What is the role of "bearing witness" in global health? We may think first of the Nuremberg Doctors’ Trial, a tribunal for justice after the end of World War II, or the International Criminal Tribunal that followed Rwanda’s 1994 genocide, or perhaps the Truth and Reconciliation Commission in South Africa following the abolition of apartheid. But what about the power – and risk – of speaking out publically about health-related injustices during a humanitarian crisis?

Sophie Delaunay, Executive Director of Doctors Without Borders/Médecins Sans Frontières (MSF) explored this question on December 13, 2013, as part of a roundtable “informal conversation” at the Harvard Global Health Institute on “Witnessing chemical weapons: Ethical dilemmas for humanitarian aid.” The Informal Conversation series offers faculty and students the opportunity to engage in dialogue on cutting-edge cross-disciplinary issues. Delaunay reflected frankly on the MSF experience of August 2013, when a routine Skype call with Syrian physicians — part of an independent group with whom MSF partnered to provide medical care — revealed evidence of a sudden chemical weapons attack. Shocked by an influx of 3,500 patients in three hours, including 355 deaths, the doctors begged MSF for help.

MSF had worked in Syria since 2011, partnering with on-the-ground medical professionals to serve six hospitals and provide drugs to several remote areas that MSF staff could not access directly. MSF had consistently tried to negotiate — and failed to obtain — approval from the Syrian government to officially work in the country. Regardless, they had chosen to stay, providing vaccinations for measles and polio, obstetric service, and burn treatment for refugees living in precarious camps and war-torn villages. MSF had established staff protocols and medical guidelines in the event of a chemical weapons incident, but had never had occasion to implement them – until that day in August.

Suddenly, MSF faced an urgent dilemma: While bearing witness and speaking out is an important MSF principle, the organization’s policy is to witness only to situations seen first-hand by its own staff members. Should they make a policy exception and, if they did, what were the implications?

For the next three days, Delaunay recalls, key MSF leaders debated on what to do. “From the start we trusted our sources,” she said, “and we
could see their stress. Our concern was their safety." If MSF told the world what was happening in Syria, would it make things worse for their Syrian colleagues? And how could they avoid being instrumentalized by government and military forces polarizing the conflict? "MSF exists to save lives," said Delaunay, "to restore people in their capacity of choice. For us also, the use of chemical agents was a red line that made humanitarian action meaningless. We decided we could not sit on this information but had to show solidarity. We did not seriously contemplate not speaking. The issue was how to say it with the least harm." On Friday, August 23, they issued a press release reporting what they knew and calling for an investigation.

The news went viral, quickly cited by U.S. Secretary of State John Kerry, the Syrian opposition, and the international media. Concerned and torn over how the information was being used, MSF leaders issued a second statement asking for the UN investigation to confirm the suspicion of chemical exposure. "Some of us in the organization," said Delaunay, "were very much concerned about our statements being used as a justification for a military intervention." By September 13, Syria had agreed to dismantle its chemical weapons. "But on the humanitarian aspects of the war in Syria, there is no resolution in sight, nor any agreement to facilitate the provision of assistance," said Delaunay. "This is one of our great frustrations."

"Under what circumstance would you have chosen not to speak out?" asked Stephanie Kayden, MD, MPH, who moderated the conversation; Kayden directs the Lavine Family Humanitarian Studies Initiative at the Humanitarian Academy at Harvard as well as the International Emergency Medicine Fellowship and the Global Women’s Health Fellowship in the Global Women’s Health Program at Brigham and Women’s Hospital. "Maybe if our informants had asked us to be silent," answered Delaunay, "or if we had found that the information was not credible, or if this would have prevented us from assisting Syrians later on." MSF chose silence, for example, in Sri Lanka in 2009 to maintain its ability to treat hundreds of war victims in the last military offensive. "For some aid organizations, bearing witness is not part of their mission," she recognized, "and they find no added value medically in speaking out." But bearing witness is one of MSF’s key principles, and it goes hand in hand with their medical response, for example, in Haiti in 2010, when, convinced of the role of U.N. peace-keeping forces in the 2010 cholera epidemic, Delaunay said, "Our teams were outraged by it."

"Neutrality is not about people not taking a stand in spite of their convictions," she continued, when a participant asked about organizational neutrality. MSF’s positioning in crises is, rather, shaped by the position of its members. "This organization is about humans and individuals. It’s what keeps us alive." To maintain this ideal, MSF enforces certain controls to help protect staff from traumatic, extended exposure to human suffering at sites such as Rwanda, where Delaunay herself encountered the effects of genocide, and modern Gaza.

"How does MSF affect the local health system?" asked one student. "We fix patients, not systems," answered Delaunay, "but every time we act we have a de facto impact on the health system." MSF tries to keep its mandate narrow, she emphasized. Its focus on saving lives might include long-term programs, or influence a Ministry of Health’s decisions about new protocols, but these are secondary to its purpose. "We have not figured it out completely," she admitted. Indeed, 90 percent of MSF staff...
are nationals; the 10 percent who are international expatriates at MSF sites are selected based on their expertise and desire for what Delaunay called 'cross-catalyzation.'

What does the future hold for global health risks and opportunities in related humanitarian disasters? "I've been working in MSF for 20 years," concluded Delaunay, who has experience with medical aid during crises in Thailand, Rwanda, China, Liberia, the Darfur region of Sudan, and the Central African Republic, as well as the problems of refugees from North Korea. "And I've never seen such violence and destruction. It's never been so difficult to raise empathy. There is a pessimism of 'Why help if there's no solution?' There is also a perception that the bad guys are on both sides — which is certainly true. It is so hard to mobilize the public on this crisis."

Learn more:

Doctors Without Borders/Médecins Sans Frontières (MSF)

"In Syria, Doctors Risk Life and Juggle Ethics" (New York Times, 10/21/13)

Photo by Christen Reardon