OVERVIEW: DOCTORS WITHOUT BORDERS (DWB)
In the past fifteen to twenty years, the world has witnessed a growing number of armed conflicts that were—and are—extremely complex politically. For a variety of reasons, political leaders from the international community are often reluctant to get involved. In addition to the International Red Cross, a well-known player on the international stage, a growing number of other international humanitarian relief agencies are trying to fill this political vacuum. Often, they are the first outsiders to arrive with help. One such organization is Doctors Without Borders (DWB). A private, nonprofit humanitarian organization, DWB was started by a group of young French doctors in 1971. (That is why many people know this organization by its French name, Médecins Sans Frontières, MSF). The founders recognized that a downside to the end of colonialism after World War II was that millions of people worldwide had become refugees. They also believed the problems of refugees were likely to get worse—and indeed they did. In 1976, for example, there were 2.7 million refugees; in 1979 there were 5.7 million; in 1996 there were 15 million; and today there are over 39 million. For DWB, such numbers demand a new level of emergency aid, particularly when nation-states are unwilling or unable to provide aid themselves. For its efforts throughout the world, Doctors Without Borders was awarded the Nobel Peace Prize in 1999.

Scope of DWB Activities
Since the early 1970s, DWB has become the world’s largest independent international medical relief agency. Active in over seventy countries around the world, DWB helps victims of epidemics and of natural and man-made disasters. It helps those who lack health care due to geographic remoteness or ethnic marginalization. Note that DWB consists of more than doctors. Its staff includes nurses, logisticians, water-and-sanitation experts, administrators, and other medical and non-medical professionals who carry out almost 5,000 aid assignments a year. They also work alongside more than 25,000 locally hired staff to provide medical care.1

Every year, its volunteers from about forty-five countries work in front-line hospitals, refugee camps, disaster sites, towns, and villages. They provide primary health care, perform surgery, vaccinate children, rehabilitate hospitals, operate emergency nutrition and sanitation programs, and train local medical staff. DWB also speaks out against human rights abuses and violations of humanitarian law that its teams witness in the course of providing medical relief.2 In March 2007, for example, teams from DWB assisted in the vaccination of over 860,000 people against meningitis, a contagious and potentially fatal infection of the brain membrane.3

Doctors Without Borders also helps victims of armed conflict. Its first major mission was in 1976, in war-ravaged Lebanon. For seven months, fifty-six doctors and nurses worked in a Beirut hospital caring for Shiite civilians under fire from Christian fighters.4 DWB has also gone to such war zones as Chechnya, Bosnia, Burundi, Rwanda, Sierra Leone, Kosovo, and Afghanistan. In Somalia, for example, DWB has around sixty international staff and over 800 national staff working. In 2006, it performed more than 300,000 outpatient consultations, and 10,000 inpatients were admitted in its hospitals.5

A humanitarian NGO like DWB must be careful about being perceived as partisan in any conflict. NGOs are frequently used by donor governments to distribute financial aid, to administer medical services, or to distribute food. In the process, NGOs risk losing their legitimacy—and their effectiveness—if they are viewed as favoring one side or the other. As the name of this international NGO suggests, Doctors Without Borders has few ties to national governments. DWB has offices in about twenty countries, and its charter stipulates that members observe strict neutrality and maintain complete independence from all political, economic, and religious powers.6 It also avoids donations that could compromise its neutrality. For example, it does not accept money from pharmaceutical and biotechnology companies, alcohol, tobacco, extraction industries (such as oil, natural gas, gold and diamonds), or arms manufacturers.7

The relationship with state, companies, and so on, however, is not always confrontational. For example, DWB is cooperating with Sanofi-Aventis, the world’s fourth-largest drug company, to introduce cheap and easy-to-use pills to combat malaria.8 Nevertheless, despite its best efforts this neutrality is sometimes challenged by states and armed groups.

Global Efforts of DWB
Like AI and other NGOs, Doctors Without Borders has an extensive list of grievances directed at countries in almost every corner of the globe. In 2002, for example, DWB

defied South African patent law by importing inexpensive generic AIDS drugs made in Brazil. A daily supply of the medicines costs $3.20 in South Africa, too much for many poor people, according to AIDS activists. Generic versions of the drugs produced in Brazil cost only $1.55. The South African Department of Health responded to DWB’s action by saying it would dispatch investigators to see whether the NGO was in compliance with the country’s medical regulatory rules.9

In the Middle East, DWB was highly critical of Israel in 2002 for setting up curfews and roadblocks that prevented sick and injured Palestinians, as well as medical staff and supplies, from reaching hospitals and clinics. Joanne Liu, a Quebec pediatrician attached to DWB, said, “We deplore this violation of the human right to access to medical care” upon her return from a medical mission to the Palestinian territories. In response, Israel says it must take special measures when, for example, Palestinian ambulances have been used “to transport armed gunmen, terrorists and people whose aim is to kill civilians and destabilize the peace process.”10

**Political Opposition to Doctors Without Borders**

Like AI and Greenpeace, Doctors Without Borders can get into trouble when it is not perceived to be politically neutral. Since its founding, DWB has chosen to take a firm stand even if its actions go against the political climate. In Biafra in 1971, a group of French doctors working with the Red Cross were outraged “that it was not possible to speak out against what was essentially a state-planned and state-directed policy of forced starvation.”11 DWB thus made a commitment to speak out against egregious crimes against humanity in situations where populations are targeted by their governments or other groups in a way that affronts their fundamental human dignity. This stance has led DWB to pressure dozens of countries to change their policies.

**DWB and the Conflict in Iraq and Afghanistan**

Despite efforts by DWB to remain neutral, its staff and volunteers are often targeted for appearing biased. For example, humanitarian assistance to populations in rebel-held territory can be seen as subversive, in effect giving aid and comfort to the enemy.12 This has been a serious problem in Iraq. Contrary to the intentions of humanitarian NGOs, the U.S. military has viewed NGOs as tools that can support its military-political objectives. According to journalist Gil Loescher, “Some NGOs felt that they simply had no choice but to go to Iraq because the humanitarian imperative to provide assistance and protection after the conflict overrode all other concerns. Others feared losing valuable contracts to for-profit companies and thus decided to comply with the dictates of the occupying power.”13 As a result, and despite the urge to be neutral, NGOs like DWB in Iraq became targets of violent attacks because of their perceived association with the United States; in November 2004, DWB closed its programs in Iraq in view of the extreme risks to the lives of its workers. However, in 2007, DWB began to provide assistance to Iraqis by partnering with the Red Crescent hospital in Amman, Jordan. More specifically, DWB provides supplies to Iraqi health care facilities and addresses wounds requiring reconstructive surgery, including orthopedic, maxillofacial and plastic surgery.14

DWB has also confronted opposition from the United States and its allies in Afghanistan since the war began there in 2001. DWB has complained about violations of the Geneva Convention, particularly the failure to uphold the principle of distinguishing between soldiers and civilians. In the Afghan city of Kandahar, DWB observed military personnel from the U.S.–led international coalition wearing civilian clothes, with or without concealed guns and driving civilian cars. The soldiers claimed, however, that they were on a “humanitarian mission” to assist NGOs in their work. According to Michelle Kelly, a nurse, and Morten Rostrup, head of DWB, “Despite wearing clearly marked white vests with our logo and name we have been directly asked by Afghans whether we are American soldiers. People suspect us of carrying hidden guns. We were repeatedly warned by Afghans not to go to specific places outside town since people might not be able to distinguish us from Western soldiers.”15

This problem first arose several years ago but persists. As in Iraq, humanitarian work in Afghanistan has become confused with security operations, and the perception is that relief agencies are simply an arm of the occupying forces.16 DWB experienced the damaging consequences of perceived cooperation with one side in a dispute in June 2004, when five DWB members were deliberately killed in Afghanistan. The attack forced DWB to leave Afghanistan after 24 years of continuous service—service that endured the Soviet invasion, the mujahedeen wars, and repressive Taliban rule.17 A Taliban spokesman blamed aid organizations such as DWB for helping the United States. DWB, however, actually blamed the Afghan government for failing to act on evidence that local warlords, not the Taliban, were behind the murders.18 It also denounced the U.S. military’s use of aid to persuade Afghans to inform on insurgents, a practice that risked turning all relief workers into targets.19

Another problem for DWB, the Red Cross, and other relief agencies is that humanitarian aid often does not get to its destination. Instead, it ends up supporting groups that are responsible for creating the crisis in the first place. For example, the outpouring of aid and long-term assistance to the Rwandan refugees in Eastern Zaire (now known as Democratic Republic of Congo) inadvertently ended up providing support for the warlords and their genocidal armies.20
NOTES
6. Ibid.
12. Pease, 35.
16. Loescher.
17. Ibid.
19. In May 2004, the U.S. military apologized for distributing leaflets telling Afghans that they had to provide information on militants if they wanted assistance to continue. Ibid.

QUESTIONS
Check Your Understanding
1. How does Doctors Without Borders differ from the main NGOs highlighted in the chapter, notably Greenpeace and Amnesty International?
2. If you had plenty of money and wished to make a contribution to an NGO, would you give money to Doctors Without Borders? Why or why not?

Analyze the Issues
1. The mission of Doctors Without Borders—providing medical care—seems completely neutral politically. So, why does DWB face opposition?
2. Do you believe that NGOs like DWB will be as active, or more active, in the next 20 to 50 years?
3. The chapter discussed how NGOs can have an impact in world politics. Can DWB have an immediate, medium-term, and even long-term impact?

FURTHER INFORMATION
To find out more about NGOs in general and Doctors Without Borders in particular, consult the following sources:
Doctors Without Borders website: www.doctorswithoutborders.org/