIGN FOR ACCESS TO ESSENTIAL MEDICINES ---> $689,437

Drawing on MSF's field experience, the Access Campaign advocates for greater access to affordable, effective medicines and diagnostics. In 2011, its work involved building on research showing that treating HIV prevents new cases, combatting moves by pharmaceutical companies and clauses in trade agreements that would limit generic drug production, and pushing donor nations and bodies to uphold funding pledges to crucial global programs on HIV, TB, and malaria.

DRUGS FOR NEGLECTED DISEASES INITIATIVE (DNDI) ---> $1,102,830

DNDi is a research and development initiative that brings together activists, foundations, academics, medical professionals and others from around the world to identify and fill treatment needs to fight neglected tropical diseases in developing countries. In just eight years, DNDi has introduced innovative and impactful new treatments for drug-resistant malaria, sleeping sickness, visceral leishmaniasis, and Chagas disease.

EPICENTRE ---> $430,000

A nonprofit research center founded by MSF in 1987, Epicentre conducts epidemiological assessments and studies that allow MSF to better understand medical and nutritional needs, improve treatments, and develop high-quality health care initiatives in its field projects. It provides crucial, documented evidence that helps MSF shape or adapt programs and communications.

INNOVATION FUND ---> $544,264

This international fund was created to promote innovation by rewarding methods that improve the way MSF meets health care needs—the use of adapted diagnostic tools for malnutrition in West Africa, for example.

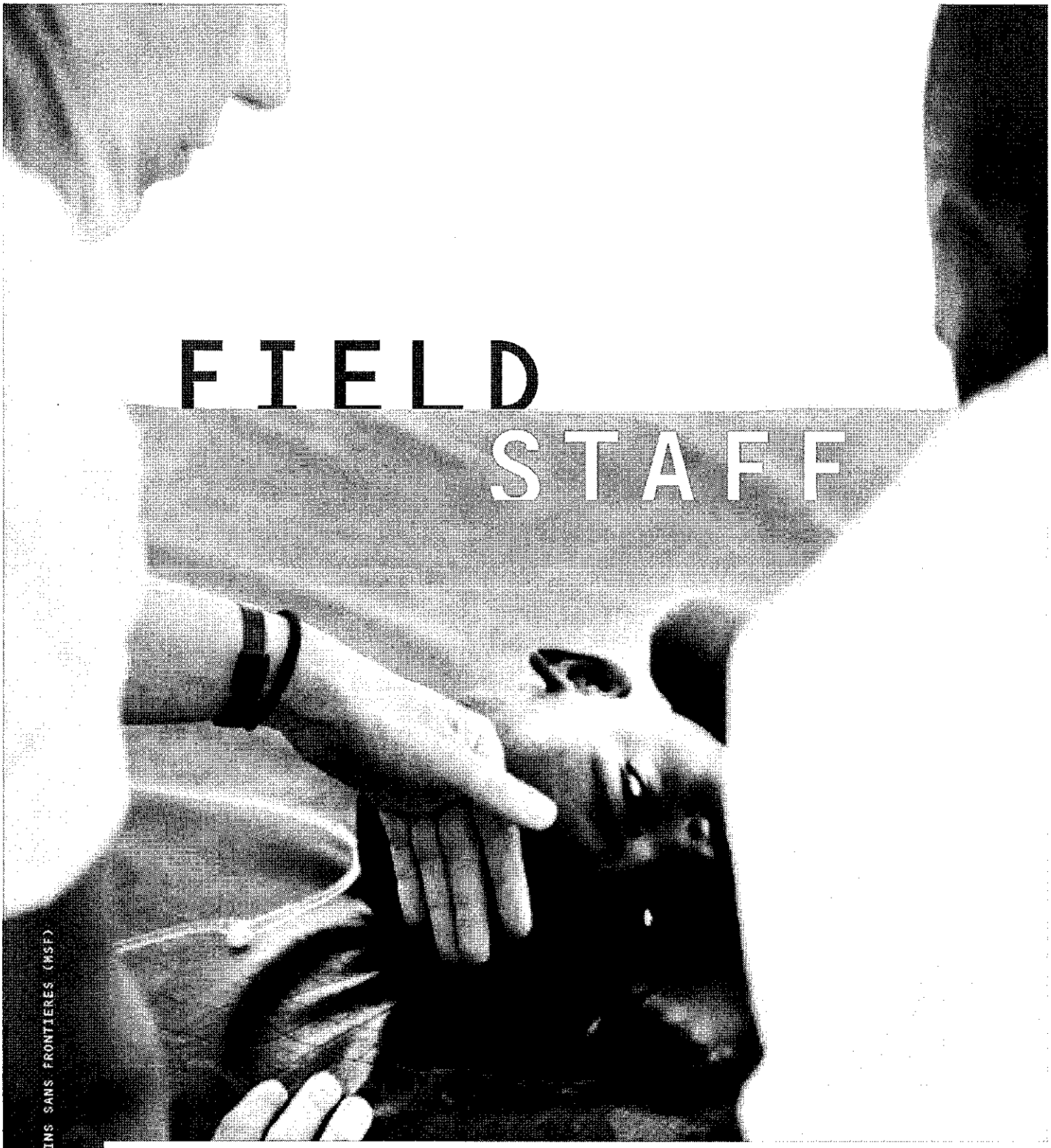
INTERNATIONAL OFFICE ---> $1,628,371

MSF's International Office coordinates common projects on behalf of MSF's 19 sections worldwide and supports MSF's advocacy efforts with the United Nations and other international bodies.

LOGISTIQUE EXPANSION ---> $1,384,721

MSF is expanding the warehouse at its logistical hub in Bordeaux, France, doubling its size and building new offices to further augment and improve MSF's logistical capabilities, particularly for emergency responses.

FIELD STAFF



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"In 2011, MSF-USA sent 347 expats from 45 states in the US on 431 assignments in 51 countries. In the years ahead, as many projects grow more complex, and as we work to further improve the high-quality medical services we provide, we must ensure that we attract, develop, and retain exceptional medical and management personnel. To this end, we are looking to recruit individuals willing to make multiple-year commitments, to improve our understanding of the development requirements of medical professionals, to further develop our management policies and training programs, and to take additional steps to nurture the psychological well-being of staff during and after assignments. Several of these initiatives are underway at MSF-USA—where a psychosocial care unit has been set up and field-based management training courses are run regularly—and at the international level, where longer-term contracts are being developed. The goal is a working environment that allows people with the necessary technical skills and humanitarian ethic to work with MSF over the period of time they can offer, while augmenting our projects with more purposefully cultivated medical and management teams—all in order to deliver the best possible care to patients." NICK LAWSON, MSF-USA FIELD HUMAN RESOURCES DIRECTOR

BURUNDI Staff tend to a child showing malaria symptoms

ARMENIA
Jenifer Haner, OR,
Financial/Human Resources Coordinator
Patricia Sayre, PA, Registered Nurse

BAHRAIN
Darin Portnoy, NY, Physician
David Spence, AZ, Physician

BURKINA FASO
Luba Nisenbaum, NJ,
Financial/Human Resources Coordinator

BURUNDI
Placida Martinez, NV, Physician
Ruchi Puri, MD, Obstetrician/Gynecologist

CAMBODIA
Maneesha Ahluwalia, TX, Physician

CAMEROON
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Mayra Rodriguez, CA, Logistics Administrator
Hope Wall, OR, Registered Nurse
Jan Walter, CA, Epidemiologist
Melody Young, TX, Registered Nurse

CENTRAL AFRICAN REPUBLIC
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Ruben Flores, DE, Logistics Administrator
Neema Kaseje, MA, Surgeon
Pavlo Kolovos, CO, Deputy Project Coordinator
Eric Mensah, VA, Physician
William Walsh, IL, Surgeon

CHAD
Yodit Bekele, VA, Epidemiologist
Brian D'Cruz, VA, Physician
Abiol Deng, VA,
Financial/Human Resources Coordinator
Hope Etheridge, WA,
Financial/Human Resources Coordinator
Ruben Flores, DE, Deputy Logistics Coordinator
Debra George, NY, Logistician
Kerstin Hanson, CA, Physician
Katharine Hutchinson, VT, Midwife
Colette Kerr, CA, Registered Nurse
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Jordan Wiley, OR, Logistics Coordinator

CHINA
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Jon Martinson, NH, Logistician

COLOMBIA
Janet Fields, NC, Midwife
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Lori Hendrickson, WI, Registered Nurse
Helen Lee, WA, Field Administrator
Theodore McMenomy, MN, Physician
Lindsay Moore, MN, Field Administrator
Pablo Torres, NJ, Logistics Coordinator

DJIBOUTI
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DRC
Claudette Akpodiete, FL, Medical Team Leader
Terra Bowles, WA, Physician
Roland Cauvin, TN, Logistician
Danielle Charlet, VA, Epidemiologist
Cecelia de la Vallee, NM, Obstetrician/Gynecologist
Albert Edmonds, WA, Anesthesiologist
Catherine Goddeau, VA, Registered Nurse
Carissa Guild, PA, Registered Nurse
Timothy Harrison, MA,
Medical Coordinator/Registered Nurse
Andrew Hatfield, MI, Logistician
Tami Loeffler, NY, Logistician
Peter Lundgren, RI, Logistician-Supply
Emily Lynch, VA, Logistics Administrator
Emily Macdonald, OH, Registered Nurse
Michelle Mays, MD, Registered Nurse
Rachel Minka, CA,
Financial/Human Resources Coordinator
Nancy (Elizabeth) Newbury, MA, Midwife
Saman Perera, NY, Registered Nurse
George Record, WV, Surgeon
Peter Reynaud, LA, Physician
Kate (Olivia) Robbie, VT, Registered Nurse
David Rothstein, IL, Surgeon
Philip Sacks, MA, Logistician
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Jean Stowell, NH, Midwife
Maureen Suter, IL, Physician
Emmanuelle Wahl, WA, Registered Nurse

DUBAI
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ETHIOPIA
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Susanne Baltazar, VA, Registered Nurse
Lori Berkemer, CA, Registered Nurse
Suzanne Ceresko, NY, Project Coordinator
Ashley Chitty, MN, Registered Nurse
Sylvia Curtis, WA, Registered Nurse
Sonia Fankem, AZ, Epidemiologist
Paul Farley, CA, Physician
Rhian Gastineau, MN, Project Coordinator
Constance (Connie) Ghiglieri, AZ, Registered Nurse
Eugene (Michael) Hewitt, MA, Registered Nurse
Carole Howe, MA, Emergency Registered Nurse
Sheila Isanaka, NJ, Epidemiologist
Maurice Kabanda, FL, Field Administrator
Ann Kane, MO,
Financial/Human Resources Coordinator
Kellie Lamoreau, NY, Registered Nurse
Emily Lerman, MI, Deputy Project Coordinator
Megan Mann, MD, Registered Nurse
Vicky Marambii, GA, Field Administrator
Jason Mills, NH, Deputy Head of Mission
Manfred Murillo, NY, Emergency Logistician
Paul Orechoff, NJ,
Financial/Human Resources Coordinator
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Jim Roos, WA, Physician
Evangeline (Lynn) Rudolph, TX, Field Administrator
Cynthia Scott, CA, Mental Health Officer
Naomi Sorkin, MD, Community Health Officer
David Spence, AZ, Physician
Donald Willson, WA, Logistician
Colin Wright, VA, Logistician
Stuart Zimble, PA, Head of Mission

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Emily Clifton, GA, Desk Finance Coordinator
Kerri Kelly, FL,
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Tami Loeffler, NY, Logistician

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GUATEMALA
Susan Averill, WA, Deputy Project Coordinator

GUINEA
Lily-Ange Caldwell, OH,
Financial/Human Resources Coordinator
Deborah Kraus, NY, Field Administrator

INTERESTED IN JOINING MSF?

MSF is always looking for motivated and skilled medical and non-medical professionals for our field projects around the world. For information on requirements, visit: www.doctorswithoutborders.org. MSF-USA also needs volunteers and interns to work in our New York office. For more information please visit our website.

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COLOMBIA A Chagas patient receives care

HAITI

Helene Baribeau, CA,
Logistician-Water and Sanitation
Kenna Bifani, OR, Registered Nurse
Justine Crowley, CO, Surgeon
Brett Davis, PA, Deputy Head of Mission
Terufat Deneke, VA, Deputy Logistics Coordinator
Richard Gosselin, CA, Surgeon
Laurel (Ansley) Howe, MD, Registered Nurse
Clark Jones, HI, Registered Nurse
Stephanie Lefebvre, IN,
Logistician-Water and Sanitation
Lisa Leonard, CA, Obstetrician/Gynecologist
Joyce Perron, ME, Registered Nurse
James (Cliff) Roberson, ME,
Registered Nurse Anesthetist
Susie Ross, CA, Registered Nurse
Andrea Rudolph, VA, Registered Nurse
James Ruf, OR, Surgeon
Ellen Rymshaw, NJ, Project Coordinator
Philip Sacks, MA, Logistician-Construction
Maya Sibley, CA, Project Coordinator
Thomas Snickenberger, IL, Surgeon
David Sokoloff, NJ, Logistician
Gayle Thompson, CO, Logistician-Supply
Brent Turner, NM, Logistician
Deborah Wilson, MA, Registered Nurse
Emily Wolfe, CA, Logistician

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Livio Bestulic, FL, Logistician
Sherry Dubois, DC, Project Coordinator
Carolyn Muegge-Vaughan, AK, Logistician
Rupa Narra, CO, Physician
Jonathan Simms, MA, Logistics Administrator

IRAQ

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Ana Montoya, NY, Obstetrician/Gynecologist

IVORY COAST

Melissa Ballantine, CA, Registered Nurse
Cristiana Bertocchi, PA, Surgeon
Daniel Botelho, NY, Logistics Administrator
Virginia Castromayor-Legrand, FL, Operation
Theater Registered Nurse
Julia Chang, CO, Registered Nurse
Rachida Davis, PA, Humanitarian Affairs Officer
Mamadou Diallo, IN, Physician
Louise Fang, WA,
Operation Theater Registered Nurse
Erica Hickey, IL, Registered Nurse
Pramita Kuruvilla, CA, Physician
John Lawrence, VT, Surgeon
Emily Macdonald, OH, Registered Nurse
Hannah Megacz, NY, Registered Nurse
Ellen O'Neal, MA, Midwife
Sarah Pestieau, NY, Physician
Andrea Rudolph, VA, Registered Nurse
Nkera Rukubanuka, MA, Registered Nurse
Edward Walworth, ME, Surgeon
Margaret Wideau, ID, Project Coordinator
Sherry Wren, CA, Surgeon

JORDAN

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Financial/Human Resources Coordinator
Christine Kim, CA,
Financial/Human Resources Coordinator

KENYA

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Rachida Davis, PA, Humanitarian Affairs Officer
Lucy Doyle, OR, Physician
Christine Haller-Giles, NY, Registered Nurse
Adrienne Hurst, NY, Mental Health Officer
Massoud Javadi, TX, Physician
Olaoluwatomi Lamikanra, MD, Physician
Anna Mapes, OR, Registered Nurse
Kelly McDonald, OH, Registered Nurse
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Jacqueline Obado, NY, Registered Nurse
Casey O'Connor, WA, Logistics Administrator
Susan Shepherd, MT, Nutritionist
Patricia Swagart, NC, Registered Nurse
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Alexander Wade, NJ, Logistician-Supply
Amy Werner, NM, Logistician
Matt West, CA, Logistician

LIBERIA

Manfred Murillo, NY, Logistician
Jenni Rousseau, MI, Registered Nurse
Seth Tuengel, OR, Mental Health Officer
Athena Viscusi, DC, Mental Health Officer
Ibrahim Younis, CA, Project Coordinator

LIBYA

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Operation Theater Registered Nurse
Cecile Baril, OR, Field Administrator
Gerard Bashein, WA, Anesthesiologist

Sergio Borrego, FL, Anesthesiologist
Lily-Ange Caldwell, OH,
Human Resources Management Officer
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Virginia Castromayor-Legrand, FL,
Operation Theater Registered Nurse
Albert Edmonds, WA, Anesthesiologist
Arisan Ergin, NJ, Surgeon
Maureen Foley, WA, Registered Nurse
Virginia Gil Coss, Dominican Republic,
Logistician-Supply
Caitlin Gustafson, ID, Midwife
George Hunter, NM, Mental Health Officer
Deane Marchbein, MA, Physician
Catherine Mullaly, MA, Anesthesiologist
Gary Myers, OK, Surgeon
Suzan Newman, FL,
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Brenda Rengstorf, MN, Registered Nurse
Joseph (Jose) Ruiz, NC, Logistics Coordinator
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Phyllis Sinclair, PA,
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Hope Wall, OR, Medical Team Leader

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Daniel Forrister, NC, Pharmacist
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Financial/Human Resources Coordinator

MOZAMBIQUE

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MYANMAR

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Paula Hayes, DC, Physician
Christoph Hippchen, WA, Consultant
Ann Kane, MO,
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Michael Miano, NY, Project Coordinator
Habtamu Mehari Zenebe, FL, Logistics Coordinator

NIGER

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Ellen Rymshaw, NJ, Deputy Project Coordinator

NIGERIA

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Catherine Capano, DC, Registered Nurse
Catherine Carr, NM, Capital Finance Officer
Ziya Celik, FL, Surgeon
Emily Clifton, GA,
Financial/Human Resources Coordinator
Emily Clifton, GA, Field Administrator
Cynthia Coffman, CA, Field Administrator
Justine Crowley, CO, Surgeon
Jessica de Clerck, OR, Logistician-Supply
Jeri Driskill, OR, Logistician-Supply
Patrick Ebeling, MN, Surgeon
Michael Fallon, WA, Anesthesiologist
Maureen Foley, WA, Registered Nurse
Michelle Foltz, MT, Surgeon
Leekieshia Franklin, NC,
Operation Theater Registered Nurse
Elizabeth Freeman, NY, Midwife
Vance Gainer, NV, Registered Nurse Anesthetist
Hernando Garzon, CA, Physician
Maimona Ghows, HI, Anesthesiologist
Andrea Green, CA, Anesthesiologist
Nihat Gurkan, OK, Surgeon
Kerstin Hanson, CA, Physician
Durell Hiller, TN, Obstetrician/Gynecologist
Donald Jack, CA, Logistician
Lynn Jacoby, MI, Physician
Deborah Elaine Jenkins, OK, Hospital Manager
John Johnson, VA, Registered Nurse
Lisa Jones, MO, Field Administrator
Joseph Keenan, MN, Physician
Mary Kemen, IA, Anesthesiologist
Caitlin Meredith, TX, Epidemiologist
Steve Mitchell, OH, Anesthesiologist
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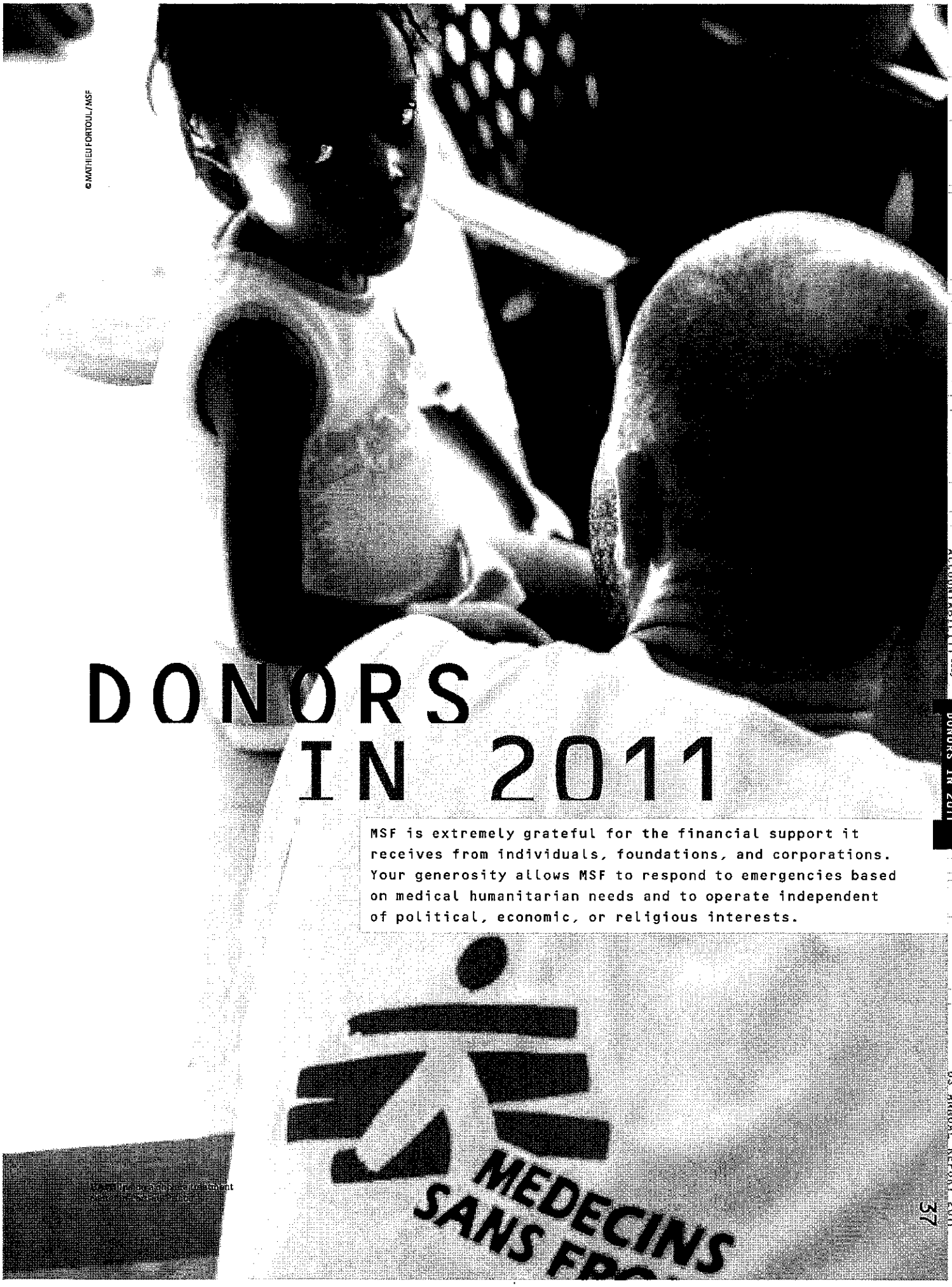

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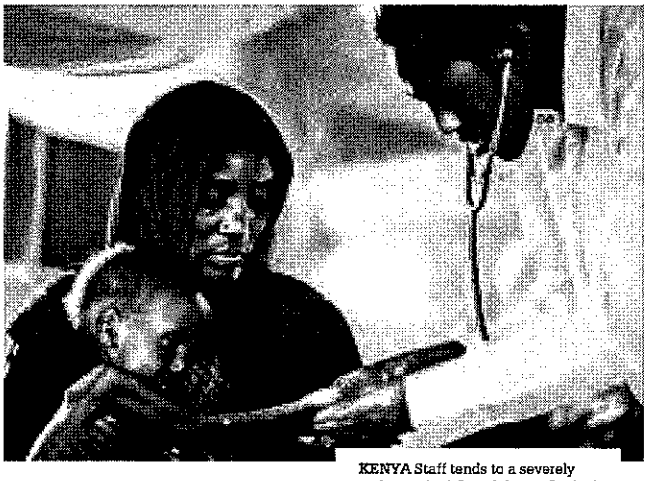

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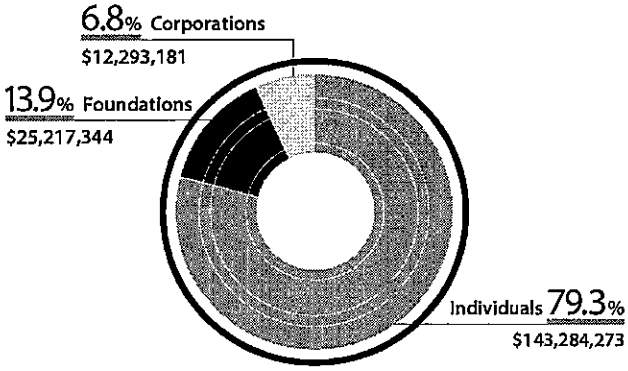

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JORDAN An Iraqi patient undergoes physical therapy after surgery

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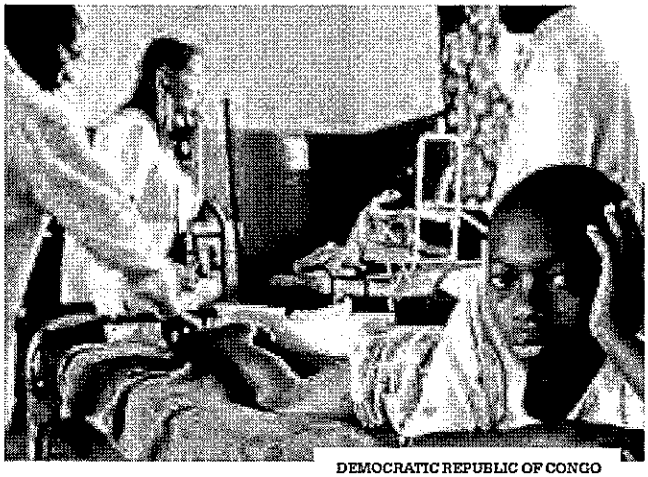

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DEMOCRATIC REPUBLIC OF CONGO A boy receiving care at Masisi hospital, with MSF staff in the background

SOUTH SUDAN An MSF nurse tests a young boy for malnutrition

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INDIA An outreach team visits a coinfected TB-HIV patient in Mumbai

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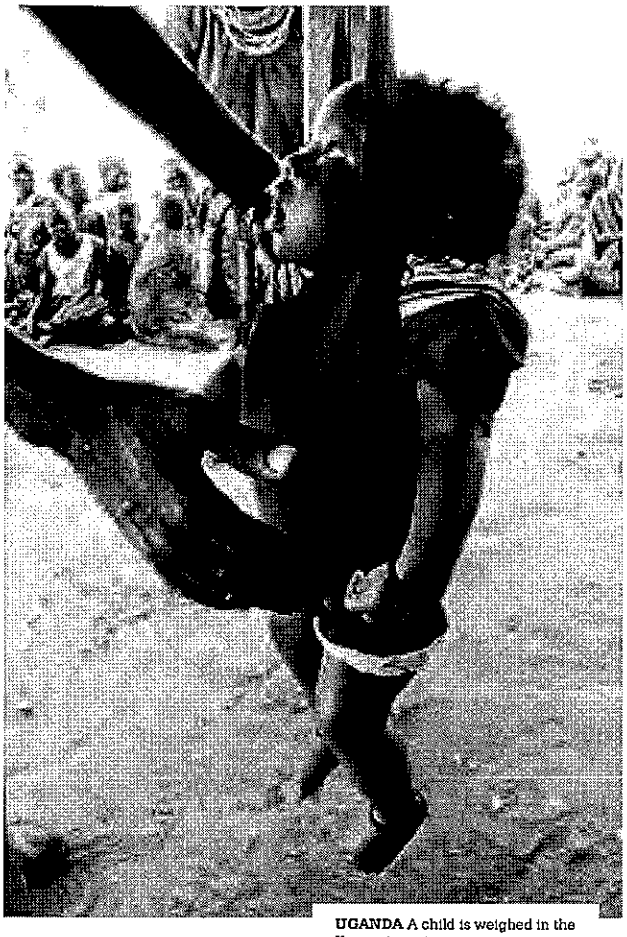

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Kyle Marie Wesendorf
Mrs. Martha West
Mr. & Mrs. Kent Weymouth
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Mrs. Michelle Zimmerman
Lin Zucconi, PhD
Wendy Zukas

MSF THANKS OUR LEGACY SOCIETY MEMBERS

By providing for MSF in their estate planning, Legacy Society members help ensure our ability to respond to the challenges we will face in the future. 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 retirement plan, or by setting up a charitable gift annuity or charitable trust. As a member of our Legacy Society, you will receive updates about our work around the world and be listed in our Annual Report. For information about MSF's planned giving program, please call our planned giving officer at 212-655-3771.

FINANCIAL REPORT

In 2011, MSF-USA spent more than $137 million for emergency and medical programs around the world and almost $8 million for program support, advocacy, and communications. For the 17th consecutive year, over 85 percent of expenditures were allocated to program activities.

MSF-USA continued to fund major operations in the Democratic Republic of Congo (almost $18 million), Haiti ($16 million), and Nigeria (over $10 million) throughout the year, and increased its contribution to MSF's programs in and around Somalia when the country's already dire humanitarian crisis worsened amidst drought and conflict.

MSF-USA relies on private funding for its work because it helps preserve our independence and impartiality, allowing us to respond first and foremost to the needs as they exist on the ground. MSF thanks all those who helped make this work possible. Below is a breakdown of revenues and expenses for 2011.

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

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

		TOTAL 2011	TOTAL 2010
REVENUES			
Public Support	Contributions and private grants	$ 179,370,765	$ 263,084,779
	Contributions – pledged	1,424,033	1,363,620
	Total Public Support	**180,794,798**	**264,448,399**
Other Revenue	Investment Income	209,443	320,444
	Unrealized and Realized Gain (Loss) on Investments	(579,539)	21,694
	Other Revenue	68,749	89,060
	Grants from Affiliates	10,108,688	9,015,312
	Total Other Revenue	**9,807,341**	**9,446,510**
	Total Revenues excluding gifts in kind	**190,602,139**	**273,894,909**
EXPENSES			
Program Services	Emergency and medical programs	137,098,926	165,903,069
	Program Support and development	4,692,594	11,598,854
	Communications	3,247,441	3,249,346
	Total Program Services	**145,038,961**	**180,751,269**
Supporting Services	Management and General	2,244,434	1,972,638
	Fundraising	22,636,178	19,759,636
	Total Supporting Services	**24,880,612**	**21,732,274**
	Total Expenses excluding gifts in kind	**169,919,573**	**202,483,543**

NET ASSETS		TOTAL 2011	TOTAL 2010
	Net Assets at beginning of year	154,615,348	83,203,982
	Increase/ (Decrease) in Net Assets	12,476,349	71,411,366
	Net Assets at end of year	**$ 167,091,697**	**$ 154,615,348**
Gifts In Kind (expensed in 2010 & 2009)[1]	Management	2,413,778	1,226,021
	Total Gifts in Kind Expensed	**$ 2,413,778**	**1,226,021**

1 In-kind Management gifts expensed in 2010 & 2009 include the estimated fair market value of donated legal services.

STATEMENT OF FINANCIAL POSITION 2010

ASSETS		TOTAL 2011	TOTAL 2010
	Cash and equivalent	$ 141,754,065	$ 156,841,734
	Receivables[1]	22,588,291	21,556,643
	Other assets	12,448,239	9,828,942
	Total Assets	**176,790,595**	**188,227,319**
LIABILITIES AND NET ASSETS			
	Grants payable	2,732,085	27,496,518
	Other payables	2,695,160	2,577,665
	Other liabilities	4,271,653	3,537,788
	Total Liabilities	**9,698,898**	**33,611,971**
	Unrestricted net assets	159,440,654	141,421,602
	Temporarily restricted[2]	7,651,043	13,193,746
	Total Net Assets	**167,091,697**	**154,615,348**
	Total Liabilities and Net Assets	**$ 176,790,595**	**$ 188,227,319**

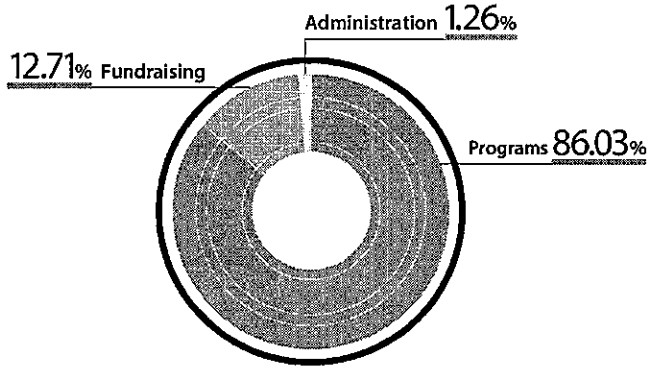
1 Receivables for 2011 and 2010 include $16,831,591 and $15,501,185 respectively, in contributions received as of year-end but deposited in the following month of January. Receivables for 2010 and 2009 include $15,501,185 and $13,646,637 respectively, in contributions received as of year-end but deposited in the following month of January.

2 For 2011 Temporarily Restricted Net Assets include the following: Pledges Receivable - for use in future periods - $2,462,024
Annuity Trusts - $3,666,036
Term Endowments - $1,476,450
Emergency and specific medical relief funds - $46,533

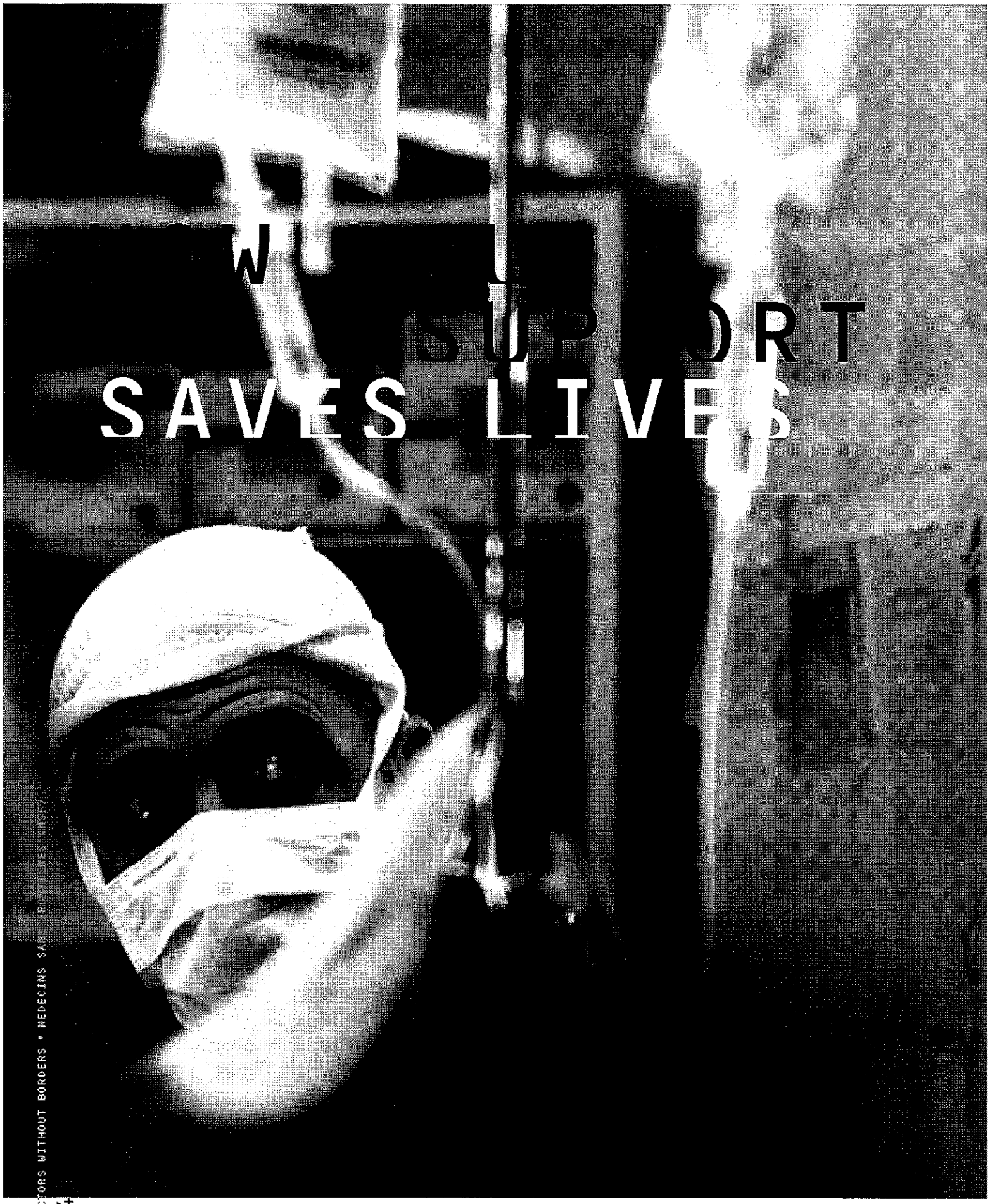
For 2010 Temporarily Restricted Net Assets include the following: Pledges Receivable - for use in future periods - $3,093,536
Annuity Trusts - $3,767,139
Emergency and specific medical relief funds - $6,333,071

For 2009 Temporarily Restricted Net Assets include the following: Pledges Receivable - for use in future periods - $3,915,105
Annuity Trusts - $3,407,048
Emergency and specific medical relief funds - $111,096

2011 EXPENSES EXCLUDING 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.


W
SUPPORT
SAVES LIVES

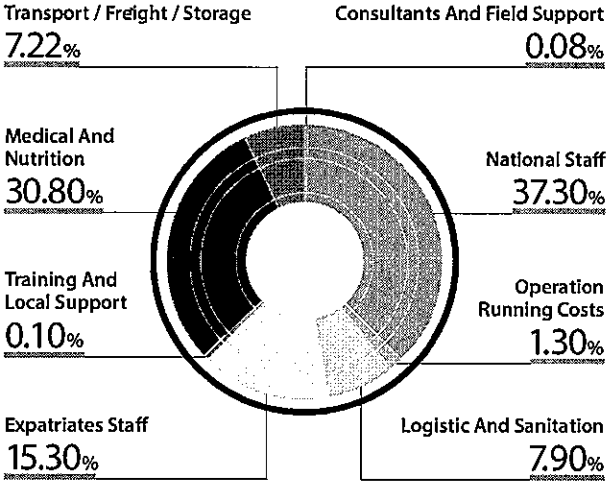
Poverty and insecurity remain problematic in the Niger Delta, resulting in violence and poor access to health care for the most vulnerable. In Port Harcourt, capital of Rivers State in southern Nigeria, MSF runs an emergency trauma facility that helps to bolster local hospital capacity.

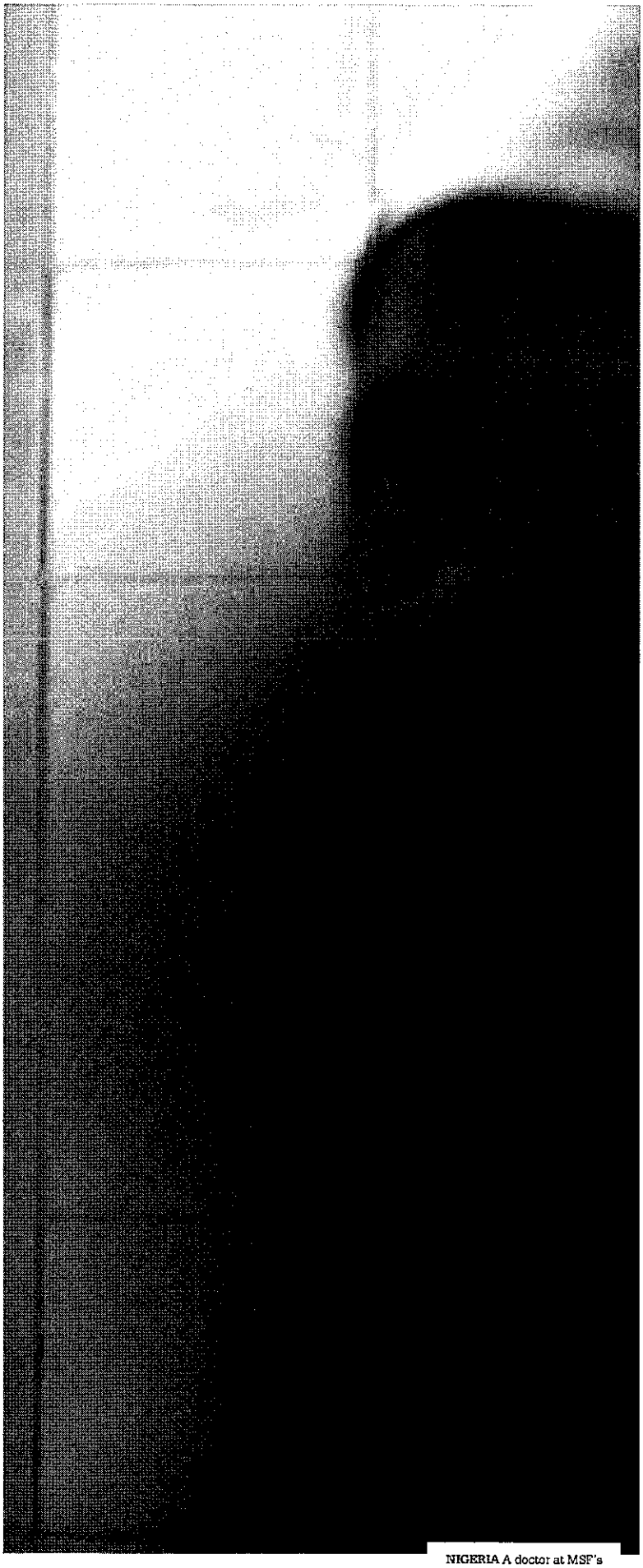
With 75 beds, Teme hospital provides free emergency surgery and medical care. MSF surgeons in Port Harcourt (and several other projects) have pioneered the use of internal fixation to repair fractured bones. This approach, first used by MSF in 2005, uses implanted hardware to allow patients to regain mobility much more quickly than the older traction system, which can require months of hospitalization. Because of the threat of infection, internal fixation requires extremely stringent sterilization and hygiene standards—standards that MSF has implemented in trauma hospitals like the one in Port Harcourt, as well as in war zones and the aftermath of natural disasters.

In 2011, MSF staff held more than 12,000 emergency consultations in Port Harcourt, up from 10,850 in 2010. Three-quarters of these consultations were related to violence or road traffic accidents. MSF surgeons carried out an average of 340 operations a month. Teme hospital also assisted more than 750 victims of sexual violence with medical care and counseling, compared to 645 in 2010.

The trauma facility in Port Harcourt cost $4,248,153.79 in 2011. The table below provides a breakdown of how funds were allocated in the project.

2011 EXPENSES EXCLUDING IN-KIND EXPENSES





© MISHA FRIEDMAN

NIGERIA A doctor at MSF's program in Port Harcourt

BOARD OF DIRECTORS

PRESIDENT

Dr. Matthew Spitzer, a family physician, joined MSF in 1999, establishing primary care services and training medical providers in Khampa Tibet, southwestern China. He worked in Sierra Leone as a field coordinator, in a project tending to the medical needs of asylum-seekers in detention in the United States, and in Cambodia, coordinating MSF's response to epidemic dengue. A member of the Board of Directors of MSF-USA since 2006, he chaired the Program Committee and was elected president in 2008; he has also served on the board of MSF's International Council, and chaired its International Association Standing Committee. In addition to his work with MSF, Dr. Spitzer worked for 10 years in San Francisco at the St. Anthony Free Clinic and its affiliated drug rehabilitation program. He also worked providing primary care and acute trauma care in San Quentin State Prison and taught in the case-based curriculum of UC-Berkeley's Joint Medical Program. Now based in New York City, he is assistant professor of clinical medicine at Columbia University's Center for Family and Community Medicine and attending physician at the Farrell Family Health Center in Washington Heights.

VICE-PRESIDENT

Dr. Deane Marchbein joined MSF in 2006 to work as an anesthesiologist in MSF's surgical program in Ivory Coast. She has worked with MSF in Democratic Republic of Congo, Haiti, Lebanon, Libya, Nigeria, and South Sudan. She was formerly the business manager and chairperson of the anesthesia department as well as the director of the Intensive Care Unit at Lawrence General Hospital in Lawrence, MA. Dr. Marchbein now works for MA General Hospital at one of their community hospital satellites and serves on the Board of Directors of the Fanconi Anemia Research Fund.

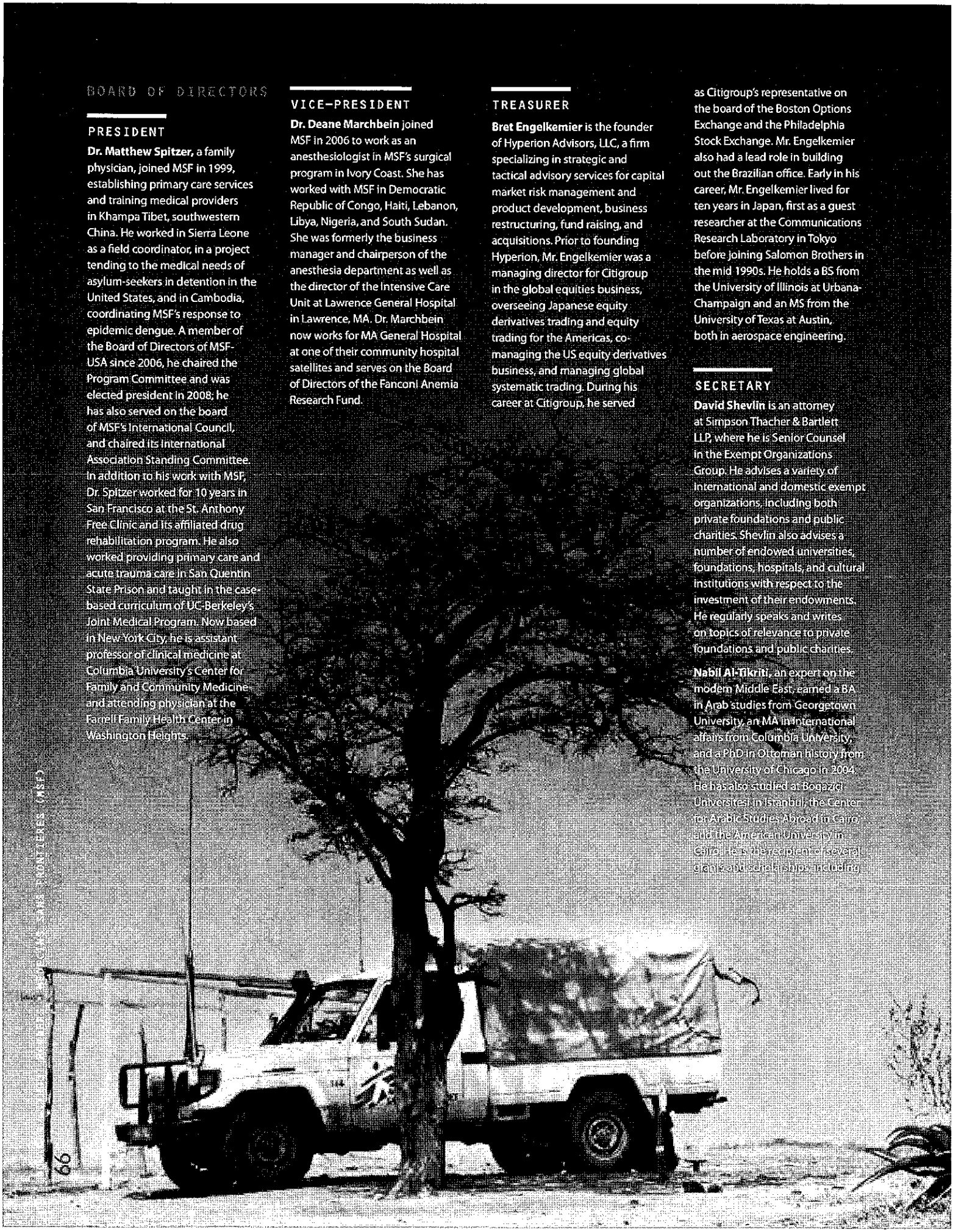
TREASURER

Bret Engelkemier is the founder of Hyperion Advisors, LLC, a firm specializing in strategic and tactical advisory services for capital market risk management and product development, business restructuring, fund raising, and acquisitions. Prior to founding Hyperion, Mr. Engelkemier was a managing director for Citigroup in the global equities business, overseeing Japanese equity derivatives trading and equity trading for the Americas, co-managing the US equity derivatives business, and managing global systematic trading. During his career at Citigroup, he served as Citigroup's representative on the board of the Boston Options Exchange and the Philadelphia Stock Exchange. Mr. Engelkemier also had a lead role in building out the Brazilian office. Early in his career, Mr. Engelkemier lived for ten years in Japan, first as a guest researcher at the Communications Research Laboratory in Tokyo before joining Salomon Brothers in the mid 1990s. He holds a BS from the University of Illinois at Urbana-Champaign and an MS from the University of Texas at Austin, both in aerospace engineering.

SECRETARY

David Shevlin is an attorney at Simpson Thacher & Bartlett LLP, where he is Senior Counsel in the Exempt Organizations Group. He advises a variety of international and domestic exempt organizations, including both private foundations and public charities. Shevlin also advises a number of endowed universities, foundations, hospitals, and cultural institutions with respect to the investment of their endowments. He regularly speaks and writes on topics of relevance to private foundations and public charities.

Nabil Al-Tikriti, an expert on the modern Middle East, earned a BA in Arab studies from Georgetown University, an MA in International affairs from Columbia University, and a PhD in Ottoman history from the University of Chicago in 2004. He has also studied at Bogazici Universitesi in Istanbul, the Center for Arabic Studies Abroad in Cairo, and the American University in Cairo. He is the recipient of several degree and scholarship including



a Fulbright, a US Institute of Peace Fellowship, and a NEH/American Research Institute in Turkey grant. Al-Tikriti is currently associate professor of Middle East history at the University of Mary Washington. He has also served as a consultant, election monitor, and relief worker at a number of field locations in Europe, Asia, and Africa.

Dr. Marie-Pierre Allie joined MSF in 1990. She worked in South Africa, Cambodia, and Iran with the organization before joining the Paris office from 1996 to 2001 to oversee programs in Burundi, Democratic Republic of the Congo, Sudan, Mali, Niger, Cambodia, Thailand, Vietnam, Papua New Guinea, and China. Dr. Allie went on to work as a public health physician in France and served on the Board of MSF France from 2004 to 2007, before rejoining the Paris office as Deputy Director, then Director of Operations. She is currently the President of the French section of MSF.

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

Suerie Moon is special advisor to the dean and instructor at the Harvard School of Public Health, and associate fellow in the Sustainability Science Program at Harvard's Kennedy School of Government. Previously, she worked for MSF's Access Campaign, and for MSF offices and missions in New York, Geneva, Paris, Goma (Democratic Republic of Congo), and Beijing. She has also been a policy consultant for MSF, Oxfam, UNITAID, and the World Health Organization. She received a BA in history from Yale University, an MPA from the Woodrow Wilson School of Public and International Affairs at Princeton University, and a PhD in public policy from Harvard's Kennedy School of Government.

Dr. Adi Nadimpalli, a pediatrician and internal medicine physician, is a clinical assistant professor of internal medicine at Tulane University and a physician at East Jefferson Hospital in Metairie, Louisiana. Nadimpalli's first assignment with MSF was in 2005, when he spent a year in Liberia as the sole physician in a remote field hospital. He has since provided emergency care in post-civil war Sri Lanka; managed a trauma hospital and coordinated an emergency cholera response in Nigeria; and, most recently, treated people living with HIV in Malawi. Nadimpalli has also worked with a rural HIV program in Mozambique (with Friends in Global Health), with patients at the Indian Health Service in Pine Ridge, South Dakota, and at Common Ground Health Clinic in New Orleans. He has volunteered at the Indian Medical Association Free Clinic and the Apna Ghar Domestic Violence Shelter and has been the literacy director in a Los Angeles housing project. Nadimpalli received his medical training at the University of Illinois at Chicago and completed his residency at Tulane. He holds a BS in biochemistry and a BS in economics from the University of California at Los Angeles.

Dr. Michael D. Newman attended the University of Cincinnati Medical School and completed his general surgery residency at Cottage Hospital in Santa Barbara, California. He began working with MSF in 1995 as a general surgeon in a project in Liberia and has been on multiple missions since then. Newman practices general surgery at Ohio's Fayette County Memorial Hospital. His research work has been published in the *New England Journal of Medicine* and *A Journal of Social Justice*. He is a member of the American College of Surgeons and the Ohio State Medical Association.

After working in New Orleans following Hurricane Katrina, **André Heller Perache** joined MSF as a logistician and later transitioned to program management roles in a host of different projects, mainly in conflict and post-conflict settings. Following assignments in Chad, Central African Republic, Democratic Republic of Congo, Sri Lanka, Pakistan, and a stint in MSF-USA's Field Human Resources Department, he was named head of mission in Yemen in 2010. Heller received an MSc from the London School of Economics and Political Science in September 2011 and was a regular guest lecturer at St. Georges Medical School. At the same time, he completed an interim field assignment in Yemen and worked with the MSF-UK office representing MSF in fundraising and recruitment venues. In October 2011, he was named graduate of the last decade by his alma mater, Colorado State University, for his accomplishment and dedication to humanitarian action. And in December 2011, Heller became an MSF head of mission in South Sudan, where he currently lives and works.

Amy Segal joined MSF as a logistician in 2003. She has worked with MSF in Uganda, Sierra Leone, Indonesia, Nigeria, and Kyrgyzstan. Amy transitioned to humanitarian field work after twelve years in television and film production. She has also worked in prison reform and as a project manager for private clients, and she has provided research support to journalists and lawyers as well. She lived in Russia for six years during its transition from the Soviet Union, then worked in Malaysia before returning to the San Francisco area in 2000. Amy earned a BA in history at Yale University and an MS in humanitarian assistance studies at the University of Liverpool's School of Tropical Medicine in England.

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Musicians without Borders

Music with the Deaf

We use music to empower deaf people and build solidarity between the hearing and deaf communities of the West Bank.

Watch and Share »

Super Rock Camp

MwB organizes Super Summer School for 76 young musicians from Mitrovica, Mostar, Struga and the Netherlands.
read more »

Rwanda Youth Music

Updates from the last training period in the summer, photos, song recording, and more information about the program.
read more »

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Musicians without Borders

About Mwb

Musicians without Borders is an international network organization that uses the power of music to connect communities, bridge divides and heal the wounds of war and conflict.

Music and reconciliation

Musicians without Borders initiates projects, develops methodologies and organizes concerts and international conferences on healing and reconciliation through music. Since its founding in 1999, Musicians without Borders has organized successful projects in Bosnia and Herzegovina, Macedonia, Kosovo and the Middle East.

Local needs

Musicians without Borders responds to local needs and collaborates with musicians worldwide as well as with local and international cultural, development and peace and human rights organizations.

All genres

Musicians without Borders develops projects in a broad range of musical genres, from traditional choir music to Bach to The Ramones. Depending on local need, our target groups cover all generations. Our projects help strengthen cooperation across ethnic lines and build positive and inclusive individual and community identities.

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Musicians without Borders

About Mwb - History

Musicians without Borders was established during the Kosovo war by a multicultural community of musicians based in The Netherlands. Touring several Balkan countries, they gathered musicians from all ethnic groups to make music together.

Local partners

MwB found partners in local music, peace and human rights organizations in Macedonia, Kosovo and Bosnia and Herzegovina.

Power of music

Since 1999, Musician without Borders has developed and implemented projects, presented and participated in conferences and music festivals, published repertoire and methodologies, and built a network of musicians and music organizations, all focused on the untapped power of music for healing, reconciliation and building tolerance where war and conflict have left people isolated, divided and in despair.

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Musicians without Borders

Projects & Programs - From Woman to Woman

From Woman to Woman (Od Žene Do Žene)

In the refugee camps in the Srebrenica region of Bosnia and Herzegovina, Dutch and Bosnian female musicians sing with women who have survived the loss of their husbands, fathers, brothers and sons. Music helps the women to heal the wounds and return to life.

Roses for joy and living

The women from Srebrenica, who lost their husbands and sons in 1995, are slowly starting to rebuild their lives. MwB's project partner, Snaga Zene (Woman Power), has helped some of them to start small businesses cultivating flowers: roses, tulips, hyacinths and daffodils now bring color to the gardens, and income and joy to the women who grow them.

Power of music

For those who have lost so much, it is not enough only to meet basic daily needs: they must also deal with their emotions and their suffering in order to accept the past and be able to move on in the future. Just like roses, singing brings back beauty and color in life. MwB's Dutch-Bosnian team invites women to join in informal singing, and offers small concert performances in three different locations:
Tuzla, where many women who fled the massacre are still living in refugee settlements;
Potocari, with women who have returned to their homes;
Srebrenica, where women from different backgrounds meet again as neighbors.

Your financial contribution will turn this initiative into a long-term project and help the women of Srebrenica sing again.
Make a donation >

> more information: Laura Hassler, l.hassler@musicianswithoutborders.nl

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Musicians without Borders

Projects & Programs - Middle East

Music bus goes Middle East

We train young Palestinian as music workshop leaders for children in camps and isolated villages in the West Bank.

We create music from anything, we create it from silence! We play music in complete freedom: we show the kids how to live.

Musicians without Borders trainee Naji, al-Azzeh camp, Bethlehem

Workshop leaders

Musicians without Borders works with a total of 23 trainee workshop leaders, young men and women from Bethlehem and the surrounding refugee camps.

Training weeks

Four times a year, Musicians without Borders organizes training weeks in the West Bank, led by international workshop leaders. Between these training weeks, MwB's Project Manager coaches the trainees as they practice with children in the camps, local kindergartens, children's hospitals and orphanages

Hundreds of children

The trainees reach hundreds of children a year, singing, dancing, doing body percussion and playing games. A breath of fresh air in the stale, claustrophobic situation in the camps!

Non-violent communication

At the request of Musicians without Borders, partner organization Holy Land Trust has organized training sessions in non-violent communication and conflict resolution. During the sessions, the trainees learn about communication, team work, dealing with conflict and stress management – vital tools for those growing up in an ongoing conflict. The nonviolent training is being integrated into the curriculum, and will become part of the MwB workshop leaders training program, wherever in the world.

For more information, please contact

- Fabienne van Eck - Project Manager

- Or visit our blog for pictures and stories: www.musicbusgoespalestine.blogspot.com/

The Music Bus Goes Middle East replicates the successful Srebrenica Music Bus program in the refugee camps of Bethlehem.

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Musicians without Borders

Network - Partner Organizations

honorary board | Musicians4Musicians | partner organizations | endorsements

Partner organizations

Musicians without Borders partners with international and local organizations specializing in culture and social change.

IKV Pax Christi
▸ learn more!

Nederlands Blazers Ensemble (Netherlands)
▸ learn more!

Fontys Rock Academy (Netherlands)
▸ learn more!

Community Building Mitrovica (Kosovo)
▸ learn more!

Opera Circus (United Kingdom)
▸ learn more!

Snaga Zene (Bosnia & Herzegovina)
▸ learn more!

Holy Land Trust (Occupied Palestinian Territories)
▸ learn more!

Teatar MIMART (Serbia)
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Al Rowwad (Occupied Palestinian Territories)
▸ learn more!

Civil (Macedonia)
▸ learn more!

People Building Peace (Netherlands)
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CRY! (Uganda)
▸ learn more!

University of Edinburgh (United Kingdom)
▸ learn more!

Musicians without Borders UK (United Kingdom)
▸ learn more!

Pontanima (Bosnia & Herzegovina)
▸ learn more!

Srebrenica 99 (Bosnia & Herzegovina)

Bi-Communal Choir for Peace (Cyprus)

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Musicians without Borders

Network - MwB endorsements

Endorsements

Musicians without Borders warmly endorses the work of organizations that invest in future generations and actively contribute to a culture of tolerance and non-violence.

Freemuse (Denmark)
▸ learn more!

Project Hope (Occupied Palestinian Territories)
▸ learn more!

SPARK (International)
▸ learn more!

Europa Cantat (International)
▸ learn more!

Center for Civil Society Development (Kosovo)
▸ learn more!

War Trauma Foundation (Netherlands)
▸ learn more!

International Society for Music Education (International)
▸ learn more!

Musicforce (Netherlands)
▸ learn more!

Merlijn Twaalfhoven composer (Netherlands)
▸ learn more!

Fellowship of Reconciliation
▸ learn more!

International Fellowship of Reconciliation
▸ learn more!

Women's Peacemakers Program (IFOR)
▸ learn more!

Music Fund (Belgium)
▸ learn more!

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Musicians without Borders

Projects & Programs - Rwanda and Uganda

Music Bus Goes Africa

Expanding our Middle East program, we train young Rwandans as music workshop leaders for children in the war-torn Great Lakes Area.

Rwanda Youth Music
Training Rwandan youth leaders

A successful cooperation with the local organization WE-ACTx in Kigali, Rwanda, has led to the continuation of the project in 2011-2012, where one of MwB trainers gives music workshop training to more than 20 local youth leaders. Together they do music workshops with children in the annual summer camps in different locations around Kigali, and lead music activities during the Sunday program throughout the year.

Read updates from this project:
Updates from July-August 2012
Updates from May 2012
Facebook page - photos & updates

Pilot project

In 2010, Musicians without Borders sent two trainers to visit local organizations and work with children and women in Rwanda and Uganda. The goal was to assess the needs and possibilities for a long-term project in the Great Lakes Area in Central-East Africa, based on MwB methodologies and experience, in combination with local training, capacity building and knowledge.

Training week and women's program

MwB and WE-ACTx are seeking together to expand the program and include more training weeks during the year, and to implement the Women-to-Women program in Rwanda in order to reach genocide survivors and rape victims.

For more information, please contact

- Danny Feisteiner - Project Manager

» Visit our facebook page for pictures and stories: www.facebook.com/RwandaYouthMusic

The Music Bus Goes Africa replicates the successful Srebrenica Music Bus and Music Bus Goes Middle East programs in the Great Lakes Area of Rwanda and Uganda.

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Musicians without Borders

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Amount: 25 € $

☐ Make this a monthly contribution to MwB.

☑ I would like to receive updates from MwB.

Donate

We are a small but growing community. We are committed to the power of music to heal and reconcile. Your contribution will help bring more musical experiences, more smiles and more healing to children and families who need our help.

For U.S. citizens wishing to make a tax-deductible contribution

Go to this donation page on Fellowship of Reconciliation's website: http://forusa.org/donate/mwb

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Write "Musicians w/o Borders" in the memo line

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Beneficiary:	Musicians without Borders
City:	Alkmaar

International bank details

Beneficiary:	Musicians without Borders
City:	Alkmaar, the Netherlands
Receiving bank:	ING Bank, Alkmaar, the Netherlands
IBAN:	NL11INGB0008114842
Swift code/BIC:	INGBNL2A

Musicians without Borders is an ANBI organization. Contributions are deductible for Dutch taxpayers.

"Thank you for your contribution!"

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Musicians without Borders

Projects & Programs - House Concerts

MwB House Concerts

Musicians without Borders enjoys a considerable reputation among international and domestic organizations as well as in its project locations. A new initiative in and around Alkmaar (and soon in the US) is intended to make the organization better known in its own back yard. "House Concerts" are a pleasurable way for MwB supporters to contribute and help build our network.

Intimate atmosphere

The concept of "House Concerts" is actually a very old phenomenon. Long before the arrival of gramophone, radio, and the iPod, people gave and attended House Concerts as a way of enjoying the company of friends in an intimate setting, while being inspired by the passion of musicians.

This is how it works

Prospective concert hosts can contact our office and let us know that they want to open their house for a concert. Hosts invite a minimum of 30 people from their own circle of friends. Each guest contributes €10 (or other appropriate amount) to the costs. Our office will provide a suitable ensemble or soloist and a concert organizer.

The performers, who support Musicians without Borders, ask only expenses for their performance. On the evening of the concert, a representative of Musicians without Borders will speak about the organization and our work. A concert follows, about an hour in length. After the concert, other guests are invited to make their own houses available for a concert, to become donors and otherwise support Musicians without Borders.

People come together around music

These evenings have been very successful. They provide great music, are great fun and embody exactly what Musicians without Borders is all about: connecting people through music.

Would you like to organize an MwB House Concert in the Netherlands? Please contact our office: info@musicianswithoutborders.org

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

BUREAU INTERNATIONAL DE MÉDECINS SANS FRONTIÈRES	)	
- and -	)	
	)	Opposition No.: _____
MÉDECINS SANS FRONTIÈRES USA, INC.,	)	Serial No.: 85/051,901
	)	Filing Date: June 1, 2010
jointly, Opposer,	)	
	)	Mark: **MUSICIANS WITHOUT BORDERS**
v.	)	
	)	Int'l Classes: 9, 16, 25, 35, 36, 38, 41
STICHTING MUSICIANS WITHOUT BORDERS,	)	Published: January 1, 2013
Applicant.	)	

CERTIFICATE OF SERVICE

I, Erik Risendal, hereby certify that a true and complete copy of the foregoing Notice of Opposition has been served on Anna Kurian Shaw, Attorney for Applicant, by mailing said copy on May 1, 2013 via Federal Express to:

ANNA KURIAN SHAW
HOGAN LOVELLS US LLP
555 13TH ST NW
WASHINGTON, D.C. 20004-1109

SIMPSON THACHER & BARTLETT LLP

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