TO DO WHAT IS VITAL: SAVING LIVES, PROVIDING DIGNITY AND EMPOWERMENT, AND GIVING HOPE TO PEOPLE FORGOTTEN BY THE HEALTH SYSTEM.

- PROGRAMS DIRECTOR MARIAM FOFANA DIALLO
DEAR FRIENDS,

The story we’re writing today could have had a different ending. When Ebola spread to Mali in late 2014, it was feared that the virus would devastate the people, overwhelm the health system, and weaken an already-unstable nation, much as it had done in Sierra Leone, Liberia, and Guinea.

Fortunately, that day never came. Mali Health’s work is a reason for that.

Mali Health helped stop the outbreak in its tracks, ensuring that vulnerable communities were educated and local health facilities were prepared. With the US Centers for Disease Control, the Malian government, local partner organizations, and a prepared team, Mali Health monitored exposed contacts while leading community and radio outreach campaigns and training facility staff. Our primary care facility trainings were adopted for national use, and we begin 2015 with a large international partnership to ensure that dozens of health facilities in high-risk communities remain prepared to combat the virus should it arise again.

The outbreak may have been thwarted, but it still exposed many weaknesses inherent in the Malian health system. In supporting Community Health Workers, investing in a more accessible healthcare system, improving healthcare quality, and increasing health education, Mali Health has been addressing the structural failures that enabled the Ebola outbreak, and with our local partners, systematically improving them.

We could not have done this without you, and we could not have done it without our mission-driven team, already working tirelessly to improve access to care for the poor and marginalized. Our ability to allocate resources to the effort not only helped stop the outbreak itself, but in doing so, ensured that our programs across Bamako would continue.

In 2014, these programs not only continued, but flourished. In May, we launched an innovative new program, supported by the Bill & Melinda Gates Foundation, addressing quality and management within the healthcare system. In September, we completed a multiyear randomized control evaluation with Brown University. Throughout the year, our Health Savings program expanded across Bamako, enrolling more than 1,500 women. And our catchment of Community Health Workers reached more women, newborns, and children than ever before.

The need to improve weakened health systems did not start with Ebola, but it could end with Ebola. As I complete my third full year as ED, I could not be more grateful to you and proud of our team. I am humbled by what we’ve made possible together and more determined than ever to increase access to quality, affordable care to those who don’t have it. It is the bedrock for health, wellbeing, stability, and productivity, and the antidote for those conditions and illnesses enflamed by poverty.

This is what drives us all moving into 2015, and I look forward to sharing with you our progress in reaching these goals. But this report is about Fanta. It is about Ali. It is about Sanata. And it is about you. An ocean away, you have shown how hope and progress can spread in a way that no virus ever could.

Kris Ansin
Executive Director
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We are the **bridge**, connecting our partner communities to the care they deserve.
OUR MISSION
Mali Health’s mission is to reduce maternal and child mortality in resource-poor communities in West Africa. To achieve this, Mali Health implements replicable programs that improve access to quality primary care at low costs, while increasing the capacity of and participation in local health systems.

OUR VISION
We envision a world where health systems can meet the basic needs of the poor and eliminate preventable death, effectively treat disease, and enhance self-efficacy and dignity for mothers and children.

OUR VALUES
1. We work to overcome barriers in the workplace, in the field, and in the cultural and political landscapes, achieving success through unremitting dedication.
2. We invest in local resource development, particularly among our staff and field workers.
3. We hold ourselves accountable for measurable results, including financial performance.
4. We leverage innovation, addressing existing causes of poor health through new frameworks.
5. We empower the poor, particularly women, as a catalyst and complement for lasting change.
6. We concentrate on supporting marginalized populations, expanding the zones of social and financial inclusion.
HEALTH SAVINGS

When Fanta Keita awoke one morning with a fever, she decided to ignore it and hope it would abate. Unfortunately, as the day wore on, her condition grew worse – her limbs ached, her temperature rose, and a deep chill ran through her body. Her husband was traveling that week, and Fanta knew she had to see a doctor, but money was short and a clinic visit seemed out of the question.

Fanta’s story could have gotten worse from there, but she is a member of a Health Savings group. Knowing she needed treatment, Fanta approached the group member who held onto the communal money and asked for a loan to visit the clinic. “This was the first time I had asked for a loan from the group and I was nervous as I walked to [the other woman’s] house. But she gave me 10,000F (~US$17) right away and sent me off to see the doctor.”

With the loan in her hand, Fanta received the care she needed and recovered quickly. She looks back now and remarks on how easy the process was. “What would I have done without this opportunity that allowed me to receive care so quickly?”

Fanta’s story is not unique. By the end of 2014, over 1,500 women enrolled in Health Savings groups across three peri-urban slums in Bamako. The women meet weekly to pool their savings, distribute loans to group members in need, and to learn about vital health information and financial management skills from Mali Health Groupe Animateurs.

Participating women have withdrawn and repaid hundreds of loans to subsidize health care expenses for themselves and their families. Hundreds more have withdrawn loans to support income-generating activities and to learn new trades and skills that will increase their financial independence.

500 loans withdrawn
$10,000 saved
97% on-time repayment rate
I’ve sold used clothing for 8 months now. When I started, I was helpless… Five months ago, I heard about a nearby Health Savings Group and without hesitation, I joined. Today, thanks to [this group], I have the money to choose the product and partners that are best for my business.

-Aissata Sanogo, Health Savings Group member
Our [Community Health Worker] is like family to us. Our collaboration is based on respect and trust, and that is why we talk together without any problems.

-Awa Sidibé, Action for Health mother
“I was working with a pregnant woman, Sanata, this past year,” said CHW Moustaph Togola. “She was in her third pregnancy, but she was still very afraid of what could happen.”

At the heart of our work is a drive towards sustainability. We aim to empower communities with the knowledge and skills they need to improve their own health. Action for Health is a result of this value. Our Community Health Workers (CHWs) are drawn from our partner communities and given the tools to act as educators, advocates, and friends to the families enrolled in our programs.

Our CHWs have worked with families in Action for Health for years. In 2014, we expanded and enhanced CHW capacities, strengthening their abilities to provide and serve. We focused on training the Health Workers in new methodologies to improve their skills in adult learning and behavior change.

“I visited Sanata often last year. I talked to her about her experience and about what resources were at her disposal, and I actually escorted her to a couple of her prenatal appointments. When the time came, Sanata gave birth at the Sikoro maternity ward to a healthy baby girl.”

Since the training, we’ve seen more families implementing healthy behaviors and, consequently, a lower incidence of illness among enrolled children.

“I chose to become a CHW to help my community grow,” says Moustaph, “to meet the people who don’t have access to care and to help them stay safe and healthy.”

In order to improve access to care, this year CHWs learned to administer and interpret rapid diagnostic tests for malaria, which is endemic to the area. To ensure the highest quality services for our enrolled families, we have increased the frequency of monitoring and supervision and developed new techniques for feedback and professional development.

From 2011-2014, a team from Brown University and Innovations for Poverty Action conducted an evaluation of Action for Health. Here are some thoughts from study leads Mark Dean and Anja Sautmann:

“Our aim is to develop policy lessons for the effective and efficient provision of health care services for families in under-served communities...Our preliminary results show that the work of Mali Health has had a tremendous impact on health access: for example, children of families with subsidized care are more than three times as likely to visit a CSCOM clinic than those without. We are currently working to develop a richer picture of the behavioral changes resulting from the Action for Health Program, and the impact of these changes on health outcomes.”
“The families were astonished.”

“It makes our work so much easier.”

“It helps us to better explain our work to the families.”

In 2014, Mali Health partnered with D-Tree International to develop a mobile health application for Community Health Workers (CHWs). The app guides the CHWs using a set of pre-determined questions and carefully-reasoned options that will result in faster, more efficient, and better care for the families enrolled in our programs.

CHW Jeanne Kamaté recounts her experience: “I remember the first time I used the phone with Kadidia, one of the mothers I visit. She was curious why I was using my phone the whole time, so I explained to her that it was helping me to determine if her children were healthy.”

The technology has helped to identify early warning signs in children that may have been otherwise missed, and to encourage early care-seeking to avoid more significant illness and difficult treatment later on.

During home visits, CHWs measure and enter children’s vital signs in the mobile app and are prompted to ask caretakers a series of questions about the child’s health. The app analyzes all of the information to screen the child for signs of wellness and infirmity.

If a child exhibits any danger signs, the app prompts the Health Worker to refer the child to a health clinic for more advanced care. CHWs personally accompany these families to the clinics to act as advocates. The app also reminds CHWs to make regular follow-up visits with children who have been referred to the clinic.

“At the end of my visit with Kadidia, I showed her her son’s health chart. His weight was somewhat low, but not dangerous, and I was able to show her how his chart would change as he gained weight.”

We are excited by our Community Health Workers’ enthusiasm and quick adoption of this new technology, and we can already see the results of this more efficient and standardized approach to health care with more children receiving early referrals and more consistent follow-up care.

13 CHWs trained with innovative mHealth technology

Nutritional charts created for hundreds of Action for Health children
The purpose of the cell phone is to make our work more rapid and effective. It contributes to the objectives of Mali Health. As we fight against maternal and child mortality, the illnesses can be diagnosed more quickly.

-Jeanne Kamaté, Community Health Worker
The internal organization [of the clinic] is much improved, since all are empowered and have specific tasks...We are proud to be now among the best clinics in [the district]. There are even people from other clinics coming to us for inspiration.

-Dr. Samambaly, Sotuba Quality Improvement Team member
Mali Health strives for efficacy of impact. We’ve proven that individual health outcomes can improve by providing community members with the knowledge and skills to care for themselves. But this is only one half of the puzzle. To improve health community-wide, we must address the quality of care provided.

In 2014, with funding from the Bill & Melinda Gates Foundation, we launched *Projet Amélioration Qualité* (PAQ) to do just that. Through PAQ, *Quality Improvement Teams* – comprised of patient representatives and clinic staff and management – began working together to improve 4 indicators:

- Facility-Based Deliveries
- Complete Prenatal Care Routines
- Vaccination Rates
- Efficacy of community health associations (ASACOs)

Quality Improvement Teams work to identify a problem’s root cause, and then collaborate to develop, test and measure their solutions that are low-cost and quantifiable (such as recording phone numbers to send reminder text messages, increasing the number of days in which women can vaccinate their newborns at the clinic, or improving patient experience by adopting a warmer and friendlier atmosphere). Outcomes are measured and analyzed among and between teams, through data collection, exit surveys and mystery clients who report back to the program and clinic management.

It’s a lot of data. But most importantly, it’s a culture shift. “The program is stimulating a major mentality shift among all involved, due to the realization of what simple, collaborative, and low cost interventions aimed at improving quality of care can mean on an everyday basis for clinical staff and patients alike,” says PAQ Coordinator Viola Gnocchi. “Most actors involved in the project at all partner sites are truly engaged and in control, which is essential for the project in the long run.”
COMMUNICATIONS & ADVOCACY

Integrating aspects of Health Radio and Action for Health, the Communications & Public Affairs (CPA) Department works across our communities and within each of our programs to foster effective health communication and to advocate for positive health change.

This year, the CPA Department helped our CHWs adopt new methodologies of health behavior communication, resulting in greater adoption of healthy behaviors among enrolled families and fewer referrals to the health clinic.

When Ebola threatened Mali, CPA played a large part in disseminating safety information to the public, complementing the home visits by CHWs with Health Radio programming and community-based public events and ensuring that thousands of families across our communities knew how to protect themselves.

The Department this year also formed Advocacy Groups for Health in two communities, comprised of local individuals who are committed to improved health for their communities.

For much of 2014, Samirou and his fellow Advocacy Group members walked the streets of Sikoro, knocking on doors and asking, “Can I tell you about the ASACO?,” before launching into a well-informed and detailed discussion on the topic.

Since 2007, the community health association (ASACO) in Sikoro had refused to sell membership cards to the public, cards that grant a lower cost of care at the clinics and voting rights in association elections. Samirou and his friends sought to change that.

“Talking to so many families, I found out how little the public knew about the benefits of ASACO membership,” said Samirou. Following months of door-to-door meetings, he and his Group organized and hosted a public event in Sikoro to show the ASACO the public was on their side.

In July 2014, after a year of tireless advocacy, the ASACO relented and began, once again, to sell membership cards.
The office of the [health management committee] and residents of the community have all hailed the efforts of the [Advocacy Group] for organizing this meeting to promote the purchase of membership cards. Together, we convinced the [committee] to respect our right to participate.

-Samirou Diallo, Advocacy Group member
Initially, it was very difficult for me because I was very scared when I heard the word Ebola and even more when I imagined myself working with people who are sick with this disease. But I am a Community Health Worker, and it is my duty to protect people from diseases.

“Amina Koumare, Community Health Worker
EBOLA PREVENTION

In 2014, a plague swept across West Africa. The Ebola outbreak began in Guinea in December 2013, but with few resources devoted to its containment, it quickly spread out of control, jumping across the region’s porous borders into Sierra Leone and Liberia, infecting thousands along the way. This crisis showed the world the dangers of a weak health system in an ever-more-connected society.

In March 2014, we began training our Community Health Workers (CHWs) in prevention and safety techniques, and we armed them with the skills to train others as well. Many in our communities held tremendous misconceptions about the virus, so effective communication would be just as vital a tool as hand washing and thermometers.

CHWs visited thousands of families many thousands of times, discussing with mothers, fathers, and children how to keep themselves safe. In crowded and under-equipped clinics, Health Workers were stationed to provide training to doctors and patients alike. Mali Health also installed hand-washing stations at each clinic to aid in the prevention of transmission. Staff organized public events across Bamako to share information, and we used our Health Radio show as a platform to reach thousands more people than we could in person.

When Ebola did arrive in Mali in October 2014, we partnered with the WHO, CDC, and others to contain the outbreak in our partner neighborhoods. Our CHWs continued to provide prevention trainings while also monitoring all those who had come into contact with a potential Ebola patient, watching for signs of the disease so new infections could be isolated immediately. Dressed in protective equipment and armed with non-contact thermometers, CHWs visited these “Contacts” twice daily until each had passed the 21-day incubation period without symptoms. Thanks to our brave coalition, Mali was declared free of Ebola on 18 January 2015.
2014 IN REVIEW

JANUARY
- Staff retreat to discuss new strategic vision
- CPA Dept. designs survey to improve evidence base
- Health Savings pilot groups close first cycle, distribute funds
- Izumi Project holds first Kaizen Session to improve patient welcome and reception

FEBRUARY
- Assan grows very sick and can’t go to work, but she can’t afford treatment. Her Health Savings group lends her enough to pay for a clinic visit and medication and sets repayment terms that will give her time to return to work and earn back the money.

MARCH
- Health Fair hosted in Boulkiassoumbougou: 100 vaccinated, dozens of new ASACO members
- Baseline survey to improve health communication efforts
- CHWs teach caretakers how to prepare Oral Rehydration Solution to treat diarrhea

APRIL
- Exit Surveys conducted to better inform Quality Improvement work
- Launch of new program Projet Assurance Qualité to improve efficacy of clinic management committees
- Renewed emphasis on prenatal care adherence

MAY
- Mali Health joins Groupe Pivote to improve local partnerships
- Eight new Animateurs hired to facilitate Health Savings groups
- Clinic staff create reference sheets to standardize prescriptions
- Clinic Exit Survey shows patient satisfaction rising

JUNE
- Djeneba joins Health Savings, uses loans to expand her business. “Thanks to Health Savings fund, I have a regular supply of products like soap and bleach to keep our food and home clean and my family healthy.”
AUGUST
Doctors and nurses at Sikoro clinic save one-year-old Ali’s life. Ali, an Action for Health child, had grown severely malnourished during time away from the program. Upon his return, CHW Fanta Goita rushes him and his mother to the clinic, where Ali receives the life-saving care he needs.

JULY
- CHWs train mothers on maintaining proper nutrition with locally-available resources
- 800 insecticide-treated bed nets distributed to poor families
- Registry of vaccination status created for all children in our programs to improve adherence and completion

SEPTEMBER
- Hand-washing stations installed at all local clinics to improve sanitation and prevent spread of Ebola
- Public event to encourage fathers to purchase and use water treatment to prevent diarrhea
- PAQ clinic provides low-cost malaria drugs to patients

OCTOBER
Fatoumata is pregnant with her fourth child. She’s always given birth at home, but there have been complications. Now enrolled in Action for Health, her CHW ensures she attends all her prenatal care appointments, and when the time comes, she gives birth in the clinic. “There is definitely a difference between my births. Before, it was scary and my children were small and sickly. This last time, I knew everything would be okay.”

NOVEMBER
- Seven cases of Ebola in Bamako; over 400 contacts
- CHWs begin Contact Monitoring to help contain spread
- First PAQ Quarterly Meeting held to share best practices in quality improvement
- Rising patient satisfaction, lower newborn mortality at clinic in Boulkassoumbougou

DECEMBER
Mali Health CHWs collaborate with WHO and others to monitor all individuals who have potentially come into contact with an Ebola patient. They conduct twice-daily visits for 21 days to check patient temperature. No contacts develop symptoms, and in the meantime, two infected patients are successfully treated at Bamako health centers and survive the disease.
ADVANCING THE STORY
Mali Health prioritizes strategic programming, targeting the areas where we can have the greatest impact, and continually assessing our progress toward concrete goals.

### 2015: THE YEAR AHEAD

- Consolidate and integrate efforts to implement a comprehensive continuum of care in our existing communities
- Develop a family planning initiative
- Improve training in emergency obstetrical care for clinic staff in charge of reproductive health
- Develop and deliver efficacy trainings for Community Health Associations (ASACOs)
- Refocus efforts on the first 1,000 days of life (from conception to age 2), the most critical period of child development
- Develop a water, sanitation & hygiene initiative

### 2014: HOW WE MEASURE UP

- Expand our Health Savings initiative
- Move program services into two new peri-urban communities
- Increase our use of evidence-based programming, with full reports in 2014 on Action for Health (with Brown University and Innovations for Poverty Action), clinical improvements, and health savings
- Widen our range of training workshops for clinical teams, including rational prescription, obstetrics care, and Kaizen quality improvement
- Develop and support local advocacy and organizing campaigns to increase participation in and access to the public health system
- Develop a family planning initiative
## FINANCIAL INFORMATION

### statement of financial position

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| **Net Assets**                |          |                |
| Unrestricted: Undesignated    | $186,194 | $210,916       |
| Temporarily Restricted        | 234,693  | 141,571        |
| **Total Net Assets**          | $420,887 | $352,487       |

| **Total Liabilities and Net Assets** |          |                |
|                                   | $431,430  | $364,878       |
Mali Health is committed to impact, achieving sustainable change through our community-driven models. We aim to maintain the highest level of both transparency and efficiency. We remain grateful for every dollar received, and we are honored to serve in the role we do with the ongoing support of so many.

Mali Health is GuideStar Gold Certified for transparency.
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THANK YOU

In 2014, our partnership, born of our collective commitment to quality healthcare for all, grew stronger than ever. Through your support and your advocacy, you provided free clinical care to nearly 2,000 children, empowered women with financial knowledge and skills, and ensured our Community Health Workers were safe while they helped to combat one of the deadliest disease outbreaks in recent history. We are honored by your generosity and awed by your compassion. In 2015, we pledge to continue to deserve your support.
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Mary Beth Moore
Andrew Morris
Jeni Morrison
David Muehlke
Karen & John Muse
Lisa Nichols
Anna Ninan
Kathleen O'Brien
Ellen O'Connor
Amber Oberc
Rebekah Paradiso
Christopher Percopo
Jordan Pisarcik
Jon Pisarski
Nancy Quinn
Mary Racciatti
Robin Reid
Humberto Reyes
Amy & Brian Rivotto
Walter Roberts
Deborah Rotzinger
Alexander Ruby
Harry Sacks
Frank Sadowski

Joseph Saka
Alice Salstonstall
Karen Sanderson
Karl Schmidt
Chere See
Abigail Shafroth
Lisbeth Shepherd
Henry Shepherd
Susan Shively
Mark Singer
Timothy Singer
Adrian Smith
Lawrence Smith
Helen R. & Fred Smith
Alice & Gilbert Smith-Cohen
Julian Snider
Jimmy Song
Kyungsup Song
Tomoko Spry
Michael Stein
Matthew Steinhelfer
Jane Stollenmeyer
Christopher Suenram
David Summers
Marie-Claude Tanny
Patricia Tao
Mary Tinti
Peter Tinti
Margot Torrey
Carly Jean Urban
Mitra Urich
Gunhilde Utsogn
Jonathan Vance
Ferdinando Vegni
Joan Wood
Katherine Young
Dana & Dan Zelig-Collins

Friends: $1-$99
Marc Abanto
Andrew Abdel-Malik
Alexandrina Agloro
Han Ahn
Matthew Alderman
Ameya Ananth
Danny Anderson
Susan Andrew
Fernando Aran
Alberto Aran
Haley Aran
Ina Asher
Erin Bailey
Garrett Bailey
Kristen Balash
Darren Ball
Elizabeth Banks
Merri Behan
Rhonda & Bruce Belyea
Ashley Belyea
Lara Berlin
Ethan Bernstein
Jennifer Berube
David Berwind
Annie Bishai
Elizabeth Bishai
David Blazquez
Schafer Bomstein
Laurel Bradley
Amy Branger
Claire Breedlove
Jillian Brelsford
Molly Broderick
Emma Brody
Yaa Bruce
William Budd
Jonah Bull
Jacky Bunel
OUR SUPPORTERS (cntd.)

Christopher Burke
Cecilia Camardo
Annie Carter
Albert Carter
Charles Casler
Sandra Caulfield
Mike Caulfield
Matthew Caulfield
Katherine Caulfield
Sarah Chatel
Shipeng Chen
Weicheng Chen
Gloria Chu
Mike Caulfield
Matthew Caulfield
Katherine Caulfield
Sarah Chatel
Shipeng Chen
Weicheng Chen
Gloria Chu
Mary Clark
Lindsay Clarke
Cindy Cleary
Tim Cleary
Catherine Clodfelter
Matthew Cohlmia
Robert Corp
Nathaniel Counts
Lani Crane
Michael Craven
Theresa Crouch
Carlotta Cuerdon
Lynn Curtis
Katherine Dagon
Bryce Daigle
John Davisson
Lucie de Clerck
Ana de Sousa
Anton de Winter
Hannah Deegan
Jeremy Dell
Mari Clark Derouault
Landon Dickey

Madeline Dilorenzo
Kevin Disabatino
Brian Donovan

Shannon Dosemagen
Andrew Dowe
Vikki Dunn
Emilia Dupuis
Hannah Edman
Laura Edwards
Michael Eggen
Lubna Elia
Abderrahim Fachtali
Alyson Faller
Caitlin & Mamadou Faye
Brian Feinstein
Brian Feth
Miranda Fix
Michelle Flash
Whitney Fogg
Dorothy Craven Forth
Martha Franquemont
Lorin Fries
Margaret Frye
Mariana Galindez
Kim Gans-Deluca
Stephanie Gardner
Margaret & Jack Garrity
Jason George
Matthew Ghazarian
Meghan Gibas
Louis-Arnaud Gohi
Carolyn Golaszewski
Julia Gold
Ross Goldband
Louise Goldstein
Joshua Gordon
Megan Gorman
Joseph Grano
Paul Gravel
Anna Gressel
J.L. Griffin
Pamela Griffin

Laurie Griffin
Joanna Griffin
Matthew Griffin
Christopher Griffin
Caroline Grogan
Lillian Guenther
James Gumpper
Sean Hallisey
Alex Hanson
Claire Harlan-Orsi
David Hashim
Heather Hayward
Zachary Heard
Haynes Heaton
Matthew Hedstrom
Alana Hein
Sharon & Alex Henthorn-Iwane
Virginia Hightower
Rachel Hooper
Alex Hornbrook
Michael Horrell
Miles Hovis
Yi-An Huang
Danielle Hull
Denise Iannaco
Ofurhe Igbinedion
Ronald Ikechi
Michelle Itano
Charlie Jackson
Erin Janklow
Lisa Jaroske
Jessica Jenner
Kelly Jennison
Amanda Jones
Barbara Joseph
Janine Kaczorak
K.R. Kaffengerber
Amy Kaler
Olga Kamensky

Rachel Kantrowitz
Mira Kaufman
Marsha Kaufman
Martha Kaufman
Leah Kazar
Rashaan Keeton
Alex Kehn
Cheick Keita
Judith Kellock
Mary Kennedy
Val Khislavsky
Michael Kideckel
Jamie Kiesch
Susie Kim
Patrick Kirby
Cassandra Kirby
Aron Kirschner
Katie Kitendaugh
Andrew Klein
Katie Kline
Marc Knox
Kadiatou Koita
Alina Kung
Flora Kuo
Jerry Lee
Annie Lee
Sandra Leff & Michael Kanter
Kristin Lehner
Seth Leibson
Jeffrey Leon
Vivien Leong
Rebecca Levi
Faith Lin
Yanmin Lin
Evelyn Lincoln
David Lindley
Sara Litke
Nathaniel Lohman
Judith Lorimer