TEACHING LEARNING & HEALING WORLDWIDE

2022

PHYSICIANS FOR PEACE 2022 ANNUAL REPORT
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Cover photo by Liliana Arango, Physical Therapist
(Featured on p. 8)
I read a blog post recently that really spoke to me about our work here at Physicians for Peace. The writer used the phrase “closest available person,” saying:

*Here’s the thing. There are some people who need help right now, and your organization is the only one that can do it. For those people, you’re their shot. There isn’t anyone else right now.*

**You** are the closest available person for the people we serve in the places we work. In parts of our world that need it the most, you are providing help today, right there and right now, for so many people who need it.

That person could be a nurse or a therapist needing to learn proper care for the patients with burn injuries they see so often. Their ideal would be to work alongside a PFP trainee who’s committed to teaching others, like Liliana Arango *(featured on page 8).*

That person might be a volunteer surgeon sharing his knowledge and then learning from a colleague with different experiences. Their ideal would be a visit from PFP educator Dr. Carlos Duran *(featured on page 4).*

That person could be a little boy with injuries too complicated for rural healthcare providers to handle. His ideal would be a hospital team trained in the specialized care he needs to survive and thrive—like the staff at PFP’s partner, Hospital Nacional de Niños *(featured on page 7).*

**You** are the closest available person for people in need to receive quality health care that helps not just them, but ultimately, their families and their communities.

For those people, you’re their shot.

Sincerely,

James E. (Jamie) Morgan  
Chief Executive Officer
To educate and empower local providers of surgical care to alleviate suffering and transform lives in under-resourced communities around the world.

We envision a more just and equitable world where access to life-saving and life-restoring surgical care is available to all people everywhere, so they can go on to live healthy and meaningful lives.
He Traveled to Teach, and Learned a Lot

In 2018, Dr. Carlos Duran headed to Bogotá, Colombia with Physicians for Peace to share his vast knowledge in burn care with medical providers there. He returned with his own skills sharpened, his own insights expanded, and a shift in perspective that has made him a better doctor. “It was really valuable,” he says.

As Chief of Pediatrics at Shriners Hospitals for Children in Boston, Dr. Duran was impressed at the setup and resource management while visiting hospitals in Bogotá. “They look at burns as a public health matter,” he notes.

“They really do an excellent job. It taught me to look at the economics. How can we get to this same level of care with fewer resources?”

A Different Approach to Global Health Solutions

This wasn’t Dr. Duran’s first volunteer trip—he had previously joined surgical missions with other organizations to Guatemala and Ecuador. Then a nurse colleague told him about Physicians for Peace, with its “teach one, heal many” philosophy. “This was different,” he says.

During his past volunteer experiences, the team would arrive to perform specialized surgeries not readily available in the region. “We’d see 25, 30 kids a day. Those kids would go into surgery, and it would continue like that for two weeks.”

That approach centered on the patient, rather than the provider. “With PFP, it’s about sharing different approaches to care,” Dr. Duran says. “Seeing what could work in their particular setting.”

While teaching at PFP’s partner hospitals in Colombia, Dr. Duran reinforced the importance of a comprehensive team approach to burn care. “Often during rounds, or when discussing plans of care, they would include physicians and nurses; on occasion a pharmacist, and that’s it.

“At Shriners, we incorporate post-acute care providers: physical and occupational therapists, nutritionists, care managers—all of them—in our burn rounds. Because we continue to follow these patients as outpatients, (surgeons) can learn a lot from those providers from the beginning.”

He acknowledges that some facilities are slow to warm up to that approach, but says his Colombian colleagues embraced it. “It does take time for some to see that the multidisciplinary approach has important, long-term value to the patient,” Dr. Duran says. “It can be new and challenging in terms of workflow for certain hospitals.”

Sharing Knowledge: a Mutual Benefit

Many elements of the care his Colombian colleagues provided, with resources far more limited than at Shriners, left a deep impression on Dr. Duran that added to his own breadth of knowledge. He noted their diligence in the difficult task of keeping burned children free from infection during the acute phase, during sometimes lengthy delays as they awaited grafting and other surgical procedures.

Dr. Duran also noted how they managed pain and anxiety in their littlest burn patients. “In the past,” he says, “the focus on pain and anxiety mostly has been related to procedures the children were going through in the moment”—while caregivers he observed in Colombia were addressing post-traumatic stress from the accident that caused the burn. “Seeing how they treated PTSD has helped my own practice a lot,” he says.

The type and degree of burn injuries he encountered in Colombia were another point of difference. Scald injuries, which typically happen on a smaller scale in the U.S., tended to be much bigger and more serious in Colombia, where many rural families cook on ground-level stoves.

“That’s one reason for the considerable amount of major scald injuries in children,” he says, “because pots of water are cooking for a family of 10-15, and the size of the injury is much bigger.” Also novel to him: certain types of electrical burns suffered by children.

Dr. Duran now finds himself at Shriners contemplating how practices in front of him could translate to hospitals worldwide. “I do find myself thinking in terms of—is this something we could do there? How could this impact care when there is a lower nurse-to-patient ratio?”

When travel was restricted during the pandemic, Dr. Duran volunteered by participating in online roundtables and other virtual training events. As soon as he was able, he returned to hands-on volunteering, and has recently returned from a training trip to Costa Rica. “I have really enjoyed getting to be part of this,” he says, laughing. “and happy I met the nurse who introduced me to Physicians for Peace!”
“A Blessing in my Life and my Training”

As a surgical consultant in Malawi, Dr. Raymond Nyirenda is responsible not only for performing life-saving surgeries at Queen Elizabeth Central Hospital in Blantyre, but also training junior residents.

In his complementary role as Education Coordinator for Physicians for Peace, Raymond works closely with volunteer International Medical Educators (IMEs) and collects valuable data from the field.

It’s a lot of responsibility for a young surgeon. But one advantage that set Raymond up for success was a strong mentor early on; in his case, Mark Asplund, MD, a surgeon volunteering in Malawi with Physicians for Peace.

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A Strong Start as a Surgeon
To me, a teacher is someone who helps students acquire knowledge. A mentor, on the other hand, is more like an advisor and a guide.

I met my mentor, Dr. Mark Asplund, right when I started my surgical residency. He showed me what being a surgeon is like.

He was willing to take me under his wing, and what a blessing in my life and in my training that was! He showed me the ropes from the get-go and that is, I think, the most valuable foundation one could ask for as a surgeon.

“Not Just Teaching Going on Here”
I realized Dr. Asplund was a mentor when he was teaching me how to maneuver through issues on the ward. He would go above and beyond, brainstorming with me on how best to solve whatever challenges we had. That was when I thought, this is not just teaching going on here.

One of the most important things he showed me was how to manage staff. Another is how hard you need to work as a surgeon. His work ethic was amazing! He was always the first one in the ward and usually the last to leave.

He was very efficient in seeing patients and in making sure all issues on the ward were sorted out. It didn’t have to be him doing the work, but he’d assign the duties and make sure everyone did their part. Those were the biggest lessons I learned early on.

Insights From Half a World Away
Dr. Mark made a personal effort to sponsor my trip to America and further my education. I traveled there and got to work with him in an observorship in Eau Claire, Wisconsin.

Going to America opened my eyes to how things are ideally done. While there, I’d think about back home, and how to come up with innovative ideas that would work to produce these desired outcomes.

Amongst the things I took from this experience was how amazing the teamwork was in the hospital. It was second to none, like a well-oiled machine. It was great to see how teams can and should function.

From Mentee To (Popular) Mentor
Now that I am done with my post-graduate training, as a consultant I am responsible for teaching and mentoring in the surgery department at Queen Elizabeth Central Hospital.

The residents are advised to select a consultant as their mentor. Despite me being a young, new consultant, a large number of residents requested me. This is an official role, so mentorship is a big responsibility. Having so many trainees choose me was flattering, but I had to turn some of them down.

In a mentor-mentee relationship you need to demonstrate a high level of performance and high standards, because you are a role model. Talk is cheap! If your actions don’t match what you’re saying, nobody will take you seriously. So you need to talk and act in accordance. It is not easy, and you really have to put in the effort.

What has surprised me the most about being a surgical educator is how much I’m enjoying it. It’s rewarding to watch my mentees thrive. Also, whenever I’m teaching, I feel like I’m learning at the same time. There is that saying: “if you teach, you learn twice.”

So this has been a very rich experience. With IMEs still coming to Malawi, I want to keep learning from them, and impart what they teach to my mentees.
See One, Do One, Teach One

It’s important as a surgeon to have mentors because it’s hard to learn the subtle ins-and-outs of surgery by yourself. ‘See one, do one, teach one’ is a surgical way to learn.

I was fortunate enough to have mentors at just about every level. The first would be my father who was a doctor in the north woods of Wisconsin. My biggest takeaway from my mentors? “Know your anatomy, have a plan, stop the bleeding, and don’t mess with the pancreas!”

All the registrars and staff in Malawi work hard and try to do the right thing. Raymond in particular has a lot of attributes that made him particularly easy to teach. His enthusiasm is big, he has a willingness to learn, and is curious. Raymond’s parents are teachers and you can see that in him. Ninety percent of learning is showing up every day, and he did. Plus, he’s just really smart.

Problem Solving From Both Directions

Raymond and I had such a good relationship; even though I was helping him figure out how to solve problems, he became my problem solver too. He knew the ins and outs of Queen Elizabeth Hospital. For instance, there was nobody in the region who could do vascular access for dialysis, so they asked me to do it. But to get the anesthetic you need was an obstacle, and he got it all arranged. I still don’t know how Raymond did it.

By the time our three months were up we were both like MacGyver, figuring out solutions to everything together. That’s how I approach teaching or doing my practice—you don’t take “no” for an answer; there must be a way to figure it out. And there are a lot of problems to figure out in Malawi.

You have to be invested in the patients, since many of them wouldn’t survive just because they didn’t have the right equipment. Rather than accept a bad outcome, especially with Raymond, you’d sit down and say, “how can we fix this?”

I thought it would be valuable for Raymond to do an observorship in the U.S. During their lectures in Malawi, they’re told “here is how you treat this problem,” but they can’t treat them that way because they don’t have the drugs needed, or they don’t have the equipment. He reads about it in books and then has to take the test and answer one way—but then when he goes to work, he doesn’t have a laparoscope for instance, and then he has to adapt.

So I wanted him to come to the U.S. and see how these procedures work. I thought it was important for him to see these things he reads about, but they don’t have access to.

“You’re Not There to Say ‘Do it This Way.’”

Did I learn anything from Raymond? Of course. I learned to be more patient in how to navigate the system. Also, Raymond read everything, so I made sure I went back and read too. Especially about some of the unique diseases in Malawi, like malaria and schistosomiasis. And most of the cancers, by the time we saw them, were very advanced.

You learn every day from someone like Raymond, I think.

Physicians for Peace’s motto is “teach one, heal many”—and after being there with Raymond in Malawi, it can really be expanded to “teach many, and you’ll heal many more.” That’s what we’re seeing with Raymond. We helped teach him and now he’s teaching; he’s there constantly. I was only there for three months, but his presence will be felt much longer.

Mentorship is a two-way street. You’re not just there to say “do it this way;” it’s more of a give-and-take. You’re there to say, “how do we solve this problem?” I would like to go back to observe Raymond and see how he figured out some of those problems because—believe me, we didn’t solve all of them! But together, we did solve a few here and there.
The Boy Who Needed the World’s Best Care

Three-year-old Deried was watching his father fix the family’s old motorcycle in rural Limón Province, Costa Rica, when the explosion happened.

The nearest water was a puddle on the ground, and frantic onlookers rolled him in it to extinguish the flames. With severe burns and bacterial infections from the groundwater, the little boy had injuries too critical for his local hospital to handle.

If there is a silver lining to Deried’s story, it is this: His family was able to travel about 100 miles the next day to the capital city, San José, for treatment at Hospital Nacional de Niños, which partners with Physicians for Peace.

Many caregivers there had not only trained with PFP but have taught and presented burn-care techniques at the international level. Deried spent 22 days in Intensive Care before improving enough to join other pediatric patients in the hospital, where he continues to bounce back daily.

A Global Circle of Support

At his bedside, Deried had an all-star visit: not only by his own burn team, but by medical experts from Shriners Children’s Boston, one of North America’s top pediatric hospitals, in town for on-site training sponsored by PFP.

“Our days at the hospital have been truly wonderful and eye-opening,” says Shriners occupational therapist Jessica Willoughby. “I find it awesome that we’re able to collaborate and educate—and it’s not just us educating, but the team in Costa Rica educating us as well. Sharing combined knowledge, so that we can provide better burn care to patients across the world.”

Nurse Kara Sher and surgeon Carlos Duran, MD, were also on hand from Shriner’s Boston. Kara, who had taught virtually for PFP during the pandemic, was especially happy that hands-on volunteering is back. “I’m totally humbled and grateful,” she says, “to be able to come in person and represent the mission of Physicians for Peace.”
“Teach One, Heal Many—That’s What You’re Seeing in Me”

Liliana Arango started her physical therapy career in Medellín, Colombia treating individual patients, mostly with severe burns. Today, buoyed by training with Physicians for Peace, she is not only using her skills to treat patients in the burn unit at San Vicente Fundación, but sharing them with healthcare providers in Colombia and beyond.

Recently, she was chosen to present two of her abstracts (and one more displayed as a poster) at the International Society for Burns Injuries Congress (ISBI) in Mexico, where she received the prestigious André Zagamé Rehabilitation Specialist Prize.

“The mission of Physicians for Peace is ‘teach one, heal many,’ and that’s what you’re seeing reflected in me,” Liliana says. “PFP has trained and uplifted me for several years, and now I can be the person who trains other professionals.”

A Rare Chance at Life-Changing Training
Liliana first learned of Physicians for Peace when she attended a congress on burn care in Bogotá, Colombia, organized by Hospital Simón Bolívar and PFP. She recalls her excitement at learning she could obtain ongoing quality training with Physicians for Peace. “PFP gives us continuous support for anything we need,” she says, “and this allows progress in all aspects, from professional knowledge to hands-on work.”

Not only that, but “it gives our patients confidence to know the person treating them is well-trained and knowledgeable about the treatments and procedures needed for their burn pathology.”

These practices are life-changing, Liliana says. “Visualize that we’re giving hope back to a person who—when an event like this happens—believes they’re facing permanent disability, or that part of their life is now over. We can reassure them they can go on living, they can reintegrate, and that they have many options available to improve their physical and emotional state.”

From Student to Teacher
Once Liliana and fellow trainees learned more through PFP, they started teaching colleagues at work. “I tried to elevate myself more by being diligent about those practices,” she says.

In recent years, she’s shared her knowledge with nursing and therapy staff at her burn unit and with therapy students at local universities. In July, a hospital burn unit in Cali, Colombia—nearly 300 miles south of Medellín—sent a nursing specialist and rehabilitative therapist to shadow Liliana at work.

“When they came, they saw how our interdisciplinary team manages and treats burn patients,” she says. “Recently the hospital called and asked me if I could come there to train.” It was not just rehabilitative providers like herself who were looking for information, she notes, but the entire burn-care team.

Sharing Knowledge on a Global Stage
Though Liliana is known locally for her expertise in burn care, the chance to share her knowledge with an international audience wasn’t on her radar. With PFP actively encouraging, supporting, and fostering her participation, it became a reality. “I never thought I could get to an international congress as a podium speaker—the greatest experience I’ve ever had!” she says.

The ISBI Congress gave her the chance to not only present her own findings and learn from noted experts in burn care, but to reinforce what she’d been taught through PFP.

“A large part of what was confirmed for me, from the peers I met at ISBI, is the interdisciplinary team is what’s most important for the management of a burn patient,” she says. “Not individuals working in isolation.”

Liliana was also encouraged to continue full steam ahead with her own research. “In this congress I realized everything we’re doing is valid for patients everywhere, not just where we practice,” she says.

A Future Full of Possibilities
Liliana’s future includes expanding her repertoire with patients, “looking at other opportunities and other services we can offer them.”

It all goes back to the most gratifying part of her job: watching her patients recover and go on to live full lives. “Without an organization like PFP,” Liliana says, “many of our patients could not receive those best practices, if we weren’t there providing them.”
# WHERE WE CURRENTLY WORK

A look at what your gifts have made possible.

### 2012-2022

**Ten Years of Burn-Care Training**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burn-care providers attended didactic sessions</td>
<td>6,494</td>
</tr>
<tr>
<td>Burn-care providers attended hands-on workshops</td>
<td>1,329</td>
</tr>
<tr>
<td>Hours of training volunteered by PFP International Medical Educators</td>
<td>10,674</td>
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</tbody>
</table>

### 2017-2022

**Five Years of Online Training**

<table>
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<tbody>
<tr>
<td>Virtual training events presented by international educators</td>
<td>57</td>
</tr>
<tr>
<td>Participants in webinars, online courses, roundtables, and virtual sessions</td>
<td>1,828</td>
</tr>
<tr>
<td>Topics spanning the spectrum of surgical care from pre-op to rehabilitation</td>
<td>71</td>
</tr>
</tbody>
</table>

### 2015-2022

**Seven Years of Surgery Training in Malawi**

<table>
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<tr>
<th>Metric</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Trainees attended didactic sessions</td>
<td>159</td>
</tr>
<tr>
<td>Patients evaluated</td>
<td>4,803</td>
</tr>
<tr>
<td>Surgical procedures in PFP-sponsored training operating theatre</td>
<td>4,362</td>
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</table>
FINANCIAL SUMMARY

CONDENSED STATEMENT OF FINANCIAL POSITION

ASSETS
Cash and Investments $ 805,133
Other assets 156,590
Total Assets $ 961,723

Total Liabilities $ 43,736

NET ASSETS
Unrestricted $ 683,300
Temporarily Restricted 234,687
Total Net Assets $ 917,987

Total Liabilities and Net Assets $ 961,723

CONDENSED STATEMENT OF ACTIVITY

PUBLIC SUPPORT AND REVENUE
In-kind contributions $ 57,420
Contributions and grants 831,461
Total Public Support and Revenue $ 888,881

EXPENSES
Program services $ 1,131,125
Fundraising 223,199
Management & general 155,567
Total Expenses $ 1,509,891

Change in Net Assets from operations $ (620,461)
Net assets January 1, 2021 1,538,448
Net Assets June 30, 2022 $ 917,987

EXPENDITURES

Program Services 75%
Fundraising 15%
Management & General 10%

HOW WE PUT YOUR GIFTS TO WORK

TOTAL PROGRAM EXPENSES

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<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Burn Surgery</td>
<td>42.1%</td>
<td>$ 476,451</td>
</tr>
<tr>
<td>General Surgery</td>
<td>30.9%</td>
<td>$ 350,042</td>
</tr>
<tr>
<td>Critical Care</td>
<td>20.1%</td>
<td>$ 227,100</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>6.9%</td>
<td>$ 77,532</td>
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TOTAL PROGRAM EXPENSES BY REGION

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa &amp; Middle East (SSA)</td>
<td>56.6%</td>
<td>$ 640,306</td>
</tr>
<tr>
<td>South America (SAM)</td>
<td>24.2%</td>
<td>$ 273,302</td>
</tr>
<tr>
<td>Central America &amp; Caribbean (CAC)</td>
<td>19.2%</td>
<td>$ 217,517</td>
</tr>
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</table>

10
THE FOUNDER’S SOCIETY

The 1989 Society: $25,000+
Anonymous
Dr. and Mrs. Mark W. Asplund
Mr. and Mrs. Willis H. du Pont
Dr. and Mrs. Allan I. Goldberg
Mr. John Hendrickson
Ms. Jayne T. Keith
Kydle Enterprises, LLC
The Marmot Foundation
Mrs. Carolyn E. McDonnell
Sorenson Legacy Foundation
The Teagle Foundation

Chairman’s Circle: $10,000 - $24,999
Mr. and Mrs. Peter C. Keefee
Dr. and Mrs. R. Barrett Noonе
Mr. and Mrs. Robbie Russell
Jennifer Schlenier-Thomas and Roy Thomas
Dr. John T. Schulz
Walter C. Teagle and Janet D. Teagle
TowneBank
Mrs. Diane Wisely

Benefactor’s Council: $5,000-$9,999

Global Advocate: $1,500- $4,999
Mr. Paul Bamhill
Emily Bamhill
Birdsong Charitable Foundation
Mr. and Mrs. Gary W. Boswick
CSBDI
Dr. and Mrs. Edwin K. Burkett
Stan and Cheryl Burlingame

Dr. Fayez K. Shamieh
Dr. and Mrs. John Sheppard
Mr. and Mrs. Scott R. Smallwood
Mrs. Hannah P. Snyder
Dr. Elliot Sussman
Dr. and Mrs. Alexander and Annabel Ong Sy
Dr. and Mrs. David H. Taylor
Susan Thornton
Ms. Stefanie B. Valar and Mr. Edward A. Hauck
Mr. and Mrs. Norman H. Volk
Gennadius Foundation
Mr. and Mrs. Rick Voge
Mr. and Mrs. William L. Wallace
Nicole and Richard Weidner
Wells Fargo
Dr. Daniel Wolfson and Ms. Diana Gonzalez Gandolfi
Dr. and Mrs. Jerry Zimmerman

Gifts of $500-$1,499
Mrs. Ann Appleman
Carol Aschenbrener
Mrs. Jennifer Barker
Dahlia Gives Fund
Mr. and Mrs. Danny Bottoms
Mr. Robert K. Bowman
Dr. Elizabeth K. Broderick
Dr. Tony Cetrone
Mr. Ornsut Chinnomboon
Mr. Gil Cohen and Mr. Paul Gervais
Mr. Payson Coleman
Mrs. Bradley Collins
Dr. Jay N. Collins
Lynn and Rich Comstock
Mr. and Mrs. John Damgard
Mr. and Mrs. Scott Denlinger
Dr. and Mrs. A. V. Dixon Jr.
Mr. and Mrs. Robert Evans
Beverly Everitt
Mr. and Mrs. Dale Feltes
Constance Filling
Karen Fisher
Dr. Kelly Anne Foley
Mr. and Mrs. R. M. Foster
Mr. and Mrs. William Gubelmann
Dr. and Mrs. Randolph Guthrie
Mr. and Mrs. S. Haden
Dr. Robert H. Haining
Rosemary and Tonreece Harder
Mar V. Hallingby
Tom and Deana Hazelwood
Susan Hellstern and Dan Hoffman
Mr. and Mrs. Charles Hickox
Dr. Leslie Hoglund
Mr. and Mrs. Bruce C. Holbrook
Mr. and Mrs. Richard Holton
HealthFlex Home Health Services
AMBi Foundation
Mr. and Mrs. Richard A. Austin
Mr and Mrs. Jose Pepe Faraul
Florida Crystals Corporation
Mr. Michael Gottwald
The Greenway Pendleton Fund
Integra Foundation
Dr. and Mrs. Charles B. Johnson
Dr. and Mrs. James E. Morgan
Lynn T. Pashanka
Mr. and Mrs. Richard E. Pesey
Mr. Thomas C. Quick

Mr. and Mrs. Bartlett Burnup
Dr. Kathleen Maura Casey
Chesapeake Regional Medical Center
Mr. and Mrs. Samuel A. Clement
Dr. and Mrs. Lawrence B. Colen
Ms. Martha E. Craver
Mr. and Mrs. William S. Daniel
Mrs. Reena Desai
Eden Bridge Foundation
Maria Finley
Mr. and Mrs. Jay Gavney
Dr. Nancy and Col. Michael E. Jallo
Mr. Alexander Keith
Serena Keith
Dr. Lisbeth M. Kaplinter
Mr. Danny Kline
Mrs. Doria M. McKinnon
Dr. Julius S. Miller
Mr. and Mrs. Peter Morse
Ms. Pat Murphy
Drs. Swoenya and Siva Murthy
Napier & Napier General Contractors

Mr. and Mrs. Thomas H. Nicholson
Ms. Moonoyen Reynolds
Stephen and Janet Roberts
Ms. Shemaine Rose
Dr. Alisha Savatalm
Dr. and Mrs. John C. Schaefer
Mr. and Mrs. John S. Shannon
Warden Family Foundation
Constance and Stephen White
Ameriprise Financial Service, Inc.
Mrs. William R. Wister, Jr.

Mr. and Mrs. John Hollinshead
Mr. and Mrs. Andrew Hoehn
Gary and Karen Harmeyer
Dr. Doris and Mr. Charles W. Greiner
Jeremy Goverman, MD
Ms. Jessica Geiben Lynn
Derek and Shawn Gant
Regina Galarza
Patricia Crecco
Mr. and Mrs. Bryant Cannon
Mrs. Hannah P. Snyder
Dr. Elliot Sussman
Mrs. Colleen C. Magleby
Mr. and Mrs. Tyler H. Leinbach
Mr. and Mrs. Rick Voge
Mr. and Mrs. Richard L. Wallace
Nicole and Richard Weidner
Wells Fargo
Dr. Daniel Wolfson and Ms. Diana Gonzalez Gandolfi
Dr. and Mrs. Jerry Zimmerman

Gifts of $250-$499

Academy Health
The Artex Group
Amazon Smile
KFMG LLP
Ms. Sara D. Back
Mr. and Mrs. Rick Volpe
Gennadius Foundation
Mr. and Mrs. Rick Voge
Mr. and Mrs. William L. Wallace
Nicole and Richard Weidner
Wells Fargo
Dr. Daniel Wolfson and Ms. Diana Gonzalez Gandolfi
Dr. and Mrs. Jerry Zimmerman

Carrell and Joe Horvath
Dr. and Mrs. Gerald Horwitz
Pamela and Thomas Janaro
Johnson & Johnson Foundation
Mr. and Mrs. Robert W. Jones, Jr.
Mrs. Jonie Kent
Dr. and Mrs. Timothy P. Kinney
Dr. Darrell G. Kirch
Dr. Jennifer A. Knox
Ambassador and Mrs. Howard Leach
Mrs. William Lickie
Drs. David and Emily Lieb
Dr. Vicki Mohan
Dr. and Mrs. Wilson C. Merchant, III
Dr. and Mrs. Andrew J. Meyr
Mary Montfort
Mrs. Juana P. Morgan
Donna and Tiffany Morgan
Bobby and Jennifer Morgan
Matthew Morgan
Mr. Frank Mori
Etsuko and John Morris
Mary Ann and Amos Peterson
Joanne and Ron Pruszynski
Ms. Carolyn Ramwell and Mr. Keith Tomlinson
Dr. Cynthia Romero and Dr. Marc Munoz
Michelle Rothoff, MD
RSUL Group, Inc.
Dr. Willcox Ruffin
Ms. Cathy Ryan
Mr. and Mrs. Victor Scaravilli
Julie Schmitz
Dr. and Mrs. David Schrier
Dr. Ann Schwartz-Miller and Mr. Manfred V. Schwarz
Dr. and Mrs. Hemang H. Shah

Carole and Ken Hotcaveg
Mr. Robert Jacoby
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When we look back on longstanding relationships over the years that have upheld our mission at Physicians for Peace, one that springs immediately to mind is TowneBank and the dynamic, committed people behind it.

The partnership between TowneBank and PFP began when the company’s CEO, J. Morgan Davis, joined the board for Physicians for Peace. As part of TowneBank’s “culture of caring,” Mr. Davis led initiatives at his regional, community-oriented bank to support PFP’s work around the world.

The bank works regularly with PFP to back ongoing programs year-round. Recently, it provided $10,000 in matching donations to fund PFP’s Malawi surgical program, a sum that has already begun to impact hundreds of lives in the small African nation. The bank supports PFP not only financially, but by hosting events and initiatives designed to bring the philosophy of “teach one, heal many” to scores of compassionate people willing to get involved.

Nearly 23 years after its founding, and with offices throughout Virginia and North Carolina, TowneBank has contributed more than $90 million to PFP and other worthwhile organizations that benefit the greater good.

TowneBank and Physicians for Peace share a common goal to provide solutions, build long-term relationships, and uplift communities. “We are dedicated to making a difference,” says TowneBank executive chairman G. Robert Aston, Jr.

Though Mr. Davis plans to step down from his position at TowneBank at the end of the year to enjoy his well-earned retirement, the bank’s long-term partnership with PFP will thrive.

“From the beginning, we made a commitment to serving others and enriching lives,” Mr. Aston says. “TowneBank is honored to continue our longstanding support of Physicians for Peace.”
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