NEUTRAL AND IMPARTIAL

HOW HUMANITARIAN PRINCIPLES HELP US DELIVER EMERGENCY MEDICAL CARE IN CONFLICT ZONES

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FROM THE EXECUTIVE DIRECTOR

NO EASY CHOICES

REMAINING NEUTRAL AND IMPARTIAL IS VITAL TO MSF’S WORK, BUT PUTTING OUR PRINCIPLES INTO ACTION IS NOT ALWAYS A STRAIGHTFORWARD TASK

Doctors Without Borders/Médecins Sans Frontières (MSF)’s unique type of medical action is founded upon a core set of humanitarian values. Two of the most fundamental of these are the principles of neutrality and impartiality, which guide us through the tough choices we have to make on the front lines of some of the world’s most pressing and complex humanitarian emergencies. Our commitment to these principles helps create the trust and credibility so essential to our acceptance by all sides in many of the places where we work — as a result, they help us access the patients who need our care the most.

Neutrality means that we never take sides in a conflict. Impartiality means that we prioritize the people we assist solely based on their needs, regardless of their political, ethnic or religious identities, or any other traits or affiliations. In every action we take, we strive to uphold these principles, and to apply them in the complex and sometimes dangerous contexts in which we work.

But that is no simple task. To put principles into practice is one of our toughest challenges and inspires some of our greatest internal debates. One example is MSF’s work in Rakhine State in Myanmar, where we have been present since the early 1990s, providing care to people with no access to essential medical services. Members of the Rohingya minority group in Rakhine State have long been repressed and persecuted, resulting in acute needs and little to no access to medical care. When I was working with MSF in Myanmar between 2007 and 2013, I personally witnessed how the Rohingya were forced to live, and heard their accounts of forced labour, extortion, limits on marriage and childbirth, detention, rape, humiliation and extreme deprivation. Our medical services in Rakhine State, though open to anyone, were therefore often placed in areas that favoured access by the Rohingya, because that’s where the needs were greatest. This was the principle of impartiality in action: we provided care according to needs, not identity.

But this choice was perceived by other communities in Rakhine State as violating the principle of neutrality. Deep divisions exist in Rakhine, and some people saw MSF to be taking a political position in support of the Rohingya. When communal violence flared up in 2012 and other times since, MSF was viewed as being on the side of the Rohingya, even though the organization remained strictly politically neutral. Our staff were targeted and our offices received numerous threats. To this day, while MSF continues to deliver emergency care in other parts of Myanmar, we are prevented from maintaining anything more than a fraction of the activities we once ran in Rakhine State — though we are now treating large numbers of Rohingya refugees in Bangladesh, where hundreds of thousands have fled in order to escape targeted violence against them in Myanmar.

RECURRING DILEMMAS AND HUMANITARIAN VALUES

This is a recurring dilemma: How does MSF prioritize people most in need and maintain its neutrality in the eyes of the armed groups and governments that control our access to the people who need our help? In this issue of Dispatches, we will explore aspects of this dilemma and what it means to live out our principles in practice. You will hear from Canadians who have recently returned from some of the world’s harshest humanitarian crises, including Yemen, Central African Republic and Iraq, and you will read about their experiences grappling with the challenges of upholding our principles — which is never an absolute or black-and-white exercise.

As humanitarians, we are often forced to operate in the grey and uncertain space in which our principles are contested, and our job is to strive at every moment to make the best, most principled choice possible. Over time, like a slow-growing tree, the consistency and persistence of acting upon our principles has shaped the integrity of our organization; it inspires our staff members and it has built the credibility upon which we negotiate access to the most crisis-affected people.

I would like to thank you for your support, and for sharing in our sometimes challenging journey. You provide us with the financial independence that allows us to put our principles of neutrality and impartiality fully into action.

As you may already know, I began in my new role as Executive Director of MSF Canada last November, though my journey with MSF began in 2000, when I became a field logistician helping deliver emergency medical care at a refugee camp in Zambia. Since then, I have been on the front lines of many MSF humanitarian medical interventions, from Democratic Republic of Congo and Sierra Leone to Myanmar, Pakistan and beyond. Through those experiences, I have become keenly aware of both the value and the difficulty of living and breathing our principles. I am proud that we continue to do so, and grateful for your enabling support.

Executive director, MSF Canada

Joseph Belliveau
Diphtheria, a disease long forgotten in most parts of the world thanks to increasing rates of vaccination, is re-emerging in Bangladesh, where more than 680,000 Rohingya have sought refuge since August, following increased violence in Myanmar. As of the beginning of 2018, Doctors Without Borders/Médecins Sans Frontières (MSF) had seen more than 2,000 suspected cases in its health facilities, with numbers continuing to rise. The majority of patients are between five and 14 years old. “I was very surprised when I got that first call from the doctor at the clinic telling me that he had a suspected case of diphtheria,” said Crystal Van Leeuwen, MSF’s emergency medical coordinator for Bangladesh. Diphtheria is a contagious bacterial infection that often causes the buildup of a sticky, grey-white membrane in the throat or nose. The fatality rate increases without the diphtheria antitoxin (DAT). With global shortages of DAT and the limited quantity that has arrived in Bangladesh so far, the likelihood of a public health emergency looms.

MSF has opened a pediatric surgical program on the outskirts of Liberia’s capital Monrovia, with a goal of making surgical care more available for children in the country. MSF established the pediatric hospital in 2015, as the West African Ebola epidemic made it more difficult for Liberia’s medical community to meet healthcare needs. The facility is now expanding its medical services to include emergency and non-emergency surgery for children. “The needs for pediatric surgery here are extensive, and the program has been quite busy in its first few weeks,” said Dr. John Lawrence, an MSF pediatric surgeon. Some of the first surgeries performed included hernia repairs, a laparotomy (abdominal surgery) for a child with an intestinal condition called intussusception, and the draining of a liver abscess for a three-year-old boy.
Mariko Miller understands the effect that repeated exposure to patient trauma can have on healthcare workers. As an experienced Vancouver nurse, she is aware of the importance of preventing emotional burnout among medical staff.

So one of the things she found most remarkable about working at the Doctors Without Borders/Médecins Sans Frontières (MSF) hospital in the city of Taiz in Yemen — where she recently spent three months helping provide medical care to people affected by the country’s recent conflict — was the attitude of her Yemeni colleagues.

“The kindness among our staff was really incredible,” she says. “Just watching some of the doctors I worked with, and the way they treated patients, was something I found really inspiring. The levels of empathy were so high, and people were so careful to be caring. I’ve worked in ERs in Canada, and I know it can be hard for people to sustain that and to not burn out, so to see people in a place exposed to so much trauma still manage to hold on to that fundamental empathy was really remarkable.”

DISPLACEMENT, MALNUTRITION AND DISEASE

MSF has been present in Yemen since 1986, but has massively scaled up its presence since 2015, when the recent conflict broke out between the different warring parties. After more than three years, the conflict in Yemen has created one of the world’s worst humanitarian crises. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), close to three million people have been displaced, and 4.5 million children and pregnant or lactating women are acutely malnourished.

The health system has been severely fractured by war. Both sides of the conflict have failed to protect medical structures in accordance with international humanitarian law, and many hospitals (including some of MSF’s own facilities) have been hit by airstrikes. With nowhere to go for medical care, even those not killed or wounded by the fighting are at much greater risk of trauma or death as a result of the war.

“It seems like everyone has lost people because of this conflict, whether it has been from direct violence or the secondary impacts that conflict can have, such as barriers to accessing health care,” says Miller.
Many of the patients Miller saw in Taiz were suffering from infections such as tetanus and pertussis that can be prevented by effective vaccination programs. But the war has cut people off from some essential health services.

“One patient in particular I recall was a little boy with diphtheria,” says Miller. The deadly infectious disease was thought to have been eliminated in many parts of the world, but is now on the rise once again in some governorates in Yemen. “Diphtheria is something we should never see, because it’s so easily preventable by vaccination,” Miller says. “And yet here it is. The little boy’s grandmother sat by his side for days. He didn’t make it. His airway eventually closed in on him.”

While the security situation in Taiz means that MSF is currently unable to conduct vaccination campaigns in the community at large, we still provide immunizations as an outpatient service in the hospital itself. “Whenever I would visit our outpatient vaccination clinic, it was a great feeling to see our nurses doing immunizations and preventing future versions of the deadly cases we were treating in the hospital,” says Miller.

“The impact of our presence is really tangible,” she continues. “I don’t know how many times, just walking into the hospital, I would meet people thanking me and us for being there. Often an older lady just wanted to kiss me on my forehead to say thanks to MSF.” The lack of most available alternatives for free good quality care has made MSF’s medical programs lifelines for many people. “We were able to stabilize traumas, and admit the pediatric and neonatal emergency cases and patients who otherwise had limited access to services. The conflict has put that out of reach for so many,” Miller says. Many people cannot afford to pay for transportation to reach a hospital, so they wait until the last minute.

Part of MSF’s work in Taiz is to provide obstetric care, which is urgently needed. “We did over 1,000 deliveries in one month,” says Miller. “It was extremely busy. Just in terms of our obstetric care alone, we’re safely delivering a lot of complicated births every month for mothers who otherwise might not have had a safe pregnancy.”

HELPING CHILDREN SURVIVE AND RECOVER

MSF is also providing treatment to children suffering from illness. “We saw many small children who came in with a late presentation, and who were so sick that it was unclear if they would survive,” Miller says, “and some of them would transition to our wards so well. Days later, they were sitting up and feeding. The care they were receiving is fantastic. It’s quite amazing, how so many children come in seemingly so close to death, and still survive and recover in a place with limited resources.”

Miller attributes the impact of MSF’s medical care in Taiz to the incredible dedication of her Yemeni colleagues, who make up most of MSF’s medical staff in the country. “A lot of patients come in such difficult circumstances, and staff see a lot of difficult things, but they are still so committed to doing everything they can for every single patient,” she says. “The attitude of care is important, and really shows people in the community that they have not been forgotten or abandoned. They know that if MSF is there, then someone in the international community is making the effort. So our presence is important.”

MSF SURVEY INDICATES TARGETED VIOLENCE AGAINST ROHINGYAS IN MYANMAR

Surveys conducted by Doctors Without Borders/Médecins Sans Frontières (MSF) in refugee settlement camps in Bangladesh estimate that at least 9,000 Rohingyas died in Myanmar, in Rakhine State, between August 25 and September 24, 2017.

With 71.7% of the reported deaths caused by violence, at least 6,700 Rohingyas are estimated to have been killed, including at least 730 children below the age of five. The findings of MSF’s surveys show that the Rohingyas have been targeted, and are the clearest indication yet of the widespread violence that started last summer when the Myanmar military, police and local militias launched “clearance operations” in Rakhine. Since then, more than half a million Rohingyas have fled from Myanmar into Bangladesh.

“The numbers of deaths are likely to be an underestimation as we have not surveyed all refugee settlements in Bangladesh and because the surveys don’t account for the families who never made it out of Myanmar,” said Dr. Sidney Wong, MSF’s medical director in Bangladesh. “We heard reports of entire families who perished after they were locked inside their homes.”

MSF was already providing medical care to Rohingya refugees in Bangladesh before the newest crisis began last August, but we have drastically scaled up our response since then. MSF has more than 20 health centres, facilities and outposts serving Rohingya refugees in Cox’s Bazar, Bangladesh, and over 2,000 national and international staff delivering medical care, water and sanitation services, and mental-health care for victims of trauma.
A medical team carries out a vaccination campaign on both sides of an area divided by conflict. A doctor refuses a military commander’s demand that she treat his soldiers first. A hospital guard informs rebel and government fighters that both are welcome to seek care, but cannot enter the clinic with weapons or uniforms — and must wait their turn according to their needs, just like everyone else.

These are common occurrences in many of Doctors Without Borders/ Médecins Sans Frontières (MSF)’s operations around the world. MSF’s mission is to provide humanitarian emergency medical care to those who need it most as a result of violence, displacement, disaster or neglect. Our teams in the field provide lifesaving treatment to everyone who seeks our help, regardless of their identity, origin or religious affiliation. In conflict zones, we don’t choose sides, and we spare no effort to access those who would otherwise remain out of sight and out of reach due to persecution, fear or prejudice.

Neutrality and impartiality, along with independence, are among the most fundamental of MSF’s core humanitarian principles. In order to uphold them, our medical teams must avoid giving preferential treatment, even inadvertently, to any particular group or set of individuals, including (and often especially) to associates of government officials, armed officers or community leaders who claim authority or other privileges in particular areas.

The importance of remaining neutral and impartial to a humanitarian emergency medical organization is in many ways clear: Our purpose is to provide care to those who have no other access to urgent medical treatment. That means we can only prioritize our patients according to medical needs. The people who need our help the most are often those who already have no voice and no access to available medical resources. To truly be a doctor without borders is to go wherever the needs are greatest, regardless of any external pressures, interferences or boundaries.

WHAT IF STANDING ON PRINCIPLE PUTS SOME LIVES AT RISK?

There are also practical reasons to be adamant about remaining neutral and impartial. Any perceptions that MSF is choosing sides will affect our abilities to reach the patients who need us most. People who see our medical staff as partners or agents of the ruling authorities may not seek urgently needed care for fear of continued persecution or worse. By acting only according to the imperatives of medical needs, we demonstrate our impartiality to communities in need of help, and build the trust needed to deliver care to those who need it most.

Remaining neutral and impartial, however, can be easier said than done. Most situations where MSF’s presence is needed are complex humanitarian crises in which very little is black or white. It is not always clear to our teams in the field how best to remain steadfast in our values — or what to do when our principles conflict with each other. Many of the places where MSF operates are controlled by armed groups or other parties to conflict or persecution. An MSF field team leader may stand on principle and refuse a local commander’s demands for preferential treatment. But what if that means we are then refused access to areas where people are urgently in need of medical care? Is it more important to be seen as independent or to save lives? What if compromising on one principle to save more lives in turn puts others at risk somewhere else?

There are not always easy answers to the dilemmas our field workers must face. In every instance, we must make the best choices we can, and do so as transparently as possible. This can only happen when we don’t simply state our values, but seek to continually renew our understanding of them, so that we can apply them as well as possible in every situation we face.

MSF’s commitment to neutrality and impartiality is upheld in part by international humanitarian law, under which all combatant forces in conflict zones must allow medical workers access to civilians on both sides of the front lines. But more than anything it is made possible by the support we receive from private individuals and donors around the world, who also give us the independence necessary to only intervene where and when we feel our presence is most needed, regardless of any political, financial or other calculations.

Whenever there is conflict and violence, it is often the vulnerable who suffer most. By refusing to give preference to anyone except those in greatest need, MSF seeks to alleviate that suffering, and to deliver hope and care to those who would otherwise have none.
For Doctors Without Borders/ Médecins Sans Frontières (MSF), neutrality is not the same as staying silent. It’s nuanced and even controversial. MSF reserves the possibility to speak in public about massive human rights violations and crimes of humanity, including genocide. Impartiality reminds us that all individuals are equally susceptible to suffering, and no one should be deprived of the assistance he or she needs.

For MSF, being impartial means we only consider a person’s humanitarian needs, not who they are. We do not discriminate according to nationality, race, gender, identity, religious beliefs, class or political opinions. Neutrality, on the other hand, means not taking sides. In practice, however, MSF has sometimes felt compelled to do exactly that: After witnessing some of the atrocities of the 1994 genocide in Rwanda, for example, we called for military intervention to stop the perpetrators.

Fiona Terry, a former head of mission of MSF in Rwanda and author of an MSF discussion paper called “The Principle of Neutrality: Is It Relevant to MSF?”, located neutrality in its historical context. The concept gained currency in 19th-century Europe when wars were fought on specific battlefields and combatants were easily distinguishable from non-combatants. A third party, with confidence from both sides, could play a neutral role in the middle to give care to those wounded and not in combat. Neutrality is also intended to shelter relief organizations from hostilities.

MSF still endeavours to use the classic tools of neutrality and impartiality to access and deliver assistance. But in her paper, Terry highlights the contradiction between claiming strict neutrality while adhering to the notion of medical action and acting “without borders.” This puts the needs of people (and the importance of speaking out on their behalf) above strict definitions of principle. MSF will violate its own neutrality in situations where remaining neutral is morally reprehensible.

Adhering to MSF’s principles of neutrality and impartiality is a daily effort and assertion. In every instance of MSF’s medical humanitarian action, we must continually ask if our core values are being compromised, and whether that is acceptable. Our fundamental purpose remains to alleviate suffering and to assist anyone in need who cannot access care, even as the world continues to shift around us.

Carol Devine
Humanitarian affairs advisor,
MSF Canada

NEUTRALITY VS. IMPARTIALITY: WHAT’S THE DIFFERENCE?
MSF IN CONFLICT ZONES

BEING PRESENT IN PLACES DIVIDED BY WAR

Some of the conflict zones where Doctors Without Borders/ Médecins Sans Frontières (MSF) currently works to deliver care to help people affected by violence:

Nigeria: The conflict between Boko Haram and the Nigerian military, which began in 2009, has displaced an estimated 1.8 million people across the northeast of the country. The armed conflict has resulted in a catastrophic humanitarian emergency in several areas of Borno State, with high mortality rates linked to severe malnutrition and preventable diseases.

Syria: Civilian areas in Syria have been routinely bombed and deprived of assistance in more than seven years of war and huge gaps exist in all areas of healthcare. MSF continues to operate health facilities in the north of Syria, a number of hospitals in the south, and supports health facilities countrywide.

South Sudan: Tens of thousands of people in South Sudan have died and millions have been displaced since the eruption of conflict more than four years ago. Access to food, water and healthcare is a struggle. MSF works in several regions in South Sudan, and is concerned by the insufficient humanitarian assistance available.

Ukraine: People living in parts of eastern Ukraine have no access to healthcare or essential medications. Opytne is a front-line village that lies in government-controlled territory in Ukraine, opposite the destroyed Donetsk Airport, which is now in the self-proclaimed Donetsk People’s Republic. Villagers live with the constant stress of the conflict in the region. MSF is providing primary healthcare and psychological consultations.

A CRITICAL BALANCE

ONE CANADIAN’S EFFORTS TO NAVIGATE THE DIVISIONS IN CENTRAL AFRICAN REPUBLIC AND TO HELP MSF DELIVER EMERGENCY CARE

When Salameh Huneidi, a logistician from Montreal, first arrived in Alindao, a town in the south of Central African Republic (CAR), he had some basic tasks to accomplish in order to help Doctors Without Borders/Médecins Sans Frontières (MSF) establish an emergency medical intervention.

But operating in CAR is not always straightforward. The small, landlocked nation has been afflicted by a violent conflict since 2013 that has split the country along sectarian lines, and has displaced close to a quarter of the population both internally or externally. MSF is operating almost alone in parts of the country, providing emergency care in a context where nearly half the population is in urgent need of humanitarian assistance.

“The way we are perceived can be the difference between life and death for both ourselves and our patients. If we are only accepted by one group of people, we cannot reach people in other groups who also need our help. We are impartial and neutral. These principles are the reason we are able to do the work we do in difficult situations all around the world. And the little things can be just as important as the bigger ones.”

That point was made clear to Huneidi during an incident when one group set up a blockade in protest against what they considered one-sided aid efforts. The protest meant that MSF teams would be unable to reach patients on the other side of the barrier. “But they let MSF’s vehicles through,” Huneidi says. “When we talked to different people in the community to find out why, they brought up the hiring of the guards.”

The guards in question were members of a team that Huneidi had recruited to help get MSF’s operations up and running when he first arrived in Alindao, where deadly clashes between different factions had forced thousands to flee their homes. Huneidi was part of an MSF emergency team sent to support the displaced population, evaluate medical and humanitarian needs, carry out a preventive vaccination campaign and treat people in need of medical attention.

“Alindao was an area where the conflict was particularly bad,” says Huneidi. “Many of the houses in town were abandoned and burnt. Most of the people were displaced, unable to go back to their homes, in makeshift camps housing between 15 to 20 thousand people. There was insufficient clean drinking water, barely any food, no sanitation and inadequate shelter.”

But before MSF’s medical teams could begin addressing some of the most critical health needs, Huneidi had to set up an operations base. One of his priorities was to identify local people who could be hired as guards for MSF’s compound. Even this seemingly straightforward task was made more complicated by the nature of the conflict in CAR, in which most of the violence has been between members of the country’s Christian majority and their Muslim minority neighbours. Both sides were present in Alindao, but initially only members of the Christian community came forward to be hired. “So one of the first things I did was visit the mosque and speak to the imam, and explain that we were looking for help from civilians from the local community to work as guards,” Huneidi says. After a short selection process, Huneidi hired...
two Muslims and two Christians as MSF’s guard team in the area.

“At the time, it didn’t seem like that big of a deal,” Huneidi says. “It’s just part of the way that MSF works, and how our principles are ingrained in even the smallest decisions we make.”

But that small decision made an impact. It was cited by the protestors who allowed MSF’s vehicles through their blockades. “They said it showed that MSF really is there for the two sides and we were the only ones with guards from the two communities,” Huneidi recalls. “They also brought up the fact that when we did a vaccination campaign, even though on one side there were 15,000 people and on the other hardly any, we made the effort to set up sites for both sides.”

MSF was founded more than 45 years ago on the principle that no boundaries should be allowed to prevent humanitarian medical care being delivered to those who need it most. Neutrality, impartiality and independence lie at the heart of the organization’s core values, and allow MSF medical teams access to people who are in urgent need of care, whatever their identities may be. Understanding how to apply those principles in practice while responding to a constantly evolving humanitarian crisis — or simply while working in any of the nearly 70 countries where MSF operates — is among the challenges our international field workers often have to face.

“It’s straightforward in theory,” Huneidi says, “but in reality can be extremely complicated. Working and acting according to a set of principles requires a deep understanding. It can be subtle and encompassing work to apply these principles in the difficult and changing contexts and environments where we operate.”

The ongoing conflict in CAR is a humanitarian disaster, and MSF remains one of the only providers of essential medical care in parts of the country, including in areas where fear and continued violence have left many people traumatized and vulnerable. With no immediate resolution expected, MSF teams continue to try to access people on both sides of the conflict in dire need of help.

“We have been in CAR since 1997, and people know that we really do work with all sides,” explains Huneidi. “We are perceived as neutral and independent. Because our donors around the world trust us and the work we do, and enable us to operate without any external influences, we can get better access to patients who need us.”

While Huneidi was helping MSF begin operations in Alindao, his MSF medical colleagues began treating patients, including many with gunshot or knife wounds. MSF also vaccinated 5,675 children against measles and 2,555 with a multi-antigen vaccine.

During that time, Huneidi’s guard recruits also had to come to new terms with some of CAR’s worst divisions. “Those four guys were great to work with, and had a lot in common,” he says of the cross-community guard team he hired. “It was wonderful seeing a relationship develop between them and seeing them become friends. The larger situation did not get any better, but seeing those guys gave me hope. If they can start those conversations, then maybe the same can happen for other people in this conflict and for CAR as a whole.”
Without a strong adherence to the principle of neutrality, it would be very difficult for Doctors Without Borders/Médecins Sans Frontières (MSF) to deliver emergency medical care to vulnerable people in places affected by war and violence. By not choosing sides when working in conflict zones, MSF sends the message to armed groups and other actors that our motives and actions are purely humanitarian. This helps our efforts to provide medical assistance to people in need, regardless of what side of a conflict’s front line they may be on.

Relief organizations such as MSF are often confronted by armed groups that do not want us to operate, or even to exist. In these complex environments, our ability to act with complete neutrality and impartiality can be challenged. We are sometimes forced to ask ourselves what is more important: upholding principles or trying to deliver healthcare to as many people in urgent need as possible? The choice has not always been easy.

I spent three and a half months in Iraq in 2017. I was sent to manage a new project to assist the people who had fled Mosul while Iraqi security forces were fighting to retake the city from the Islamic State in Iraq and Syria (ISIS). We were implementing medical activities in the camps south of the oil town of Qayyarah, where 160,000 displaced persons were living in plastic tents.

Providing treatment for malnutrition and mental health

Many of the children in the camps were malnourished. Only a small fraction of the camp dwellers could find work, and the food rations provided by governmental and non-governmental organizations were seriously inadequate. Our medical staff provided malnourished children with therapeutic food designed to provide the calories and micronutrients needed to help bring them back up to a healthy weight. The Iraqi doctors on our team would examine every patient during their weekly visit, and children with complications would be referred to the MSF hospital in the town. We also offered much-needed mental-health support for the parents of malnourished children, and we had activities promoting breastfeeding as a healthier alternative to infant formula.

When I arrived in Iraq in last August, ISIS was still a clear and present danger. The group controlled a large territory close to our project sites, and active fighting was still ongoing. ISIS had occupied Qayyarah for two years, during which time MSF had attempted to find ways to assess the medical needs in the territory they controlled. We were never granted safe access to those areas, and it was impossible to launch any health activities in Qayyarah until after Iraqi security forces retook the town. Despite our strong tradition of working with all sides in conflict zones, for security reasons we remained unable to move into ISIS territory. In many other
places divided by violence and conflict, MSF teams cross the lines of control every day, but in that part of Iraq in 2017 this was impossible.

Can we run a project on only one side of a front line and still claim to be neutral? Our program was being conducted only on the Iraqi government side, and we had no way to provide medical assistance to people living under the control of ISIS. Our impartiality, another foundational idea of the movement, seemed to have survived intact. Some residents of the camps where we provided care were the wives and children of ISIS fighters from Mosul, Tal Afar and elsewhere. These “ISIS families” were discriminated against by other camp residents and by some humanitarian organizations. The MSF team, however, provided everyone with the same quality of care, regardless of their political affiliations.

PRINCIPLES, PRAGMATISM AND DELIVERING CARE

MSF has been operational for almost 50 years. Our principles, protocols and tools have been built, layer upon layer, by seeking solutions to unforeseen challenges. When groups such as ISIS don’t provide MSF with reliable security guarantees, we must choose between strict adherence to principles and the safety of our staff and patients. As an experienced field coordinator, it made me extremely uncomfortable to see us working on only one side of a conflict. The alternative, however, would have been to send the team home and do nothing at all.

In many of the places where we work, and especially in conflict zones, MSF’s field teams are often confronted with difficult dilemmas. We are defined by our principles, but our understanding of how to apply them may be forced to change shape when pushed up against new and unforeseen situations. From my own experience, I know that these can be strange and uncomfortable processes. But this willingness to question ourselves and make changes may be the only way we can continue to bring help to the people who need it most.

Andrew Zadel
MSF Project coordinator

THE MSF CHARTER:
OUR PRINCIPLES

From the Doctors Without Borders/ Médecins Sans Frontières (MSF) Charter:

Doctors Without Borders/Médecins Sans Frontières (MSF) is a private, international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions that might help in achieving its aims. All of its members agree to honour the following principles:

MSF provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions.

MSF observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.

Members undertake to respect their professional code of ethics and maintain complete independence from all political, economic or religious powers.

As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

OUR PRINCIPLES

Medical ethics

MSF’s actions are first and foremost medical. We carry out our work with respect for the rules of medical ethics, in particular the duty to provide care without causing harm to individuals or groups. We respect patients’ autonomy, patient confidentiality and their right to informed consent. We treat our patients with dignity, and with respect for their cultural and religious beliefs. In accordance with these principles, MSF endeavours to provide high-quality medical care to all patients.

Independence

Our decision to offer assistance in any country or crisis is based on an independent assessment of people’s needs. We strive to ensure that we have the power to freely evaluate medical needs, to access populations without restriction and to directly control the aid we provide. Our independence is facilitated by our policy to allow only a marginal portion of our funds to come from governments and intergovernmental organizations.

Impartiality and neutrality

MSF offers assistance to people based on need and irrespective of race, religion, gender or political affiliation. We give priority to those in the most serious and immediate danger. Our decisions are not based on political, economic or religious interests. MSF does not take sides or intervene according to the demands of governments or warring parties.

Bearing witness

The principles of impartiality and neutrality are not synonymous with silence. When MSF witnesses extreme acts of violence against individuals or groups, the organization may speak out publicly. We may seek to bring attention to extreme need and unacceptable suffering when access to lifesaving medical care is hindered, when medical facilities come under threat, when crises are neglected or when the provision of aid is inadequate or abused.

Accountability

MSF is committed to regularly evaluating the effects of its activities. We assume the responsibility of accounting for our actions to our patients and donors.
Do you ever wonder what charity is? When I grew up in post-war Europe the meaning of charitable giving was quite different from what it is today. Where there was need, people helped each other. The universe of charitable organizations was far smaller than it is today. My father, a young dentist then, often came home with a crate of apples or a couple of hams — things he’d been given by farmers who couldn’t pay their bills. My mom called him a bad businessman, but then quickly revised her narrative when she noticed we children were listening. Looking after the less fortunate, we were told, was an imperative.

I eventually settled in one of the world’s most blessed places, Canada. Much like my father, I struggled to make a living at first, but soon succeeded on a scale I could not have imagined. Within a few years, I earned what seemed to me enormous sums of money and, once a year, gave a percentage of it away. I knew little about the organizations I supported, nor was I in touch with them or understood how exactly my donations were used. What mattered was that I could write an ever greater number of cheques. It made me feel incredibly good; I was making a difference.

Twenty or so years into my career, a remarkable thing happened. A lady from MSF called me. She said they’d noticed my steadily growing annual donations and were thankful for them. Would I like to come and visit, so that they could show me what my grants had accomplished?

A CHANCE TO SEE IMPACT IN ACTION

It was a Friday when I arrived at MSF’s offices; I know that because I remember feeling terribly sorry for myself. I’d had a rough week at work, one of the worst ever, with administrative entanglements and a lousy market leaving me exhausted.

Then, after being introduced to some key people, I met a logistics expert who directed some of MSF’s international relief efforts from Toronto. Sitting down in his tiny and heavily cluttered office, I casually asked how things were going. “Well,” I was told, “it’s been a difficult day.” He vaguely pointed at the white-board on the wall behind him, where column headings referred to some of the most challenged places I could think of: Chechnya, the Nigerian Delta, Haiti, Somalia and half a dozen others — civil war theatres, refugee sanctuaries, hotbeds of disease, places where malnutrition and famine reigned. I asked my host to tell me more. Sometimes, he explained, MSF staff can move without constraint and help on a massive scale. But just as often, there is a population group, a military faction or a government that intervenes, blocking the mission’s work or tyrannizing the victims seeking help.

There are times in life when we need perspective and context, and this is what my first visit to MSF brought me. Not only did my work-related problems seem utterly trivial, but there was so much more. I made it my business to regularly visit MSF. Each time I stopped by I learned more. Their work inspired me on a personal level, teaching me about commitment and focus, and what can be done when all seems hopeless. I also became intrigued with how well they managed an extremely complex operation. Having held executive positions in the financial industry and being overly familiar with financial analysis, I found myself baffled by how MSF could achieve unrivalled social impact while being run on a disciplined budget.

In many crisis situations, MSF is there first. To do so consistently requires enormous commitment and courage. In getting to know MSF operatives at all levels of seniority, I’ve come to learn that they are infectionously enthusiastic and self-critical. They consistently want to be the best.

It’s good to see that the spirit of defiance and tenacity which led to the founding of MSF nearly five decades ago is alive and well today.

Peter Cavelti
MSF supporter
‘THANKS FROM ALL OF US’: A MESSAGE FROM A CANADIAN DOCTOR IN THE FIELD

Dr. Reza Eshaghian is a physician from Calgary who has been working with Doctors Without Borders/Médecins Sans Frontières (MSF) in Democratic Republic of Congo. Last December he wrote the following letter to MSF’s Canadian supporters:

My name is Dr. Reza Eshaghian. I’m a physician from Calgary, and I’m writing to you from Tshikapa in the Democratic Republic of Congo (DRC).

DRC is just one of the nearly 70 countries where MSF delivers emergency humanitarian medical care. But the needs are among the highest in the world.

We are providing free treatment to some highly vulnerable people: children who are suffering from malnutrition. MSF makes the difference between health and suffering, and often between life and death.

I can tell you that I see your support in action every day, and know what a profound difference it makes in the lives of the children here. As a physician, I am reminded of your support every time I grab a syringe, inject a medication and deliver therapeutic milk. Without you, none of these lifesaving treatments would be here.

I have the privilege of hearing “thank you” every day from mothers and fathers whose sick children are restored to health. For every thank you I receive, I share with you. After all, without you, MSF would not be here. So thanks from all of us in here Tshikapa.

Yours truly,
Reza

Watch a video message from Dr. Reza Eshaghian to MSF’s Canadian supporters at doctorswithoutborders.ca.

Calgary’s Dr. Reza Eshagian, right, is one of hundreds of Canadians working to help MSF deliver lifesaving emergency medical care where it is needed most worldwide.

MAKING AN IMPACT

MSF IS NAMED ONE OF CANADA’S TOP 100 EMPLOYERS FOR 2018

Doctors Without Borders/Médecins Sans Frontières (MSF) Canada is proud to have been named one of Canada’s Top 100 Employers and one of Greater Toronto’s top employers for 2018, as announced in The Globe and Mail newspaper. MSF is the world’s leading independent international medical emergency relief organization, implementing and managing medical projects in places where needs are greatest worldwide.

MSF was recognized as a result of our engaging employment philosophy, as well as our organizational investments in the health and well-being of our staff, flexible personal leave options and subsidized programs for continuous learning and development.

“MSF attracts highly motivated people who are committed to helping alleviate suffering around the world, whether it be directly in the field or by working in our office,” explains Tiffany Moore, human resources director for MSF Canada. “We value that our staff give back in many ways, such as in their own communities and through their dedication to MSF’s lifesaving work. This creates a strong collegial atmosphere in our office. As an employer we don’t take that for granted, we want to provide a level of support that matches their commitment by providing an engaging work experience, one that inspires them to join our movement, supports them to grow and also motivates them to stay and build a career with us.”

HELPING WHERE IT MATTERS MOST

Thanks to their adherence to MSF’s values, our staff members help connect Canadians to the humanitarian crises we respond to around the world. They do this not only by working on the front lines of MSF’s emergency medical interventions themselves, but also by developing our advocacy campaigns, raising funds and creating innovative programming that helps MSF better meet the needs of our patients in the field. They also recruit the qualified Canadian professionals MSF requires to help us deliver lifesaving emergency medical care to people made vulnerable by crisis and conflict.

To learn more about working with MSF in Canada or overseas, visit doctorswithoutborders.ca.
BECOMING A LINK
IN THE CHAIN OF CARE

A LOGISTICS EXPERT FROM IVORY COAST BY WAY OF MONTREAL HELPS MSF MAINTAIN SUPPLIES IN HAITI

Every year, hundreds of Canadians work overseas with Doctors Without Borders/Médecins Sans Frontières (MSF), delivering front-line medical care as part of MSF’s lifesaving emergency programs. We aim to introduce you to some of them in every issue of Dispatches; for this edition, we spoke with a logistics expert from Montreal who recently helped organize MSF’s medical supply needs in Haiti.

Name: Pieri Coulibaly
Hometown: Montreal (originally from Ivory Coast)
Role with MSF: Supply logistician

Most recent posting: My job was to implement standard MSF procedures and manage day-to-day operations in MSF’s central warehouse in Haiti.

Why is MSF in Haiti? Haiti is a country that is still dealing with huge health challenges, and many people live in extreme poverty. MSF’s purpose is to provide assistance to some of the world’s most disadvantaged people, and many people in Haiti struggle to access the care they need. Our presence in Haiti must continue until basic healthcare is available to those who need it most.

What impact did you see MSF having on patients and on the local community? For patients, MSF’s presence gives them a sense of security that they are receiving free, quality services, even the poorest among them. The community at large has a very positive view of MSF. Once, during a street protest, I watched as MSF vehicles and staff in daily traffic were not bothered by protesters, contrary to other groups on the ground. The way I see it, this suggested that MSF is seen to be serving a valuable need for people in Haiti.

What was a particularly memorable experience during your most recent posting? The most memorable experience was the party my Haitian colleagues threw for me before I left. That showed me just how much I meant to them and how much they enjoyed working with me. I was really surprised and touched.
WHO DELIVERS MSF’S HUMANITARIAN MEDICAL CARE?

At any given moment, there are more than a hundred Canadians working overseas with Doctors Without Borders/Médecins Sans Frontières (MSF), helping provide care to some of the world’s most vulnerable people. They are doctors, nurses, engineers, coordinators, administrators, surgeons, logisticians and more, and they are drawn from all parts of Canada by the urgent humanitarian needs that exist in places affected by conflict, disease, healthcare exclusion or natural disasters.

Without their efforts, MSF would be unable to bring health, dignity and hope to people in close to 70 different countries around the world. We thank them for their compassion, commitment and dedication.

OF THE 188 FIELD WORKERS:

95 Were medical personnel:
Doctors, nurses, midwives, specialists

93 Were non-medical personnel:
Administrators, engineers, logisticians, coordinators

THEIR HOME PROVINCES ARE:

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<th>Province</th>
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<td>Yukon &amp; Northwest Territories</td>
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188 = CANADIANS ON MISSION as of January 2018

THIS COULD BE YOU

WE ARE RECRUITING: Administrators, SURGEONS, Water and sanitation experts, PHYSICIANS, Nurses, MIDWIVES, Supply chain specialists, Epidemiologists, Mental health specialists, ANESTHESIOLOGISTS, GYNECOLOGISTS, TECHNICAL LOGISTICIANS, FINANCIAL SPECIALISTS, Pharmacists, HR coordinators, Laboratory specialists, Nutritionists

MSF INFORMATION SESSIONS
doctorswithoutBorders.ca/events
Contact us for more information
Toll free: 1-800-982-7903 or Email: applications@msf.ca
DIANE MCKENZIE IS PROUD TO CALL HERSELF AN ‘MSF MOM.’

She holds a close connection to Doctors Without Borders/Médecins Sans Frontières (MSF) — her son, Bruce Lampard, is an emergency physician who has been on eight overseas assignments with MSF, from Afghanistan to Chad to Somalia. Looking back, her son credits his humanitarian spirit to his mother, a nurse who worked in the community health field and has always been passionate about helping others. This special connection extends to a long-lasting commitment to MSF — both have decided to leave legacy gifts for MSF in their wills. “I think that it’s so important to look back at what means a lot to you in your life, and give back,” Diane says. Bruce feels just as strongly about his decision to include MSF in his will. “MSF has had such an impact on my life that the decision was pretty easy,” he says.

Get in touch.
For information about how you can make a lasting impact with a gift in your will, please call Emily Harris at 1 800 982 7903 or email Emily.Harris@msf.ca