Dear Friends,

Welcome to Americares Fiscal Year 2020 Annual Report, which presents our accomplishments in an exceptional year, when a global pandemic threatened the world. I became Americares president and CEO halfway through the year, just as the pandemic hit. I am proud of Americares achievements during this challenging time, and grateful for the collaborations with our donors and partners that have saved lives and eased the burden of the pandemic for so many.

Americares mission focuses on communities affected by poverty or disaster — those that suffer the greatest impact from every health threat, including the coronavirus. To save lives and improve health during this pandemic, Americares launched a multi-pronged global emergency response, expanded our partner network and adapted every program to meet the added demands of COVID-19. This includes providing personal protective equipment and technical assistance to keep our partners, their patients and our colleagues safe. We added staff and expertise, acting on our mission every day.

This year also brought a strong call for social change. The pandemic laid bare the inequities that prevent people from accessing the care they need, and shattered any notion that health, a human right, can be provided to all without addressing the centuries of racial discrimination often at the root of poor health outcomes.

Access to medicine, community health, clinic services — our programs have never been more relevant and needed. But we have an additional challenge that is imperative: To never forget the losses the world suffered during this pandemic and the inequities 2020 revealed that, unless addressed, will blunt every effort to improve health far beyond this pandemic.

The world is forever changed, and Americares is changed with it. We pledge to incorporate every lesson learned into our goal to improve the health of more people, in more places, so they can truly thrive and live the full, productive lives they choose.

Thank you for all you have done to further Americares mission. Together, we are making a difference.

Sincerely,

Christine Squires
President and CEO
“Many patients are defenseless and do not have another health provider. Those who take care of them are us — Americas.”

—Brady Taboada, Americas clinic staff, Colombia
Emergency Programs

In Fiscal Year 2020*

41 disasters

29 countries

8.7 million supplies

383,000 prescriptions

72 health projects for disaster survivors

$42 million total emergency aid

* July 1, 2019 to June 30, 2020

“It gave me peace of mind to count on Americares during my pregnancy. If these services did not exist, we Venezuelans would not have the means to pay for medical consultations, medications or, in my case, a referral for a cesarean section.”

—Roxeli C., patient, Americares clinic in Colombia
Americares responds to disasters and humanitarian crises, establishes long-term recovery projects and brings disaster preparedness programs to vulnerable communities. The COVID-19 pandemic struck mid-Fiscal Year 2020, requiring a global response and introducing increased complexity to ongoing and new emergencies, including hurricanes, typhoons and floods. The team added infection prevent and control supplies, training and education to every emergency program to lower the risk of disaster survivors and responders becoming infected with COVID-19.

**COVID-19 PANDEMIC RESPONSE:** To save lives and stop the spread of the coronavirus, Americares focused on three key areas: access to critical supplies, continuity of ongoing health services and access to credible safety information, including skills training for health workers. Globally, by June 30, 2020, Americares had provided technical assistance and emergency supplies to 13 countries, including shipments from Americares global distribution center and local procurements. In India, for example, Americares provided 6.2 million supplies, which included lifesaving equipment such as ventilators. In the United States, by June 30, 2020, Americares emergency shipments reached more than 100 hospitals and community clinics in 36 states, providing more than 2 million safety supplies, including masks, gloves, gowns and disinfectants. Technical assistance included health worker training, community education and outreach.

**PREPAREDNESS:** In early 2020, Americares modified its preparedness programs to include pandemic preparedness, including how to shift to telehealth, operate with less staff and adopt practices to reduce risk of infection while maintaining services for patients. In one survey, 88 percent of attendees reported using information from the training when making decisions. In the Philippines, Americares disaster risk reduction included technical reviews of individual health center plans.

In all, in Fiscal Year 2020, Americares delivered preparedness programming to health centers in El Salvador, the Philippines and 15 U.S. states and Puerto Rico.

Americares also continued to grow its roster of emergency responders, with 628 roster members representing 51 countries. Roster members deployed to 50 percent of all Americares disaster responses, including the dengue fever outbreak in the Marshall Islands.

**RESPONSE:** Americares operates 10 clinics in Colombia for Venezuelan migrants and refugees who have fled the crisis in Venezuela or crossed the border to seek care. In Fiscal Year 2020, Americares clinics conducted 145,845 patient consultations, including 21,256 for pregnant women seeking prenatal care and 24,220 mental health consultations, critical for migrants who have lost everything. With the onset of the pandemic, staff adopted additional infection-prevention safety protocols, installed handwashing stations and offered COVID-19 education to patients, with the goal of reducing community spread.

In the Philippines, when 150,000 people fled the erupting Taal volcano, Americares emergency teams deployed to meet the immediate health needs of families and communities. In shelters, the Philippines team provided 1,226 hygiene kits and, to protect families from airborne ash, 2,000 masks. The mobile medical team conducted over 1,000 patient consultations to meet physical and mental health needs.

After wildfires forced tens of thousands of people from their homes in the western United States, Americares provided relief supplies to shelters and clinics and made mental health training available to health care workers, for themselves and their patients. More than 70 health care workers received disaster-specific COVID-19 training as part of Americares ongoing preparedness and mental health resilience project targeting communities affected by wildfires.

After Hurricane Dorian battered the Bahamas with 40 hours of wind, rain and storm surge, Americares emergency response teams supported displaced survivors in Nassau with medicine and supplies, then deployed mobile medical teams to hard-hit Hope Town, providing more than 4,500 medical and 3,200 mental health consultations.

In response to flooding after heavy rains in Kerala, India, Americares medical teams set up 35 health camps in 2019, providing 2,845 patient consultations as well as critical relief supplies, including water purification tablets to 5,000 families.

In December 2019 and January 2020, when a swarm of earthquakes shook southern Puerto Rico, families moved to safety, often sleeping in the streets outside their homes, creating a physical and mental health emergency. Americares teams provided local health centers with medicine, supplies and training for mental health support. A 2019 earthquake also displaced families in Pakistan, where Americares provided survivors with supplies to combat harsh winter weather.

Americares medicine and emergency relief supplies this year reached insecure environments, including 15 shipments to Somalia, Syria and Yemen. In Lebanon, Americares is supporting an innovative pilot program that allows vulnerable Syrian refugees to access cash for health services. Americares and its local partner will continue to monitor health outcomes, with the goal of expanding the program.

**RECOVERY:** Americares continues to expand knowledge of how to protect the health of chronic disease patients during and after disasters, as stress exacerbates physical and mental illnesses. In Houston, Americares collaborated with five partner clinics to lower the risk of diabetes in patients who are Hurricane Harvey survivors. Americares also provided direct mental health and psychosocial services to more than 2,800 Harvey survivors in Texas and convened a behavioral health summit for Texas health workers.
Bahamas, Hurricane Dorian

Puerto Rico, earthquakes

Pakistan, earthquake

United States, COVID-19

United States, wildfires
Access to Medicine

10.3 million prescriptions

25.7 million supplies

1.8* million people reached by medicine alone

83 countries reached by any program

6,600* health centers supported

* estimated
“The people of northern Kentucky don’t have to fear chronic diseases anymore and fight the battle between medication and other basic things to live, because we get our medications through Americares, at no cost to us. It would just be absolutely impossible to do what we do without you, on a regular basis and during this crisis.”

—Aaron Broomall, Executive Director, Faith Community Pharmacy, Florence, KY
To improve health outcomes for patients and communities, Americares increases access to quality medicine and supplies to health centers and volunteer medical teams.

MORE MEDICINE TO MORE PEOPLE: This year, Americares added 80 new partners worldwide, expanding our global network to include more than 6,000 local health centers providing health care to people who, because of poverty or disaster, could not otherwise access health services. Local partners target unique health conditions in their own communities: In Zambia, a new partnership with Prison Fellowship will improve the health of marginalized communities without access to health care in the prison system. In the Central African Republic, Americares now supports the country’s only pediatric hospital.

MEETING THE DEMANDS OF COVID-19: The demand for medicine and safety supplies, including masks and disinfectants, hit in March. In response, Americares expanded our partner network and increased shipments, providing more than 9 million more supplies than the previous year.

MEDICINE FOR THE GREATEST NEEDS: To improve the health of people with chronic disease, Americares provided enough medicine to fill 4 million monthlong prescriptions that helped an estimated 400,000 people control their conditions. In India and El Salvador, medicine is matched with behavioral programs that aim to reduce the need for medication. In an Americares program to boost regular visits in El Salvador, 83 percent of patients with hypertension, diabetes or malnutrition attended critical health checks, with 68 percent showing reduced blood pressure.

In a program to improve the health of mothers and babies in a drought-affected region of Guatemala, Americares paired health worker training and a supply of prenatal vitamins to support more than 7,700 women with vitamins and information about health during pregnancy.

SUPPLY CHAIN EXCELLENCE: Americares continues to refine and improve every step of our supply chain to streamline ordering and inventory management. This includes custom technology at the Stamford distribution center as well as software and training for local partners, with the goal of adequate supply and less waste. In Liberia alone, Americares trained health workers at 16 sites in skills ranging from logistics and information and storeroom management to forecasting and ordering. In Tanzania and Malawi, improvements also included pharmacy repairs to keep medicine secure and ensure last-mile safety for patients.

PARTNER TO INCREASE CAPACITY: Americares supported medical teams making short-term volunteer trips to 700 health facilities in 68 countries with enough medicine to fill 1.1 million prescriptions, valued at nearly $48 million.
As COVID-19 spread across the United States, Americares responded with critical safety supplies, technical assistance, training and other support for nearly 1,000 safety net clinics that together serve more than 7 million low-income people. Clinics faced immense pressure, including funding gaps, fewer volunteer staff, an increase in newly unemployed and uninsured patients and the need for a constant supply of personal protective equipment. Americares support for clinics and their low-income patients in the U.S. included enough medicine to fill 4 million prescriptions and 11 million medical supplies — 5.4 million more supplies than last year.

**U.S. PROGRAMS**

**EXPANDING BEHAVIORAL HEALTH CARE:** Two pilot programs explored how technology can bridge gaps between free and charitable clinics’ patients and their caregivers, and caregivers and experts. Health workers received telementoring through the ECHO program to better integrate behavioral health care into patient care. After receiving training via a virtual patient simulation, caregivers made measurable increases in addressing and screening and referrals for substance abuse.

**REDUCING DIABETES RISK:** Americares provided seven types of insulin to partner clinics, critical so patients have the no-cost option that works best for them. Nearly a quarter of patients with prediabetes in an Americares healthy diet and app-based program achieved a 5 percent weight loss, cutting their risk for chronic disease in half. The results will inform future programs.

**VACCINATION FOR FLU:** In partnership with Walgreens, Americares partner clinics held 174 flu vaccination events that protected approximately 7,000 uninsured, low-income patients from the flu. In a related flu vaccine campaign, Americares four free clinics in Connecticut vaccinated 10 percent more people than last year.

**IMPROVING QUALITY AND EQUITY OF CARE:** The highest standard for quality health care in the U.S. is patient-centered medical home (PCMH) recognition. Americares is certified to coach health centers to reach this standard, and is supporting five free and charitable clinics in reaching that standard, with four clinics having achieved recognition. Americares is also co-leading a collaborative project that will allow hundreds of free and charitable clinics to track and showcase their quality and impact. A key element is the creation of a new data repository that will allow free and charitable clinics to demonstrate and improve equitable care for all patients.

**CONTINUING CARE DURING THE PANDEMIC:** In one weekend in March 2020, Americares Free Clinics pivoted from in-person service to 100 percent telehealth, not missing one day of patient care, even as state regulations changed. Staff also filled prescriptions for curbside pickup, so chronic disease patients could control their conditions. The clinic made referrals for COVID-19 tests, provided isolation kits for patients with symptoms and raised community support for grocery gift cards, critical during a time of food insecurity. Before the pandemic, Americares Free Clinics was expanding services to include well-women care, diabetes prevention and management and legal and other services to help patients with social determinants of health. In all, Americares free clinics provided care valued at more than $10 million, at no cost, to more than 2,500 low-income, uninsured patients.
Clinics to Communities

10,129 health workers trained

339,188 consultations in Americares-run fixed and mobile health clinics*

27,357 surgeries supported with medicine and medical supplies**

*includes emergency response

** conducted and reported by volunteer medical teams
“When we do outreach in the community around COVID-19, if we do not have the actual tools to promote the message, it is almost as if we are doing nothing. The handwashing stations help so much.”

—Dr. Waly Turin, Americares Project Officer in Haiti
Clinics to Communities

Americares improves and expands quality clinical services at Americares-run clinics and those of our partners. To prevent disease and promote good health in vulnerable communities, Americares supports, designs and implements disease prevention and health education efforts that connect local clinics and hospitals with the communities they serve.

COVID-19 OUTREACH AND EDUCATION:
Americares webinars and online education, free to health workers, includes checklists for safety, pandemic preparedness, infection prevention and control, psychological first aid and mental health for health workers. Six months into the pandemic, Americares training had reached more than 27,000 participants.

LEADING IN BEST PRACTICES: Last year, Americares-supported volunteer medical teams delivered care, including more than 27,000 surgeries, at more than 700 health facilities in 68 countries. Americares leads the industry-wide Partnership for Quality Medical Donations—Health Systems Strengthening Medical Missions initiative that developed and published best-practice standards for partnerships and practices. To ensure that the teams understand and meet the needs of the host facilities, Americares partners have direct access to those standards and hundreds of other educational tools and resources on a dedicated Americares website. In addition, qualified surgical partners share surgical safety checklists and pulse oximeters through our Safe Surgery Initiative.

RESPECTFUL CARE FOR WOMEN: For ten years, Americares program to repair birth injuries in mothers in Tanzania and, more recently, Liberia, has included radio messages and funds for transportation as well as surgery, rehabilitation and education to prevent such injuries. In Fiscal Year 2020, Americares began a multi-year respectful care project in both countries to change the way women experience health care at every stage of their reproductive lives, with the goal of improving the health of women and babies and reducing birth injuries and maternal and newborn deaths. With respectful care, more women will seek care throughout their pregnancies and have attended births.

INCREASED SKILLS AND KNOWLEDGE: Americares training invests in local workers and builds stronger, more resilient local health centers. From July 2019 to July 2020, Americares training increased the knowledge and skills of more than 10,000 health workers. Training topics included mental health and prenatal nutrition, infection control, supply chain management and disaster preparedness. By December 2020, Americares COVID-specific training had involved nearly 30,000 participants.

COMMUNITY-BASED CARE FOR THE URBAN POOR:
Americares seven mobile health centers manage over 100,000 patient visits in 211 Mumbai slum communities each year and reach more than 54,000 individual patients with health education, which covers hygiene, nutrition and chronic disease. Already equipped with electronic medical records, the mobile health centers made the pivot to telehealth when the pandemic hit. Americares trained health friend volunteers, in person and then remotely, to continue to promote Americares health services, even during pandemic lockdowns.

SCHOOL-BASED HEALTH PROMOTION:
More than 18,000 students in 72 Mumbai schools engaged in a variety of health-focused activities, including screenings for vision, anemia and oral health, and received treatment, if needed. Americares program also includes skills building around hygiene and nutrition, including cooking classes and handwashing demonstrations with the goal of making students into health ambassadors in their families and communities. When COVID-19 restrictions closed schools, the program shifted to remote activities.

MODEL QUALITY HEALTH SERVICES: To reduce the risk of chronic disease such as diabetes and hypertension in the communities around Americares health center in El Salvador, trained volunteers promote healthy behaviors and do basic monitoring of their neighbors’ health. In Fiscal Year 2020, Americares led 97 educational sessions reaching 2,800 people in local communities, screened 1,700 people and sent more than 4,000 text messages to patients diagnosed with chronic disease. One result: lower blood pressure in 67 percent of hypertensive patients. The health center also has outreach to extremely poor communities, with help for transportation and other costs. In all, Clínica Integral de Atención Familiar managed 53,000 visits from more than 37 thousand patients; the clinic had permission from the government to stay open during COVID-19 restrictions and adopted strict safety protocols.

HANDWASHING STATIONS COMBAT COVID-19: To make hygiene possible where water is scarce or unreliable, Americares installed handwashing stations and provided public education, which included posters, town criers and radio messaging. More than 200 stations were installed in Colombia, Haiti, Malawi and Tanzania by June 30, and, by December 2020, Americares had made nearly 500 water infrastructure improvements in eight countries.
Global Presence
9 countries with full-time staff
26 countries with health projects
83 countries reached
29 countries with disasters

Global Health Programs
Impact by Region

Latin America/Caribbean
$125 million
2.7 million prescriptions
7.6 million medical supplies
11 health projects

Asia/Eurasia/Europe
$59 million
1.1 million prescriptions
1.5 million medical supplies
21 health projects

Africa/Middle East
$71 million
1.6 million prescriptions
2.3 million supplies
4 health projects

United States
$231,521*
4 million prescriptions
5.6 million medical supplies
18 health projects

*does not include $530 million patient assistance program
Emergency Programs

- **$42 million**
- **382,970 prescriptions**
- **8.7 million medical supplies**
- **72 health projects**

**Complex Emergencies, Political Crises and Refugee Crises:**
- Bangladesh, Colombia, Mexico, Syria, Yemen

**Disease Outbreaks, Drought and Hunger:**
- Democratic Republic Congo, Somalia, (all the COVID responses)
- Marshall Islands, Philippines, Samoa

**Earthquakes, Tsunamis, Wildfires Volcano:**
- Pakistan, Philippines, United States (California)

**Flooding, Landslides and Severe Storms:**
- Bahamas, India, Dominica, El Salvador, Malawi, Mozambique, Nepal, Sierra Leone, Philippines, United States and territories
Thanks to the generous support of our donors and partners, Fiscal Year 2020 was among the strongest in Americares 41-year history. This allowed Americares to respond to the COVID-19 pandemic and continue our ongoing programs to improve the health of millions of people affected by poverty or disaster in the United States and around the world. Our FY2020 results bring our historical level of total aid provided to just over $19 billion.

Geographically this year, Americares reached 83 countries, 49 U.S. states and three U.S. territories: the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands. Also of significant note were responses to 41 emergencies in 26 countries, including the U.S. (see the geographical distribution chart, “Improving Health Around the World”). Our U.S. Program remains the largest nonprofit provider of donated medical aid in the country. In all, Americares delivered more than $790 million in medicine, supplies and technical assistance to low-income patients and our network of free and charitable clinics in FY2020.

Americares revenue in FY2020 totaled $1.46 billion. This was driven, in largest part, by both restricted cash and medical gifts-in-kind support for our U.S. and Latin America health programs. The FY2020 overall revenue represents a significant increase (47 percent) in overall revenue from FY2019, mainly due to the large level ($16 million) of restricted COVID-19 relief revenue received in the spring of 2020 and a $9 million increase in restricted emergency response revenue. Although the majority of our revenue is driven by our medical gifts-in-kind program, it is significant to note that the cash (non-GIK) revenue portion was $82.2 million. Our GIK revenue was $441 million higher in FY2020, led mainly by increases in medicine and supplies to our U.S. Program.

On the expense side, led by our Access to Medicine program, our programs accounted for 98.4 percent of our total expenses, including both cash and gifts-in-kind. Without gifts-in-kind expenses, our program expenses were a very strong 91.5 percent of total expenses. In addition, our Forbes Private Fundraising Efficiency ratio was 1.0 percent in FY2020, also considered best-in-class. Finally, Americares unrestricted cash operating surplus for FY2020 (a strong measure of financial health in a nonprofit's financial statements) was $5.5 million, which is dedicated to health programs in the upcoming fiscal year. It should also be noted that the $196.1 million surplus of revenue-to-expenses is mainly driven by the $181.9 million increase in gifts-in-kind inventory (net intake).

These metrics put Americares in a very strong position to roll out our five-year Strategic Plan, which will grow and diversify the organization’s funding and deepen our impact on local health centers and the lives of people in need.

Note: Americares Fiscal Year 2020 spanned July 1, 2019 to June 30, 2020
* not including FY2017, which had the anomaly of a one-time $1.3 billion gifts-in-kind donation of a hepatitis C medication.
**CONDENSED FINANCIAL INFORMATION**

**FOR THE 12-MONTH PERIOD ENDING JUNE 30**

<table>
<thead>
<tr>
<th>Operating Revenue ($ in 000s)</th>
<th>2020</th>
<th>2019</th>
<th>Change $</th>
<th>Change %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions (Cash and Securities)</td>
<td>$74,957</td>
<td>$50,504</td>
<td>$24,453</td>
<td>48%</td>
</tr>
<tr>
<td>U.S. Government Grants &amp; Contracts</td>
<td>4,669</td>
<td>1,388</td>
<td>3,281</td>
<td>236%</td>
</tr>
<tr>
<td>Gifts-in-Kind and Contributed Services</td>
<td>1,375,685</td>
<td>934,798</td>
<td>440,887</td>
<td>47%</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>2,573</td>
<td>3,574</td>
<td>(1,001)</td>
<td>(28%)</td>
</tr>
<tr>
<td><strong>Total Operating Revenue</strong></td>
<td><strong>1,457,884</strong></td>
<td><strong>990,264</strong></td>
<td><strong>467,620</strong></td>
<td><strong>47%</strong></td>
</tr>
</tbody>
</table>

**Operating Expenses and Changes in Net Assets**

**Total Program Services (without GIK)**

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
<th>Change</th>
<th>Change %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Program Services (without GIK)</td>
<td>223,783</td>
<td>89,272</td>
<td>134,511</td>
<td>151%</td>
</tr>
<tr>
<td>Total GIK Expenses</td>
<td>1,017,333</td>
<td>984,619</td>
<td>32,714</td>
<td>3%</td>
</tr>
<tr>
<td>Fundraising</td>
<td>14,113</td>
<td>12,974</td>
<td>1,139</td>
<td>9%</td>
</tr>
<tr>
<td>Management &amp; General</td>
<td>6,578</td>
<td>5,738</td>
<td>840</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td><strong>1,261,807</strong></td>
<td><strong>1,092,603</strong></td>
<td><strong>169,204</strong></td>
<td><strong>15%</strong></td>
</tr>
<tr>
<td>Excess/(Deficiency) of Operating Revenue Over Expenses</td>
<td><strong>196,077</strong></td>
<td><strong>(102,339)</strong></td>
<td><strong>298,416</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Excess/(Deficiency) Related to Non-GIK**

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
<th>Change</th>
<th>Change %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess Related to Non-GIK Unrestricted Operating Funds</td>
<td>5,487</td>
<td>2,065</td>
<td>3,422</td>
<td></td>
</tr>
<tr>
<td>Excess/(Deficiency) Related to GIK &amp; Restricted Funds</td>
<td>190,765</td>
<td>(104,462)</td>
<td>295,227</td>
<td></td>
</tr>
<tr>
<td>Excess/(Deficiency) Related to Non-Operating Activity</td>
<td>(175)</td>
<td>58</td>
<td>(233)</td>
<td></td>
</tr>
<tr>
<td><strong>Total Increase/(Decrease) in Net Assets</strong></td>
<td><strong>$196,077</strong></td>
<td><strong>$(102,339)</strong></td>
<td><strong>$298,416</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Composition of Net Assets**

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
<th>Change</th>
<th>Change %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without Donor Restrictions</td>
<td>$47,131</td>
<td>$65,032</td>
<td>$(17,901)</td>
<td>(28%)</td>
</tr>
<tr>
<td>With Donor Restrictions</td>
<td>365,045</td>
<td>151,067</td>
<td>213,978</td>
<td>142%</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>$412,176</strong></td>
<td><strong>$216,099</strong></td>
<td><strong>$196,077</strong></td>
<td><strong>91%</strong></td>
</tr>
</tbody>
</table>

**How We Use Our Cash Resources**

- Programs: 91.5%
- Fundraising: 5.8%
- Management & General: 2.7%

**Where We Work**

(by value of aid delivered)

- Middle East/Africa: 14.1%
- Asia: 11.5%
- Latin America & Caribbean: 25.8%
- United States*: 48.6%
- Access to Medicine: **80.6%**

*Americares also administered patient assistance programs by providing an additional $536.9 million to patients in the U.S. (not included on this chart).

**Major Programs**

(by value of aid delivered)

- Emergency Programs: 10%
- Clinical Services & Community Health: 9.4%
- Access to Medicine: **80.6%**

**Not including gifts-in-kind**
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Joseph J. Rucci Jr., Esq.,**
Partner, Rucci Law Group, LLC

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Former Anchor/Correspondent, CNN

Curtis R. Welling
Senior Fellow, Center for Business, Government and Society, Tuck School of Business at Dartmouth

Stephen Winter, MD
Clinical Professor of Medicine (Emeritus), Yale University and Senior Advisor for Global Health, NUVANCE Health

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