

DOCTORS WITHOUT BORDERS: COHERENT PRINCIPLES

Renata Reis & Susana de Deus

- *The decision to suspend funds received* •
from the European Union

ABSTRACT

This text explains the reasons, including the internal debate, for Doctors without Borders' recent decision to suspend funds received from the European Union for the development of its humanitarian work, doing justice to the values that guide the organisation: Independence, medical ethics, neutrality and impartiality. The refusal to continue receiving economic assistance is a critical position in the face of recent migratory policies adopted by the European Union, signalling the negative impact that these policies are having on thousands of vulnerable people, who are, after all, the principal focus of MSF's humanitarian work.

KEYWORDS

Doctors without Borders | Financial Assistance | European Union | Principles | Humanitarian Aid

1 • Introduction

Doctors without Borders (MSF) is an international humanitarian organisation that provides consistently neutral and impartial medical support in diverse crises. The people we see are not distinguished by any criteria other than their health needs. Independence is another fundamental principle of our work. We uphold a strict principle of not basing our work on any political, economic and/or military interest.

The independence of our work is strongly linked to the origin of the funds that sustain it. MSF's reliance on the support of millions of people in many different countries means we can provide medical care where it is most needed, free of any political or economic influence. Even so, until recently a very small part of our budget came from institutional funding, such as the European Union (EU) and from some international health-related agencies, such as, for example UNITAID.

This short article covers MSF's recent decision to suspend funds received from EU and all its member states, in response to unacceptable European policy with regards to the refugee and migrant population – notably the signature and implementation of an agreement between the EU and Turkey in March 2016. We believe that it is at the most pressing and difficult times, when our organisations come under pressure to take pragmatic decisions, that we are challenged to test our principles. These are in no way easy decisions to take. As we will see, this decision reinforces the coherence of the principles that underpin our medical work.

2 • The European response to MSF's decision

In its 46 year-long history MSF has built up extensive experience in assisting refugees, asylum seekers, migrants and people who have been displaced from their home countries. MSF has sought to provide relief to people who have left everything behind in search of some security in order to start anew and who experience deterioration in their living conditions. These include: monitoring the Cambodian population fleeing the Khmer Rouge in Thailand, Rwandans in camps in Zaire, Somali refugees in Kenya, Palestinians in countries such as Lebanon, those displaced in Colombia, Mexican migrants and many other population movements triggered by conflicts, disasters and crises of many different types. Similarities between such different populations include their vulnerability, the enormous uncertainties they face, and the anguish of abandoning the world they knew and their emotional ties and roots.

In moments of extreme fragility, like the one being experienced by people who are now moving around the world for a variety of reasons, the receiving and transit countries and international regulations should provide assistance, protection and preserve human dignity over and above any national or transnational values. Sadly, that which seemed obvious and to be entrenched in so many international documents is being unacceptably “rewritten”

by the EU, causing terrible consequences for those people who most need protection, establishing a dangerous precedent that could set the tone in the building of policies for refugees, asylum seekers and migrants around the world. Another point worth highlighting is the fact that the EU is among the top principal donors and influencers of policies for humanitarian cooperation. A move such as this, therefore, has the power to have a terrible impact on the lives of millions of displaced people around the world.

As was widely publicised one year ago, the 28 EU member countries and Turkey signed a controversial treaty to stem the flow of migrants into Europe via the Aegean Sea. The agreement set out to send foreign nationals, including Syrians, arriving on the Greek coast, back to Turkey, effective from that time. Once the flow was stemmed the EU promised to receive the same number of Syrian refugees, originating from Turkey, as had been deported. In exchange for closing the Aegean route, Turkey was to receive 6 billion euros (24 billion Brazilian reais) by the end of 2018, to help the almost 3 million Syrian refugees in the country. In addition the EU promised to speed up the negotiation to exempt Turkish nationals from the visa requirement and to proceed with Turkey's admission to the EU.¹ The premise of the agreement itself is alarming: the fact that those seeking refuge – founded on the protection of fundamental guarantees, such as the right to life – were treated as a bargaining tool, involving swaps and financial resources. This represents an unprecedented shift – the inclusion of conditional factors in the offer of shelter – with a nefarious impact on people in transit and on future negotiations. This is unacceptable in moral and humanitarian terms.

MSF had already been publically calling for the EU and its member states to introduce and develop policies to protect vulnerable people – dignified conditions for receiving, schemes for reuniting families, humanitarian visas, simplified visa requirements, among other measures – instead of focusing on dissuasion and expulsion. In our day-to-day work we have been witnessing the physical and psychological consequences of policies of dissuasion. Almost four thousand men, women and children perished in the Mediterranean Sea in 2016, evidence of an abominable situation in which these policies are failing. The EU-Turkey agreement formalised a trend of not receiving and of rejecting undesirable populations in Europe, that was already apparent.

In the face of this scenario, the organisation initiated internal discussions on whether to continue to receive funds from the EU and other countries in the region. How could we distance ourselves and not be party to policies which are so harmful to the people we take care of on a daily basis? After all, MSF started in Europe and although it is increasingly multicultural and plural, it has five operational centres in the continent, so clearly, decisions related to the EU raise much debate.

Internal debate underpins MSF governance. The organisation would not have become what it is today without this characteristic. The decision was not taken without strong points of view being expressed by members of the association, in favour and against suspending these funds. Those in favour of EU funding, listed a series of arguments: they

highlighted the danger of the MSF distancing itself from EU platforms, which could lead to increased difficulty in communication with these platforms; the organisation's lack of memory regarding history, given that decades ago the EU was fundamental in releasing emergency funds that were important for the organisation to reach more people and attract an increasing number of private grants. By attracting private grants it was able to reduce institutional funding from the EU.

Like most organisations in the beginning, institutional/governmental grants were important in the MSF budget, reaching 50 per cent in 1996. However, from very early on, this fact was already worrying for the organisation.² So, in 1995, when MSF held the first of its two “policy summits”, in Chantilly, France, the final document already included concern about the need to diversify funding in order to preserve its independence:

“The concern for independence is also financial. MSF endeavours to ensure a maximum of private resources, to diversify its institutional donors, and, sometimes, to refuse financing that may affect its independence.”³

There was also questioning over how the people we work for – the most vulnerable and those who are excluded from health services and other basic needs – may receive news of this decision. The balance of opinions tipped towards a conviction about the protection of humanitarian principles.

Those who defended maintaining European funding were also worried about how this decision would be seen by donors and the general public. The public may consider this action an act of arrogance, because saying no to EU funding would be the same as saying no to the EU contributors and could therefore indicate that we do not need financial support. While those who defended not receiving funds trusted that the decision would be coherent with the complexity of the times we live in and with the trend of people fleeing from wars, economic crises and growing xenophobia. The organisation assessed there would be those among its donors who would want to imperiously defend these people and not by defending policies that turned them away from their borders, as was being done. The relations that MSF has in a number of European and international ambits of debate are healthy and we did not see ourselves being excluded from them because of the refusal of European funds. Financial independence would be preserved, intensifying communication about the assistance that we provide these people on a daily basis, therefore it was believed that funds would be guaranteed through private donors (individuals).

In June 2016, once the time for reflection within the organisation was over, MSF decided to announce that it would be suspending funds received from either the EU or from member states.

We emphasise that this decision stands alongside other decisions taken in the past, such as the refusal of donations from countries involved in military intervention. In 2004

MSF suspended funds received from American government agencies. This still stands and the objective is to guarantee the neutral and impartial provision of medical aid in the context of conflicts in which the United States are involved and where MSF is working.

3 • The suspension in practice

The impact of MSF's policy decision to suspend funds received from the EU and its member countries was carefully weighed up and considered. If necessary MSF could call on its reserve funds, normally used in emergencies, to guarantee that this decision did not affect patients and projects in progress. At the same time we worked to build awareness among donors so they would not give up on the work of MSF.

At this time the organisation's funding was already not dependent, as previously mentioned, on institutional grants. Even before the decision about the EU, 92 per cent of our funding came from the generosity of 5.7 million individual donors around the globe. While on the one hand our financial independence allowed us to be radical in the defence of our principles, on the other, more than ever, we needed individual supporters to be mobilised and connected to our work. It had become intolerable to receive funds from the same institution that was expelling people who we were providing with medical assistance. We could not receive resources from the EU whilst at the same time treating patients with frostbite from living in tents in the Greek winter in 2016, as the result of a disastrous and inhuman agreement.

At the time of the decision some projects were receiving European grants and these continued until the end of their contracts. The majority ended in 2016 and no new contracts have been signed since April 2016.

A decision that drastically bears witness to a respect for principles may not please everybody, but it responds to and reaffirms our commitment to those who motivate us and this is our only reason to exist: the population lacking medical attention and whose lives are in danger.

In this publication, aimed at discussing the institutional challenges to which organisations are exposed in their daily hardships, we are sharing our experience about the decision that was discussed by the dozens of countries where we are active and also our uncertainty about how this decision would be seen by the world. In the end, we confirmed that the strength of the organisation is in the work we do together with the populations supported and also in the constant reinforcement and struggle to keep our bases solid - in our case the principles of independence, medical ethics, neutrality and impartiality.

NOTES

1 • “Managing the Refugee Crisis – The Facility for Refugees in Turkey,” European Commission, 2016, accessed May 28, 2017, https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/european-agenda-migration/background-information/docs/20160420/factsheet_financing_of_the_facility_for_refugees_in_turkey_en.pdf.

2 • Jonathan Whittall, “MSF Suspension of EU Funds.” MSF Analysis, 2016, accessed May 28, 2017, <http://msf-analysis.org/msf-suspension-eu-funds>.

3 • “Who Are the Medecins Sans Frontieres,” MSF, 1995, accessed May 28, 2017, http://association.msf.org/sites/default/files/rst_library_item/Principles%20Chantilly%20EN.pdf.



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Received in April 2017.

Original in Portuguese. Translated by Jane do Carmo.



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Received in April 2017.

Original in Portuguese. Translated by Jane do Carmo.



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