Interview

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Witnessing and *Témoignage* in MSF's Advocacy

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Abstract

The following conversation explores the emergence of advocacy within the MSF movement. Maria Guevara was Senior Operational Positioning and Advocacy Advisor in the Operational Centre Geneva (OCG) at MSF Switzerland. Marc DuBois was the Head of the Humanitarian Affairs Department in the Operational Centre Amsterdam (OCA) at MSF Holland and the former Director of MSF UK. Together, we discuss the principle of 'bearing witness' and the dilemmas it has raised among MSF's different sections, as well as its link to eyewitness.

Keywords: MSF; speaking out; bearing witness; eyewitness; *témoignage*; virtual reality

Introduction

Humanitarian films in the 1920s served to blame or impel audiences, without naming or shaming perpetrators most of the time. Instead of being proper political advocacy, early humanitarian cinema displayed more educational advocacy, which aims to impose a transformative agenda based on solidarity. Advocacy developed more systematically as a form of humanitarian communication in the 1970s and 1980s. It was influenced by the French and British schools of humanitarianism (Dolan, 1992; Edwards, 1993; Gorin, 2018). While British NGOs such as Save the Children or Oxfam used advocacy to raise criticism over power dynamics and resource allocations between the Global North and South, humanitarian advocacy gained more political attention because it also aims to increase protection, assistance, and access. The birth of Médecins Sans Frontières (MSF) in 1971 and its use of *témoignage* questioned the principle of 'speaking out' and the witnessing status of the humanitarian worker. In the following conversation with Maria Guevara and Marc DuBois, we discuss witnessing strategies, visual evidence, and the dilemmas raised by advocacy among MSF's different sections. More recently, the use of virtual reality (VR) by aid agencies, including MSF, has questioned the paradigm of the humanitarian spectacle in the light of haptic sciences.

Conversation

Valérie Gorin (VG): MSF uses different terms to refer to advocacy, such as '*témoignage*', 'witnessing', 'speaking out', 'campaigning'. What does it say about the different interpretations of advocacy?

Maria Guevara (MG): Advocacy is a complicated term, every organization has its own interpretation. Advocacy is a spectrum and *témoignage* is one of those. [At MSF, we want] to speak out and highlight the plights of populations caught in humanitarian crises. In those days [before MSF was created], we didn't have social media, TV was just coming out and unless you put on a table what was happening in Nigeria during the Biafra war, it was not necessarily attracting attention from the global world. So out of outrage we were bearing witness.[1] Through the years, of course, other organizations realized it doesn't necessarily change policies on the preemptive level. For MSF, we've always stuck with the response.

Marc DuBois (MD): One of the interesting parts in MSF history was the split with Bernard Kouchner in 1978–79, over the organization's approach to publicity. During the boat people crisis, Kouchner wanted to go in a much more public way and MSF didn't. People say that it's the way MSF was created and yet the original charter of MSF was very clear: taking a public position was prohibited. It was removed, I think, in 1988. Another

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important point is what do we mean by speaking on behalf of people? Inside the organization, people from the Humanitarian Affairs have said over and over that we don't speak on behalf of anyone. I used to phrase it as 'we speak into the void, into the vacuum, because of their silence'. That was a big part of *Voices from the Silence* in 2001–02.[2] Lots and lots of harsh stories from what was going on in Angola but very little MSF.

VG: Has *témoignage* evolved to full advocacy campaigning since?

MG: Through the years we realized that we needed to speak out because of the medical actions we're doing. We wanted to ensure that quality of care was not only in the hands of the rich. The access campaign was born, using the money from the Nobel Peace Prize that we won in 1999. We went from doing public *témoignage* to being campaign activists. We needed to also negotiate for access. Those levels of connectivity started to impact each other in a globalized world and regional discussions certainly impacted national field discussions. In the mid 2000s, we developed this group called 'Policy and Advocacy Coordination Team'. It became the 'Humanitarian Advocacy and Representation Team', which has now dropped the advocacy – but that's an internal debate. We needed not just to speak out loud but also to do bilateral advocacy, or what some people would call quiet diplomacy. But diplomacy is yet another word: we are not diplomats; we just need to be diplomatic! We were really trying to make an influence and change some policies or some government actions that we felt were not in place. This is how advocacy developed and we called it humanitarian affairs because we didn't want to use the word advocacy.

MD: One thing we hear all the time, still today, is that MSF has a mandate or an obligation to speak out. We don't have any mandate. We have a founding charter to document and talk about. The purpose of the organization is to save lives, alleviate suffering, protect dignity, etc., and the way we do that is through delivery of medical humanitarian assistance and *témoignage*. Those are a means to an end. But there's no mandate at MSF and yet, it's thought of that way. It mixes with saviorism and it's funny how it won't disappear.

VG: What is so problematic about the word advocacy?

MG: We don't consider ourselves an advocacy organization because of the fear of dilution of the work that we do. Some organizations, let's say Oxfam and others, have moved from being very operational to doing a lot of advocacy, and so many people were very much afraid that we would dilute our core action (which is at the field) if we do advocacy. So, there's still this debate inside … At the OCG, we look at advocacy as part of our operational pillars, not separate but one of the actions we can take.

MD: There was always a distinction made in MSF. To me, it was tied more to witnessing. Advocacy is something that came from the human rights community, with an idea of addressing some of the underlying causes, very much the Anglo-American approach. Whereas the francophone approach was much more grounded in the *cri du coeur*, a moral outrage being expressed. Professionalization and bureaucratization of the organization pushed us to have a logical framework – with goals and targets – to be effective. One sphere was linked to abuses of power, violence against civilians, etc.; the other sphere was a more generic defense of humanitarian law and principles, like 'don't bomb hospitals' and that kind of thing.

VG: It's interesting to hear about the internal debate. Then, who are the 'big advocacy players' in the humanitarian sector?

MG: Probably Oxfam, in the pure sense of what advocacy was. As for us at MSF, we consider we're giving a platform to listen to the sorrows and words of the people we take care of. Even though, we do some very punchy actions in the field. If you look at history, and you watch Claude Malhuret and some of our other leaders at the borders of Cambodia just marching, is that speaking out or something else?[3] I mean, you could question this. We always said that we're not political, but we're working in a political setting, whether we like it or not. I think it's how you twist the words and what angles you focus on. In many of the cluster meetings where we are allowed as observers, you have people claiming they are going to do things, waiting for the funds that never come. Then three months later, who is doing it? A few of us. They like to say: 'This is the situation' and we react: 'What? This is not the situation! Don't display the wrong picture, so you get money!' That's just not fair for the people who depend on this. For us, just even participating in a cluster meeting is itself advocacy, to highlight what's happening.

MD: It's taking this rights framework, and then looking at our work through that. We're not independent, and we're not a human rights organization. The accusation exists that sometimes we were, like during the case of the Darfur rapes. We were told that this is none of our business, but we're treating women there and we made a report on what they told us.[4] We don't try to verify things, we don't triangulate data, not quite the way that Amnesty [International] or Human Rights Watch work, but 119 women said that it happened to them. This is very much the Amsterdam approach; it would be different in Brussels, Paris or Geneva … In 2010, there was a lot of talk in the MSF movement. A big difference remained around whether it's a duty or a choice to speak out. Most of the organizations believed it's a choice; there were few instances where they might consider it a duty.

That would be like you're witnessing something that nobody else can see.

VG: Is witnessing or bearing witness a fundamental component of advocacy?

MG: 'Speaking out' is always what we talk about. Now, we're getting more professional and better informed about how to train people in our tactics and strategies. Sometimes it's quiet, very private, bilateral, and sometimes it's semi- or very public advocacy. *Témoignage* or speaking out is a tool, and campaigning is a tool, in as much as bilateral is also a technique. I think there's more of that fine tuning. It's a spectrum of actions you can take within a larger frame.

MD: *Témoignage* has a huge overlap with witnessing. Now, witnessing is a very passive act. MSF is an organization that pays no attention to its own vocabulary. It has never agreed on the definition of *témoignage*. And in some ways, it probably can't. I don't think it's necessarily a weakness, like the word 'humanitarian' which means different things for different people. *Témoignage* has evolved in different ways in the different sections and certainly the OCA was seen as the most human rights of the group. For instance, [MSF] CRASH thought of us very critically. We were just much more interested in a human rights approach to advocacy. A lot of the work of human rights organizations back then was creating public visibility. Our doctrine was not to get to underlying causes, but we talked about the medical suffering that we saw.

VG: What would be the difference between witnessing and bearing witness?

MD: The way I would describe the difference, is that you have people who witness stuff and then just keep walking. Bearing witness seems to be something different for us. The way in which we use that word is that you act upon what you witness. It tangles up with whether we have a duty to act on it, but some people would agree that if you see a child drowning, you have a Good Samaritan duty at least … Again, there are different interpretations of 'bearing witness'. Our rape report from 2005 in Darfur was heavily criticized by MSF France because of how we used the word 'rape' and how we came to that conclusion, despite us not being there to witness it. There is this idea that if you don't see it, it's not witnessing.

VG: So, in the end, has humanitarian advocacy become more rights-oriented than needs-oriented?

MG: From the MSF perspective, we speak around humanitarian principles and ethics, where and how those interrelate with human rights. MSF is not a rights group. We don't speak on rights except when we say we need to have access to medicines and quality care, and we have to make this affordable. If you look at the rights to health (availability, supportability, accessibility, and quality), all the things we speak around, well, the reality is that while we don't name it as such, we speak on the elements of the rights to health from a principled, ethical approach. Physicians for Human Rights[5] would come straight out that whatever the situation is, these people have a right; whereas for us, we say that these people have a need not being met. We have a duty to take care of them from a principled approach and you, governments, need to stop doing what you're doing because you're making these people vulnerable. It's just a different angle but at the heart of it, it's the government's responsibility and obligation to fulfill the rights of the people. We let Physicians for Human Rights and Amnesty International speak from the rights perspective, we're calling from the needs perspective, but they all relate. It makes sense that we speak from the needs because they have to be answered now, whereas this rights debate can take forever.

MD: The access to essential medicine campaign[6] is probably the pinnacle of how advocacy takes place at MSF: a really good analysis of the problems, leverage points, and understanding how to raise public awareness produced mobilization, got the press, got photos. Trying to deal with companies that have boards is a very different thing from trying to get a bloody dictator somewhere to change his behavior. We had this argument inside OCA for six or seven years around the response to the Rohingya situation. OCA was a very big actor inside Myanmar at that time. We were in the Rakhine State for years and we knew exactly what was going on and we always tried to maintain presence. It wasn't just for the sake of it. At a certain point, probably eighty percent of the HIV patients were receiving antiretroviral (ARV) treatment from MSF. If you get yourself kicked out, then what happens to thirty thousand people who need you for their ARVs?[7] That debate raged, and we often heard that we were complicit because we haven't spoken out publicly about it – that we have blood on our hands. One of the key things that always comes out of that is that people say we're not doing anything, we're just standing. You can't do that in the face of a near genocide. And yet, behind-the-scenes' advocacy around the Rohingya was one of the strongest bits of advocacy in the organization for years. The Heads of Mission in Myanmar and in the neighboring countries were constantly feeding information to the main governments – and pushing – but it was not in public. Every now and then something would come out in public and there would be some back and forth … There were also risks for the staff. Anything said in the public domain starts to take on a different dimension when you start with social media. There were Facebook things saying: 'We know where MSF staff live', 'MSF is pro-Muslim'. That kind of thing is hard to control. But the bottom line is that people don't see it, even inside MSF.

VG: What role do visual images have in advocacy strategies? Are there used differently for silent diplomacy

or during bilateral meetings? Or used preferably for public awareness? Does it bring more evidence to what you're claiming?

MG: It depends what we mean when we say visual. Because visual could be a document – hands-on material where you can visualize and read. We do a lot. We share what we've witnessed on the ground. We speak it verbally, and if we have a policy document that highlights what has happened we might share that on a very bilateral basis. Depending on the sensitivity of the situation, we may just go directly with a document. When you try to persuade somebody, you can either go from logic (the logos), explaining why this is wrong or right, or you can go from the ethical perspective (the ethos), the name-shame strategy, and then you go for papers. This is when visual content makes sense. Having held the position of a senior coordinator for attacks on healthcare, it's very surreal to imagine that you're getting bombed. And when you put somebody in a virtual reality situation, make him go through pretending to feel what's happening, there's a real emotional impact. They get it. Some people don't. Some people may have some trauma triggered. So, especially if you recreate a trauma situation, you have to be responsible for the psychosocial support, just in case. Alan Kurdi's picture was seen by everybody in the world, like the kid in Syria sitting in the ambulance.[8] As a medical organization, we're very concerned that we're not having secondary fallout from that. But it's impactful and we have used it in bilateral bases, roundtables, closed doors, even publicly. It's a powerful tool, and that was the feedback that we've gotten a lot. Because sometimes, those people sitting in decision-making capacities are so distant from the reality on the ground and you can bang at them by showing what's happening. They often say that they have multiple priorities and it's falling on deaf ears even though they have sympathy to the cause. So, to get them empathetically involved, we have to elicit emotions, and sometimes visual evidence is a preferred approach.

MD: The visual side is often very powerful … I've had this discussion with the governments of Sudan and Angola; most of them don't like our interpretation of the facts. But they rarely dispute the medical data. The use of medical data is what I would call a non-visual witnessing. And it's extremely powerful and it's rarely challenged. When the government says that they've bombed some rebel militia groups, you can tell that you treated this number of women and children on that same day, and that matters – that linkage to what you collect through data and what data is showing. I would go to the registration desk of a clinic in the middle of nowhere and ask where's everyone from. They would tell me, but I would ask where around here people do *not* come from. There's information in this. Because a busy clinic doesn't ask itself who is not coming. That kind of question shows that it's revealed in the data by gaps. Who's not here? There are no men here in our HIV programme; you've got women and children, and yet, we know that men are the vectors. So, you're bearing witness almost through the lack of and invisibility in your data. What does it mean to bear witness for the organization? Is part of our witnessing credibility based on us being neutral observers? Some of that is tangled up with the trust in our national staff. In Darfur, the government wasn't in love with us and yet we were doing two million consultations – this was when Sudan was one country. We were an enormous actor and they knew that and respected that, and they didn't want us to talk, they really didn't like this stuff. We were suspected also of just being Western, human rights people … I remember we reported on villages being burned and stuff like that, I was being grilled on this in Khartoum, there were people of the national security around telling me: 'You don't know, MSF, you're just being used, you're being fed lies.' I told them that our team drove into that village and found that the mobile clinic was burning when they arrived there. And the team included expatriates who I've talked to. Their faces changed. They had no idea. They hadn't been out of Khartoum, all of those guys. It added quite a bit of credibility. This was an eyewitness account.

VG: Nowadays, it's interesting to note that virtual reality is considered as 'the ultimate empathy machine'. But why do we always focus on positive emotions? Advocacy is about pointing the finger to what doesn't work, so it involves negative emotions: guilt, shame, blame, or outrage – you mentioned it as inspirational for MSF.

MG: Yes, all of these emotions. You can have empathy, compassion as reactions, or you get some angry people saying: 'That's just not fair.' Or you also get people who feel guilt or shame. This is where we have a responsibility of using media, like virtual reality. It's important to make sure that you have prepared them. Some people won't want to talk about it, some people will be positively impacted, some people negatively … Sometimes in our advocacy, even through a document, we name and shame. Let me highlight one interesting thing that we used. I think it's important we should enlarge our media through either arts or architecture. For example, you have the big brain around Forensic Architecture, Eyal Weizman. He's using forensic architecture as evidence in court to show the links to actual crimes. We commissioned him to follow the sequence of the attack of the al-Hamidiah hospital in Syria in 2016.[9] It was very interesting to see how he uses the reconstruction of an event as forensic evidence, using the architectural approach. He also used it for the migration, using distress signals from the phones to trail exactly what happened to refugees at sea who drown. That kind of

evidence is powerful as an advocacy tool, but it is also used in court.

MD: The access campaign was essentially about shaming and making people feel guilty about what they do, the profit margins in the pharmaceutical market. It had a logic, like removing a law. What's interesting in some of that naming and shaming is that it's a way of getting people to act in certain ways. I heard feedback from someone who was passing on to me information that he had heard directly from high level Sudanese for that rape report. Why did it trigger so much? Why did it create so many problems for us? Because they were very unhappy with it. He said it's because across the Middle East there are rebel groups fighting, people get bombed, shot at, and nobody cares about that. But the rape of women? That's very different. You can't explain that by counterinsurgency, counterterrorism, or anything. There were stories in the press. And now you have a credible medical group saying it's true. There was a shame and a blame there and it was not so easily dismissed. It had a particular resonance there that caused a reaction.

VG: Did you also try to mix different technological innovations during the campaign *#NotATarget* to involve the public in the debate about healthcare in danger?

MG: The mind behind that was MSF Canada and its former Executive Director Stephen Cornisch. His team wanted to use social media platforms to rally support and came up with *#NotATarget*.[10] We used that emblem and did a lot of films, still shown at exhibits to get people to understand the work that we do. We have a lot of photo exhibitions, with a lot of platforms where you make a selfie with *#NotATarget*. We did the visual ceremony in front of the HUG [Hôpitaux Universitaires de Genève].[11] MSF Belgium was running the Kunduz hospital campaign, so we mobilized a lot of bilateral meetings; there was a lot of negotiations at the US level, at the Afghanistan level. We even spoke out at the UN Security Council – which is a rare thing for MSF – with Joanne Liu and the ICRC [International Committee of the Red Cross].[12] It was pure advocacy all the way and it became a very public campaign. We used it for as long as we could until some MSF people said they didn't need the campaign anymore.[13] We didn't forget about that, but we had all those other priority emergencies over the years. We wanted operations to start again.

VG: I remember that MSF-CH did a VR movie to recreate the attack on Kunduz. You used it with armed groups?

MG: The whole movement reacted to the attack on Kunduz and we all got together and decided to speak out. One of the actions that MSF-CH did to support this campaign was to create the VR movie. We used it in some roundtables, Friends of 2286,[14] in some lectures at the GCSP [Geneva Centre for Security Policy],[15] with the military actors there. We used it also on public platforms and bilateral discussions. We used MSF people for acting, and it was powerful.

VG: Would you do it again in the future? Or do you think VR is just a buzz?

MG: This is an issue only because we don't have a campaign anymore. People think we should start again – it's still in discussion. It doesn't mean that we have stopped addressing the issue, but just that we have turned inside to see how we can address it. It has fallen on the counterterrorism portfolio, also on the security portfolio, on how we establish guidelines and protocols. It has become very operational. On the public front, it's not a priority. But we know that COVID is making this a larger question … The attacks against healthcare workers in the United States or anywhere else, not necessarily in conflict zones, merely happen because of mistrust, fear of disease … That's why I would like to bring back protection of the medical action. Not the mission, not the project, not the attack on healthcare itself, but the medical action which is being attacked not only from the illegal war narratives, but on the ethical narratives as well.

VG: How do you see the future of advocacy in terms of strategies or challenges? Are new technologies changing anything?

MG: At MSF, we think that the use of digital apps, surveillance systems, etc., can be more dangerous in the protection of the people and giving them voice. Because these tools, if not protected correctly, can be used as signals. To use these tools, you have to be extra careful with how you protect [data], how you collect it, how you use and analyse it, because there is misinformation, disinformation, surveillance risks, hacking risks. Technology can be a target itself; it needs to be used smartly. The advocacy purpose is to do it responsibly and protectively. We have not necessarily evolved in our thinking; we just had a huge discussion on digital health innovations and data protection questions and our responsibility on that, and how we need to use that and join the voices and advocate on that. We're all sitting on important information for the population who may become more vulnerable just because we speak out.

MD: The most interesting question for me is the new emphasis on understanding the ways on which we are capitalizing on neocolonial power dynamics: unfair and inequitable power dynamics that contribute to the very injustice that we're seeking to alleviate. We haven't seen our own connection to that injustice. We discussed about this at the Centre for Humanitarian Action [CHA] in Berlin in May 2020, during a session on the triple nexus.[16] Humanitarian protection crews still go out there thinking they're going to save the world. The founding of that is the idea of human dignity. It's a thing we're supposed to be defending, it's the humanitarian purpose.

But the way in which humanitarian action is conducted, treating people as helpless victims – being their saviors – involves inherently undermining their human dignity. I kind of believe we should just wipe out the whole protection bureaucracy and see what comes back in its place. It would grow back because it is necessary, but it would not grow back as the same old 1990s human rights … Rights organizations can talk for themselves; they don't need us talking for them. And more importantly, people can talk for themselves. In every country in the world, we've seen people power and we are people's disempowerment. I want to distinguish that though from other MSF voices, like *#NotATarget*. That's a different sort of defense. This is more about what has happened to the humanitarian health. I think there's still a role for the ICRC or MSF in the world to defend the principles of humanitarian action against counterterrorism measures, against violence from both sides.

Notes

1 The Nigerian Civil War (1967–70) is commonly seen as the birth scene of MSF. Although some of its founding members were involved as humanitarian workers during the war, MSF was only born in 1971. See Desgrandchamps *et al.* (2020) for a fuller discussion in this journal.
2 MSF (2001), *Voices from the Silence: People's Narratives of Their Lives in Angola*, www.msf.fr/sites/default/files/2001-04-12-MSF.pdf (accessed 26 December 2020).
3 The 'March on Cambodia' was a public campaign organized by MSF, Action Against Hunger, and the International Rescue Committee to force the Vietnamese army to let humanitarian relief be distributed in Cambodia. On 6 February 1980, about 150 celebrities, journalists, intellectuals, and relief workers, including MSF's president Claude Malhuret, marched on the Cambodian borders to try to persuade the Vietnamese (see Davey, 2015).
4 MSF (2005), *The Crushing Burden of Rape: Sexual Violence in Darfur*, www.msf.org/crushing-burden-rape-sexual-violence-darfur (accessed 26 December 2020).
5 PHR is a US-based human rights NGO which combines medicine, science, and advocacy to promote medical ethics, and investigate and document human rights violations. They collaborated with MSF (and denounced for example the suspension of MSF from Rakhine State in April 2014) and shared the 1997 Nobel Peace Prize with other human rights NGOs for their role in the International Campaign to Ban Landmines. See their website: https://phr.org/ (accessed 22 May 2021).
6 See the access campaign website: https://msfaccess.org/ (accessed 26 December 2020).
7 In 2019, MSF managed to resume its activities in Myanmar after months of negotiation with the government. See the data in the 2019 *International Activity Report*: www.msf.org/international-activity-report-2019/myanmar (accessed 26 December 2020).
8 Omran Daqneesh is a Syrian boy, whose video circulated in August 2016. It raised similar international outrage as in the case of Alan Kurdi, the three-year old Syrian boy pictured dead on a beach in September 2015.
9 See the whole investigation and its results on Forensic Architecture's website: https://forensic-architecture.org/investigation/airstrikes-on-al-hamidiah-hospital (accessed 26 December 2020).
10 The campaign was launched after the US attack on the Kunduz Trauma Center (Afghanistan), operated by MSF, on 3 October 2015. See the online platform: http://notatarget.msf.org/ (accessed 26 December 2020).
11 On 3 October 2016, MSF-CH used the face of the Geneva City Hospital to screen the simulation of an attack. See the video: www.youtube.com/watch?v=JvjP7EWvK88 (accessed 26 December 2020).
12 MSF's president Joanne Liu and ICRC's president Peter Maurer gave a briefing at the UN Security Council on 28 September 2016 to address the protection of civilians and healthcare in armed conflicts.
13 The *#NotATarget* is now a broader campaign launched by the UN for the World Humanitarian Day on 19 August 2017.
14 Group of Friends of 2286 is an informal group on the Protection of Civilians, created after the adoption of the Security Council resolution 2286 in May 2016, which condemns the attacks against medical units and personnel in armed conflicts.
15 The GCSP is a think tank that promotes dialogue and education to support peacebuilding and security. See their website: www.gcsp.ch/ (accessed 26 December 2020).
16 See the CHA's webinars: www.chaberlin.org/en/event/the-triple-nexus-threat-or-opportunity-for-humanitarian-principles/ (accessed 26 December 2020).

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