Building on over 40 years of groundbreaking science, EcoHealth Alliance is a global nonprofit organization dedicated to protecting wildlife and safeguarding human health from the emergence of disease. The organization develops ways to combat the effects of damaged ecosystems on human and wildlife health. Using environmental and health data covering the past 60 years, EcoHealth Alliance scientists created the first ever global disease hotspots map that identified at-risk regions, to help predict and prevent the next pandemic crisis. That work is the foundation of EcoHealth Alliance’s rigorous, science-based approach, focused at the intersection of the environment, health and capacity building. Working in the U.S. and more than 20 countries worldwide, EcoHealth Alliance’s strength is founded on innovations in research, training, global partnerships, and policy initiatives.

Two statements guide all aspects of our work. EcoHealth Alliance’s vision is to be the organization leading the change in perspectives, policy, and practices that increase global capacity to respond to emerging threats at the intersection of health and the environment. Our mission is to integrate innovative science-based solutions and partnerships that increase capacity to achieve two interrelated goals: protecting global health by preventing the outbreak of emerging diseases and safeguarding ecosystems by promoting conservation.

Our research and programs continue to be featured in prestigious peer-reviewed journals such as Nature, Science, Lancet, PNAS, and Institute of Medicine reports. EcoHealth Alliance regularly garners top media placements in such outlets as The Wall Street Journal, The New York Times, Huffington Post, PBS, and TIME.

On the cover, EcoHealth Alliance’s wildlife sampling and pathogen discovery in Bangladesh is supported by local conservation partnerships and has saved countless lives from the emergence of disease such as Nipah virus. Local community engagement is another important component of our work in all field sites.
June 30, 2011

Dear Friends,

2011 was a year of significant progress in the evolution of EcoHealth Alliance’s role as an environmental NGO.

EcoHealth Alliance, like many other environmental NGOs, was founded in the early 1970s. In the ensuing four decades both EcoHealth Alliance and the world in which it works have undergone many changes.

In 2008 EcoHealth Alliance began a deliberative process to re-examine its role, and to define more precisely where it could make the greatest contribution within the “ecosystem” of conservation organizations. The result has been a decision to focus EcoHealth Alliance’s efforts on the disease threats to both human and wildlife that can result from human disturbance to the natural environment. This area, which combines aspects of both public health and conservation, is attracting increased public attention and support as the origins and potential impacts of diseases such as SARS, avian influenza, Nipah virus and others becomes more widely recognized.

As has been the case since our founding, rigorous science remains the cornerstone for all that we do. To this we continue to expand and develop our alliances with partners around the globe, including other scientists, NGOs, universities, and governments. Finally, we are broadening our outreach efforts to develop and improve local capacity to deal with emerging disease issues, and to stimulate policy changes that will address the threats our work uncovers. It is our firm conviction that environmental betterment will not be sustained without the active involvement and commitment of local stakeholders at multiple levels.

The pages that follow detail the specific steps that we took toward realizing these objectives in 2011. I hope this report will capture your interest, and EcoHealth Alliance will continue to merit your support.

Thank you,

Robert S. Hoguet
Chairman, EcoHealth Alliance
June 30, 2011
Dear Friends,

What an exciting year this has been! We introduced our new name and logo in September 2010 on a foundation built on our past as Wildlife Trust and a vision for the future as EcoHealth Alliance.

Those changes brought to a close a multi-year planning process, including an evaluation of our historical strengths as a conservation organization founded in 1971. We committed to retaining and building on what differentiates our work in a world that is now markedly different than when we were founded.

That includes hotspot mapping at the core of our programs, allowing us to target resources in the regions of the world most at risk. This year we updated the mapping to include analysis on the established ‘red zones’, including land use change that has been recently identified as a key driver of disease emergence.

With the hotspots mapping methodology as an ongoing tool, we completed the second year of our five-year involvement with PREDICT, a component of USAID’s Early Pandemic Threat (EPT) program. In just 12 short months, our team safely and humanely collected samples for analysis from over 27,000 animals. We looked for new viruses—and found several—and studied the spread of existing viruses in animals that have the potential to jump to humans under certain circumstances.

Several bat species are among the animals sampled through PREDICT and illustrate our long-standing involvement in bat conservation and health. This began as far back as 1999, when the deadly Nipah virus emerged in Malaysia and is now found in several South and Southeast Asian locations.

Through the One Health Alliance of South Asia (OHASA), we continued to build capacity for wildlife disease surveillance in countries where PREDICT works—Bangladesh, India, and Pakistan—and laid the foundation to include more countries in that alliance.

EcoHealth Alliance also launched Project Deep Forest this year, working in Uganda, Brazil and Malaysia to address rapid deforestation that is a cause for concern from conservation and health perspectives. Many species including mountain gorillas, jaguars, caimans, and orangutans are in peril as their habitats change. People in communities on the edges of these areas and even in nearby cities face emergence of diseases that pose great threat to their health and livelihoods.

In the U.S., we tackled the global illegal wildlife trade issue. We worked with field inspectors on seized wildlife shipments at JFK Airport in New York and placed 30 large-scale public awareness ads in New York City, Washington, DC, and Houston airports. We also launched another important component of this work—PetWatch, the first-of-its kind consumer information program developed from scientific research that guides the choice of exotic pets.

EcoHealth Alliance’s policy initiatives expanded internationally and in the U.S. this year. We provided expertise and backing for initiatives that support wildlife health, disease risk assessment, and disease prevention and response to international NGOs and governments, as well as to state and federal legislation in the U.S.

We are proud to present this annual report, highlighting this landmark year at EcoHealth Alliance. As you will read, we certainly accomplished more than simply changing our name and logo.

We are an organization that is growing in size and influence, ready to respond to the ecohealth challenges around the globe.

With your support, we are ready to expand our work, taking action on issues threatening ecosystem, animal, and human health.

Thank you,

Dr. Peter Daszak
President, EcoHealth Alliance
In Fiscal Year 2011, EcoHealth Alliance underwent a complete re-branding process to clearly align our new name, our mission and vision with organizational goals for: programs and partnerships, development and marketing, and Board and staff functions. This process engaged EcoHealth Alliance’s Board of Directors, the organization’s entire staff, and independent consultants to analyze and prioritize opportunities for continued growth and renewed focus on the outcomes we create to benefit the public good in every country where we work.

This process has built extensively on three core components of our organization that continue to contribute to our success: Programs, Partners, and Policy. These three aspects of EcoHealth Alliance’s local conservation and global health mission have shaped the organization we know today.

The organization’s legacy of successful locally managed wildlife conservation programs and continued focus on global public health and pandemic prevention remain intact—supported by our innovative science.

Our team recently completed a three-year strategic plan for Fiscal Years 2012-2014 to ensure a clear roadmap for the organization. The strategic plan emphasizes our focus on new and existing programs and partnerships, expanded funding activities, and continued brand development.

EcoHealth Alliance works at the intersection of ecosystem, animal and human health through local conservation programs and develops global health solutions to emerging diseases.
We are investigating several species such as bats, rodents, and nonhuman primates for pathogens that pose a major threat to human health. These activities build on USAID-supported surveillance of wild birds for H5N1 avian influenza and address more broadly the role of wildlife in facilitating the emergence and spread of new disease threats.

During the past year, our efforts under PREDICT found much success. EcoHealth Alliance safely collected samples from over 27,000 animals around the world, revealing several new viruses that we now have the tools to monitor. Early detection of pathogens will potentially save hundreds of lives and billions of dollars in government expenditures.

As a PREDICT partner, EcoHealth Alliance currently tests high-risk wildlife in Bangladesh, Brazil, China, Colombia, India, Malaysia, and Mexico. Working with local scientists, EcoHealth Alliance is actively building capacity in countries to create a network of research, communication and response partners on a local, regional, and global level.

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EcoHealth Alliance’s programs continue to change the face of ecohealth practices by integrating multi-disciplinary teams as well as both domestic and foreign government agencies. This collaborative approach is cost-effective, culturally sensitive, and gains buy-in from all participants.

**THE ISSUE**

EcoHealth Alliance aims to use innovative science to address two emerging crises in public health: diseases causing extinction in wildlife, and diseases spreading to people due to environmental degradation. Over 70 percent of all viruses that people experience today are zoonotic, meaning that these diseases originally emerged in an animal population and have spread to people. Diseases such as SARS, HIV/AIDS, H1N1, and avian influenza originated in animals and have caused severe health issues for people and stressed economies as governments and businesses have been forced to respond to these pandemics.

**ECOHEALTH ALLIANCE’S RESPONSE**

EcoHealth Alliance scientists have shown that specific factors such as climate change and agricultural intensification caused the emergence of avian influenza, Nipah virus, West Nile virus, SARS, and several other diseases. In 2009, the U.S. Agency for International Development (USAID) implemented a new global emerging pandemic threat program based on EcoHealth Alliance’s innovative methodologies in disease mapping and modeling that identified countries and areas of the world most at risk of emerging infectious disease outbreaks. The five-year program, called PREDICT, aims to research known and unknown emerging diseases in countries identified as high-risk.

Through PREDICT, EcoHealth Alliance, UC Davis, the Wildlife Conservation Society, and the Global Viral Forecasting Initiative have combined knowledge and skills to monitor and increase local capacities to identify the emergence of new infectious diseases in high-risk wildlife.

As a PREDICT partner, EcoHealth Alliance currently tests high-risk wildlife in Bangladesh, Brazil, China, Colombia, India, Malaysia, and Mexico. Working with local scientists, EcoHealth Alliance is actively building capacity in countries to create a network of research, communication and response partners on a local, regional, and global level.

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In addition to our continued sampling, EcoHealth Alliance conducted biodiversity surveys in various countries. Our work allowed the comparison of the levels of biodiversity between various regions to understand the impact of land use change on ecosystems and the direct and indirect effects on the wildlife that rely on them. Our work had led to a cross-region biodiversity analysis that seeks to understand the impact of land use change on ecosystems, wildlife, and disease.
**Program Updates**

**OHASA (One Health Alliance of South Asia)**

**The Issue**

The key to preventing the spread of an emerging disease is stopping it at its source—before it becomes a global pandemic. While we’ve made great strides around the world treating malaria and waterborne and chronic diseases, many of the world’s populations are still threatened by the emergence of new diseases: SARS, H1N1, or the latest threat, Nipah virus in Bangladesh. Nipah virus is carried by flying fox fruit bats and has emerged because people have moved ever closer to wildlife habitats in the region.

Bangladesh’s public health authorities have made it a priority to deal with this devastating disease. However, they lack expertise in wildlife disease investigation. While there is currently no cure or vaccine available for Nipah virus, they want to be able to rapidly diagnose cases with laboratory testing and respond quickly to outbreaks before too many animal and human lives are lost.

**EcoHealth Alliance’s Response**

EcoHealth Alliance established a partnership with the health authorities in Bangladesh and sent a taskforce of skilled veterinarians and wildlife biologists into the hotspots where the disease first emerged. We established a network of veterinary clinics at sites within these hotspots, where we train local Bangladeshi veterinarians to collect samples from wild bats so we can screen them for this virus and other lethal pathogens. Our partnership with Bangladeshi authorities has evolved over the years, and we have established a network of government representatives, leaders from the health sector and scientists from Bangladesh, India, and Pakistan to form the One Health Alliance of South Asia (OHASA).

Apart from OHASA, there is no other transnational South Asian network for ‘One Health’ issues.

OHASA was made possible by a three-year grant received from the Rockefeller Foundation in 2009. Our goal in starting OHASA was to gain a better understanding of the risk of infectious disease emergence across South Asia and, given this risk, build capacity in local institutions to train eight technicians to predict and prevent their emergence. OHASA represents a partnership across geopolitical borders, where officials from key constituencies in various countries come together to form the first ever disease surveillance network.

Since the West Bengal Declaration in February 2010, OHASA has made substantial progress as government ministers and representatives from federal agencies in India, Pakistan, and Bangladesh have united in a historic coalition to form a Steering Committee and set forth long term goals for the group. Two major meetings were convened during the past year, in which leaders established that OHASA will focus on the study and prevention of diseases that affect human, wildlife, and domestic animal health such as: avian influenza, Rabies, Nipah virus, Japanese Encephalitis virus, and Crimean Congo Hemorrhagic Fever. In the coming year, OHASA aims to expand to include government officials from Bhutan and Nepal, and host One Health training workshops, seminars, and scientific symposia to build capacity with local ministry personnel, researchers, NGO members, and staff from other relevant institutions.
MILLIONS OF ANIMALS ARE SMUGGLED EACH YEAR – ENDANCING THEIR LIVES AND YOURS.

PLEASE JOIN ECOHEALTH ALLIANCE IN STOPPING ILLEGAL WILDLIFE TRADE.

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THE ISSUE
The illegal wildlife trade is a multi-billion dollar global industry comparable in scale to the drug and human trafficking trades. The United States is the world’s largest consumer of illegally imported wildlife and wildlife products. In addition to severe impacts on conservation and animal welfare, the movement and intermingling of wildlife, domestic animals, and humans that occurs during extraction and trade creates the perfect mixing pot for disease emergence and spread (such as the cases of SARS, Monkeypox, and avian influenza).

The United States currently has no disease surveillance for imported wildlife or wildlife products. At U.S. borders, live animals and animal products smuggled into the country in passenger luggage or mailed are subject to inspection and/or confiscation only if detected by Customs and Border Protection, an agency with substantial workload as the only interception point for drugs, weapons, and all other illegal materials entering the country.

ECOHEALTH ALLIANCE’S RESPONSE
EcoHealth Alliance works toward curbing the threats posed by the wildlife trade in conservation as well as animal and human health, beginning in our own backyard in New York at JFK Airport. We partner with many government agencies to confiscate shipments, identify species, and assess disease introduction from wildlife illegally smuggled through U.S. borders. There is U.S. and Canadian government interest in expanding this work to other entry points.

We also propose additional research to expand key surveillance activities to all smuggled animal product importation, to better define the U.S. role in wildlife trade and to assess risk of disease introduction and threat to humans, the agricultural industry, and native U.S. wildlife populations.

In an effort to draw attention to this issue, EcoHealth Alliance posted large-scale public awareness advertisements in airports in New York, New Jersey, Texas, and Washington, D.C. The ads aim to increase awareness of the scope and dangers of illegal wildlife trade and engage travelers to seek further information about the program.

In 2011, EcoHealth Alliance launched its first-ever advertisement and public awareness campaign surrounding the illegal wildlife trade. Working in partnership with the Port Authority of New York and New Jersey, large-scale light box ads appeared in 25 locations in both domestic and international terminals throughout three major international airports in the New York/New Jersey metropolitan area.
THE ISSUE
Apart from the obvious economic benefits posed by the global wildlife trade, which generates billions of dollars in revenue within source and destination countries, there exists wide-ranging potential for negative impacts. The sale of wild animals as pets is growing more common, particularly as demand for exotic reptiles, birds, and mammals increases. Unfortunately, the overharvesting of animals for the pet trade can potentially result in the extinction of species. Furthermore, the introduction of non-native species and diseases through wildlife trade represents a serious threat to native wildlife and human health.

ECOHEALTH ALLIANCE’S RESPONSE
PetWatch is a first-of-its-kind consumer information program developed from scientific research on global wildlife trade into the U.S. Its goal is to protect natural resources, native wildlife, global diversity, and public health by offering consumers a science-based list of Best, Worst, and Fair choices of exotic pet options to choose for their family and home. PetWatch promotes safe pet choices for major taxonomic groups including mammals, amphibians, reptiles, fish, and birds. PetWatch is a tool for consumers to make an informed decision on the purchase of exotic animals based on established criteria for sustainability, invasion threats, animal welfare and public health concerns.

The PetWatch website was successfully launched in May 2011, and has since received favorable mention on various veterinary and pet-related websites. Several pet magazines have written about PetWatch, mentioning our popular wallet card as a handy, portable way to remind consumers about the important facts when making exotic pet purchases. In addition to our website and wallet card, the PetWatch iPhone application was launched to engage children in a fun way to make smart and responsible exotic pet choices.
THE ISSUE
The deadly Nipah virus emerged in Malaysia in 1999 as a result of human encroachment into the habitat of the fruit bat, the original carrier of the disease. Since the discovery of Nipah virus in Malaysia, the disease has spread to several Southeast Asian and South Asian countries. In addition to Nipah virus, various species of bats carry several other pathogens, such as SARS, which have the capability to threaten human health and emerge into debilitating zoonoses, developing further still into a global pandemic. In addition to hosting several dangerous pathogens, bats are hunted in various countries throughout South Asia where their population numbers continue to dwindle, threatening the delicate ecosystems in which they play a crucial part as pollinators.

ECOHEALTH ALLIANCE’S RESPONSE
For many years, EcoHealth Alliance scientists have dedicated time and resources to studying diseases in bat populations, simultaneously protecting them from extinction. Since our investigation into the origin of SARS, we have continued our work on diseases that are similar in origin. We also expanded our work to Bangladesh and Malaysia, where the deadly Nipah virus has emerged from increased human and animal contact with a species of fruit bat known as the flying fox.

Our work has uncovered strong evidence that the emergence of zoonotic disease from bats is attributable to loss of natural habitat for these frequently vilified creatures. EcoHealth Alliance partners are conducting a study on the diversity and distribution of fruit bats in Bangladesh and are building community awareness campaigns to promote the conservation of bats. We are also building community awareness campaigns in various communities in Thailand to protect the flying fox populations known to be carrying Nipah virus.

In the past year, EcoHealth Alliance scientists sampled several species of bats for disease. Our team has also hosted workshops to build capacity for institutions in Malaysia and Bangladesh as they deal with the threat of zoonotic disease from flying foxes and other animals. Our expertise in bats and potential diseases led to our scientists co-editing a manual on bat disease investigation that was distributed globally by the United Nations Food and Agriculture Organization. Our continued work on bat conservation and health has also earned EcoHealth Alliance scientists a place on the Board of Advisors for the Lubee Bat Conservancy.
The issue
As the leading cause of human fatalities worldwide, infectious diseases result in the deaths of 13 million people per year. As recently as a few years ago, scientists could point to theoretical causes of disease emergence, but these causes were never quantified. Given the speed with which zoonotic diseases—including SARS, HIV, and avian influenza—can emerge and spread around the globe, the public health, economic, and development threats were too enormous to continue to rely on theory alone.

EcoHealth Alliance’s response
Beginning in 2003, EcoHealth Alliance committed to addressing this issue. Our hotspot teams studied records of all diseases labeled ‘emerging infectious disease’ during the past 50 years, paying special attention to the location and time of the emergence, as well as the causes attributed to it. The result of this work is a first-of-its-kind predictive hotspots map that highlights regions predisposed to disease emergence due to specific factors. Our analysis is widely cited by scientists all over the world—including experts at the World Health Organization—and is used as the basis for research and funding initiatives by NIH, NSF, and USAID. Our hotspots map is a cornerstone of our work on the USAID PREDICT program.

In the past year, we have revised and updated our hotspots map to include factors that have been recently identified as drivers of disease emergence. In particular, land use change, which we quantified by looking at crop-lands, pastures, and areas of land devoted to livestock, has now been identified as a contributing factor to the emergence of an infectious disease. We have also updated the map to include analysis on the identified ‘red zones’ or riskiest areas for disease emergence.

Our analysis reveals the likeliness of disease emergence and spread in these zones based on global air travel in these known hotspots. Finally, our recent work has revealed that specific drivers for emerging infectious diseases are unique to different countries. EcoHealth Alliance scientists are currently working on further modeling the risk of disease emergence and spread in these countries, based on the known risks present in each location.
THE ISSUE
Rapid deforestation all over the world is a major cause for concern from a conservation and public health perspective. Several hundred species are a part of the delicate ecosystems created by the richly biodiverse forest environments. Deforestation and human encroachment displaces these species and forces heightened interaction between people and animals, indicating a high potential for disease transmission as we have seen from the stories of Nipah virus, avian influenza, and SARS emergence.

ECOHEALTH ALLIANCE’S RESPONSE
Following our work on the hotspots map, Project Deep Forest was developed on the assumption that the greater the biodiversity in a given area, the greater the diversity of pathogens. As long as these areas of high biodiversity remain preserved in their natural state and free of human encroachment, then people are less at risk of emerging infectious disease. EcoHealth Alliance scientists have begun to test this theory in the forests of Manaus, Brazil, and Borneo, Malaysia. In the past year, our scientists have begun sampling species for pathogens in each country along a deforestation gradient, i.e., looking at areas with no deforestation, some deforestation, and areas where once pristine forests have been completely removed.

In each area, EcoHealth Alliance scientists will be investigating the number of viruses present to test the theory that higher biodiversity allows for a greater diversity of pathogens. Project Deep Forest allows us to test our hotspots model, where areas with high biodiversity along with a high human population density are marked as highly likely for disease emergence. UC Davis will be using our innovative methodology, developed for Project Deep Forest, for further pathogen sampling in Uganda.
THE ISSUE

Policies promoting or supporting conservation or health are rarely harmonized. Most initiatives are led by disparate individual country and local governments, national or international NGOs, universities, and other organizations such as the World Bank and United Nations. Strategies and outcomes are often focused on single diseases or are species specific, with the ecohealth linkage between the environment, animals, and human health overlooked. This is often because the issues are outside a group’s mandate or considered too complex to address. Solutions are often focused on how to respond to problems rather than on how to predict and prevent them.

ECOHEALTH ALLIANCE’S RESPONSE

With the addition of new scientists with policy expertise and a renewed commitment to become a leader of the change in policy and practices that increase global capacity to reduce emerging threats at the intersection of health and the environment, this year EcoHealth Alliance has expanded its activities internationally and in the U.S. to increase the scope and influence of our policy initiatives.

Complementing our large focus on the illegal wildlife trade issue, we also responded to calls to provide expertise and backing for initiatives that support wildlife health, disease risk assessment, and disease prevention and response. That included providing technical expertise for federal and state legislation in the U.S. as well as participating in congressional briefings on conservation and health issues.

We are working with the World Health Organization, the World Organisation for Animal Health, and others on international standards affecting the control of rabies. Our work with the International Union for the Conservation of Nature has focused on guidelines for disease risk analysis to protect nature and people, intended for use by policy- and decision-makers as well as natural resource managers and health professionals.

In all of the countries where we work, EcoHealth Alliance staff and partners engage local policy makers to provide sound guidance based on science, and work to build bridges among decision-makers from the normally isolated fields of wildlife and domestic animal health, public health and natural resource management.

EcoHealth Alliance’s strength is built upon strategic partnerships with leading organizations such as the World Health Organization, the World Organisation for Animal Health, and the International Union for the Conservation of Nature among other global NGOs, government agencies, and academic institutions.
The Consolidated Statements of EcoHealth Alliance as of June 30, 2011, including the Consolidated Balance sheet, Consolidated Statement of Activities, Consolidated Statement of Functional Expense, and Consolidated Statement of Cash Flows were audited by the firm of Loeb & Troper. The above presentation has been derived from those audited financial statements. Copies of the audit as well as the Internal Revenue Service Form 990 tax return are available upon request to Harvey Kasdan, Chief Financial Officer at 460 West 34th Street, 17th Floor, New York, NY 10001.
EcoHealth Alliance Expense Statement FY2011

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SENIOR MANAGEMENT TEAM

Dr. Peter Daszak
President

Dr. William Karesh
Executive Vice President for Health and Policy

Joanne Mazurki
Executive Vice President for Marketing and Development

Harvey Kasdan
Chief Financial Officer

Dr. Jonathan Epstein
Associate Vice President