# **LETTERS TO THE MJM**

## MORE THAN NEEDLES AND BANDAGES

Dear MJM.

I was hesitant at first to join the Médecins Sans Frontières (Doctors Without Borders) volunteer group here at McGill. I thought that I would be committing myself to an organisation whose humanitarian actions were solely medical-related and never crossed over to topics of injustice and human rights violations, which as many people do not realise is just as crucial, if not more, than needles and bandages. It is an honourable thing to save lives, but it is a crime to do it with indifference. With aspirations of becoming a doctor myself, I was not ready to promote healing with a mouth shut.

Luckily, I soon found out that in addition to providing medical assistance, MSF's main missions are to raise awareness by speaking out, either in private or in public, as witnesses of the plights suffered by populations around the world. As the world's most important independent medical relief organisation, MSF provides assistance in more than 85 countries, in the wake of armed conflicts, civil war, epidemics, chronic refugees situations, natural disasters and famines, while launching awareness campaigns and publicly denouncing acts that violate humanitarian laws. In fact, it is one of the first non-governmental organisations (NGOs) to have combined medicine with activism. Another important feature is its complete independence from all political, religious and economic influences.

### A little more about MSF

Winner of the Nobel Peace Prize in 1999, MSF assists those who have fallen victim to natural or man-made disasters. Its offices are located in 18 countries around the world and its staff is composed almost entirely of volunteers who often work in the most dangerous and remote areas of the world. In a medical crisis situation, within hours, the teams are ready to set off and devote six to twelve months of their lives on a mission. In the field, the teams arrive with equipments specifically designed by the group of logistics to fit the geography and climate of the country, allowing the teams to get right to work (1).

The field teams provide first aid medical assistance, perform surgical operations, restructure health clinics and hospitals, run nutrition and hygiene programs, train local medical personnel and offer mental health care. They also establish long-term programs aimed at

treating infectious diseases such as tuberculosis, malaria and AIDS, while directly helping excluded and marginalized groups such as children and ethnic minorities.

MSF also mounts exhibitions, releases publications, and launches campaigns with the aim of raising awareness. An important part of MSF's work consists in addressing any violations of human dignity and humanitarian law encountered by team members on the field, and violations perpetrated or sustained by political actors, by either confronting the responsible actors or putting pressure on them through public denouncement and the mobilization of the international community.

#### Impartiality and the Media

Most NGOs are not credited with impartiality and neutrality. MSF is one of the few private, non-profit, non-partisan and impartial organisations left. From the beginning of its foundation by a small group of French doctors in 1971, it has continued to distance itself from any political or religious affiliations in order to maintain the neutrality needed to ensure assistance without discrimination on the grounds of race, sex, religious convictions, social stature or political views. Further independence is maintained by primarily turning to public or private donations, and to a limited extent (less than 20%) to international institutions such as the UN, for funding.

Humanitarian aid should be impartial and neutral, and have as sole aim to prevent or relieve suffering according to the victims' needs and interests. However, for the past decade, these principles have slowly declined in the humanitarian world. As the government, the media and the military have become more and more involved, many NGOs have been bought in by those who supply the funds or threatened into submission by authorities (2). "Governments and donors [have] tried to influence belligerents by withholding funding for humanitarian aid, and by providing assistance to particular groups" (3). This type of bias defiles the word "humanitarian", a word that embodies self-devotion to others, a pure form of compassion and altruism, whose very essence is contradicted by any reference to ulterior motives or personal agendas.

An organisation's degree of independence also influences the level of discrimination behind the selection of information it wishes to publicize and the extent to which the organisation will speak out against acts of violence and abuse. Previous biased humanitarian actions in Bosnia, Chechnya, Somalia, Afghanistan and in much of the Arab world, have fuelled feelings of anger among the victims, for whom it has become increasingly difficult to identify friend from foe in conflict situations (4).

The impact of the media on the humanitarian world is very significant. It often dictates the areas in the world that obtain the most help and the level of funding and attention received for a project. Unfortunately, only a small percentage of the populations that find themselves in a situation of danger actually gain the attention of the media and those who are left in the dark receive little sympathy from the outside world.

The media also profoundly influences the organisations themselves. "[S]ome agencies have tried to harmonize both public and private storytelling... There are risks of this outspokenness...that agencies themselves become more enamoured of the politics of moral gesture than of reaching...victims themselves" (5). However, funds are needed to provide assistance, and lobbying for the emotional support of spectators in search of tear-jerking real life drama is where the money's at. Thus awareness campaigns are turned into advertising campaigns, and the bulk of efforts and money is spent in the media rather than in the line of action.

"The agency most determined to get the highest media profile obtains the most funds from donors...[In] doing so, it prioritises the requirements of fundraising...follows the TV cameras...engages in picturesque and emotive programmes [and] abandons scruples about when to go in and when to leave.... Agencies that are more thoughtful...fail to obtain the same level of public attention, and suffer for it." (6).

### **Speaking Out**

If the sufferings of a population stem from the manipulations of political, military or economic forces, medical assistance alone is not a sufficient humanitarian action. There is no doubt that saving even just one life is an incredible and admirable deed, but a broader remedy must be employed when entire populations are subjected to the consequences of corrupt forces. To provide a long-term sustainable resolution, the problem must be attacked at its source.

If we succeed only in mending the war wounds of a mother and a father, for example, but action is never taken against the movement that is the cause of this war, then later on the children of these parents will in their turn find their own wounds in war, and so will the next generation, and the one after. Do we simply wait and watch in silence for the children to face war and then run to their rescue? It is as absurd as having a leaky pipe with an enormous gap that steadily causes the pipe to crack along its length, and a team of plumbers constantly mending the cracks without giving heed to the gap. Of course the cracks will be repaired, but if the gap is never fixed, the cracks will continue to spread, the pipe will always leak and the problem will never be

completely solved. The gap must be filled. We cannot content ourselves with mending the cracks.

Many organisations keep silent because they believe that they have no responsibility or no capacity to influence the oppressive forces. They regard themselves as accountable only for the maintenance of their relief operations, or are afraid that speaking out may jeopardize their freedom to operate in the country. This kind of passive complicity is the easier path, involving fewer risks for the organisation. However, other organisations, acknowledging the power they possess to testify, negotiate and make public statements, hold themselves responsible for speaking out as witnesses of injustice (7).

"[MSF] refuses to accept that silence is a precondition for its operational freedom" (7). MSF teams, known for their "rebellious humanitarianism", were expelled on a few occasions for speaking out: in 1985, after denouncing the Ethiopian government for its diversion of humanitarian aid and the forced migration of its people, a team was forced out of the country; in 1995, the France team was expelled from Rwanda for denouncing the abominable conditions of the prisons and the treatment of the prisoners (8). In these cases, it might appear that speaking out did more harm than good, since the expelled teams were no longer able to provide assistance, but in fact MSF, having 5 operational centres, can take a stand and speak out via one centre, which alone suffers the consequences, while the other centres safely carry on with their work in the country.

Speaking out demands more than passion and conviction. To be heard and believed, one requires facts. To ensure credibility with governments, other international relief organisations and the public audience when issuing statements, MSF takes a scientific approach. The field teams document casualties, conduct intensive surveys and analyse sample groups to gather scientific evidences to support their cases when giving testimony of human rights violations. The studies conducted by MSF in Rwanda, Congo, Sierra Leone and Kosovo, among others, were well reputed and gained much public attention (9).

In the face of horrors, inaction is unacceptable. Being active is hard and risky for the organisations, but remaining passive is costly and dangerous for the victims. After all, is not the right to freedom and respect just as crucial as the right to essential medicines and physical assistance? Upon receiving the Nobel Peace Prize in 1999, MSF put it this way: "Silence has long been confused with neutrality and has been presented as a necessary condition for humanitarian action. From the beginning, MSF was created in opposition to this assumption. We don't know whether words save lives, but we know for sure that silence kills" (10).

#### The Other Side of Medicine

The issues dealt with not only pertain to MSF as a humanitarian organisation, but also touch on an important and often neglected aspect of medicine in general. Political figures are most influential, but spend most of their time in the public spotlight and little time in direct contact with the actual subjects of their lavish speeches; activist groups are most devoted, and actively promote their cause, but often lack credibility and professional experience. The medical personnel is by far the best placed people to raise the issues of justice, dignity and human rights, not only because of their well-respected social status but also because of their direct contact with victims. The importance of activism in medicine is perhaps not so obvious in Canada, where the majority of population not only has access to medical care but is also protected under strict laws. But it becomes very obvious when working in countries where there is little protection of human rights and little or no medical assistance available, and where health emergencies are often the result of violence, oppression and injustice.

I have often heard medicine being referred to as a "noble" profession. There is nothing noble to be found in the medical field if treating a patient is viewed as merely operating on a machine. If practicing medicine does not go beyond fulfilling the job requirements and earning a good salary, it is no more noble than any other profession. There is a tendency to immediately classify a career in medicine as an admirable one because of the prospect of saving many lives. There is a distinction to be made however, between those who do it with apathy, out of duty or as a routine, and those who truly care for the relief of human suffering, who believe in the high ideals of medical ethics, who are in quest of knowledge and understanding without prejudice, who sacrifice and labour and endure to help others, who are outraged by the sight of any form of abuse of another human being and who take action against it. Therein lies true nobility.

Sincerely,

Sophie Zhang Faculty of Science McGill University

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# FOURTEENTH EUROPEAN STUDENTS CONFERENCE

Dear MJM,

Given, that the MJM and the European Students' Conference (ESC) share the common goal of encouraging the pursuit and communication of medical research among students, we thought your readers might be interested in learning more about our Conference.

As our name implies, the Conference enjoys a European flavor but we wish to actively encourage Northern American students to also attend, facilitating closer ties and a greater flux of ideas between the two continents.

The 14th European Students Conference will be held from the 4th - 9th of November 2003, at Charité, the medical school of the Humboldt University in Berlin. It offers medical students and young doctors from more than 40 countries a great opportunity to present the findings of their research. Uniquely, professors and specialists will evaluate them. Prices and scholarships totalling more than 10.000 Euro will be awarded to the best oral and poster presentations.

The fields of Neuro Science, Pharmacology and Infectious Diseases are our main focal points at the 14th ESC and we welcome everybody working or researching in this field. Besides that different