

MSF and the Military in Violent conflict Environments

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Good afternoon, ladies and gentlemen. Thank you for inviting MSF to the symposium. I am going to talk about MSF and the military and violent conflict environments.



I am going to first provide a brief overview of what MSF is about and what we do. Then I am going to talk about humanitarian interventions and the military. Then I am going to talk about in practice how MSF operates and then I will have some very short concluding remarks.

Overview of MSF – who we are, what we do

Founded in 1971 by doctors and journalists in France, we:

- deliver **emergency medical aid** to all those who require it and whose 'authorities' are unable or unwilling to provide it
- Intervene based on **principles of neutrality, impartiality** and based on **independent evaluation of the needs**
- inform the international community of the plight of its patients and those we want to help

We deliver aid to people affected by natural or man-made disasters, armed conflict, irrespective of race, religion, creed or political affiliation.



We were founded in 1971 by a group of doctors and journalists in France. We are an international humanitarian medical organization. We deliver emergency medical aid to all those who require it when the states or the authorities are either unable to provide it or unwilling to provide it. Our interventions are framed by principles. The principles of neutrality, impartiality, and all our action are based on an independent evaluation of needs. Therefore, we do our own evaluations on which we base the decision to respond and the content of our response. We also speak out at times and inform the international community when our medical doctors and professionals are faced with situations that are either absolutely unacceptable, or will require further assistance, or a change of behavior by some parts. We deliver aid to people affected by national disasters, but also armed

conflict or man-made disaster. We treat people irrespective of race, religion, creed or political affiliation. We treat civilians and we treat combatants. We are governed overall by an association of medical professionals.

Overview of MSF – highlights 2013

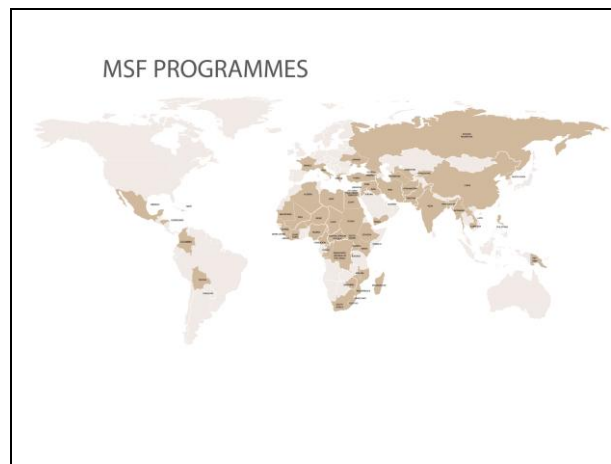
- About 35,000 staff including 2,600 international field staff
- Present in 72 countries worldwide – A third of our programmes are conflict related
- Annual budget of €952 million (about ¥140 billion yen)
- Logistics capacity of delivering assistance within 48 hours in emergency



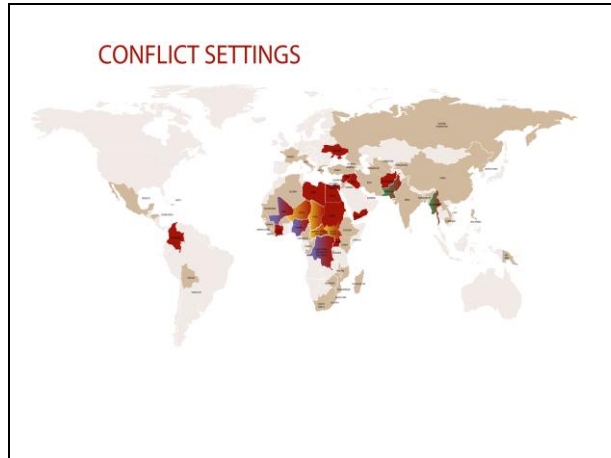
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These are just a few figures, and the date from 2013, but we have got about 35,000 staff, of which 2,600 are international field staff. We are present in about 70 countries and a third of our program portfolio is in conflict area or is related to conflict. We have got a budget of just under a €1 billion. We have got a logistic capacity that allows us to respond at scale, to mobilize human resources, and also equipment within about 48 hours. Just to say, but 90 percent of the funds that we are using come from the general public.



This is a map that shows where we intervene globally. You can see that we are intervening a lot in Africa, but also south and central Asia, and then in the rest of Asia.




As you will see with the next map, we have mapped sort of conflict areas. MSF intervenes in, I would say, the majority of ongoing conflicts at present. I think that the Ivory Coast is still labeled as a conflict, but it is just because the map is not updated.

The Military and humanitarian interventions

I am going to talk about the military and humanitarian interventions.

The Military and humanitarian interventions

- Since the end of the cold war, there is development of foreign military interventions with stated humanitarian dimension:
 - Under the banner of the UN
 - Unilateral (Kosovo, Iraq, Syria, etc.)
- They are labelled “humanitarian intervention” and claim to act on behalf of protecting victims of war and oppression
- In the case of UN peacekeeping mission, they have the official mandate to protect population & facilitate the deployment of humanitarian assistance along with other political goals


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As it is been mentioned previously, since the end of the cold war, there is a development of foreign military intervention that have stated a humanitarian dimension, either under the banner of the United Nations, unilateral, or multilateral, but not under the UN banner, such as in Kosovo, Iraq, Syria, or et cetera. They are labeled humanitarian interventions and they claim to act on behalf of

victims or to protect victims of war and oppression.

The war in Kosovo was among the first labeled a humanitarian intervention, but also, most recently, the United States' intervention in Iraq and Syria claims to protect minorities from oppression and genocide. In the case of the UN peace keeping mission, there is an official mandate to protect the population and facilitate the provision of humanitarian assistance alongside other political goals such as today in Central African Republic to protect the integrity of the country.

The Military and humanitarian interventions

- humanitarian actors are often called to join and support those interventions.
- Aid actors have adopted different attitudes with regards to these calls.
- Some aid actors support the goals of the UN and/or western democracies, and are eager to join
- 'Dunantist' aid actors sticks to limited ambitions (ensuring the survival of people in times of war) and consider foreign troops (UN or others) as a belligerent among others.

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Humanitarian actors are often called to join and support those interventions. For instance, in Afghanistan, Colin Powell called on NGOs to be a force multiplier and a part of the US combat team. It was about winning hearts and minds and it was a clear enemy identified and encouraging NGOs' activities to support, basically, the military agenda of the coalition at the time.

Aid actors have adopted different attitudes with regards to this cause. Some aid actors support the goals of the United Nations and of western democracies in general, are eager to join, and they support not only the humanitarian goals, but also the social and political engineering of the United Nations or of some of the foreign armed forces.


Then you have got also aid actors. Sometime they are qualified as Dunantist, just to refer to the creation of the Red Cross in the movement from the late 19th century. Those aid actors stick to very limited ambitions during wars. These ambitions are really ensuring the survival of people who are affected in times of war. Those organizations consider foreign troops, United Nation or any combat in forces, as a belligerent amongst any other. MSF is within what we called the Dunantist spectrum of international humanitarian organization.

MSF's position and principles

we believe that:

- The pursuit of development, security, peace, can enter into contradiction with the goal to provide impartial aid here and now to those who need it most
- To operate on all sides of the front lines, MSF has to keep equal distance with all belligerents, including foreign troops

(This only true for conflict situation)



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What does it mean? It means that we believe that the pursuit of development, security, and peace can enter into contradiction with the goal to provide impartial aid when it is needed by those needing it. In order to operate in all sides of the frontlines, to access at the moment those who request medical aid, we have to keep equal distance with all the belligerents including foreign troops. This is not relevant to natural disasters where we cooperate and collaborate very closely with military forces when needed.



I am going to talk about what it means in practice and how we operate.

MSF and the Military in violent conflict environments, in practice

- Our security relies on 'acceptance' and the perception of neutrality
- as well as respect to provisions to protect medical personnel in IHL
- Defining our own contextual analysis
- Maintaining independent organisational, decisional structure and physical assets
- Our hospitals and health centres are 'weapon free'



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First of all, our security relies mainly on acceptance and the perception of neutrality. In order for us to be safe, the populations and the armed forces need to accept our presence, so to understand what we do and what we provide. The need is also to believe that we are neutral. We cannot afford to be associated with any armed group. This would prevent us access to part of the population that is affected.

Our protection also relies on the respect of the provision to protect medical personnel, which is part of international humanitarian law. There is specific provision that protects the provision of medical aid. As MSF is a medical organization, we rely on the respect by combatants of those special provisions.


We base our intervention on our own security analysis or on our contextual analysis. We are going to gather information from the parts, the people, the groups that we think have the relevant information, and we are going to make our assessment of the security situation in order to make our operational decision and establish how we are going to work.

We maintain an independent organizational decisional structure and physical assets. Basically, what it means is that we are not part of the UN coordination cluster system. We are not going to locate our facilities within compounds of other organizations, and all our assets are assets that are usually MSF assets.

All of our hospitals and centers are weapon-free. We do not accept any weapons in our centers. As I say, we treat civilians, but also combatants.

MSF and the Military environment in complex emergencies, in practice

- Dialogue with all military actors in capitals or elsewhere
- Information about our objectives, activities and how we work.
- Establish chain of command for problem solving
- Patient transfer protocols

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In order to establish our own security we need to establish dialogue with all military actors so with all combatants present in capitals or elsewhere. We need to have a direct dialogue with combatants wherever they are or whoever they are. There are no armed conflict places where we intervene where we do not have direct contact with the belligerents.


We provide information about our objective, activities, and how we work. All combatants are thoroughly briefed about what we do, where we do it and how we do it. We establish internal

chains of command to resolve problem and to allow coordination with combatant forces.

Then we have got very specific patient transfer protocols in order to be able to deal with the transfer of patients in a safe way for us, and in the safe way for the patients we treat. We establish those protocols also with the armed forces and the government. That is all for what I would call theoretical practice.

Practice and pragmatism

- Afghanistan & Syria – lessons and limits in negotiations
- South Sudan – SPLA/UNMIS
- Somalia – use of armed protection
- Central African Republic - Lawlessness, criminality and lack of infrastructure – A call to arms?

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Now, each context is different. In order for us to operate we need to be pragmatic. Here there are some examples. I am not going to go into details. It is not the point of the presentation, but that may illustrate what we mean by being pragmatic. In Afghanistan and Syria we have met the limits of negotiation with groups. Despite guarantees around protection, this does not prevent us from having casualties. In Afghanistan, we lost five international staff in 2004 despite guarantees that we had from the armed factions operating. In Syria earlier this year we have had four personnel kidnapped in a jihadist controlled area despite guarantees we had about the protection of our personnel. Therefore, there are limits to what we can negotiate. Unfortunately, this is not a kind of bulletproof way of operating. We will always have casualties. These are recurrent events, and MSF accepts taking level of risk and accepts it. It is tolerant to a certain level of casualties in its operations. However, when we suffer high level of casualties and when we feel that the guarantees to operate are not there anymore, not on the purely ad hoc basis, but fundamentally, then usually we have to pull out because then there is no more guarantees for us.

In South Sudan, although MSF has been, I think, criticizing UNMISS in particular for transporting this SPLA soldiers when the conflict erupted. This for us was an issue because UNMISS was also transporting humanitarian goods. Therefore, combatants then start to confuse, “Okay, what is UNMISS doing? Are they transporting humanitarian aid or are they transporting SPLA soldiers?” Then, “If UNMISS transports humanitarian aid, then is the transport of humanitarian only humanitarian, or are there ammunition in humanitarian MNF convoys?” Therefore, we have been criticizing and talking to the UN about this situation that puts ourselves at risk. It is not only ourselves, but other humanitarian organizations.


On the other hand, we have been treating patients in UNMISS compounds when the violence between the Nuer and the Dinka ethnic group was flaring, and the population had to take refuge in UN compound. We have throughout the year operated within UNMISS compound. This shows that it is not a clear cut in the sense of how we are going to collaborate with foreign troops.

In Somalia where we have left because of recurring kidnappings, we have used armed protection for our teams and we have had agreements with some clans who have provided armed protection. Therefore, clearly, it is more than collaboration with armed forces. It is really working together to be able to deliver humanitarian aid.

In the Central African Republic where there are still enormous unmet needs, and where the violence is still prevalent, we have had a lot of internal discussion about whether or not we should call publicly for a scale up in armed response. At the time we are thinking, “Okay, are we facing a situation of genocide or not?” It is very difficult to establish during the first moments. Therefore, we had to have those discussions internally to know whether or not we were going to actually ask for a scale up of the use of military, something that MSF usually never does.

During Rwanda in ‘94, we called for armed intervention because clearly our medical doctors could not do anything to prevent genocide. Genocide is such a peculiar situation that we would usually communicate when we think that a military action is not acceptable. I mean, the gassing in Syria of civilian’s population last year was also an instance where we communicated publicly on the military activities of some of the belligerents. This just shows examples that it is not clear-cut. We have to operate and basically we need to make decisions on a context by context basis.


Conclusion



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Concluding remarks

- MSF has no perspective on political agendas during conflicts or on their outcomes, humanitarian action is an end in itself.
- MSF establishes the relationships necessary with all armed actors to allow to deliver medical aid to all who require it
- In practice, MSF needs to constantly balance the risk of instrumentalisation of its operations, with the medical and humanitarian principles that underpins them.



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Just to conclude, I just want to say that MSF is not a pacifist or an anti-militarist organization. We have no opinion and no perspective on the political agendas during conflict or even on the outcomes of the conflict. We have no opinion on that. This is not our mandate. For us, humanitarian action, so saving lives when those lives are at risk is an end in itself. This is our own mission. We establish the relationship necessary with all the armed actors in order to deliver

medical aid to all who require it. In practice, we need to constantly balance the risk of being used and instrumentalized for political and military purposes with the principles of our operation, medical principles, and humanitarian principles.



This is how we operate and I hope it gives you an idea and an alternative perspective on civil-military cooperation in complex emergencies from our perspective. Thank you very much.