Médecins sans Frontières, Evolution of an International Movement: Associative History 1971-2014

Episode I
The Birth of a Movement: MSF from 1971-2000

Laurence Binet - Martin Saulnier
In the collection, “MSF Speaking Out”:

- “Salvadoran refugee camps in Honduras 1988”

- “Genocide of Rwandan Tutsis 1994”

- “Rwandan refugee camps Zaire and Tanzania 1994-1995”


- “Famine and forced relocations in Ethiopia 1984-1986”

- “Violence against Kosovar Albanians, NATO’s Intervention 1998-1999”
  Laurence Binet - Médecins Sans Frontières [September 2006]

- “War crimes and politics of terror in Chechnya 1994-2004”
  Laurence Binet - Médecins Sans Frontières [June 2010-September 2014]

- “Somalia 1991-1993: Civil war, famine alert and UN ‘military-humanitarian’ intervention”
  Laurence Binet - Médecins Sans Frontières [October 2013]

- “MSF and North Korea 1995-1998”
  Laurence Binet - Médecins Sans Frontières [November 2014]

- “MSF and Srebrenica 1993-2002”
  Laurence Binet - Médecins Sans Frontières [July 2015]

- “MSF and the War in the Former Yugoslavia 1991-2003”
  Laurence Binet - Médecins Sans Frontières [December 2015]
“In democratic countries the science of association is the mother of science; the progress of all the rest depends upon the progress it has made.”

Alexis de Tocqueville,
*Democracy in America,*
Volume 2, Part 2, Chapter V (1840)
## PEOPLE INTERVIEWED

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Jose Antonio Bastos</td>
<td>MSF International - Emergency Team Member 1995-1997; MSF Spain - President 2010-2016, interviewed in 2016</td>
</tr>
<tr>
<td>Dr Philippe Biberson</td>
<td>MSF France - President 1994-2000, interviewed in 2016</td>
</tr>
<tr>
<td>Victoria Bjorklund</td>
<td>MSF USA - Lawyer and member of the board of directors, then of the board of advisors, from 1989, interviewed in 2016</td>
</tr>
<tr>
<td>Dr Marleen Bollaert</td>
<td>MSF Belgium - President, 1995-1998, interviewed in 2016</td>
</tr>
<tr>
<td>Françoise Bouchet-Saulnier</td>
<td>MSF Legal advisor from 1991, interviewed in 2017</td>
</tr>
<tr>
<td>Dr Anamaria Bulatovic</td>
<td>MSF USA - Member of the Board of Directors 1997-2000, President 2000-2002 (in French)</td>
</tr>
<tr>
<td>Dr Georges Dallemagne</td>
<td>MSF Belgium - General Coordinator, interviewed in 2005 in <em>Famine and Forced Relocations of Population in Ethiopia: 1984-1986 - MSF Speaking Out Case Studies</em></td>
</tr>
<tr>
<td>Xavier Descarpentries</td>
<td>MSF France - Director of Fund Raising, 1990-2000, interviewed in 2016</td>
</tr>
<tr>
<td>Dr Alain Destexhe</td>
<td>MSF International Secretary General 1991-1995, interviewed in 2016</td>
</tr>
<tr>
<td>Alain Fredaigue</td>
<td>MSF France - Regional Offices' Manager from 1991, then Associative Life and events Coordinator from 1993, interviewed in 2017</td>
</tr>
<tr>
<td>Dr Eric Goemaere</td>
<td>MSF Belgium - General Director, 1996-1998, interviewed in 2016</td>
</tr>
<tr>
<td>Dr Peter Hakewill</td>
<td>MSF Australia - Co-founder, General Director 1993-1999, interviewed in 2017</td>
</tr>
</tbody>
</table>


Dr Philippe Laurent  MSF Belgium - Co-founder, President 1981-1984, General Director 1981-1986, interviewed:

Dominique Leguillier  MSF Japan - Co-founder, President and Executive Director 1992-2003, interviewed in 2017


Marilyn Mac Hargh  MSF Canada - Co-founder, interviewed in 2016

Dr Claude Malhuret  MSF France - President 1978-1979, Management Team Member 1979-1985, interviewed in 2016


Dr Bart Meijman  MSF Holland - President, 1997-2001, interviewed in 2016


Dr Reginald Moreels  MSF Belgium - President, 1986-1994, interviewed in 2016


Dr James Orbinski  MSF International Council - President 1998-2000, interviewed in 2016

Dr Sotiris Papaspyropoulos  MSF Greece - Co-founder, President 1990-1996, Honorary President 1996-2000, interviewed:
- In 2006 in Violence against the Kosovar Albanians, NATO Intervention 1998-1999 in MSF Speaking Out Case Studies interviewed
- In 2016


Dr Miguel-Angel Perez  MSF Spain - President 1998-2003, interviewed in 2016


Dr Morten Rostrup  
MSF Norway - President 1996-2000, interviewed in 2016

Dr Doris Schopper  

Dr Johan von Schreeb  
MSF Sweden - President 1993-2000, interviewed in 2016

Sergio Solomonoff  
MSF Italy - Head of Office 1991-1997, interviewed in 2017

Göran Svedin  
MSF Sweden - General Director 1993-1997; MSF Belgium Liaison with the partner sections 1997-2003, interviewed in 2016

Joëlle Tanguy  
MSF USA - General Director 1994-2001, interviewed in 2016

Fiona Terry  

Dr Josep Vargas  

Dr Clemens Vlasich  
MSF Austria - Co-founder, General Director 1994-1996, President 1996-2006, interviewed in 2017

Dr Eric Vreede  
<table>
<thead>
<tr>
<th>ACRONYMS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AEDES</td>
<td>Association Européenne pour le Développement et la Santé/ European Association for Development and Health</td>
</tr>
<tr>
<td>AIDAB</td>
<td>Australian International Development Assistance Bureau</td>
</tr>
<tr>
<td>AFP</td>
<td>Agence France Presse/French Press Agency</td>
</tr>
<tr>
<td>AGM</td>
<td>Annual General Meeting (General Assembly)</td>
</tr>
<tr>
<td>AMI</td>
<td>Aide Médicale Internationale/ International Medical Assistance</td>
</tr>
<tr>
<td>AOG</td>
<td>Ärzte Ohne Grenzen (German translation of Médecins Sans Frontières)</td>
</tr>
<tr>
<td>AZG</td>
<td>Artsen Zonder Grenzen (Dutch translation of Médecins Sans Frontières)</td>
</tr>
<tr>
<td>BBC</td>
<td>British Broadcasting Corporation</td>
</tr>
<tr>
<td>BOD</td>
<td>Board of Directors</td>
</tr>
<tr>
<td>CAC 40</td>
<td>Paris stock market indicator</td>
</tr>
<tr>
<td>CARE</td>
<td>Cooperative for Assistance and Relief Everywhere</td>
</tr>
<tr>
<td>CDC</td>
<td>Comité de Direction Collégiale/Collegial Management Committee</td>
</tr>
<tr>
<td>CDC</td>
<td>Center for Disease Control and Prevention</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>CIREM</td>
<td>Centre d'Intervention pour la Recherche et l'Epidémiologie Médicale/ Intervention Centre for Research and Medical Epidemiology</td>
</tr>
<tr>
<td>CSIS</td>
<td>Center for Strategic and International Studies</td>
</tr>
<tr>
<td>Dirop</td>
<td>Director of Operations</td>
</tr>
<tr>
<td>DO</td>
<td>Delegate office</td>
</tr>
<tr>
<td>DWB</td>
<td>Doctors Without Borders</td>
</tr>
<tr>
<td>EC</td>
<td>European Community</td>
</tr>
<tr>
<td>ECHO</td>
<td>European Commission Humanitarian Office</td>
</tr>
<tr>
<td>ECU</td>
<td>European Currency Unit (Prior to Euro)</td>
</tr>
<tr>
<td>EEC</td>
<td>European Economic Community</td>
</tr>
<tr>
<td>EPI</td>
<td>Expanded Program on Immunization</td>
</tr>
<tr>
<td>ET</td>
<td>Emergency Team</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>Excom</td>
<td>Executive committee</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
</tr>
<tr>
<td>GA</td>
<td>General Assembly (Annual General Meeting)</td>
</tr>
<tr>
<td>GD</td>
<td>General Director</td>
</tr>
<tr>
<td>GIMCU</td>
<td>Groupe d'Intervention Medico-chirurgicale d'Urgence/ Emergency Medical and Surgical Intervention Group</td>
</tr>
<tr>
<td>GLIDO</td>
<td>Great Lakes International Director of Operations</td>
</tr>
<tr>
<td>IC</td>
<td>International Council</td>
</tr>
<tr>
<td>ICP</td>
<td>International Council President</td>
</tr>
<tr>
<td>ICRIC</td>
<td>International Committee of the Red Cross</td>
</tr>
<tr>
<td>IGA</td>
<td>International General Assembly</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Name</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>IO</td>
<td>International Office</td>
</tr>
<tr>
<td>LSF</td>
<td>Liberté sans Frontières</td>
</tr>
<tr>
<td>Ltd</td>
<td>Limited Company</td>
</tr>
<tr>
<td>MDM</td>
<td>Médecins du Monde/Doctors of the World</td>
</tr>
<tr>
<td>MSF</td>
<td>Médecins Sans Frontières/Doctors without Borders</td>
</tr>
<tr>
<td>MiniAG/MiniGA</td>
<td>Mini General Assembly</td>
</tr>
<tr>
<td>MPLA</td>
<td>Movimento Popular de Libertaçao de Angola/People’s Movement for the Liberation of Angola</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
</tr>
<tr>
<td>NHK</td>
<td>Nippon Hōsō Kyōkai – Japan Broadcasting Corporation</td>
</tr>
<tr>
<td>OCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs</td>
</tr>
<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
</tr>
<tr>
<td>OXFAM</td>
<td>Oxford Committee for Famine Relief</td>
</tr>
<tr>
<td>PhD</td>
<td>Doctoral Degree</td>
</tr>
<tr>
<td>PID</td>
<td>Populations in Danger</td>
</tr>
<tr>
<td>PR</td>
<td>Public Relations</td>
</tr>
<tr>
<td>PSF</td>
<td>Pharmaciens Sans Frontières/Pharmacists without Borders</td>
</tr>
<tr>
<td>PSP</td>
<td>Populations en Situation Précaire/Populations in Precarious Situations</td>
</tr>
<tr>
<td>SCF</td>
<td>Save the Children Fund</td>
</tr>
<tr>
<td>SIDA</td>
<td>Swedish International Development Cooperation Agency</td>
</tr>
<tr>
<td>SMF</td>
<td>Secours Médical Français/French Medical Relief</td>
</tr>
<tr>
<td>UAE</td>
<td>United Arab Emirates</td>
</tr>
<tr>
<td>UIR</td>
<td>Unité d’Intervention Rapide/Rapide Response Unit</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
</tr>
<tr>
<td>UNITA</td>
<td>União Nacional para a Independência Total de Angola/National Union for the Total Independence of Angola</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>WIPO</td>
<td>World Intellectual Property Organization</td>
</tr>
</tbody>
</table>
Ever since Médecins Sans Frontières (MSF) was founded in 1971, there was both an international and associative organisation. International because it wouldn’t have made sense for France on its own to have gone to the aid of threatened populations around the world and associative because civil law in France, especially the 1901 law governing charitable bodies, was perfectly suited to MSF’s guiding democratic and selfless precepts.

Yet, MSF’s development from a small, purely French organisation into an international associative movement was never carefully planned and never was particularly smoothly. It was the result of various compromises between the movement’s leaders, with their individual agendas, and integrating fait accomplis whenever necessary. The evolving modifications were discussed at length to ensure that concerns raised were legitimate and that there was agreement for decisions made. The nature and the validity of MSF’s leadership were regularly challenged, as was the question of how MSF should grow while remaining true to its approach to humanitarian aid.

Episode One of this study - a summary of which you will find below - covers MSF’s first three decades (1971-2000). Episode Two is about the challenges of the early 21st century and will be published in 2018.

An International Movement…

MSF’s founding charter stressed an international vocation and the founders’ successors maintained this vision for years. Further, the founders believed that new MSF entities created outside of France should remain under the control of MSF France. The idea behind this control was to avoid putting MSF principles at risk. A solid structure was necessary before growth could take place.

In the early 1970’s attempted launches of MSF in the United States and in the Netherlands never got off the ground. First steps towards internationalising legal statutes failed as well.

In the early 1980s, Belgian and Dutch returned volunteers attempted to open MSF offices in their home countries: Belgium in 1980 and The Netherlands in 1984.

MSF France supported these initiatives, but insisted on retaining control of new entities, the MSF trademark and name, in particular.

In 1985, MSF Belgium took a first step towards independence from MSF France by opposing the creation by MSF France’s newly formed Liberté Sans Frontières (LSF), a think tank focused on ‘third-worldism,’ the political view that the First world’s relations with the Third world were skewed. MSF Belgium considered LSF to be overly political for a medical emergency organisation. They also refrained from supporting MSF France after their expulsion from Ethiopia as a result of denouncing the abusive regime. MSF France sued MSF Belgium in court to forbid the use of the MSF name in Belgium, but lost the case.

MSF Switzerland was created in 1981 to improve access to the various Geneva-based funding institutions and in 1983, became an independent organisation from MSF France, freely run by Swiss volunteers.

In 1986, after a last stand against the creation of MSF Luxembourg and MSF Spain, MSF France had no choice but to accept the existence of five other international, independent MSF entities. However, MSF France did succeed in requiring MSF Belgium to integrate MSF Luxembourg’s operations into its own operations.

At the end of the 1980s, after the reconciliation of the six national MSF entities, they began to meet regularly to formalise common rules and coordinate more coherent activities around the world, in the name of Médecins Sans Frontières.

In 1987, a moratorium on the creation of any new entities was instituted. Although the moratorium was renewed in 1989 and 1993, MSF France, MSF Belgium, and MSF Holland continued to create a number of new entities including delegate and international offices. The role of these offices was to increase funding and human resource opportunities for operations.
In the case of some countries like Switzerland, Canada, and Greece, returned volunteers wanted to create home country entities, in line with the new sourcing approach from the three big operational centers. Thirteen delegate offices in total were created: MSF USA in 1987; MSF Greece in 1990; MSF Canada in 1991; MSF Japan and MSF Sweden in 1992; MSF Italy, MSF UK, MSF Denmark in 1993, MSF Germany; MSF Hong Kong, MSF Australia, and MSF Austria in 1994; and MSF Norway in 1996. An MSF France’s Antenna was set up in the UAE in 1995.

The first six MSF associations, which were considered to be founding associations, formed a movement, first as MSF Europe (in parallel with the EEC at the time), and later as MSF International. This federation, which was formed in 1991 as an association under Belgian law, was run by a board of directors, known as the International Council. It brought together the presidents or general directors of the six original entities. A secretary-general headed the international office, or Brussels-based secretariat.

The International Council, comprised of the Presidents of the various entities, was assigned duties including designing the movement’s rulebook, updating the charter, supervising the use of the trademark and logo, and overseeing public statements and witnessing, and overseeing accounting.

By 1991-1993, internal operational and political disagreements spilled over into approaches to the conflicts that engulfed ex-Yugoslavia and soon after, the genocide of the Rwandan Tutsi 1994. These challenges forced MSF to consider whether it was truly a community of culture and practice, something that is described as sharing a common ‘identity.’ Between 1994 and 1996, a series of conventions and workshops, with MSF association members, the executive, and the International Council, were held to examine these questions.

In 1995 and 1996, two international conventions were held in Chantilly, France and the resulting ‘Chantilly principles’ were outlined. These basic principles define the MSF community of culture and practice.

... With an Associative Character

The Chantilly meetings reflected on the associative character of all of the entities as a whole, and of each of the entities individually. Until then, this associative aspect was accepted without question because the founding associations started in countries where civil law provided necessary legal frameworks for MSF’s democratic and not-for-profit approach.

For delegate offices, an associative legal structure was more complicated because they were created in countries under common law, such as the United States of America and the United Kingdom. Although common law statutes could integrate the non-profit character of MSF, they did not have laws regarding democratic governance. The members of these boards, for instance, were not elected by a general assembly, but coopted. Further, volunteers hired by delegate offices, who wanted to participate to the organization’s governance had to be members of a founding association, which was often not in their country of origin.

Delegate offices wanted a more associative method of governance that would allow them to maintain connections with volunteers after they had returned from a mission for a number of reasons, including support, future recruitment, or press interviews.

In January 1997, the International Council agreed upon major structural reform including rules of governance.

The 19 delegate offices became partner sections, but were still not operational. Like the six founding sections, each partner section had to be backed by an association, even in countries that did not have those particular legal statutes. The 19 presidents and their associations were given equal voting rights in the International Council. The International Council became a discussion platform that included an advisory role to the executive regarding questions related to culture and practices.
MSF received the Nobel Peace Prize in 1999 and launched in 1999 its first wide-ranging, strategic, international campaign, the Access to Essential Medicines Campaign. That same year the MSF movement for the first time officially sanctioned a member entity. MSF Greece was expelled after long negotiations and three near-unanimous votes in favor of the expulsion. This expulsion was a movement-wide penalty for organising an exploratory mission in violation of MSF operational principles in Kosovo. Nonetheless, the process for reintegrating Greece was launched in 2002, and was successfully concluded in 2005.
CONTENTS

I. BIRTH OF A MOVEMENT IN FRANCE (1971-1979) ............................................. 15
   A. A French “Association” .............................................................................. 15
   B. The French Division (1978-1979) ............................................................. 20
      1. First Swirls (1978) ............................................................................. 20
      3. The Breakup (1979) .......................................................................... 24
   C. Structuring and Re-Centralising (80ies) ................................................ 26

II. BIRTH OF SIBLINGS (1978-1984) ................................................................. 30
   A. First [Failed] Attempt to Internationalise (1978) ................................. 30
   B. MSF Belgium (1980) ............................................................................. 33
   C. MSF Switzerland (1981) .......................................................................... 35
   E. MSF Holland (1984) ............................................................................. 39

III. SIBLING RIVALRIES (1985-1986) ................................................................. 41
   A. The Franco-Belgian Quarrel (1985) .......................................................... 41
      1. Rupture of MSF Belgium/MSF France relations (1985) ..................... 41
         a) Dispute on Liberté Sans Frontières (1985) ...................................... 41
         b) Trial on the Trademark (1985) ....................................................... 49
      2. Discord on Ethiopia (1985) ................................................................. 54
   B. Turmoil in MSF Belgium (1986) .............................................................. 55

IV. ADOLESCENCE: BUILDING OF MSF MOVEMENT (1987-1996) ................. 60
   A. The Satellite Associations (1984-1986) .................................................... 60
   B. Reconciliation and socialisation (1986-1988) .......................................... 63
      1. Talking and Working Together ............................................................ 63
      2. MSF Luxembourg (1986) .................................................................. 66
      3. MSF Spain (1986) ............................................................................. 68
   C. Creation of MSF International ................................................................. 71
      1. From MSF Europe to MSF International ............................................. 71
      2. The International Council ................................................................. 73
      3. An International Decision Making Process ....................................... 78
      4. The International Office .................................................................. 81

A. Second generation: MSF delegate offices ......................................................... 87
   1. MSF United States of America (1987) .......................................................... 89
   2. MSF Greece (1990) ..................................................................................... 94
   3. MSF Canada (1991) ..................................................................................... 97
   4. MSF Japan (1992) ....................................................................................... 103
   5. MSF Sweden (1992) ................................................................................. 107
   6. MSF Italy (1993) ....................................................................................... 112
   7. MSF United Kingdom (1993) .................................................................... 114
   8. MSF Denmark (1993) .............................................................................. 117
   9. MSF Germany (1994) .............................................................................. 119
  10. MSF Hong Kong (1994) ........................................................................... 121
  11. MSF Australia (1994) ............................................................................. 122
  12. MSF Austria (1994) .................................................................................. 125
  13. MSF France’s Antenna/ Branch Office in the United Arab Emirates (UAE) (1995) .. 127
  14. MSF Norway (1996) .................................................................................. 129

B. DEFINING HOUSE RULES (1991-1995) ...................................................... 131
   1. Trademark/Name - Logo ......................................................................... 132
      a) The trademark ..................................................................................... 132
      b) The Saga of the Logo ........................................................................ 136
   3. Financial Independence ............................................................................ 144

   1. Royaumont (1994) ................................................................................... 148


A. MSF associative dimension ............................................................................. 160
   1. Legal status ............................................................................................. 160
   2. Associative Life and Balance of Power ....................................................... 163
      a) The case of MSF Holland ..................................................................... 163
      b) The case of MSF France ....................................................................... 165
      c) The case of MSF Belgium .................................................................... 166
   3. Mini-General Assemblies (mini-GA) in the Field ....................................... 167

B. New ambitions ............................................................................................... 168
C. Letting go and reform (1996-1997) ................................................................. 171
  1. The Process ................................................................................................. 171
  2. The Reform of the International Structures ................................................. 174
      a) The New Associative Structure ............................................................. 174
      b) The International Council’s First Permanent President ......................... 178
      c) Too Early for an International Executive? ............................................ 182
      d) And for All Sections to be Operational…............................................. 183
  3. A Step Forward for the ‘Young Associations’ ........................................... 185
      a) A Strengthened Associative ................................................................. 185
      b) The Brand Issue: Last and Final Agreement? ........................................ 187

D. Appropriate use of recognition (1999-2000) .............................................. 190
  1. The Nobel Peace Prize (1999) ................................................................. 190
  2. The Campaign for Access to Essential Medicines ...................................... 196
  3. The Temoignage Case Binder/Speaking Out Case Studies Series ................. 197

VIII. A STORY OF EXCLUSION (1999-2000) ..................................................... 200
  A. The Kosovo Issue (1999) ........................................................................ 200
  B. The International Council Ultimatum (June 1999) .................................. 207
  C. The Votes for Exclusion (September 1999-January 2000) ......................... 212
I. BIRTH OF A MOVEMENT IN FRANCE (1971-1979)

A. A FRENCH “ASSOCIATION”

Doctors and journalists founded MSF in France on December 22, 1971. These doctors worked with the French Red Cross to assist the Biafran population during the Nigerian Civil War from 1967 to 1970. After their return to France, they founded the Emergency Medical and Surgical Intervention Group (Groupe d’Intervention Medico-Chirurgicale d’Urgence/GIMCU).

Just after the Biafra crisis, there was a group of French journalists working for a medical newspaper, Tonus, who were appalled by the lack of international assistance during the 1970 Bangladesh floods. In response, these journalists created a pool of medical volunteers and founded French Medical Relief (Secours Médical Français/SMF). Through medical connections with Tonus, and their mutual desires to create rapid, international, medical responses to war and disasters, the GIMCU and the SMF merged, giving birth to Médecins Sans Frontières (MSF).

GIMCU, SMF, and Médecins Sans Frontières were created under the status of “association,” in the French 1901 Act for Non-Profit Organizations. This convention requires “two or more individuals permanently enter under common knowledge or an activity without aims of profit-making and sharing.” In a country under civil law like France, the status of “association” was the only legal framework fitting with the type of “non-profit sharing activities” that the MSF founders sought.

The editor of Tonus, Philippe Bernier, wrote a charter, stating that the members of the MSF association should be doctors or members of the medical profession only. Their social mission was to “bring relief to all the victims of natural catastrophes, collective accidents and conflict situations, without racial, political, religious, or philosophical discrimination.”

Their operational principles included “work in the strictest neutrality” not to be “influenced by or inferred to any political, ideological, or religious power.” They should refrain from “any interference in States’ internal affairs” and abstain from “passing judgment or publicly expressing an opinion—either positive or negative—regarding events, forces, or leaders who accept their assistance.”

The statutes claimed a clear will to “internationalize the vocation, action and possibilities of intervention.” The association was supposed to encourage the creation “in Europe and in all the countries of the world with a similar spirit, similar associations with possibly separate statutes.” These associations should adhere to the principles of the charter and eventually form a federation.

The association was to be governed by a Board of Directors called, “Collegial Management Committee” (Comité de Direction Collégiale/CDC) whose members would make all the decisions related to executive and associative activities.


Extract:
Médecins Sans Frontières is now a fact. All it took was a few hundred French doctors, caring men and women, to express a commitment to easing the suffering and despair that, after Jordan and Peru, still echoed across the Indian subcontinent.

Acting with gravity and fully conscious of the vote’s implications, 15 doctors gathered on 20 December to lay

2. Civil law, civilian law, or Roman law is a legal system originating in Europe, intellectualised within the framework of late Roman law, and whose most prevalent feature is that its core principles are codified into a referable system which serves as the primary source of law: https://en.wikipedia.org/wiki/Civil_law_(legal_system), date accessed 14 June 2017.
the association’s foundations, draft a charter, adopt statutes and elect a Board of Directors [then referred to as Comité de Direction Collégiale, a Collegial Board of Directors] representing the main medical disciplines and offering fair representation of the provinces in relation to Paris. The criteria for representation were based on experience gained in the field: in France, under the ORSEC [Organisation des Secours/Emergency response system], and abroad, under the flag of the Red Cross. Four founding members of MSF left for eastern Pakistan with the Red Cross on 23 December.

We believe MSF’s statutes ensure the association’s effectiveness, in compliance with the Hippocratic oath and principles of collegiality, the absence of material motive and political affiliation. This was vital if MSF was to fully assume its international role. The French doctors would soon call on their European colleagues to create an extensive federation of similar associations, bound by the same charter.

**MSF Statutes, 1971** (in French, translated in English in 2017 for the purpose of this study).

**Extract:**

We the undersigned: Doctors Jacques Bérès, Jean Cabrol, Marcel Delcourt, Pascal Grellety Bosviel, Gérard Illiouz, Bernard Kouchner, Gérard Pigeon, Vladan Radoman, Max Récamier, and Jean-Michel Wild, as well as Philippe Bernier, and Raymond C. Borelhave, have prepared the statutes of the association we wish to establish.

**Article 2: Purpose and Charter**

The purpose of the association is to: Bring together, on a non-discriminatory and non-exclusive basis, doctors and healthcare workers who volunteer to provide assistance to victims of natural disasters, mass accidents and armed conflict;

Mobilise, on behalf of these populations, all available human and material resources to provide aid as quickly as possible and to do so with efficiency, skill and commitment;

Obtain national and international support that will allow its members to accomplish their missions wherever they may be called upon to respond in the world.

The association will offer its services to international entities, governments, and authorities in affected countries, to public and private organisations, and to national and regional governmental bodies which request aid.

The association reserves the right to take the initiative to send emergency aid teams to affected populations, to the extent its resources allow. The association also reserves the right to refuse to participate, either by decision of its Collegial Board of Directors or, on appeal, by a decision of the General Assembly. […]

With an ongoing view to the international development of its mission, activities and opportunities for intervention, the association will encourage the creation of similar associations in Europe and, subsequently, around the world. Their statutes may be distinct but their characters will be similar, and they will commit themselves to the intangible principles of the charter drawn up by Médecins Sans Frontières, and will use that name to assemble within a federation. […]

**Article 8: Public statements**

Members of the association are prohibited from making statements or issuing written or oral communications about the association or its current, past or future interventions. Such statements will require special authorisation from the Collegial Board of Directors. Any violation of this prohibition will be sanctioned with immediate expulsion.

**MSF Charter, December 1971** (in French translated in English in 2017 for the purpose of this study).

Médecins Sans Frontières is a private association with an international vocation, operating temporarily under French law. This association is made up exclusively of doctors and other healthcare workers who have to abide by the following principles:

1. **Médecins Sans Frontières provides assistance to all victims of natural disasters, mass accidents and armed conflict, irrespective of race, political conviction, religion or creed.**
2. Operating on a strictly neutral and independent basis, refraining from interference in internal affairs of state, governments and parties in the areas where they are called to serve, the members of Médecins Sans Frontières demand, in the name of the association’s universal mission, full and unhindered freedom in the exercise of its medical functions.
3. Members do not accept and will not be subject to allegiance or influence by any authority, political, ideological, or religious.
4. They observe confidentiality and refrain from judging or publicly expressing an opinion –positive or negative – about events, forces, or leaders that have accepted their assistance.
5. As volunteers who do not seek individual recognition, they do not expect personal or collective gain from their activities. They understand the risks and dangers of their missions and make no claim for themselves or their legal successors for any form of compensation other than that which the association can afford.

In the early years, in light of the medical profession origins, at a time when medical doctors were considered as wealthy, Médecins Sans Frontières did not call for financial support from private donors. They felt that by doing so they would maintain the medical image of Médecins Sans Frontières. Therefore, the budget relied on membership dues and a few requests to doctors for
donations. With a lack of financial capacity to conduct operations, the MSF volunteers were sent abroad via other organisations such as the Red Cross, Land of People (Terre des Hommes), Save The Children Fund, UNICEF, and the Order of Malta.

From 1971 to 1974, MSFers worked for these NGOs in Bangladesh, Vietnam, Burkina Faso (formerly Upper Volta), or Niger in development aid missions. In 1972, with the help of the French Defence Ministry, MSF sent a team under its own flag to Nicaragua in the aftermath of the 23 December 1972 earthquake. However, the team arrived four days after the catastrophe and did not manage to set up any operations.1 In 1976, during the Lebanese Civil War, a surgical team intervened under the MSF flag in a Beirut hospital. The French press praised their work.2

Extract:

MSF volunteers returned from Nicaragua 15 days after the earthquake, and were greeted with the following headline in Le Quotidien du Médecin: “Huits jours de médecine héroïque” [Eight Days of Heroic Medicine] In fact, this first emergency mission was a failure. On 27 December, when the teams landed in the battered capital, they discovered that American, Mexican, Cuban, and Venezuelan aid workers had arrived 72 hours earlier. Where would they fit in? According to Jacques Bérès, “There were no wounded people, no surgeries to perform. We were too late to rescue those who had died under the rubble. What did we do? Outpatient care, paediatrics, lung infections, we wondered why we were there? We decided to vaccinate the survivors against tetanus. So we got to work. We did 200 to 300 vaccinations a day. One guy offered his shoulder and I gave him a shot. He said, very politely, “How many more times should I come back?” I said, “That’s it, you’re done – one shot is enough.” “Are you sure?” he said. “Because this is the fourth time I’ve been vaccinated.” […]

One morning, we received a visit from the wife of Nicaragua’s dictator, Anastasio Somoza. She was coordinating aid efforts. She thanked the French team, but the city was under order to evacuate, so she asked us to pull back to the Tijotepe hospital, about 40 km from the capital. The soldiers made it clear there was to be no discussion. These were modern buildings and they were intact. The only problem was that there were 50 Nicaraguan doctors already at work. There was no work for us.”

Extract:

Last December, for the first time in its history, Médecins Sans Frontières sent an ‘official’ team and 10 tons of medicine to Nicaragua, with the aid of military planes from the French military medical unit, EMIR. The team was composed of 11 doctors only, while within a few hours, 400 had volunteered. Although better organised, Médecins Sans Frontières still lacked resources, despite significant goals: 3,000 members, several surgery teams on alert, international ambitions, and possible autonomy.

Extract:
Bernard Kouchner; There are a little more than 300 of us at present – doctors, nurses and paramedics. We have been around for about three years. We formed an association of volunteer doctors to address emergency needs. We created the association in response to situations like the earthquake in Nicaragua, the floods in Bangladesh and to potential armed conflicts. For this purpose, we created a pool of doctors who received additional training in emergency medicine and surgery. They can leave at a moment’s notice for wherever we need to send them. We didn’t want to appeal to the public at large because that would have entailed creating another organisation. We are therefore, asking French...
doctors and healthcare workers, first, to help us meet our modest financial needs and, second, to learn about our organisation and consider this as a vocation, which they certainly felt it was when they began their medical studies, that is, to go to patients and treat them in the places where they need care.

We do not claim to address the lack of medical care and the need for doctors throughout the world. For now, our needs are extremely modest, and our resources very limited. We receive dues from our doctor members, and that's it, plus small donations. We hope that all healthcare workers, including France's 60,000 doctors, will contribute to our effort. We understand that for professional and personal reasons, all 60,000 doctors can't go on missions, but we hope they will all help us build a more solid organisation that would include a larger number of doctors so we could send experts, on a rotating basis, to countries where they are needed, and for periods appropriate to the practice of medicine in France.

---


**Extract:**

Beirut. Bourj Hammoud, is a neighbourhood where rickety houses stretch along the eastern banks of the Beirut River. This Shiite enclave within Christian territory is 2.5 km from the lines that cut the city in two. Before the war, more than 350,000 people lived here. Over the last year, 200,000 returned to southern Lebanon, where they had been driven out by poverty and destitution. Over the last nine months, those still here live under siege, in utter deprivation. There is often no food and the war has decimated a population, which until now has no access to a hospital. The district's few doctors fled during the first weeks of fighting. Last November, a little girl cut her hand. It wasn't a serious wound, but she bled to death within a few hours. Her story upset Imam Moussa Sadr, the spiritual leader of the Shiite community. The Movement of the Disinherited (inspired by the Shiites) and the Red Crescent contacted the Paris organisation Médecins Sans Frontières. A six-member surgical team arrived in January. Since then, the 15 doctors, surgeons, anaesthetists and nurses who have succeeded one another in Bourj Hammoud, have performed more than 100 major surgeries and given more than 2,000 consultations. On some days, more than 30 people are hospitalised with major injuries. The surgeons have sometimes had to perform as many as 15 major operations a day.

Their success is all the more remarkable, given the obstacles they face. First, they had to find a building that could serve as a medical facility. They chose the movement's headquarters, which had to be rebuilt from top to bottom and enlarged with an extra floor – all this carried out between rounds of fighting. The centre has only 20 beds, requiring a rapid turnover of patients. Transporting medical equipment across lines is even more complicated. The Kataeb Party and their allies, who hold the territory, were unwilling to make any accommodations. Médecins Sans Frontières enlisted the help of the neighbourhood’s Armenians, whose neutrality offered some immunity.

The medical work was carried out in an environment of permanent uncertainty. Supplies failed to arrive on a regular basis. During periods of truce, the medical staff combed the city for drugs and equipment. Even now, the hospital has no valium or round needles needed for intestinal sutures. Bombing is a constant threat. Three serious warnings were issued over recent weeks, and a sniper's aim is always possible in a war where fighters no longer respect the symbols of the Red Cross or the Red Crescent.

“We are the only medical organisation in the world to have worked in Beirut under these conditions,” says Dr Bernard Kouchner of Médecins Sans Frontières, with justifiable pride. Those participating in the effort showed great courage. They include Dr Pierre Branchard, 60, Head of a Surgical Unit in Marmande, France, and Director of the Bourj Hammoud centre; Dr Mario Duran, an Argentinian who spent four months in Angola last year before heading for Guatemala after the recent earthquake; Marie-Noëlle Arnoud, a nurse who has been in Beirut for three months; and Henri Michel, a nurse from Brittany, who worked tirelessly throughout the terrifying recent weeks in the Lebanese capital. They are all volunteers, as are all the organisation’s 728 doctors and nurses.

“How long will people be ready to risk injury and death to run this hospital?” Dr Kouchner asks. He is quite open about the organisation's uncertainty as to its future involvement. MSF's mission is not to run hospitals, but to respond to tragedies and disasters in the short term. The hope is that the Shiites will take over the facility, but the MSF doctors are concerned about the situation in Bourj Hammoud. They admit they have never worked under such trying psychological conditions, not even in Saigon or Biafra. “Here, uncertainty is institutionalised,” says one. “We are working in an environment we cannot grasp or understand. We can’t fathom the violence and cruelty of the people here. There was shooting inside the hospital and two little girls were killed. When we're working, we forget about the war and its dangers, but this permanent state of psychological insecurity weighs on us.”

---

*We wanted to work with the Red Cross, but the French Red Cross didn’t want us. I remember my despair in 1973. I said to myself, we’ve reached a dead end and we won’t be able to go any further. We weren’t strong enough to be a movement. We were just a handful of guys, general practitioners. The first time we had a meeting, someone stole the cash box that contained our first dues.*

Dr Xavier Emmanuelli, MSF France Co-founder, Board Member 1972-1976 (in French)
The Collegial Management Committee (CDC) did not decide or vote on most of these interventions. Instead a small group close to Bernard Kouchner, one of the founders, took charge. This group would decide and organise interventions without informing the CDC. By early 1974, the CDC governance was almost dead and it would take another six months to organise a meeting to discuss MSF governance. By October 1974, a stormy atmosphere prevailed in a tense meeting, focused mainly on an Iraqi mission to assist the Kurds. Accusations of charter violations were made towards this small group for interfering in Iraq’s internal affairs. Kouchner’s group challenged the CDC by moving to align with Network Health for All (Medicus Mundi), another medical organisation, again without forewarning. The CDC reminded Kouchner that, “the functions of President, Secretary-General, etc. do not confer any power on their holders, outside the statutory provisions, in accordance with the collegiate vocation of the CDC.”

Minutes from the MSF France’s Collegial Management Committee Meeting, 12 October 1974 (in French).

Extract:
In a long presentation, Borel restated MSF’s initial objectives and the founders’ hopes for a movement inspired by noble ideals. He was surprised that an interview of Kouchner by the magazine Marie-France could affect this. Bernier blamed the poor functioning of the general Secretariat, expressing regret that the problem had not prompted a meeting of the Collegial Management Committee (CDC) [The term initially used to refer to the MSF Board of Directors] within five months.

He complained about the fact that a handful of secretariat members, including the president, vice-presidents, treasurer, and secretary general, could make decisions on such fundamental issues as possible cooperation with Medicus Mundi without the knowledge of the CDC, which is jointly responsible to the general assembly. He said the mission with the Kurds in Iraq, carried out by Récamier, Bérès, and Kouchner violated the charter. Here again, he said a steering committee should have been created to review the initiative, which did not constitute an emergency. Lastly, Kurdistan is part of the sovereign State of Iraq. To him, this clearly constituted interference in a country’s domestic affairs.

Récamier and Kouchner offered reassurances about the relationship with Medicus Mundi, which they said was so far limited to possible joint refresher training courses, comparing files on volunteers for missions, and possible joint courses on emergency and tropical medicine, which would be made official with a certificate recognised by medical schools.

Bernier and Borel took note, requesting a copy of the Medicus Mundi statutes and asking that a draft memorandum of understanding be submitted to the CDC for its approval. Emmanuelli expressed his regret that things had to reach a crisis level for such basic information to be transmitted to the CDC.

About the survey in Kurdistan, JM Wild, speaking for Trotot and himself, noted that it challenges MSF’s ethics. Récamier and Kouchner said they would provide a mission report offering the reassurances they wanted in the next CDC meeting. They said they had done no more than a basic medical survey. They noted that while they had not organised a meeting of the steering committee, as the latter would have wished, they had shared responsibility for weekly shifts at MSF headquarters with Wild before he left, and later with Trotot. Several CDC members said that doing shifts is not the same as the decision-making responsibilities and authority of CDC members. Bernier reminded everyone of the terms of the deliberation of the CDC elected in Royaumont on 12 March 1972, under which the duties of the chair, the secretary-general and other positions do not grant power to their holders beyond the provisions of the statutes, in accordance with the CDC’s collegial nature.

In April 1977, the MSF General Assembly voted on a motion to create regional structures for the association in France. The stated objectives were to “organise scattered members” and “improve recruitment” as well as to “decongest the Paris office in order to avoid an evolution toward more structure6.”

The MSF France Board would decide on the opening and closing of these regional structures. These ‘antennas’ would have no legal status, but would be financially independent from the Paris headquarters and able to conduct operations.


Extract:
4. Text adopted on the regionalisation motion
The working committee on regionalisation sought to define objectives, resources and limitations. Two needs immediately became apparent:
- First, greater efficiency:
  - Regrouping members who are geographically distant
  - Creating direct contact
  - Improved quality of hiring
  - Better information flow
  - Providing continued local education
- Second, a reduced emphasis on the Paris office, thus avoiding a shift toward a kind of “professionalism.”
Given these two requirements, several French regions could

---
6. To avoid a drift toward bureaucracy and loss of the “associative” spirit.
B. THE FRENCH DIVISION (1978-1979)

The tensions within the association increased throughout the seventies and crystallised on two issues: the public stances taken on specific interventions by a minority of members, without the permission of the association; and the need to structure the association in order to be more efficient in the field.

1. First Swirls (1978)

At the May 1977 General Assembly, Claude Malhuret, a doctor who had been working in the refugee camps in Thailand for several years with very little means and headquarters’ support, was elected as a member of the Collegial Management Committee. He demanded that the association become more structured to improve efficiency in relief delivery, which was lacking in many areas. Many other association members who experienced the same difficulties with means and coordination in the field shared his claims. Thus, the General Assembly recommended that the association recruit permanent staff and begin raising outside funding beyond occasional donations and membership dues.

One year later, nothing had been done. At the General Assembly in April 1978, once again, those who demanded a more structured, efficient, and coordinated association opposed those who demanded “a certain volunteer idealism” that was fundamental and “sacred” to MSF.

Extract:

One of the last problems evoked concerned the secretariat’s structure and the resources needed to run the organisation. That meant evoking, once again, the issue of permanent paid staff, that is non-elected in the secretariat, and the issue of funding. Nothing has changed since last year, even though the last General Assembly gave the secretariat full latitude to hire permanent staff, at least for a trial period, and to seek funding other than the dues from healthcare workers and possible contributions, including from the general public by using the media.

While some activists and secretariat managers had long sought to hire permanent staff members to ensure efficiency and accountability in the monitoring, consistency of missions, and for fundraising, others were opposed to such a move. They held that an ideal of volunteerism and charitable activity were fundamental and intangible characteristics of MSF. Whether consciously or not, others feared a takeover by permanent, non-elected staff that would shift the balance of power within the secretariat away from elected members toward non-elected staff without the same legitimacy. The fact is that some of us members of the outgoing secretariat, had to spend nearly every day at MSF performing routine, unrewarding tasks without which, the more spectacular work would not have been possible. Lack of permanent staff was perhaps not felt so acutely, but reflected a kind of amateurism and improvisational approach that led to missed opportunities and a failure to coordinate missions. Doctors complained about that, despite the efforts of the volunteers managing each mission. [...]
When I joined the Collegial Board of Directors in 1977, MSF was barely a handful of people who’d been trying to organise a structure over the last seven or eight years. They very nearly dissolved the association. When I say “association,” I mean 15 people - the 12 founders and a few others. There was no movement. You can have a fishermen’s association made up of 15 people. There must have been 35 people, plus friends, at the General Assembly. On top of that, the organisation was sharply split between the two founding groups, who practically came to blows. It was a pretty confidential association. MSF had no resources. When I was elected president in 1978, the budget was of 100,000 francs7 — in other words, next to nothing. MSF, which was founded on the idea of “going where others do not go,” operated as a “mercenary” for other associations. All the missions MSF claimed as its own in the annual report were carried out for others. The conflict with Kouchner broke out at the first Secretariat meeting I attended in 1977. I said to Kouchner, Emmanuelli and the others, “You are murderers.” I know that was over the top, but I told them about the tubercular patients I was unable to treat in the camps in Thailand and the promises that were made to me. I said, “When I compare MSF with World Vision or Catholic Relief, OXFAM or Save the Children Fund, which have financial resources, and who hire us, I can tell you that if things continue this way, MSF will die. I’m not interested in going on a mission with three drug samples in my pocket.” So, either we get organised and grow, or we don’t and we disappear. By creating a structure I meant a financial and organisational structure.

Dr Claude Malhuret, MSF France President 1978-1979, Member of the Management Team 1979-1985 (in French)

I had an anaesthesiologist friend who’d been involved in Biafra. He had seen the start of MSF, and that was the extent of his involvement. One rainy weekend, he said, “You’re not doing anything, so come to the MSF General Assembly.” I said, “What’s MSF?” Obviously, in 1977, MSF wasn’t anything much. I went to the General Assembly. There were about 20 people. There was a brief discussion and, I don’t know why, I spoke up. At the same moment, Kouchner asked if anyone wanted to run for the Board of Directors. My friend said, go for it. I raised my arm and was elected. Within an hour, I was on the Board of Directors of MSF, about which I knew virtually nothing. At the same session, Kouchner nominated Malhuret, saying, “This guy was really good in Thailand. His name is Malhuret. He should be elected because he was in the field.” So, Claude was elected (in absentia, because he wasn’t there).

There were two factions on the Board of Directors: the Kouchnerites and us, the youngsters just starting out (I was 30 and they were six or seven years older). Things started to get a bit rough because Kouchner would come to the Board and say, “Oh, there’s an emergency in Guatemala, I spoke to the embassy, it’s really important! Who wants to go?“ And his buddies would say, “I’ll go.” In fact, they’d already arranged everything among themselves. That’s what was called the “genocide and tourism” tendency. And then another tendency emerged that was, “This movement is not there to serve a group of friends. We believe this is an international organisation with value that deserves to be developed.” Indeed, the people in the field felt completely abandoned. There was this woman who had gone to Zaire for six months. No one had heard from her and she was out in the middle of nowhere. She cried every day. Back then we didn’t have radios or telephones. It was more complicated. So, the Board was sharply divided between these two tendencies. The others called us “the bureaucrats” because we wanted things to be organised. Honestly, the Board of Directors’ meetings were a nightmare.

Dr Francis Charhon, MSF France President 1980-1982, Member of the Management Team 1982-1992 (in French)


In October 1978, the Hai Hong boat carrying 2,500 fleeing Vietnamese refugees was denied landing in Malaysia. This was spotlighted in the media, who called this the ‘boat people’ issue. Reportedly, at least half of these boats sunk during their journeys, searching refuge. In efforts to further highlight their plight, a group of French political personalities from various factions formed a Committee called, ‘a boat for Vietnam.’ They chartered a boat to sail to the South China Sea to search and rescue refugees, often traveling aboard makeshift vessels. Bernard Kouchner joined this committee and MSF firstly agreed to provide the medical care during the efforts.


Extract:
The committee, A Boat for Vietnam, has launched the following appeal: The Hai Hong is carrying 2,564 refugees. They risked their lives to leave Vietnam on this boat. We must help them find refuge. The French government has announced that it is prepared to welcome them. But France is not the only country concerned and the Hai Hong is not the only boat. Every day, improvised skiffs brave the storms of the China Sea. Thousands of Vietnamese seek to survive by fleeing home. Half of them drown, and all are attacked and robbed by pirates. Let us find countries that will welcome them in Europe, America, Asia, and Australia. Let us do more: let us rescue these fugitives. A boat must be available at all times in the China Sea, to find and rescue those Vietnamese who risked fleeing their country. Governments are not the only ones at fault; some are taking action. We must organise first aid. First, a boat, a team, and
money, a buoy, a refugee, and next, countries to welcome them. We hereby commit to assembling the resources needed to undertake this emergency intervention. Médecins Sans Frontières will be responsible for the medical side.

On 24 November 1978, during a Collegial Management Committee meeting, some members disagreed with Bernard Kouchner’s role as a spokesperson for both ‘a boat for Vietnam’ Committee and MSF. The CDC blamed him for not having consulted the CDC about the messages he delivered and for using his position to gain fame. They asked Kouchner to publicly clarify that MSF was in charge of medical care only and not part of the ‘boat for Vietnam’ committee.

Minutes from the MSF France Collegial Management Committee meeting, 24 November 1978 (in French).

Extract:

Vietnamese refugees in Malaysia: Xavier Emmanuelli told the story of the Hai Hong and the dispatch of an MSF doctor and nurse to Kuala Lumpur. This MSF team was not allowed to board the boat, so examined patients transported by launch. Emmanuelli raised the issue of the briefings published by MSF since the start of the operation, without referring to the Bureau, and to written, broadcast and televised statements about the committee, A Boat for Vietnam. He believes the campaign under way violates MSF statutes. A violent incident erupted. During a long and intense presentation, Raymond Borel said he believed things had gone too far and for too long, and that some members of the Bureau were using MSF to raise their profiles. He noted that this situation, while not new, violates the motion passed by the General Assembly prohibiting a “star system.” He believes the problem is much more serious today, because the issue of A Boat for Vietnam is political and that MSF has been presented, contrary to what the Bureau agreed, as a driving force behind the Boat for Vietnam committee. The Bureau agreed to provide medical assistance, only if asked. Borel cited several articles and radio and TV broadcasts as evidence. Bernard Kouchner then left the room, followed by two members of the Bureau, Patrick Aeberhard and Jacques Laffont. The discussion continued more calmly for a while. To end the debate, Claude Malhuret proposed that as of now, no MSF member would speak publicly on this matter. There were no objections.


Extract:

Journalist: You and some of your friends are organising the campaign, A Boat for Vietnam. Is this a symbolic gesture?

Kouchner: Even if it is symbolic, I think we have to do it. The images you have just shown, confirm this opinion. So this appeal is not really symbolic, for once, and I know that this has aroused criticism.

Journalist: It wasn’t a criticism, but the extent of the problem is so huge that…

Kouchner: We don’t claim to be responding to the whole problem, but we plan to go out to sea to save those who are not reaching the shore. You saw a number of boats arrive, but half of these people, and the figure is hard to determine, perhaps it’s one-third, perhaps more than half, don’t make it. That’s our objective. This committee, which has brought together, I repeat, a group of signatories who don’t usually have the chance or the wish to work together, simply proposes, and the text is very specific about this, to charter a boat to go to sea to rescue drowning people. When you see those images, you realise it’s not a pipe dream. Not only that, but we are showing that we can succeed. We have raised 16 million in just a few days. That’s not much, of course, I’m talking of millions in the old currency when we need two million/day for this boat to run for a month.

Journalist: You’re talking of centimes?

Kouchner: Yes.

Journalist: That’s 600,000 francs/month.8

Kouchner: Yes, that’s your calculation, and I think we’ll succeed and that many others will sign the list, from the right and the left. From my perspective, this is the first time these people are working together and, of course, they may exclude one another and their explanations of the situation are very different. But that doesn’t matter. They have agreed to go to sea together to save these people. Of course, we have to find places for these people to go. We are not crazy enough to think that rescuing them from the ocean will solve everything. We have contacted people in host countries. We are also focusing on the boats - we have three in mind. That’s not all just fantasy, but if I may add, even if it were and even if we failed, we would at least have tried. For once, we know that people are fleeing a country, it’s not a case of finding out after the fact, and for this reason we have to act now.

Journalist: But you know that this has been going on for three years?

Kouchner: Yes, we know this has been going on for three years. Some doctors and international organisations have been working in refugee camps in Thailand and the people keep on coming…

Journalist: Have you been there yourself?

Kouchner: No, but my friends from Médecins Sans Frontières who are handling the medical aspects, and whom I am not representing here, but the Committee takes care of that. We know that it’s not enough to go to the coastline and wait for people to turn up. I believe that prevention means going out to sea and picking people up. Of course, this is a very serious problem that is beyond us, but this kind of action may lead to the creation of international committees and

---

8. The “new franc” came into force on 1 January 1960. A new franc is worth 100 old francs. For years, many people continued to calculate in old francs.
ensure that such events are no longer ignored. Because, once again, no one can criticise us, we’ve been criticised many times in the past, we didn’t know, some of us didn’t know, others weren’t credible. For once, we know, and these people, the people at sea, must be saved. It’s obvious that many other people need help, too. But these people, we know what is happening and it would be criminal, we would be complicit, it would be non-assistance to people in danger, if we didn’t do something.


Extract:
The organisation Médecins Sans Frontières has made clear that it was not part of the committee, *A Boat for Vietnam*. The group noted that it had only responded to a request to provide healthcare workers in case of need and that its statutes did not authorise MSF to support (or not) the Committee’s goals.


Extract:
I invited myself to the meeting of the committee, *A Boat for Vietnam* because I hadn’t been invited. It wasn’t so much Kouchner’s media coverage that irritated us, as the story would have it, but rather the misunderstanding that his attitude generated. By invoking MSF, he was acting on his own initiative, as a lone ranger. He never told us about his initiatives. Like everyone else, we learned about them in the press the next morning. The confusion that arose over his stances created the impression [in the media] that MSF and what was to become the Ile de Lumière [boat hospital] were one and the same thing. This story was bad for our autonomy, our unique identity.

On 4 December 1978, Xavier Emmanuelli, the Vice-President of MSF, denounced the action of ‘*A boat for Vietnam*’ in the French medical newspaper *Le Quotidien du Médecin*, putting forward practical and ethical reasons. He did not inform the Collegial Management Committee of his public position. Eventually, ‘*A boat for Vietnam*’ removed MSF as medical relief provider because of their contradictory press statements.


Extract:
The recent and much-hyped press campaign by the committee, *A Boat for Vietnam* was considered questionable from several perspectives. First, there was the ethical viewpoint. Consider the media attention garnered by the unfortunate Hai Hong boat, which was having such a hard time finding a destination. How could someone seek to benefit from that media attention to immediately propose a similar adventure with a new boat? Should these people’s misfortune offer the opportunity to a handful of Parisian intellectuals to make a spectacle of a three-year-long tragedy they’d suddenly discovered? Hundreds of boats have been leaving Vietnam over the last three years. Three-quarters of them sink, and the last quarter are attacked by pathetic pirates, who rob the refugees, if they don’t kill them, after raping the women and girls. It took the news spotlight for consciences to be roused. Little “Hai Hongs,” carrying 20 to 60 boat people, arrive daily to the camps housing Vietnamese refugees in Thailand. That’s 600 people every month. It must be a matter of quantity; boats carrying more than 2,000 people cannot be tolerated. Secondly, from a technical perspective, the China Sea is immense. It would be foolish to think that such a boat could rescue refugees without setting a specific time and location. There are escape networks that exist with or without the complicity of the Vietnamese authorities. The first step would have been to identify them and develop channels for finding the refugees. But that would have required lengthy preparation and absolute secrecy. Hoping to pick up these people by chance is folly. Either the boat sails in territorial waters and is spotted and made to leave, or it sails the high seas, where there is no chance of encountering the escapees. This is not serious, if the hope is to prevent piracy. This sort of policing requires other resources.

On the other hand, if a refugee in Vietnam were to hear about this, he might try his chance in the hope of being rescued. These boats will sink like the others. I don’t know if the members of the Boat committee are prepared to shoulder the responsibility for such a disaster. […] An ad hoc operation will not solve the problem. Neither will an operation that involves picking up Vietnamese refugees from the ocean, giving them false papers and unloading them at a destination where all preparations will have been made for their escape. But that would also require rigorous organisation and complete discretion. I confess that I do not understand this operation. The problem of population displacement in our century can only be addressed globally. What about the Angolan refugees in Zaire? And the Zairian refugees in Angola? Who is speaking up for the Eritrean and Somali refugees? The refugees from Djibouti? They exist too. And what about the refugees from Rhodesia, who are being slaughtered in their camps? The Cambodians? The Laotian minorities? And what about exiles around the world fleeing fascist or so-called Marxist dictatorships in the Soviet Union
or South America? Are the refugees fleeing Cuba unlikeable? Where are your boats, oh, great men of conscience? The professional righters of wrongs have chosen the wrong battle and the wrong historical moment. If this boat sails, it will carry the seeds of death, of those who will drown trying to reach it. If this boat is an idea, well, long life to this imaginary vessel that should sail the world’s seas, the oceans of our guilty consciences, to record the cries of the disinherited of every country where men and women are oppressed because they seek dignity and freedom. But don’t make it seaworthy only to set sail on occasion. Let it be a symbol of our end of a century, an insignificant little boat that will never reach its destination.

Extract:

A Boat for Vietnam: Emmanuelli quoted an article from Le Monde, which refers to the medical participation of MSF in the A Boat for Vietnam operation. Given that MSF has distanced itself from this operation, the Boat Committee decided (without notifying us formally) to no longer work with MSF. Those doctors who choose to join the operation do so without MSF support. Emmanuelli does not understand why MSF was excluded (without seeking our opinion), while at the same time we are linked to the operation in the press (without seeking our opinion, either). Bonnot confirmed that the Committee has decided not to work with MSF any longer. The majority of members present were relieved, rather than troubled, by this news. The Board will write to the Committee, seeking official notification of its position.

Interview Claude Malhuret in “L’aventure MSF” by Anne Vallaeys and Patrick Benquet, Editions Montparnasse, 2008 (in French).

Extract:

I was president at the time and delivered my annual report, a long one because for the first time, MSF sent missions around the world. So the report contained a lot of solid activities. When I’d finished, Kouchner spoke and said exactly the opposite, claiming that we were losing the spirit of Médecins Sans Frontières, that we should not get organised, that we shouldn’t do this and we shouldn’t do that. We voted on a show of hands and 80 per cent voted for my proposal. Kouchner immediately left the room saying, ‘Médecins Sans Frontières is dead.’

3. The Breakup (1979)

The tensions within the association reached a breaking point at the General Assembly on 7 May 1979. Claude Malhuret, the President, emphasised during the annual report that MSF needed to become more structured in order to deliver more efficient relief to the population. In particular, he recommended that nurses and doctors spending more than six months in the field would receive financial compensation. Bernard Kouchner, supported by his group of close friends, publicly disapproved of this proposal, saying it would lead to ‘a loss of the MSF spirit.’

The annual report was accepted by a vote of 90 to 30 (with 20 abstentions). According to members of the two opposing groups, this affirmation towards efficiency was a result of strong antenna lobby efforts and a massive use of proxies.

Bernard Kouchner and his supporters left the General Assembly and eventually the association. In 1980, with his same group, he founded Médecins du Monde/Doctors of the World. This new organisation would strive to develop the same activities as MSF, while maintaining what they felt was the initial ‘spirit.’

Extract:
One group seized power from the other. The first, a group of older, foolish romantics let power slip away, which is frightening stupidity when I think of it. It is like power, you always imagine that the Good Samaritans are harmless. Wrong. Man is bad. Not only bad, but that is the way it is! The struggle for power, the desire to kill the father and beat your chest, it is just the male hormone coming out, that is all part of the game. If we hadn’t been like that, influenced by testosterone, then we wouldn’t have created MSF. Those who came later, who didn’t have to fight for it, they understand nothing.


Extract:
After so much strife and dissension, four months later, on 7 May 1979, the crisis led to a final break between two generations. This occurred at the association’s seventh general meeting at the Intercontinental Hotel.

One hundred and fifty people were in the room. The mood was fraught with palpable tension. Bernard Kouchner was there, together with his friends from the A Boat for Vietnam Committee. He was determined to make the issue of MSF’s withdrawal the determining factor for the break. Kouchner expected that those who had publicly criticised the operation would be expelled. As usual, the discussion began with the presentation of the annual report by the outgoing president, Claude Malhuret. Raymond Borel was a fascinated spectator. […] Point by point, he reminded everyone of every argument, endlessly repeated over two years, about the critical need to create an efficient organisational structure that would enable MSF to work consistently on behalf of those in need.

Kouchner took to the podium. Rony Brauman, who was on a mission in Thailand, described the episode, as told to him. “He launched into of those speeches that only he knew how to deliver – solemn, moving and lyrical. ‘Born in 1971, reaching its zenith several years later, MSF is now dead, brought down in full flight by the charity’s bureaucrats and the technocrats of aid.’ Raymond Borel continues. “Then a big guy stands up. He's huge, built like a barrel, with a big beard, dressed in jeans and T-shirt. You couldn’t miss him. He addressed the platform, saying, ‘You are no doubt right, Bernard. So thanks, papa! Au revoir, papa!’ A wave of laughter rippled through the hall. Given the circumstances, there was no point in trying to resume the General Assembly. Kouchner left the podium. He didn’t invite his supporters to follow him, but eight or ten people got up and joined him before slamming the door. […]

Jacques Bérès accused the organisers of a set-up. “The General Assembly had been planned. Eighty per cent of the room was with us, but when it was time to vote, [Claude] Malhuret and [Francis] Charhon showed up with stacks of proxies, saying, ‘I represent 42 members,’ ‘I represent 27.’ It was botched – we had lost.” The opposing camp did not deny the manipulation. Rony Brauman: “Malhuret’s and Charhon’s team worked over the regional branches, operating like political pros. They stirred up dissension or, rather, a revolt of the provinces against the Parisians. It was a fair and populist protest against the flashiness, the fancy language, pretentiousness – everything which people outside Paris can rightly criticise Parisians for. There was a show of hands and Kouchner was in a minority.” Today, Claude Malhuret says, “I’d put it this way – Kouchner didn’t enter the fray. Maybe he’d had enough. I don’t know. Or perhaps, based on his media reputation, he thought, ‘I’m legitimate, we’ll see at the General Assembly.’ He lacked clairvoyance. It was his fault. The irritation felt towards him had peaked within MSF, which was composed of volunteers who believed in their charter, with its prohibition against people seeking publicity for their work, and its emphasis on collective missions. The vast majority didn’t think that one man should seek all the glory.”

The annual report of the outgoing president was approved by 90 votes to 30, with 20 abstentions.


Extract:
Choose a Truth, by Raymond C. Borel [member of MSF CDC] “Born on 20 December 1971, MSF died today…” That was Bernard Kouchner’s verdict on the first day of the General Assembly, when two visions of MSF clashed. The policy that MSF’s new elected officers would implement and defend emerged from these presentations and the ensuing passionate discussions. Over time, in the kaleidoscope of memories from that General Assembly, we are left with the bitter image of friends, brothers, and sisters losing sight of what united them and focusing instead, on what divided them. They engaged in oratorical sparring, using stylistic turns of phrase and making terse, apparently definitive, remarks that reflected only the heat of the moment. Some members, too attached to their own vision to acquiesce to the will of the majority, chose to leave, thereby wounding our organisation. […] In committee and, subsequently in the full assembly, the majority unambiguously reaffirmed its commitment to the charter and redefined its scope of application for MSF and the world of 1979. The vote was Médecins Sans Frontières’ decision. No blame or
condemnation was put on those who left (perhaps only temporarily), intending to create an association more in keeping with their goals. We hope that the latter proves its purpose and that the quality of the individuals involved ensures that it is effective and lives up to its promise. We do not believe that bridges are burned forever because, as our charter states, we do not discriminate on the basis of “race, political convictions, religion, or creed.”

‘Conflict within Médecins Sans Frontières’, Le Monde (France), 11 May 1979 (in French).

Extract:
The association Médecins Sans Frontières held its seventh General Assembly in Paris on 5-6 May. The outgoing President, Dr Claude Malhuret, reviewed the work of the association’s volunteers in many Third World countries. Dr Xavier Emmanuelli was elected as the group’s new President. A minority of members, in conflict with the majority, allied themselves with Dr Bernard Kouchner. These divergent viewpoints were highlighted during the initiative ‘A Boat for Vietnam,’ in which MSF members are taking part. Dr Kouchner intends to create a new organisation.

C. STRUCTURING AND RE-CENTRALISING (80IES)

In the years that followed the 1979 split, MSF France management, led by Claude Malhuret, Rony Brauman, and Francis Charhon focused on strengthening the structure of the organisation to allow for more efficient and sustainable operations. Departments of logistics, communication, and fundraising were created, staffed, and organised. In March 1985, MSF was legally recognised as a ‘public interest association.’ This new status allowed donors to claim tax deductions for donations, thereby strengthening fundraising capabilities.

Minutes from the expanded MSF France Collegial Management Committee Meeting, 24 March 1985 (in French).

Extract:
II – Recognition of Public Interest Status
The [French] Council of State has issued a favourable opinion about recognising a public interest status for MSF. This will take effect as soon as the Prime Minister signs it.

We couldn’t continue like this. Pinel9 said, ‘I’ll organise the logistics,’ and we gave him carte blanche. I tell everyone that without Pinel, MSF would not exist. Rony and Claude’s vision was more political. They weren’t as much focused on the association’s development, but I was. I remember writing an article about MSF in the future, with “100 people at the main office.” People thought I was mad. In fact, I always believed that if an organisation was going to work, it had to operate professionally. Malhuret organised and professionalised direct marketing. He did the first mailings in France and got a 25 per cent response rate! Nothing was computerised at the time. We didn’t know what to do with the bags of cheques that arrived. We made three photocopies of each and sent them to the bank. Then we entered the donors’ names and addresses in a record book. The photocopy machine ran all day long. Claude set up a fundraising department. We also had to create communications and financial departments. We weren’t exactly organisation experts but we knew a little bit about the not-for-profit world thanks to our experience with student organisations in 1968. And then people started showing up to do the work.

Dr Francis Charhon, MSF France President 1980-1982, Member of Management Team 1982-1992 (in French)

MSF was created in France as an ‘association for action.’ The sole purpose of that status was to facilitate freedom of expression. Public interest status allowed an association to collect tax-deductible contributions, and was obtained in 1985 by MSF.

Françoise Bouchet-Saulnier, MSF Legal Advisor from 1991 (in French)

9. At the origine of the organisation of the logistics of MSF in the 1980s, then of the campaign of access to essential drugs in the late 1990s, Jacques Pinel is a historical figure of MSF. He died on 14 August 2015.
This generation of new MSF leaders endeavoured to centralise power in the association instead of with scattered regional antennas. Indeed, some antennas were acting autonomously. They behaved like baronies, recruiting staff for field projects or for other organisations for long-term development programmes. This was inconsistent with leaders’ ideas and efforts to coordinate from the centre, in order to focus on catastrophes, conflicts, displaced populations, and camp-based refugees - all requiring a more centralised and professional framework.

The MSF Board, which was still called a Collegial Management Committee (CDC), was the only official deliberative body. Usually, the regional branches were represented on the CDC by elected members. If that was not the case, there was anyways a tradition of holding open CDC meetings. We did hold some closed sessions, but only for a specific purpose. These sessions were opened up again as soon as the specific item was addressed. As a result, MSF had already developed a non-profit, deliberative culture, with the regions as the centre of gravity. When our small group took over (Charhon was very active), we funneled some of the antennas resources so as to centralise and standardise operations and begin the development process. When I became President, Charhon continued his work. To put it in bureaucratic language, he was reorganising the outfit along Jacobin lines. To put it more bluntly, he was demolishing the independent regional branches. This was completely endorsed. We did not like the way things were ran. And, we had a pretty consistent and clear idea of the general direction we wanted for MSF. To say it in today’s language, we wanted to be involved in major crises, disasters, population movements and conflicts. That was our slogan, our banner. To do that, we had to centralise. You could say our model was an emergency department, with a pyramid structure rather than more complex structures. We wanted to develop work in refugee camps, where Malheur and I had both had our early experiences. This allowed one to really get involved and build something. This was a ‘growth area’ – if I can put it that way - because within a few years, the number of refugees and camps had grown quickly. Until then, MSF’s missions had been about development; these were very traditional missions, for which we basically provided a pool of medical-health-sanitary skills and people to supplement existing structures. We were not drivers or decision-makers. The camps were virgin territory where everything had to be invented. As it happened, the new post-founders’ team took over just as the east-west conflicts in the Third World were heating up, and just as the number of camps was growing. It was a coincidence that led us to view refugee camps as the strategic issue for MSF.

Dr Rony Brauman, MSF France, President 1982-1994

The formalisation process was long, painful, and sometimes tense between the CDC [Collegial Management Committee], which was perceived as Paris-controlled, and the antennas. However, the new leadership forged the necessary relationships. By 1985, a general assembly commission decided to remove operational control from the regional antennas. Instead, antennas were invited to support missions with volunteers and field visits. A new Paris-based position for regional antenna coordination was created. However, in reality, this coordinator was too busy with other activities to be effective. In 1987, an antenna survey revealed their complete demobilisation, and growing detachment from Paris operations and activities.

Newsflash MSF France General Assembly, 1980 (in French).

Extract:
Regional representation
The committee has taken note of the positions of supporters of the current organisation and delegates from certain regions. First, increased regional representation raises the question of opposition to federalism, and a structural problem about statutes, which would have to be amended if the direction were to be changed. For the others, increased representation does not mean a federalist approach, but facilitates the information exchange and encourages the regions to participate in MSF’s work. The committee confirmed almost unanimously (one dissenting vote) that regional autonomy is not acceptable. It noted the request from Toulouse and some members to create a Paris region that would operate separately from the CDC [Collegial Management Committee]. It confirmed that the CDC must continue as MSF’s national presence, and should not be a collection of local interests. Candidates serving on the CDC may seek office in any capacity, including on behalf of a region. It suggested that while the representation of the regions cannot be increased at this time, for the reasons cited above, every CDC member should be responsible for a region and work with its delegation. The amendment was adopted by a majority of the General Assembly. The committee also asked […] that, in the interest of improved regional representation, the statutory procedures for electing the CDC be drafted, and put to a vote at an extraordinary General Assembly.

Responsibilities of the regions
The committee confirmed that regions may not decide about the organisation and overall operations of a mission alone. The CDC has ethical, administrative, financial and legal responsibility for every MSF mission. Regions are responsible for management costs. It was agreed that MSF volunteers from other regions could be sent on missions; the CDC and the regional delegation would interview potential candidates. It asked the CDC to refrain from making decisions without consulting the regions.
Extract:
The meeting opened with a presentation about MSF’s internal operations and, specifically, communications between Paris and the provinces. Guy Barret and Rony Brauman acknowledged the following:
- The growing division between a team of professionals in Paris and exhausted, unmotivated teams in the provinces;
- Increasing discontent in the regions;
- General Assemblies that become less stimulating every year.

The purpose of this meeting will be to look at concrete proposals to address these problems. Two years ago, it was decided that the provinces would no longer manage missions directly. Paris would handle them in the interest of optimal efficiency. This decision was followed by a significant decline in regional enthusiasm. Several proposals had already been made in response:
- Create a staff position to coordinate the regional branches;
- Encourage a region to sponsor a mission, which would involve:
  - An annual trip to the field by a regional manager
  - Giving regional members preference on the sponsored mission
  - Regions can identify funders interested in specific missions, and in turn, take some responsibility for that mission but nothing ever came of that.

Results of the questionnaires sent to the provincial offices
Although the regions have been around for many years and although they have permanent staff:
- Very few new members have joined local associations; on the other hand, more than half of the active volunteers have been working locally for more than five years.
- Very few have left a mission.

Conclusions
- Management is ageing
- The provinces are ineffective and unappealing
- There is not enough contact with life in the field which is MSF’s purpose
- Little or very few mission veterans among local leadership.

Observations about the larger, most recent Board of Directors meeting in Lyon in October
After reading these replies, there was little response from Paris, and few or no reactions from volunteers in the provinces to the survey or efforts to make changes. Paris always uses the same method to dismiss problems or send the ball back into our court. There is a lack of understanding between Paris and the provinces, and between those in charge and those who must follow. The gap is developing, both a cause and consequence. The decision-makers in Paris are not ready to tackle this problem and reverse the provincial decline. MSF members in the provinces don’t have the authority to pound their fists on the table and say, the evidence is right before you, no one gives a damn about us. Once again, we’re witnessing the same small bursts of energy we’ve seen in the provinces over the past years, a few words scratched on a blackboard like a homeopathic pseudo-cure, when intensive care is what’s needed. But even if intensive care were to be provided, it might be a matter of keeping the patient alive at any cost. Here’s the thing: Paris cannot give an accurate diagnosis because that would mean acknowledging its own laxity and failure to provide a policy for the provinces, which has brought them to where they are.

Findings
- Overwhelming and total dissatisfaction in all the offices;
- A huge and growing gap between headquarters and the provinces, between staff and volunteers;
- According to volunteers in the provinces, the failure of headquarters to recognise what’s going on and the risk that the provinces could disappear;
- Inhibition;
- Inability to convey this despair;
- Very little energy or rebellion, despite this tragic situation for the volunteers in the provinces and what is still an association.

About opinions on the second General Assembly: all written comments agree that the provinces do not have a right to speak out, do not express their views and wishes, feel excluded and that the General Assemblies don’t make any difference. Regarding MSF’s future, the survey shows everything in black and white, that professionalism [...] is increasing, that MSF Paris is better organised at the expense of all the good intentions there may be outside Paris.

Findings
Everyone sees a widening gap between MSF Paris and the provinces, that associative life and local activities are shrinking, and MSF Paris doesn’t give them any help. No one feels they have a say in MSF’s future.

Extract:

The regional issue had long been a concern. There’s no denying that with Rony and Claude, we were more Jacobin than Girondin. Without a single vision, it was difficult for us to build anything. We needed a more consistent approach to develop the organisation. It’s true the regions could be bothersome. Representatives of the regional branches were very present at assemblies and always raised the same issues: ‘In the regions, we know what’s right. We don’t need Paris to tell us what to do.’ This was said very clearly. It was complicated because they did what they pleased. We couldn’t keep them under control. If they wanted to go on a mission, they did it. And they took public positions at a local level. It took us a while to get rid the local presidents. It was quite bloody. Since we couldn’t fire them, strictly speaking, we had to marginalise them by cutting their finances.

Dr Francis Charhon, MSF France President 1980-1982, Member of Management Team 1982-1992 (in French)
We did it by gradually taking control of the Board of Directors in an authoritarian way. It took a good two years and some missions were scrapped. If we finally managed to be done with the 'provinces,' in the words of the Parisians, it was because they were so divided, which made the job easier. As a result, there was a somewhat inequitable, yet not unacceptable, division of roles, by which each province had a special relationship with the missions.

Dr Rony Brauman, MSF France President 1982-1994 (in French)

Whenever we talked of associative life, it always got confused with the regions. Of course, they had influence on the votes at the General Assembly. But Rony took direct operational management away from them. He did it in typical Rony fashion, leaving several 'barons' with some leeway, a budget, regional associative matters and some control over recruitment. Lyon insisted on having its quota of field volunteers, Marseille wanted its quota too. Bordeaux was quite an influential 'barony' and had its own Board of Directors. It took a lot of our time. There weren't many Board meetings when we didn't talk about the regions.

Dr Bernard Pécout, MSF France General Director 1991-1997 (in French)
II. BIRTH OF SIBLINGS (1978-1984)

A. FIRST [FAILED] ATTEMPT TO INTERNATIONALISE (1978)

From the beginning and throughout the first decade, creating other MSFs or sections outside France was considered an opportunity to provide the association with much needed human and financial resources. However, there were only two attempts to create MSF associations abroad by doctors who heard of MSF and were seduced by its principles: Guy Barthélémy, in the Netherlands and Richard Goldstein, in the USA.

These attempts were discussed during the French General Assembly in April 1978. Here, MSF France acknowledged that definitions were needed regarding what ‘national’ section means and how sections should be accountable to Paris. International statutes needed adoption in order to ensure the cohesion of the future movement, the respect of the charter, and MSF’s principles by the new sections.


Extract:
Mr Goldstein: I have been in contact with MSF and the Secretariat since 1976, explaining that I would like to establish an American section. There is considerable interest in the US. MSF is an organisation that helps those unable to obtain aid, it does not take political, religious or ideological positions, and it recognises that medical care is essential and fundamental to human rights. It is flexible and accountable. Its working methods are not tied to any specific form of intervention and can change based on needs. Our goal in the US is to be a small organisation with close ties with the French section so that we can maintain their ideals and goals. We have a temporary board composed of two surgeons, two other doctors and myself. Two lawyers are incorporating it as a non-profit, tax-deductible association. Some 100 doctors intend to join MSF after the group is incorporated. If all goes well, we expect to open an office in New York towards the end of the summer. I hope that the General Assembly’s decision will continue the spirit of MSF, that we will achieve a balance between short- and long-term missions. This could be a model for primary medical care that could be applied in the Third World. I hope the Assembly will allow the Secretariat to create an international organisation, to reaffirm the decision to establish a US section of MSF, and involve US doctors on the teams.

Dr Kouchner: We have discussed creating other national MSF entities from the start. This is not a power-hungry quest for growth, but a desire to carry out MSF's basic mission. Until now, our members have all been French, along with a few foreigners who came to Paris because they needed a structure and technical resources. We had put the idea on the back burner, and just kept on accepting new members from outside of France. But as the MSF spirit and ethic developed, things in the field changed quickly. MSF was becoming a brand distinct from other international and humanitarian organisations. And we didn’t have enough doctors in the field. The French pool of medical professionals is not large enough to meet the needs of so many missions. So, naturally, we thought it would be good if friendly groups started up in other countries that were in line with MSF's original vocation. We would give them practical assistance. And then our friend Guy Barthelemy created a group in the Netherlands. We wanted to be international with doctors from around the world joining MSF. However, we had not drawn up our statutes, and when Goldstein came to Paris for the first time, he warned us that international groups might go their own way and that we would have no control over them. MSF USA or MSF Mexico could start initiatives in MSF’s name, in the name of all of us, that could well violate our charter. And it is to the credit to our friend Mr Goldstein that he waited for our statutes to be amended to join. The internationalisation of MSF is even more important than increasing the number of missions and the money raised. If you think about our most difficult missions, you realise that doctors could have come from countries close by, they would have had a better command of the languages and be better adapted to local conditions. That’s how we did things in Latin America. There’s a fantastic pool of medical professionals there. […] I understand that expansion won’t be to everyone’s liking. It will dilute the French image.
MSF Holland: It was MSF’s effectiveness and energy that particularly struck my husband [ed. note: Guy Barthélemy] and that’s why we got in touch, about a year-and-a-half ago. A few doctors in Holland were interested in the way you worked. When we thought about what we could do, we said that the first thing was to be practical. We realised that to get information to other Dutch doctors, we needed an association. Before that, we did practical things like sending medicine. We sent a nurse to a cyclone-hit area, and we are trying to raise money for a Jeep. We contacted Dutch organisations already active in the area, but that were perhaps not as effective and energetic as MSF. So far, we haven’t done anything particularly practical. We have prepared statutes and contacted a group that acts as a bridge between organisations and the government. We hope this General Assembly will give us an opportunity to expand internationally so that we can adopt your approach. I hope that we will then be able to expand our work in Holland.

Mario Bettati [MSF France Legal advisor]: The problem is relatively simple. If MSF is to expand internationally, we need to figure out how to create national sections. The Assembly would prefer this to be done in an orderly fashion with MSF’s oversight, not anarchically. To exercise at least a minimum of control over national sections, we could envision some form of ‘preventive control’ by an existing MSF body – the Secretariat, CDC or Assembly – that would approve the creation of a national section and then keep an eye on it. If a national section were not to comply with the MSF charter, those same bodies could withdraw their approval. All this raises the issue of amending the current statutes, including enlarging the organisation. […] The second legal issue is that the Assembly must decide how national sections will integrate into existing MSF bodies. Will the sections be represented in the General Assembly by one vote, two votes, three votes, etc.? Should representation of foreign national sections be under 49% of votes; that is, less than the Assembly that currently protects the association and conducts regular oversight? The formula can be anything from the most democratic to the most authoritarian. This is a political choice. Last, is the financial issue. What contribution should the national sections make to the association’s budget – should it be symbolic or substantive? Here, too, there are many options, and we can submit concrete proposals.

These new statutes, allowing MSF’s internationalisation, were written in October 1978, and awaited an extraordinary General Assembly vote in December 1978. Meanwhile, Richard Goldstein, an American doctor, registered MSF as a trademark in the USA without informing the MSF France CDC. Eventually, MSF France and Goldstein made a compromise: the US administration would be informed that MSF American-registered trademark would be the property of MSF France. In return, MSF France would grant the use of the trade-mark to a possible future MSF US section of MSF in the USA, while reserving the right to withdraw it in the event of breach of the statutes or ethics.

Minutes from the MSF France Collegial Management Committee’s meeting, 20 December 1978 (in French).

Extract:
MSF USA: Claude Malhuret distributed a copy of the 4 November letter he sent Richard Goldstein, along with Mr Goldstein’s response. The May 1978 General Assembly about changing MSF’s statutes and designing an international structure asked the Secretariat to call for an the Extraordinary General Assembly. This was not held, but Mr Goldstein went ahead and established a MSF-USA section. He didn’t provide the draft statutes or a list of its Secretariat members, but simply sent a telegram informing us that registration had been filed in the US. The president of MSF considers this a serious breach of confidence. He does not support rushing into international expansion when regionalisation still raises many problems. He also believes that if this is to occur, it should start in countries closer to France so that MSF can exercise closer oversight – not in the US, where we all know that anything is possible. He is particularly concerned about how the US group chose to proceed, that is, by presenting MSF with a fait accompli. In addition, the MSF trademark is about to be registered in the US, and the existence of an MSF section could call everything into question. Mr Goldstein’s response is both curt and unsatisfactory. He says the Secretariat had approved the suggested founding of MSF USA in December 1977 and again at the General Assembly of April 1978. However, the report from the Secretariat’s December 1977 meeting notes states that this proposal was not taken into consideration. In addition, as everyone knows, the April 1978 General Assembly did not authorise the foundation of an MSF USA group. The Secretariat asked the president to write again to Mr Goldstein, firmly stating our position and asking for details about this association (statutes, offices, etc.). Everyone hopes that this is just a misunderstanding due to language barriers, rather than bad faith.

Minutes from the MSF France Collegial Management Committee’s meeting, 24 November 1978 (in French).

Extract:
MSF USA: Richard Goldstein, representing MSF-USA, was in Paris for the 21 December Extraordinary General Assembly to amend MSF’s statutes to provide for new national sections’ creation. Claude Malhuret attacked the MSF USA section on several counts: 1. Having been created before the amendment of MSF’s statutes; 2. Having been created before submitting its statutes to MSF Secretariat’s, as agreed; 3. Having been created before we could register the MSF trademark in the USA to protect our name; and 4. Having notified us after the fact, and not having invited one of us.
Richard Goldstein and other members of the office responded: 1. At the last conference they were encouraged to create an MSF American section; 2. In the past the Americans were criticised for lacking
energy, and now they are being attacked for pushing things along; and
3. They agree to MSF France’s request to protect our name in the USA.

A compromise was reached: MSF USA will tell the American government that MSF France holds the name MSF and grants MSF USA the right to use the name. This permission may be withdrawn if MSF USA violates the association’s statutes or ethics.

They quashed the effort to start a US section because Malhuret was convinced that Goldstein (the initiator) was somehow indebted to Kouchner. That’s why he sent Jean-Christophe Rufin to the USA with a letter asking them to drop the plan to create an MSF USA, and that if they insisted on pursuing this, they would lose MSF’s support. They did not insist.

Dr Rony Brauman, MSF France President 1982-1994 (in French)

Back then, there was no organisational vision whatsoever. For us, ‘international’ meant ‘Third World,’ in the language of the day, the geopolitics of conflicts. Nobody was thinking about giving MSF an international structure. When we met Dutch people, or others, we’d say that if they wanted to do something for MSF, they could. Richard Goldstein must have seen an ad in a magazine or an article about MSF and he was interested. He came to France and told us that America needed its own MSF. Kouchner, or someone else, told him spontaneously, and against my advice, that he could do what he wanted. When I met him, I asked him where he was from. He told me that he worked in a hospital in the Bronx and I said to myself, ‘They’re nuts. We’ve been working one step at a time to create a structure for MSF and it’s hard. And here’s someone who’s never even been to the Third World and hasn’t practised medicine the way it’s done there. He’s a sweet guy and he’s going to set up MSF USA!’ In fact, he could do it because the MSF was not a registered name in the US. I told Jean-Christophe Rufin they were ripping us off by creating an MSF trademark in the US, and that we would never be able to get the name back. So we absolutely had to stop it. In the end, Goldstein could easily have said, ‘Go to hell – I’m going to create MSF USA.’ But he didn’t, because in my view, he was acting in good faith.

Dr Claude Malhuret, MSF France President 1978-1979, Member of Management Team 1979-1985 (in French)

On 20 December 1978, the extraordinary General Assembly of MSF France voted in favour of the new statutes, allowing the internationalisation. The MSF France CDC maintained its right to withdraw its authorisation from a national section which did not respect the charter’s principles.

In May 1979, the MSF France General Assembly acknowledged the difficulties to move forward

Extract:

Amendment to the statutes

The Extraordinary General Assembly, held on 20 December 1978, slightly amended our statutes in response to wishes expressed at the last MSF conference to enable our movement to expand internationally and to develop new national sections. The amendments are as follows.

Article 2, paragraph 5 - This replaces paragraph 5:

With an ongoing view to expand its mission and activities internationally, as well as the opportunities for intervention it seeks, the association will encourage the creation, in Europe and, subsequently around the world, of national MSF sections.

Adding to paragraphs 6 and 7:

6 – A national section of MSF may be created in any country, state or territory with the consent of the Collegial Board of Directors of Médecins Sans Frontières-France.

7 – National sections cannot take action in areas that are not included in the goals as determined by Médecins Sans Frontières and the principles of its charter. National sections may not be set up as for-profit civil or commercial companies.

[...]

Article 13: Authority of the Collegial Board of Directors

A new paragraph 2:

A majority of the Collegial Board of Directors may withdraw its approval for a national section if it does not comply with the principles established by the statutes and the charter, and the obligations incumbent upon national sections, as defined in Article 2, paragraphs 6 and 7, and may withdraw that section’s authorisation to use the MSF acronym. This withdrawal would mean the section’s expulsion.

If the section expelled so requests, this decision will be submitted for review at the next Ordinary General Assembly, which makes the final decision.

Article 18: Vote Numbers

The following paragraph is added:

The representative of a national section has one vote (or a quota of votes, to be determined by an Extraordinary General Assembly), but the total number of votes assigned to national sections may not exceed 25% of the total number of votes of the members. (This is a requirement under the 1901 Law of Associations).
with internationalisation, mostly due to lack of definition of national sections’ roles. The MSF France internationalisation commission was tasked with a review of the various medical organisations claiming to be MSF, particularly in the United States.


Extract:
Internationalisation is causing problems, specifically related to the difficulty in defining national sections, and the fact that the USA project that is not unanimously backed. The internationalisation commission, in which several foreign MSF friends took part, agreed to read out recommendations to the General Assembly and to propose a short motion.

Internationalisation commission
The General Assembly decided to set up a commission within the bureau specifically tasked with examining relations with medical organisations wanting to join MSF, and more particularly the USA.

By 1980, MSF Belgium was created. Some years later, in 1984, MSF Holland was founded by a group of doctors with MSF Belgium field experience. In late 1987, MSF USA was officially allowed to open, under control of MSF France.

B. MSF BELGIUM (1980)

In 1979, MSF France tried to foster the creation of an MSF section in Belgium. However, this attempt eventually failed because the doctors in charge had no MSF experience and an approach that was considered ‘too political’ by MSF.11

Quote from Paule Oosterbosch, Founding Member of MSF Belgium, in Médecins Sans Frontières Belgium (1980-1987): Genesis of an NGO, Jean-Benoit Falisse, available at the library of the Department of History of the Catholic University of Louvain (Belgium) (in French).

Extract:
“Doctors from MSF France got in touch with a doctor called Frans Daout. He was the first contact the French made in Belgium. He met us in Liège, saying: “MSF France contacted me. They want to create a Belgian section.” But this effort collapsed quickly; the French didn’t want it because it was too clearly political from the start. At the time, we discussed this with Philippe Laurent, who was also a medical student. He said yes at once. Some people are always game, and Philippe Laurent is one of them. That’s how contact was made and Philippe Laurent got his foot in the door at once.”


Extract:
“There isn’t much to say about this section because it was never established. Things didn’t go well. It was really a dead end. But it’s just as well, because the French might have taken this experience to mean, ‘This is not the basis for creating a section.’”

In 1980, another group of Belgian doctors, led by the MSF coordinator for the refugee camps in Thailand, Philippe Laurent, proposed to create a section in Belgium and was tasked by MSF France to do so. On 25 November 1980, MSF Belgium was formally created and became the first MSF section outside of France.

The statutes of the MSF Belgium association were almost identical to those of MSF France. The statutes acknowledged MSF France’s ownership of the MSF Belgium association name. Thus, in the MSF France leaders’ minds, MSF Belgium was considered a foreign equivalent of the French regional antennas, a sort of ‘branch office.’


Extract:
Circumstances were slightly different the second time round. This section was created in a less artificial way [than for the first attempt]. There were people like me who were in the field and had coordinated the largest MSF mission. The nature of our understanding made it possible.

---

11. No historical documents or accounts were found on the first attempt to create a MSF Belgium association.
One person reached out and made an effort, but the meeting for completing the agreements between France and Belgium was a total failure. As a result, the French became much more hesitant. I had no confidence in the Belgians who wanted to create the section, so I went to Thailand with MSF France. While there, I met Philippe Laurent in another refugee camp. It was his idea to start a MSF Belgium. He had already started working on the statutes. So for me, it was the experience in Thailand and the need in Belgium at the time of a Belgian organisation to provide medical aid and assistance in emergencies.

It’s not obvious to start a national section with the same spirit and objectives as the original MSF. It’s hard to create a section with people who haven’t worked with the parent organisation because they won’t have the spirit. Things frequently go off the rails. So while it now appears that the Belgian section was off to a good start, there were setbacks because the people who started it weren’t members of the MSF team. That’s why we tried to get as many Belgian doctors as we could to go on missions, in Thailand, and to other camps. Twenty have been or are currently on a mission. One year later, we felt we had a core group familiar both with the spirit of MSF and with its methods of fieldwork. We felt the time had come to create the Belgian section officially, with the same statutes and charter as MSF. The main principles of this charter are:

- Volunteerism
- An absence political affiliation
- Discretion about events.

These are basically the same principles as in the Hippocratic oath. How will the Belgian section incorporate into the French organisation?

I have reread the relevant main articles: Article 5§1-2-3. The Belgian section is fully autonomous financially and administratively, but is linked to the name ‘MSF France.’ It must respect the MSF France charter. Although the contents are clearly stated in the charter, it is easy to misinterpret them and stray from the original message.

Malhuret came to Belgium, as he had done elsewhere, to develop MSF’s international dimension, to inspire people to join, and to meet a few doctors. I was studying tropical medicine at the Institute of Tropical Medicine in Antwerp. I’d heard of MSF, but it wasn’t well known. Four or five of us went to Paris. We felt like seeing something else, and we fell in love with what we saw and decided to create an MSF Belgium section. I said, ‘Listen, we’ll never create a section if we don’t get some experience in the field. We have
to go on a mission.’ So I went to Thailand and I met a lot of other Belgians come over. That way, we had quite solid base and in November 1980, we were able to create a Belgian section with people who’d done fieldwork.

Dr Philippe Laurent, MSF Belgium Co-founder and President 1981-1984, General Director 1981-1986 (in French)

For us, Belgium was a province. This may sound caustic, critical, and ironic, but we were so convinced that we were the only ones who detainted MSF’s ‘truth’ and knew what MSF should do and what it should become, that we were like a Marxist-Leninist vanguard, there to enlighten the people. The others would simply follow. We created sections, or we supported the creation of sections, because we had this European side – Malhuret more than I – but imagining something like Amnesty International, with sections across the world, but Amnesty London overseeing everything.

Dr Rony Brauman, MSF France President 1982-1994 (in French)

Contrary to MSF France statutes, those of MSF Belgium initially allowed field and headquarter staff to be members of the Board of Directors. Therefore, Philippe Laurent was the General Director, Director of Communications, and a Board Member, while Jean-Pierre Luxen was the Director of Operations and President of the board.


Extract:
This is why an Extraordinary General Assembly was held a few weeks ago to amend several points in the statutes concerning the Board of Directors. The number of members was increased from seven to eight, and the Board’s term lengthened from one to two years. It was also noted that according to the statutes and Belgian law, there was nothing ‘exclusive’ about those people eligible to serve on the Board. Contrary to the MSF France method, both field workers and permanent staff could serve. The General Assembly would make the final selection.

C. MSF SWITZERLAND (1981)

In 1981, the MSF France leadership decided to open a section in Switzerland to be allowed to take Geneva-based, international, institutional funding, such as those from UNHCR, and to avoid French foreign exchange controls. MSF France asked a lawyer to write and file statutes for the Swiss section. The founders of this section were all members of the MSF France’s CDC. The MSF Switzerland association was under the control of MSF France since the majority of its members were co-opted by the French. A Swiss nurse, based in Geneva, was tasked with maintaining a voicemail box that would be the only representation of the new section for several years.

In 1983, a small group of Swiss volunteers who had MSF France field experience, set up an office in Geneva, and developed the existing association that would be more autonomous from MSF France.


Extract:
At 8 pm on 3 July 1981, the General Assembly of the Swiss section of Médecins sans Frontières was held in Geneva, in the presence of the association’s founding members, mentioned below. The association’s statutes were read and adopted, and then a governing body was elected.

President: Dr Guillaume Charpentier
Secretary: Dr Xavier Emmanuelli
Treasurer: Dr Rony Brauman
The other founding members are Dr Jean-Pierre Decrae and Dr Véronique Chalut.

The procedure was not written down because there was no legal basis for it, but it was on a co-option model. The Swiss started under French control, according to a co-option model that gives the French a majority on the board, or a blocking minority. Among the first request when I was president were proposals from the Swiss, who knocked on my door very pleasantly and asked for their emancipation. At first, MSF Switzerland was more like a branch. It became a section in the legal sense, in 1985-86. We didn’t interfere, but we kept an oversight in case they started doing silly things. Then, we could have stopped them, by dissolving or changing the makeup of the Board of Directors. But, there were never any conflict and we didn’t have to do anything.

12. French foreign exchange control was designed in 1983 to avoid speculation and capital flight. It limited the purchase and sale of foreign currency by national residents and the purchase and sale of local currency by non-residents. It was abolished in 1989.
like that. And we couldn’t assign a special status to the Swiss when all the other sections were autonomous.

Dr Rony Brauman, MSF France President 1982-1994 (in French)

We never quite knew why the French created MSF Switzerland. It was probably about money. At the time, you couldn’t take money out of France because of exchange restrictions. So it really had nothing to do with starting another MSF, but rather having an offshoot of MSF France in Switzerland for financial reasons. So they asked a lawyer to draw up the statutes. He wrote up statutes for a Swiss association and so that’s what it was. They said to Liliane Boutoleau, a nurse who’d come from a mission with MSF France, ‘Now you’re in charge of this office in Switzerland. We need a voicemail box.’ There wasn’t even an office. Sometime later, three dynamic people joined up, which created a problem for the French. When I came back from mission in the autumn of 1983, we decided the time had come to develop MSF Switzerland, so we set up a little office in Geneva. MSF France had never spent much time thinking things through, and there was no real strategy. The association was officially meant to hold a General Assembly once it had 50 French members. But when we took over management, we found that some of the members were dead. The list was fake; it had never existed. We started recruiting and sending other people into the field. But it was on a very small scale. We did that for a few years, always under French control. Until one day we said, ‘We’ve got to get rid of these 50 French people. We’re going to hold a real General Assembly and create a real MSF Switzerland.’


The honorable part of the story is Malhuret, who had a problem accessing UNHCR funding for MSF France projects in the field. It was blocked by France’s monetary exchange controls. If MSF were to have an entity in Geneva, the UNHCR could deposit money in that entity’s account and MSF would be able to use it. So MSF France leaders looked through the list of volunteers who’d been on missions with MSF France and lived in Switzerland. They found Liliane Boutoleau, a nurse-anaesthetist. They got in touch with her. Malhuret was skiing at a Swiss ski resort with a friend whose husband was a lawyer in Geneva, so they asked him to draw up the statutes. In early days, MSF Switzerland was basically a mailbox. But then Doris [Schopper] really wanted to get this section off the ground. We wanted our own missions. We didn’t want to follow in someone else’s footsteps – that is, raise money, recruit people, and send them on French missions. The first two missions MSF France gave MSF Switzerland were managed by branches in the provinces, which operated very independently. Jean-Luc Nahel, from MSF Rouen, had gone to Ladakh and wanted to set up a mission there. When MSF Switzerland asked for missions, Malhuret said, ‘Ladakh isn’t a typical MSF mission, but it has mountains, so the Swiss will like it! We’ll let them have it.’ A lot of people were extremely jealous, they wanted to go to Ladakh, but they were told, ‘No no – Ladakh is for the Swiss!’

Dr Jean-Dominique Lormand, MSF Switzerland Association Member since 1981, President 1987-1989, Vice-President 1995-1997 (in French)

D. SEEDS FOR AN MSF INTERNATIONAL STRUCTURE (1981)

The creation of two sections brought the issue of internationalisation and the need to create a harmonised structure back into discussion. MSF France continued to view new sections as ‘foreign antennas’ with a role of resource providers, both human and financial, that were only allowed to conduct operations under the authority of the Paris office. MSF Belgium was claiming to be in favor of opening new sections provided they shared the principles of the charter, which should be guaranteed by an MSF international structure.

In 1981, the MSF France General Assembly decided to task a commission composed of members of the three MSF sections to work on this issue. A few days later, the MSF Belgium General Assembly voted and approved two motions aligned on this decision.

Extract:
Internationalisation Committee
a) Practical considerations for setting up national sections: The committee noted that each country has its particularities, which means that different procedures are required for each national section. Some requirements, however, are the same everywhere: sending people on missions as quickly as possible to create an active core group; making sure funding, staffing, missions and infrastructure are run smoothly for the sake of stability. Lastly, we shouldn’t move too quickly, as we need to maintain control over each section’s growth.
b) Establishing international structures: The committee stated the need for an international coordinating body. This was discussed at the General Assembly, where it was decided to create a committee made up of members of current and future national sections, as

well as outside members who can provide effective support. The committee will focus on:
- Clarifying the statutes and function of a future MSF International; these statutes will then be presented to national sections for ratification;
- Creating a temporary MSF International Secretariat, composed of CDC members from national sections.

**Extract:**

5. Developing new national sections:
Philippe Laurent pointed out that MSF International is in a legal vacuum. The only link between the Belgian and French sections is the MSF name, which guarantees the respect of the statutes and charter. Before the French Extraordinary General Assembly of 25 April 1981, the French section had a right of review: it could forbid the Belgian section’s from using the MSF name if it did not apply the French section’s rules. The French section has since changed its statutes to address the creation of new national sections, so that article is no longer valid, with the resulting legal vacuum. This would allow an MSF section to be created anywhere in the world, whether or not it aligned with the charter or statutes. MSF International is an ethical organisation (the international structure will be modelled on the charter). Moral condemnation has demonstrated itself to be a powerful weapon, and furthermore, no court in any country would accept the interference of an international power. Every national entity will have to agree to MSF’s ethical commitments. What form will MSF International take? Where will it be based? These questions must be discussed very soon at a committee of MSF International, after the launch of MSF Belgium and MSF Switzerland, and the emergence of groups elsewhere in Europe, modelled on MSF. These groups are usually run by doctors who have worked with refugee aid groups in Thailand. An international structure must be set up rapidly to bring together and coordinate these groups, and to prevent “uncontrollable” MSF groups from emerging everywhere. Our lawyer is finalising the statutes. Charhon suggested that, after the resolutions of the 1981 General Assembly, the CDC should vote to register these statutes and elect the French members of the first MSF International Secretariat. He noted that the Secretariat is made up of three French members elected by the CDC of MSF France, one Belgian, and one Swiss, also elected by the national sections. […]


In Belgium, we believed in sharing. For us, the idea of MSF didn’t belong to any one in particular. It had to become international. Likewise, the notion of human rights didn’t apply to the French only. Quite the opposite, when you have grand and noble ideas, you have to share them worldwide. But there was resistance. Charhon said, ‘There isn’t room for everyone. If we open a section in Germany or in England, what will happen then?’ I said, ‘I don’t agree with you on ethical terms. If there is less work for France, that’s no big deal.’

**Looking ahead a few years, I saw MSF like a flotilla following our flagship. We gave the first impulse and provided the guidance. The others translated these guidelines, maybe tailored them a little, but they were directly inspired by us. But that was clearly not the way the Belgians saw it. Philippe Laurent didn’t have much time for us, the French, whom he saw as talkative, always spouting empty words. He has this stereotypical vision of the French, and he wanted to impose himself in relation to us.**

Dr Rony Brauman, MSF France President 1982-1994 (in French)

**Extract:**

On 18 July 1981, the Collegial Management Committee (CDC) elected the French members of the ‘to be created’ board of MSF International and adopted the statutes on 20 September 1981. On 8 May 1982, in its annual report to the MSF France General Assembly, the President emphasised the necessity to have an international structure.

**Minutes** from the MSF France’s Collegial Management Committee’s meeting, 18 July 1981 (in French).

**Extract:**

On the issue of internationalisation: [Francis] Charhon said it was urgent to set up MSF International, after the launch of MSF Belgium and MSF Switzerland, and the emergence of groups elsewhere in Europe, modelled on MSF. These groups are usually run by doctors who have worked with refugee aid groups in Thailand. An international structure must be set up rapidly to bring together and coordinate these groups, and to prevent “uncontrollable” MSF groups from emerging everywhere. Our lawyer is finalising the statutes. Charhon suggested that, after the resolutions of the 1981 General Assembly, the CDC should vote to register these statutes and elect the French members of the first MSF International Secretariat. He noted that the Secretariat is made up of three French members elected by the CDC of MSF France, one Belgian, and one Swiss, also elected by the national sections. […]
Minutes from the MSF France’s Collegial Management Committee’s meeting, 20 September 1981 (in French).

Extract:
On the Issue of Internationalisation:
The Secretariat had discussed this question at length the evening before the expanded CDC meeting where it was decided to:
1) Adopt the provisional MSF International statutes, after amending Articles 14 and 15 (received 11 yes votes).
2) Establish the MSF Committee on Internationalisation, as provided by the May 1981 General Assembly to review the final form of MSF International. Names suggested to join this commission: Charpentier, Sergent, Charhon, Bourgeois, Laurent, and Malhuret. The first meeting will take place on 29 September.

Annual report of the President of MSF France to the 8 May 1982 General Assembly (in French).

Extract:
As confirmed at the 1980 Assembly, autonomy is not an option. What would become of MSF if groups started up, each with its own policies? Having observed similar experiences in organisations we know well, we’ve seen how dangerous this can be. This is also true for foreign national sections. Having amended the statutes, we now can set up an international coordinating body. I think that our Belgian, Swiss, and German friends here in the room will understand the importance of this coordinating function.


Extract:
As part of the ongoing efforts to become international, Médecins Sans Frontières France will encourage the worldwide creation of national sections.
6. National sections will not be allowed to intervene in areas that do not comply with MSF goals, and the principles stated in its charter. National sections are not to be commercial companies or for-profit civil-law partnerships.
7. Médecins Sans Frontières France will work with other MSF national sections to create an International MSF association. The purpose of this association will be:
a) To ensure national associations comply with the charter;
b) To coordinate and implement operations by national associations, where these operations require the participation of national associations, or are likely to interest them;
c) To coordinate the promotion of missions led by national associations, and the purpose of these associations;
d) To assist any national association with any mission it undertakes;
e) To ensure the worldwide protection of the Médecins sans Frontières brand and the MSF acronym. In particular, to supervise the creation of national sections, which must submit their statutes, and register with the MSF International office before they can operate.
f) Should the funds raised by Médecins Sans Frontières International prove insufficient, the various national associations will contribute.

Newsflash from the MSF France General Assembly, 5 and 6 May 1984 (in French).

Extract:
No motion to develop Médecins Sans Frontières International was brought up. The assembly felt the issue should be addressed based on specific needs at a particular time. The CDC will then take the decision.

In 1983, MSF France registered the brands MSF International and MSF Europe in Geneva and modified its own statutes in order to integrate the possible creation of an MSF international structure. However the commission tasked to make proposals on the final shape stagnated and never delivered any proposal. In 1984, the MSF France General Assembly considered that this issue must be treated by the Collegial Management Committee (CDC) “according to the needs of the moment.”

Letter from MSF France Authorising MSF USA to Use the MSF Name in the Process of Creation, 19 November 1987 (in French).

Extract:
The Médecins Sans Frontières International and Europe brand was registered on 17 December 1983 in Geneva.
“Our mission in Chad was our template. I called it our ‘power generator.’ This was my strategy: to be really effective in emergencies, you need to be active all the time. Real emergencies don’t arise every day, so you need a lot of semi-emergency missions. At the time, we mainly worked on missions in refugee camps, which were relative emergencies, so we had a hand in all kinds of things that would allow us to be effective in real emergencies. I never believed we could concentrate on emergencies only; that would have been too costly and impossible in practical terms. We wouldn’t have been able to set up the emergency ‘technological platform’ if we had not had that volume of activity.

Phileppe Laurent had a strategic approach. His goal was to develop private cooperation. Chad and Mali were his laboratories, one following the other. The war in Afghanistan and famine in Ethiopia were for the French, he felt, because they were showy and impermanent. He believed that private cooperation was what would last; it was solid and concrete. The collapse of the public sector cooperation at the end of the 1970s proved him right.

Dr Rony Brauman, MSF France President 1982-1994 (in French)

E. MSF HOLLAND (1984)

In 1984, a group of doctors from the Netherlands who had worked with MSF Belgium in Chad asked to establish a section in their country. MSF Belgium agreed to support them during the six first months. MSF France’s leaders were reluctant to approve the creation of this new section, as long as the issue of the legal protection of the trademark was not resolved. But they were busy organising their own development and in any case they respected for the Dutch group. Acknowledging there was nothing more they could do, they decided to accept the ‘fait accompli’ and the creation of MSF Holland. They even provided the new MSF association with startup financial support.

Without informing MSF France, the group forges ahead, establishing MSF Holland on 7 September 1984. Jacques becomes the first Chairman of the Board. At an international MSF meeting in Geneva, a few weeks later, the French, who had not been advised of the move, agree, somewhat belatedly, to the establishment of a new section in the Netherlands. One of the first actions of the new organization is to ask for large starting capital from their Belgian and French counterparts. This request is met. With a capital of fifty thousand guilders, the Dutch founders move into a small office of their own, located on the grounds of the former Wilhelmina Gasthuis hospital in Amsterdam. The office is furnished with auction-bought furniture, posters and a world map. Janine Osmers is the only one of the six founders to turn her basement of her Amsterdam canal house over to the fledging MSF section. There, every Thursday from 9 to 11, people interested in going on a mission are received with open arms. The five doctors are joined by a lawyer, solicitor, Janine Osmer, Roelf Padt’s girlfriend. Philip Lauren, Chairman of MSF Belgium often drops by to talk about the establishment of a new club. At this stage, the group is mostly engaged in recruiting volunteers for MSF Belgium. But the wish to set up a Dutch MSF section is growing increasingly stronger. Aswin Meier’s father, a notary, helps draft the articles of the association. ‘The French didn’t like the idea,’ Jacques de Milliano remembers, ‘all those new clubs bearing the same name. How could they check whether they operated according to the same principles?’

The Belgians supported the idea of a new section and tried to turn the French around. But they refuse to be mollified.

Without informing MSF France, the group forges ahead, establishing MSF Holland on 7 September 1984. Jacques becomes the first Chairman of the Board. At an international MSF meeting in Geneva, a few weeks later, the French, who had not been advised of the move, agree, somewhat belatedly, to the establishment of a new section in the Netherlands. One of the first actions of the new organization is to ask for large starting capital from their Belgian and French counterparts. This request is met. With a capital of fifty thousand guilders, the Dutch founders move into a small office of their own, located on the grounds of the former Wilhelmina Gasthuis hospital in Amsterdam. The office is furnished with auction-bought furniture, posters and a world map. Janine Osmers is the only one of the six founders to work full time in the office. Even before the organization was established, the Dutch weekly magazine Haagse Post published a lengthy article about MSF Holland: ‘This week the Netherlands will get its own MSF, an organization which, unlike the Red Cross, can make the decision itself where to offer help.’ The article formulates the organization’s core principles: independence and neutrality.

Minutes from the MSF France’s Collegial Management Committee, 6 and 7 October 1984 (in French).

Extract:
Jacques de Milliano announced the creation of MSF Holland by a group of doctors, many of which had already worked with us, particularly in Chad.

The Belgians helped us over the first six months. We were able to recruit people and send them on MSF Belgium missions. That was very helpful because we didn’t yet have the infrastructure or logistics. Before that, we held an international meeting in Geneva. Francis Charhon and Rony were there. The meeting’s purpose was to decide whether MSF Holland would be accepted. MSF France was wondering, ‘Who are these guys? Aren’t they too close to MSF Belgium?’ Then all of a sudden, there was this about-face, and they asked us, ‘How much do you need?’ We were prepared to ask for 25,000 guilders. But the meeting was so positive that I said ‘25,000’ without specifying a currency and MSF France gave us US $25,000!

Dr Jacques de Milliano, MSF Holland Co-founder, President 1984-1985, then 1996- 1997, General Director 1985-1996 (in French)

MSF Holland was started in agreement with the MSF France team. Philippe Laurent organised a meeting at his house with Roelf Padt and Jacques de Milliano, and with Malhuret and me. We liked the Dutch. We got along very well. Even if later we had some disagreements with MSF Holland, with Jacques and Rolf, things always ran smoothly. We could talk our disagreements through. They were great people. We knew that creating MSF Belgium and MSF Holland meant acknowledging a ‘critical mass’ that wasn’t French, but we had started to accept it.

Dr Rony Brauman, MSF France President 1982-1994 (in French)

The Dutch were brought in by MSF Belgium, with whom they had worked. They were good people, a small hardworking group, and they asked us to start MSF Holland. We said we hadn’t resolved the legal issue about protecting the name and they needed to wait, possibly working with MSF Belgium first. We should have sorted it out at once, but there were 10,000 other things to do! We were growing so fast that we didn’t deal with it at the time. We didn’t argue, because we realised there would be an MSF Holland, it was going to happen and there was nothing we could do about it.

Dr Claude Malhuret, MSF France President 1978-1979, Member of Management Team 1979-1985 (in French)
III. SIBLING RIVALRIES (1985-1986)

A. THE FRANCO-BELGIAN QUARREL (1985)

In the mid-eighties, the tensions between MSF Belgium and MSF France crystallised around a mix of issues: the MSF France creation of the Foundation Liberté Sans Frontières that MSF Belgium deemed as too political; MSF Belgium operations in Angola and Nicaragua that MSF France deemed as dangerous; and a strong disagreement on the public positioning regarding the forced relocations of populations in Ethiopia. The tensions increased and ended with MSF France trying to remove the trademark from MSF Belgium through legal prosecution.

1. Rupture of MSF Belgium/MSF France relations (1985)

a) Dispute on Liberté Sans Frontières (1985)

Since 1982, MSF France was considering the creation of a think tank that would be dedicated to third world development issues. The first proposal was rejected but the principle was adopted. This think tank would reflect on and disseminate topics that MSF France 'could not or did not want to work on.' In 1984, the MSF France General Assembly passed a vote in favor of creating a research center dedicated to reflection on the ‘Third World’ issues, human rights and peoples’ self-determination.

In January 1985, the research center became “Liberté Sans Frontières” (LSF), a foundation ‘to inform about human rights and development.’ Its aim was to point to the issues supposed to be created by the ‘third-worldism/tiers-mondisme’14 ideology in many countries. The President of LSF was the Director of MSF France and linked to MSF. An outward-looking think-tank that will look at Third World problems, such as conflicts, health and so on. The organisation would be partly funded and hosted by MSF. Its statutes are under preparation. [...] The idea that MSF will create such an organisation is accepted. It will quickly become independent and with the aim to reflect on and disseminate what MSF can’t or doesn’t want to do.” Rony Brauman was asked to propose a status for the association, to ask other associations for their opinion, or involvement, and to suggest a funding proposal.


Extract:

Rony Brauman: “I propose the creation of an association

Minutes from the MSF France’s Board of Directors Meeting, 20 November 1982 (in French).

Extract:

Rony Brauman: “I propose the creation of an association linked to MSF. An outward-looking think-tank that will look at Third World problems, such as conflicts, health and so on. The organisation would be partly funded and hosted by MSF. Its statutes are under preparation. [...] The idea that MSF will create such an organisation is accepted. It will quickly become independent and with the aim to reflect on and disseminate what MSF can’t or doesn’t want to do.” Rony Brauman was asked to propose a status for the association, to ask other associations for their opinion, or involvement, and to suggest a funding proposal.


Extract:

On the subject of development, the General Assembly adopted the following resolution by a large majority:

- Given the collective experience acquired by Médecins Sans Frontières in a diversity of situations from which we have learned lessons,
- Given the desire expressed for more than two years to think more deeply about the context of humanitarian actions The general assembly has decided to launch a research centre that will examine these problems, notably on issues of development, human rights and peoples’ rights. Médecins Sans Frontières has agreed to provide the centre, which will be a separate legal entity and will operate under a different name with the material resources it needs. The centre must quickly bring together the qualified experts it needs, notably in the humanitarian, academic, and financial fields.

In January 1985, the research center became “Liberté Sans Frontières” (LSF), a foundation ‘to inform about human rights and development.’ Its aim was to point to the issues supposed to be created by the ‘third-worldism/tiers-mondisme’14 ideology in many countries. The President of LSF was the Director of MSF France and

Minutes from the MSF France’s Board of Directors Meeting, 20 November 1982 (in French).

Extract:

Rony Brauman: “I propose the creation of an association


Extract:

On the subject of development, the General Assembly adopted the following resolution by a large majority:

- Given the collective experience acquired by Médecins Sans Frontières in a diversity of situations from which we have learned lessons,
- Given the desire expressed for more than two years to think more deeply about the context of humanitarian actions The general assembly has decided to launch a research centre that will examine these problems, notably on issues of development, human rights and peoples’ rights. Médecins Sans Frontières has agreed to provide the centre, which will be a separate legal entity and will operate under a different name with the material resources it needs. The centre must quickly bring together the qualified experts it needs, notably in the humanitarian, academic, and financial fields.

In January 1985, the research center became “Liberté Sans Frontières” (LSF), a foundation ‘to inform about human rights and development.’ Its aim was to point to the issues supposed to be created by the ‘third-worldism/tiers-mondisme’14 ideology in many countries. The President of LSF was the Director of MSF France and

Minutes from the MSF France’s Board of Directors Meeting, 20 November 1982 (in French).

Extract:

Rony Brauman: “I propose the creation of an association linked to MSF. An outward-looking think-tank that will look at Third World problems, such as conflicts, health and so on. The organisation would be partly funded and hosted by MSF. Its statutes are under preparation. [...] The idea that MSF will create such an organisation is accepted. It will quickly become independent and with the aim to reflect on and disseminate what MSF can’t or doesn’t want to do.” Rony Brauman was asked to propose a status for the association, to ask other associations for their opinion, or involvement, and to suggest a funding proposal.


Extract:

On the subject of development, the General Assembly adopted the following resolution by a large majority:

- Given the collective experience acquired by Médecins Sans Frontières in a diversity of situations from which we have learned lessons,
- Given the desire expressed for more than two years to think more deeply about the context of humanitarian actions The general assembly has decided to launch a research centre that will examine these problems, notably on issues of development, human rights and peoples’ rights. Médecins Sans Frontières has agreed to provide the centre, which will be a separate legal entity and will operate under a different name with the material resources it needs. The centre must quickly bring together the qualified experts it needs, notably in the humanitarian, academic, and financial fields.

In January 1985, the research center became “Liberté Sans Frontières” (LSF), a foundation ‘to inform about human rights and development.’ Its aim was to point to the issues supposed to be created by the ‘third-worldism/tiers-mondisme’14 ideology in many countries. The President of LSF was the Director of MSF France and
the LSF Director was President of MSF France. The LSF treasurer was the MSF France treasurer. Some of the members were French intellectuals with ideas firmly rooted in the conservative right.


Extract:

Aims – Administrative structure – Research Objectives
The debate on human rights and development is often obscured by ideological prejudice. Thirty years ago, it seemed natural that new countries should want to explore how to access progress. But when it comes to learning the lessons of history, prejudices all too often give rise to the wrong conclusions. Emerging economies are criticised for growth models that don’t fit the precepts of the Third World Focus. Others, adopting the advocated programme, experience successive disasters presented as models to be followed long after the facts have triumphed over hope. [Examples include] China’s Great Leap Forward has been succeeded by Vietnam and its new economic areas, Ujamaa’s Tanzania, NKrumah’s Ghana, Castro in Cuba and most recently, the Sandinistas in Nicaragua.

The causes of this blindness are complex, and the aim of the foundation Liberté Sans Frontières is to encourage debate, free of preconception. It aims to drive pragmatic research that eschews the idea of only one possible model; to analyse problems associated with development and human rights without referring to the Third World as an entity, because it isn’t. Finally, the idea is to use this research as the basis for action. A large body of work, free from conventional ideas and ideologies, has already been produced and there is no shortage of specialists working in this area. But their efforts are scattered, and there is a lack of coordination between projects. Their work is too often received with indifference or virulent criticism. They have little influence, and in the vast majority of cases, this is limited to a small circle of like-minded thinkers. We propose to widen their audience (in French).

We are setting ourselves a twofold task. On the one hand, it is to coordinate and drive research on countries that are facing development problems in terms of their economy, human rights, strategy, etc. On the other, it is to ensure this research is disseminated through the main opinion channels: the media, the world of politics, groups and associations. [...] The Board of Directors, assisted by the scientific board, will set long-term objectives for the new Foundation and define new areas of interest as the movement and events change and evolve.

Two groups of people are initially involved:
- On the one hand, intellectuals known for their work and actions in protecting human rights and democracy, development studies, and combating totalitarianism,
- On the other, senior members of Médecins Sans Frontières [...] Research will be the Foundation’s basic activity, split into distinct areas:
- Topical areas (for example, the war in Afghanistan, central America, southern Africa, etc.)
- General themes (the economy, health, human rights, information, etc.).
In some areas, these activities will be run in conjunction with like-minded institutes or organisations, in France or abroad.

Liberté Sans Frontières was a research centre dealing with human rights and development in the Third World. It was presented in a neutral fashion. Malhuret didn’t really intend to create a neutral project, but one that would get involved in the fight.


The first initiative of the newly born foundation was to hold a symposium entitled ‘Questioning the Third World’ on 23 January 1985 before a large audience. The French national press echoed the initiative and a polemic arose on what was seen as an ideological attack against ‘Tiersmondisme/Third Worldism.’


Extract:

Presenter: A trial of an entirely different kind, on tiersmondisme, is currently in preparation. Critics on various sides are decrying the errors and in some cases, the resounding failures of the so-called tiers-mondiste policy developed some 30 years ago. But the third world still needs help. A symposium organised yesterday and today in Paris by the Liberté Sans Frontières foundation, created by the association Médecins Sans Frontières, aimed to find a different way.

Voice over: For the leaders of Liberté Sans Frontières, a somewhat simplistic notion of what they call tiers-mondiste doctrine lies at the heart of the failure of the current policy on aid to developing countries. On the one hand, they say, because this doctrine relies heavily on denouncing the west’s pillaging of the third world’s resources, illustrated by the famous French slogan ‘the rich man’s cow eats the poor man’s soy,’ since it is a doctrine that induces guilt. Nothing positive
can be done in this field based on a bad conscience, add the creators of Liberté Sans Frontières. On the other hand, because they believe that applying tiers-mondiste theses has resulted in resounding failure, for example in Tanzania, where President Nyerere was supposed to introduce an exemplary model of development based on small-scale agricultural communities. As well as its economic failure, the country is alleged to have committed numerous human rights violations. The members of Liberté Sans Frontières have no hesitation in taking a risk when it comes to combating the dangers of totalitarianism and economic inefficiency: that of passing for allies of those, like the United States, who are fighting revolutionary national liberation movements.

Dr Claude Malhuret: The failure of ‘tiers-mondiste’ theses carries a high risk of withdrawal, the temptation to turn in on ourselves. We’ve been asking people to help for 20 years and saying that we were going to see development, and now in Africa, people are facing the worst famines we’ve seen in a long time. So people risk wondering if they were misled, if they made a mistake, and they turn in on themselves, which also aligns with the ideologies around security that are currently established here. So that’s what we’re afraid of, and if we carry on the way we are, that’s exactly what’s going to happen. On the other hand, and this is the main reason for the foundation, we think there’s a way that is neither ‘tiers-mondist’ nor Cartiérism. As you know, Raymond Cartier used to say ‘the Corrèze [region in France] before the Zambezi’.

We accept the risk of being criticised because we want to express our point of view. The future will demonstrate that we were not seeking to mount a politically-motivated operation.” According to Malhuret, participants believe that the problems of developing countries should be addressed pragmatically, on a case-by-case basis. The foundation’s officials stated: “We must create a space, somewhere between ‘third-Worldism’ and Cartiérism, where generosity and critical thinking can co-exist in a reflective process, free of ideological presuppositions.” They criticized ‘third-worldism’ for its “narrow economic analysis, which attributes an economic basis to every event,” and “dolorism [the notion that suffering brings salvation], which confines the residents of the South to the status of the eternal victim.”

Meanwhile, MSF Belgium’s board was asked to endorse the Liberté Sans Frontière’s initiative, but refused to do so. They deemed Libertés Sans Frontières’ close ties with MSF as too dangerous for the movement.

**(Extract:***


‘Third-worldism’ came under harsh attack in Paris during the Wednesday and Thursday symposium in the Senate, organised by the new Liberté Sans Frontières foundation. LSF was founded by the French humanitarian organisation, Médecins Sans Frontières. Many intellectuals and experts participated.

“We assessed tiers mondiste ideologies, reported on specific cases in the field, and raised economic and political problems in Third World countries,” foundation director Claude Malhuret told the AFP. Some participants contested the criticism that others delivered on third-worldist ideas. René Dumont, author of ‘L’Afrique Noire est Mal Partie,’ (Black Africa is off to a Bad Start) spoke of “a political campaign by the new right.” “Our goal is to examine what should be done to help developing countries,” emphasized Claude Malhuret. “The slogans of the ‘third-Worldists’ have ended in failure, including the largest famine of the century in Africa.” However, we are not proposing neo-Cartiérism. He emphasized the risks of political ‘hijacking,’ given the French context of a pronounced left-right split. “The ‘third-Worldists’ assume that they have the monopoly on generosity.

I was nervous before opening the symposium ‘Questioning Third-Worldism’ because I was expecting an empty 250-seat auditorium. We’d considered partitioning the room to make it smaller. I was scared of talking to an audience, but the idea of facing half empty room scared me even more! In fact, it turned out to be packed. Looking back, this can be explained by the imperceptible rise of a kind of anti-communism. We thought the communists were still strong, when they were actually in decline. So the symposium somehow focused criticism, hostile opinions, and feelings, without us fully realising it.

Dr Rony Brauman, MSF France President 1982-1994

(in French)
Minutes from the MSF Belgium’s Board of Directors Meeting, 20 January 1985 (in French).

Extract:
The Board of Directors recognises the new organisation Liberté Sans Frontières, in France. The relationship between this organisation and MSF France was defined at the 1984 MSF France general assembly. The board of directors wants to make it clear that they are not associated with this organisation, which takes a stand in the political debate about the Third World. The Board is not reacting to their ideas but, in keeping with its role, seeks to ensure strict respect of one of MSF’s founding principles: to remain apolitical. The board also wishes to emphasise its position, given the confusion and difficulty of distinguishing clearly between MSF France and Liberté Sans Frontières (same leaders, similar name, MSF funding for LSF, LSF’s introduction by MSF, etc). The inevitable confusion between the two organisations would not be good for Médecins Sans Frontières.


Extract:
What’s gotten into MSF? That’s the question on the mind of more than one observer. Is it a matter of fashionable provocative views, the influence of the New Right, or the deliberation errors of men faced with cruel and inexplicable realities? We’ve demolished lots of illusions that no one believes in anymore, says one Third World expert, and without the classic thinkers on development. Yet, ‘third-worldism’ is still very much alive, responds Dr Claude Malhuret, Director of MSF France, and there were more people at its post-mortem than could fit in the senate chambers. We are neither neo-liberal crusaders nor agents of a Mitterrandist (referring to French President François Mitterrand) move towards the centre, he says, defending himself. His Belgian counterpart, Philippe Laurent, quoting Jean-Pierre Cot, former French Minister of Cooperation, sees the undertaking as just a Parisian critique of ‘tiers-mondisme’, provoked by a few MSF officials and one he hopes will quickly disappear.

Before the symposium, he said, that “Médecins Sans Frontières cannot become involved in political debates or endorse one model against another. The key is to remain true to the group’s apolitical character, as set out in its charter.” MSF Belgium, which is nearly as strong as its French sister organisation, also distanced itself, without a hint of abstention. “This Liberté Sans Frontières Foundation represents an internal problem that MSF France will have to resolve internally. The situation must be clarified and,” he concludes, “those who do not support the organisation’s positions will have to leave.” Has ideological discord been sown or is this just a ‘Parisian’ flash in the pan? For now, this young foundation and its symposium have shaken up its sponsor more than it has unsettled the ideological positions it set out to challenge.


On 10 February 1985, two weeks after the symposium, the MSF Belgium, MSF France and MSF Holland staff in Chad sent a letter to denounce Liberté Sans Frontières. They considered it as a political turn that could create confusion between the MSF association and the Liberté Sans Frontières foundation, putting MSF at risk. Sharing MSF Belgium’s board concerns, the Chad field teams were asking for a clear separation between the two entities.

Open Letter to the Management and Membership of MSF from the Members of MSF Belgium, France, and Holland in Chad, 10 February 1985 (in French).

Extract:
We, the undersigned members of MSF working with the Chad mission, wish to express our indignation at learning of the circumstances in which the Liberté Sans Frontières foundation was launched. It is obvious that this foundation is lapsing into the political realm. As a result, we condemn this violation of MSF’s charter, with respect to the following:
-Multiple functions
-Use of MSF funds
-Use of MSF’s reputation as a springboard
-Shared headquarters for MSF and this foundation.

As demonstrated by reactions in the international press, MSF is clearly being identified with the foundation. Such identification harms the work of MSF teams on missions.
For these reasons, we demand that MSF’s management and all members honour their responsibility to observe the terms of the charter; that is, maintain complete separation between MSF and this foundation and notifying the press of that action.

Signed by: the members of MSF Belgium, France, and Holland in Chad.

**Letter + document** ‘Médecins Sans Frontières and Liberté Sans Frontières: Incompatible - A Summary of the Analysis,’ by the Director, President, and Board of Directors to the Members of MSF Belgium, 12 March 1985 (in French).

**Extract:**

We are contacting you because this is a critical moment for Médecins Sans Frontières, and we feel we have to express our concern before the organisation takes decisive steps towards a new and irreversible situation. Liberté Sans Frontières is a political organisation that is identified completely with Médecins Sans Frontières. This totally contradicts the charter’s fundamental principle: to remain non-political. One could go on at length about this principle, but plain good sense should be enough to make it clear and, in any event, to establish a broad consensus. We believe that the organisation’s apolitical character is fundamental and that removing it would cause the foundation to crumble. The detailed package we have sent you reflects our analysis. Its aim is to object to this recently created problem. We hope it will serve as a basis for discussion throughout Médecins Sans Frontières, and as a rallying point for those who cannot accept the current ambiguity, which is why we are distributing it widely within the organisation. We refuse to see the debate in terms of a confrontation between MSF France and MSF Belgium.

The problem transcends the issue of a legally autonomous entity within MSF. Furthermore, we would like to reiterate our desire to maintain the cooperative relationship with MSF France that existed before LSF’s founding, and we renew our proposal to create an MSF Europe based on the Charter. We look forward to hearing from you. With best wishes,

**Summary of the analysis**

- The Liberté Sans Frontières foundation is a political organisation. - The foundation is being associated with Médecins Sans Frontières.
- This confusion creates an unhealthy and ambiguous situation, putting MSF completely at odds with the basic principle of remaining apolitical.
- This threatens MSF’s continued existence.
- To protect our organisation, we must clarify the situation immediately and take measures to separate two entities that should never have been brought together, Médecins Sans Frontières and Liberté Sans Frontières.

In April 1985, considering that no effort had been made by MSF France to ease concerns, MSF Belgium’s General Assembly decided to sever all ties with MSF France in protest against the creation of Liberté Sans Frontières.

**Report of the MSF Belgium General Assembly, 27 April 1985 (in French).**

**Extract:**

We have had to face the most serious problem since our foundation, this year. The creation of Liberté Sans Frontières by the heads of MSF France dragged the French section into the political arena. We have decided to end our cooperation with our French friends, because we believe that is the only way to avoid being drawn into this political whirlwind. It was a difficult and sad decision, but the board could not ignore its role as guardian of the charter. We will explain ourselves tomorrow the statutory general meeting, when submitting this report. Should the French reintroduce a clear distinction between the political and non-political, we would, of course, undertake to find a new basis for cooperation, in accordance with the ‘charter.’

**Letter from Willy Demeyer, MSF Belgium Board Member to Rony Brauman, MSF France President, 8 May 1985 (in French).**

**Extract:**

Following the meeting of the expanded CDC in Toulouse, we have realised that the relationship between MSF France and Liberté Sans Frontières is almost irreversible, that within MSF France, opposition is not well enough organised to envisage significant changes in the near future, and that MSF Belgium’s presence at the meeting succeeded only in overshadowing the real debate posed by the creation of Liberté Sans Frontières. Five of the eight members of our Board were at the meeting in Toulouse. France’s unilateral decision to found Liberté Sans Frontières has forced us to make a swift decision to ensure that MSF Belgium is not dragged irreversibly into the political fray. Our board is ending its cooperation with MSF France. This regrettable decision was a difficult one to take, but it was the only one there was. We believe that Liberté Sans Frontières is directly political (the signatures of six of the MSF France members on a pamphlet calling to support the Nicaraguan resistance, and the recent report by Le Monde Diplomatique of May 1985, have not persuaded us to change our view).

We want to remain loyal to the principles of the charter which, until such time as new conditions emerge, is the basis of the relationship of trust that exists between members of MSF, donors, supporters, national, and international humanitarian aid organisations, and the people and leaders of the countries that welcome us [...] Our board has taken legal steps to guarantee our decision. The board has also kept the general meeting informed of managerial decisions,
and the way it has handled various problems over the past year. The General Meeting’s verdict was unambiguous: it unanimously approved the board’s report, minus three votes and two abstentions. The General Meeting voted unanimously on a motion concerning MSF France and Liberté Sans Frontières, minus three abstentions. The outgoing Board members were reappointed.

The motion was as follows:
If a clear distinction were to be made between MSF France and Liberté Sans Frontières, MSF Belgium would re-establish cooperation. The Board would judge whether this distinction exists. A door is still open. Each of us must assess the advantages and disadvantages of the relationship between MSF and Liberté Sans Frontières. Your letter claims that we are alone in our position, and that most of MSF supports your initiative; your general meeting will give us a clearer insight into the matter. We intend to express our point of view on this occasion, as you did at our own General Meeting, at length, calmly and civilly.


Extract:
While dishonesty is not necessarily stupidity and lying does not automatically imply lack of intelligence, those who attack ‘third-worldism’ surely possess their fair share of foolishness. Add a pinch of the arrogance that accompanies life’s great certainties - arrogance displayed first by the Stalinists and then by the ‘revolutionaries’ of May 1968. They were going to use better fundamentals to build a new world, one they understood so poorly. And now, they’ve positioned themselves in the heart of the classic right wing. But the arrogant have always known how to make themselves appear humble! “I’ve known the mud and refugee camps of Africa and Asia,” says Dr Brauman, in the work already quoted. The attitude has hardly changed in more than 100 years. “The poor, I know them in their hovels and in their filth,” the Restoration or Second Empire’s lady bountifully said. Unruffled, her great-granddaughter displayed the same attitude when she returned from ladies’ sewing circles during the Popular Front era. Indeed, she did know. She went to their homes bearing meal tickets, the warm clothes they could not afford to buy, a little money for the rent when their pay wasn’t enough […]

Africa and Asia are more than ‘mud and ‘refugee camps’. They are a group of countries whose population works, but barely manages to survive. There are countries in which multiple actors are involved in an interplay of complex forces: governments, the market price of zinc or cacao, the bank rate, production techniques of varying levels of advancement, the London market’s mechanisms, speculation, capital outflows, corruption, and pressure from companies whose revenues are larger than the national budget. However, they are also a culture and way of life, an attitude in the face of death, a dignity that all the ‘missionaries,’ secular and religious, know. First-rate experts, how humble that arrogance is. Indeed, says the President of Liberté Sans Frontières, the problems are so complex that “we had to bring in experts and surround ourselves with them.” And pompous: “We must not judge their conclusions before they conclude their investigation.” That’s valuable advice for others, but it doesn’t seem to apply at home. Without waiting for the investigation to be completed, Dr Brauman concludes: “Some say that the global economic system, the deterioration of terms of trade, and the unfair prices paid for producers for raw materials are responsible [for the tragedies in the Third World]. I think this diagnosis is incorrect.” It sounds as though the experts know ahead of time what they have to prove. And which ‘experts’? Emmanuel Le Roy Ladurie, shifting from Montaillou16 to development economics, Jean-François Revel, fully informed on this subject, Pascal Bruckner, and the rest.

Despite Dr Brauman’s fond hopes, it might well be difficult to prove that no link exists between “our liberties and the absence of theirs” and between “their poverty and our wealth”. And remember, further, that Professor Huntington’s statement dates back to 1976. The period to which he refers - “the last seven or eight years” - corresponds to the harsh and bloody phase of Brazil’s military dictatorship. Thanks to Brazilians’ lack of freedom, businesses - including American ones - were all the freer under the military’s leadership. The impacts always show up on the balance sheet. Doctors Brauman and Malhuret might well question Professor Huntington’s competence because it was he who, in his haste to save democracy in Vietnam, developed the strategy known as ‘forced urbanisation.’ The principle was simple: use bombs, napalm, shrapnel and bee hive cluster bombs, and defoliants to render countryside and villages so inhabitable as to force farmers to crowd into refugee camps. They were thus sheltered from indoctrination by the Vietcong, who would no longer be able to move ‘like a fish in water’ in the deserted areas.

The experts can choose their own path of inquiry. What is important is that they end up where Dr Brauman thinks they should. “Our job is to challenge a perception of the problem in which their poverty [of the Third World] is a reflection of our wealth, and our liberties are based on the absence of theirs.” […] We must, with hesitation, express

---

16. In “Montaillou, village occitan de 1294 à 1324” the historian Emmanuel Le Roy Ladurie examines the lives and beliefs of the villagers of Montaillou, a small village in the Pyrenees with only around 250 inhabitants, at the beginning of the fourteenth century.
our gratitude to the experts from Liberté Sans Frontières. At the end of their long work, they will ‘discover’ how certain westerners, in the name of freedom and prosperity, have made an irreplaceable contribution to improving and impoverishing the Third World. But at least they won’t hurt anyone while treading those well-marked paths. […] Since, as Dr Claude Malhuret says, “we are only doctors” who must surround ourselves with experts, two key names come to mind. These are two very important people who seem to have escaped the notice of the Liberté Sans Frontières foundation but who could, however, be very useful. First, Harvard Professor Samuel Huntington. Several years ago, he wrote an extraordinary report on democracy. Professor Huntington has found the solution to the Third World’s development problems. “Take the example of Brazil. In the last seven or eight years, the country has experienced spectacular development. That would be very difficult to achieve under a democratic regime.” Let us also consider President Johnson’s April 1964 congratulatory message to the authors of the coup d’état in Brazil. Then recall that Dean Rusk and George Ball stated that the “change” had occurred within a “constitutional framework.” Finally, think about the role of CIA official General (then Colonel) Vernon Walters in the operation.

Liberté Sans Frontières would thus be justified in rejecting the support of Professor Huntington, whose contribution to the communisation of Vietnam was clearly too successful. The foundation might then wish to turn to a second expert, Friedrich A. Hayek, Nobel Prize winner in economics. Raymond Barre, the man Giscard d’Estaing considers France’s best economist,’ introduced his works in France. “Countries that adopted the free enterprise system were able to significantly raise their populations’ standard of living,” Mr. Hayek writes. “This applies to South Korea and Brazil.” While their assets and economic performance cannot be compared, the two have both implemented that free enterprise’ system so dear to Mr Hayek, and many others, under dictatorships. […] Dr Rony Brauman, who clearly does not consider the full import of his proposal, criticises those who dare to support the notion that what is “responsible [for the misery of the Third World] is the unfair price paid to producers of raw materials. This diagnosis is incorrect.” He shares the positions of Thomas Sowell, quoted earlier, who rebels against “modern theories of imperialism and neo-colonialism,” according to which “labor and raw materials of Third World countries are undervalued and underpaid.” This is an absurd claim, Sowell adds, because determining “the ‘fair price’ has defied economists for centuries.”

On 11 May 1985, Philippe Laurent, the leader of MSF Belgium came to the MSF France General Assembly to announce that MSF Belgium was suspending its relationship with MSF France until “the ambiguous relationship between MSF France and Liberté Sans Frontières” was clarified. Eventually, the MSF France General Assembly decided that MSF should have control on the Liberté Sans Frontières board and that the scientific committee of LSF should be broadened.

Extract:


**Extract:**

Outlook for the commission on Liberté Sans Frontières
An assessment of the first year of the foundation Liberté Sans Frontières has involved high-level discussions that identified improvements needed for its coexistence with Médecins Sans Frontières. The General Assembly therefore decides to:

1. Expand the Foundation’s scientific board,
   - First, by inviting personalities who reflect a range of current ideas, while preserving the consistency of the Foundation’s approach;
   - Secondly, and more importantly, ensuring the board’s scientific credentials by inviting personalities recognised for their research rather than their fame or political convictions, and by increasing the presence of personalities from Third World countries.
2. Ensure Médecins Sans Frontières’ control of Liberté Sans Frontières. LSF’s Board will include a majority of MSF members, appointed by MSF’s Collegial Board of Directors (CDC). In making the appointments, the CDC will ensure that these people have enough time to report regularly to them on the foundation’s research, which should be widely shared within the association.
3. Organise events in the near future that focus on the scientific aspects and openness of the research. Two initiatives in particular should be encouraged: a symposium for agronomy, economics, and geography specialists, focusing on food resources in Africa and Asia; and secondly, a forum or summer school about the Third World, to which Liberté Sans Frontières would invite all interested ‘Third-Worldist’ groups for a long discussion. Some of these groups have been critical of the foundation’s first symposium, so we need to pursue the discussions already started in private.

A decision will be made on Médecins Sans Frontières’ funding of Liberté Sans Frontières. So far, MSF has provided funds when they were needed, but funding could take the form of an annual donation revised every year.

**I felt like MSF France had betrayed me. Everything was in total confusion. In Belgium, we analysed things and made a decision. I had the document that said, ‘The Board of Directors notes that a new organisation, Liberté Sans Frontières, has been created. The relationships between this group and MSF France were defined at the General Assembly of MSF France in 1984; the [MSF Belgium] Board of Directors wishes to distance itself from this organisation, which is openly taking a position in the political debate over the Third World; and so on.’ So we said, ‘OK, faced with this situation, we will separate. We no longer want any organic connection with MSF France as long as it is connected to Liberté Sans Frontières because we cannot be linked with LSF.’ This clearly meant that we were suspending our relationship with MSF France until the ambiguous relationship between MSF France...**
and Liberté Sans Frontières was clarified. I came to defend this position at the MSF France General Assembly, as the French came to defend theirs at ours. Everything was done quite openly, while we were eating together. At MSF Belgium, this ‘split,’ passed unanimously. At the MSF France General Assembly, those in favor of Liberté Sans Frontières carried the vote by 52% or 53% to 48% or 47%. It was, of course, a Pyrrhic victory.

Dr Philippe Laurent, MSF Belgium Co-founder, President 1981-1984, General Director 1981-1986

On 5 July 1985, Jacques de Milliano, MSF Holland’s President sent a letter to Rony Brauman, President of MSF France, demanding that MSF France distance itself from LSF. He argued that the links between the two associations would force their leaders to take political or ideological stances that could harm the image and therefore the action of Médecins sans Frontières.

Letter from Jacques de Milliano, MSF Holland President to Rony Brauman, MSF France President, 5 July 1985 (in French).

Extract:
Position of Artsen zonder Grenzen/Médecins Sans Frontières Holland, on the Liberté Sans Frontières foundation. The board of Artsen zonder Grenzen (MSF Holland) recognises that humanitarian assistance has to come with some thinking about Third World problems. However, Artsen zonder Grenzen, MSF Holland, wants to distance itself from Liberté Sans Frontières (created by MSF France), because its relationship with Médecins Sans Frontières (funding, name, management and board). It is inevitable that this connection will put MSF members in situations where they will have to take political or ideological positions. This will have harmful consequences on MSF’s apolitical and humanitarian image, and on medical action in the field. Any political or ideological position is reprovved by the charter’s apolitical stance. Artsen zonder Grenzen, MSF Holland, therefore asks MSF France to clearly separate Liberté Sans Frontières from Médecins Sans Frontières.

For several years, the Liberté Sans Frontières Foundation remained an obstacle to a full reconciliation between the MSF sections. Eventually, in 1989 the foundation was ‘frozen’ (mise en sommeil). Indeed, the MSF board refused to close it down just in case it might be necessary to revive it, but it was never reactivated.

Dr Rony Brauman, MSF France - President 1982-1994 (in French)

Dr Rony Brauman of MSF France explains the present position of LSF within MSF. The General Assembly will vote every year on whether or not to maintain the present close links. So far the vote has been in favour of keeping LSF within MSF. Rony refutes accusations by MSF Belgium that LSF is a right-wing organisation. A majority of LSF’s board is made up of MSF members, to give MSF better control. The colloquia held so far, gave rise to discussion on various Third World topics attended by intellectuals from the right and the left. Rony agrees that the first colloquium on Third World issues was provocative, but that the current ones are more low-key. The
last colloquium on PHC [Primary Health Care] was attended by many MSF people and by representatives of the UNWHO [World Health Organisation] and UNICEF [United Nations International Children’s Emergency Fund]. The draft of LSF’s first paper was definitely neo-liberal in tone, but was not approved by Malhuret or Brauman. Yet, much of the Belgian opposition towards LSF was based on that draft. All present are satisfied with this update, but differences of opinions remain on the desirability of maintaining close links between LSF and MSF.

b) Trial on the Trademark (1985)

As the Liberté Sans Frontières (LSF) debate was raging, MSF Belgium launched operations in Angola and Nicaragua, making contacts with parties to the conflicts without informing MSF France. MSF France felt this challenged the security of its teams. To protect the name of MSF, which they considered as weakened by these actions, the MSF France board decided to file a lawsuit against MSF Belgium, demanding the return of the MSF name.

Extract:

‘Relationships Between MSF France and MSF Belgium,’ Minutes from the MSF France Collegial Management Committee Meeting regarding the MSF Belgium General Assembly, 3 May 1985 (in French).

Rony Brauman [MSF France President] reported on the MSF Belgium General Assembly, held on 27 and 28 April. The General Assembly, which included only the members appointed by the Board of Directors (111 people), voted (43 in favour, 3 against and 2 abstaining) to accept the President’s annual report, which included the break with MSF France and associated responsibilities of the MSF Belgium directors. A lively discussion took place on Sunday, during which MSF France officials presented their arguments, including the significance of human rights as part of MSF’s image and activity, the need to deliberate and debate about the Third World, non-interference with field activity, and to recognise those who support our approach. […] In fact, Brauman explained, this break [with MSF Belgium] had occurred several months ago and there were already many problems. MSF’s uniqueness is based on that fact that we work in areas of high conflict. Contacts with various parties to such conflicts require both caution and coordinated efforts, which is especially the case in southern Africa and Central America. Some time ago, MSF Belgium has, without consulting MSF France, taken certain initiatives that could pose very serious security problems for people in the field. For example, I am referring to the Angola problem:

- MSF has been working alongside UNITA [União Nacional para a Independência Total de Angola/National Union for the Total Independence of Angola] for two years. Recently, MSF Belgium has contacted, and begun the process of working with, the government via the MPLA. MSF Belgium has not notified UNITA, placing MSF France and the people in the field in a very delicate and dangerous position.

- The Nicaragua problem: [MSF Belgium mission] the teams have become extremely involved, threatening the stability of a very fragile framework that MSF has built over five years, by establishing contact with all parties to the Central American conflicts. The Guatemala expulsion may well have been the result, partially, of contacts that MSF Belgium had with certain parties without consulting MSF France.

Dr Rony Brauman, MSF France President 1982-1994 (in French)
motion: ‘In light of the difficulties and risks created in the field and in Europe as a result of the increasingly hostile and distant attitude of the Belgian section of MSF, a distancing leading to the MSF Belgium General Assembly’s decision to cease all cooperation between the two organisations, the MSF France Board of Directors has unanimously voted to pursue any initiative, consultation, and procedures necessary to protect its name throughout the world. This includes the possibility of taking action to strip the Belgian section of the Médecins Sans Frontières’ name, which it borrowed from the original French section when the Belgian section was created in 1981.’

On 11 May 1985, the MSF France General Assembly decided to support the board’s decision to sue the Belgian section.


Extract:
On the pretext of the creation of Liberté Sans Frontières, the Belgian section has decided to split with Médecins Sans Frontières France and end all cooperation. Given the gravity of the decision, the board of MSF has decided unanimously to embark on proceedings to protect its name, and may even withdraw the five-year-old agreement allowing MSF Belgium to work with us. Dr Brauman reminded them of this option, saying that it is not conceivable that groups appearing under the same emblem intervene in a dispersed order […]

Minutes from MSF France’s Collegial Management Committee Meeting, 31 May 1985’ (in French).

Extract:
Relations between MSF Belgium and MSF France:
-MSF France has requested that MSF Belgium change its name; interim relief measures will be sought if they refuse to do so.
-The Mali mission coordinated by MSF Marseille will continue.
-MSF France has asked MSF Holland to modify its bylaws to refer to the fact that its name is borrowed from MSF France.

On 10 July, at the trial, MSF Belgium presented a letter of support written by Bernard Kouchner, Max Récamier, and Jacques Bérès, three founders of MSF France, who had departed MSF in 1979. In this letter, they claimed that MSF France had broken up with the charter’s ideals. This support was commented upon in the French press.

Letter of support from Bernard Kouchner, Jacques Bérès and Max Récamier, founders of Médecins Sans Frontières, to MSF Belgium, Produced during the Lawsuit brought by MSF France against MSF Belgium, 10 July 1985 (in French).

Extract:
MSF was the result of a breach in French dogmatism. It was born of an ecumenical spirit and the fraternity of jointly reached conclusions. As MSF’s founders, from the right and the left, our strength was how together, we confronted conventional wisdom and the potentially deadly political choices that were typical of Paris’ inner circles.

Liberté Sans Frontières reduced this great adventure to a partisan ideology by yielding to a narrow, reductive political trend. But it’s not because we criticise LSF’s move to the right that we are apologists for the left, or in thrall of naive certainties like some Third World partisans. We want to go on being true to ourselves. Using a medical emergency aid organisation like MSF to launch and support a political undertaking was untenable. Friendships were formed in the French humanitarian and medical organisations that would be affected.

We invented humanitarian openness, but our successors wanted us to conform, as they prepared for the next legislative elections. French medical aid organisations, whose volunteers risk their lives every day around the world, will soon be found behind desks in the [French] Chamber of Deputies and General Councils.

That’s why we support our friends from MSF Belgium in their quarrel with the Paris apparatchiks, their failure to live up to the ideals and ethics that inspired MSF’s founders. We support them because the creation of Liberté Sans Frontières was a moral and intellectual fraud. Today, MSF Belgium is the organisation that preserves the ideals in the original charter and the statutes. MSF France has perverted those ideals. It may be time to invent a “clause of conscience” for humanitarian organisations.


Extract:
The case that will be heard by a judge sitting in emergency proceedings in Brussels this morning is one of bitterness and a settling scores. A case that reflects the turmoil caused in the small world of intellectuals and medics in Paris, by the creation of the “Liberté Sans Frontières” foundation […]. The claimant, the French humanitarian organisation Médecins Sans Frontières (MSF), is asking the Belgian court to order MSF-Belgium to abandon the famous acronym and change its name. The reasons: this year the Belgian section broke away – the summons speaks of “dissidence,” “rebellion,” and “denial of allegiance” and using the name MSF risks
causing confusion. For Rony Brauman, President of MSF (France), “it is regrettable to have to go to court,” but in his view, the “leaders of the Belgian section should have taken full responsibility” for their decision to break away and change the name themselves.

He explains that the confusion caused is creating a problem; for example, when the Belgian organisation makes contact with the Angolan government while the French are working in the UNITA rebels’ zone, it creates “uncomfortable or even dangerous” situations, according to Rony Brauman. The same applies in Nicaragua, El Salvador and elsewhere. When a manager at MSF France calls an African liberation movement in Paris, he is told that someone has already been in touch from Brussels! The Belgians, of course, see it differently. Their response to accusations of “rebellion” or “dissidence” is to criticise senior figures in the French organisation for having themselves broken away from MSF’s basic charter and brought the humanitarian organization into “a political and ideological battle” through the creation of Liberté Sans Frontières. And they have a trump card to support the argument they are presenting to the judge: a letter signed by Bernard Kouchner, a former founder of Médecins Sans Frontières and now head of Médecins du Monde, and by Jacques Bérès and Max Recamier, two other former MSF Presidents, backing their position. “This is why,” write the three men, “faced with the failure to live up to the ideals and ethics that drove the founders of MSF, we support our friends at MSF Belgium in their dispute with the apparatchiks in Paris. It seems right to us to support them in light of the moral and intellectual fraud that the creation of Liberté Sans Frontières represents. It is MSF Belgium that is maintaining both practice and ideals in line with the charter and statutes. It is MSF France that is perverting them.”

The intervention by Kouchner, one of the media stars of humanitarian aid, in this inter-MSF debate, is “comical” according to Rony Brauman, who prefers to see the conflict between the French and Belgian sections as a “daughter organisation turning on her mother,” a natural psychological phenomenon. For the President of MSF-France, “divergent attitudes” and a “particular mindset” had already created “frictions” in the past: “the situation exploded at the point when Liberté Sans Frontières moved into the public domain.” Apart from the debate on the acronym, which will be decided by the Belgian judge, there remains the question posed by the creation of Liberté Sans Frontières. MSF-France has avoided an internal crisis following the decision by its leaders to embark on this “adventure.” At the organisation’s last General Meeting, they were forced to commit to a political rebalancing of the foundation’s intellectual “patronage” and “refocus” its activities on the development arena. There will be no more “ideological” symposia such as that in the Senate last January, which prepared the trial of “third-worldism.” However, the damage has been done: Belgian doctors have not digested the Liberté Sans Frontières pill.

On 15 July 1985, the Belgian court decided that MSF Belgium could keep its name. The MSF France leaders, considering they were unlikely to win the appeal and fearing to difficulty explaining their position to the media, decided not to go any further with legal action.


Extract:
It was enough to know the topics addressed during this symposium (Liberté Sans Frontières symposium of 23 and 24 January 1985) to realise that the aim pursued by Médecins Sans Frontières was entirely separate from the concerns and aims of Liberté Sans Frontières. Whereas the defendant (MSF-Belgium) opts for a temporary interruption in its cooperation with Médecins Sans Frontières France, until the latter distances itself from its decision to form part of the foundation Liberté Sans Frontières, an option it has pursued from every point of view, including: a campaign run by Liberté Sans Frontières with funds belonging to MSF-France; a head office shared by MSF-France and Liberté Sans Frontières; a management team […]

Whereas, having familiarised ourselves with all the elements submitted for our examination, it appears to us that the cornerstone of the dispute is the charter common to both parties; whereas this dispute must be looked at in the light of the text of said charter; whereas this clear and precise text clearly lays out the principles the doctors have signed up to. Whereas, by comparing this text with the aims pursued by the LSF foundation, of which the claimant (MSF-France) has agreed to become a part (see page 16 of its manifesto), the judge ruling in emergency proceedings may, without overstepping his authority, state that there is a clear divergence between the philosophy and goals of MSF on the one hand, and the philosophy and goals of Liberté Sans Frontières on the other. Whereas, we believe that the probable upcoming debate on the fundamental issue, which is to establish whether MSF France can or could join Liberté Sans Frontières, is separate from the present problem, set in its proper context by the defendant (MSF-Belgium). [We] Declare the claim admissible but unfounded, reject the claim made by the complainant (MSF-France). [We] Order the claimant to pay costs […]

Editorial for Members of MSF Belgium, Philippe Laurent, Director of MSF Belgium, July 1985 (in French).

Extract:
In a world shaken by war and cataclysms, we look after the victims, whether or not they understand what is happening to them, whether they are “wrong” or “right.” As eyewitneses, we obviously think about what we see. And each of us has
his or her version of the truth. As eye-witnesses, we have also seen the tragedies these different truths can cause. We don’t trust them. Should we have followed Paris and the latest fashionable version of truth?

Our response was to say no: the creation of the Liberté Sans Frontières foundation by MSF France is neither in the spirit nor the letter of the charter. We have taken our distance. Should we have given in when threatened with a court case and dropped our name, as MSF France wanted us to do? Again, we said “No;” the name is ours. We are proud of it: hundreds of doctors and nurses have worked hard within MSF Belgium to establish its reputation for generosity and efficiency.

The judge agreed. We could have kept all this quiet from you (a court case is never a moment of glory: you never come out of it with your reputation enhanced). But we thought it was better to play fair, as we have always done. After all, it’s when you have problems that you find out who your friends are. We are doctors and there is no shortage of work for us. There are still more than a hundred of us fighting famine. We want to continue our work as doctors free of ideological barriers and political hijacking.

'MSF Belgium is Entitled to its Name,' Le Soir (Belgium), 17 July 1985 (in French).

Extract:
Having rejected the support provided by Médecins Sans Frontières France to the Liberté Sans Frontières foundation, MSF Belgium was summoned to an emergency hearing at the Brussels court by the French association, accused of “rebellion” and a “refusal of allegiance” to the “parent organisation” and told to abandon their joint acronym. The Belgian court found in favour of MSF Belgium: not only did the claim was rejected because the court took the view that since MSF Belgium hadn’t infringed on the charter, we could not forbid them from using the name. For the moment, unless there are further developments, Claude Malhuret [member of MSF France Management Team] recommends dropping the case for the following reasons:
- Waste of energy and money,
- Potential problems with the media,
- Not likely we’d win; a judge would find it difficult to rule against a humanitarian organisation with projects under way in the field, compared with any injury to MSF France, which it would consider small in comparison.

Malhuret, Brauman, and Charhon [members of MSF France, management team] said, ‘If you split off, you have to give up the name.’ We said, ‘No, we’re keeping it.’ So, there was a lawsuit here in Belgium. But they really regretted it because it turned into a trap that collapsed on them and it was quite severe. They went for a summary judgment, telling themselves: ‘with a summary judgment, you can get a suspension, they’re trapped, they spent a year or two on the content, time goes by and then they’re dead.’ They brought an intellectual property lawyer who deals with brand ownership. Our lawyer was the President of Amnesty International and we prepared a case on the merits, even in a summary judgment proceeding. We spent days and nights preparing our defense. We produced a whole series of documents and got a very interesting decision. The judge said that even if it was unusual for her to address the content, she had read the documents and concluded that MSF Belgium was observing the charter, while MSF France was clearly not. So, she dismissed the French. Normally, they should have requested a trial on content after that, but they didn’t go to the content.


Extract:
The MSF Belgium problem: Judgment has been given in the emergency hearing. Our claim was rejected because the court took the view that since MSF Belgium hadn’t infringed on the charter, we could not forbid them from using the name. For the moment, unless there are further developments, Claude Malhuret [member of MSF France Management Team] recommends dropping the case for the following reasons:
- Waste of energy and money,
- Potential problems with the media,
- Not likely we’d win; a judge would find it difficult to rule against a humanitarian organisation with projects under way in the field, compared with any injury to MSF France, which it would consider small in comparison.

Minutes from the MSF France Board of Directors, 29 July 1985 (in French).

Malhuret contacted a lawyer who convinced him, after examining the statutes and trademark, that MSF France owned the trademark and we could withdraw it if that suited us. And so, in the rotten atmosphere of the relationship between Brussels and Paris, Malhuret decided to do just that. I let myself be convinced, because according to the statutes, the President had to file the complaint. But it was Malhuret who pushed for it – and he was the one who went to trial because I wasn’t comfortable with the whole thing. I was sceptical, but I had no legal knowledge, so I told myself legal truth and common sense aren’t the same. But in the end, that’s how it was, common sense won the day because the Belgian judges didn’t rule against a Belgian humanitarian organisation that actually wasn’t at fault.

MSF Belgium was very clever. For one thing, their lawyer was the President of Amnesty International in Belgium. Later, he even joined the board of MSF Belgium. He was certainly smarter than us. We were just big oafs, and their game was very subtle. They talked about the children who’d be out on the streets with no food or medical care if MSF lost its name, since the name was the guarantor of its relationship with donors, etc. They also mentioned MSF’s political drift away from the apolitical organisation it had once been, devoted to emergency assistance and care for the most vulnerable. In short, they played their cards very well and won hands down.

Dr Rony Brauman, MSF France President 1982-1994
(in French)

Liberté Sans Frontières was a pretext. There was disagreement with the Belgians about it, but there was also disagreement with plenty of people in MSF France, but things there moved on. We held the general assembly, we explained our position and it was hard. But then people said, ‘It’s Brauman and Malhuret’s problem, if that’s what they want to do, let them get on with it.’ I saw the Belgian reaction as a national thing, the Belgians’ inferiority complex towards the French. We didn’t get that from the Swiss, but we could have given as good as we got on the basis that eighty per cent of their funding came from institutions and governments. Because they were in Brussels, it was easy for them to get European funding. We were very much opposed to European funding. We could have broken with them over that.

Dr Claude Malhuret, MSF France President 1978-1979, Management Team Member of 1979-1985 (in French)

In late June 1985, while suing MSF Belgium on the trademark issue, the MSF France Board of Directors, in efforts to ensure its ownership on the MSF name in Holland, proposed to grant MSF Holland a license to use the MSF name. In a letter dated 25 November 1985, drafted by the lawyer of MSF Belgium, the MSF Holland board answered that they would not sign any contract regarding a brand license of the MSF name. Indeed, according to them the proposed contract was that of a license to exploit a product trademark. Now, the law on product trademarks in use in all the Benelux countries was applicable to industrial and commercial firms only. Therefore, given the not-for-profit status of MSF, the MSF France proposal did not comply with this law. They renewed their proposal to set up an international structure in charge of safeguarding the MSF name.

Copy of the 25 November 1985 letter from MSF Holland to MSF France, sent by Amand d’Hondt, MSF Belgium’s Lawyer, to Philippe Laurent, Director General of MSF Belgium, 3 December 1985 (in French).

Dear Philippe,

I have attached a copy of the 25 November 1985 letter from Artsen zonder Grenzen Netherlands/[MSF Holland] to MSF France. It is consistent with the draft we had prepared. This letter will undoubtedly arrive at an opportune moment, psychologically speaking, given the extensive media coverage of Ethiopia’s expulsion of MSF France.18 I am available if you need me. Again, it was a pleasure to work with you last Saturday, 30 November. I also hope that the second General Assembly of 18 December will approve the suggested amendments to the statutes. Please keep me informed. With warm regards, Amand D’Hondt

Dear Friends,

Our Board of Directors has conducted an in-depth review of the proposal put forward in your letter of 28 June 1985 that seeks to establish an agreement between our two associations to grant us the license to use the MSF trademark. We have concluded that we cannot sign this agreement, which is like a license to operate a product brand. Our two associations find this incompatible with the provisions of the Uniform Benelux Law on product trademarks, under the Treaty signed on 19 March 1962, between Holland, Belgium, and Luxembourg. This law applies only to industrial and commercial companies. We are not such a company.

Furthermore, the uniform Benelux law excludes ‘service’ trademarks from its scope of application; that is, trademarks that involve services, not ‘products.’ Even more fundamentally, we don’t believe that the relationship between our two associations, which pursues humanitarian goals, can be subject to commercial law. In addition, Article 2.7, the last paragraph of the statutes of the French association, expressly prohibits the adoption of commercial, for-profit forms.

Thus, although we cannot accept your proposal in its current form, we are committed to pursuing collaboration with the other national Médecins sans Frontières associations,

yours in particular. We believe that close and continued collaboration among all of national associations is critical to achieving our shared goal. Your statutes (Articles 2.4 and 2.7), as donors (Article 2), refer to the Médecins sans Frontières charter, adopted on 20 December 1971, as the foundation and the basis of all of our activities.

We believe that working together, and with our Swiss and Belgian friends, we should be able review the possibility of creating an international entity. This entity could, for example, protect our shared name in consideration of the five principles set forth in the charter and would act in our name and in like manner for each of our associations. We believe that this consultation is in the spirit of Articles 2.4 – 2.7 of your statutes. If you so wish, we would be happy to discuss this with you at greater length and in greater detail.

We are well aware of the importance of this issue for the future of our associations. We are prepared to work with you and the other associations in our organisation to identify a constructive and satisfactory solution for all.

2. Discord on Ethiopia19 (1985)

In late 1985, a disagreement regarding the MSF France public positioning on the forced relocations in Ethiopia erupted. On 2 December 1985, MSF France was expelled from the country after having denounced the government’s use of famine to forcibly resettle part of the northern population to the unhealthy lands in the South. At least 100,000 people were believed to have died in resettlement activities, did not speak out to support MSF France and decided to stay in Ethiopia to continue to bring aid to the populations.

Actually, the MSF Belgium leaders argued that the right-wing regime in Sudan was not acting any better than the communist Ethiopian regime and would equally deserved to be denounced. MSF Belgium suspected MSF France to have deliberately exaggerated events in Ethiopia in order to justify the existence of Liberté Sans Frontières. This distrust was reinforced by the fact that at the same time, Claude Malhuret, one of the leaders of MSF France left the French association to go into politics.

For its part, MSF France actually believed that the forced relocations enforced by the Ethiopian government had to be denounced per se. This denunciation was in line with the questions regarding totalitarian drifts of the ‘third-worldism’ ideas that Liberté Sans Frontières was designed to raise.

What happened over Ethiopia in 1985 and the major disagreement we had, was because MSF Belgium stayed on while MSF [France] left; all that can only be envisaged within the framework of Liberté Sans Frontières, of course. You can’t separate the two; it’s impossible. Médecins Sans Frontières launched Liberté Sans Frontières. It was all prepared with a seven- or eight-page cover feature, ‘The Sham of Third-Worldism’, in Paris Match. And, it continued with ‘The Crimes of the Red Negus’ [an article by André Glucksman, who had nothing to do with MSF, which appeared a year later]. All that came before the expulsion, so it all linked up… I mean that’s the climate in which the Ethiopia story unfolded.

So I knew through Malhuret’s documents, that a dossier like that hadn’t been put together overnight. It was something that had been prepared several months earlier. We knew perfectly well that they were preparing this trump card to play at press conferences, we knew perfectly well what lay behind it. It was obvious. The mindset was the same. There was more to it than that, there was all the confusion. It was obvious that there was a total, total, total confusion of interests! After they rewrote the story, we mended things but the confusion was total, total. So I’m not saying they were wrong, that Mengistu was not a bastard. They had had enough experience with communist regimes to know what he was, but they also knew that Sudan, which had a right-wing regime, and the Hezbollah mob, was already beginning to appear and was no better. But, Brauman and Malhuret were pursuing this anti-communist agenda for two or three years.


We were not totally convinced, particularly since they [MSF France] were in the process of setting up Liberté sans Frontières. We said ‘perhaps they are using this situation to try and score points with Liberté sans Frontières and therefore score points in the political arena.’ The argument seemed to be a bit of a ‘Parisian’ thing. Yet, once again, the problem was not so much due to what was said, but rather to what remained unsaid, to the other sections’ for lack of support for this policy. And also, in my view, to certain mistakes in Paris, where they were mixing all sorts of agendas, the hostility of other sections, the Liberté Sans Frontières agenda, etc. It didn’t allow for a clear situation in ethical terms, in terms of values, or the charter. So I believe that it has to be acknowledged once again that, basically, MSF France was completely right to pursue that strategy and that MSF Belgium was probably too timid in its support for this position. At the same time, the climate in Paris was not favourable to a cohesive approach to the problem. I personally think that MSF Belgium feared a hidden agenda. And that created caution, a wait-and-see attitude. And Malhuret, he went into politics at that time. I think that yes, there was a certain kind of hidden agenda. Was it using Ethiopia? I wouldn’t go that far.
In any case, at a given moment, the problem of Ethiopia symbolised certain things that Liberté Sans Frontières intended to condemn.

Dr Georges Dallemagne, MSF Belgium General Coordinator in Famine and Forced Relocations of Population in Ethiopia: 1984-1986, MSF Speaking Out Case Studies (in French)

No, we did not ‘use’ Ethiopia to justify Liberté Sans Frontières! Liberté Sans Frontières was conceived in 1983 and created at the 1984 General Assembly in order to condemn the effects that totalitarianism and the ideology of Third-Worldism had on populations. Ethiopia was a totalitarian regime hiding behind a ‘Third World’ façade, so it was natural to condemn it.


B. TURMOIL IN MSF BELGIUM (1986)

In April 1986, Bernard Kouchner and Alain Deloche, two members of Médecins du Monde/Doctors of the World, a French NGO created by the group who had left MSF France in 1979, were co-opted by the MSF Belgium board.

In May 1986, MSF Belgium favoured a project of a European humanitarian consortium, broadened to non-MSF organisations. Philippe Laurent, the General Director of MSF Belgium proposed that Médecins du Monde replace MSF France in this consortium. During the MSF Belgium General Assembly in May 1986, MSF Holland and MSF Switzerland representatives asked that MSF France be consulted on the consortium project before considering the inclusion of any external NGO. The majority of MSF Belgium members agreed with this request.

Minutes from MSF Belgium’s Board of Directors Meeting, 17 April 1986 (in French).

Extract:
4. Co-option:
The Board decides to co-opt: […]
- Bernard Kouchner [Founder of MDM France]
- Alain Deloche [Founder of MDM France]


Extract:
2. Internationalisation
b) A European consortium
This objective, the creation of MSF Benelux, should not let us forget the other countries. The conflict with MSF France has led us to discover Médecins du Monde and Bernard Kouchner, and we have already carried out some joint operations (in Mexico, Yemen, and Haiti). We get on very well, particularly since MDM also wants to work on a more international scale. We don’t always agree on focus and structure, but so far our cooperation has proved extremely fruitful.


Extract:
1. Internationalisation
Present:
- Bernard Kouchner and Alain Deloche for MDM France
- Doris Schopper for MSF Switzerland
- Roelf Padt for MSF Holland
- Jean Claude Leners for MSF Luxembourg [created in the meantime]

There were wide-ranging discussions on how to set up a European structure based on a joint charter. Two principles must be preserved: each organisation’s autonomy, and consultation on aspects like contacts with international organisations and fundraising. There are different points of view on broadening [cooperation] with organisations outside MSF. On the one hand, MSF Belgium suggests that MSF Holland, Switzerland, Luxembourg and Belgium should turn to Italy and Spain, and in France to Médecins du Monde. The idea would be to create a group of MSF sections, but other organisations too. MSF Switzerland and MSF Holland want MSF France to be involved, before we approach any other organisation.

It was the time when MSF Belgium teamed up with Médecins du Monde, I mean the ‘old’ Médecins du Monde, not the young ones. I’m talking of Kouchner, Bérès, Récamier; the barons. Thus, an alliance with our rivals MDM [was created]. Philippe thought they were going to drive us into the ditch, playing on the new leadership of MSF Belgium on the MSF side, and the strengthening of MDM’s position in France. And then, they learned a thing or two about arrogance, big talk, and empty words with Kouchner and Bérès.

Dr Rony Brauman, MSF France President 1982-1994 (in French)
In September 1986, Philippe Laurent, the General Director, founder of the Belgian section and also board member was questioned for his management as being too autocratic. In November 1986, Jean-Pierre Luxen, the President of the association resigned from his position. Reginal Moreels was elected to replace him and tasked to audit the association functioning.

Extract:
2. General guidelines for drawing up a new organisational chart
Dr Luxen [MSF Belgium President] addressed the executive structure, MSF's vital centre, Is MSF not well? Is this illness due to age, after six years of existence, or is it because of how the organisation has evolved? How do we see the future of this organisation? There are two categories of personnel: 1. Administrative 2. Medical (political)
- The problem is with the second category:
  - Prone to bureaucracy (the MSF flame is being extinguished)
  - Too many day-to-day administrative tasks
  - The position occupied by the new MSF sections
  - With the administration in place, is there a possibility of part-time work?
  - Financial status
To avoid sclerosis, Dr Luxen recommended that a committee examine the problem more concretely. Dr Laurent [MSF Belgium General Director], on the other hand, thought MSF's structure worked well, but that the problem was about MSF's overriding principles/objectives. To expand its associative base, they needed:
- Receivers (schools, branches, businesses)
- Transmitters (speakers)
- Resources (administration)
More intellectuel contacts (universities, café MSF, etc.)

Extract:
I feel, however, that I should explain the reasons for my resignation since I hope this will shed some light for each of you on MSF Belgium’s present situation. There seems little point in reminding you of the climate at the last General Assembly, or Philippe Laurent banging his fist to explain his frustration at the lack of support from you all regarding his proposal for European collaboration with Médecins du Monde. How that General Assembly played out (even if it was sometimes constructive and positive) was biased from the start by the fact that neither the co-opted members nor the board of directors were able to analyse the MSF Belgium draft document handed to them just hours before meeting.

The 1986 General Assembly confirmed me, on my belief that our association is slowly being eroded by a mortal menace. This menace is about the difficulty of expressing oneself, communicating, or making decisions at board level, as well as at executive and general assembly levels. The most obvious democratic mechanisms are completely blocked by the attitude of a single person, who claims to hold the legacy of the past and the vision for the future in his hands. In attempting to change the inner workings of the board, the general assembly and the executive committee, I realised how hard it was to create structure to meet the ideas and objectives of one single person (this is the case with many NGOs, but should we accept that we might be a NGO like any other?). I have resigned because it has become impossible to represent, on behalf of myself, ourselves and all MSF staff on the ground, and to the outside world, an organisation that no longer respects the principles of the majority. Certain points in particular are worth mentioning:
- The sudden announcement of an unnatural alliance with MDM, and a hasty European plan to join forces with NGOs we have very little in common with. Many of you disapproved of such an alliance, and this ruffled feathers in other MSF sections, which ultimately led to our gradual isolation.
- Our organisation’s dynamism and its image in the outside world must reflect what people in the field are experiencing through the humanitarian medical objectives we have ourselves set down. MSF Belgium’s image does not reflect what we live day-by-day at the operational level or what you experience on the ground. […]
- The refusal by anyone associated with MSF to see our organisation resemble a political party, with the impression of signing blank cheques, and having to adopt each document on trust.
- The breaking up of MSF, following the ‘divide
and conquer' technique separating MSF from AEDES [Association Européenne pour le Développement et la Santé/ European Association for Development and Health] (long-term project), the medical centre (science project), the project Café Sans Frontières (human rights, thoughts about the Third World, etc.) as if MSF by itself couldn’t have been all those things.

- I believe it is time for all those who want to participate in MSF and what it stands for, its charter and most MSFs, can really get involved and not be pushed aside when their ideas don’t square with one person’s agenda.
- I am staying because I am convinced that you can make things change at Médecins Sans Frontières.

In February 1987, Philippe Laurent resigned from his position as General Director and Director of Communications. In May 1987, he decided not to run for a new mandate on the Board of Directors. Reginald Moreels was confirmed as President of MSF Belgium.

The reform of MSF Belgium’s structure, which aimed at making a clearer distinction between the associative and the executive, was finalised during the 1988 General Assembly. Jean-Pierre Luxen was then nominated as General Director.

Minutes from the MSF Belgium’s Board of Directors Meeting, 20 January 1987 (in French).

Extract:
1. Dr Laurent [MSF Belgium General Director] shared with the board his reactions on reading the letter sent by Dr JP Luxen [MSF Belgium President], to the co-opted members of MSF Belgium in which he was directly blamed. The letter has had consequences:
   1. Internally on Philippe Laurent, the board, the coordination group
   2. Externally on the letter’s circulation list
Dr Laurent then went through the criticism point by point, and raised the contradictions the letter contained. He concluded by asking the administrators to write a response that would minimise the damage. […]

After reading the letter and a long ensuing discussion, the board decided:
1. To write to all co-opted members condemning Jean-Pierre Luxen’s letter which was sent without consultation, about the present crisis within MSF.
2. To attach to it the working group’s ‘organisational chart’
3. To allow Dr Laurent, if he should want to, to address his ‘right of reply’ to the co-opted members of MSF Belgium.

Minutes from the MSF Belgium’s Board of Directors Meeting, 3 February 1987 (in French).

Extract:
Dr Philippe Laurent [MSF Belgium General Director] presented his resignation as Director of Médecins Sans Frontières Belgium and as a permanent employee of the organisation. He will remain on the board.

Minutes from the MSF Belgium General Assembly, 1987 (in French).

Extract:
Election of the board: Dr Philippe Laurent withdrew his candidacy.

MSF Belgium Board of Directors 1987 Activity Report (in French).

Extract:
A. Report
A little over a year ago, a humorous questionnaire in an internal newsletter asked: Does MSF have a good board? The answer was: Yes!! […] Then came the crisis you all know about and the resignation of important figures, including Dr Philippe Laurent. The resignation of Jean-Pierre Luxen as President was also a critical moment in the board’s history. […]

a) Internal structure
We have decided to set up an intermediate structure until the 1987 General Assembly. The next General Meeting has tasked us with setting up a stronger executive structure, more qualified to handle the organisation’s day-to-day problems. […] The board has not been slow in consolidating its internal structure, but its composition. This delay was…
partly due to the attempts to reach a compromise. The time
the board has spent on this matter delayed work on the
other problems it had agreed to deal with at the start of the
year. The discussion has started between those who support
the idea of MSF being mostly managed by personalities who
have been there from the start (which wasn’t the case in the
elected composition) and those who wanted people with
more technical professional experience […]

B. Perspectives
a) General considerations
An NGO is harder to manage than a company because each
person brings their own past, ideas, abilities, and charisma
to the table. Power needs to be exercised differently. You
can’t have a single authority, as the recent crisis has just
demonstrated. You need a real and realistic exercise of
co-responsibility, internal communication, and interaction
between those in charge. The different priorities and
projects of the president and director, the director and the
managers, the department managers and their staff must be
underpinned by constant dialogue. The same rigour is needed
for interaction between the coordinator and members on
the ground. This shouldn’t in any way hamper our relaxed
and non-authoritarian approach. A solid structure fosters
efficiency without damaging the work environment if there
is dialogue and mutual respect.

The final decision, however, is taken by the director on behalf
of the executive, and for the board, by its president. We have
to have decision-making reference points. Each of us has
grown up with the movement; over the years, good feelings
and some friendships have formed. The GA’s democratic vote
 can reflect different approaches and sensitivities. The GA is
the supreme organ with a board and executive committee.
The decision matrix and tasks are very clearly explained in
the internal regulations (see document). Unlike a political
office, our freedom as managers within this associative
movement does not automatically mean solidarity in the
decision-making act. Disagreement, a different vote,
should not have consequences. The price of good feelings
and friendship is precisely being able to accept another
person’s opinion, without breaking with them, except in
extreme cases. A responsible board should make it its duty
to prevent in the strongest terms. The board’s code of ethics
requires first and foremost consideration by each member
of an important subject for debate, dialogue with members
and oral and written justification of its decision. Once the
decision is made by majority vote, solidarity is established to
see it through. Regarding the nomination or resignation
of movement members, a written vote needs to be introduced.

Lastly, the board needs to invite members of the movement,
presenting a case, and specialists external to MSF, who can
bring their own thoughts and ideas. The working groups were
created to give different members of the office or co-opted
members the opportunity to take part in certain discussions
on a specific subject and present the conclusions to the
board. The current results are quite negative since very few
working groups were created and few of those that were
have made much progress.

Quote Dr.Jean-Pierre Luxen, MSF Belgium President
1984-1987, MSF Belgium General Director, 1988-1994
(in French), in “Médecins Sans Frontières Belgique
(1980-1987) genèse d’une ONG,” available at the
library of the Department of History of the Catholic
University of Louvain (Belgium) (in French)

There was a rapprochement with Bernard Kouchner. It wasn’t
that we didn’t like Kouchner, but between MDM and MSF,
some of us preferred MSF France, so Philippe Laurent ended
up being isolated, both on internal and external matters.
I would say both in terms of form and content. In terms
of form, he was somewhat authoritarian. You might be a
visionary, but if you can’t sell your ideas, it doesn’t matter.
We were younger, with a broader vision of MSF, focused
more on the media, on risk-taking. So it was both form and
content – though everyone always claimed it was a conflict
among leaders, between generations. That’s not accurate.
There were also different visions, but that wasn’t open for
discussion because he was always right. So, in classic human
terms, we had to kill the father.

Quote Dr. Philippe Laurent, founding member,
President (1980-1984) and General Director (1981-
1986) of MSF Belgium, in “Médecins Sans Frontières
Belgique (1980-1987) genèse d’une ONG,” available at
the library of the Department of History of the
Catholic University of Louvain (Belgium) (in French).

Extract:
At that time, I had just gone through two very difficult
years, even as I was maintaining the organization. It wasn’t
easy. This fight against the French didn’t go well, even if
we did manage to achieve unity. I think the conflict had a
fundamental impact on MSF’s structure. So this was all been
very hard. Many people thought I was complaining about
everything and was always fighting. I don’t think many people
understood the significance of this battle, which I
wasn’t fighting for myself. I honestly felt at one point that
I would kill myself in this struggle; that inevitably, I was
putting myself in a very bad position. But I couldn’t have
done anything different. It was my responsibility. After the
fact, I think that I left MSF somewhat stronger than it was
before the crisis. The climate at that time was very difficult.
There was a lot of fighting and tension. And a lot of young
people who just wanted to do their job.

Quote Dr. Reginald Moreels, MSF Belgium President
Belgique (1980-1987) genèse d’une ONG,”
available at the library of the Department of History
of the Catholic University of Louvain (Belgium) (in
French).

Extract:
This Board was made up of elected members and permanent
staff – it was a bit of sham. And then there was Philippe Laurent [MSF Belgium General Director] who dominated everything, with all of his qualities. But things turned nasty because it was clear that one person was dominant. In short, I think that this was a founder’s crisis. It happens in every organization that grows quickly. At one point, MSF Belgium was betting bigger and bigger. There were these strong personalities and they began to knock heads. It was particularly a problem within the organization – not with the non-permanent people [NOTE: not paid staff] – but Jean-Pierre Luxen [MSF Belgium President] and Philippe Laurent really disliked each other. And it was Jean-Pierre who, during a Board meeting, read a letter calling for Philippe Laurent to leave the organization. Laurent turned pale. It was clear that this Board meeting was going to critically important for MSF. In any event, things couldn’t continue like that. My name was put up as president of the organization.

I was well-regarded, but this was a revolution. Could a non-permanent person become president of the organization? Georges Dallemagne [MSF Belgium Director of Operations] and Pierrot Harze [MSF Belgium Director of Communications], who tended to fall in Jean-Pierre Luxen’s camp, friends from the University of Liège, said that, in spite of everything, it was a better idea to choose a non-permanent president because he wouldn’t be there regularly, so there would be fewer problems. Of course, I wasn’t there so regularly, but I wasn’t going to let myself be pushed around. I brought a certain line, a philosophy to the organization. I was less of a manager but sometimes I did get involved in the daily life of the organization. I had plenty of faults, too. That annoyed them and sometimes they would put me back in my place. But whenever I would say, “Listen, I want you to take this approach,” they would listen to me. It was still very tense during the two years after my election.


In the mid-eighties, MSF France and MSF Belgium created specific satellite associations to support more professional activities.

In 1984, MSF Belgium created AEDES (Association Européenne pour le Développement et la Santé/European Association for Development and Health) in order to tackle two issues. The first was to create an organisation to support long-term projects that MSF wanted to handover. The other was to offer more stable jobs for some of the MSF employees.


Extract:
I. The Process: AEDES was founded after a lengthy process of review and analysis within Médecins Sans Frontières. This was not an academic undertaking or a theoretical plan developed in lockstep with a rigid intellectual approach but, rather, a growing awareness that emerged from daily work in the field. Our primary observation was that development aid does not usually offer the returns hoped for, given the scale of the investments. Development aid is provided by various organisations, so it is right to examine the pitfalls. International organisations, primarily UN entities and bilateral cooperation agencies, draw the lion’s share of available budgets. While this may be politically understandable, these huge aid machines have an inherent inertia: their operations absorb a significant amount of energy to the detriment of activities in the field. Non-governmental entities, on the other hand, have few resources. They are numerous and varied, and combine flexibility with low operating costs, but they are also highly unstable and their members stay on for very short periods, leading to loss of skills. Those that are retained are restricted as their impact can be limited. Last, private for-profit entities mostly use professionals, but the cost cuts deeply into the amounts allocated for technical aid. In addition, their commercial nature can lead them to make compromises that are detrimental to their freedom and independence. […]

II. Basic Principles: AEDES is a private, non-profit association, currently under Belgian law and with a European orientation. It is composed of professionals and seeks to provide technical cooperation, working with developing countries, in the interest of the greatest possible efficiency and effectiveness. It is multi-disciplinary and its priority is to remain an operational entity. […]

1. Activities: The association has wide-ranging activities, incorporating many disciplines involved in development. Indeed, one cannot take action in a single area without knowing that such action takes place at the centre of multiple interactions. Assembling diverse skills also requires a comprehensive approach to finding solutions because a multi-skill approach means that dissimilar skills (and their practitioners) will confront each other regularly.

The operational aspect is a priority. It includes analysing, implementing, and monitoring projects, consulting on given situations or programmes, and helping to supply appropriate equipment. Research and teaching, connected directly to these activities, are emphasised in Europe and the countries concerned. This ensures that people in the field are trained and, consequently, that local populations can take and continue with projects.

The idea was to focus MSF’s work on emergencies and post-emergencies, and to create another organisation that would handle the more sustained activities. That allowed us to offer longer commitments and career prospects for people after they’d left MSF. MSF had just set up. People referred only to emergencies, the word ‘development’ was banished from the organisation’s vocabulary. We talked of short- and long-term because emergency and development
didn’t mean anything to us. There were many slogans and people didn’t understand what ‘long-term’ meant. At the time, Rony, with Liberté sans Frontières and others from the outside, had theorised that development needs are linked to democracy, and many other elements that have nothing to do with international aid; he also believed that international aid has nothing to do with development, which must be endogenous.

That was one of the main reasons for not having ‘development’ or ‘long-term’ activities within MSF.

Europe was our ‘new frontier:’ everything was European at the time. We even tried to create AEDES outside the national framework. We looked for a European law, but there wasn’t one. We believed in the European dimension of aid, but not in the utopian idea that this would help countries develop. But we thought it would allow for ongoing relationships between our societies and poorer countries, and that there was a role for a new, private initiative. We chose people for the board of directors based on the following representation: one-third from NGOs, people from the institutional cooperation world, particularly Belgian, from the public, then people from the European Union, and a large number of MSFers or former MSFers, who would serve on their own behalf. There was no institutional link between MSF and AEDES, which could act as it chose, based on its members’ decisions. And there was no financial link either. MSF put some money in at the start, but not a lot. Then, AEDES managed its contracts, like any other NGO, totally subsidised by contracts.

Dr Jean-Marie Kindermans, AEDES Director, 1984-1995 (in French)

In 1986, MSF France’s General Assembly voted to create a structure in charge of training MSF volunteers. This association, called CIREM (Centre d’Intervention pour la Recherche et l’Epidémiologie Médicale/ Intervention Centre for Research and Medical Epidemiology), had three objectives: public health training, provision of scientific support to MSF missions, and scientific networking. In the following years it took the name of Epicentre.

In 1986, MSF France created MSF Logistique to manage its transportation and support teams. In the following years, both Epicentre and the lovely name of CIREM. Last October, it brought in 25 interns for an intensive three-week session on the practical aspects of organising nutrition and sanitation activities and epidemiological assessment techniques. Instructors came from a wide range of organisations, including the ICRC, Oxfam, UNFAO, the Tropical School of Medicine (London, UK) and the CDC in Atlanta.

Three key objectives for this centre emerged at the outset. The first is training in public health, which was sketched out pretty clearly in the first course. In addition to the areas already addressed, this training will also focus on priorities including the epidemiology of disasters, control of diarrheal illnesses, health planning and, perhaps, training for assistants.

The second objective is to provide MSF with ongoing scientific support; for example, investigating an epidemic or monitoring malaria and resistance. This objective can be achieved only if the MSF teams are responsible for the activity, with CIREM providing only support and advice. The third objective is to develop scientific relationships through contact with various specialised centres and by obtaining access to databanks and writing articles and manuals. All of these activities are already underway, but they are not as systematic as they should be. These are initial guidelines, which will, of course, be expanded or amended based on experience.


Extract:
In spite of everything, we still have a long road ahead of us in this area, as was expressed at the last General Assembly. The MSF Development and Training Committee recommended two measures intended to improve MSF’s effectiveness. [...] And second, that we create an MSF training centre and provide scholarships to support specialised internships that are directly relevant to our work in the field. [...] The training centre is under development and is known by the lovely name of CIREM. Last October, it brought in 25 interns for an intensive three-week session on the practical aspects of organising nutrition and sanitation activities and epidemiological assessment techniques. Instructors came from a wide range of organisations, including the ICRC, Oxfam, UNFAO, the Tropical School of Medicine (London, UK) and the CDC in Atlanta.

Dr Francis Charhon, MSF France President 1980-1982, Management Team Member 1982-1992 (in French)

In 1986, MSF France created MSF Logistique to manage the stocks of equipment and medicines to be sent to missions. In the following years, both Epicentre and
MSF Logistique started to provide services to other MSF operational sections and to external NGOs.

Minutes from the MSF France Board of Directors meeting, 5 September 1986 (in French).

Extract:
1) Logistics: Jacques Pinel discussed developments in the sector. Over the last few months, we have had problems assembling and managing, in Paris and the larger area, all the supplies, drugs, kits, and vehicles for Médecins Sans Frontières missions. The solution would be to decentralise and create a semi-autonomous structure, which could:
- Store, prepare and deliver the vehicles MSF needs on missions, manage the fleet and monitor the need for replacement parts;
- Assemble and store the kits and the supply, drugs and vaccine modules, etc.;
- Prepare, verify, and store all mission-critical equipment, generators and pumps;
- Train logisticians before their departure; and,
- Hold training sessions.

This structure, which would be under MSF's control, could also be organised to operate autonomously as a 'service provider.' Last, it would require enough space for the preparation and storage of supplies and equipment. It would need to be located near 24-hour customs bonded premises and have a capable team in constant contact with Paris. […]

Status: this logistics structure could be an association under the French Law of 1901 and would be under MSF's control, but managed autonomously. It would bill MSF for its services. It could be called Médecins Sans Frontières Logistique.

The project was discussed thoroughly and approved unanimously by the Board of Directors.

Jacques Pinel came to see me and said, “I’d suggest setting up a logistics facility in Lézignan”. I asked him to let me think about it and see how much it would cost. He answered, “We’ll manage. It’s important; we shouldn’t worry about the money”. In fact, the next day I told him, “Okay, let’s do it”.

Dr Francis Charhon, MSF France president 1980-1982, member of MSF France management team 1982-1992 (in French)

In 1989, MSF Belgium created Transfer, a logistics centre cooperative association, which remained under MSF control via the members of the General Assembly and board, who were all MSF Belgium members.

Minutes from the MSF Belgium’s Board of Directors Meeting, 22 March 1989 (in French).

Extract:
1. MSF’s control over the ‘satellite’ operation of the logistics function:
This is to be a three-member cooperative:
a) Three MSF representatives (the president, vice-president, treasurer)
b) Possibly, another MSF vice-president (or someone else)
c) Possibly, the MSF secretary (or another person) These five people will form the General Assembly. The shares held by b) and c) are, respectively, one share each, with the MSF cooperative holding the remaining shares.

The cooperative’s board of directors will be elected by the general assembly and will include three people from MSF: the director, the president, and the logistics operations manager. This board will delegate power to the executive (a director). Conclusion: MSF’s control and power operates at two levels: general assembly and board of directors.

The main reason Transfer was set up was to claim back the VAT. What you need to remember is that at that time MSF Belgium was an association that was looking to grow but which considered itself extremely poor because it didn’t have much in the way of its own financial resources, what we used to call ‘good money’ that allowed us to do what we wanted. In 1995, in Chantilly, MSF Belgium was ridiculed for being an organisation that worked only for the European Union and was ultimately at the EU’s beck and call. They were obsessed with economic matters, how they might save money.

So to try and save as much as possible, the idea was to claim back the VAT. We therefore set up a cooperative company, Transfer, primarily to reclaim the VAT and secondly to expand our clientbase. Because MSF had specialist knowledge in the supply area, we would impart it to others, which would boost Transfer’s revenue and thus generate ‘good money’ for MSF’s coffers.

Well none of this happened in the end, but it was no big deal. When attempting to diversify our clientele, very quickly we came up against the problem of delivery of service. When you have multiple clients, it’s more complicated because clients don’t want the same items and secondly there is an order of priority between clients and the supply work for MSF is so specific and demands a great deal of energy. The people at MSF thought at times that the service offered by Transfer was too long, not adapted and that one of the reasons was that Transfer tried to generate revenue through other clients.

B. RECONCILIATION AND SOCIALISATION (1986-1988)

The Franco-Belgian dispute rapidly dissipated after the MSF leaders realised that they were between a rock and a hard place. They could not legally separate and were thus, forced to share the same name and principles of action. They had no choice but to coordinate their operations, improve the sharing of information, and harmonise their governance.

1. Talking and Working Together

Actually, the technical coordination between the teams and particularly the field teams never stopped despite the headquarters’ personality and ideology disputes. Personal relationships between members of the various sections persisted.

After Philippe Laurent left, we said, ‘Let’s stop wasting our energy.’ We did this [coordinated] via the technical side. There were meetings organised, among others by Jacques Pinel, who was responsible for logistics at MSF France. They were about drugs and other technical subjects. At one point, these people said, ‘We always work amongst ourselves, and that’s not enough.’

Dr Jean-Pierre Luxen, MSF Belgium President 1984-1987, General Director 1988-1994 (in French)

There had been conflict with MSF Belgium in Central America. As far as I know, this was very restrained because everyone wanted to see things move forward, and no one wanted political differences to have operational consequences that would affect our work. This is what saved us from a practical perspective. Technical relations between the medical and logistical departments were based on the premise that ‘politics are a pain, we have things to discuss, work to do together, and experiences to share.’ They were intelligent and non-sectarian people, and continued working together. We had feedback on what was happening with the Belgians from Jacques Pinel. Some people were reconnecting, and we still had many mates at MSF Belgium. But, I myself was problematic as a contact. They didn’t want to be disloyal to their section. That didn’t prevent us, though, from having good relations. For example, Willy de Meyer would stay at my house when he came to Paris. He was the one who asked me to re-establish contact. After balking and protesting a bit, we faced the fact that the movement was already under way. We accepted the idea that MSF was a European project and we had to take on that responsibility. We dragged our feet a bit for patriotic reasons, we felt that simplicity, speed, and ease of intervention would be compromised, but we conceded that the movement was irreversible and inevitable, and that the best thing to do was to go along with it. Personal relationships played a major role. When I met Jacques de Miliano and Roelf Padt, I told myself that I was going to get along with them and 30 years later, we still get along.

Dr Rony Brauman, MSF France President 1982-1994 (in French)

Things returned to normal somewhat, after the departure of Philippe Laurent. He had become a roadblock to change. The conflict was between managers inside the organisation, but also with the French section. Each section had come to the point of operating almost independently. So, in this respect, we didn’t need each other, but we did meet in the field. We had to carry out operations and coordinate efforts to an extent, since we had the same name and charter. We had a lot of things in common but governance was very dispersed. For those of us just starting out, the clash between MSF Belgium and MSF France had been pretty traumatic. We felt that we didn’t want that to ever happen again and that if it did, we were finished [as an organisation]. I think we all believed that we couldn’t afford another crisis of this kind and that we needed to find a way to prevent it. We were ready to give up a little bit of autonomy. Our continued growth meant we had to coordinate our efforts to an increasing extent. The world was changing, with media that were all becoming global in scope. What was happening in France had repercussions at home and vice versa. We thought, ‘Which MSF are we talking about?’

Dr Jacques de Miliano, MSF Holland Co-founder, President 1984-1985, then 1996-1997, General Director 1985-1996 (in French)

In 1986, during one of the ‘technical coordination meetings’ that began to take place regularly between non-MSF France sections, MSF Switzerland proposed to include MSF France in the meetings.

Minutes from MSF Belgium’s Board of Directors Meeting, 8 July 1986 (in French).

Extract:
More on internationalisation: L. Vanthournout relates her meeting with MSF Switzerland and MSF Holland at the Board Meeting in June in Geneva. They want collaboration to mean better communication on information, advertising, and training courses. MSF Switzerland has invited MSF France to a larger meeting in October. This raised the issue of the Belgian presence at this meeting.
Minutes from MSF Holland’s Board of Directors Meeting, 2 September 1986 (in English).

Extract:
11. Meeting MSF in Geneva 11/12 October
Aim: to improve practical cooperation. The Belgians do not want to go if the French are there (despite instructions from their general directors)! Exert pressure on the Belgians.

The first of these meetings took place in Geneva on 11 October 1986. It included discussions about the coordination of the operations, communications, and the creation of new sections.

Minutes from MSF Belgium’s Board of Directors Meeting, 28 October 1986 (in French).

Extract:
Minutes from Meeting at Geneva’s MSF offices (11/10/86). MSF Belgium attended this meeting for two reasons:
- MSF France is suing MSF Luxembourg
- The meeting’s topic has been changed to internationalisation
- Dr Laurent says there were two parts to the meeting: the first is the absence of the team from Luxembourg, the second without the French team
- MSF France believes internationalisation would mean loss of control over the different sections, and that the amount of work in the field does not require new MSF sections.

Minutes from the Meeting between National Sections of MSF, Geneva, 11 October 1986, written by Doris Schopper, MSF Switzerland President, 2 December 1986 (in French).

Extract:
Communication-coordination: The general agreement is that we need better communication between MSF’s national sections [...] Conclusions: each office will send an informative circular roughly once a month to the other offices: the other offices will be informed by telex of any exploratory new missions; direct communication between work sectors will be encouraged, but how this will be done hasn’t yet been formulated [...]​

Creation of new MSF sections
Belgium: The very concept of Médecins sans Frontières should be powerful enough for it to self-propagate without risk of things going wrong. Compliance with the charter guarantees the MSF approach. Given the imperfections in the European legal system, creating new sections must be an informal process. The ‘creators’ of new sections should contact all existing MSF offices in advance. The more MSF sections there are, the better!

Holland: Any new MSF section must be started at the initiative of people who have already worked with MSF. In that condition, we shouldn’t prevent these people from setting something up in their own countries. There must be consultation between MSF offices before the creation of a new section.

France: There should be a limited number of MSF sections for the sake of integrity, and also because the field of action is limited and increasing the number of sections will complicate coordination in the field. We need a safeguard against new sections going off in a different direction, because the charter won’t stop this. When future sections are created, we must also keep MSF’s ‘linguistic context’ and boundaries in mind. Individuals who create new sections will necessarily come from a different ‘generation than the founders, which can make communication difficult. If people who have worked with MSF want to create a similar organisation in another country, they can do so with our help and advice, but the new organisation should have another name. There are already such examples in England and Germany.

Switzerland: The idea behind Médecins sans Frontières evolves as the organisation grows, and we must make sure that it does not lose focus and integrity. The MSF idea is not a centripetal force, but a centrifugal one. We must define a clear policy addressing the founding of new MSF sections and do so quickly to avoid problems like the one that arose with MSF Luxembourg.

Conclusions: There is a fundamental disagreement over the merits (or lack thereof) of creating new MSF sections. On the other hand, we agree that we need to develop a common policy and a process for establishing new MSF sections. Over several hours of discussion, it became apparent that it is easy to agree both on the importance of better coordination among our missions in the field, and better communications among national offices. We also reaffirmed that the independence of each office, financial, logistical and ‘political’ is essential and ensures possible coordination. On the other hand, we could not reach a general consensus on the need to create new MSF sections and the process by which to do so. We should focus on this point at our next meeting.

In 1986, the French had lost their lawsuit, and they were no longer speaking to the Belgians. The French hadn’t been able to stop the creation of MSF Holland; there was MSF Luxembourg, which the Belgians had created as a counterweight to the French, and there was us, MSF Switzerland. MSF Spain didn’t really exist yet. I am not Swiss by birth; I am German and European in my soul. The battle between the French and the Belgians seemed absurd. I succeeded in getting the five sections around the same table, for the first time ever, in a Hotel in Geneva one afternoon. Everyone was there. I’m not even sure they shook hands. But they didn’t leave the room. At the end of the meeting, the French left and the rest of us went out for a meal together! That was the atmosphere. It was a first nonetheless. I think
In November 1986, in a letter to Jean-Pierre Luxen, the General Director of MSF Belgium, Rony Brauman, the President of MSF France proposed an internal code of conduct: no public criticism among sections; no international system without agreement of all parties; no creation of new sections as long as there is no formal agreement. Acknowledging the ‘spirit of cooperation’ in the previous meeting, Luxen proposed to organise another one.

On 17 December 1986, Reginald Moreels, the President of MSF Belgium pleaded for the creation of new sections, providing they were created by nationals of the country where the section was opened, and in the spirit of the MSF charter.

**Extract:**
Despite my initial scepticism, shared no doubt by most of us, I believe this discussion turned out to be very positive: it allowed us to express quite similar viewpoints on the rights, duties and aims of MSF’ national groups. What I mainly took away from this discussion was the idea that a code of conduct, of ‘good behaviour’ in a sense, could be adopted by all of our sections:

1) Abstaining from public criticism of one another, particularly in the media. This is essential, because despite basically understandable disagreement over one or another initiative or project, no one wants to weaken the movement.

2) Avoid establishing any international systems without the agreement of all parties concerned. Experience has shown that non-governmental organisations, with their supranational focus, have no legal basis, even under the European Community’s strict framework. We cannot, in any case, become part of this framework due to the membership of our Swiss friends. On top of the legal uncertainty that clouds the issue, the basic question involves determining the advantages and disadvantages of this type of structure. In the current state of affairs, it appears that there are few advantages (coordination? communications?), while the disadvantages, such as bureaucracy and cumbersome operations, are more significant.

3) Avoid encouraging the creation of new national sections of without a formal agreement of all existing sections […]

While it is true that Médecins Sans Frontières has grown in size and influence with the addition of new national sections, we still need to thoroughly analyse the issue of globalisation, the conditions involved in creating new national sections, and the increase in all types of risks associated with the growing number of sections compared to the resulting benefits. Optimisation of aid and better coordination of relief are advantages that quickly come to mind, but experience still shows that working under the same banner does not automatically lead to greater strength and harmonised efforts. These factors demonstrate the need to conduct this analysis in order to develop a consistent, well-thought-out position on this subject.

4) Try to suppress any differences in the field to mutually bolster each other’s efforts and avoid weakening them. I sense that everyone already follows this policy, with just a few exceptions. Doing otherwise would be distressing […] I believe it is important to keep moving forward when we are making such good progress, although a number of issues should be re-addressed and discussed in more detail. So I suggest holding another meeting, either in December or January, for which we could draw up a common agenda.

**Extract:**
Until a more in-depth discussion can take place, our position can be summarised as follows: regardless of the situation, national associations should avoid criticising each other in the media about anything related to our operations in the field. […] Differences of opinion between our two national associations, which are experienced that way in Europe, fortunately lose their sharp edges in the field. […] We assign great importance to the creation of new national MSF associations due to the very nature of our movement. Their founders are always national staff members who have worked in the field for a national association outside their own countries who wish to promote MSF’s spirit and practices at home. […] This process follows the highest standards, mainly by solemn reference to the principles of the founding charter. […] We had already established an interim status for MSF Europe in 1984, which deserved further discussion. […] In our view, a think tank similar to Liberté Sans Frontières with a well-defined political objective, can be and remain a separate entity from an active humanitarian organisation, whose apolitical character forms the basis of the founding charter. Our association, just like yours, has always demonstrated its commitment to the principles of the charter established by the founders of MSF associations. We aim to further enhance these principles and firmly believe, without being unrealistic, in the profound significance of our activities, independent of any specific political concerns, as a principle of the future, not as a naïve project devoid of meaning or characterised by an opportunistic and half-hearted approach. […] Based on the earlier situation, we
believe that dialogue is the only real option for healing the rift. Like other MSF associations, we are prepared to take a seat at the same table as your association at a date and with an agenda agreed in advance.

In the following years, there were two additional attempts to create MSF sections in Luxembourg and in Spain, both with the support of MSF Belgium. MSF France expressed its strong opposition to the creation of a Luxembourg section, and for a while, its reluctance to create one in Spain, as well.

2. MSF Luxembourg (1986)

On 24 March 1986, three doctors created an MSF association in Luxembourg. They worked with both MSF France and MSF Belgium. They received the support of MSF Belgium, whose end game was to create a MSF Benelux Federation that would include MSF Belgium, MSF Holland, and MSF Luxembourg. MSF France remained opposed to the creation of MSF national associations, arguing that it could hamper the action of the organisation. They refused to recognize the Luxembourg section as operational and independent, because of concerns over its small size and about its close ties to MSF Belgium. In 1986, MSF France threatened to prosecute MSF Luxembourg to prevent the use of the MSF trademark.


Extract:
2. Internationalisation
a) Benelux: MSF Luxembourg was launched in April 1986. Setting up a structure for the Benelux countries could open a door to internationalisation. Our friendship with the Dutch team should help overcome difficulties, and make this structure truly functional and operational. If it works, MSF Benelux would be a model for adding other countries, like Spain and Italy. A detailed legal study is under way. These special links will increase the efficiency of the collaboration that already exists between Brussels and Amsterdam: joint missions, personnel exchanges, information exchanges, and joint activities.

Minutes from MSF France’s Board of Directors Meeting, 5 October 1986 (in French).

Extract:
I. General information

I.I Launch of a new Luxembourg section: Ronny Brauman gave an update on the delicate question of creating a new section in Luxembourg, founded at the instigation of MSF Belgium, without the agreement of MSF France. Yet:
- There is no protection of the MSF brand in international law;
- It is therefore difficult to control news sections.

A meeting between the national sections (France, Belgium, Holland, and Switzerland) is planned to take place in Geneva on 11 October 1986 to address the question. The issue of the very idea of new MSF sections will be raised. A meeting of the national sections already recognised (France, Belgium, Holland, and Switzerland) has been scheduled in Geneva on 11 October 1986 to address the question. The issue of the fundamental principle of increasing the number of MSF sections will be raised. In addition, a lawyer in Luxembourg has been contacted to file a claim with the administrative court in Luxembourg to suspend the creation of the new section.


Extract:
The strategy was simple, it was about sending on mission, a maximum of doctors and nurses from Holland because that seemed natural to us, but from other countries too like Spain. That’s how we trained them; we did their MSF education. When we spotted a few people who had stayed one, two, or three years, who understood what this was all about, and we took them out for a meal, had a few bottles of wine, and said, “Jacques, you’re going to start a section in Holland.” And that’s how it went with several countries. The strategy was effective. That was in 1982-1985 when the French weren’t paying much attention because their thoughts were elsewhere. Everything was said openly, they liked our way of doing things, but then, they were scared off by the tensions caused by Liberté sans Frontières, and they blocked the creation of MSF Luxembourg, squeezed MSF Switzerland, and there was the trial, and more.

In the beginning, it happened behind our backs. Luxembourg had a population of 300,000. You might as well have formed national sections for the Lyon and Marseille regions. It was the Belgians who wanted an MSF in Luxembourg to make more money; they wanted to increase their financial base. They saw themselves at the head of a Benelux structure, something larger than Belgium. A tiny set-up like MSF Luxembourg seemed mischievous, and we didn’t want it. There was a meeting in Geneva in 1986 about internationalisation, which came about after a series of exchanges by phone, mail, and fax, during which we stated
our objection to a Luxembourg section. So, that was the context in which the meeting was held, probably instigated by the Swiss who wanted to act as the mediators in the conflict, and we agreed since being at constant loggerheads wasn’t something we wanted either. We went and I realised that Philippe was making a dash for power by bringing in two people from Luxembourg. I think it’s one of the few occasions when I really lost my temper. I probably went a bit over the top to scare them a little. But the two guys from Luxembourg refused to leave saying they were there on the invitation of MSF Belgium and who was I to lay down the law. I told them I’d beat them up if they stayed, that they had no reason to be there, that Philippe Laurent couldn’t get away with his cheap little tricks. And I kicked them out. One of them later became President of MSF Luxembourg, and we had a good laugh about this tense episode.

Dr Rony Brauman, MSF France President 1982-1994 (in French)

At MSF Belgium they were talking about plans for an MSF Benelux. The aim was to increase their geopolitical importance on the European map, to increase financial resources, and their pool of volunteers. We knew that, they told us. The Belgians came to Luxembourg, they contacted doctors they knew and encouraged them to create an MSF in Luxembourg. Then MSF France immediately started legal action against us, saying we had usurped the name. They had lined up lawyers from Luxembourg to plead in front of the Luxembourg court. The lawyers were puzzled as to why two MSF sections were suing each other when they had the same statutes and aims. Our statutes were identical to those of MSF France at the time. We didn’t understand because we didn’t know the details of the tensions between the French and the Belgians. We asked Brussels what mess they had put us in, and why we were in court? I wasn’t at the meeting in Geneva, but I know that when the MSF Luxembourg people turned up, Rony Brauman said, ‘Who are you?’ They weren’t allowed into the meeting, and had to wait in the corridor. I think they were negotiating hard in the meeting and it was thanks to the intervention of the Belgians and the Dutch, and under the stewardship of the Swiss that we let them come in and say what they had to say. It never got as far as the court. The lawyers tried to avoid a trial. They worked with Dr Brauman to try and defuse the bomb.

Dr Carlo Faber, MSF Luxembourg Board Member 1987-1992, President 1992-1997 (in French)

For several months, the MSF Luxembourg/France case remained on the agenda of the meetings of MSF sections. Eventually, on 28 February 1987, an agreement was reached that incorporated MSF Luxembourg in MSF Belgium. Thus, MSF France dropped the case against MSF Luxembourg.


Extract:
Aware of the international role played by Médecins sans Frontières in medical aid in emerging countries and regions in a state of crisis or war, MSF France and MSF Luxembourg have agreed to join forces in the humanitarian role they have chosen, and have agreed to sign a memorandum of understanding with the following focus:

1. In order to avoid an increase in the number of national Médecins Sans Frontières associations at the international level, MSF Luxembourg agrees to integrate its activities with those of the Belgian association, MSF Belgium, a non-profit with offices at 24-26, rue Deschampsheele, Brussels, on the understanding that said integration will be in line with the arrangements agreed between MSF France, MSF Switzerland, MSF Holland, MSF Belgium, and MSF Luxembourg at an international meeting in Amsterdam on 28 February 1987. The integration of MSF Luxembourg into MSF Belgium includes a commitment by MSF not to make any approaches under the name MSF Luxembourg to international institutions or organisations or to governments and/or local leaders in countries where MSF Luxembourg may be working.

2. MSF undertakes to dissolve and wind up the Luxembourg association, Médecins Sans Frontières, formed by it on 25 April 1986, within a month of the signature of this agreement.

3. MSF-France shall withdraw from the action brought before the district civil court of and in Luxembourg against MSF Luxembourg without further formalities on the signature of this agreement, the legal fees, and other costs of the action being borne by each party.

4. Insofar as this agreement is intended primarily to bring an end to the legal proceedings started on 9 October 1986, MSF France and MSF Luxembourg undertake to assist each other in drafting any memorandum of understanding and/or subsequent cooperation agreement aimed at improving the relationship between the goals pursued by the two associations.

Letter from Willy Demeyer, Vice President of MSF Belgium to MSF France Management Team, 13 March 1987 (in French).

Extract:
Dear friends,
Following the international meeting in Amsterdam on 28 February 1987, MSF Luxembourg and MSF Belgium met in Luxembourg on 9 March. At this meeting, MSF Luxembourg agreed to integrate its international activities into those of MSF Belgium. The two associations have decided to draft an agreement, setting out how the two associations will work together, based on the decisions taken at the international meeting in Amsterdam and according to the letter sent to MSF Luxembourg by MSF Belgium on 3 March.
The agreement with MSF Belgium was that ‘Luxembourg is your home, you can canvass and hire there, you can do what you want except create a section, because the rule is that sections are formed by locals who are able to take total responsibility.’

Dr Rony Brauman, MSF France President 1982-1994 (in French)

The French quickly calmed down. We weren’t really encroaching on their territory; we weren’t a danger to them. The movement hadn’t yet expanded to delegate offices. The operational details of these offices were practically non-existent. The French used them mainly as financial resources, and a bit for recruitment, but they didn’t depend on the French.

Dr Carlo Faber, MSF Luxembourg Board Member 1987-1992, President 1992-1997 (in French)

In the following years, MSF Luxembourg raised funds and recruited volunteers for MSF Belgium. It participated in two MSF Belgium missions and ran two missions under the Belgian supervision, but all of its expenses were paid by MSF Belgium. Despite the total dependency on MSF Belgium, MSF Luxembourg continued to attend international coordination meetings as if it were an independent MSF section.

Minutes from the MSF International Convention, 3 June 1989 (in French).

Extract:

Started in 1986, the first actions by MSF Luxembourg were done jointly with MSF Belgium in Ethiopia, Lebanon, Nicaragua, and then with MSF Spain in Bolivia. After 1988, they ran two missions on their own: the battle against tuberculosis in Conakry, Guinea, and a primary health care programme in Bogota, Columbia. MSF Luxembourg provided aid during the floods in Khartoum in 1988 and more recently in Armenia. There were twenty-five departures since it was created, half of them over the past 12 months. MSF Luxembourg was experiencing major recruitment problems. The board of directors directly manages the organisation. All members are volunteers, with only one paid secretary. The budget has been constantly growing, with thirty-seven per cent from private donations, representing one donation per 47 inhabitants. Eighty per cent of the budget has been used for joint projects with other Médecins Sans Frontières sections and 20 per cent for independent projects. The operating budget is entirely subsidised by the Luxembourg government (the existence of Médecins Sans Frontières Luxembourg has led to greater awareness about cooperation and development aid on the part of the Luxembourg government). The problems facing Médecins Sans Frontières Luxembourg are: lack of experience with project management, and a need for paid staff with field experience from other MSF sections, to take over from the office’s volunteers.

3. MSF Spain (1986)

On 24 July 1986, Josep Vargas formally created MSF Spain. He was a Spanish doctor, who worked with MSF Belgium in Chad and Nicaragua. MSF Belgium supported the new section, but not MSF France, which remained opposed to the multiplication of MSF national sections. Rony Brauman, the MSF France President, tried to convince Vargas to abandon this MSF project, and instead, promised support for the creation of a non-MSF organization in Spain.

Minutes from the MSF Spain Constituent Meeting, 24 July 1986 (in French).

Extract:

Decisions taken unanimously:
1. To constitute an association to be called Medicos Sin Fronteras-España in Barcelona.
2. To approve its statutes, in which the main objectives will be:
   - Medical assistance to populations affected by disasters, collective accidents and belligerent situations.
   - To mobilise in favour of these populations all the human and material resources at their disposal.
   - To seek national and international collaboration to facilitate the delivery of such assistance.

‘Josep Vargas,’ El Pais (Spain), 18 October 1986 (in Spanish).

Extract:

Over the last few weeks, Josep Vargas, 27, a public health doctor from Valencia, has been visiting offices to build support for creating a Médecins Sans Frontières (MSF) entity in Spain. The mission of the organisation, which was created in 1900 in Switzerland20 is to provide neutral and impartial aid to countries facing emergency situations. […] “What distinguishes us from similar organisations is our non-religious, non-political nature and our ability to respond quickly in places where assistance is needed,” the doctor noted. He had contacted MSF after writing countless letters to international cooperation organisations. “At the start, I wanted to travel and see other countries,” he said. “I sent my resume to all kinds of groups, including the Ibero-American Centre for Cooperation, and to embassies,

20. This a mistake from the journalist. MSF was indeed founded in 1971, in France.
but no one replied. I gave up on that and went to study in Paris and I learned about MSF from a guidebook. Six months later, I was in Chad. When he returned from Chad, and tours in Mali and Nicaragua, he was convinced of the necessity of MSF’s work. “We are not motivated by politics. By trying to reduce malnutrition in Chad or treat victims of war in Nicaragua, you realise that you can help people while remaining politically neutral.” Some 12 Spanish doctors are working on MSF projects, from Peru to Ethiopia.

Vargas is knocking on many doors seeking help to launch MSF in Spain. The headquarters will initially be in Barcelona. He is appealing partly to doctors, nurses, and health professionals, but other professionals from engineers to administrators are welcome, too. “We are looking for altruistic doctors who want to practise integrative medicine, from preventive medicine to treatment, who don’t just want to prescribe drugs to patients three hours every day,” he said. “We are looking for people who want to accomplish something positive, who are not looking for financial gain, and are often willing to work under uncomfortable, and even precarious, conditions.” He is also working (so far, unsuccessfully) to obtain support to supplement funds provided by the EEC, which already channels a large part of the assistance to Third World countries through MSF sections in France, Belgium, and the Netherlands. The lion’s share of MSF’s budget comes from individual contributions and, to a lesser extent, governments and public entities. “We have come up against a lack of awareness among Spaniards, who are more sceptical about how their contributions are used.” For now, Vargas has only a business card printed with his name, the words “President, MSF,” and his telephone number.

Minutes from of MSF Spain’s Board of Directors Meeting, 9 November 1986 (in Spanish).

Extract:
1. Josep Vargas’s trip to Belgium and France
a) Full support from MSF Belgium
b) A slightly uncertain position from MSF Holland, in practical terms with its director Jaques de Milliano, whose support will largely depend on the result of our conversations with the French.
c) Telephone conversation with the president of MSF France, Rony Brauman. He seems open to dialogue, but we need to contact him again for a face-to-face conversation.

Letter from Rony Brauman, President of MSF France to Josep Vargas, President of MSF Spain, 13 January 1987 (in French).

Extract:
I was very pleased to meet you in Paris on 8 January and have the opportunity to talk to you about the problems associated with the creation of MSF international sections, and in particular the project to create a Spanish section. As I said to you at the time, the various MSF sections are due to meet in Amsterdam in February to discuss the problem and if necessary, to adopt a common position. Since the meeting has been postponed until the end of February at the request of MSF Belgium for internal reasons, I felt it would be useful to recap the main points of our conversation:

1) In light of the current discussions in the various sections of MSF, I would ask you to suspend any steps to form a new branch until a common position has been agreed.
2) Fundamentally, the dominant feeling is that developing MSF’s activities should not necessarily involve increasing the number of national sections working under the MSF banner. The British and German groups operating in similar fields Comité Cap Annamour/German Emergency Doctors in Germany and “Health Unlimited” in Britain to name but a few) have developed effectively under other names with similar objectives.
3) Experience shows that working under the same banner does not necessarily imply stronger or more consistent action. The troubled situations in which MSF often operates are further complicated by the parade of people representing the same organisation, but with different resources and even methods.
4) MSF’s international recognition is reliant on implementing increasingly sophisticated and coherent technical resources, based on a clearly defined intervention methodology. This is what MSF’s partners (the World Health Organisation, UNICEF, UNHCR, public authorities, etc.) expect. Undermining this recognition by starting from scratch in a new country is a delicate matter, since it has the potential to harm the association.
5) Finally, the sometimes highly sensitive nature of humanitarian action and various different approaches, which are entirely natural, to these questions (cf. Ethiopia), are leading many of us (certainly in France, but also in Switzerland and Holland) to think that in this area too, increasing the number of sections may also increase risk and result in a weakening of MSF, rather than optimising aid and providing a greater benefit to the people we are trying to help.

In brief, these are the reasons why the MSF Board and I would like this project to be put on hold. I want to reiterate that this does not in any way suggest a lack of confidence in the group you have put together. If you decide, as we would all prefer, to create a group like MSF under another name, I can undertake on behalf of MSF to offer you all the advice, experience and know-how that we have and that you feel you need. I am very aware that you may be disappointed by our position, but I am convinced that if you accept the idea I am proposing, the relationship between us will be much easier, more harmonious and effective, and therefore more beneficial for all our humanitarian activities. I look forward to seeing you again and discussing all these matters – and many others! – with you.

21. ‘Cap Annamur’/German Emergency Doctors (GED) was founded in 1979 with the purpose of saving the ‘boat people’
22. Health Unlimited (renamed Health Poverty Action in 2010) was founded in the UK in 1984 to secure health care access for marginalised communities in developing countries
Letter from Josep Vargas, President of MSF Spain, to Rony Brauman, President of MSF France, 31 January 1987 (in French).

Extract:
Thank you very much for your letter and what it represents in terms of exchanging ideas and communication. I hope we will be able to find some common ground and get to know each other better. I would just like to make one brief comment on our situation, since as I told you during our conversation in Paris, our existence as a humanitarian association is not a project, but a reality. In any event, we will wait for the four of you (MSF France, Belgium, Holland, and Switzerland) to decide on your position on MSF Spain after your discussions at the end of February, to ensure that we can work effectively as a result. I would like to take this opportunity to express our solidarity to you and all the MSF France team in these difficult times following the team taken hostage in Somalia. Please do not hesitate to contact us for anything you feel you might need.

I was in Paris when I saw a little ad from Médecins Sans Frontières and the name struck a chord with me: I was a doctor and I didn’t feel I had any borders. That’s how I came into contact with MSF in France. They put me in touch with MSF Belgium, which immediately offered me an emergency project in Chad. I went, and after that they asked me to go to Nicaragua, to a very difficult place in the midst of a war. I was in a team with a Dutch doctor and two Flemish-speaking Belgian nurses. And I wondered why no one in the team spoke Spanish. I realised there was no organisation like MSF in Spain: free, independent, with no religious or political affiliations. I timidly brought up the subject with MSF Belgium, suggesting, ‘Maybe in Spain we could create …’ They said, ‘why not? We’ll help you.’ Then the question was where in Spain? I thought I could do it in Barcelona, a very dynamic city. I wasn’t particularly keen on civil servants and for me, the atmosphere in Madrid was all civil servants and central government. I started from nothing. I didn’t know anyone, but I met another Catalan in Brussels, a doctor who was going out to the field. She suggested I contact her sister in Barcelona. That’s how I met Pilar Petit. I told her, ‘I’m getting help from MSF Belgium. We could recruit for MSF, and capitalise on the experience by speaking about MSF Spain, even if we don’t run the operations.’ She agreed at once. I called my girlfriend and two good doctor friends to create and file the statutes. There were five of us, which was the minimum required to register an NGO. In their conflict with MSF Belgium, MSF France saw me as MSF Belgium’s ally. I didn’t care at all about any of this, but I had to go to Paris to meet Rony Brauman, to reassure him. He said, ‘You have to abandon the project because it hasn’t been approved, or backed by MSF France, which is the original section, and so on.’ I said, ‘It’s too late, I have already started MSF Spain and we’re not going to stop. But don’t worry, I have no intention of siding with anyone against MSF France.’

Dr Josep Vargas, MSF Spain President 1986-1992 (in French)

The MSF Spain case remained on the agenda of international meetings. Eventually, MSF France leaders realised there was nothing they could do to prevent MSF Spain’s creation of an association. MSF France acknowledged the legitimacy of the Spanish team and eventually came up to recognise MSF Spain.

In December 1988, the oldest sections of MSF decided to foster the development of the youngest one, by integrating Spanish volunteers in the French missions.

Minutes from the MSF Inter-section Meeting, Amsterdam, 28 February 1987 by Roelf Padt, MSF Holland President (in English).

Extract:
Spain is a different story: there are more opportunities for them to survive even without MSF support. The organisation uses people with field experience and is supported by Spanish volunteers in other missions. Nobody is happy about the way in which they have been founded, but the Belgians, the Dutch, and the Swiss are willing to recognise them. The French are opposed and are asking the Spanish to change their name. […] Spain is not accepted now as a new section to be represented at the MSF meeting. The French are against the creation of MSF Spain, but the other sections are free to keep contacts with the Spanish. The matter will be discussed again at the next meeting.

Minutes from the MSF Inter-section Meeting, 20 December 1987 (in French).

Extract:
The older sections confirm their desire to encourage the development of younger sections. In the case of MSF Spain, this will be done concretely by integrating Spaniards into the emergency or long-term operations of other sections. We will try to transfer responsibility for missions in ‘refugee camps’ to MSF Spain (refugee-type missions are the most interesting for the development of a new section: acquiring a pool of experienced MSF, acquiring basic know-how).

I went along with Willy de Meyer, who had convinced me, to the press conference for the launch of MSF Spain in Barcelona. Belgium and France carried MSF Spain to the baptismal font, and gave it instant legitimacy. It wasn’t some wild offshoot, but the result of a collective decision. I had realised that Spain was inevitable and maybe for the best, a potential MSF country.

So I accepted without too much complaint to kiss the hand I couldn’t cut off, to go along with a movement that couldn’t be stopped. Spain had people who had been in the field, who liked it, who were enterprising and had energy. It didn’t make
you want to fight them. I didn’t feel I had the mandate or the legitimacy to do so.
The idea wasn’t to turn MSF into the Red Cross and create sections all over the place, but that MSF become a European body with solid bases in different countries and trustworthy people. I totally accepted that idea. But this had to be done progressively, and we had to be strict about conditions, in other words the existence of a hub of people with experience in the field with one or several sections, who had demonstrated their commitment to the general framework of MSF’s actions (I’d rather say that rather than principles and values), who felt able to be a force for growth and would convince us of that.

Dr Rony Brauman, MSF France - President 1982-1994  
(in French)

As a compromise to the growing number of sections, the various associations agreed to a two-year moratorium on the creation of new MSF entities on 28 February 1987. This 2-year period was supposed to be dedicated to designing an international policy for the future of MSF as an organisation.

Minutes from MSF Inter-sectionals Meeting, Amsterdam, 28 February 1987 by Roelf Padt, MSF Holland President (in English).

Extract:
An overall compromise is reached both on the creation of new sections and the creation of MSF Spain: a two-year moratorium is decided for the creation of new sections. During these two years, a policy will be worked out on the future aims of MSF as an organisation.

‘An Overview of Globalisation at MSF,’ Memo by Willy Demeyer, MSF Belgium Board Member, July 1987 (in French).

Extract:
At a time when the political structure of Europe was under construction, the term ‘MSF Europe’ was used rather than ‘MSF International’ to describe the attempts of coordination between the MSF associations.

C. CREATION OF MSF INTERNATIONAL

The reflection on MSF internationalisation continued within and between the various MSF associations. Similar to the first attempts in the early eighties, the creation of an MSF International entity to harmonise the relationships between sections, to increase MSF’s intervention capacities, and to stimulate visibility and influence, was proposed.

1. From MSF Europe to MSF International

At a time when borders are disappearing, when an increasing number of people are travelling and coming into contact with people from other cultures, a more open-minded attitude is taking shape. Médecins Sans Frontières, which supports basic humanitarian values in every region of the world, stands at the forefront of this concept. We must achieve a consensus about the meaning of this MSF concept so as to boost our impact on world opinion. The independent development of MSF sections defeats the purpose of our existence and name, inevitably leading to the creation of mediocre organisations that are barely distinguishable from each other. […] Young MSF staff members have little interest in differences existing between the MSF offices. Their goal is to travel abroad to gain experience in a developing country far from bureaucratic procedures, power struggles, and polemics between headquarter offices.

At the Institute of Tropical Medicine in Antwerp, a source of recruitment par excellence for all MSF sections, a desire for globalisation has already emerged through the ties forged by professionals from different countries, creating an international environment conducive to reproducing the
same climate in the field. The way MSF sections are introduced them at the institute, however, flies in the face of this desire, as well as the image and concept we wish to spread. The globalisation trend popular among today’s young people should also prevail among MSF managers. […] MSF could play an important role in the area of humanitarian diplomacy, with a common position and inter-sectorial solidarity to strengthen this role. MSF’s global nature should bolster our diplomatic influence with governments, embassies, and international organisations. On the other hand, when one section takes a wrong turn, the separate identities of the MSF sections means that the others can distance themselves from the error committed (i.e. MSF Belgium was able to remain in Ethiopia after MSF France was expelled24). This also holds true when an MSF staff member comes from a country targeted by a government (French citizens in Chad and Lebanon, for example) or when we want to work on both sides of a conflict (MSF Belgium on Goukouni’s side, MSF France on Habré’s side in Chad). It appears, however, that when MSF wishes to support a universal ideal, it is difficult to play both sides of the coin in the face of public opinion and governments of the countries in which we operate.

“MSF’s natural area of operation was Europe, especially since it appears in the charter’s first sentence: ‘MSF is a temporarily French association with a global mission.’ International and European were one and the same, at least at first. In addition, it would have sounded strange to say ‘with a European mission.’ It was always like that. Yet, our association was located in the industrialised and democratic North. That much was clear.

Dr Rony Brauman, MSF France President 1982-1994 (in French)

In December 1988, the MSF Holland and MSF Belgium joint rapid response unit was deployed to the Leninakan Earthquake in the then Soviet state of Armenia. MSF France participated in the unit’s efforts by sending volunteers.

In the meantime, MSF Belgium and MSF Holland strived to develop a concrete operational collaboration. In 1988, they created a common Rapid Response Unit [Unité d’Intervention Rapide/UIR] which was to be coordinated alternately by each section.

International Relations Report from MSF Belgium, 6 May 1988 (in French).

Extract:

2.2 MSF Holland
Feedback on collaboration with MSF Holland was extremely positive this year. Relations were strengthened at every level across the organisation. Both in Europe and on missions, new forms of collaboration were established and clearly demonstrated the willingness of most MSF members to bring an international dimension to our activities. Our first joint coordination programme was launched in Maputo. One coordination unit manages representation and programmes for the two sections. Later, a similar structure was set up in Ethiopia and there is a chance the same will happen in Conakry [Guinea], Sudan, and Central America. Several exploratory missions were carried out jointly, notably in Pakistan and Iran. The programmes ultimately chosen were selected after joint discussions. On the technical side, there has been a continual exchange of medical-technical and logistics information. The Rapid Response Team (RRT) is now shared by both sections. MSF Belgium and MSF Holland are taking turns coordinating this unit. Personnel services have also tightened relations and a permanent associate to supervise architectural [field medical structures] projects has been appointed. Also, this year joint medical-technical classes were organised, held in French, Dutch, and English. The class took place in Brussels but there are plans for a class to be held in Amsterdam. In early 1988, a meeting was held in Brussels attended by permanent staff and managers from both sections. The aim to extend and improve collaboration was clearly expressed. A preparatory meeting was held to formalise inter-section collaboration.

In December 1988, the MSF Holland and MSF Belgium joint rapid response unit was deployed to the Leninakan Earthquake in the then Soviet state of Armenia. MSF France participated in the unit’s efforts by sending volunteers.


Extract:
The first plane left from Brussels, on the 10th, with 7 French, 2 Dutch, and 2 Belgians including people who speak Armenian, to handle interpretation on the ground. Second plane on the 13th with 13 people: 8 French, 5 Dutch with haemodialysis apparatus. We sent the machines with the accompanying equipment and staff: 8 machines are now operational. Third plane on the 13th: 2 people, 13 tons of equipment. Fourth plane: 10 people, 30 tons of equipment. Fifth plane (chartered by Antenne 2) with an Antenne 2 team: 17 people and journalists. Sixth plane from Marseille with haemodialysis equipment: 44 people (26 French, 12 Belgians, 6 Dutch) […] From today, we have authorisation to move around the villages surrounding the cities affected. This mission is jointly led by MSF Belgium and MSF Holland, under the general coordination of MSF Belgium. The main operational priorities are:

- To train medical staff on using haemodialysis equipment.
- To sort drugs sent from all over the world.
- To operate mobile and static clinics in Leninakan and environs.
We received 725,000 ECUs\(^{25}\) from the EEC. [...] Communication was effective between European sections.

Minutes from the MSF International Meeting, 20 December 1988 (in French).

Extract:
4. European Emergency Response Unit: It has been confirmed that this unit will only tackle emergency operations. For the benefit of each section’s image, all emergency operations will be reported in the media as joint emergency operations, even if not all sections have been deployed. A meeting between the operational sectors of each office should formalise the channels to put in place in the event of a European response, given the complexity of the coordination and the decision-making and information channels. Henceforth, an ‘operations’ person will be identified in each section to act as go-between for information between offices and to resolve problems applying to the best practice code (Jacques Pinel has the job of identifying the person in each section).

The first international mission was to Armenia during the earthquake of December 1988. We didn’t think we could intervene, because this was in the Soviet Union, but we did. The Dutch, the Belgians and the French sent missions, all at the same time. Very soon we realised that we were doubling up our activities. For instance, the media spoke a lot about the need for kidney dialysis machines, and so the Dutch, the French and the Belgians all sent their nephrology machines. We realised that this wasn’t useful, and we quickly decided at Brussels’ initiative to get together and harmonise our actions in Armenia. We decided to make this a joint mission. I had a few conversations with Rony Brauman [MSF France President], who wasn’t keen and mentioned potential problems, although he wasn’t strongly opposed. We decided to do it, we wanted to, and we’d learn lessons. It was quite simple: we did a geographic distribution of the missions, coordinated by a single Head of Mission, Marie-Christine Ferrir, from MSF Belgium, who played the international game very well. I considered the mission a success.

Dr Marc Gasteuil-Etchegory, MSF France Programme Manager 1987-1992 (in French)

2. The International Council

Building on the success of the well coordinated operation of Leninakan, in December 1988, MSF Holland proposed the creation of an International Council that would be in charge of ‘designing a policy on the future of the European governance of MSF and of reinforcing the information flow between sections.’

Minutes from the MSF International Meeting, 20 December 1988 in Paris (in French).

Extract:
Formalisation of international relations
MSF Holland proposed an international council consisting of one person with decision-making power from each section; the council would meet once a month. Participants agreed it would initially meet every three months. Every other meeting would be open to additional participants, with three to four people allowed to attend from each section for the purpose of addressing all issues related to international coordination. MSF Holland (Roelf) will be responsible for selecting council members (one per section) and organising upcoming meetings. More specifically, the council is tasked with developing a policy on the future of the various sections’ European operations, such as a European emergency unit. With the aim of improving the dissemination of information among various sections, the council will also consider inviting board members from each foreign section to join. The council must ensure the ongoing exchange of written information that is already available, such as donor newsletters, in-house magazines, and board minutes. An external European newsletter should also be considered. The council decided to hold a weekend meeting bringing together all sections (board + staff) from 3-4 June 1989 in Toulouse, to give all teams working in the different sections’ headquarters an opportunity to meet.

On 14 February 1989, representatives of the six MSF sections agreed to what they called a ‘non-decisional but informative’ role to ensure that the code of conduct was respected; to make political initiatives at international level; and to reflect on the MSF project at European level. As the two-year moratorium was over, Fernando Nobre, a former member of MSF Belgium Board of Directors and founder of International Medical Assistance/Assistencia Medical International (AMI) in Portugal, applied for the creation of MSF Portugal. Criteria for inclusion of new sections were proposed for debate at the next international meeting.

Minutes from the MSF International Meeting in Brussels, 14 February 1989 (in French).

Extract:
Committee roles and responsibilities
- Plays a non-decision-making, strictly informational role.
- Ensures compliance with the code of conduct.

---

25. ECU (European Currency Unit) was the unit of account of the European Community before being replaced by the euro on 1 January 1999, following a decision taken by the European Council in 1995.
On 21 April 1989, the criteria for new entity creation were agreed upon. The sections acknowledged that internationalisation was “an integral and undeniable part of [the MSF] movement’s current ideas and philosophy”. They agreed on the creation of MSF Europe as the first step toward the creation of an MSF International “to which all countries in the world could belong.” A federation-like, flexible structure was proposed that would “exploit and strengthen the specificity of each section.”

Creation of MSF Europe: The globalisation process is moving at a faster pace. The process is now an integral and undeniable part of our movement’s current ideas and philosophy. This international trend stems from a determination to spread the influence of our ideas, to develop an information exchange network and to make our work more effective. This is demonstrated by MSF’s short history: our commonalities are more powerful than our differences, despite the lack of a European legal code. The skills and powers of European institutions have grown, resulting in associations, companies, and other entities coming together in a well-defined European area. MSF sections now seem poised to take this important step, i.e. the creation of MSF Europe. For that reason, we are proposing that the International Council consider creating a supranational structure in the immediate future. The creation of an MSF Europe could be a first step toward forming MSF International, to which all countries in the world could belong.

Objectives:
Based on the above considerations, we can set the following objectives:

1) Build our capacity to take action and improve the quality and effectiveness of our operations.
2) Develop a network with a focus on exchanging ideas and information.
3) Strengthen team cohesion and promote the Médecins Sans Frontières concept.

Methods:
The idea is to set up a structure in the form of a federation that would strengthen and take full advantage of the specific characteristics of each section, which would thus maintain certain decision-making autonomy. This structure would have limited powers and offer a high level of flexibility. In addition, it would have to adapt to lessons learned from operational experience.

Articles of association:
These will have to be drawn up by the MSF International Council, which must call on competent professionals who can perform this meticulous work as quickly as possible. The articles will have to develop policies for the following topics:
1. Council members: the existing sections are the founding members. Membership procedures must be established. We still need to explore the benefits and feasibility of encouraging the creation of national sections in European Community countries that do not have an MSF section. This could take the form of members in training.

2. A procedure for electing management and/or a board of directors.

3. A headquarters office.

4. Powers and issues under the purview of the supranational structure

**Conclusion:**

A European MSF federation comes in response to the challenges posed by our era’s humanitarian aid efforts. Success will depend on whether the desire to transcend borders ends up prevailing over nationalist sentiment.

---

On 3 and 4 June 1989, more than 200 members of the MSF associations and of the executive teams gathered in Toulouse, in the South of France, for the European Convention of Médecins Sans Frontières.

The creation of MSF’s representative entities in Brussels and Geneva was considered a basis for future federal structures. There was little discussion about the previously defined admission criteria for new associations. The representative of International Medical Assistance/Assistancia Medical Internacional (AMI) in Portugal pleaded once again for AMI to be recognized as the MSF association in this country.

**Extract:**

**Minutes** from the Médecins Sans Frontières European Convention in Toulouse, 3 and 4 June 1989 (in French).

**Admission criteria for new sections and internationalisation policy.**

---

On 5 October 1989 and on 9 January 1990, the still informal International Council of MSF discussed the possibility of MSF obtaining a European organisation status. The objectives of this international entity were to strengthen the influence of MSF at the European level, and to better access European funds for improved interventions.

Eventually, a supranational structure was created. It was called the MSF Europe Council and would be composed of the six association presidents or their representatives (usually the general directors) and meet every three months. However, for a while, the documents produced by this entity remained under an ‘International Council’ title.

The MSF European Council’s office, named MSF Europe, was based in Brussels, but not on the MSF Belgium premises. It was organised and led by an international secretary general who would take charge of coordinating the Council’s activities, developing a MSF Europe structure, representing the organization externally, and lobbying.

**Extract:**

**II – European Structure, International Status**

After a discussion about the options for MSF representation in Europe, everyone approved the creation of a MSF European Council secretariat called MSF Europe. It will be based in Brussels, but housed separately from MSF Belgium.

**Aims:**

1) Coordinate and distribute information from the EEC and MSF sections, and possibly among the MSF sections if this seems helpful.

2) Represent MSF in Brussels as Robert Müller does in Geneva.

3) Handle specific issues.

JPL [Jean-Pierre Luxen] noted that MSF Belgium no longer wanted a European umbrella organisation. There was general
approval, [but] each participant feared a cumbersome bureaucracy that would result. The idea of a European organisation that adapts to changing circumstances, the only dynamic approach according to Rony Brauman, is satisfactory to everyone, said Rony. He believes the European Council should handle political problems while the secretariat should, if necessary, carry out the council’s decisions and, upon request, provide information on the national sections’ activities. After a discussion, participants jointly drew up a draft job description for the European secretary: a young graduate of a prestigious university with responsibility for:
- Handling administrative coordination for MSF Europe and managing grant proposals and developing contacts so as to lobby the European Parliament and other European institutions.
- ‘Behind-the-scenes’ activities: get to know European officials and learn how the EC operates […]

Minutes from the MSF International Council Meeting, 9 January 1990 (in French).

Extract:
In summary, the different sections expressed their desire to create a supranational structure called MSF INTERNATIONAL, with:
1. Articles of association in accordance with Belgian law (see Jean-Pierre Luxen and Reginald Moreels’ document).
2. A new charter included in the articles of association. Internal rules and regulations will be appended to the charter (Code of Conduct). France and Holland will have to come to an agreement on the Code of Conduct before the next meeting.
3. A goal that includes not only a common fundraising policy but also the creation of a federation with decision-making power and a broad medical and political mission.
4. Brussels as headquarters.
5. A rotating presidency […]

On 2 July 1990, MSF Belgium, who had been assigned the Presidency of the MSF European Council for six months, presented a declaration of intent for the creation of MSF Europe, which was endorsed by the six MSF associations.

Minutes from the MSF International Meeting, Brussels, 7 and 8 June 1990 (in French).

Extract:
Each section’s attitude toward MSF Europe’s growth and development
MSF Europe Council: supreme political body consisting of six people, either presidents or their representatives. Meets every three months. Rotating presidency: one person representing one section acting as president of MSF Europe. Terms of reference to be defined. The council suggests the issues to be discussed, while the president proposes an agenda. MSF Belgium was unanimously appointed to the MSF Europe presidency for the upcoming six-month period (until the end of 1990). Belgium will internally select a person to serve as president. The MSF Europe secretary general must be completely bilingual or trilingual (English is a must). Terms of reference: coordinate the council’s work, settle differences, deliberate on European issues (establishment of articles of association, etc.) Council administration (budget, funding, etc.), lobbying, and representation (information gathering and presentation of the shared MSF concept). These terms of reference will have to be formalised for the September meeting, as will the articles of association and a proposal for an operating method […]

After this meeting, MSF Belgium will prepare a declaration of intent covering MSF Europe’s major objectives. Each section will share the European idea with its members. For the next meeting, scheduled for September 1990, the president will draw up the articles of association, hire a secretary general, and determine the related terms of reference, and make list projects common to all sections. Each section is tasked with: listing the council’s terms of reference and coming to an agreement on the charter’s terms […]

In October 1990, the MSF associations decided that the international entity should be named MSF International rather than MSF Europe, which was considered too restrictive. The terms of reference of the International Council (IC), which would play the role of the MSF International Board of Directors, included the nomination procedures, the roles of the International Council President and Secretary General, and a primary outline for funds sharing. In January 1991, the profile of the Secretary General was detailed.

Minutes from the MSF International Council Meeting, 11 and 12 October 1990 (in French).

Extract:
III. International secretariat
A. International Council
* Name: International Council (IC)
* To be determined:
1. Terms of reference (responsibilities, areas of expertise)
2. Working methods (voting, information and decision-making process)
3. President’s role
4. International Council’s role in relation to the various sections […] A three-person working group writes a proposal of no more than three to four pages. Members: Rony Brauman, Jean-Pierre Luxen, Jacques de Milliano + one representative of a small section. Deadline: 15 November 1990 […] Each section will have an opportunity to share its opinion. […]
C. Articles of association

*Draft articles of association (international articles under Belgian law): Recommended by an independent expert. These articles cover the Secretariat, International Council, and European financial and logistical activities. MSF Luxembourg and MSF Holland will provide a second opinion. Deadline: 15 November 1990 – other sections are required to respond to these second opinions (by fax).

*Filing of articles of association: Press conference after the January International Council meeting

*Name: MSF International, rather than MSF Europe, because ‘Europe’ has a political and cultural connotations and is too restrictive. MSF International, with national offices. The MSF International logo can perhaps use small type underneath to distinguish between the sections.

*English name Important:
- Name must not be too long,
- It's best not to be too literal,
- Suggested English name: “Doctors Without Borders”
- The different communications departments will have to standardise the house style

Conclusions

Name: MSF International

English name: Doctors Without Borders


Minutes from the MSF International Council Working Subgroup Meeting, 15 November 1990 (in French).

Extract:

IV. International Council terms of reference

The International Council is the international association’s board of directors:
- Composition: it consists of two representatives from each country,
- Areas of expertise: sets and defines MSF International policy and initiates the development of MSF International structures

General framework:
- Defends common principles
- Sets the direction for MSF International’s development and distributes resources
- Responsibilities – two options:
  - Either the initiative comes from the sections
  - Or it comes from the International Council. In this case, we must avoid turning to national boards of directors, in view of their acceptance of the International Council’s general framework.

V. International Council presidency

The president is appointed for a six-month period, which can be extended to one year.

President’s roles:
- a) Right and duty to take the initiative, and may delegate responsibilities
- b) Is the MSF International spokesperson
- c) Must maintain inter-sectional cohesion (visits the sections)
- d) Must provide him/herself with the necessary management resources, which confers a level of autonomy (for example: the president must have the power to hire a person under a temporary contract to carry out an activity); also plays a coordinating and motivational role, which requires a high degree of availability.

VI. International Secretariat

Secretary’s roles:
1) Organises the International Council’s activities (schedule, meeting invitations, and preparation of minutes).
2) Disseminates information to the European sections (European newsletter), with the aim of further instilling and expanding the MSF concept, while encouraging the sections to coalesce around it.
3) Implements the tasks decided during the International Council meeting, but can also carry out initiatives taken by the president or by him/herself. The sections should not ask the secretary to perform work for them.
4) Lobbies all European institutions, including the Commission, Parliament, Council, other NGOs and foundations.
- In order to lay the groundwork for disseminating MSF publications (papers, analyses)
- In order to reach political, technical, and financial decisions at the European level.
5) Represents MSF International in European bodies but does not have a political role.
6) Participates in building and developing MSF International through an analysis of the evolution of its legal, legislative, and other structures.
7) Provides a link with MSF representatives at the UN in Geneva.

Minutes from the MSF International Meeting, 31 January and 1 February 1991 (in French).

Extract:

Length of the international secretary’s term of office: six-month probationary period. Open-ended contract with a three-year informal contract.

d) The international secretary [general] will carry out the following activities over the next three years:
- Disseminate information to all MSF sections.
- Set up the secretariat office.
- Contact the lawyers drawing up the MSF articles of association.
- Speak to other institutions about MSF.

We started this office, an international secretariat with legal-administrative competences, to represent via delegations. It had no authority. We weren’t expecting any, quite the contrary. Our goal wasn’t to deny any substantial role, but to make sure the sections held on to their prerogatives. It was a little like a ‘Nations of Europe.’

Dr Rony Brauman, MSF France President 1982-1994

(in French)
3. An International Decision Making Process

On 15 November 1990, a new three-year moratorium on the creation of new MSF associations was imposed. Voting procedures and the introduction of veto rights for large sections were discussed in depth. Criteria for a section to be considered as large were established.

Minutes from the MSF International Council Working Subgroup Meeting, 15 November 1990 (in French).

Extract:
II. International Council working method
Recap: moratorium on new sections. The moratorium will last three years and will be tacitly renewed for an equivalent period unless otherwise decided by a vote. This point is obviously extremely important because it will set the direction for the International Council’s general operations in terms of the decision-making procedure, the thinking behind it and its general provisions. The current situation demonstrates the differences between sections in terms of their operational capacity and their volume of activity. We have always, and spontaneously, talked about ‘small and large’ sections, which together form a harmonious European whole. This situation of large and small is not set in stone, however; small sections, or at least some of them, can evolve toward a volume of activity matching that of a large section. On the other hand, there is always a risk of a large section significantly reducing the number of its activities due, for example, to a serious internal conflict. Various criteria (objectives) clearly provide a realistic portrayal of a section’s volume of activity:

- Annual budget threshold: 10 million ECUs [European Currency Unit (Prior to Euro)]
- Number of departures: 300 departures a year
- Number of field jobs: 100 jobs

When sections are below these thresholds, they are considered small; when they are above, they are considered large.

Voting procedure: At the last International Council meeting, it was clearly established that European-sponsored (international) projects or approaches would be given priority: in the case of a major difference of opinion, the project could be carried out on behalf of MSF International. It goes without saying that this type of situation is the exception, but it has to be accounted for in the articles of association. For that reason, a voting procedure must be developed based on the following principles:

- It must foster a dynamic, well-functioning International Council.
- It must avoid encouraging power struggles,
- It must be used sparingly when there are differences of opinion on important issues; a consensus should always be sought first,
- It must avoid endangering other sections’ existence,
- It must reflect the actual manner in which MSF operates while avoiding obstacles,
- It must avoid conflict when there are differences of opinion. The working group has recommended that the large sections be given the power to veto decisions if warranted by differences of opinion under exceptional circumstances.

III. Solidarity fund: This fund aims to foster and support positive initiatives taken by small sections, as well as encourage interaction and maximise various types of energy flow between the sections. The solidarity fund could take the following forms:

- Project technical support.
- Cash advance for interim financing or in the event of cash flow problems.
- Possible financial support for certain projects.
- MSF International at European institutions but does not play a political role.
- Helps build and develop MSF International by analysing changes in legal, legislative, and other structures.
- Serves as liaison with MSF representatives at the UN in Geneva.

Minutes from the MSF International Meeting, 22 March 1991 (in French).

Extract:
1. Voting procedure
1.1. Large sections’ veto power. […]

Field of application
- Solely the purview of the International Council, i.e. joint activities sponsored by ‘MSF International’ and the joint promotion of external issues. This is by no means an effort to prohibit any section, either large or small, from undertaking an initiative under its own name. - Applicable cases: because the field of application is still vague, it would be best to specify in which cases the veto power would come into play. Moreover, it is difficult to predict such circumstances in advance and include them in the articles of association. Because the veto would entail a loss of autonomy for the small sections, it may be best to adapt it when situations occur. For the time being, only one ‘highly sensitive area’ was mentioned for which, a small section must have veto power over an MSF International initiative.

Highly sensitive areas
It would be a good idea to create a sort of ‘code of conduct’ that gives the option to use a different procedure in certain cases. Similar to highly sensitive countries in the operations code of conduct, we could include ‘highly sensitive areas’ for which even a small section could wield veto power. This option must be included in the MSF International articles of association in the form of internal rules and regulations. Applicable cases: If MSF International were to decide to directly carry out activities in the national territory of a small section, this section can use its veto power, i.e. a type of non-intervention clause […]
On 18 April 1991, the decision-making procedures for MSF International were formally adopted during the International Council meeting. MSF would be represented, under its European label in large international meetings and conferences organised by the UN and various international NGO groups.

On 18 April 1991, the decision-making procedures for MSF International were formally adopted during the International Council meeting. MSF would be represented, under its European label in large international meetings and conferences organised by the UN and various international NGO groups. 

Final proposal
Add to the articles of association:
(a) The concept of large sections’ veto power, and
(b) That an internal rule will govern special cases, even though there is no such rule for the time being (it does not seem possible to predict potential cases in a thorough and realistic manner), and that it will allow for modifications, based on practical cases as they occur (establishment of precedents), without having to revise the articles.

In April 1991, after the Gulf War, the MSF sections brought relief to the Kurdish people, who were pushed out and isolated in the mountains along the Turkish-Iraqi border, by Saddam Hussein’s troops. These well-coordinated operations strengthened the motivation of the MSF associations to further structure the movement.

In spring 1991, MSF’s operation during the Kurdish exodus after the Gulf War was a big moment. We all worked together as was needed. We didn’t tread on each others’ toes, we didn’t try to coordinate excessively. We
shared the field and exchanged information. To my mind, it was a perfect example of the compromise between working together and keeping our independence, benefits, flexibility, and initiatives. The result was that nearly everywhere we were able to guarantee an 80 per cent emergency presence at the borders, with the other 20 per cent working under our direction. We felt proud of being MSF, of working together. We were all happy with one another. So, it was a huge international success. It gave us the impetus to organise ourselves at the institutional level.

Dr Rony Brauman, MSF France President 1982-1994

On 10 January 1992, in Melun (France), the International Council finally approved and signed the statutes of MSF International and expressed a strong will to promote international cooperation, particularly in operations.

Minutes from the MSF International Council Meeting, 10 January 1992 (in French).

Extract:
3 – Signing International office articles of association.
The articles were approved and signed by every section present and submitted to Alain Destexhe, who was tasked with filing with the relevant government agencies.

On 11 and 12 January 1992, around forty members of MSF boards and headquarters also gathered in Melun to reflect on the future of the MSF movement project. In a final statement, a list of practical decisions was proposed that were designed to improve the operational collaboration between sections. A ‘Melun Statement’ was issued, which was supposed to organise this cooperation. The implementation took some time, nurturing many discussions and questions.


Extract:
At the meeting of 10 January 1992, the International Council clearly expressed the desire to promote international collaboration within MSF, particularly in operational areas. A few practical decisions were taken:
1. The section’s director of operations, who serves as European president, will hold international meetings both in Europe and in the field. She/he will also foster informal interaction, such as joint trips, and report to the International Council regarding how operational collaboration and adherence to the code of conduct are playing out.
2. The section’s director of operations, acting as European president, will ensure that exploratory missions and field teams are multinational.
3. Field projects will no longer be allowed to add the section’s name to the Médecins Sans Frontières name on cars, T-shirts, etc.
4. At each European headquarters, job descriptions for managerial positions will have to include MSF’s international aspect.
5. The International office will distribute objective information on the various sections’ activities.
6. Internal communications materials (Messages, Ins & Outs, Contact, etc.) will have to cover topics relating to MSF Europe. The MSF International office is responsible for guiding and overseeing this effort.

Six months later, in June 1992, the International Council acknowledged that the international cooperation mechanisms defined in Melun were not working. Therefore, the roles of the International Council President and the International Secretary General were strengthened regarding the enforcement of decisions made in Melun.

Minutes from MSF International Council Meeting, 26 June 1992 (in French).

Extract:
Discussion on MSF Europe’s current operating methods and the respective roles of the international presidency and secretariat: The methods developed in Melun (see appendix 2) do not seem to be working. It is essential to find an effective coordination system for our operations. The International office plays a role in monitoring the coordination system. Regional meetings scheduled to take place every six months are very important for European coordination. The European presidency is a cumbersome part of the system, but the international secretariat cannot shoulder the entire burden itself; otherwise, the other sections will feel less responsibility for Europe […] In conclusion, it was decided to strengthen the international presidency and International office and ensure the Melun Declaration is enforced. The international presidency plays a proactive leadership and coordinating role in all areas and sectors, particularly headquarters and field operations. All International Council members have a personal role to play in coordinating European activities, especially in their own section.

Discussion on the international presidency: Rony reminded participants that if a section wants to renew its term of
office, it must submit a request in advance. If a request has not been made, other sections may apply. Several people had concerns about the length of the term of office. Doris felt that six months is too short to set anything in motion or achieve any results. It depends on the capacity of the section in charge. Alain thought that six months was enough, since the presidency requires the section to be intensely involved. Joseph agreed with the six-month period, but thought that the section serving as president should hold the presidency at all levels, which is not currently the case. He said that in this case, he did not understand why the ‘small’ sections were systematically excluded. He requested a review of the international presidency at the end of each term of office. Doris asked what MSF Belgium had accomplished over the past six months during its term as president? Alain informed the participants that Reginald planned to prepare a report, which he will present at the next meeting. Carlo suggested developing a plan and preparing a review at the end. Jacques asked that priorities be set for each presidency. Doris said it was essential for the president to visit the small sections. In conclusion, it was agreed that the president must play an active role in a variety of areas. France will hold the presidency from 1 August 1992 to 1 February 1993.

Beyond the now formalised institutional organisation, the system of coordination between sections remained flexible. It allowed for autonomy and the power of initiative for each entity, provided that the rest of the group was informed. An informal procedure of non-objection was applied, which allowed any member to oppose it, we went ahead. There was also the fact that each section had to show it was solid, if it was to be a candidate for leading a project, and needed to have a collective approach, included in its procedure. A person was given the responsibility for six months or a year if there was good reason to do so, after which we gave it to someone else. In that way, there was no abuse of power because we knew this could happen, and we created real reciprocity. It also avoided bureaucracy. The administrative people in each section were put to work. The presidency and the direction of each section, sometimes by recruiting someone for a while, were a commitment by all to deal with international tasks.

Dr Rony Brauman, MSF France President 1982-1994
(in French)

During the Melun meeting, the case of AMI Portugal’s misrepresentation in Mozambique was mentioned. AMI claimed to be MSF Portugal without MSF agreement and despite the fact that MSF had already registered the brand in Portugal. The International Council President was asked to give AMI formal notice of cessation. A few months later, AMI Portugal committed to desist from using Médecins Sans Frontières Portugal.

Minutes from the MSF International Council Meeting, 10 January 1992 (in French).

Extract:
10 - Miscellaneous
The problem of AMI [Fundação de Assistencia Médica Internacional] in Portugal was raised. This association is presenting itself in Mozambique as MSF Portugal. The MSF name was filed [for registration] in Portugal. It was decided to send AMI a formal notice based on incidents in Mozambique. The next International Board President will be responsible for this formal notice.

Minutes from the MSF International Council Meeting, 26 June 1992 (in French).

Extract:
AMI Portugal: Alain [Destexhe] met the director of AMI Portugal, a former MSF volunteer, Mr Nobre. AMI Portugal will no longer refer to [itself as] ‘Médecins Sans Frontières of Portugal.’

4. The International Office

Meanwhile, in early 1991, Alain Destexhe was hired to be the International Secretary General. The candidacy of this Belgian doctor, who had worked for Liberté Sans
Frontières, was supported by MSF France, but not by MSF Belgium. Nonetheless, all sections endorsed his recruitment and he was chosen for the job.

Alain Destexhe had worked with Liberté Sans Frontières, so we knew him. He was a Belgian, to the right [politically] and a member of MSF France. The Belgians were opposed to hiring him, but I pushed quite hard. It was a huge compromise by the Belgians to accept him as our international secretary general.

Dr Rony Brauman, MSF France President 1982-1994 (in French)

Alain Destexhe was a controversial figure at MSF Belgium. He tended to work more with the foundation of Médecins Sans Frontières because he writes well and shared the foundation’s more rightist political opinions. He was imposed on us by Rony [Brauman, MSF France President], who argued that Destexhe’s political connections could help us obtain a Nobel Prize. Rony didn’t have much time for the international secretariat or our links with the European Commission. He chose Destexhe because he knew MSF.

Dr Jean-Pierre Luxen, MSF Belgium President 1984-1987, General Director 1988-1994 (in French)

Jean-Pierre Luxen considered Alain Destexhe a ‘sellout’ [and] his hatred was so visceral that it weakened his arguments. Alain was an excellent candidate who ticked all the boxes. It was he who suggested I put myself forward, saying, ‘You’re young and they need young people.’ He encouraged me all the way and then applied himself two weeks before the call for candidates was closed. Alain was imposed by Rony, who had done efficient preparatory work to ensure there were no surprises, particularly about Jacques de Milliano. All was well as long as Rony and Jacques agreed.

Stéphane Devaux, MSF Belgium Coordinator of Institutional Fundraising, September 1990 - April 1992 then 1993, for MSF International April 1992 - January 1993 (in French)

The idea was to have someone to connect different sections’ viewpoints and to represent MSF at international organisations, especially the European Union. I prepared reports for the International Council. Some International Council members were very active, others weren’t. They tended not to interfere, so my agenda was based on what I thought the current priority was, sometimes working with the International Council’s President. I tried to be a facilitator, especially before MSF had to take a political position. I tried to make this easier for them by preparing documents, which put several positions forwards. This worked well in the case of Kurdistan, but was more complicated for Rwanda and Yugoslavia. My goal and ambition for MSF was that the International Office should become MSF’s lobbying and communications voice.

Dr Alain Destexhe, MSF International Secretary General 1991-1995 (in French)

In September 1991, Anne-Marie Huby was hired as the International Press Officer. She was in charge of harmonising MSF international communications. Anne-Marie was supposed to focus on the English-speaking media, which was neglected by the mostly French speaking MSF sections. In 1992, a position of International Press Officer was opened in Nairobi to cover the Somali crisis, the genocide in Rwanda, and its aftermath.

Minutes from the MSF International Council Meeting, 26 June 1992 (in French).

Extract: Bernard urged caution with the new communications officer position in Nairobi. Sections do not communicate through structures, he said. Alain agreed, but noted that this job has a double role, internal and external: internal for the purpose of writing Sitreps [Situation Reports] on the region and external in the person’s work as press officer. The job is not designed to facilitate inter-sectional communication, which is everyone’s responsibility […]

4. International communications

The board discussed international communication, agreeing that this was inconsistent, each section having its own policy, press releases, and press conferences. There were few international events. Alain said international communication required a good balance between flexibility and consistency. Rony agreed that international media was essential. Josep: we would strengthen our credibility by improving coordination on important issues, such as Somalia and Yugoslavia. According to Doris, press conferences must be tailor-made for each situation. France produces some 150 press releases every year. Jacques: international press releases are less important than bold initiatives, political and in the field, such as on-site advocacy and personal accounts. Alain: we issue too many messages about MSF’s actions and not enough about events that have been witnessed. Rony: we shouldn’t become obsessed with order because disorder is more creative.

Conclusion

MSF should favour two types of communication:
- National with each section setting its own priorities according to their needs.
- Focussed on institutions for events, like the Council of Europe Prize, and a few times a year on topical issues. It was decided not to set up a joint project in the Horn of Africa. Most sections are carrying out their own operations.

"I knew we had a big communication problem with the English-language media. When an article appeared in Le Monde, everyone at MSF was delighted, but we weren’t concerned about The New York Times or The Economist. MSF Belgium was covered by the Belgian press. Anne-Marie Huby was hired to reach out to the English-language media. She used press releases mainly from MSF France and some other sections, and gave them an international angle. She was really good at it. This was right in the midst of major international crises in Kurdistan and Somalia, and Huby became the de facto spokesperson for the international movement in English-speaking countries, [but] the sections weren’t always happy about that. The International Office played a very important role in raising awareness about MSF in English-speaking countries.

Dr Alain Destexhe, MSF International Secretary General 1991-1995 (in French)

"I joined the International Office in late 1991. My job was to implement ideas and develop a plan to make Médecins Sans Frontières’ communication more consistent. But events started moving fast in Croatia and two weeks later I was in Zagreb during the Vukovar incident. In addition to reports on the crisis, my more covert goal was to demonstrate that a united MSF was stronger than a disunited one. Press releases were very Parisian, political and opinion-minded. There was no real international strategy. In those days, one had to talk with CNN to get to know the influential executive editors. One also had to get on the right programmes at the right time for both image and security reasons. My frustration stemmed from the fact that I was in Brussels and that I saw crises developing in the field without access to the right information. We fought to increase the budget so as to create a job in Nairobi. I hired Samantha Bolton as Press Officer for East Africa. She settled in and stood up to everyone. We then set up a small network of communication officers throughout the movement. We ourselves worked in London, with Samantha in Nairobi, and Barbara Kancelbaum in New York, then Kris Torgeson. This tiny team turned Médecins Sans Frontières into a brand. We were often the first in the media to react to a crisis and to be interviewed on it. It was hard to make people at MSF understand the need for this. I went to Nairobi before Samantha arrived, and said, ‘A MSF T-shirt for everyone, and we’re going to do media training.’ The staff hated me! In the first three weeks, no one would even buy me a beer. They’d say, ‘Who’s this bitch with her T-shirts?’ We appeared on CNN with our MSF T-shirt, and when we bought advertising space in The New York Times, we became three times more effective.

Anne-Marie Huby, MSF International Press Officer 1991-1993 (in French)

The MSF Representative position for the Geneva-based international institutions was already filled by Robert Müller on a part-time basis. MSF France hired him in 1988. Robert was based in the MSF Switzerland office in Geneva. His job description was strengthened and he was tasked to obtain an observer status with specific international institutions.

Minutes from the MSF International Council Meeting, 20 December 1988 (in French).

Extract:
9. Representation with international organisations in Geneva: MSF France has recruited a former UNHCR official to facilitate relations with UNHCR and to represent MSF France at international meetings. He is working on a volunteer basis and will have an office inside MSF Switzerland. The issue was raised of how MSF sections are represented with institutions. MSF Switzerland noted that for obvious reasons, it could also provide representation. The issue will be further discussed at a future meeting.

Minutes from the MSF International Council Meeting, 5 October 1989 (in French).

Extract:
III MSF Representative in Geneva
Agreement on the job requirements proposed by Robert Müller [...] The title could be ‘Project officer for international organisations’ on MSF Europe stationery and business cards. The monthly Swiss Franc 900 budget is covered by four sections (F[rance], NL [Holland], B[elgium], ES[pain]). Switzerland contributes housing and the secretariat. Luxembourg will give its decision at the next meeting.

Minutes from the MSF International Meeting, 10 April 1992 (in French).

Extract:
The Geneva Liaison Office and a possible MSF representative to the United Nations in New York will report to the International Office in Brussels.

MSF, as a movement, needed to harmonise various legal issues. Françoise Bouchet-Saultnier started working for MSF France on how international humanitarian law might support interventions in the field. In 1990, she produced a report on laws and customs of humanitarian action that was shared at the international level. In October 1991, she was hired by MSF International to implement a series of complementary studies to define a legal framework for MSF interventions, to be used by operational managers. A study on the right of humanitarian initiative was released in 1992.

In April 1992, the International Council decided to extend her contract for one year. She was asked to advise and train all the sections on international humanitarian law and wrote her first Handbook of Humanitarian Law that was published in January 1994. Françoise also provided legal advice on specific crisis and training for all operational sections.

However, while there was an agreement on the need for a lawyer working for the movement on issues of brand and sectional legal statutes, the International Council, in April 1993, rejected the idea of an international legal team dedicated to humanitarian law. These issues were to be dealt with by each section.

As for representation to the United Nations in New York City, Catherine Dumait-Harper started as a volunteer in the position in June 1993, for a one-year trial and was employed in September 1994.

MSF International budgets will look into this.

### Extract:

**C. Observer status at international institutions:** Alain and Robert explained the importance of obtaining this and the steps to obtain it. Some institutions are more important than others, but the International Council agreed to the idea. It was decided to ask for observer status with the UN Economic and Social Council. The procedure is lengthy with submission of a complete application by June 1992 for admission in June 1993. Alain suggested that these observer activities be overseen by the International Office [...] **F. Geneva liaison office:** Robert Müller reminded participants that the office is run by volunteer secretaries. He asked for an increase in its allowance. The committee that reviews MSF International budgets will look into this.

### Extract:

3. **UN liaison officer:** Catherine Harper will be liaison officer with the UN in New York. She has a long experience working with the UN as part of the EEC delegation. She will work for a year on a volunteer basis, reporting to Alain Destexhe and under the daily supervision of Chantal Firino Martell [Head of MSF USA office]

In April 1992, the International Council decided to extend her contract for one year. She was asked to advise and train all the sections on international humanitarian law and wrote her first *Handbook of Humanitarian Law* that was published in January 1994. Françoise also provided legal advice on specific crisis and training for all operational sections.

However, while there was an agreement on the need for a lawyer working for the movement on issues of brand and sectional legal statutes, the International Council, in April 1993, rejected the idea of an international legal team dedicated to humanitarian law. These issues were to be dealt with by each section.

As for representation to the United Nations in New York City, Catherine Dumait-Harper started as a volunteer in the position in June 1993, for a one-year trial and was employed in September 1994.

### Extract:

Catherine Harper: She has worked for a year as liaison officer to the UN in New York on a volunteer basis. She has developed contacts, kept us informed and organised events for the whole MSF movement. All sections and offices are pleased with her work. It was suggested that she be paid compensation. It was noted that Catherine reports to the international office but, she is supervised by the New York office on a daily basis. Josep suggested that the liaison offices’ requirements, such as priorities and objectives, be re-evaluated, and Robert agreed. After six years of liaison work and given the changing humanitarian and political circumstances, he would like his own job to be re-evaluated. The discussion addressed re-evaluations of international positions in general. Decision: The International Council approved the idea of re-evaluating these jobs.

### Notes

a) MSF-F’s basic idea would be to use the prize as a tool to promote humanitarian law.

Extract:
2. International Law: There is still much to discuss about this project. Everyone agreed that an international framework must, at the very least, protect the MSF name, harmonise the legal status of the Delegate Offices, and ensure coherence in contracts, for example with the EC.

The following was decided:

i) The project as presently defined will stop at the year’s end. In the meantime, Françoise Saulnier will work under the umbrella of the International Office (the status of the delegate offices, protection of the name MSF, consultancy on contracts, etc). The work under way concerning humanitarian law (eg. basic manual) must be completed. A budget of 15,000 Ecus for the International Office was agreed on.

ii) Sections wishing to use Françoise Saulnier’s consultancy or training services (other than for the status of the delegate offices) will have to pay for them.

iii) The IC will discuss what we expect from a ‘humanitarian law project’ on a long-term basis at another meeting.

In 1991, my contract was transferred to the International Office so that I could support and advise on the global public positioning of MSF. That year, I went to the former Yugoslavia with the international secretary general and the international communications manager to assist with the evacuation of patients from the besieged Vukovar hospital. These operations required negotiating with the various armed forces based on the rules of international humanitarian law concerning medical evacuations. MSF’s operational goal at the time was to obtain a presence on both sides of the conflict. This was a turning point for the organisation, and we had to learn how to do this. The principles of humanitarian law were used to create the notion of a humanitarian space, which did not exist in previous types of MSF operations in situations of conflict, where MSF used to work under the ‘protection’ of armed opposition groups and without agreement of the state party to the conflict. After the Vukovar experience, MSF decided that operations were the direct responsibility of the different sections and should not be carried out under MSF International authority or facilitation. In 1993, as the role of the International Office evolved into the coordination of different sections, I returned to MSF France because I wanted to be in direct contact with the management of MSF operations in conflict areas. I was still doing work for the International Office on international humanitarian law, MSF’s position towards mass crimes, and the militarisation and judicialisation of humanitarian action. I strongly believed in staying grounded in operations so that our public positions would continue to be based on the realities of our operational dilemmas, rather than on the national ideological and identity-based elements of the intellectual templates we used to analyse situations.

Françoise Bouchet-Saulnier, MSF Legal Advisor from 1991 (in French)

In 1992, the MSF International Office organised the ‘Populations in Danger’ Days and the production of the ‘MSF Report on the Populations in Danger.’ MSF France initially produced this publication, but the editorial team was progressively enlarged to authors from the whole movement. Up to 1996, one book was published every year and was used to sensitize the general public and political leaders on the fate of populations in danger and humanitarian principles.

Extract:
5. MSF Annual Report […] The international board says the annual report is essential both to bring attention to populations in distress and for the image of Médecins Sans Frontières. An editorial committee was established:

Editor-in-chief: François Jean
Writers: Réginald, Jacques de Milliano, and Rony Brauman
Editorial secretariat: Anne-Marie Huby

The goal of this editorial committee is to deliver a manuscript. One of the sections (either Belgium or the Netherlands) will handle production, revision, and so on. There is no specific budget; the project will be funded from the communications budget. The communications directors will handle the report’s publication and MSF International Day.

Extract:
7. Populations in Danger: After three years, we should assess the Populations in Danger Day, which is also the publication day of our annual report. The day should be used for bonding between sections and for clarifying our political positions. We want to emphasise that every year, the book provides us with a chance to stop and reflect. It is a powerful and intense experience that is not properly disseminated. Josep noted Spain’s particular enthusiasm. This annual document should reflect our political and humanitarian thinking based on the past year’s events. Above all, it should cover and reflect the international movement.
Three people played a central role, François Jean, Rony Brauman, and I. I think I suggested the annual report. Then François Jean spent a lot of time working on the content. Later, it became the Populations in Danger book. The first issue was published in French and English. Subsequent issues were in Italian, German, Dutch, and Japanese.

Populations in Danger was no longer just MSF France, MSF Belgium, and MSF Holland it was the MSF movement.

Dr Alain Destexhe, MSF International Secretary General 1991-1995 (in French)

A. SECOND GENERATION: MSF DELEGATE OFFICES

Despite two successive moratoria on the creation of new MSF associations established in February 1987 (two years) and on 15 November 1990 (three years) some moves towards new sections were still taken. Mostly MSF France and Holland moved to prepare the setup of new MSF offices, called ‘delegate offices’, in several countries within and outside Europe, as soon as the moratorium would be lifted. MSF Belgium rapidly joined the club while MSF Switzerland remained cautious for several years.

The primary objective of these ‘delegate offices’ was to raise funds, both private and institutional. However, the recruitment of human resources and the development of advocacy activities in some relevant countries were on the agenda. In a minority of countries, former field volunteers proactively endeavored to create their own MSF entities, with the support of one of the ‘historical’ associations.

All these steps were presented and discussed during international meetings. The distribution of new territories went quite smoothly, considering past conflicts between some of the associations. The rationale was based on initiative, when dividing territories. This process was driven by the executive and later, endorsed by the associative through boards and the International Council.

Minutes from the MSF International Council Meeting, 1 February 1991 (in French).

Extract:
3) Working group 3:
Subject: fund-raising

The working group met on 15 November 1990 in Brussels at Francis Charhon’s request. Also in attendance were Jacques de Milliano and Jean-Pierre Luxen. Aim: to analyse future international fund-raising policies other than current projects, and beyond EEC borders.

a) Summary of current projects:

a.1. MSF France - Fundraising in the United States: MSF France will open a fundraising office in New York to reach out to foundations and the private sector. It has already set up an office for recruiting doctors.

a.2. MSF Holland is fundraising in Canada, aiming for foundations, private and government funds, and recruitment. It is called Friends of MSF Holland.

a.3. Japan. This is first a French initiative, then will go to MSF Holland; these initiatives will be run jointly in March and April 1991, coordinated by MSF France.

a.4. MSF Belgium: fundraising in Norway, Sweden, Finland, and Italy by Stéphane Devaux (who is approaching foundations and government funds, but not yet doing any recruitment).

b) Suggested division of fundraising policy among the three sections that have already taken concrete steps in this direction.

- The United States will be a priority, with MSF France in charge
- MSF Holland will be in charge of Canada
- MSF Belgium will look at the Nordic countries and Italy
- MSF France is coordinating Japan

Leadership is to go to the section that has already started something in a country, although this doesn’t exclude the intervention of other sections if they work closely with the leadership. The leadership’s responsibility is to dynamise fundraising by ensuring that everyone knows about ongoing actions. How to centralise this information and future coordination will be discussed later. Before that, Jean-Pierre Luxen will report on the fundraising working group.
The process of starting up delegate offices was nothing like the sudden appearance of a handful of Belgian doctors who travelled with MSF France, and then started MSF Belgium. For instance, we didn’t go to Hong Kong because Hong Kong had doctors who were dying to work for MSF, so they could go on a mission. The fiercest arguments over fundraising took place in Brussels, because there was this Damocles sword hanging over us. Half our budget has to come from private funds. Belgium is a smaller country than France, with fewer inhabitants, and fundraising soon dried up. Almost every Belgian had given money to MSF. So to find new donors we had to look elsewhere. It was an executive process, not associative. The impetus was that we had to find money, not necessarily have more doctors or nurses from any particular country. We chose rich countries, or countries with an open-minded public opinion that might be favourable to MSF. Then we would start up a section, and collect funds and recruit. Recruitment meant we could start an associative project. But that came later.

Dr Eric Goemaere, MSF Belgium General Director, 1996-1998 (in French)

We had more or less divided up the countries, each section with its own countries. We got Denmark, Italy, Hong Kong, and Sweden. The French wanted the United States because they had contacts with the Rockefeller Foundation. They’d already launched Japan. I can’t remember about the Netherlands. The aim was really clear: to raise funds. We needed cash to maintain our independence. We set up the offices and the money raised went to the sponsoring sections.

Dr Jean-Pierre Luxen, MSF Belgium President 1984-1987, General Director 1988-1994 (in French)

They were all jumping on the bandwagon. The French went for the US, and the others were saying, ‘Wow, we’d better start moving!’ I saw it as a division of territory. It was also, ‘We’ll set up an office where we know people, people who’ve worked in the field.’ That’s very MSF — people who go back and forth to the field. I felt it was a bit more organic with the Belgians; it was more about the people. They seized opportunities in a very active way. It felt like a race against time.


Charhon took charge of a number of practical tasks that management wasn’t dealing with, and that I didn’t want to do or was incapable of doing, such as setting up offices in the United States and Japan. We divided offices among sections as we went along. It was thanks to Francis that the movement was launched. It wasn’t a done-deal to start off with.

Dr Rony Brauman, MSF France President 1982-1994 (in French)

MSF Holland said, ‘We’ll have the UK,’ but there was nothing there yet. It was the same with Scandinavia. MSF Belgium hadn’t developed anything when they said they’d look into it. Initially, the purpose was always the same: to raise funds. But then the International Board did its own sort of Yalta. There was no standoff, because back then the world was vast. MSF France had the United States, which was quite enough to be getting on with. MSF Belgium was mostly interested in obtaining public funding, and the Scandinavian countries seemed like good potential donors.

Dr Alain Destexhe, MSF International Secretary General 1991-1995 (in French)

They divided up the world according to MSF. It was blatant. For the Dutch it was to recruit, for the French to raise private funds and for the Belgians to raise institutional funds.


We’d started looking at the Channel Islands because there was money there. We can see them from the French coast, so they feel like home! We began initiating contacts, and there were some very interested people. That was when Brauman told us the Channel Islands belonged to the British!

Xavier Descarpentries, MSF France’s Director of Fundraising, 1990-2000 (in French)

At the end of the 1980s, in 1987-1988, we thought it would be a good idea to raise funds in other countries. The incentives were cash and communication. Francis

In April 1992, the International Council adopted a policy regarding what was called ‘representative offices.’ The International Council was in charge of the final decisions regarding office openings, which were managed by the founding associations. The founding associations acted by delegation of the International Council and would represent the whole movement.
Annex to the Minutes from the MSF International Council Meeting, April 1992 (in French).

**Extract:**

1. The decision to start a new section is the sole responsibility of the International Council. The International Council has no plan for starting up new operational sections. The number of operational centres must be equal to the number of sectors, in the name of our efficiency and coherence.
2. The International Council says MSF must increase its international reputation, diversify its fund-raising, and extend recruitment to volunteers of other nationalities. These volunteers need to fit into MSF, on the ground and at operational centres. With the International Council’s consent, they can, if needed, find a way or supporting MSF activities in their own country (communication and private fundraising).
3. The international offices represent the entire MSF movement. In practice, they are managed by a ‘parent section.’
4. The statutes of new offices, registered by the ‘parent section,’ are agreed with the International Office in Brussels. National sections act on the authority of the International section, ‘are agreed with the International Office in Brussels. With the International Council’s consent, they can, if needed, find a way or supporting MSF activities in their own country (communication and private fundraising).
5. Brussels’ International Office oversees coordination between offices, and guarantees ‘international harmonisation’ (for communication, fundraising, legal statutes, etc.).

### 1. MSF United States of America (1987)

In 1987, nine years after the failed attempt of 1978, MSF France jumpstarted steps to open an office in the USA. The main purpose of this new entity would be to raise private donor funds. There was no intent to create an association of volunteers. At that time, American doctors were perceived as more interested in making money than helping overseas populations in need. Therefore, the MSF France leaders did not expect to recruit many medical volunteers in this country.

**“We started thinking of the US and Canada, but only in fundraising terms, not as an association. Maybe at some point in the future, but we saw these countries more than a source of funds. The idea was to create a transparent system that wasn’t an association of doctors, but instead an offshoot of MSF France that would do the kind of fundraising through direct marketing we’d started in France. We thought that if we could do some promotion around the name, we’d raise more money over there than in France.”**

Dr Claude Malhuret, MSF France President 1978-1979, Management Team Member 1979-1985 (in French)

**“MSF France still had no international vision. When we saw what was happening with Belgium and the Netherlands, I thought we had to get moving and take some countries for ourselves. I went to open the United States, so that the Belgians and the Dutch wouldn’t get there before us. We weren’t going to let them muscle in! I had a bit of a fight with MSF France’s board of directors who didn’t think it was a good idea, and that there would be nothing to gain. But I felt it was important because we’d already been to America for congressional hearings.”**

Dr Francis Charhon, MSF France President 1980-1982, Management Team Member 1982-1992 (in French)

**“And there was money to be had. To get our hands on it we knew we’d have to recruit American doctors. Setting up MSF in the United States was very tough. It took years. The world of American NGOs is very corporatist, and they didn’t like the look of us. We were warned about the virulent nature of the USA in general and among doctors in particular, and how accidents could lead to lawsuits and issues arising from its very legalised social relations. We’d also been told that, unlike European doctors, American doctors were seen as ‘cash cows.’ There was very little medical prestige. Furthermore, many direct marketing fundraisers saturated the market.”**

Dr Rony Brauman, MSF France President 1982-1994 (in French)

Another reason to open an American MSF entity was to strengthen advocacy activities. In previous years, MSF missed advocacy opportunities towards the USA government and the UN regarding Afghanistan, for lack of a supporting structure in the USA.

**“I’d been disappointed with advocacy when I was Head of Mission in Afghanistan. I knew that people listened to MSF after my testimonies to the US Congress in 1985, and Center for Strategic and International Studies (CSIS) in 1986. These testimonies were given wide coverage in the US media, various governmental institutions, and lobbying groups in Washington wanted to get in touch. I felt there was potential, but we never used it. I knew the limits of our capacity to mobilise and inform decision-makers in Washington-DC, with our one-off visits that we didn’t capitalise on. After our teams were kidnapped in Somalia in 1987, with the involvement of Saudi Wahhabis, I met the US embassy in Pakistan and the Pakistani USAID [US Agency for International Development] representative to warn them of the danger of their objective alliances with jihadi groups in Afghanistan. I’d been disappointed by the lack of leverage within MSF in America. We needed that to challenge US support of Islamist…”**
extremist groups in Afghanistan and Pakistan. In Pakistan, I didn’t have access to anyone with real power, as the decision-makers were in Washington DC. I still felt this frustration after MSF USA was created, but I saw the pivotal and unique role it could have with agencies in Washington DC and the UN Security Council in New York.

Dr Juliette Fournot, MSF USA Board member 1989-2001 (in French)

The USA was New York, because of the United Nations, and Washington as the capital of the most powerful nation on earth. There were also the New York Times and the Washington Post. There was no internet back then, but their press had global reach.

Dr Rony Brauman, MSF France President 1982-1994 (in French)

In September 1987, Médecins Sans Frontières USA was incorporated as a not-for-profit organisation. The board was made up of three French directors. In November, the new entity was tentatively allowed to use the MSF name.

Certificate of Incorporation of Médecins Sans Frontières USA, Inc., under Section 402 of the Not-for-profit Corporation Law, 17 September 1987 (in English).

Extract:
4) The Purposes for which the Corporation is to be formed are:
   a) Bringing together without discrimination or exclusion all doctors and medical personnel who volunteer to come to the aid of populations in distress as a result of natural disasters, collective calamities, or situations of belligerence.
   b) Mobilizing all human and natural means available to bring said populations relief as soon as possible with appropriate efficiency, skill and commitment.
   c) Seeking out all available national and international assistance to allow its members to carry out their assignments in all parts of the world where they may be called to serve.

5) To accomplish the foregoing purposes, the Corporation shall have the following powers:
   • To solicit and receive from any lawful source, private or public, including without limitation any agency of government, federal, state or local, financial assistance, contributions, grants, donations, bequest and devises of any money or property of any kind of value.
   • To exercise such powers which now or may hereafter be conferred by law upon a corporation organized for the purposes hereinabove set forth, or necessary or incidental to the powers so conferred, or conducive to the attainment of the purposes of the Corporation, subject to such limitations as are or may be prescribed by law; provided, however that the corporation may not do any act which could cause the Corporation to lose its tax-exempt status.

Letter from MSF France Authorising the MSF United States of America Section, Currently being Formed, to Use the Name “MSF”, 19 November 1987 (in French).

Extract:
Médecins Sans Frontières International and MSF Europe registered its trademark on 17 December 1983 in Geneva. The United States of America section of the MSF association is being formed. The Médecins Sans Frontières association, which owns the name, authorises its United States section to use the MSF trademark. It may use the name temporarily, but must comply with monitoring requirements and any directive from the trademark owner. The association wishes to stress that the right to use the MSF trademark is provisional and can be revoked at any time. MSF France would then send a registered letter with receipt confirmation to the association-United States section. This decision would be irrevocable.

On 22 May 1988, the first General Assembly of the ‘USA section of the Association Médecins Sans Frontières’ was held in Paris. All the board members were French, members of the MSF France board, or executive team. There were no activities except for a few articles in the USA press.

Minutes from the Annual General Assembly, Médecins Sans Frontières Association USA, 22 May 1988 (in French).

Extract:
Convened by the office, the members of the section Médecins Sans Frontières Association USA met at their Annual General Assembly at the place stipulated by the articles of association. President Charhon chaired the Assembly. Also in attendance:
- Rony Brauman
- Guillaume Charpentier
- Denis de Kergolay

The president opened the discussion by noting that the one-year old MSF USA had not yet been very active. Articles about MSF, however, are appearing in the press, particularly about Afghanistan and Ethiopia. Rony Brauman, President of Médecins Sans Frontières, did a lecture tour in New York and spoke at Harvard University. He mentioned projects planned for the next year, particularly about communication: 1) Plans with the French Embassy for the 200th anniversary of the French Revolution. This will be the launch event.
2) A project with Burson-Marsteller: proposals are being considered. […]

**Approval of accounts:** Médecins Sans Frontières Association USA does not yet have enough resources. It is waiting for tax exemption status so it can start raising funds. So far, Médecins Sans Frontières France has covered expenditure for creating Médecins Sans Frontières Association United States. The US section will reimburse MSF France as soon as it can do so.

**In 1989, an assessment was conducted to investigate fundraising activities and the possibility of creating a foundation in the USA. The MSF France board debated the possible risks of investing in an entity that might become too independent both in terms of finance and general control.**

**Minutes** from the MSF France Board of Directors Meeting, 26 May 1989 (in French).

**Extract:**

This report looks at issues involved in setting up a Médecins Sans Frontières fundraising foundation in the United States. Do we want Médecins Sans Frontières to operate in the United States? If so, the time is now. If MSF starts a foundation, we have to take responsibility for it. The discussion highlighted different points of view. We need to explain this project to the other European sections. Why not do it together? Can the resulting benefits be shared with MSF Europe? A possible American board brought up concerns about loss of control. These included the Americanisation of the foundation, and embezzlement, which is apparently common in the United States and would reflect poorly on our image. Participants insisted that the American board will not be allowed to send out teams. Corinne said that Americans are fascinated by the idea of doctors (wealthy professionals in the US) trudging around without a salary. After graduating from medical school, American doctors are often so heavily in debt that they have no choice but to work to pay back their loans. In addition, the foundation’s statutes will not include anything about sending out doctors, and Americans are very legalistic.

[According to one view], Americans would like the money raised in the US to go towards work in the field, and not for running the organisation. Rony said that we cannot make such commitments. The money will be divided into parts, one of these for running costs. He said that we cannot accept such restrictive conditions. We do not know how to handle this. What’s the point of raising money we can’t use? There is also the issue of what to call the foundation. Should we keep Médecins Sans Frontières, which is meaningless to the Americans and can’t be translated into English? Corinne thought we might have to change the name. Some people suggested hiring a top legal expert to ensure control of the foundation. Rony says there’s no such thing as something being legally fool proof. With humanitarian aid, laws follow the facts. Humanitarian organisations are not easy to attack. What matters is finding a credible president, someone like Rockefeller. Such a president would bring with him all the legal aid we would need.

Xavier Descarpentries [fundraising manager] says fundraising can no longer be carried out in Europe, because of the sections’ autonomy. If the American section were to become independent, this would compromise Médecins Sans Frontières’ international development. A board with ninety-nine per cent American membership and an English name (that refers to Médecins Sans Frontières) would make it difficult for MSF to control the system. Some people were concerned that the sums of money raised in the United States might be a threat to headquarters and field projects. We are turning down money from the World Bank because we don’t want to become too large, and have to take on projects we wouldn’t be able to handle. We have been turning down EEC projects for the same reason. Why would we go for this kind of financing in the United States? We are going to start slowly in the United States, first by building our image for spontaneous donations that won’t represent large sums. So that French donors can’t attack MSF for using their money to raise funds in the United States, we will finance this project with French employer contributions.

**Conclusion:** the American foundation will contribute to Médecins Sans Frontières’ global momentum financially, but not at any cost. We plan to move ahead under certain conditions: these are our procedures adapted to US requests for transparency. Francis Charhon suggested a working group for the American project that would include board members, marketing and communications staff, and programme managers. He felt we didn’t yet need to send a team to the US. He asked that Corinne Servière continue with the preparatory work. Someone asked that a memo announcing the new foundation be sent to the field projects. Corinne’s proposed budget was not submitted to a vote, but will be discussed and presented at the next board meeting. The following was submitted to a vote from the board of directors:

1. To create a foundation in the United States for the purpose of supporting Médecins Sans Frontières France, and excluding activities in the field.

2. **Methods:**
   - Early allocation of the funds raised is not allowed;
   - Detailed reports on criteria chosen by the Americans;
   - Terms and conditions for using the funds must comply with MSF’s ethical standards and its flexible operating practices.

The funds for this project will be raised from the CEO [Chief Executive Officer] Advisory committee; if this doesn’t happen, everything will be discussed again at a later board meeting.

3. **The launch is on condition that a prominent American person of integrity accepts the presidency.** Only then will we set up a French branch of the foundation in the US.

Result of the vote: 12 votes for the foundation, one against. In the meantime, MSF France was in the process of creating a foundation in France, which was to be partly sponsored
by a committee composed of the chief executive officers of some of the biggest French companies, called the ‘CEO Advisory Committee.’ It later became the foundation’s ‘Strategic Orientation Committee.’ These CEOs were expected to support the development of MSF USA with both funds and networking capabilities.

Minutes from the MSF France Board of Directors Meeting, 23 September 1988 (in French).

Extract:
CEOs’ [Chief Executive Officers] Committee - Francis Charhon updated the board on the setting up of a CEO Advisory committee, which has been under way for about one year. The first meeting will take place in October, with a specific agenda.

Minutes from the MSF France Board of Directors Meeting, 28 April 1989 (in French)

Extract:
Médecins Sans Frontières Foundation
Estimated budget -This budget will be implemented only if the foundation is given tax exemption as a not-for-profit organisation.
Médecins Sans Frontières endowment
F 5,000,000
Employers committee endowment
F  200,000
Investment that will generate revenue for six months
F   175,000
F   375,000
This money will enable us to continue financing fundraising activities in the United States (F250,000), to give grants to Médecins Sans Frontières staff (F100,000), and to have a reserve of F25,000. The board of directors agreed to the budget.

We had just set up the CEO [Chief Executive Officer] advisory committee, which quickly became the ‘strategic orientation committee’ of the newly created MSF Foundation. ‘Strategic orientation committee – MSF Foundation’ had a much better ring to it than ‘CEO advisory committee!’ Half the committee were CEOs from companies on the Paris market indicator CAC 40. MSF already had a good reputation. The bosses had no complaints; they turned up. Francis had hired Sébastien de la Selle who worked for free, and then for peanuts. He had incredible contacts in Paris and New York. The Foundation’s board, which was put together by Sébastien and Francis, was the linchpin for the New York office.

Dr Rony Brauman, MSF France President 1982–1994 (in French)

Eventually MSF France learned that a foundation would not be necessary in the USA. Victoria Bjorklund, a specialised lawyer working pro-bono, modified the first bylaws of the organisation, which were hastily written and did not fully comply with American law. In September 1989, Bjorklund gave a series of recommendations that would allow MSF USA to raise fund in the USA, while abiding by the law.


Extract:
The detailed discussion we address in this report can be summed up by the following recommendations. First, we ask MSF USA to change its internal rules and statutes, so as to correct defects and inconsistencies in tax and company law in the statutes as they now stand. Second, we ask MSF USA to adapt its certificate of incorporation to those changes. Third we ask MSF USA to deal with registration formalities as soon as possible. Last, we ask MSF USA to set up and implement a schedule for the following decisions:
1. Selecting an American lawyer and accountant;
2. Contacting an American public relations consultant;
3. Naming a board of American directors and advisers;
4. Participation of American doctors in MSF USA activities;
5. A fundraising letter aimed at potential donors;
6. Identifying a group of donors;
7. Appointing a president or director;
8. Launching a fundraising campaign;
9. Evaluating MSF USA activities and fundraising efforts currently under way.

It was via the CEO advisory committee that MSF, and Francis who was behind it all, got the contact details of a lawyer, Maître Bordes. Thanks to his contacts in New York, Bordes gave us the name of someone who would work with MSF. She was a New York attorney with a huge, wealthy, and successful law firm, and she helped set up the legal structure for MSF USA. We immediately launched our plan of attack for fundraising. Everything was intertwined, because our official status was really important for fundraising.

Xavier Descarpentries, MSF France Director of Fundraising, 1990–2000 (in French)

Simpson Thatcher let me choose for pro bono, that would be free legal service, one international group and one New-York City poverty-fighting group. We happened to meet MSF right around the time I was about to make that decision. I looked at the MSF documents, and saw at once where they weren’t right. The problem was the following: US donors can claim the largest and most generous tax deduction for their charitable contributions anywhere in
the world. But, this contribution has to be to a US charity. The US charity can use all the money outside the US, but it has to have control and discretion over the money from its American donors. So it has to make the decisions on how those US donors’ contributions are deployed. But the structure the United States government requires is that a majority of the board be US citizens or residents, who are not employed by, or work for, any foreign organisation. And the problem was that MSF USA was going to be controlled by MSF France. This was rejected by the Internal Revenue Service (IRS). I re-submitted all the paperwork to the IRS, and we got a provisional ruling saying that we would be a public charity with full deductions for US donors.

Victoria Bjorklund, MSF USA Lawyer and Member of the Board of Directors, then of the Board of Advisors, from 1989 (in English).

Several American personalities needed to serve on the board of advisors, in order for MSF USA follow American law. However, for several years most of the other directors were people directly linked to MSF France and the USA president was, de facto, the president or the general director of MSF France. Based on their experience with MSF Belgium in the eighties, MSF France leaders worked to keep MSF USA under their control.


Extract:

a) United States: the New York office, which shares space with the Rockefeller Foundation, is run by Chantal Firino-Martell, with the help of some 20 volunteers.

- David Rockefeller was named Honorary President
- The current board of directors comprises:
  - Rony Brauman
  - Francis Charhon
  - The association’s lawyer [Victoria Bjorklund].

Rony Brauman suggested adding an American board member.

• The overall objectives remain the same:
  • Fundraising
  • Institutional liaison with foundations, government agencies, and the American media for communication purposes
  • Doctor recruitment

• Even though MSF France is behind the creation of the New York office, Rony repeated that it can also be used as a liaison between projects started by other sections (for example, a USAID subsidy for a project in Liberia developed by MSF Belgium).

When I explained this problem about not having independent Americans on the board, Rony, Francis, and Sebastian asked me to join the board. That’s how I became the first American volunteer. We hired Chantal Firino-Martell as our first Executive Director. She attended the meeting of the MSF France Board and was surprised to be asked to speak. They said, ‘What do you need?’ And she replied, ‘We could use some donated office space in New York.’ And someone contacted Rockefeller and Company that gave us space at 30 Rockefeller Plaza in David Rockefeller’s office. On the Board of Advisors, we had Richard Rockefeller, Robert Cawthorne of Rhône-Poulenc, Tom Berry of Rockefeller and Company, Bernard Maurel of Air France, and Jonas Salk, the inventor of a polio vaccine. On the board of Directors, we had Juliette Fournot, then David Servan-Schreiber, and then John McGill. Various people from MSF France were on the board, all then successive presidents, because they automatically had a seat.

Victoria Bjorklund, MSF USA Lawyer and Member of the Board of Directors, then of the Board of Advisors, from 1989 (in English)

There was some post-traumatic stress after the MSF Belgium experience. They were concerned that MSF USA would run with the money and the name, and set up yet another operational section. People wanted to keep control of MSF USA, and we wanted to keep it quite limited, not financially, but in its activities and room for manoeuvre. We kept the board of directors, and we planned to let in new members very progressively. According to the statutes, we had to co-opt a fixed number of board members, so as to stop an outside interest group from pirating it, which happens in the USA. At MSF France, they were looking for former MSF volunteers to constitute a board of directors with experience and people that were trusted so we could gain a foothold in the USA. I was the only one based in the USA. Then they found David Servan-Schreiber in their contact book. He was returning from a short mission in Kurdistan. So we put a small board together very fast.

Dr Juliette Fournot, MSF USA Board Member 1989–2001 (in French)

We assumed that, with the American tradition of philanthropy, it would literally explode and prosper at incredible speed and that we’d lose all control and be marginalised by the American giant. This was our Parisian take on the American dream. Juliette played a big role as soon as she moved there. She was in contact with France, she was French-speaking, spoke fluent English, had field experience and was a seasoned public speaker. She was a great asset for promoting MSF.

Dr Rony Brauman, MSF France President 1982–1994 (in French)
We all adopted the same method: we’d find someone we liked, well known, based in America and with legitimacy there, and we’d start a project with them. Médecins du Monde, Action Against Hunger, and MSF, we all did it. We had Juliette Fournot and her husband, who were both on the Board of Directors. Chantal Firno-Martell brought in David Servan-Schreiber, a French-speaking friend who was not a member of MSF. That’s basically how the board of directors evolved.

Joëlle Tanguy, MSF USA, General Director 1994-2001 (in French)

2. MSF Greece (1990)

From the early eighties, Sotiris Papaspyropoulos, a Greek medical student, was writing letters to MSF France, attending General Assemblies, and advocating for a MSF entity to be created in Greece, affiliated with MSF France. His requests remained unanswered. When he became a doctor, he became a member of the MSF France association. Then, he did a few missions for MSF France in Central America. Once back in Greece, he recruited Greek doctors for MSF missions and tried to publicise the organisation in the Greek media.

Letter from Sotiris Papaspyropoulos to Rony Brauman, MSF France President, 9 March 1987 (in French).

Extract:
Dear Sir,
You may remember me. I am a young Greek doctor and we met at MSF’s last General Assembly in April when Alain Dubos introduced us. […] I am in Paris now to prepare for my first mission with MSF after graduating from medical school in November. […] I would be very grateful if you would tell me of MSF’s plans concerning the important question about starting an office in Athens, when I return from Central America.


Extract:
A few recommendations: Greek society is increasingly ready to accept MSF as a fact of life. At the same time, a group of founding members is gradually coming together. The launch could be ready for next year. […] My own long-held view is that without help from Paris, we can’t do anything much. It’s a problem of organisation, advertising and funding. In addition, our currency is weak, which is not good for an independent organisation seeking to work abroad, but is an advantage for a humanitarian organisation with projects in the Third World because Greece is less expensive. To begin with and for quite some time, MSF Athens must not be an independent organisation (like MSF Belgium). It must be closely associated with Paris. It would have the status of a regional branch (like Marseilles). The aim will be to find office space, to advertise, and provide as much information as possible, with people still having to go through Paris if they want to go on fieldwork. […] We will gradually develop projects in Greece for the most disadvantaged (Turkish refugees, and mentally ill people on the Island of Leros). Here, too, Paris’ experience would be very helpful. MSF Athens will have to act as an MSF France representative in Greece for a period, which is hard to estimate, but it will be a most capable representative.

I first heard of MSF in 1979 when I was sixteen, studying at a French-Greek secondary school. On a study exchange in Nice, I happened to see a TV programme about MSF and the boat people with MSF’s address and telephone number at the bottom of the screen. I was already thinking of studying medicine, and that was when I decided to become a doctor without borders and to set up a Greek section. I wrote letters to the leaders of MSF France saying that I wanted to set up MSF in Greece. For two years nobody bothered to reply. In 1981, I started medical school in Athens. According to MSF’s statutes, medical students can be members of the association, so I applied. I got my first reply ever, the quarterly newsletter and a membership form. I started receiving MSF’s newsletters. In 1982, I was sent an
invitation to the annual general assembly in Paris. That very evening I went to see Rony Brauman, the newly elected president and I said, ‘I’m a first-year medical student, but I would like to go on mission with MSF and set up the Greek section of MSF.’ He said once they’d sorted out their problems with the Belgians and the Dutch, they might get round to thinking about Greece. From that day on, I attended all the general assemblies, including the Belgian and Dutch ones. Everyone said that if we were ever to create MSF Greece — but with no promises that it would ever happen — a number of conditions would have to be met. These included having a pool of Greek doctors, nurses, and logisticians who’d been on mission with MSF. We would need the support of the Greek medical community, and journalists writing a few articles on MSF. They wanted to be sure they could raise funds. They said if I really believed in it, I should go for it. After my medical studies, I spent nine months in El Salvador with MSF. When I came home I felt it was time to start putting some of those conditions together. So I began to speak on the radio, write articles, meet doctors and recommend them to other MSF sections. After two or three of those doctors went on missions, the press began writing articles about us and we were mentioned on the radio. All that without an official structure.


Around 1982-83, a young medical student called Sotiris Papaspyropoulos started regularly attending our annual general assemblies. He paid out of his pocket. Sotiris was adorable, spoke good French, took part in discussions and lapped up everything MSF said. He went on a mission to a region of the world we were particularly keen on — Central America — where there was extreme tension.29 He played an exceptionally positive role. He was really great on humanitarian and political positioning. He went on another mission, returned to Athens and wanted to set up MSF Greece. He taught me off guard as I was asking for a moratorium on setting up more sections. I told him I couldn’t at the same time talk of a moratorium and set up a section! Sotiris had enormous energy and drive. He invited doctor colleagues to join him, he set up an association called Friends of MSF, and he sent Greek candidates to the recruitment department. He touched us, and convinced us. I didn’t know what to say to him, and in the back of my mind I was thinking who am I to bugger about a guy with a determination like his?

Dr Rony Brauman, MSF France President 1982-1994 (in French)

In 1990, Sotiris Papaspyropoulos pleaded again for the creation of a MSF office in Athens. Sotiris and Odysseas Boudouris, a Greek MSF volunteer, used the recent creation of a Doctors of the World/Médecins du Monde (MDM) branch in Greece as an argument to create MSF. Boudouris was also a member of MDM’s board. The MSF France board decided to authorise the opening of the Greek office that would be under its tutelage. In June 1990, the International Council, still informal at the time, endorsed this proposal. MSF Greece would be an office only for communications and recruitment for the coming two years.

Minutes from the MSF France Board of Directors Meeting, 16 March 1990 (in French).

Extract:
Sotiris Papaspyropoulos, a Greek doctor who had worked for MSF in Honduras, suggested opening an MSF office in Athens; its initial role would be to provide information and recruit doctors. It would eventually become a section, depending on local response. He sent us a detailed document on the medical demography of Greece; the situation seems promising. Boudouris, a Greek surgeon, agrees to join an office in Greece. He tells us about the state of medicine in Greece, with its high medical demography. Furthermore, Greece has close relations with some African and Middle Eastern countries. Several participants asked for this issue to be addressed within MSF Europe. A discussion ensued on the directions this initiative could take. Rony points out that the guideline for such a situation was spelled out at the international meeting in Barcelona:
1) To create a pool of people with practical MSF experience;
2) To loan MSF’s name for a limited period on a contractual basis (each party is aware that such a contract has no legal basis, but is a moral commitment);
3) To establish a mentoring relationship (giving, when asked, advice on technical, political and ethical issues) between the new group and an existing section.
It would be a good idea to hold a meeting in Greece with Sotiris and his group, with MSF Europe and MSF France, provided MSF France would be Greece’s sponsor. The board of directors voted unanimously (13 votes for, 0 votes against, no abstentions) to create MSF Greece in accordance with the principles set forth at the International Council meeting in Barcelona, that is mentoring, a probationary period, and a core group of people working in the field.

Letter from Sotiris Papaspyropoulos to Rony Brauman, MSF France President, 22 April 1990 (in French).

Extract:
Dear Rony,
I am writing to you once again, hoping not to become a nuisance. After we met in November, I thought I needed to do more to disseminate information about Médecins Sans
Médecins sans Frontières in Greece. My aim was to move faster toward an official request by Greek doctors to create a Greek section of MSF, strictly affiliated with Paris, after nearly two years of my efforts in that direction. But there is another reason I have felt compelled to write – the creation of a Greek section of Médecins du Monde in Athens one month ago. This event has received a moderate amount of publicity, including a television interview and a few newspaper articles [...] The important thing, however, is that Greece [now] has a humanisation organisation ready not only to respond [to crises] but also to inspire Greek doctors and nurses to work in the field. It should be noted that no one on the committee that founded MDM has had experience working on Third World projects [...] As the only organisation in Greece officially representing this new sector, MDM should soon see positive results. For this reason, it is more urgent than ever that MSF establish a presence here. After a year, MDM will be firmly established in Greek society, and this will make it much more difficult to start up another organisation.


Extract:
My dear Sotiris,
I hereby confirm that our board of directors has agreed to open an office representing MSF France in Greece. The board entrusts you with the task of opening this office. As I said on the phone, the development of new national sections is subject to the approval of the MSF International Council, which is made up of presidents and directors of all six European sections. The council’s next meeting is on 8 June 1990 and we will discuss this issue then. As a reminder, the MSF International Council has adopted the following policy on new sections, which must:

• Have a group of people with practical field experience with MSF, which means sending volunteers on missions with existing sections;
• Draw up a contract about the use of the name ‘Médecins Sans Frontières’ for a two-year period.
• Establish a special relationship, a sort of ‘sponsorship’, between the new section and an existing section. In this case, MSF France would be the Greek section’s sponsor.
I will let you know the position of the International Council in the second week of June.

Minutes from the International Meeting of MSF Presidents and Directors, Brussels, 7 to 9 June 1990 (in French).

Extract:
MSF France office in Greece; contract with France for two years: recruitment office, operational power, sponsored by France. Decision: all sections agreed to the idea of moving toward a MSF Europe office in Greece.

In July 1990, MSF Greece was created as a non-profit ‘union’ since there was no specific statute for NGOs in Greek law. It was to be mentored by MSF France. In November 1990, the first General Assembly of MSF Greece took place at the Athens Medical School.

Letter from the lawyer of MSF Greece to the MSF France President, August 1990 (in French).

Extract:
Dear Mr President,
I have the honour of informing you about the setting up of Médecins Sans Frontières in Greece. At the request of Dr Papaspyropoulos, who is responsible for MSF’s establishment in Greece, I have been asked to handle the formalities related to the MSF Greece organisation and its establishment in our country in accordance with Greek law. As you probably know, Greece does not provide, or does not yet provide, any legal status for non-governmental organisations. As a result, our only solution was to establish MSF as a union (somatio in Greek). In Greek law, and this provision is very strict, a somatio has to include people who have come together for non-speculative purposes. Furthermore, and according to a special provision in the constitution, when a somatio is dissolved, its assets can be transferred to associations or organisations whose goals are the same or similar to those of a somatio. This would allow us to form an NGO, when and if Greek law allows. All the documents for the organisation’s
establishment in Greece are ready to be submitted to the Athens magistrate’s court. We hope that MSF Greece will be established by the end of October.

Minutes from the MSF Intersections Meeting, 11 and 12 October 1990 (in French).

Extract:
II. New Sections
A. MSF Greece […]

Proposals for MSF Greece:
1. Intervention by MSF Greece has been requested for 16 medical students who are going to do fieldwork;
2. MSF Greece will be supplying drugs, and more, to a hospital in Zambia;
3. Information from and cooperation with the other MSF sections;
4. MSF Greece would like to take part in MSF missions;
5. The mentoring idea needs to be clarified;
6. Consolidation of financial reports between MSF Greece and other sections.

Conclusion: The sections agree to MSF Greece remaining under MSF France’s sponsorship for the time being and that the issues addressed must be discussed with MSF France.

MSF Greece Monthly Newsletter, October-November 1990 (in French).

Extract:
On Sunday 18 November, the first Médecins Sans Frontières General Assembly took place in the amphitheatre of Athens’ Medical School. Only the organisation’s founding members attended this meeting, around 20 people. […] The MSF Greece action plan for the coming year focuses on three areas: 1) Recruitment, mission follow-up for the Greek solidarity mission. The top priority is Greek participation in existing missions. It is vital for Greece to follow up on these missions (gather all information) to learn from experience; 2) Donations-contributions; […] 3) Communications;

In Greece - Media coverage. Quarterly donors’ newsletter. With other MSF sections: Monthly newsletter. Use of publications from other sections. Participation in General Assembly and International Council meetings and MSF coordinator weeks.

3. MSF Canada (1991)

In the eighties, Médecins Sans Frontières had gained some media recognition in Québec, the French Speaking province of Canada. In 1986, MSF France created an organisation named ‘MSF Canada’ and registered the Médecins Sans Frontières trademark. All of the MSF Canada board members were either from the MSF France executive team or board. They remained inactive except for the annual General Assembly that took place in Paris.

Letter from Francis Charhon, Claude Diaz, Rony Brauman, Christiane Ghesquière, and Claude Malhuret, MSF France, to the Canadian Ministry of Consumer and Corporate Affairs, 8 May 1986 (in French).

Extract:
The undersigned hereby request that the Minister of Consumer and Corporate Affairs grant them, in patent letters pursuant to the provisions of Part II of the Canada Corporations Act, a chart constituting them, and other persons who may subsequently become members of the corporation, as a body corporate and politic under the name MÉDECINS SANS FRONTIÈRES […] Said Francis Charhon, Claude Diaz, Rony Brauman, Christiane Ghesquière, and Claude Malhuret will be the corporation first directors […] The corporation’s aims: 1) To bring together, with no discrimination or exclusion, all doctors and members of the medical corps, who will work on a volunteer basis, to aid populations in distress as a result of natural disasters, collective calamities, or situations of belligerence; 2) To mobilise all human and natural means available to bring relief to these populations as soon as possible with efficiency, skill and commitment; 3. To seek all national and international assistance to allow its members to carry out their missions anywhere in the world. The corporation’s activities can take place in Canada and elsewhere. Corporation headquarters will be in Montreal, Quebec Province. […] The corporation will conduct its activities without paying its members. All profits and other assets will be used to further its aims. Written in the City of Paris, France, on 8 May 1986.

Minutes from the MSF France Board of Directors Meeting, 18 September 1987 (in French).

Extract:
Project funding: A study is under way in Canada to establish an associative structure, a ‘Friends of MSF’. Collaborative projects may be considered. Francis will go to Canada to assess possibilities.


Extract:
The President instructed the assembly that it had to elect the members of the Board of Directors and proposed the following names: Francis Charhon, Rony Brauman, Claude Diaz, Denis de Kergorlay, Paul Fortin, and Christiane Ghesquière. He asked if there were other candidates. With no other names
In 1983, I saw this article about MSF in the New York Times. I started following them. There was very little information about MSF in North America. We knew something about them in Quebec, but it was really a complete unknown in the rest of North America and Canada. But the core ideals of MSF were very appealing to a young person who wanted to get out there and do something useful in the world. For my first field elective at medical school in April 1985, I worked in Kakamega in West Kenya with a Dutch surgeon. It was amazing, but I was in a hospital, a peaceful place, doing surgery and it wasn’t what I had dreamed of. While in neighbouring Uganda there was in civil war. Idi Amin had just been kicked out, and Obote and Museveni were fighting for control. So one day I went AWOL [Absent Without Official Leave] and travelled to the border. Things were so poor in Uganda that there was no one there. This was my borderless experience, sans frontières, and I walked into Uganda. I paused for a moment at a roadside café, and this truck came along with a Land Cruiser with the old flag of MSF, and guys and a woman jumped out. They were French speaking Belgians, and they were with MSF. They took me under their wing for the brief time I met them, and I was just blown away, because here were people who were doing incredibly serious work in a very remote part of Uganda and risking a lot to be there. And yet they were also young people having fun, and it seemed like the most amazing adventure. When I came home, I started telling everyone about Médecins Sans Frontières. People who heard about it for the first time thought it sounded crazy, asking: ‘why would you risk so much and what do you mean, you want go to war zones?’ But there were an awful lot of people who thought this was the neatest thing you could possibly do, and such an important thing in the world, because we were all watching what happened in Ethiopia with the famine on TV. At this point I was back at medical school, a problem-based medical school that allows the student to drive their own education and to decide what kind of physician they want to be. They said, ‘We want you to learn to take blood pressure properly, but you can also look at this stuff too.’

In 1989, Richard Heinzl, with his friends, nurse Marylin MacHargh, and lawyer James Lane, started to raise awareness about MSF in the Canadian media and to

Right away, I started a group called the International Global Health Committee and I graduated from medical school.

Dr Richard Heinzl, MSF Canada Co-founder, President 1989-1991 (in English)

Meanwhile, MSF Holland was starting to explore expansion into countries that could provide human resources they were lacking and funding that would guarantee their independence. In December 1988, Richard Heinzl contacted Jacques de Milliano, the General Director of MSF Holland, who was interested in new avenues for recruiting human resources for missions.

Jacques de Milliano had a very clear idea on how they were going to fund MSF Holland’s independence: publicly defend their strategy - the way they would explain it to themselves and the rest of the world. It was amazing. Fifteen years on, I’m just beginning to hear NGOs addressing such issues. It was truly visionary. I think it took a lot of courage to make such huge financial and political choices.


In 1989, Richard Heinzl was inspired by MSF while volunteering for a development NGO in Africa and decided to create a MSF entity in Canada.

In the early Eighties, Richard Heinzl, a young Canadian doctor from Toronto, was inspired by MSF while volunteering for a development NGO in Africa and decided to create a MSF entity in Canada.
organise meetings with potential volunteers who were interested in MSF.

We started building a team in 1989. The first person I talked to was Jim Lane, my lifelong friend from high school, and who at the time, was becoming a lawyer. He was very interested in international affairs, and he shaped some of my thinking on these issues. The next was Marilyn MacHargh; she and I worked at a hospital together and she wanted to travel and be involved in global health work. I pulled them together and we formed this early triangle of people who started MSF in Canada. We did everything outside our normal jobs in terms of raising awareness, making connections with Europe, getting ready to go overseas, and making it happen.

Dr Richard Heinzl, MSF Canada Co-founder, President 1989-1991 (in English)

I did some volunteer work in Singapore in 1984, and travelled in countries in Southeast Asia. I was struck by the poverty. I resolved that when I returned to Canada I would find a way of doing something that would have a larger impact, perhaps create an organisation or support an existing organisation in a meaningful way. Richard, at the same time, had seen MSF in the field in Africa, and he came back really enthusiastic. He suggested bringing MSF to Canada, and talked to Marilyn and me about it. We both said: ‘Let’s do it, let’s make it happen.’ The three of us would meet regularly and plan how to do it. That involved setting up an organisation that would attract volunteers, media attention, and we communicated with the existing MSF sections in Europe.

The first office was not really an office, but we gave out the phone number from where I was working as an articled student [legal apprentice]. And we just tried to reach out and connect with people who were interested. Richard and I did some speaking, some media interviews. We were very unsophisticated and amateurish; looking back I thought, ‘Oh boy, we didn’t know what we were doing. We were just going on enthusiasm.’ But, more recently I have taken the more positive view that it was the expression of the MSF associative spirit. We said, this is something we think should be done and we are going to do it, and if people say no you can’t do, we are going to do it anyway.

James Lane, MSF Canada Co-founder, President 1989-1992 (in English)

Richard Heinzl and I had dinner. He was talking about the principles and the values of MSF, and I was immediately pulled in. I said, ‘Well, I would imagine that nursing is a strong element in these settings,’ and he smiled and said, ‘Yes, do you know anyone who could help me?’ and I said: ‘Yes, me!’ That’s how it began. At that point, a few people had discovered MSF and gone out, mostly from Quebec with the French. But when Richard decided to try, he started recruiting people, mostly friends, to get involved in the project of bringing MSF to Canada. At first we were just trying to generate a momentum, and it was all just talking to friends. Richard got a few radio spots and he was on TV a couple of times, talking about MSF. We didn’t have an office at the beginning; we just moved around, church basements, people’s living rooms, and things like that, but, bit by bit we gained momentum. We knew we had something when we recruited somebody we didn’t know!

Marilyn Mac Hargh, MSF Canada Co-founder (in English)

In order to create MSF Canada and use the name Médecins Sans Frontières, the Canadians had to negotiate with MSF France, who owned the trademark in Canada and refused to issue a license. MSF France was still opposed to creating a new section in Canada. Instead, the Canadians turned to Jacques de Miliano and MSF Holland, who took them under their wing. The first step was to create ‘MSF Holland Associates in Canada,’ a Canadian organisation that allowed the group to develop some activities without the brand.

‘Associates of MSF Holland in Canada,’ Update 24 January 1990 (in English) (edited).

Extract:
The group Associates of MSF Holland in Canada has been working for the past year to inform doctors, nurses and others about MSF. There has been significant interest from health practitioners. More than one hundred people were contributing to the growth of MSF in Canada. In June, Richard Heinzl and Bill Graham were in Europe to create links with MSF. There was some press coverage and fundraising; and Canadians will be leaving shortly to work abroad.

[...] The Associates of MSF Holland hope to eventually launch MSF Canada. MSF Canada will meet the MSF mission objective and be fully approved by Europe. It will operate in a co-operative fashion and will grow in a way that will allow it to become strong both nationally in Canada, and internationally in the developed and developing worlds. Recently, other MSF organisations have recognised the Associates of MSF Holland. A tentative agreement has been reached for Canadians to proceed, and we would like to name the organisation, Associates of MSF Canada.
Minutes from the MSF International Meeting, 18 April 1991 (in French)

Extract:

b) Canada: the Toronto office is moving forward slowly. Its name: The Friends of MSF Holland.
- Recruitment: Six people are on training and others have been sent to the field.
- International fund-raising: two projects under way: Jordan and South Sudan.
- Good relations with the media.
- The office is fully funded and managed by MSF Holland.

FYI – Jacques de Milliano notes that the three-year moratorium on this office began in June 1990. When it expires, formal candidacy must be submitted to the International Board.

In 1990, I went over to Holland, and Jacques was able to teach me how to do this properly and what can happen. We found out through a legal search that the name MSF Canada was already owned by the French, by a company that wasn’t active in Canada, but that had franchised the name, and by a couple of other people and some Canadian lawyers. It was there simply to hold on to the name and not let somebody like us get it. So I hopped on a plane to Paris to convince everyone that Canada was an ideal country for MSF: we are French and English, we have a long track record of being active internationally in the global humanitarian sense, and more importantly younger people in Canada are looking for something just like this.

I had waited until the end of the day to see Francis Charhon. He won’t remember this story but it changed my life. He was smoking a cigar, white hair, moustache, and he stopped me in the middle of my big speech and said: “There is not going to be an MSF in Canada, it’s not going to happen.” But at the end of the meeting, he leaned over, winked, and said: “If you have a will there is a way.”

I called up Jacques de Milliano and said: “They don’t really want to back us.” He said: “So keep it quiet, don’t announce anything, and come and see me.” And I went up to Amsterdam and we hatched a plan to work very closely with Holland. We had to keep it quiet, but Jacques and others knew that Canada had a great resource of nurses and doctors and great money. Over my next visits to Holland, and Jacques came to Canada times, we had meetings with 50 or 100 people up because there was so much interest in it. We called ourselves “the Associates of MSF Holland in Canada”. A terrible name, but it was legally accurate because we were under the Dutch and they were watching us.

Dr Richard Heinzl, MSF Canada - Co-founder, President 1989-1991 (in English)

Eventually MSF France relented. The MSF Canada organisation gradually included Canadian board members and in November 1991, Doctors Without Borders Canada/ Médecins Sans Frontières Canada became a registered user of the trademark.

Register User, application for a non-related company, to the Registrar of Trade Marks, Quebec, 25 November 1991 (in English).

Extract:

The undersigned, Médecins sans Frontières, the registered owner of the following trade marks: […]

2. The relationship between the said registered owner of the said trademarks and the proposed registered user and any conditions or restrictions with respect to the permitted user are as follows:
   (a) The registered owner of the said trademarks authorises the proposed registered user to use the said trademarks in relation to its business activities, so long as use by the proposed registered user is in accordance with the standards and specifications approved by the registered owner from time to time;
   (b) The proposed registered user undertakes to use said trademarks in strict accordance with the standards and specifications supplied by the registered owner from time to time, and to use the said trademarks only in relation to the services for which each of the respective said trademarks is registered;

Minutes from the MSF Holland Board of Directors Meeting, 10 December 1991 (in Dutch).

Extract:

MSF Canada is officially registered as a Canadian (association) organisation (with tax number etc) as of 1 January 1992 and is independent for its fund-raising and partial spending. The board of MSF Canada is composed of Alfred Page, Jacques de Milliano and Annedien Plantenga. The office is managed by Jos Nolle and a Canadian office manager. […]

We would have liked the whole of North America. But the problems we had with setting up MSF USA took up a lot of energy. We had to keep the impetus going, make appearances, keep things fired up and meet many people. I don’t see how we could have dealt with Canada as well. Canada was a different ball game, even if they are geographically close. I don’t think we could have managed it.

Dr Rony Brauman, MSF France - President 1982-1994 (in French)
Jacques was keen on seeing MSF in Canada. He had the relationship with MSF France to be able to negotiate some space for us, and it was understood that we would be under Dutch supervision and we were not initially allowed the use of the name. We were the Associates of MSF Holland in Canada. That allowed us to use the MSF name without the French being in a position to object.

There was already an MSF Canada corporation controlled by the French but gradually its officers and directors started to bring in Canadian representatives. Eventually, that corporation became the MSF Canada organisation, the charitable corporation recognised by the Canada Revenue Agency for tax purposes, so that we could issue donation receipts. This was very important at that early stage in terms of legal structure. We weren’t terribly concerned about legal formalities, but that one was crucially important.

James Lane, MSF Canada - Co-founder, President 1989-1992 (in English)

We were relatively few because the Netherlands is quite a small country. But we had the Canadians. There we could get started fast, we could have done it. We started off with Richard and his friends in Toronto.

Dr Jacques de Milliano, MSF Holland - Co-founder, President 1984-1985, then 1996-1997, General Director 1985-1996 (in French)

It took some time for the idea to trickle down. There was some frustration at MSF Canada because they couldn’t have full responsibility or participate much in strategic projects. At the international level, it became clear that we wouldn’t be opening more operational centres, and that delegate offices would be integrated within the strategies of the operational sections they depended on.

Annedien Plantenga, MSF Holland - Coordinator of Delegate Offices 1990-1993 (in French)

At the same time, Jos Nolle, a former MSF Holland coordinator in Mozambique moved to Toronto and became MSF Canada office head. The MSF Canada founders’ objective was to rapidly set up an independent and operational entity, and they did not like how this head was imposed on them by MSF Holland.

Jos Nolle, who’d worked with MSF Belgium and MSF Holland in Mozambique, was about to marry a Canadian and live for a while in Canada. It was the opportunity to set up the office the Canadians wanted. I supervised from Amsterdam, but Jos was on the spot, and he found and organised the office. I used to go over twice a year to sort out legal things. At the time, the MSF movement didn’t have a clear idea about what the office was actually going to do.

I think the Canadians hoped for a while that they’d become an operational MSF office with more responsibilities, whereas for us at MSF Holland it was an office for recruiting human resources and raising funds. That was very clear. We weren’t authoritarian, so we didn’t say right off, “You can forget it. You’re never going to be an operational centre”.

James Lane, MSF Canada - Co-founder, President 1989-1992 (in English)

MSF Canada created antennas in various Canadian provinces. In 1992, following a misunderstanding between the MSF Canada team in Toronto and some representatives in Montréal, those in Québec asked that a MSF Québec be created as a branch of MSF France, however, MSF France refused. Eventually, MSF Canada dismissed the Montréal team leaders from their responsibilities as MSF Canada representatives in Québec, and rebuilt the Montréal office team from scratch.

Marilyn Mac Hargh, MSF Canada - Co-founder (in English)
Letter from Jos Nolle, MSF Canada administrator to Alain Destexhe, MSF International Secretary General, copies to Bernard Pecoul and Jacques de Milliano, MSF France and MSF Holland General Directors, 6 March 1992 (in English) (edited).

Extract:
We all agreed that with our limited budget [...] we couldn’t yet afford to do our promotional material in English and in French. After a long discussion, Pierre appeared to be satisfied with our promise to work on French material as soon as we had raised additional funds in Canada (maybe in the second half of 1992). But, back in Montreal, he obviously lost patience, and tried to get his way by contacting Bernard [Pecoul, General Director MSF France] to ask for a separate budget from Paris or Brussels for the activities in Quebec. In his fax, he wrote that MSF Canada wasn’t respecting the “demands” from Quebec. I hope it is clear that this wasn’t the situation. This action by Pierre and Vincent felt like a slap in the face. Coming from Europe, I am completely unbiased about the Canada/Quebec debate. All I am trying to do is to manage on a limited budget. Although you recommended in your letter that we sit together with Pierre and Vincent, I didn’t feel like it. So I asked Jim Lane to send them a letter asking them to stop representing MSF Canada in Quebec. Jim is MSF Canada’s vice president and coordinator of Canadian volunteers. This letter should come from him with my agreement as president.

I have recently been to Montreal (February 19 and 20). Although I urged Pierre and Vincent to meet me, they wouldn’t. I had to conclude that they had announced that MSF was not active anymore in Quebec. I corrected this immediately, and am in the process of getting a new team of volunteers in Montreal. For the time being however, our activities there will be low key. I sent a letter thanking Pierre and Vincent for their efforts. [...]
By his own admission, he saw this manoeuvre as a way to sow discord as the international MSF movement begins to take shape. In doing so, you are serving neither subversion nor irredentism – both dear to MSF – but discord and conflict. I regret to inform you that we, the French section of MSF – named as “sponsors” – separate ourselves entirely from your initiative. We cannot support this undertaking and ask that you withdraw it. I do not wish to address here the underlying problem that you raise. […]

Minutes from the MSF France Board of Directors Meeting, 19 October 1990 (in French).

Extract:

Japan

Francis has just attended an NGO meeting in Osaka. This trip was more productive than the previous ones. He made many contacts, particularly with businesses and foundations, which should be followed up. MSF received extensive coverage in the press. He would like the Board of Directors to decide whether to follow up these contacts. He would also like to be sure that this would not be in conflict with any steps other sections might have taken (MSF Holland is scheduled to go there in December). He pointed out that he always introduces the organisation as MSF, not MSF France. After a brief discussion, it was agreed not to hold a vote on the matter. It is still in an exploratory phase and there are no decisions to be made yet. If there were question of opening a Japanese office, this would be a European initiative. A meeting with Francis and the International Board has been scheduled on the question.

Minutes from the MSF International Meeting, 1 February 1991 (in French).

Extract:

3) Working group 3

Subject: Fund-raising

a.3. Japan: the initiative came from MSF France, later joined by MSF Holland; they will be pursued jointly in the coming months (March and April 1991), and will be coordinated by MSF France. […]

b) Proposal for fund-raising: (by the three sections that had already taken concrete steps in this area) […]

- Canada to work with MSF Holland
- Japan, coordinated by MSF France.

Rob Boom [MSF Holland President] and I went to Japan to open a section and to raise funds. It was an exploratory mission. We had invitations from Keidanren [Japan Business Federation] and embassies, which gave us access. That’s not easy to obtain in Japan. The mission paid off. But MSF France was also there, so we decided, “OK, we’ll leave Canada to the Dutch, and Japan to the French!” At MSF Holland we felt that launching an office in Japan would be a long drawn-out process, whereas recruitment was actually more important than funds.

Dr Jacques de Milliano, MSF Holland - Co-founder, President 1984-1985, then 1996-1997, General Director 1985-1996 (in French)

I may well have registered it. I never met any Canadians. It was a paperwork thing. We had to register to avoid having too many sections. But that didn’t work. We wanted to prevent MSF Holland from becoming too dominant.

Dr Xavier Emmanuelli, MSF France - Honorary President May 1988 - May 1995 (in French)

4. MSF Japan (1992)

In the early 90ies, Japan’s economy was flourishing. Having an office in this country was perceived as a very good opportunity to raise funds. Both MSF Holland and MSF France started to explore the possibilities of setting up a branch office in Tokyo.

Xavier Descarpentries, MSF France - Director of Fund Raising, 1990-2000 (in French)

Emmanuelli went to Canada, I don't know what for. They'd invited him, rolled out the red carpet and they tricked him. While he was there, he announced that MSF France had opened the office but that the people in Quebec saw themselves as independent. Somebody had registered the name. I don’t think it could have been Emmanuelli because he wouldn’t have known how to do it. It was more likely his Quebec contacts. The board of MSF France did bring it up, but they thought it was no big deal and they had a laugh. When I asked him, “But why did you go there?” he replied, “Listen, I didn’t think I’d get tricked like that”.

Xavier Descarpentries, MSF France - Director of Fund Raising, 1990-2000 (in French)

Paris had no control over Xavier Emmanuelli who’d gone to Quebec and said, “Quebec belongs to France” and then registered the MSF name over there. I don’t think Xavier was even a member of the board of directors at that point. He was honorary chairman and he did it off his own bat, without telling us.

Dr Bernard Pécoul, MSF France - General Director 1991-1997 (in French)

I was in Ottawa and I knew some of the Quebec people. I may not have seen Xavier, but both of them are quite good friends. People can’t help it. They do it despite the legal system. We have an ambiguity in Canada. We can’t be incorporated in Canada and we can’t be in any other country in France. Emmanuelli went to Canada, I don't know what for. They'd invited him, rolled out the red carpet and they tricked him. While he was there, he announced that MSF France had opened the office but that the people in Quebec saw themselves as independent. Somebody had registered the name. I don’t think it could have been Emmanuelli because he wouldn’t have known how to do it. It was more likely his Quebec contacts. The board of MSF France did bring it up, but they thought it was no big deal and they had a laugh. When I asked him, “But why did you go there?” he replied, “Listen, I didn’t think I’d get tricked like that”.

Dr Bernard Pécoul, MSF France - General Director 1991-1997 (in French)

I may well have registered it. I never met any Canadians. It was a paperwork thing. We had to register to avoid having too many sections. But that didn’t work. We wanted to prevent MSF Holland from becoming too dominant.

Dr Xavier Emmanuelli, MSF France - Honorary President May 1988 - May 1995 (in French)

Dr Xavier Emmanuelli - Honorary President May 1988 - May 1995 (in French)

Dr Xavier Emmanuelli, MSF France - Honorary President May 1988 - May 1995 (in French)

4. MSF Japan (1992)

In the early 90ies, Japan’s economy was flourishing. Having an office in this country was perceived as a very good opportunity to raise funds. Both MSF Holland and MSF France started to explore the possibilities of setting up a branch office in Tokyo.

Episode I - The Birth of a Movement: MSF from 1971-2000


By his own admission, he saw this manoeuvre as a way to sow discord as the international MSF movement begins to take shape. In doing so, you are serving neither subversion nor irredentism – both dear to MSF – but discord and conflict. I regret to inform you that we, the French section of MSF – named as “sponsors” – separate ourselves entirely from your initiative. We cannot support this undertaking and ask that you withdraw it. I do not wish to address here the underlying problem that you raise. […]

Minutes from the MSF France Board of Directors Meeting, 19 October 1990 (in French).

Extract:

Japan

Francis has just attended an NGO meeting in Osaka. This trip was more productive than the previous ones. He made many contacts, particularly with businesses and foundations, which should be followed up. MSF received extensive coverage in the press. He would like the Board of Directors to decide whether to follow up these contacts. He would also like to be sure that this would not be in conflict with any steps other sections might have taken (MSF Holland is scheduled to go there in December). He pointed out that he always introduces the organisation as MSF, not MSF France. After a brief discussion, it was agreed not to hold a vote on the matter. It is still in an exploratory phase and there are no decisions to be made yet. If there were question of opening a Japanese office, this would be a European initiative. A meeting with Francis and the International Board has been scheduled on the question.

Minutes from the MSF International Meeting, 1 February 1991 (in French).

Extract:

3) Working group 3

Subject: Fund-raising

a.3. Japan: the initiative came from MSF France, later joined by MSF Holland; they will be pursued jointly in the coming months (March and April 1991), and will be coordinated by MSF France. […]

b) Proposal for fund-raising: (by the three sections that had already taken concrete steps in this area) […]

- Canada to work with MSF Holland
- Japan, coordinated by MSF France.

Rob Boom [MSF Holland President] and I went to Japan to open a section and to raise funds. It was an exploratory mission. We had invitations from Keidanren [Japan Business Federation] and embassies, which gave us access. That’s not easy to obtain in Japan. The mission paid off. But MSF France was also there, so we decided, “OK, we’ll leave Canada to the Dutch, and Japan to the French!” At MSF Holland we felt that launching an office in Japan would be a long drawn-out process, whereas recruitment was actually more important than funds.

Dr Jacques de Milliano, MSF Holland - Co-founder, President 1984-1985, then 1996-1997, General Director 1985-1996 (in French)

I may well have registered it. I never met any Canadians. It was a paperwork thing. We had to register to avoid having too many sections. But that didn’t work. We wanted to prevent MSF Holland from becoming too dominant.

Dr Xavier Emmanuelli, MSF France - Honorary President May 1988 - May 1995 (in French)

Japan was very much like Europe, a natural area for expansion. Back then, it was the super power for
sustained growth and a phenomenally fast-growing economy. The 1980s and 1990s were the Sony and Toyota years. Japan was a new model, the leader of the Asian Tigers poised to swallow up Hollywood and Europe. Charhon, always the entrepreneur, convinced us we to look at Japan because there was money to be had there. I didn’t really get it, but I had nothing against it. I don’t think I underestimated Japan’s nationalistic side because I know the country’s history. That said, these were very general arguments I didn’t feel I had to oppose. I was sceptical but I’d been equally sceptical of other ventures that had turned out very well. And I didn’t view my scepticism as an argument. So, having no other arguments, I left them get on with it.

Dr Rony Brauman, MSF France - President 1982-1994
(in French)

I was often told that fund-raising wouldn’t work in Japan because the Japanese don’t donate. My answer was, “The Japanese don’t give because nobody asks them to. If we ask them, maybe they will. If they don’t, that’s their problem, not mine.” I’d been told that Catholics give because they’re Catholic, and that Buddhists don’t, which isn’t true. Buddhists have their own way of giving. We may not end up in the same paradise, but we get some return in the end.

Dominique Leguillier, MSF Japan - Co-founder, President and Executive Director 1992-2003 (in French)

From 1990, Francis Charhon, one of the MSF France leaders went regularly to Japan to develop a network. His first contacts in Japan were provided by the MSF France Foundation’s ‘Committee of CEOs’ members, whose companies had branches in Japan.

Minutes from the MSF France Board of Directors Meeting, 15 November 1991 (in French).

Extract:
Francis reported on his last trip to Japan. Relationships there are highly personal. An office can’t be opened until it has an Honorary Committee. It’s only then that we can count on a commitment from the manufacturing industry, which is very difficult to penetrate. Toshiba and Toyota may be willing to fund projects if they focus primarily on Asia. The MSF idea is spreading and has been well received by the media. A trip is scheduled for February 1992. The Honorary Committee could be created this year, with the opening of an office to follow.

In 1992, Dominique Leguillier, a MSF France fundraising department member, took over the establishment of MSF Japan. On 15 November 1992, he opened a small office in Tokyo.

As for MSF USA, the MSF France leaders were keen to take all safeguarding measures to avoid a takeover by the Japanese.

Minutes from the MSF France Board of Directors Meeting, March 1992 (in French).

Extract:
Francis’s trip to Japan [Charhon]
Dominique Leguillier will take over from Francis in building the presence in Japan. A meeting was held with key figures that could serve on the Honorary Committee. Francis recommends that the membership of this Committee be international to avoid exclusively Japanese control. Based on progress so far, an office should be opened by the end of the year. We are looking for free space. The statutes of the MSF association are nearly ready. In future, we recommend that this association be turned into a foundation, which is more open and would thus avoid a Japanese takeover.


Extract:
It’s done - Médecins Sans Frontières is starting up in Japan.

30. Louis Vuitton Moët Hennessy – A French luxury goods conglomerate.
No red carpet, it’s straight to the factory, and the underground, the crowds, Tokyo, an enormous city of 30 million people, and a first comment: the 124 million Japanese are not wildly interested in the internationally known association, MSF. People know us, of course. First of all, the 200-300 people Francis Charhon has met since 1990, and those I met on visits in March and June 1992. They include journalists, ambassadors, NGOs, travellers, francophones and francophiles. People associated with the ministries and philanthropic experts know us, yes, and they even like us. But what about the others, the public at large, the average citizen, the local reporter, the company director, the small or large employer? Do they know MSF? They don’t, never heard of it.
And yet... [...]

During these first years, Dominique Leguillier conducted painstaking work to develop MSF recognition in the Japanese society by building a network of supporters through social events and media presence. The Vice-President of the National Association of Japanese Physicians was assigned the role of Honorary President of MSF Japan.

“New to humanitarian action, the Japanese are in the grip of MSF fever” Philippe Pons, Le Monde (France), 1 September 1994 (in French).

Extract:
Despite Japan’s poor reputation in the humanitarian field, Médecins Sans Frontières (MSF) will be setting up a regional office in Tokyo in 1992. From year one, revenues exceeded expenses (one million francs) and then they sent their first doctor into the field. Over the first six months, after the national channel NHK, the private network Asahi dedicated two prime-time programmes to the association. Not to be left behind, the written press published some 150 articles in 12 months. In Nagoya, Kyoto and soon Hokkaido, non-profit associations are springing up. The success of the aid sector can be attributed to changing attitudes. Back from Sri Lanka after six months in a refugee camp, Dr Tomoko Kanto confirmed as much: ‘At first I was pessimistic and cynical, but in the end the experience restored my faith in humanity.’ Like Dr Kanto, many Japanese are taking an interest in humanitarian aid. ‘Today, the Japanese seem more open to a universalist message,’ says Dominique Leguillier, director of MSF Japan. Indeed, the response from the parent of the young volunteer killed last year in Cambodia is symptomatic. Despite the opposition of some to Japan’s participation in United Nation peacekeeping operations, the young man’s father said he was ‘proud of [his] son’ and announced he was going to take up the cause. As the country opens up to global realities, the younger generation — often as uninterested in politics as everywhere else — is wanting to give something back and re-establish allegiances. Japanese society is aspiring to a renewed, traditionally rich, associative life. Indeed, the volunteers’ network comprises some six thousand ‘citizen movements’ that were powerful in the 1970s when civil society mobilised in significant numbers to oppose environmental pollution. Voluntary contributions to humanitarian aid have been collected by direct debit from postal accounts (the biggest savings account in Japan contains $14,000). As a result, non-governmental organisations (NGOs) have increased their budgets two- and fourfold in some cases. In a year or two’s time, tax incentives for humanitarian aid may be introduced. For MSF, which in Japan is made up of a core team of 60 people from diverse backgrounds, most of its funds are collected from the public. Companies (about a dozen) are also helping it grow, and may contribute to setting up an MSF Foundation. One of the obstacles in MSF’s way is the Japanese medical education system, which tends to consider doctors who take time off for several months as ‘deserters’ who will have lost any chance of advancement on their return. ‘The appointment of the Vice President of Japan’s Order of Doctors as honorary president of MSF Japan sends a message to doctors and nurses that things can change,’ explains Dominique Leguillier.

At the time the Japanese had absolutely no idea of what MSF could be. It all went incredibly fast. A week after I arrived, François Jean came to speak at a press conference on ‘Populations in Danger’, the book he’d written for MSF. Held at the foreign journalists’ club in Tokyo, the conference was attended by around fifty journalists and immediately led to interview requests from lots of Japanese media networks.

A team from NHK, the leading Japanese TV network, filmed me over ten days and their report was shown in January 1993. In fact, they made a report out of a non-story, that of Médecins Sans Frontières in Japan. Over the following 18 months, I gave roughly five interviews a week to TV networks and newspapers. I accepted all offers, except for one or two from members of extreme splinter groups or sects I really didn’t want to get involved with. This ambiguity regarding MSF lasted years. I gave press conferences about non-stories, people who’d gone on mission but who hadn’t come back so there was nothing they could say. So we’d talk about Rwanda. We’ve never actually been there but we can tell you what other MSF sections have said. It worked and besides, I had no choice.

Dominique Leguillier, MSF Japan - Co-founder, President and Executive Director 1992-2003 (in French)

On 15 November 1994, after two years of probation imposed by the law, MSF Japan earned the status of non-profit organisation. Then Dominique Leguillier worked to create a foundation, which he believed could help MSF obtain stronger recognition in Japan. He
managed to obtain funding from some of the biggest Japanese companies. However, in 2002 the Japanese law on recognized public-interest association was enacted and MSF Japan was immediately granted this status. Therefore, the project of creating a foundation was abandoned.

In 1992, Japan didn’t yet have laws governing associations, but it was understood that after two years it would be accorded official recognition by a prefecture. So, on 15 November 1994, exactly two years after setting up the Tokyo office, the Tokyo prefecture recognised us as a non-profit organisation. In 1995, after the sarin gas attack in the Tokyo underground by members of a sect, the Japanese government started looking into a law to provide a framework for associations.

This is when the law recognising associations’ public utility originated, although it wasn’t enacted until 2002. It stipulated that an association had to be 10 years old before it could be granted donor tax-exemption status. MSF had notched up the 10 years and was therefore in the first wave of five or six associations to be recognised of public utility. The Japanese don’t donate for tax exemption purposes. They simply donate. But any association that wants to be viewed as serious and reliable must have public utility status. This gave MSF moral recognition, which was very important.

Meanwhile, while waiting for the law to be enacted and enforced, I thought a foundation would be a good way of enhancing our reputation. So I visited 55 of the largest Japanese companies to ask them each for one million yen. It worked. Toshiba, Mitsubishi, Bank of Japan — they all paid up. And then the law governing associations was passed and I no longer needed the foundation.

Dominique Leguillier, MSF Japan - Co-founder, President and Executive Director 1992-2003 (in French)

MSF France did not want to invest as much financial resources to develop the fund-raising in Japan as they did in the USA. Therefore, it was through the construction of a dense associative network that MSF recognition in the Japanese society was progressively implemented to prepare the field for fund-raising.

I considered it was really important to set up an association. I wanted Médecins Sans Frontières Japan to be both international and Japanese. Japan has a form of citizenship that works quite efficiently. People take on responsibilities. It’s a way of life. There are many associations. After school, children take part in activities at sporting associations, even on Saturdays and Sundays.

So, as soon as I arrived, I set up a support committee, a sort of committee of wise people that included the Belgian ambassador and CEOs of various companies. I’d bring these directors together every three months or so, either at an embassy or the office. I’d tell them what we’d been doing, they’d say nothing at all, but that is the way you set up networks.

To really give MSF its place in Japanese society we had to...
recruit volunteers. But Paris didn’t send them on missions because many of them had very poor English, and some none at all, and they didn’t think the same way as European volunteers. In the end, I went to Paris for three days to tell the president, Philippe Biberson: “If you want to destroy the association I’m setting up, keep going. If that’s not what you want, let some Japanese volunteers work in the field. I don’t care about quotas, but we need five or six volunteers at least to go mission. MSF Japan can’t exist if there are no Japanese volunteers in the field. It doesn’t make sense. Things changed little by little.”

Dominique Leguillier, MSF Japan - Co-founder, President and Executive Director 1992-2003 (in French)

Dominique was completely loyal to Paris. “Paris says what must be done and I do it.” So we developed quite amusing and really interesting things, because that’s what Japan wanted, because the resources we had were theirs. It wasn’t the same as in the US. Whereas in the US we’d adopted a large-scale and highly professional strategy, in Japan we set up the simplest and most human associative office possible.

The people working there were fairly atypical and unconventional Japanese, who had an interest in the outside world. Two or three young French eccentrics living in Japan for different reasons also joined the team. Via the associative system, we created quite quickly some robust support from major Japanese players, like the vice-president of Toshiba, a French lawyer who’d been working in the country for a very long time and proved very helpful in setting up MSF, and Philippe Pons, correspondent for French daily newspaper Le Monde.

Xavier Descarpentries, MSF France - Director of Fund Raising, 1990-2000 (in French)

Dominique also succeeded in establishing an incredible support network of highly committed Japanese people.

Even though it was totally counter to Japanese culture, they understood why MSF Japan had to be a non-governmental organisation. It was very risky but we managed to find atypical Japanese people who helped us to find the way in we needed.

Dr Philippe Biberson, MSF France - President 1994-2000 (in French)

For years, the association was run by the French president and founder, who served as the director of the office along with the kind and continuous vigilance of the Japanese board members.

Nobody ever said: “It’s an association, it’s in Japan, the leadership has to be Japanese.” In Japan, there’s so much respect for founders that if anyone steps out of line and tries to challenge that person, well, it just doesn’t happen. It’s virtually impossible.

But it wasn’t a dictatorship. It was a real association! I was close to all the members of the board and the association I’d set up over the years and they supported me. In Japan, somebody has to be leader and they’re not challenged so long as there are no mistakes. There’s no room for error or and you can’t insult anyone. If I’d gone against their way of thinking, I’d be dead. So I never took a decision without being sure it was going to be accepted. When I wasn’t sure, I’d get advice from a third party. “If I do this, will it be accepted?”

Dominique Leguillier, MSF Japan - Co-founder, President and Executive Director 1992-2003 (in French)

5. MSF Sweden (1992)

In 1989, Johan and Susanne von Schreeb, a young French-speaking Swedish couple studying tropical medicine in Paris, contacted MSF France, and went to Afghanistan for six months, to volunteer as medical doctors.

In 1985/86 I saw an article about the French doctors in Afghanistan in one of the Swedish newspapers. I felt that this was really being a doctor. In autumn of 1988, Susanne (my wife) and I were studying tropical medicine in Paris. We still had two years of work to get our licence to practice. In Sweden, we had tried to find an organisation to go abroad to work with. But, at the time, either they had a very strong political agenda, close to these African movements for the liberation of Mozambique, Angola, so you would go there, [and] work with the leftist parties, or you do missionary work, because there’s a long Swedish tradition of missionary doctors. And then, [there was] SIDA, the Swedish Aid Authority, but they didn’t want anybody as inexperienced as us. At the time we wanted to be doctors, we didn’t want to do politics.

Then we went to the MSF France office for one of those briefings on MSF. Here people thought just like us: they wanted to change the world, but to be doctors. The political left/right aspect was not in the driver’s seat, neither was religion. There was really this humanitarian spirit of ‘doing it.’ I knew basic surgery and Susanne knew basic obstetrics, so she could do C-sections. They said: ‘We need a surgeon in Afghanistan.’ I said: ‘I’m not a surgeon really.’ ‘It doesn’t matter, we need somebody to go there.’ The whole spirit in that rue Saint Sabin31 was very special. Then we went back to Sweden for Christmas, just to pack our bags. We met with a Swedish journalist who had just done the same journey from Pakistan through Afghanistan to Iran. We got to read his manuscript

for his new book. It seemed so dangerous, and our family was saying: ‘What are you going to do? Afghanistan is dangerous.’ We started getting nervous and when we came back to the office in Paris, we asked: ‘Where is the insurance? The MSF people just looked at us and said: ‘Well, you decide. You haven’t signed any contract, if you don’t want to go, you are free to go home.’ They added: ‘We haven’t heard anything about the project for many months, we don’t know where they are, but we know they need a new team to come.’ Finally we said: ‘Let’s at least try.’ We flew to Pakistan from where the whole convoy left for Afghanistan on 15 February 1989, the same day that the Russians were leaving. Everybody was evacuating and we were going inside the country! It was a tough mission, where we were stuck for 6 months. Then we got out and it took us a few years to recover from that!

Dr Johan von Schreeb, MSF Sweden - President 1993-2000 (in English)

In 1992, having completed his internship, Johan began discussions with MSF regarding the creation of a MSF entity in Sweden. He attended a conference organised by Hans Rosling, a well-known specialist in public health and public supporter of MSF. Georges Dallemagne, one of the MSF Belgium’s managers, made a presentation at the conference. There, he met two other French speaking Swedish doctors, who were very interested in the setup of a MSF entity in Sweden; such organisations did not exist.

In 1991, MSF Belgium reviewed the opportunities to access institutional and private funds in Scandinavian countries, as well as the establishment of offices.


Extract:
C. Nordic countries (Norway, Sweden, Finland) Italy
• Stéphane Devaux wrote two reports about the public funds he raised and the contacts he developed with foundations (these reports are freely available).

‘Report on the Visit to Denmark, Sweden, and Finland,’ Stéphane Devaux to the Directors of MSF Belgium, the MSF International General Secretary, and the Managers of the MSF Holland Delegate Offices, September 1991 (in French).

Extract:
Direct marketing
This is clearly something that should be looked at seriously as the Nordic countries are the most generous in terms of private contributions. However, we must take certain precautions. First, we should never embark on a campaign without already having a presence, even if it’s just a representation office (for legal, tax, and psychological reasons) and after becoming known and accepted both by other NGOs and the general public. A market study should then be conducted.

MSF offices
Opening MSF offices in these four [three] countries could be an attractive undertaking in the medium term (six months, one year). It was, and is still, important to first gain the confidence of funders, our colleagues, and other NGOs so that we don’t marginalise ourselves from the outset by provoking others and leading them to reject us. Next, it’s not easy to find someone, overnight, with the right skills and background to effectively develop the public relations, fundraising, hiring, and lobbying activities in MSF’s name. We should not rush that.

Resources and objectives
Following these meetings, as well as the prior ones, I am convinced that we should focus our message on our competence in emergency situations, operational capacity, experience, and expertise in this area.

Dr Johan von Schreeb,
MSF Sweden President 1993-2000 (in English)
In 1992, the Swedish doctors registered MSF as a Swedish NGO. An office was created in Stockholm and Göran Svedin, a former Amnesty International director, was hired as a manager/administrator/odd job man. Only afterwards was MSF France informed, and in turn, informed MSF Belgium. Under the MSF international agreements, MSF Belgium was responsible for ‘monitoring’ Nordic countries. However, Ulrike von Pilar, the newly recruited officer-in-charge of MSF Belgium’s delegate offices, managed to negotiate an agreement, once she discovered that the spirit of the Swedish founders was associative, aimed at gathering Swedish volunteers for MSF missions.

Minutes from the MSF International Council Meeting, 26 June 1992 (in French).

Extract:
Sweden office: Proposal from a doctor to open a Médecins Sans Frontières office in Sweden in accordance with International Board rules, that is, profile, fundraising, and recruitment. No opposition in principle, but to be reviewed. MSF B will follow up […]

We registered MSF Sweden as a Swedish NGO in 1992, though it was officially founded in 1993, before we had any clearance, and they were really upset. We owned the name because they had not protected the name here. They sent somebody immediately from Brussels. We said: ‘We want this to happen now.’ There was a lot of fighting. We knew what we wanted and we were quick. And then they understood that we were not like Hell’s Angels wanting to hijack, but that we had some ideas. There was an associative spirit at least, based a lot on our experience from Afghanistan. We wanted a vehicle for Swedish nurses and doctors to go to the field and then also, of course, to do some advocacy and speak out about the situation. The fundraising, we were not so interested in.

Dr Johan von Schreeb, MSF Sweden - President 1993-2000 (in English)

In September 1993, an Amnesty colleague told me some doctors in Sweden were about to launch something called Médecins Sans Frontières. All I knew was that it was an organisation that went into the field to treat people. Back then Sweden had only development agencies and missionaries, which I viewed with some suspicion. MSF was looking for someone to open the Swedish office. During the interview I already had a good feeling. When you’ve worked for Amnesty International, you know, for example, what speaking out is about. I was taken on by Johan, Anna, and Stefan - three young doctors. Johan was the only one who had experience working with MSF in Afghanistan. I was handy to have around. I could repair a photocopier, draft statutes, and hold my own in discussions. They hired me, but they’d forgotten to check with Brussels to ask if they could launch MSF. They’d already set up MSF in Sweden, without getting permission. I had to go to Brussels to get approval from Jean-Pierre Luxen (the General Director).

Göran Svedin, MSF Sweden General Director 1993-1997 (in French)

A fax arrived from Paris. ‘Here’s a letter from a group of Swedish doctors who’ve just set up MSF Sweden. They told us politely, but Sweden’s your responsibility so you need to respond and tell them it’s not OK.’ The reality was three Swedish doctors had already set up MSF Sweden. I wrote to them, ‘Great, but that’s not the way it works. It’s up to MSF, but we’re ready to meet you to discuss the terms.’ I met the three doctors, Stefan, Anna, and Johan von Schreeb, in Stockholm and we spent months negotiating. They were passionate about MSF. All three spoke French, which is rare. In Sweden, only the French-speaking doctors knew anything about MSF. A year later, Johan, by then President of MSF Sweden, went with MSF to Bosnia. He called me. ‘This is a bit scary. I think I’m the first Swedish doctor since the time of Napoleon to go to a war zone!’


The MSF Sweden team was keen to develop public advocacy and recruit volunteers, while MSF Belgium was interested in fundraising. All these activities consolidated rapidly, thanks to synchronised efforts of both teams.

The first fundraising operation was based on Anna’s speaking out about her mission in Liberia, where a civil war was raging. She was one of the founders of MSF Sweden. Her account was presented to a group of employees at a former plant of a Swedish firm in Liberia, who were keen to help people in Liberia. They became the first donors of MSF Sweden.

Minutes from the MSF Sweden/MSF Belgium Meeting, 24 August 1993 (in English).

Extract:
Résumé of the discussion
1. The objectives of MSF Belgium concerning MSF Sweden are the same as the ones drawn up by the support committee (except the order of importance of these aims. For MSF B the most important is the fundraising and for the support committee the most important is the recruitment, at least with regards to presentation of the objectives […]
4. Formally Göran is employed by MSF Sweden but as long as the office is finance by MSF Belgium, no major decisions
will be taken without the agreement of MSF B. During the first six months, Anne Simon is the MSF B representative.

5. Anne and the support committee think that Göran should first participate at the October training before leaving. For the first steps, it is felt that it is important for him to work together with Anne. [...] 

7. The support committee will participate in carrying out practical tasks and in developing MSF presence in Sweden. The members of the committee will have to discuss how to organise that work. [...] 

REMEMBER: WE WILL REPRESENT INTERNATIONAL MSF, NOT ONLY THE BELGIAN PART OF IT.

I fitted out a small office. Brussels sent someone over to help us get going. But she gave up quite quickly, saying, ‘They don’t need me.’ We were all super-motivated and MSF Belgium gave us a great deal of independence. They had decided, somewhat audaciously, to invest in the long term and allocated us a fairly big budget at a time when they didn’t have a penny to their name. Fledgling NGOs don’t get that kind of support in Sweden. Our objective was to recruit and raise funds. Anna, one of the founders, went to Liberia. Thousands of Swedes had worked for a Swedish company in the metal industry in the Liberian town, Nimba. They had close ties with the country. We found lists of their names, contacted them, and told them our colleague was there. ‘You were in Liberia during the good years, and now the country is in a state of civil war. Perhaps you’d like to make a gesture.’ Our first fundraising initiative, and we got 300 to 400 donors. To recruit, we used medical publications, and it became apparent there were people out there just waiting for MSF because we received a wave of applications. We collected the CVs and called Brussels to ask them to send up a recruiter to interview. We learned as we went along.

Göran Svedin, MSF Sweden General Director 1993-1997 (in French)

For the founders of MSF Sweden, public advocacy/speaking out was definitely a key activity to support the actions of the organisation. In 1994, MSF was accused in the media of leaving the Rwandan refugee camps in Zaire in order for its staff to return home for Christmas. A press officer was recruited and the president reacted publicly. MSF quickly became a whistleblower regarding humanitarian issues in the Swedish public debate. This stance successfully increased fundraising. Most of the funds were allocated to Brussels for operations rather than the development of MSF Sweden.

In April 1994, there was the genocide in Rwanda. We engaged a press secretary and she was definitely effective. Göran and I wrote an article in a Swedish newspaper. Then MSF was being accused of leaving the Goma camps, going home for Christmas.32 It was the Lutheran Presbyterian Church aid that attacked us, because they were feeling threatened. We got so upset! We had to at least define responsibilities. So we said the Church was actually part of the genocide. There was a lot of debate on the television, I had to go and speak there. And suddenly from being nothing, we were actually becoming some sort of important actor in Sweden. And with that type of approach, of being the muckraker, the pain, we entered the scene - not like a traditional Swedish charity. So, people sent a lot of money to the new organisation. We said that we were not interested in the money. It’s more to attract human resources and ensure that people can go to the field and work. We gave the money to Brussels. They were interested in fundraising to spend the money on operations.

Dr Johan von Schreeb, MSF Sweden President 1993-2000 (in English)

Speaking out was pivotal for Johan. We hired Lovisa Stannow who’d been press secretary for Amnesty. She was excellent. Johan went down really well with the media as a spokesperson. We quickly became the ‘enfants terribles’ of the world of Swedish NGOs and development, and we liked it.

Göran Svedin, MSF Sweden General Director 1993-1997 (in French)

Though MSF Sweden was created by a group motivated by an associative spirit, it took some time to set up adequate statutes for the association. While Swedish associations are generally open, MSF Belgium, like MSF France with the USA association, was anxious to avoid any possible hijacking by a political or activist group. Therefore, some criteria for admission to membership were imposed. Some leaders of MSF’s oldest sections were also appointed to the board, which helped to acculturate the Swedish to MSF’s spirit and customs. Similar to most of the MSF entities in their first years, the executive and the associative members worked closely together and the board was the place where most of the executive decisions were taken.

Minutes from the MSF Sweden/MSF Belgium Meeting, 24 August 1993 (in English).

Extract:

6. The most important thing to do right now is to establish the legal statutes in accordance with Swedish law, Swedish

NGO culture, and MSF tradition. We think it would be very helpful to invite Françoise Saulnier [...]  

10. Long discussion on open or limited membership. Although open membership seems to be the normal way of organising the things in Sweden, the task of MSF, its tradition, etc., will be of more importance for the time being and therefore, we agreed on a limitation of the membership. As there are several advantages with the open membership (democracy, public relation, fundraising…) in Sweden, a decision on limited membership has to be explained in a way that suits the Swedish society. The final decision will be made only after consultation of legal advisors (Swedish and MSF) […] The composition of the board of directors will depend on the future decision on the membership.

**Report** from Board Meeting of the Swedish Branch of Médecins Sans Frontières/Läkare Utan Gränser/MSF Sweden, 17 March, 1994 (in English) (edited).

**Extract:**

Johan von Schreeb is elected President of MSF Sweden, Stefan Peterson Treasurer, and Anna Vejlens Secretary. The elected functionaries will act as the executive committee (arbetsutskott) until next General Assembly.

**§3. Division of responsibilities**

Decision: The executive committee is responsible for day-to-day decisions and policies within the framework of the budget, plan of action, and general policies of MSF International. Executive committee decisions are carried out by the executive office. Issues of major policy and strategic importance have to be decided by the full board, that is decisions on, for instance plan and budget, major publicity campaigns, and formalised cooperation with governmental or inter-governmental bodies.

**§4. Right to speak on behalf of MSF Sweden**

Decision: Johan von Schreeb is the official spokesperson of MSF Sweden with the right to delegate this function […]

**Statutes of MSF Sweden**

The board is going through the statutes as amended by the Extra General Assembly 21 December 1993 and a general discussion on membership policy is taking place. Although Swedish NGOs have a strong tradition of being popular movements with an open membership, and that open membership is strongly linked to the goodwill of public opinion, MSF Sweden will adhere to the established membership policy of MSF. It is considered crucial, particularly in the first developing phase, to have members with experience from the field for keeping MSF S an action oriented organisation with a strong field perspective. In order to gain public support it is important to recruit support-members as defined in the statutes §3.

**Minutes** from the MSF Belgium Board of Directors Meeting, 5 July 1995 (in French).

**Extract:**

Sweden: The opportunity to have a well-established Swedish president - this position in Sweden involves replacing Xavier Emmanuelli, but the goal is to find someone from MSF France (Rony Brauman or J.L. Nahel). Board meetings every three months.

**“When we first founded it on paper, it was a Swedish NGO called Läkare Utan Gränsen. Brussels of course, wanted to be part of it. We always wanted to have a good selection of people. The first board was Xavier Emmanuelli [MSF France Honorary President], then Éric Goemaere [MSF Belgium General Director], then us three, so the five of us. That was very interesting, to have Xavier. He came once or twice, really talking about what MSF is, giving a historical dimension to MSF. Sweden has a very strong tradition of associative life. The huge discussion we had at the beginning was: ‘Is this going to be associative or not?’ And we really insisted that this is what it should be, but not in the Swedish sense that anybody could become a member. There had to be some membership criteria. And, of course, there is always this fear of the ‘mother’ sections of losing power. We had some very good general assemblies and everybody knew everybody at the start. At the beginning in that first year there were maybe four or five recruits, next year ten, the following year another ten.”**

Dr Johan von Schreeb, MSF Sweden - President 1993-2000 (in English)

**“The Swedes said, ‘We’re willing to negotiate, we understand. But there’s something that’s quite unacceptable in Sweden. You can’t set up a closed association. MSF’s legitimacy must be based on the fact that it’s a real civil society organisation that has members and is I understood their position completely and we spent months drawing together the statutes, which to some extent became a model for the associations that came later. In reality, we set up an association with membership criteria, which meant that people had to have worked for MSF for six months or a year – I don’t remember exactly – like the operational sections. The members elected the board of directors, but with one condition. At least two had to be MSF International members. It was usually the General Director of MSF Belgium and somebody else. That’s how Xavier Emmanuelli from MSF France came to be on MSF Sweden’s first board of directors. All decisions or modifications to the way the organisation functioned had to be voted unanimously, which meant that in effect each member had a right of veto on major decisions. This was to safeguard against any operational aspirations the section might have. It was acceptable to the Swedes and to the government, who had to ensure that the status of the new organisation complied with the law. We signed our statutes. MSF Sweden now belonged to the MSF family, with two international members on its board of directors. This marked the extending of the MSF association beyond the first ‘big’ sections.”**

Ulrike von Pilar, MSF Belgium Delegate Offices Coordinator 1991-1997 (in French)
6. MSF Italy (1993)

In 1991, with the same intent as for the Nordic countries, Stéphane Devaux was tasked by MSF Belgium to explore fundraising and recruiting possibilities in Italy. At the same time, MSF Belgium and MSF France fought for access to Mogadishu, the capital of Somalia, where a civil war broke out. As Italy was the former colonial power, and could therefore have some influence on Somalia, MSF sought recognition in the Italian media. A press conference was organised in Rome with the help of Sergio Solomonoff, an Italian press officer, who also helped the team meet Italian officials. He accompanied Stéphane Devaux on his exploratory tour of various Italian regions for an eventual MSF setup.

‘Trip with Three Objectives: Italy’ Memo from MSF Belgium, June 1991 (in French).

Extract:
- Extend our network of contacts
- Help boost MSF’s profile
- Improve our knowledge of the Italian associative landscape to open new avenues to support our initial objectives and assessments
- Fundraising
- Human resources
- MSF’s image

This trip gave us an opportunity to reassess our objectives after three months of our satellite (one person working part time (one-third time) who serves as our intermediary for these three objectives). Visit: Italy isn’t only Rome so we went to Milan and Bologna to meet heads of medical NGOs interested in MSF, managers of regional political bodies, journalists, and social-cooperative movement managers.

First report
- Confirmed that the Italian humanitarian scene is specific to the country (politicalisation, manipulation and co-optation, high dependence on public authorities).
- No emergency structures in place. High demand for our experience (gov. and NGO).
- Sergio Solomonoff helped establish a very extensive network (NGOs, regional and governmental authorities, journalists). This approach is very important to sway distrustful colleagues.
- Excellent preparation and penetration work [...]

9. Practical aspects
Money no doubt, but not right away. We’re going to have to show imagination and vigilance. But a section will inevitably be set up in two to three years. We are therefore responsible for the legacy we are leaving them. Human resources most definitely, if we invest a bit of energy. So, it is important to maintain a presence and develop activities that aren’t immediately revenue generating [...]

Our presence will no doubt have to be extended (at the moment, one third of the time with a monthly budget of 2,500 USD and a fax machine, but no office or any other equipment). We can carry on like this from September to December, then expand the team (one more person), find premises, and make a more definite schedule of activities. Basic principle: self-funding, as much as we can, i.e. don’t do absolutely anything to find money but keep this requirement firmly in mind. With the objective of strengthening and developing the network already in place, register statutes so we have access to operations and greater recognition (reconcile the absence of programme management with programme sponsorship). We will also have to conduct a market study to identify marketing opportunities in Italy more clearly [...]

We also have to improve our capacity to quickly provide Sergio with fresh info on our operations. Italians, especially the media, are, of course, very interested in us. An excellent way to become better known. Radio stations, especially, are looking for eyewitness accounts from our people. Radio is very popular in Italy.
Given Somalia’s history with Italy, MSF wanted to hold this press conference in Rome. Alain Destexhe looked for someone in Rome and found Sergio Solomonoff, an international communications expert with knowledge of Africa. His background was more on the communications side than the humanitarian aid side. They did their press conference with him and he stayed on. He had a tiny office in his bedroom, which became MSF’s first office in Italy.

Sergio Solomonoff was tasked to create a MSF office in Rome under the sponsorship of MSF Belgium, which was endorsed by the International Council. It became rapidly clear that Italy, being such a huge European market, was ripe for both communication and advocacy on the Somalia issue as well as fundraising.

The great thing about MSF was there was still a lot of room for initiative. I went to Italy where we’d found someone who knew about MSF. We told him, ‘Here’s a budget to rent an office and for expenses.’ We did it on the back of an envelope. We put money into it with no idea of what it would bring. We could have got it completely wrong, not have the right person, etc. But it was a total success. MSF Belgium struck lucky with Italy. It was the country that brought the most.

Dr Jean-Pierre Luxen, MSF Belgium President 1984-1987, General Director 1988-1994 (in French)

In March 1993, MSF Italy was registered as an association. This was essentially motivated by the necessity to reach the Italian society and strengthen MSF’s visibility to increase fundraising.

MSF Belgium’s main interest in Italy was fundraising and it worked incredibly well. I was MSF Belgium’s fundraising star. MSF Italy’s marketing division was the best, but the Belgians were constantly looking down on us and there was still some distrust. MSF Italy couldn’t move an inch without asking permission from Brussels. It was they who asked us to form an association for tax purposes and our institutional relationship with other organisations and the state. This was necessary to facilitate our integration, as the opinion was a board of directors would establish a bridge with Italian society. As director I had a more operational and less formal relationship, and so a president – a doctor or someone with field experience – was needed. We therefore set up an Italian board of directors with an Italian president, Italian board members, and representatives from MSF Belgium.

Sergio Solomonoff, MSF Italy Head of Office 1991-1997 (in French)

MSF Italy was established in stages. But we realised very quickly it was a good fit. The Italians had a real passion for MSF. Whatever NGO we went to see, including direct competitors, they’d say, ‘OK, go for it!’ This was the exploratory phase and in theory, everything was possible. We met everyone. We were given a royal welcome wherever we went, including the Vatican. It didn’t take long
to see this was a country where we could recruit doctors, enhance MSF’s reputation, and mobilise institutional and/or private funding. We got down to drafting the statutes (which have probably changed thousands of times since) in French. Then I went to the Italian consulate in Brussels to find a sworn translator and registered them with a solicitor in Italy.

Stéphane Devaux, MSF Belgium Coordinator of Institutional Fundraising September 1990 - April 1992 then 1993, for MSF International April 1992 - January 1993 (in French)

7. MSF United Kingdom (1993)

In 1991, MSF Holland organised an assessment mission to the United Kingdom, focusing on recruitment, the media, and fundraising. Gabriela Breebaart, a former MSF Holland volunteer, was appointed as the representative of MSF in London and created a tiny office. It was from here that she started to develop a network of professional medical institutions, representatives of specific government departments, and parliament. Anne-Marie Huby, the International Office Press Officer came regularly to London to organise some MSF visibility in the UK-based international media. She started working closely with the small London team while targeting the British media.

For MSF Holland, it was about access to talent, there weren’t enough experienced doctors in the Netherlands, and to the echo chamber that the UK media represented. Nowadays the power of the press is online, but back then it was all about the BBC. I was working for the International Office, but managing relations with the international press just from Brussels wasn’t very effective. So, I was often in London, getting to know what journalists needed and giving them ideas. When I needed it, they would pass on information. I was able to call them because they knew me. I was building a network.

For MSF Holland, it was about access to talent, there weren’t enough experienced doctors in the Netherlands, and to the echo chamber that the UK media represented. Nowadays the power of the press is online, but back then it was all about the BBC. I was working for the International Office, but managing relations with the international press just from Brussels wasn’t very effective. So, I was often in London, getting to know what journalists needed and giving them ideas. When I needed it, they would pass on information. I was able to call them because they knew me. I was building a network.

Extract:
At our request Nick Cater (English PR specialist) carried out an ‘Initial Assessment Mission’ of the British aid-related market during the second half of 1991. The investigation focused on recruitment, publicity and press relations, network building, and fundraising. We have decided on a ‘low cost’ and ‘low key’ strategy, using a ‘step by step’ method. We have appointed Gabriella Breebaart as ‘representative of MSF (International)’ in London who will carry out some supporting organisational and administrative activities, functioning as a general contact person. She has opened a PO Box number and a telephone line. We plan to open a modest office in London within two months. Concerning our activities we defined the following priorities.

Recruitment
The outcome indicates major possibilities in recruitment. MSF Holland has already been contracting ± 30 British volunteers over the last few years and has developed an extensive network with British institutions. Our recruitment department visits the UK every 6-8 weeks. Based on very positive results, they have expressed the wish to enlarge the number of British volunteers this year. These activities will be carried out directly from Amsterdam (only a short distance) with support from the representative.

Press and publicity
London is a very important international press centre. Building up relations with the press will be an important tool to raise the profile of MSF as an international organisation in the English-speaking world. Since this is also an important task of the International Office we want to do this in close cooperation with the PR department of the IO. Specific publicity will be used when relevant to our activities, for example in the medical trade press in relation to recruitment activities (interviews of British volunteers). The unexpected screening of the French MSF documentary by the BBC on 22 December 1991 has led to nationwide publicity and over 400 reactions through our PO Box.

Network building
This will include relations with professional medical institutions, government departments, and members of parliament. In close coordination with the International office when relevant, we are planning to set up a British advisory board of professional people, who will contribute on a voluntary basis, within three months.

Fundraising
Considering the economic recession and the full British ‘charity market’ we have decided to move carefully. Reactions from the public indicate there is a ‘minimum awareness’ of the work of MSF. We seem to have quite a good reputation with ODA [Official Development Assistance]. We have started legal procedures for registration and are investigating further possibilities. Some volunteers have offered their cooperation […]

In the early 1990s. I went on a trip down to Beira in Mozambique through this contested territory when Renamo were at war with the government. No one went there because it was a very dangerous place. I set off from Harare in Zimbabwe, and someone had told me that there was an MSF team down there. I knew vaguely about MSF, but not much. So I went off to see them on the way, and I was very impressed by what I saw: a doctor and a nurse, basically doing primary health care in the middle of this war zone, with very little support. So I had this idea of trying to replicate it in a British way. Then I discovered that Merlin were already doing this and had some talks with them. They did some very good work, but they were small and very specifically British at that point. I quite liked the international aspect of MSF. So I went to talk to MSF people in Paris and wrote a long article about MSF for the Telegraph magazine. I discovered that there was already a kind of nascent association between a putative MSF UK and MSF Holland. At that point Gabrielle Breebaart was sent over as a kind of advance party to try and scope out the possibilities. I took the year off and we tried to set up the infrastructure of the organisation. My role in it was basically trying to find board members and premises and doing some publicity about it. It was not that there was much to publicise at that point, but it was creating a bit of a buzz about it when the time came.

Patrick Bishop, MSF UK Co-founder, President 1994-2000, Board Member until May 2003 (in English)

The legal set up was quite complicated as in 1986, MSF France registered as an overseas organisation in the UK and stopped following up on the administrative duties after 1990, risking the loss of the registration.

Letter from MSF Holland to MSF International Secretary General, 10 February 1992 (in English).

Extract:
In the case of the UK it is a bit more complicated, I am afraid. MSF France started registration in the UK in 1986 as an overseas company (not as an incorporated British company) and has filed statutes and accounts till December 31st 1990. As far as I can make out from their files they have not filed for 1991 and are in danger of losing the registration. You would have to contact Francis Charhon about this and maybe make an agreement. However, from what I understood from a lawyer in London, this kind of registration is not enough, MSF would have to apply for official trademark registration. Otherwise, MSF does not have enough protection. You could ask your lawyer in Brussels to make contact with Mr David G.V. Hudson and ask him how to apply as MSF International, protecting the three names as done in Canada and other countries. I have only had an informative meeting with him and have not started any procedures, because I understood that should be done through the International Office (please correct me if I am wrong).

 Eventually in July 1993, Médecins Sans Frontières UK registered as a charity and as a company limited by guarantee. The council of management of the company (directors of the company/trustees/board members) were the guarantors. According to the statutes, MSF UK was to be strictly controlled by MSF Holland. The membership was limited to persons who have worked for or made a contribution to the company or to one or more of the organisations represented in the International Council of Médecins Sans Frontières.

Memorandum and Articles of Association of Médecins Sans Frontières (UK) incorporated, 14 September 1993 (in English).

Extract:
Memorandum of Association of Médecins Sans Frontières (UK)
1. The Company’s name is “Médecins Sans Frontières (UK).”
2. The Company’s registered office is to be situated in England and Wales.
3. The Company’s objects are to relieve and promote the relief of sickness and to provide medical aid to the injured and to protect and preserve good health by the provision of medical supplies, personnel, and procedures calculated to overcome disease, injury or malnutrition in any part of the world and in accordance with the principles espoused in the Charter adopted by the International Council of Médecins Sans Frontières in October 1990, which states as follows: [...] Provided that in pursuance of the foregoing objects:
(i) The Company shall not send medical teams or equipment abroad without the written approval of Médecins Sans Frontières Netherlands (Artsen Zonder Grenzen) or the International Council of Médecins Sans Frontières;
(ii) the Company shall not undertake any activities which cause the company to cease to be a charity under English law.
4. In furtherance of the above objects the Company may (inter alia) carry out any of the following actions:
(a) fund relief projects anywhere in the world and collaborate with other charitable and benevolent organisations to provide relief particularly (but not exclusively) to organisations represented within the International Council of Médecins Sans Frontières;
(b) at the request or with the approval of Médecins Sans Frontières Nederland to provide emergency medical teams, public health programmes, medical or surgical equipment or medicines anywhere in the world. [...] Articles of Association [...] Members
3. The subscribers to the Memorandum of Association and such other persons as the Council shall admit to membership shall be members of the Company. The Council or any
member of the Company from time to time may nominate any person for membership. However, the Council shall admit to membership only those persons who, having regard to the principles espoused in the Charter, have worked for or made a contribution to the Company or to one or more of the organisations represented in the International Council of Médecins Sans Frontières. With a view to maintaining the essentially medical character of the Company, the Council shall ensure that at all times the majority of members shall have a medical or paramedical background or training. Every member of the Company shall either sign a written consent to become a member or sign the register of members on becoming a member. The Council may make provision for contributors (whether or not they are members) to make annual or other periodic financial contributions, subject to a minimum level of financial contribution to be fixed by the Council from time to time […]

Council of management
29. The Council of Management shall consist of not fewer than five (5) members of whom at least one shall be designated by the International Council of Médecins Sans Frontières […]

Powers and duties of the council
a) The business of the Company shall be managed by the Council, who may pay all expenses incurred in promoting and registering the Company, and may exercise all such powers of the Company as are not, by the Act or by these Articles, required to be exercised by the Company in General Meeting, subject nevertheless to the provisions of the Act or these Articles and to such regulations being not inconsistent with the aforesaid provisions, as may be prescribed by the Company in General Meeting; but no regulation made by the Company in General Meeting shall invalidate any prior act of the Council which would have been valid if that regulation had not been made. b) In the exercise of the aforesaid powers and in the management of the business of the Company, the members of the Council shall always be mindful that they are charity trustees within the definition of Section 46 of the Charities Act 1960 as the persons having the general control and management of the administration of a charity.

However, Lord Owen remained a simple member of the MSF UK board until 1997.

Minutes from the MSF International Council Meeting, 16 September 1993 (in French).

Extract:
President of MSF UK - Lord Owen was earmarked for the Presidency. Owing to his political activities, MSF Holland, the sponsor of this office, was asked to inform him that he wasn’t wanted as President of MSF UK. He mustn’t represent MSF at the international day. Generally, several International Council members believe it would be a good idea to set a rule that active politicians cannot sit on the board of an MSF Office. This proposal will be discussed at a future International Council meeting.

Letter from Maggie Smart, Lord Owen’s Private Secretary to Gabriella Breebaart, MSF UK, 7 May 1997 (in English).

Extract:
Lord Owen has asked me to write to you to let you know that he believes it is time that he stepped down from the board of MSF. Given that your Annual General Meeting [General Assembly] is shortly to take place it would, I think, be appropriate to inform that meeting of Lord Owen’s decision. As you know he was not able to devote time to the affairs of MSF during his three years’ hard labour in former Yugoslavia and he is finding now that his time and energies have to be devoted mainly to the business interests, which he is pursuing. He believes it would be preferable for your organisation to have someone on the board who can more fully involve themselves in the activities of MSF. I hope you understand.

Lord Owen, of course, wishes MSF all the very best for the future.

Jacques de Milliano was on, as the lead man from MSF Holland. Eric Vreede had connections with the Netherlands and he had spent a lot of time in British hospitals. I tried to get political sponsorship. I knew [Lord] David Owen from years back when I was starting out as a journalist. He seemed to be a good person to lead the thing as a medical doctor with an international reputation. He was already a controversial figure because of his role in the Bosnian peace search. He certainly was much disliked by the Bosnians themselves and regarded as not an honest broker. I was going to Bosnia the whole time, so I knew that it wasn’t nearly as straightforward and black and white as it was sometimes presented.

However, he came up with lots of ideas and he loved the work of MSF. But, I had to go to him and say: ‘Look, very sorry about this but we don’t think you are the right man for the job.’ He

Jacques de Milliano and Jos Nole, from MSF Holland, Eric Vreede, a Dutch doctor with long MSF and British health system experience were members of the first MSF UK management council. Patrick Bishop, a management council member, proposed that Lord Owen, a British doctor and a diplomat with a national and international reputation, be chosen as President. He was proposed for his involvement in peace negotiations in the former Yugoslavia, in particular. Bishop thought that Owen’s talents and political network could be useful to MSF.

Several members of the International Council opposed this choice, considering that no active politician should be a member of the board of a MSF delegate office.
saw the point and said ‘fine’ and gave up without any fuss. I was a little bit disappointed about that because he had a lot of political clout in Britain still and, for the fundraising and things like that, he could have been extremely useful.

Patrick Bishop, MSF UK Co-founder, President 1994-2000, Board Member until May 2003 (in English)

I saw the role of the board as an overseer of what the office was doing, as it says in charity law. As members of the board of a charity, we were legally responsible for what was happening, for financial management, and all those things. I was one of the few who actually saw that, so we looked critically at what the office was doing, especially financial matters. What we didn’t do in our board and with the office is actually have a clear plan of what we were going to push. So, although I represented UK on the MSF Holland board, I wasn’t always quite clear what I represented.

Dr Eric Vreede, MSF UK Board Member 1991-2000 (in English)

Anne-Marie Huby assumed the responsibilities of Executive Director and the team jointly developed a recruitment process and a media network to raise MSF visibility in the UK. Pro-active fundraising started in 1996, once visibility was established. The recruitment of the fundraising department was closely monitored by the board, including formal plan presentations.

That’s how it came about, by a natural process. I don’t remember having an interview for the director’s position, which speaks volumes! It was a very small team, made up of people all doing very different things. Gabriella, who was there several months before me, loved human resources and did excellent networking in the different departments in the British healthcare system, which is publicly funded. As for me, as a former journalist, I was interested in more public operations. The nascent MSF board realised that we needed a coordinator for all these activities. We realised quite quickly that recruitment and media relations were connected. If we wanted to be taken seriously by the British health system, so it would release doctors, nurses, and others for a year to come and work for MSF, we had to sell them the idea, the Médecins Sans Frontières myth. When we do press relations, we do so for two reasons. For operational reasons, we call the international department of a media group and say: ‘Don’t fire at our convoy.’ But we are also interested in finding ways to make the organisation appear slightly more eye-catching, slightly more glamorous. So, to get things started, we set about establishing relations with the press and a recruitment strategy, trying to find high-calibre volunteers who would allow others, including commis people, to speak loudly on their behalf.

We were surprised at the immediate impact of the MSF brand on the British charity scene. Until 1996, when we hired a fundraiser, we merely responded to needs rather than proactively collecting money. Then, after running some tests, we took some risks. While most British NGOs were asking for £2 a month in the hope of asking for more in the future, since we were young and ambitious and didn’t want to insult people’s intelligence, we decided to ask for £25 right off the bat! To make this happen, we needed to be able to tell them a fascinating story about the beautiful and talented British doctors we were sending into the field! We smashed it! In those seven to eight months, we ran various campaigns that all brought in funds.

Anne-Marie Huby, MSF UK General Director 1994-1999 (in French)

The board, as well as Anne-Marie, realised that fundraising could be a high stakes, high cost thing to do. Therefore, for his recruitment interview, James, the head of fundraising, was asked to give a presentation to the board. Then the board said: ‘Yes, we will go ahead with this.’ We didn’t want to be too micro-managing, it was just an idea to have an overview, and let the office get on with it. Over time, it probably fluctuated a little bit, but the big decisions, like the recruitment of James, were taken by the board. That was not so much his recruitment, but his plan for the development of fundraising, which was very successful.

Dr Eric Vreede, MSF UK Board Member 1991-2000 (in English)

8. MSF Denmark (1993)

Camilla Bredholt, a Dane working in Brussels, contacted MSF Belgium at the same time they were assessing the Nordic countries. Later on, she went to the field for a couple of missions. After which, she worked for the International Office in Brussels, where she participated in discussions regarding the opening of a MSF office in Denmark that would be based in Copenhagen.

‘Report on the Visit to Denmark, Sweden, and Finland,’ Stéphane Devaux to the Directors of MSF Belgium, the MSF International General Secretary and the Managers of the MSF Holland Delegate Offices, September 1991 (in French).

Extract:
Denmark […] early lessons.
First, there must be a Danish organisation if we expect to take advantage of support from the Danish government beyond emergency situations. In terms of emergencies, the Danish government is very satisfied with the services of the Danish Red Cross and certain NGOs, such as DanChurchAid. Consequently, it
sees no reason to support the operations of an NGO such as MSF if we do not have a presence in Denmark, and not simply an office, but a real section managing its own programmes. Our meetings with Danida [Denmark’s development cooperation] addressed the concerns of some Community Member States regarding the large sums received by MSF from the European Commission for emergencies, particularly for activities supporting the Kurdish populations. They do not share that criticism and believe that we are one of the few organisations worldwide that can respond quickly and appropriately to disasters.

**Letter** from Stéphane Devaux, MSF International Office, to Camilla Bredholt, 10 July 1992 (in English), (edited).

**Extract:**
The official idea of the MSF International Council in terms of international development is to limit the operational structure of MSF to the three most important sections in order not to dilute our efficiency and know-how and avoid wild competition. Volunteers from other countries, who will have worked in the field, will be able afterwards to work in the different operational offices, and all nationalities will be represented at the International Council. This is the future in its ideal version. If we are not clear enough, actions such as those in Canada, in particular, risk putting an end to the quick setting up of new sections. Personally, I have nothing against the opening of new sections but, as we have decided not to open any more, we should not at the same time foster strategies, which could quickly lead to the same result. We should remain coherent. Furthermore, a dual attitude is impossible to hold with our donors. So, for example, the representative office will not manage recruitment, it will inform and orient requests to the operational sections. The Nordic regional office, following the subdivision decided two years ago, would rely on MSF Belgium for its management. But as with its little cousins, Canadian, US, Japanese, and Italian, it will be an international office for all sections and represent the most international image possible of the MSF movement. It will also benefit from the experience of other offices. Among other things certain running procedures are fairly standardised now. A lot of mechanisms have still to be invented, but we have already made some progress. Here is a global description. You might have had the impression that things weren’t always clear, but we are in a sort of trial period during which many mechanisms have to be created, and preferably not lightly, as these are choices that will influence the whole future of MSF. We are pioneers on rather slippery ground. That is also what makes it interesting. Give me your opinion and let me know about your projects.

The idea of a representative for MSF in four Nordic countries

**Letter** from Camilla Bredholt to Stéphane Devaux, MSF International Office, 17 July 1992 (in English), (edited).

**Extract:**
In the beginning, Jean-Pierre Luxen, the General Director of MSF Belgium, asked me to do the whole of Scandinavia and I said: why not? And then later on, when I saw them again, we decided one country was more than enough.

Camilla Bredholt, MSF Denmark Founder and Head of Office 1993-1996, then member of the board of directors 1996-2003 (in English)

I think that at the start the idea was to have an office just in Copenhagen working on behalf of all Scandinavian countries. But I believe MSF Sweden upset this plan.

Göran Svedin, MSF Belgium Liaison with the Partner Sections 1997-2003, (in French)
In the summer of 1993, when I started working at MSF Belgium, Camilla Bredholt, a Danish woman who'd worked with MSF in Kosovo, was in the process of planning a new office in Denmark, requested by MSF Belgium. As a move, I felt Denmark was more opportunistic than strategic.


In January 1993, Camilla Bredholt returned to Copenhagen to open a MSF office that would cover Denmark only. In order to benefit from a charity status, the MSF Danish entity was initially created as a foundation, with a self-appointed board. It was not possible to create an association since the initial MSF network was too small to comply with the Danish law, which required an association to have at least two hundred members.

Camilla Bredholt, MSF Denmark Co-founder and Head of Office 1993-1996, then ember Board of Directors Member 1996-2003 (in English)

Minutes from the MSF Denmark Board of Directors Meeting, 25 August 1993 (in English) (edited).

Extract:
The creation of Médecins Sans Frontières/Læger Uden Grænser Foundation in Denmark took place on 25 August 1993. The administrator submits the budget and the objectives for the following year to the board once a year. An evaluation of performance is made twice a year.

2. The role of the board members [...] The board members will assist the administrator in her daily work when required, and also use their own initiative help to promote the objectives of the Foundation. Approved by the board: The Danish board members meet a maximum of four times a year with a minimum of one Belgian member attending. The board receives an evaluation report four times a year on the general work, as well as the minutes of each board meeting [...] AB [Aage Beyer] informed that a letter asking that Læger Uden Grænser be recognised as a charity organisation was sent on 24 August to the Danish tax authorities.

Camilla didn’t know MSF very well, but she had lots of contacts, including the royal family, and she felt her social connections would bring in crucial money for MSF. But I don’t think it really worked out like that, as MSF isn’t very ‘high society.’

Ulrike von Pilar, MSF Belgium Delegate Offices Coordinator 1991-1997 (in French)

9. MSF Germany (1994)

Despite the obvious potential in both human and financial resources, Germany did not arouse a rush of the large MSF sections’ consideration of creating an entity. Even MSF Switzerland did not make a move, in spite of Switzerland’s geographical and cultural proximity to Germany.

One day, during a meeting about setting up MSF International, Doris, the President of MSF Switzerland and a German by birth, stood up and said, ‘We absolutely must not open MSF Germany because the Germans will swallow us up.’


That was a time when I could easily have said, ‘We should open in Germany.’ But we in Switzerland, maybe because we’re taken up with our own internal problems, never had any inclination to expand. We weren’t saying, ‘MSF Switzerland should open another office now. Where should it be?’ But it was a done deal.

Eventually, in late 1991, MSF Holland implemented a market research assessment in Germany. Yet, it was only three years later in 1994 that a MSF office was opened in Germany and a MSF association officially created. The main objectives were to raise awareness about MSF and raise funds from both the general public and the government.

Extract:

Conclusions
It can be concluded that Germany is an interesting market for fundraising and not so much for recruitment. For fundraising purposes Médecins Sans Frontières will have to create a German association and preferably obtain non-profit status. The statutes must be drawn up very carefully. The whole procedure will take approximately three months. Médecins Sans Frontières has a certain profile in Germany already: the market is prepared for further intervention. Médecins Sans Frontières will have to present itself as a professional international (pan-European) organisation.

11. Proposal
The creation of a German association and the acquisition of non-profit status are essential for fundraising activities. Recruitment can, however, be started straight away from Holland and/or Germany. The first year (especially during the first two steps), a part-time staff is envisaged. Two staff members and volunteers could ensure a permanent presence at the office. The proposal identifies four steps. After step two, Médecins Sans Frontières can evaluate the situation and decide whether and when it finally wants to be fully engaged in Germany, i.e. to invest considerably. Médecins Sans Frontières not wish to proceed with phases three and four, it can still continue with recruitment out of an existing section. In order not to offend other organisations, which already envy the profile of Médecins Sans Frontières, the German market should be approached carefully.

Extract:

Introduction:
The official launch of Ärzte Ohne Grenzen was via a press conference on Liberia, opening the doors of a German MSF and presenting the national version of the PID [Populations in Danger] book. No survey was needed to realise that awareness of MSF in Germany was indeed very low. So, the main focus was on changing this, especially to make journalists aware that we are not only a group of French doctors.

‘Market Research Germany, an Initial Assessment.’
Jeroen Jansen, MSF Holland, December 1991 (in English) (edited).

‘MSF Germany, Report on General Activities,’ Bonn, September 1994 (in English) (edited).

MSF Holland had some difficulties staffing the German office and board of directors with Germans. Since the General Director was Dutch, MSF Holland asked Ulrike von Pilar, the Coordinator of MSF Belgium Delegate Offices’ development, to be the President of MSF Germany Board. Thanks to her former experience with MSF Sweden, she managed to create an open membership association, allowing the election of the board of the association by members at the annual General Assembly. Thus an associative life quickly developed even though this was not the first intent of creating MSF Germany.

‘Are there enough Germans who want to go on mission for MSF?’
Dr Jacques de Milliano, MSF Holland Co-founder, MSF Holland President 1984-1985, then 1996-1997, MSF Holland General Director 1985-1996 (in French)

‘But there’s still Germany!’ We had to move fast and we went on an exploratory mission to look into the potential.

Sudden, it struck Annedien [Plantenga] and me, ‘But there’s still Germany!’ We had to move fast and we went on an exploratory mission to look into the potential.

Annedien Plantenga, MSF Holland Coordinator of Delegate Offices 1990-1993 (in French)
German but couldn’t really speak it. They needed somebody in the office who could communicate in German, so they asked me if I wanted to be President. That’s how I became president of MSF Germany. In 1993, the post of President was entirely voluntary. The Belgians gave me their authorisation to occupy the post and keep my job with them. I was a two-hour drive away, so it was possible. I participated in telephone meetings and was in the office at least once a month. It was enough for a small, expanding office. But I was still far more involved than I’d imagined I would be. I occasionally participated in meetings with the government because our General Director wasn’t comfortable in German. Thanks to my experience with setting up MSF Sweden, I was able to convince the Dutch that we could allow real members in the MSF Germany association who would have the right to elect the board of directors. It took a while but, right from the start, I insisted something be done for the associative dimension. We held a kind of annual meeting to which we invited all those who’d been through the office but hadn’t officially been members at the start. There were more and more logisticians and doctors. We tried to incorporate into the association the few Germans already involved in the movement. We modified the statutes as we went along and it all worked out.


Ulrike von Pilar, Coordinator of Delegate Offices for MSF Belgium, who is German, no doubt already had some idea that the destiny of MSF Germany did not lie in being a partner section, but something rather different, something more ambitious.

Dr Eric Goemaere, MSF Belgium General Director, 1996-1998 (in French)

10. MSF Hong Kong (1994)

In 1993, Anne Decortis, a former MSF Manager in the Vietnamese refugee camps in Hong Kong, proposed that MSF open an office in Hong Kong. She put forward, as justification, the wealth of the Hong Kong inhabitants, still under British rule. According to her, Hong Kong’s welcoming of thousands of boat people proved their generosity.

‘It’s Hong Kong’s Turn,’ Anne Decortis, Contact No. 35, MSF Belgium’s Internal Publication, January 1993 (in French).

Extract:
As MSF opens representative offices around the world, sometimes in countries experiencing unprecedented economic crises, the Australians certainly will not contradict me, I am surprised that no one seems to be considering Hong Kong as a representation office in Asia. It’s less expensive and more central than Tokyo, and also offers tremendous potential. What would a ‘Hong Kong office’ do?

Fundraising: This would, of course, be its core activity. Hong Kong is one of Southeast Asia’s ‘economic dragons,’ and a financial and commercial hub for all of Asia. Per capita income there is among the highest in the world. Hong Kong can also boast for being the city with the highest density of Rolls-Royce cars! There is a lot of money there and it’s a shame that we are not benefiting from that, given that we are physically there. For the Chinese, who are obsessed with their brand identity, a contribution represents much more than an unselfish act of solidarity. The ‘charity business,’ composed primarily of local organisations, brings in millions. Would an international organisation generate the same enthusiasm? My sense is that MSF could play the international recognition card that holds great appeal for Hong Kong. To the people of Hong Kong, it’s been a bit too easy for the international community to forget that, for more than 10 years, Hong Kong has accepted responsibility, as best it can, for tens of thousands of Vietnamese boat people. Rather than acknowledging that contribution, the territory has been criticised for its forced repatriation policy, by the same people who themselves are driving Haitian refugees back into the sea. Hong Kong suffers from a very negative image as a result of its unsought and poorly rewarded generosity. In addition, Hong Kong is in a very unusual political situation. Wedged between the former colonial power and the communist monster, which refuses to accept any hint of democracy, Hong Kong faces a full-blown identity crisis and does not want the international community to broadcast that fact. In Asia, perhaps more than elsewhere, there is no such thing as a free lunch. However, we have something to offer Hong Kong that few other organisations can provide; namely, a more generous image than the one of a pitiless and frenetic businesswoman that seems to cling to it.

Recruitment: So far, the Hong Kong mission has only been able to recruit doctors from Commonwealth countries, and the inquiries we receive tend to come from primarily English-speaking doctors and nurses. In addition, some have already been ‘signed up’ by MSF and are on their second mission.

Communications: Most of the major Western and Asian newspapers have a permanent correspondent in Hong Kong. The Far Eastern Economic Review, the Asia-watchers’ go-to publication, has its main office in Hong Kong. MSF has been working in Hong Kong since 1988. Currently, we expect to close the camps within three years. After that point, MSF Hong Kong will no longer have a reason to exist. It would be a shame not to take advantage of our presence and experience here.

MSF Hong Kong 20th anniversary video 2014.

Interview with Anne Decortis: I wanted to present MSF the way it was, not through charities or whatever […] I wanted
to show MSF as a bit fresh and young, backpacker style, but at the same time a very professional organisation, you know, doctors and nurses, people who knew what they were doing.

Hong Kong came much later. It was a bit of a bolt from the blue led by a young Belgian project administrator based in Hong Kong, Anne Decortis. She suggested setting up an office for MSF in Hong Kong saying that there were possibilities, that the government wanted to create a humanitarian fund to which we might be able to have access, and that there was an opportunity, even after 1997 [the year Hong Kong was handed back to China]. The other MSF sections said that if MSF Belgium thought it was worth it, we should go for it. Obviously, it became a gateway into China and the region.

Ulrike von Pilar, MSF Belgium Delegate Offices Coordinator 1991-1997 (in French)

In 1994, MSF Hong Kong was formally registered as a limited company and a charity. Its first General Assembly took place in June 1995.

Minutes from MSF Hong Kong First General Assembly, 27 June, 1995 (in English) (edited).

Extract:
- MSF Hong Kong was registered with the company's ordinance and received charity status from the Inland Revenue Department […]
- Dr Dallemagne pointed out that MSF HK, which is only one year old, is nearly on a par with MSF Sweden in terms of the proportion of fundraising and office operation costs […]
- This First Annual Meeting is also the first election of members. Then, every year, one third of the board should resign. Qualifications of the members: the majority need to have a medical background and have worked for MSF for about 6 months […]
- Georges proposed to have two members designated by MSF I[nternational] and to give a vote to the International Council. This will give coherence to all delegate offices, especially because offices like MSF Canada or MSF Australia are very different […]
- Ulrike proposed having a medical doctor from MSF B as president of MSF HK for the moment. We get a local doctor with sufficient MSF experience. Georges is elected unanimously as president of MSF HK. […] Changes made to articles 29 and 46 of the Memorandum and Articles of Association of MSFHK Ltd (29) The Council of Management shall consist of not fewer than three members of whom at least two shall be designated by the International Council of Médecins Sans Frontières upon proposal by MSF B.

One month after the opening of the office, the newborn MSF Hong Kong organised a chartered aircraft of relief to Zaire with Cathay Pacific, the Hong Kong airline company.

Interview with Anne Decortis, MSF Hong Kong Founder:

there was a very big cholera crisis in Goma [Zaire], just a month after we opened the office. I had a contact with Cathay Pacific and an hour later he called me back and said “I have a plane for you, if you load a 747 of material that you guys need in Goma, then the plane is yours.” The British army gave us five big cars and water tanks.

11. MSF Australia (1994)

In 1992, Peter Hakewill, an Australian doctor and an experienced MSF France volunteer in the field, returned to Australia after a career with the UNHCR. He proposed to set up a MSF office in Australia. He was completely trusted by MSF France leaders, to which, he maintained close links.
In the mid-1970s, I had taken a year off my medical studies to have a sabbatical year in Paris doing political science at Sciences-Po [University for the study of political science in France]. One night I went to a lecture, from the ‘Nouveaux Philosophes,’ [New Philosophers] where André Glucksman was talking about new ways of interacting with the Third World. Bernard Kouchner got up and spoke about MSF. No one in the audience knew about MSF at that time. I had always wanted to work in Africa and the Pacific as a doctor, and when I heard Kouchner speak I was inspired about this idea of MSF. I got in contact with them and they said: ‘Unfortunately, as a student you can’t really work with us, but come back when you are a doctor.’ Eventually I did, in 1982. I did that for a few years and then I came back to Australia and did my master’s in public health. Then I worked with United Nations High Commissioner for Refugees (UNHCR) in the Philippines and then in Geneva. I still maintained very close contact, mainly through friendships with the MSF people in Paris. We did a lot of things together and, during that time, I was also involved in the course called PSP [Populations in Precarious Situations]. I left Geneva, because by then I had one small child and another on the way, and came back to Australia. I started working with the idea of setting up an office there. My major support from Paris in setting up what was called then, a guild or branch was, Bernard Pécoul, the MSF France General Director at the time.

Dr Peter Hakewill, MSF Australia Co-founder, General Director 1993-1999 (in English)

Australia got under way thanks to Peter Hakewill, who was over there, someone totally dependable. He was an old hand from the old MSF guard; he’d worked in the field. I think he had a great deal of experience in the humanitarian sector. Also, he was close friends with Bernard Pécoul [General Director of MSF France]. And so there was nothing to discuss, Bernard was sold. And then, at that time, everyone was curious about everything. When someone said to you ‘Why not?’ you just did it.

Xavier Descarpentries, MSF France Director of Fundraising, 1990-2000 (in French)

Regarding Australia, we thought it would be a good source for human resources and we recruited people very quickly. The few Australians who came on missions made a great impression; they were well-trained. Afterwards, we set up a slightly more sophisticated system.

Dr Bernard Pécoul, MSF France General Director 1991-1997 (in French)

MSF France believed an Australian office offered a good opportunity to recruit more Australian human resources. Soon thereafter, an assessment of the fundraising possibilities was organised in June 1992.


Extract:
Initially, the objective of my trip to Australia was defined solely in terms of identifying institutional funding opportunities, in the context of European interest in diversifying our funding sources. I chose not to limit myself to government sources […] but, rather, to expand the scope of my investigation to the broader international NGO sphere (NGOs, recruitment, media, etc), so that I could better understand the government’s decision-making context and MSF’s potential in Australia. I worked closely with Peter Hakewill, a former MSF doctor, who is now an Epicentre partner, having worked for the UNHCR in the Philippines and in Geneva in the intervening five years. Subsequently based in Sydney, he can play a key role in terms of Médecins Sans Frontières’ interests in Australia and, at this preliminary stage, can serve as ‘Honorary Representative of Médecins Sans Frontières in Australia’ […]

Why?
In the short term, given the distances, the concern over funding from the AIDAB (Australian International Development Assistance Bureau) and other Australian organisations justifies the presence of a contact person close to Canberra (in Canberra or Sydney) to at least provide the same kind of services as those handled by Chantal and Jos, respectively, in terms of government agencies and NGOs. We will quickly see the benefits of sending Australian doctors on missions, both in terms of their skills and the impact on media, both publicly and privately owned, as is being currently proved in the US and Canada. I think that the information in this document shows that the MSF concept would be very well-received in Australia. The country is also characterised by a pool of qualified volunteers, a need on the part of the media to project Australia’s image in the world, and give Australians a leading role in terms of current events (which other NGOs cannot do), an established pattern of giving, a longstanding tradition of aid, etc. […] The idea is that, relative to a market that appears to be mature and somewhat saturated, we are focusing on a niche that has not yet been exploited and that we can appeal to the Australian public by ‘boosting’ an image that is important and familiar to them, their Flying Doctors, by linking current events and international adventure.

Who?
Peter Hakewill’s presence in Sydney is a trump card. He is a doctor and has previously worked at MSF and UNHCR, who offered to set up MSF in Australia. Peter has in-house experience with MSF, international organisations, and even...

34. The New Philosophers is a term which refers to a generation of “French philosophy” French philosophers who broke with “Marxism” Marxism in the early 1970s.  
of recruitment, if that comes into play. He, his brother, their network of contacts, and the collective of Australian former MSF workers (to be identified from the missions and the archives) will be valuable advocates with the media.

How? When?
We can pursue this very gradually, starting by making sure that Peter has the resources needed to take the first steps:

- File the trademark
- Open a bank account and create a basic legal structure
- Create an ‘Australia’ compartment in the communications department
- Send basic documents and a video library and then deal with him as a partner in terms of:
  - Support from AIDAB for funding requests, with the short-term objective of improving our targeting
  - Possible negotiations with Australian NGOs on projects for which AIDAB might not provide us direct funding […]

Regarding the fundraising there was quite a lot of resistance, and if it wasn’t for Bernard Pécoul I think I would have given up. But he never let me give up, and I kept quoting to them the example of World Vision Australia, which would raise 80 million Australian dollars, which in those days was a phenomenally large amount. They had this enormous machinery for raising funds by their telethons and crowd sponsorship. I used to quote that all the time. In Paris, they said quite rightly that MSF never did that sort of thing, but I said there is that market there and all those people want to give to overseas aid.

Dr Peter Hakewill, MSF Australia Co-founder, General Director 1993-1999 (in English)

For several years, MSF France focused on the creation and development of other delegate offices, mostly MSF USA. As MSF France was not focused on Sydney, there was only one MSF representative, Peter Hakewill, working there.

In October 1994, MSF Australia was eventually created as a ‘company limited by guarantee’ with the same legal structure as MSF UK. MSF France instituted all possible safeguards to keep control on this new entity, having learned lessons from MSF USA, and to ensure that the private funds raised, would be used for MSF France operations.

‘Regarding MSF Representation in Australia’ Letter from Peter Hakewill, MSF Representative in Australia to Bernard Pécoul, MSF France General Director, copy to Alain Destexhe, 14 May 1993 (in English).

Extract:
With reference to our discussions over the previous week concerning the activities of MSF in Australia I have reconsidered all the elements and wish to make a proposal based on the following summary of the situation:

1. There is a definite potential for a fruitful outcome to the eventual setting up of an MSF delegate office in Australia. Already, even given the absolutely minimal attention that we have given them so far, the four related domains of interagency liaison, fundraising, public information, and recruitment, have shown themselves to be fertile.
2. As I understand it, MSF France is at present overcommitted in terms of supporting delegate offices and cannot envisage opening one in Australia at present. This situation may evolve over the coming year or two.
3. My present role as part-time MSF representative in Australia is untenable. I am unable to respond adequately to the interest that my presence has generated and this has a negative impact both on the image of MSF and my own motivation.
4. Given my very strong personal commitment to MSF, I naturally find it impossible to limit myself to the role of a passive or latent presence. I expend far more time and energy than is reflected in the two days per month that I am officially retained. As a result, my MSF role is impacting negatively both upon my family and my other professional activities.

In conclusion, it is my estimation that the current arrangement is bad for both MSF as an institution and for me as an individual. I wish therefore to resign from the position as part-time MSF representative, with effect from 30 June 1993. Evidently, I remain at your entire disposal if during coming years MSF should decide that it wants to open a full-time delegate office in Australia. We shall in any case remain in regular contact through my ongoing engagement as a consultant for Epicentre for the PSP course.
following Articles of the Memorandum of Association of Médecins Sans Frontières Australia Limited:

**Article 2/4.a** The Company shall not send medical teams abroad without the written approval of the International Council of Médecins Sans Frontières.

**Article 3.a** The Company may: fund relief projects anywhere in countries and collaborate with other charitable organisations to provide relief in such countries; at the request or with the approval of the International Council of Médecins Sans Frontières, provide emergency medical teams, public health programmes, medical or surgical equipment or medicines in the countries.

Article 37 of the Articles of Association confirms this limitation:

"With a view to reinforcing the operational coordination of the field activities of the international Médecins Sans Frontières movement, and thus to optimising the effectiveness of the actions of the Company within that movement, the Council must not send medical teams or equipment abroad without the written approval of the International Council of Médecins Sans Frontières." The continuing nature of this restriction is guaranteed by Article 5, which prohibits amendments to the text of the Memorandum of Association without prior approval by the MSF International Board.

- Internal control of the Australian entity is ensured by the permanent presence, within the MSF Australia Council of Management, of:
  - The President of the International Board of Médecins Sans Frontières or its representative,
  - One person appointed by the MSF International Board, and
  - Three people elected by the members of the Company (Article 31 of the Articles of Association). I conclude that the MSF Australia structure provides all the guarantees required by MSF International and that it may thus file its statutes.

**Additional control by MSF France:** In addition to the guarantees required by MSF International, MSF France seeks assurance regarding the investments it will make in terms of private fundraising in Australia. Taking the MSF USA precedent into account, I propose to add the following provisions in the Article of Association:

**Article 51 bis :** All net unrestricted funds raised by the Company by direct mail campaigns in Australia, will be applied towards funding grant requests submitted by MSF France for support of operations both in the field and in Paris, provided that the Company retains discretion and control over grants made from such funds […]

Dr Peter Hakewill, MSF Australia Co-founder, General Director 1993-1999 (in English)

**"Setting up the section from a legal standpoint wasn’t very complicated. There were some constraints regarding funds that had to be transferred, but since we’d learned our lesson with the USA, we hadn’t imagined doing anything other than allocating these funds to the field.**

Xavier Descarpentries, MSF France Director of Fundraising, 1990-2000 (in French)

**Peter Hakewill really wanted me to be much more involved in the running of MSF Australia. Initially, he asked me to be on the board. His brother was the treasurer and Peter was very worried about how that would be perceived. So he asked me to be the treasurer and it was really a joke, because I don’t even know what a treasurer is supposed to do. I was a bit worried about that, especially when we went through some of the legal stuff and I realised that if anything happened in MSF Australia, like money was stolen, I would be personally liable. Then Peter had another suggestion, which was: ‘well, take over as President and we’ll get somebody who can count to become the treasurer.’ At the time, in Australia, MSF was very small. I was just a lowly beginning PhD student and the figures in the aid crowd in Australia were significant people with big personalities. I was a little bit worried about that, but Peter was not. He said: ‘You have come out of the field, you are the face of the field, this is much more MSF. These other organisations have these big former prime ministers who have never had to try to work out these dilemmas in the field. It would be great for you to do it.’**

Fiona Terry, MSF Australia Board Member 1994-1997, President 1997-2001 (in English)

**12. MSF Austria (1994)**

In Early 1993, Doctor Polak, In-charge of international affairs at the Austrian Medical Council, contacted MSF France and MSF Holland to propose the provision of experienced medical staff to MSF. For years, MSF Switzerland focused on developing operational capacity and did not participate in the race to open delegate offices. Therefore, when the International Council proposed that the Swiss section be the MSF interlocutor with Doctor Polak in Austria, they accepted.
Minutes from the MSF Switzerland Board of Directors Meeting, 5 March 1993 (in French).

Extract:

Austria: Monette Cherpit [member of MSF Switzerland Board of Directors] went to Austria several weeks ago, at the invitation of Dr Polak, the doctor responsible for international activities at the Austrian Medical Society. His department identifies employment opportunities for doctors and can recommend qualified and experienced staff for our missions. We do not plan to open an office in Austria for the time being. We need to take a step-by-step approach and first develop our contacts with recruitment in mind. Dr Polak works with MSF and other organisations (Medicus Mundi, etc) as part of his job and cannot be considered MSF’s ‘bridgehead’ in Austria. Up to now, Dr Polak’s contacts were MSF France and MSF Holland. Will we become his preferred contact? […] The meeting unanimously accepted the proposal to become the MSF contact in Austria.

Minutes from the MSF International Council Meeting, 2 April 1993 (in French).

Extract:

ii) [...] MSF Switzerland will be in charge of activities in Austria.

We had Austria. We had affinities in terms of language and geographic proximity. The French weren’t very interested because Austria isn’t a large country. I think that at one point, everyone said, ‘OK, you Swiss, if you want Austria, you can have it.’

Dr Doris Schopper, MSF Switzerland President 1985-1987 then 1991-1998 (in French)

We were always ‘the cute little Swiss.’ It was sweet, but tiresome. We tried to create our own identity, and projects that matched. So, at that time, we didn’t think we needed delegate offices. But we did need money. So it was a little unpleasant to see the other sections jump on the ‘profitable countries.’ MSF Austria appeared on the scene thanks to Doris. We needed to keep up and find a country. That’s how Austria ended up in Switzerland’s hands. But there was no real hope of raising a lot of money there.

Dr Jean-Dominique Lormand, MSF Switzerland Association Member since 1981, President 1987-1989, Vice-President 1995-1997 (in French)

In the meantime, Clement Vlasich, a young Austrian doctor carried out several missions with MSF and was keen to help create a MSF entity in Austria.

I always felt that Austria needed a medical humanitarian organisation like MSF. We had only the Red Cross and when I wanted to take part in a mission with a humanitarian organisation, I couldn’t find the right contact there. I had heard of MSF during a tropical medicine training in Marseille, at which I met people who belonged to the organisation. I stayed in touch with them and, when I finished my general medical training, I contacted MSF in Paris and went on a mission. Later, between two missions, I met with Dr Polak in Paris. But MSF France wasn’t particularly interested in Austria. So, still between missions, I worked with Dr Polak to organise two MSF information events in Austria, one in Vienna and the other in eastern Austria. Representatives of various MSF sections were invited, including an HR person from MSF Switzerland, who was clearly looking for people. It was probably when the MSF Switzerland Board of Directors realised that there was a core group to work with, that they started considering the prospect of setting up an office in Austria. At the same time, I attended an MSF International meeting, where they introduced the new offices and those being set up. They talked about Austria. I was very surprised. I looked into it a bit and, in fact, there was just Dr Polak and MSF Switzerland’s idea of setting up an office in Austria. So I contacted MSF Switzerland and explained that I was keen to get involved.

Dr Clemens Vlasich, MSF Austria Co-founder, General Director 1994-1996, President 1996-2006 (in French)

In July 1993, Clement Vlasich was appointed as Representative of MSF Austria and the collaboration with the Austrian Medical Society was terminated. He started to explore possibilities for opening a MSF entity in this country, which was done on 25 June 1994 with the creation of the MSF Austria Association. MSF Switzerland was not keen to have a strong association in Austria. Nonetheless, MSF Austria developed, partly thanks to the commitment of volunteers who would help in the office and animate associative life.

Minutes from the MSF Switzerland Board of Directors Meeting, 2 July 1993 (in French).

Extract:

Austria

Clemens Vlasich, an Austrian doctor, who returned recently from an MSF France mission in Somalia, discussed his interest in helping us set up an office in Austria. He is currently working with Dr G. Polak, the doctor responsible...
for international activities at the Austrian Medical Society. Together with Benoît, Monette, Nanete, Michel Deser, and an Austrian lawyer, Clemens is reviewing the legal issues involved in setting up an MSF office in Austria. He will present concrete proposals this autumn. We note that this project is entirely independent of his responsibilities with Dr Polak.

Minutes from the MSF Switzerland Board of Directors Meeting, 2 September 1994 (in French).

Extract:
Minutes from the MSF Austria Management Council Meeting
The Management Council of MSF Austria, which was officially created on 25 June 1994, held its first meeting at our office in Carouge today. Doris Schopper is the President. Members include: Ulrike von Pilar, Bé Meijer, Gerhard Polak, and Nanete Avila-Desser. The two MSF International representatives with veto power are Doris and Ulrike. Clemens Vlasich and Christiane Roth also attended. Various items were addressed; specifically, the work Clemens has already done and presented in his reports, and what will be undertaken in the future: guidance, fundraising, etc. We note that institutional fundraising is relatively limited in Austria; on the other hand, private fundraising remains largely unexplored territory. Clemens and his colleague, Otto Zwisa, are recruiting actively. The interaction among the various offices and the prerogatives of the MSF Austria Management Council, the MSF Switzerland office, and the MSF Austria office were defined in order to determine the responsibilities of each. The Management Council will meet twice a year, with the next meeting in Austria in March 1995. Clemens will continue to come to the Geneva office monthly and will standardise the production of documents in German with MSF Germany (journals, Populations in Danger book, etc.) Clemens reminded us that Austria offers an opening to the east and that Vienna is the third city in the world etc.) Clemens Vlasich and Christiane Roth also attended. Various things were addressed; specifically, the work Clemens has already done and presented in his reports, and what will be undertaken in the future: guidance, fundraising, etc. We note that institutional fundraising is relatively limited in Austria; on the other hand, private fundraising remains largely unexplored territory. Clemens and his colleague, Otto Zwisa, are recruiting actively. The interaction among the various offices and the prerogatives of the MSF Austria Management Council, the MSF Switzerland office, and the MSF Austria office were defined in order to determine the responsibilities of each. The Management Council will meet twice a year, with the next meeting in Austria in March 1995. Clemens will continue to come to the Geneva office monthly and will standardise the production of documents in German with MSF Germany (journals, Populations in Danger book, etc.) Clemens reminded us that Austria offers an opening to the east and that Vienna is the third city in the world with a United Nations headquarters office.

MSF Austria had been set up mostly for recruitment. However In 1996, to prevent MSF Switzerland from closing the Austrian office for lack of funds, the MSF Austria team conducted an assessment of the fundraising market and began recruiting professionals to organise communication and direct-marketing activities.

“Things didn’t work out well with Dr Polak, even though we had a shared interest. So, in July 1993 MSF Switzerland decided to appoint me as MSF’s representative in Austria, with the responsibility of analysing opportunities for creating an entity there. I was paid and able to work completely independently of the medical society. There were only two employees at the office and we couldn’t possibly do everything we wanted to do. So we quickly put out a call for volunteers. At the beginning, I didn’t think it would work. But Geneva was pressuring me, so I tried, and it did work. The support from Austrian volunteers for setting up an NGO was really impressive. As soon as we started talking to them about MSF, they were convinced and got involved. Little by little, the organisation, which these volunteers were members of, just like those who went on missions, let them participate and showed them that they had an important role to play. In fact, at the beginning, MSF Switzerland wasn’t really interested in creating a real association in Austria, but just wanted to control the office. So, it was an association on paper only because there were no members, just a board of directors, composed of representatives of MSF International, MSF Germany, MSF Belgium, the president of MSF Switzerland, and Dr Polak. But, after a few years we had a core of members and it worked out. People came to the general assemblies.”

Dr Clemens Vlasich, MSF Austria Co-founder, General Director 1994-1996, President 1996-2006 (in French)

13. MSF France’s Antenna/ Branch Office in the United Arab Emirates (UAE) (1995)

As early as in 1991, thanks to a friend of a director who had contacts in the UAE, MSF France became interested in opening a fundraising office in this wealthy country. The Emirates states, perceived as tolerant and anti-fundamentalist were also perceived as a good starting ground in the Middle East to introduce MSF principles of humanitarian action. However, MSF France never
considered the creation of an associative entity, since this concept was uncommon in UAE culture.

Due to the specificities of UAE society, and its political system, fundraising was impossible to organise in the usual MSF ways. It took some time to create an entity that would at the same time meet the interests of MSF and those of the UAE leaders. In any case, the new office was considered only as an antenna/branch office of MSF France, and not a delegate office.

**Extract:**

Resolution 17 states that no entity operating in the UAE may collect funds from the public unless it has been licensed pursuant to federal law no. 6 of 1974 Regulating Public Welfare Societies (the 1974 law). The 1974 law (as amended by Federal Law no. 20 of 1981) imposes a number of substantive requirements on so-called ‘public welfare societies’ seeking licensing in the UAE. Among other things, a public welfare society must have at least twenty (20) founding members, all of whom must be UAE nationals. In addition, all ‘active members’ of the society (as opposed to ‘honorary members’) must also be UAE nationals. A public welfare society is managed by a board of directors, which is chosen from among the active members of the society. Consequently, all members of the board of directors would have to be UAE nationals. In addition, the 1974 Law and Resolution 17 limit the ability of a public welfare society registered in the UAE to collect charitable contributions in the UAE […] We recognise that the foregoing restrictions, if applied to MSF, would render it difficult for MSF to conduct activities it desires to conduct in Abu Dhabi. Although it could be possible to request the Ministry of Labour and Social Affairs to exempt MSF from some or all of the particularly burdensome requirements imposed by the 1974 Law and Resolution 17, there can be no guarantee that the Ministry would respond favourably to such a request.

**Evaluation of the Benefits and Risks of a Representation Office in the UAE,** Report by Guy Hermet, Member of the MSF France Board of Directors, 12 April 1995 (in French).

**Extract:**

1. **Benefits for MSF:** These benefits are always medium- or long-term, never immediate.
   - **Medium-term (two years):**
     1) Diversification of funding sources: very long and unwieldy process; nothing to expect from private donors; only institutional or royal sources likely.
     2) Logistics facilities at the Abu Dhabi freeport (not Dubai, as has been said on occasion). Ensure above all that the facilities opened are not used for anything other than crisis situations, to avoid giving the Emiratis an opportunity to boast that an international logistics base has been set up in their country.
   - **Long-term (three years and more):** Fertile ground (tolerant and anti-fundamentalist Emirate) to disseminate MSF’s concept of humanitarian action throughout the Middle East in schools, colleges, and universities; professional training courses; the press, or through events. However, local adults could remain very disengaged, so the focus should be on young people aged from ten to twenty-five.

2. **Identifiable risks:**
   - 1. Financial cost of the office long-term if it does not produce significant financial returns. MSF is not holding out its hand, but […]
   - 2. MSF’s presence used to showcase Abu Dhabi, without possibility of control.
   - 3. Risk not so much of blockage, but of conflict that could result in withdrawing the representation if we intervened somewhere that did not suit the Sheikh.
   - 4. Expect a counter-attack from Islamic aid organisations, which could lead Sheikh Nahyan to disengage and would mean writing off MSF’s commitment.
   - 5. The MSF office could not exist without constantly reaffirming its allegiance to the Sheikh. This is the ‘patrimonial’ approach in a setting where the public/private distinction is not understood, and where everyone must be the ‘client’ of a prince. This is the essential constraint. We have to take it or leave it. But there is no other way to establish an MSF presence in the Middle East. However, accepting this constraint vis-à-vis a tolerant prince-as-patron could enable us to pursue our vital goal: disseminating MSF’s concept throughout the Middle East in an acceptable environment, given Abu Dhabi’s relatively liberal outlook.

---

35. Law firm based in Dubai.
Minutes from the MSF International Council Meeting, 5 May 1995 (in French).

Extract:
Bernard [Pecoul, MSF France General Director] told us that MSF France has an outpost in the Emirates, with a man on the spot, whose job is to fundraise. He is conducting a market study. Thus, this does not constitute a delegate office.

Our first footprint in the desert sand came about in 1991. I don’t think it had ever occurred to anyone in the Paris office. A friend of one of the directors was working as a doctor in Abu Dhabi and apparently had a vast network of contacts. She told us we had to check it out because there was a great deal of money, and so lots of opportunities open to us. In terms of strategic positioning, and with MSF missions based across the Horn of Africa and Asia, the region presented an interesting option, particularly Dubai. Also, we didn’t yet have an office or small section in a Muslim nation, whereas lots of our missions were based in these countries. Sadly, the friend died in a plane crash. The project hadn’t progressed, but contacts had been made and we didn’t want to let them drop, if only out of courtesy to the people concerned. There’s no difference between public and private in the United Arab Emirates, because the inhabitants own it. An Emirati sponsor is required to set up in the country and ours was Sheikh Nahyan, nephew of founder and emblematic leader of the Emirates, Sheikh Zayed. Sheikh Nahyan met with us to discuss our sponsorship and when we laid it out, he announced, ‘I’ll do it.’ Our contact was his bank’s general director, a Pakistani. Sheikh Nahyan knew and liked MSF’s work. Even then, the Emirati leadership was very concerned about the threat fundamentalists posed to all areas of life, and particularly worried about ultra-fundamentalist religious groups who had managed to get into the country. So they saw sponsoring MSF as a way of bringing in a certain type of NGO to offer an alternative and counter their influence. That was our analysis and it was later confirmed to be correct. So that’s how we came to set up in the country. The usual rules that apply in OECD countries, including Japan, do not in the Emirates because they own the country. There are no addresses, making it very difficult to run our usual fundraising initiatives! So we gave conferences, particularly in the world of education that had a lot of support from Sheikh Zayed. There were therefore, lots of schools and training courses willing to host MSF. But MSF France’s management was uncomfortable with the country and the impression was there was no real will to have an office there. There was also some apprehension about having offices springing up all over the place. But it would have been embarrassing to tell Sheikh Nahyan that the office we’d opened on his territory wasn’t a real office! It was all a bit of a muddle. But, an office in the Emirates offered MSF three undeniable advantages: the possibility of being able to call on some extremely large fortunes, to set up a logistics base in Dubai, and of securing legitimacy for MSF in the Muslim world.

Xavier Descarpentries, MSF France Director of Fundraising, 1990-2000 (in French)


MSF Belgium’s first Nordic country under exploration for a delegate office was Norway. This exploration was conducted by Stephane Devaux and began in 1991. Thanks to the oil industry, it was a wealthy country, well known for its generous policy regarding development aid, and it was not a member of the European Union. Thus, raising institutional funds would help to diversify the funding sources that were too EU-oriented, especially for MSF Belgium.

As a non-member of the European Union, we viewed Norway as an interesting player in Scandinavia. Its government is a generous contributor to humanitarian aid; the country was considered a somewhat less compromising donor than the US or the UK. But, with the Norwegians now conducting a good deal of their foreign policy via humanitarian funding, maybe they’re not quite so innocent!


For several years prior, MSF was trying to earn the Nobel Peace Prize, which is awarded by a Norwegian committee. Establishing MSF in Norway was seen as an opportunity to support this approach. However, the Norwegian diplomats and humanitarians who welcomed Stephane Devaux advised him to take time to establish a solid recognition before setting up an entity, in order to avoid being perceived as a Nobel hunter.

I went to the OECD to consult an enormous directory listing all the NGOs and foundations in the world. I met with the Second Secretary at the Norwegian embassy to the OECD, who gave me the keys to his country by putting me in contact with the Norwegian Medical Association and the Stoltenbergs, a family with a prominent role in politics, diplomacy, and humanitarian action, who opened a good many doors to parliament and other organisations in Oslo. The Norwegians immediately made it clear that, because there was money to be had, we could doubtless raise funds in Norway and recruit doctors, because Norwegian doctors were very interested in working with MSF. But, they advised us against setting up an MSF section straight

36. The Organisation for Economic Co-operation and Development (OECD) is an intergovernmental economic organisation with 35 member countries, founded in 1960 to stimulate economic progress and world trade. http://www.oecd.org/
away, as it might give the impression we were somewhat opportunistic and that we were chasing a Nobel Peace Prize. They suggested we go instead for robust but discreet advocacy, while maintaining a low profile. We took this advice, so we were in no hurry to open an office.

Stéphane Devaux, MSF Belgium Coordinator of Institutional Fundraising, September 1990 - April 1992 then 1993, for MSF International April 1992 - January 1993 (in French)

During the first years, Devaux visited Norway regularly with MSF spokespersons that participated in conferences and met political leaders regarding international issues of interest to Norwegians. This was to build MSF’s credibility.

We talked about MSF during press conferences and met officials to discuss implications of crisis situations that the Norwegians were interested in. We were in contact with then Deputy Foreign Affairs Minister, Jan Egeland, who had previously been Operations Director with the Norwegian Red Cross. Aged between 35 and 38, he was a rising star. He later became Director of OCHA [United Nations Office for the Coordination of Humanitarian Affairs]. Rony Brauman, who held MSF International’s rotating Presidency, came to Oslo to meet him. They hit it off straight away and launched into a discussion on international issues. Fascinated by MSF, Egeland said, ‘MSF really gets it.’ He apologised because he kept leaving the room, ‘I’m dealing with another complicated affair.’ We realised later he’d been working on the preparatory talks for the Oslo Accords… Thanks to this good understanding, we were able to organise a hearing before Norway’s Parliamentary Foreign Affairs Committee, as well as a couple of press conferences on the emergency situations in Mozambique and Angola.

Stéphane Devaux, MSF Belgium Coordinator of Institutional Fundraising, September 1990 - April 1992 then 1993, for MSF International April 1992 - January 1993 (in French)

Eventually, MSF Norway was founded as an association in autumn 1996. Its board was composed of three Norwegian medical people, and representatives of the MSF International Council and MSF Belgium.

Statutes of the Association Médecins Sans Frontières, Norway, 1996 (in English).

Extract:
§ 3 Principles
Leger Uten Grenser Norway has a humanitarian purpose. The Association shall cooperate with, and be guided by the same principles, as the international organisation Médecins Sans Frontières (MSF). The members of the Association shall only act according to the following founding charter of the organisation.

§ 4 Objectives

The main objectives of the Association shall be to:

a) Recruit health personnel and any other operational staff to work in accordance with the principles of MSF International.

b) Spread information and attract public and financial support for its international ‘Médecins Sans Frontières’ work and collect funds for the activities of the association.

c) Contribute to the implementation of projects initiated by MSF International and thus participate in the worldwide activities of MSF.

§ 5 Active Membership

All who in accordance with the above conditions have worked for the Association, in Norway and abroad, and who apply for membership, may become members. Membership is also open to individuals. In order to become a member, one of the following criteria must be fulfilled:

a. A minimum of six months’ work as an MSF volunteer on a mission or experience from at least three missions as an MSF field volunteer.

b. A minimum of one years’ regular volunteer work in the office of MSF Norway.

c. A minimum of one years’ work as an employee in the office of MSF Norway.

d. Co-opted on specific criteria defined by the General Assembly.

The Board of the Association shall judge the acceptability of applications.

In autumn 1996, we decided to found MSF Norway, and we wrote and signed the statutes. Éric, Ragnhild, and myself, we were the only Norwegian Members of the Board. Stéphane was the Secretary General and we had one more person in the office. We had an association from the very beginning. It’s a Norwegian tradition to have associations, so it was not difficult to think about this as an association to start with, and not a kind of registered company or something. At the same time, as MSF Norway was founded, the refugee crisis really blew up in Zaire. The Norwegian government was donating BPS biscuits [High calorie nutrition] to Rwanda. And it was a big trip in every sense, going from Norway to Rwanda. Everything was organised a bit through the MSF Norwegian office, and the logisticians came from MSF in Brussels. So suddenly we were linked to the operational part. And Stéphane was obviously eager to promote the three of us and try to do something more. So he said, ‘Why don’t you go to Rwanda? There’s a crisis going on. The plane is leaving tomorrow.’ I called my boss, but I didn’t let the phone ring too much. So I hung up before he was able to answer, but at least I could say I called him. And I went!

Dr Morten Rostrup MSF Norway President 1996-2000 (in French)

The MSF International Council meeting of 5 May 1995 addressed the confusion created by the mushrooming entities’ creation and the various legal statuses. A new moratorium on delegate office creation was put in place. For several years, MSF Norway remained the last born of the MSF associations.

Minutes from the MSF International Council Meeting, 5 May 1995 (in French).

Extract:

6. Delegate offices

We learned recently that the Belgian section was about to open an office in Norway […] Doris [Schopper, President of MSF International] confirmed that we need to redefine our policy regarding new delegate offices. We already have plenty of problems under the current situation and that’s with 18. Why should we rush to open new offices? What is our long-term policy? […]

Discussion: The International Board notes that a delegate office has opened in Norway, which the board had already approved. The board also established an absolute moratorium on other proposals to open delegate offices.

Neither MSF International nor MSF Belgium’s Board of Directors were convinced Norway was worth it. We already had four delegate offices in fairly small countries. But Éric Goemaere [MSF Belgium General Director] and I insisted, as we thought we were doing some very good work with the four offices, so why not open a fifth.

Ulrike von Pilar, MSF Belgium Delegate Offices Coordinator 1991-1997 (in French)

B. DEFINING HOUSE RULES

The now formal International Council and its team in the International office continued working on the common issues that were raised as the sections were created throughout the eighties and early nineties. In the subsequent years, the International Council essentially worked to find joint solutions in three main, intertwined areas that would seriously impact several MSF sections while implementing crises operations:

- The trademark, the name, and the logo
- The principles of action: charter, advocacy (témoignage), code of conduct
- The resources: recruitment, institutional funds, and fundraising.
You shouldn’t think that everyone agreed about advocacy or financial independence right away. What I was trying to do was spread the culture of MSF France throughout the international movement, and further develop its approach to humanitarian principles and the independence of the MSF movement. The International Council had a lot of quasi-philosophical discussions about these issues. It was also pretty interesting, because we saw the various perspectives gradually come together.

Dr Alain Destexhe, MSF International Secretary General 1991-1995 (in French)

1. Trademark/Name - Logo

a) The trademark

The Médecins Sans Frontières name/trademark issue began in 1985, when MSF France lost a court case aimed at depriving MSF Belgium of its name. Then, in an attempt to ensure control over the emerging movement, such as what was in place for MSF Switzerland, MSF France attempted to establish a convention on the use of the name with MSF Holland, which was refused.

The whole episode with the Belgians was only conclusive in one respect: when a section exists and, more to the point, is completely in line with MSF’s charter or framework, we need to forget the idea of ownership. They are the de facto owners in the sense that it will be a local court that will judge on any dispute regarding the trademark, and the local court won’t find against the local association. That’s exactly what happened with the Belgians. However, this doesn’t mean much for a country in which MSF does not yet exist, but where people want to appropriate it for one purpose or another. And so we entrusted the case to a specialist law firm, and it was left in the hands of Malhuret and Charhon. I dealt with all this any old how, I didn’t feel very responsible when it came to these issues. Françoise [Bouchet-Saulnier] took over all that in her own way.

Dr Rony Brauman, MSF France President 1982-1994 (in French)

In 1992, the lawyer Françoise Bouchet-Saulnier was tasked by the International Office to address the trademark issue, starting with a review of all the registered MSF trademarks. Eventually, the six first sections (MSF France, MSF Belgium, MSF Switzerland, MSF Holland, MSF Luxembourg, MSF Spain) were allowed to keep their trademark in their home countries, providing they would release their trademarks in other countries to the international office.

Minutes from the MSF International Council Meeting, 10 January 1992 (in French).

Extract:

5. Logo, trademark
e) Legal problems involving the international offices. Regarding the legal problems involving the international offices, please note that MSF has filed for its name in many countries. There is a risk of trademark dilution when filed for by several sections. The International Board has thus asked the International Secretariat, that is, Alain Destexhe, to analyse how to standardise the sections’ statutes in order to determine whether MSF’s statutes can be filed in new countries in the name of MSF International to create consistency among the trademarks already filed […]


Extract:

To address the growth of the organisation, Médecins Sans Frontières, its operational expansion in Europe, and the increasingly international nature of its funding, while preserving the authenticity and specificity of the spirit of this movement, the relationships among the MSF entities will be governed, going forward, by the following principles: The International Secretariat will manage the Médecins Sans Frontières trademark in the spirit of movement cohesion and in the interest of simplification. The six founding sections retain the right to the trademark within their countries. For the other countries, the offices or sections must assign the MSF trademark back to the International Secretariat, which will oversee international protection overall. The trademark will be filed in Belgium in the form of a bloc of text to include:

- MSF, Médecins Sans Frontières
- Doctors Without Borders, DWB
- Artsen zonder Grenzen, AZG
- Médicos Sin Fronteras
- And, the Russian and Arab translations (or I don’t know what at this point).

This all will be filed and protected at one time. The protected class numbers will be standardised (a model letter of reassignment will be provided to the sections, with a model procedure to follow). A budget will be drawn up in the next few weeks. This procedure can be undertaken only after the MSF International statutes are finally registered (currently in process). The statutes of all of the ‘offices’ without an operational component will be revised in the interest of consistency within the movement; that is, these offices will operate under a system of ‘controlled autonomy.’ They will participate in promoting MSF’s work overall, and no longer
on behalf of one section. Model statutes will be provided for the new offices, based on the MSF Japan model. In any event, three model articles must be included in the statutes of the existing offices by vote of their board of directors. These articles will be protected against any later amendment by the unanimity requirement. The protected provisions concern:

- The composition of the board: five people, including three selected by the MSF International Board, thus ensuring a clear majority for MSF International: (article 7§2 of the Japanese statute).
- The use of the Médecins Sans Frontières name will be granted by MSF International to the national office, which may use it only for the benefit of MSF International and in compliance with the MSF charter (this right may thus be withdrawn under certain circumstances) (Art 11).
- The fact that certain articles of the statutes may be amended only by unanimous vote of the board. That is, with the agreement of the MSF International representatives. (Article 12).

This should provide reassurance and an acceptable framework for the largest number of MSF members. It should also provide a way to entrust the protection of MSF's principles to a restricted group (the International Board).

Minutes from the MSF International Council Meeting, 10 April 1992 (in French).

Extract:

2. International offices

2.3 Protection of the Médecins Sans Frontières name:

Françoise Saulnier carried out an inventory of the procedures that had already been effected. We then met up with a lawyer specialising in trademark law. The current situation is confusing:

- Trademark application made by MSF France essentially, but by other sections too (MSF H in Canada);
- Applications made under the name ‘Médecins Sans Frontières’ as well as ‘Médecins Sans Frontières Europe’ and ‘MSF International’;
- The classes registered are not identical in all countries; MSF USA registered the name in the US;
- Doctors Without Borders is protected in the US, but not in Canada;
- No protection in the UK.

Proposal (drawn up with F. Saulnier). Two options:

1. Keep the current system with several urgent amendments (protection in the UK, handover from USA to France). Simplest and least expensive solution.
2. Harmonise applications and protection from the International Office:

- The six sections retain the right to use the trademark in their national territory;
- For the other countries, handover to the International Office which assumes all international protection responsibilities;
- The trademark will be registered in Belgium as a bloc composed of ‘Médecins Sans Frontières, MSF, Doctors Without Borders, Medicos Sin Fronteras’, and possibly others. The entire bloc will be protected;
- Harmonisation of classes to protect;
- The ‘offices’ may be able to use the name on the authority of the International Office;
- Protection will be requested for the following countries:
  - All countries in the EC
  - USA, Canada […]
  - Countries of Scandinavia
  - Countries of Eastern Europe (TBD)

The second proposal was adopted. A budget of 25,000 ECU (European Currency Unit) was voted in for international protection. Françoise Saulnier is tasked with overseeing this project.

When MSF France lost its case against MSF Belgium, they tried to get around the problem by registering trademarks all over the place. I wonder even whether MSF Belgium didn’t at one point try and counter MSF France’s initiative, by registering trademarks too. The proof of this new-found trust, at some point or other, was that they all accepted the logical decision made by the International Council that the International Office act as the depository of the trademark. One of the first tasks of the International Office, led by Françoise Bouchet-Saulnier, was to protect the trademark everywhere, by registering the trademark at the international level, and in a whole series of fields. It was possible to register an international trademark, but it didn’t yet offer the same type of protection. Some countries accepted the international recognition, but others required national protection still. So, we had to write some letters to say that we didn’t agree. At one point we also tried to protect ‘Sans Frontières.’ But that didn’t work, because there was already Pharmaciens Sans Frontières [Pharmacists without Borders], Vétérinaires Sans Frontières [Veterinarians without Borders], etc., who we obviously didn’t want to go after.

Dr Alain Destexhe, MSF International Secretary General 1991-1995 (in French)

When I joined MSF, I didn’t know that MSF France and MSF Belgium had been involved in legal action. MSF France lost the case for neglecting the fact that a trademark is something that needs to be protected and there are very precise rules in place regarding its usage. For example, to ‘constitute’ a trademark, you must, while complying with the visual guidelines, be using what was registered as the trademark and take action each time someone tries to use it without consent. In Paris, Claude Malhuret (who was no longer in charge of MSF, but whom I contacted to get the full story) and Rony Braunam told me that protection by registering trademarks didn’t work. The proof, in their opinion, was that they’d successfully managed to frustrate the International Committee of the Red Cross (International Council of the Red Cross) for years, and when the managers at MSF Belgium wanted to frustrate them too, they’d managed to do it. I told
them that trademarks did provide protection, provided they were well defended. I added that it would also have another effect, i.e. internally it would structure the rules of all those bearing that name and would therefore become a matter of internal governance. I told them that what was important was to create a brand identity that we could protect as a trademark, since we didn’t have an international agreement in place that protected us like the ICRC [International Committee for the Red Cross]. Their response was that they didn’t think that was the case, but since it was the International Office’s role to handle it, I could put forward my recommendations. At that time, Alain Destexhe had already registered lots of trademarks on behalf of the International Office. There was already a portfolio, but no real policy behind it.

I explained that the trademark wasn’t an explorer’s flag that made whoever planted it on virgin territory the owner. It implies a legal act, but also effective and compliant usage. So I suggested we streamline the portfolio, to ensure the trademarks in our possession within the territory, had legal worth, since they had to be correctly registered, managed, used, and protected. I therefore proposed a coherent policy that we could test as we went along to protect MSF’s visual and institutional identity through this trademark and make consistent applications. We offered the six sections the chance to do in the collective interest what they hadn’t managed to do in their own interests. The aim was to test the trademark application as a tool for internal goodwill and external branding. At the time, we registered a multilingual bloc in a certain number of fields, which created economies of scale. This gave us the power to act in the event of any problem in countries protected by this multilingual bloc.

Françoise Bouchet-Saulnier, MSF Legal Advisor from 1991 (in French)

In the following years, the protection of Médecins Sans Frontières‘ trademark became a real concern for the movement. MSF decided to bolster this protection and internal unification by moving the sole ownership of the trademark to the international office.


Extract:

Introduction
Françoise Saulnier was hired by MSF four years ago for an international role in the field of humanitarian law. Given the non-operational nature of the International Office, she resigned a year later and was hired in Paris where legal affairs hadn’t been addressed for a long time. Françoise suggested working on a legal policy for the offices; it would be more effective, in practice, to have an internal policy (which would allow us to settle problems in advance) rather than spend our time settling disputes. In principle, it would be the International Secretary [General] who oversaw this; the GDs [General Directors] have done a number of things. Today, things are ticking along, but decisions have to be made. At the beginning, Françoise was based at the International Council; later, she stopped. The work entailed a lot of correspondence. The GDs and representatives of the DOs [Directors of Operations] are involved, and following and responding to the linguistic sensitivities of everyone is no easy feat (Françoise has no authority over S. Solomonoff [Director of MSF Italy] or J.-P. Luxen [MSF Belgium General director until January 1994]) […]

III. Protection of the MSF name = patent/trademark registration + use of this trademark (otherwise protection is lost); (e.g. the French wanted to register the trademark in Belgium: stupid because it would then have been used by the Belgians […])

Today all the statutes have been filed; they provide for control over the non-operational side and justify that the trademark belongs to MSF. We need to get hold of the minutes from the governing bodies and make sure that the decisions respect the general balance of the agreement. […]

C. Usage agreements

The International Office must now sign a usage agreement with the Delegate Offices who say that the Delegate Offices’ use the MSF trademark to the benefit of MSF International. Today, signing with Canada and if all goes well, with Italy (on standby). Signed by the President/Representative of the Delegate Offices and International Secretary [General]. Trademark usage agreements: this kind of agreement is important for MSF to give authority to the Delegate Offices; this authority can be withdrawn should the Delegate Offices become operational.

Remark: the status of ‘international NGO’ does not exist; the status of ‘international association’ does. Giving the Delegate Offices USA the idea that, for example, it will start a programme in the Bronx one day isn’t honest. We need to take a position and we need to be open about our intentions. In a first instance, the International Council could say that the decision must come from the International Council not the Delegate Office. In the case where the Delegate Offices crosses over into the non-operational side of things, it is conceivable we could attack them from a financial perspective, for misuse of the MSF name, and cancel the bord’s decision authorising the operation […]

American jurisdictions will examine whether there has been an abuse of the associative dimension. Remark: politically speaking, after Chantilly37, not the right moment; As most of our trademarks have been filed but not registered, no need to panic: […]

Conclusion:

1) Regarding the statutes: the technical specs still need to be drawn up;
2) Regarding the trademarks: Françoise is finishing up;
3) Regarding the agreements: International Office.

37. On 5, 6 and 7 October 1995, more than 120 members of MSF, both from the associations and from the executives gathered in Chantilly (France) and started an in depth discussion on MSF identity. See: 2. Pow-Wows in Chantilly p 151
The trademark licence agreement is in place to protect operational cohesion (in relation to the Delegate Offices); in the long term, it should forge links between the sections. To link the sections, we might imagine a "federation of trademarks" kind of system: possibility of MSF Belgium, F[rance], and Holland accepting the existence of an identical/common trademark and adopting a common charter (current charter + 'MSF is not...') + penalties/sanctions. Currently, the charter is not legally protected; the charter is included in the statutes, but differently.

"Questions Related to the Protection of MSF Name," Mémo from Françoise Bouchet- Saulnier, MSF Legal advisor to MSF International Council, 29 April 1997 (in English).

Extract:

1) Brief overview of the situation regarding the protection of the name
There are currently six owners of the MSF trademarks within the movement:
- International Office
  - MSF France
  - MSF Holland
  - MSF Spain
  - MSF Greece
  - MSF USA
We are sometimes faced with situations where the name is protected more than once. At the same time, there is no protection at all in some countries (e.g. in Africa).

2) Which name should be protected?
Because the name of our association is composed of words of common use, we not only use Médecins Sans Frontières and MSF but also its local translations. In the USA only 'Doctors without Borders' is used. Question: We have to be clear on which name we want to protect around the world. Do we only want to focus our protection on the logo + the French name or (possibilities that problems with local translations arise)? On the logo + MSF? This decision is linked to with which name we want to communicate.

3) The protection of the name and the legal structure of MSF
The protection of the name seems to be a good way of organising internal control within MSF. At the last International Council (31 January 1997), it was decided that: "The International Council shall have a specific responsibility to control the use of the MSF name. It delegates exclusive ownership of the MSF name to the International Office." Here, there are examples of organising internal protection of the MSF name within the association:
- Transfers of the trademarks to the International Office (MSF International). But it could be expensive for fiscal reasons.
- To register a collective trademark in the name of MSF International (which would be the property of all sections) and to define the respective rights and obligations of the MSF entities. However, that would not solve the problem of old brands. This solution does not exclude the above one.
- We can also study the possibility of MSF International being the owner of all trademarks, but without usufruct. This would be very close to the present situation where each MSF entity uses the name.
- Each MSF entity would have the property of the MSF name in its territory and MSF International would only be the owner of the brands in all other countries. However, there are perhaps other solutions [...] Question: do we really want to use the protection of the name as an instrument of control and cohesion within MSF? In the case of an internal conflict within the movement, you must decide whether you would find it acceptable for one MSF entity to leave MSF but to continue to use the name. Technical solutions will be studied afterwards.

4) External protection
An international policy regarding the protection of ‘Sans Frontières.’ Until now, no policy has been decided internationally. In the Netherlands, there is a policy in force. The Dutch section has decided to sue other organisations, which use the name ‘Zonder Grenzen.’ In other countries, and especially in France, nothing has been done, and it would appear that it is perhaps too late to initiate such a strong policy. This situation has started to become problematic, as there are already several organisations using the name. This is particularly sensitive with regards to ‘Pharmaciens Sans Frontières;’ MSF Holland has asked them to change their name, and at the same time, PSF [Pharmaciens Sans Frontières] was authorised to use the name ‘Sans Frontières’ a long time ago in France and elsewhere. They have asked us to come up with a solution. At the same time, EURO RSCG (an advertising conglomerate) has asked MSF whether they could use the name ‘Sans Frontières’ or not for one of their advertising agencies. We have presented them with legal arguments, urging them to find another name. Question: Do you want to define an international policy regarding the protection of ‘Sans Frontières’? Furthermore, do you want to follow the Dutch policy regarding the use of the MSF trademarks?

I discovered that MSF France had filed trademarks in 1983: Médecins Sans Frontières International and Médecins Sans Frontières Europe. So there was already an idea that they would exist, but particularly a sense of the ownership and control of this international MSF. From a legal point of view, these trademarks were irrelevant because they were no different from the simple Médecins Sans Frontières trademark. So there was no trademark superiority if an MSF entity already existed in the country in question. I thus suggested that we stop filing competing trademarks (we were paying a lot for nothing) and that the issue of the MSF trademark be assigned to the MSF International Office so that the political discussion could be structured to address the organisation of the MSF movement.

We asked the MSF entities to return all the trademarks that could not be justified to the International Office to support fundraising campaigns at the national level. For political reasons, we couldn’t ask the longstanding sections because
that would have ended up taking away their right to exist under that name in their own country. So we pushed back the return of the trademark to the International Office for later. However, all trademarks registered on the ground were done so in the name of the International Office. I suggested to the International Office that they protect the trademark in respect of a limited number of criteria: to prevent any risk of confusion in the field for activities that could be mistaken for aid. If we were talking about people who wanted to call MSF for mediation in a company, this wouldn’t incur any risk to our lives on the ground. But, if it involved humanitarian aid, or a political activity, or whatever, something that might impact our fields of intervention, in that case we’d take action

Françoise Bouchet-Saulnier, MSF Legal Advisor from 1991 (in French)

b) The Saga of the Logo

In 1971, the first MSF logo was a brown cross, the usual symbol for medical aid including the MSF letters. The International Committee of the Red Cross (ICRC) felt this was too similar to its emblem, which was protected by the Geneva Convention, and asked MSF to change it. In 1985, MSF France’s logo was changed to a shaded white and red cross. In 1986, MSF Belgium created its own green logo. A year later, the new team in charge of MSF Belgium pleaded for a logo common to all sections. In May 1987, the Swiss government asked MSF France to change its logo because it was too similar to the Swiss national flag. The Swiss authorities threatened to prosecute MSF France and lawyers on each side started to work on the case.

Minutes from of the MSF France Board of Directors Meeting, 22 May 1987 (in French).

Extract:
4) The MSF logo: Francis Charhon shared a letter sent by the Swiss Embassy in Paris, with us. The Swiss government reiterated its claim that our logo is too close to the Swiss colours. A discussion ensued on this matter and on the possibility of changing our logo.

Minutes from the MSF France Board of Directors Meeting, 4 March 1988 (in French).

Extract:
4. MSF logo
• Regarding our logo, the case is ongoing with the Swiss Red Cross and the Helvetic Confederation.

It took MSF some time to find a new design, as it required all the MSF sections’ agreement. However in April 1990, the MSF International Council chose a new logo, a tilted version of the previous one, and voted in favor. After which, the Swiss government dropped the case. However, once again, the ICRC found the logo too similar to its own logo and threatened to prosecute MSF. In addition, several national Red Cross Societies took the same path, notably the Dutch and the Swiss ones. Therefore, while temporarily using the brand new logo, MSF started to search for another design again.

Minutes from the MSF International Council Meeting, 7 and 8 June 1990 (in French).

Extract:
Logo: A new logo was presented, visually close to the previous one and no longer legally contestable by the Swiss government. Sections agreed.

Letter from Francis Charhon, MSF France to the Presidents of the MSF Sections, 25 July 1991 (in French).

Extract:
The matter of the logo has resurfaced, not from the Swiss this time, but from the Red Cross. During a conversation that Rony and I had with Dr Russbach and the Director of the Legal Department at the ICRC, they shared their ‘disapproval’ of our logo. I don’t think they’ll come after us directly, more likely any action will come from the national Red Cross associations. A first offensive was made by the Dutch Red Cross, followed by the Swiss, apparently. I think that, concerning this matter, we need to
take concerted action and approach this as a united front. As you know, the International Council hired Françoise Saulnier, a lawyer by trade, to assist our association with this type of problem. I’d like to suggest we organise a European meeting with Françoise at a time and place to be decided if you think this is a good idea. Contrary to what the different representatives of the Red Cross might infer, we don’t have as bad a case as they suggest, based on Françoise’s initial assessment. The study done by the Swiss section has already provided us with some elements for our case.

Extract:

7.6. MSF logo: Following a letter from the ICRC asking us to change our logo and indirectly threatening legal action, Rony went back over the reasons why it was chosen in the first place: the logo evokes the ideas of aid and medicine, it creates almost deliberate confusion with the ICRC; it was chosen ‘by default.’ On the other hand, this logo evokes the Christian West and so isn’t very satisfactory. Jacques [de Milliano] summed up three possible approaches:

- Change it
- Start a fundamental dialogue with the ICRC on protection of humanitarian teams
- Start legal guerrilla warfare (we’d lose in France, but in Nicaragua?)

We need to give a quick response to the ICRC otherwise we’ll be taken to court. Jean-Pierre is all for a real logo in the medium term, but is against submitting to pressure. Rob [Boom, MSF Holland] is strongly against changing the logo until we’re obliged to. Alain [Destexhe, MSF International] wonders whether we have a lot to lose from legal action. MSF Switzerland isn’t very thrilled with the prospect of going to court with the ICRC. Olivier [Strasser, MSF Switzerland] is worried about negative repercussions on the entire humanitarian movement. Jacques de Milliano insisted on the victim protection side of things. Rony confirmed that theoretically, MSF can use the red cross in some countries where we work. Several members of the International Council are convinced that it’s in our interest to change our logo to assert our identity and image.

Conclusion:

- We are going to start a dialogue with the ICRC on the basis of protecting humanitarian workers.
- The ICRC is to be our sole point of contact (no contact with national Red Crosses).
- We explore a new logo. A budget of 200,000 Belgian francs was granted to MSF Spain.

Extract:

9. Presentation of proposed logos

Eight logos presented: one by MSF Belgium, two by MSF Switzerland, two by MSF France, three by the International Office. All graphic and symbolic proposals (flag, doctors, globe, hand, etc) were swiftly rejected. The participants didn’t identify with these. Two proposals were finally selected (one with the current red background with MSF initials).
overlaid in white, and a second one with the MSF letters separated on a white background). After a vote, the white letters on a red background was chosen, mainly because it was considered the easiest to read. The Paris-based agency that put forward the logo will be in charge of creating the final logo. The logo will be submitted to the boards in each section for approval.

**Minutes** from the MSF International Council Meeting, 11 February 1993 (in French).

**Extract:**
The logo was rejected by MSF Belgium and MSF Holland. Both sections are currently working on designing a new logo. The communications managers promise to come up with a firm proposal before the end of March. The ICRC is aware of this delay. The new proposal will be circulated around the different sections and the next restricted International Council will approve it (2 April).

**Minutes** from the MSF France Board of Directors Meeting, 24 September 1993 (in French).

**Extract:**
Logo [...] The latest version of the logo, adopted by the Communications Directors of the different sections, has been unanimously rejected by the International Council, with the exception of France. According to Jean-François Alesandrini, Communications Director at MSF France, the logo was rejected for totally subjective reasons, without any reference to the specs. The logo selected (already approved last year by the International Council but rejected by the Belgians) now needs to be ratified by the different boards. The board follows the recommendations put forward by Jean-François Alesandrini: not to adjudicate on the adopted logo, start the design process again with more detailed specs.

**Letter** from the ICRC to Jacques de Milliano, MSF Holland General Director, 8 October 1993 (in French).

**Extract:**
Dear Sir,
At the meeting which took place on 9 and 10 November 1992 between the representatives of Médecins Sans Frontières and those of the International Committee of the Red Cross, we were informed that Médecins Sans Frontières had agreed to change its logo with a symbol that would no longer cause confusion with the red cross or red crescent emblems. In a letter dated 2 February this year, your Secretary General, Dr Alain Destexhe, informed us that the process of choosing a new logo was ongoing and would take a further six months. You are aware, from our correspondence and our meetings, of the importance of this matter to us and how we are frequently contacted by national Red Cross societies who are unhappy about the confusion caused by the logos still being used by Médecins Sans Frontières. As this is such a sensitive matter, it is important that you inform us in writing of the status of this matter before the meeting of the Council of Delegates for the entire movement taking place in Birmingham on 29 and 30 October 1993.

**Minutes** from the MSF International Council Meeting, 7 April 1994 (in English).

**Extract:**
The new logo was adopted unanimously. There was a discussion on the translation of the logo and how it is to be used. It was decided to take advantage of a new logo to promote the name of the organisation, ‘MÉDECINS SANS FRONTIÈRES,’ to the maximum.

**Regulations regarding use of the logo:**
The name shall be an integral part of the logo. Use of the logo on its own (without the name) not to be permitted.

For the field:
1) Logo accompanied by the name ‘Médecins Sans Frontières’ (in French).
2) Logo accompanied by the name ‘Médecinos Sin Fronteras.’
3) Exceptions to 1 and 2: Logo + ‘Médecins Sans Frontières’ and a translation of that name into the language of the country (in the same size, or smaller characters) for reasons of security or recognition and understanding.

For the sections:
It is recommended to promote the logo with ‘Médecins Sans Frontières’ in French.

For the delegate offices:
- Generally speaking: the logo with the name in French and a translation into the language of the country in same size characters underneath.
- For large-scale mailings: either as above, or with the name only in the language of the country.

Jacques de Milliano will consult with MSF H’s delegate offices before the next International Council, when a final decision will be taken. The new logo must be approved as quickly as possible by the boards of the sections so as to respect the following deadlines:

- May–June: the boards of the sections will vote on the logo.
- June–July: a common ‘graphic charter’ will be drawn up for all the sections.

The IO will inform the Red Cross. The communications’ directors must agree on a date for the employment of the new logo (discussion as to whether there should be a simultaneous launching by all sections or the choice of date left to the sections).


**Extract:**
The logo: The fundamental elements, the red and the black,
The new logo had to have universal appeal, with no religious or cultural connotations, with a simple and neutral design. It can be easily rolled out to stickers, T-shirts, and headed paper. On the ground, the logo sends a clear message, a rallying call in the face of danger, at the heart of action. The logo is the distinctive sign of the association for all its members to the outside world (press, donors, subscribers, potential warring parties in the field, other organisations, etc). The figure is drawn as a very simple pictogram. The figure acts like a symbol. It is placed in the middle of the sketch, which gives the whole logo a dynamic look and feel. It is in motion, in action. The typography is placed to the right of the sketch. The arm covers a part of the typography, giving it a protective feel. This image is not a thousand miles away from the old logo, thus allowing easier integration into the organisation. It has a well-balanced, dynamic design in which the idea of urgency is clearly expressed. The logo is therefore very MSF.

Letter from the ICRC to the MSF International Secretary General, 27 May 1994 (in French).

Extract:
The ICRC is pleased and satisfied to learn of MSF’s plans to adopt a new logo. You are aware, of course, of the importance the ICRC and the various national Red Cross societies attach to this matter in light of their concern to protect the Red Cross logo and avoid any confusion caused by the logos, above all when conducting aid operations both nationally and internationally. Aware of the difficulties involved for an institution such as yours to find an emblem which, while conveying its various characteristics, achieves consensus an institution such as yours to find an emblem which, while conveying its various characteristics, achieves consensus.

Dr Rony Brauman, MSF France President 1982-1994


Discussions about renewing the first charter, and thus, the principles of action were ongoing for several years. The sticking points appeared clearly in situations when MSF spoke out publicly or did not. At that time, the word ‘témoignage’ was used to describe the activity of public advocacy, but it was not written in the principles per se. Therefore, the MSF international meetings’ agenda was largely influenced and sometimes even dependent on the various quarrels between the sections concerning public speaking.

In December 1988, in Paris, there was an agreement on the code of conduct of operations that was already implemented for several months. It mostly covered the guidelines of exploratory missions.

Extract:

We were unable to find a new logo. What was preventing us moving forward, among other things, was that we were constantly revolving around two or three symbols considered universalist or universal: the globe, the caduceus, and the cross. Finally, a small design agency came up with one and I fell in love with - our little guy. I knew we wouldn’t find anything better than that. I liked it especially because it followed on or broke away from our previous logo exactly where it needed to. And we don’t know if the little guy is someone running away or an aid worker arriving somewhere, it’s an ambiguity I really like. The medical dimension is no longer there, of course, but the cross wasn’t particularly medical either. I persuaded my colleagues in the other sections that we had to act urgently, that they needed to take advantage of the fact that we had a proposal with a really good chance of reaching a consensus. I asked them to perform an act of trust of the sort you bestow on people who simply head out and have nothing left to prove. It worked, they all came on board. They all understood we had something good to show, that we shouldn’t sit around waiting for it to blow up in our faces. Plus, a logo comes alive by being used, by being photographed, filmed, getting grubby on a flag. Basically, it’s all of that which creates the story. And I don’t think anyone today can deny that. So, finally, all the obstacles and the naysaying came to an end, thanks to this proposal that was a cut above the rest. No caduceus, no cross, no proffered hand or anything else, no clichés.

Dr Rony Brauman, MSF France President 1982-1994

• Sensitive countries with guerrilla warfare (making an action in both camps possible) (e.g. Somalia, Angola, Afghanistan, Sudan, Mozambique, Salvador, Nicaragua, etc). In this case, any exploratory mission, whether in the same field or in the opposing camp, needs to be carried out after information is exchanged with the office that already organised a mission, but there is no right of veto.
• Ultra-sensitive countries, two such countries have been identified: Lebanon and Sri Lanka. In this case, for obvious security reasons for the MSF teams in place, a new section that wants to establish itself can only do so in line with the conditions met by the pre-existing section. And here the section present on the ground has right of veto over the others due to the critical risk incurred by the teams. The list of these countries changes over time and is obviously kept to a minimum as much as possible.

The charter was discussed in the international meetings throughout 1989 and 1990. Together with the issue of ‘témoignage’ or advocacy, it was put on the agenda again at the first European Convention of Médecins Sans Frontières. This convention was held in Toulouse, France on 3 & 4 June 1989, and brought together associative and executive members of the various MSF sections.

Minutes from the MSF International Meeting, 21 April 1989 (in French).

Extract:
1. Charter
Each section presented its proposal to amend the Charter drawn up in 1971, generally drawing on the conversations held by the respective boards. The fundamental question is whether or not to remove the principle of non-interference. Since it is clear that the charter often serves as a ‘business card’ for the authorities of the country where we want to begin working, we agreed that it needs to be relatively open and, at the very least, non-aggressive. This eliminates propositions such as ‘MSF reserves the right to condemn.’ We also agreed that it should be based on the principle of ‘right to humanitarian assistance.’ MSF Holland defends the idea of keeping the principle of non-interference in the charter. The five other sections agreed to remove it (i.e. take out point 4 completely and the related part in point 2), on condition that we create:
• a code of good conduct defining the procedures to apply, in the case of one of the sections interfering in the internal affairs of a given country, to factor in the repercussions on other MSF sections before action is taken.
• a set of internal rules to ‘control’ individuals’ urge to speak out at any given moment.

Rony is in charge of the actual formulation of this agreement and faxing it to the others, if possible in time to present the final text to the respective General Assemblies, the first meeting in Brussels the last weekend in May.

Minutes from the MSF France’s Board of Directors Meeting, 26 May 1989 (in French).

Extract:
Several points have been added to the charter, which has been given a new title to convey its European scope and is as follows:

Draft charter observed by the national sections of Médecins Sans Frontières: France, Belgium, Switzerland, Holland, Spain, Luxembourg.

Médecins Sans Frontières is a private, international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions, which might help in achieving its aims. All of its members agree to honour the following principles:

1. Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed, or political convictions.
2. Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.
3. Members undertake to respect their professional code of ethics and maintain complete independence from all political, economic, or religious powers.
4. As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

In Toulouse, the témoignage policy was discussed again, then re-discussed when it came to the discussion on the charter article on public denunciation, on whether to remove it or not. The policy was brought up again during the discussion on internationalisation of MSF. MSF France took a stance in favor of public positioning while the other sections reserved public speaking only to crisis ignored by the media.

Minutes from the Médecins Sans Frontières’ European Convention, Toulouse, 3 and 4 June 1989 (in French).

Extract:
After these presentations, a discussion was held on ‘témoignage’

Position of Médecins Sans Frontières France: Médecins Sans Frontières’ vocation is to provide medical assistance in the field, not an exclusively medical service, but a humanitarian
one also, which means being sensitive to basic human rights and factoring in the concept of humankind and human dignity. Not systematically speaking out, but not systematically staying silent either. Example: in the case of Sabra and Shatila, we did not speak out because there were 150 journalists on the ground and there was nothing more for us to say. We reserve our ‘témoignage’ and advocacy actions to those times when we are the only and/or main observers. At these times, our ‘témoignage’ carries more meaning and clout. Médecins Sans Frontières France believes discretion in ‘témoignage’ should be the exception not the rule. We speak out loudly and clearly, but when we do so is decided on a case by case basis. For the other sections, the opposite is true.

Position of Médecins Sans Frontières Luxembourg: As expressed for Holland in the introduction by Rob Boom [MSF Holland President]. The conditions need to be discussed for each case. On the basis that Médecins Sans Frontières is the only witness to abuses and Médecins Sans Frontières does not turn into an association for the protection of human rights.

Position of Médecins Sans Frontières Spain: Within Médecins Sans Frontières Europe, the speaking out policy needs to be formulated. We’re being asked more and more frequently to go and investigate to bear witness. Need to speak about it and find out how far we want to go.

Position of Médecins Sans Frontières Switzerland: We mustn’t get caught up in this spiral of ‘témoignage.’ We mustn’t diverge from our usual practices or be scared to attract media coverage from speaking out. There needs to be mutual support between the Médecins Sans Frontières sections such that speaking out is not shoved from one section on to another […]

Amendments to the charter: Three important points were discussed concerning articles 2 and 4 of the charter: non-interference in the internal affairs of states (article 2) and reporting of human rights abuses (article 4) on the one hand, and the right of intervention for humanitarian reasons on the other. This last point, unanimously agreed in this group, should be added to the charter. Regarding the first point (non-interference), there was not much discussion on the need to remove this article given that it is no longer observed in practice. Regarding the second point (public denunciation), there is a huge divide between Médecins Sans Frontières France on one side and Médecins Sans Frontières Holland and Médecins Sans Frontières Belgium on the other. While MSF France wants to remove this article, which no longer reflects actual practice, the other two sections were less inclined to do so. MSF Holland is totally against the idea, along with some representatives of MSF Belgium. We discussed the idea of whether it would be acceptable by everybody to delete this article on the understanding that it would be replaced by a code of ‘témoignage’ on the denunciation of human rights abuses. All the representatives agreed on the need to have a charter adopted by everyone that would serve as a common denominator. […]

Témoignage on human rights and publicity: “To sign or not to sign, that is the question.” Médecins Sans Frontières France says “yes, without exception,” Médecins Sans Frontières Belgium and Holland “no, without exception,” to sum up the discussion. The group recognised on this matter there was no middle ground. Médecins Sans Frontières France will continue to publicly denounce human rights abuses, Médecins Sans Frontières Belgium and Holland will only do so when ‘silent diplomacy’ and disclosure of news to the media do not work, the situation is deemed to be extremely serious, or no other organisation is talking about it. If all the sections want to cooperate and integrate more closely, this can only happen when agreements have been established between them on how to behave in regard to this issue, so that each section does not step on the toes of the others. This is considered a matter of mutual concession for all sections for which mutual respect is a prerequisite. Rony Brauman proposed forming an executive committee which monitors the same line of enquiry as was done for the code of conduct for exploratory missions, and new projects in countries where each had programmes, i.e. the classification of regions from ultra-sensitive to normal. There is a veto on publicity for countries defined as ultra-sensitive, and there is an obligation for everyone to check with each other before making a decision on action to take in any case. There was a discussion also on the need to establish a code of conduct for activities involving lobbying international organisations and international fundraising after 1992.

In the following meetings, the debates focused on the appropriateness of keeping concepts of ‘refraining from public denunciation and of non-interference in the internal affairs of States in the charter, as policy regarding territories and states where MSF operates. MSF France provoked the discussion with a statement regarding the Khmer Rouge’s posing threat in Cambodia. MSF Holland asserted that a MSF section should not speak out on a country without permission of the other MSF sections working in the same country. They asked for a modification of the code of conduct to reflect this proposal. MSF Holland also pleaded for the concept of non-interference to remain in the charter. MSF France disagreed, fearing that it would give too much visibility to the issue.

Minutes from the MSF International Council Meeting, 5 October 1989 (in French).

Extract:
1. Charter
Jean-Pierre [Luxen] [MSF Belgium] said that for internal reasons (other priorities, in particular internal restructuring) this matter was not addressed in Belgium. The revision of the charter according to the terms formulated in Barcelona has been added to the agenda of the next extended board meeting of MSF Belgium taking place on 8 October. O[livier] S[trasser] [MSF Switzerland] said that the new Charter was voted at MSF Switzerland’s last General Assembly with the reservation of adopting a code of good conduct and internal
Discussions on several detailed amendments: J[osep] V[argas] remarked to O[livier] S[trasser] that the latest version of the Charter is slightly different from the version voted in by the Swiss: in particular the addition of ‘political’ (so irrespective of […] in §1 and ‘impartiality’ after neutrality in §2. These few isolated amendments are not significant since they don’t change the general meaning of the new Charter, on the one hand, and because it [the Charter] needs to be made statutory, i.e. approved at the Extraordinary General Meeting on the other hand. R[ony] B[rauman] thinks that, following repeated requests, it is preferable to add the word ‘political’ to §1, even if the idea is contained in the word philosophie (in the French understanding). However, regarding the addition of ‘impartiality,’ even though the meaning is different from ‘neutrality,’ the word just makes the sentence longer without reinforcing the meaning. Agreement in principle on these points.

R[oelf]P[adt] shared a question raised during an internal discussion at MSF Holland on §3: can we, when working on long-term programmes in true cooperation with the country’s official authorities, claim ‘complete independence’ from all powers.’ R[ony] B[rauman] believes there is no fundamental contradiction here. The notion of ‘political independence’ relates to control over major decisions, such as setting up missions, the main principles of running them, the possibility of bringing them to an end for ethical reasons. This is not incompatible with collaboration, even close collaboration, with regard to action. Everyone acknowledged their satisfaction that, in this area that was still quite sensitive until recently, we have made great strides and are now on the verge of completion. Next step: adoption of a common Charter by the national sections.

Minutes from the MSF Belgium’s Board of Directors Meeting, 9 October 1989 (in French).

Extract:
2. New text proposed by MSF Belgium’s board:
- In bold: to add or amend […]

Médecins Sans Frontières is a private, international association. The association is made up mainly of doctors and health sector workers, and is also open to all other professions that might help in achieving its aims. All of its members agree to honour the following principles:

1. Médecins Sans Frontières provides assistance to populations in distress, to victims of natural, man-made or environmental disasters and to victims of armed conflict. They do so irrespective of race, religion, creed, or political convictions.

2. Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance, and claims full and unhindered freedom in the exercise of its functions.

Reserving the right to speak out if they cannot carry out their operations.

3. Members undertake to respect their professional code of ethics and maintain complete independence from all political, economic, or religious powers.

4. Being impartial, they assess the risks and dangers of the missions they carry out, and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

Minutes from the MSF International Council Meeting, 9 January 1990 (in French).

Extract:
I–II ‘témoignage’ Debate - International Secretariat
R[eginald]M[oreels] opened the debate, clarifying from the start that points I and II in the agenda (speaking out and MSF Europe’s status) are interrelated. He clearly presented the question to find out whether the MSF sections intended to create an International Secretariat exclusively aimed to tackle overarching problems such as fundraising for a supranational structure also tasked with managing differences of opinion which would include a decision-making body in these areas.

Debate on ‘témoignage’ Following MSF France’s public advocacy on the Khmer Rouge threat in Cambodia, R[oelf] P[adt] defended the suggestion that a section should not publicly speak out on behalf of a country without first obtaining authorisation from the MSF section operating in the country in question. To this end, MSF Holland’s board recommended revising the best practice code […] R[eginald] M[oreels] made a distinction between ‘investigative advocacy’ (with no direct contact with the events, for example the mental asylums in the USSR) and ‘direct advocacy’ (for example, reporting from the field with supporting evidence). R[ony] B[rauman] stressed the importance of investigative advocacy but without making it MSF’s primary objective, since the association isn’t looking to become the medical arm of Amnesty International. Furthermore, he stated that until now, whenever MSF France has spoken out, this has never caused any practical problems to other MSF sections in the field (e.g. Ethiopia). Luxembourg and Spain still have
not given their official position on investigative advocacy through their board. R[eginald] M[oreels] clarified the point made by Belgium, whose board made the decision to include the obligation to speak out in the charter, i.e. point 4 of the new charter ending with ‘[…] will speak out on medical abuses of human rights and non-observance of the right to humanitarian assistance.’ Nevertheless, while speaking out now seems to be unanimously accepted and despite the persistent differences of opinion on this, above all between France and Holland, Belgium agrees not to include this point in the charter. R[oelf] [Padt] reiterated that MSF Holland didn’t give up the former charter easily and that a portion of its board made a proposal to replace “prohibits any interference” with “avoid any interference.” R[ony] B[rauman] claimed that this reformulation doesn’t change anything fundamentally, but merely draws attention to the principle of interference vs non-interference. R[oelf] [Padt] specified that MSF Holland would accept a supranational structure with decision-making power, and the new charter, but only if the charter included a best practice code as proposed by its board. It was therefore decided that MSF France and MSF Holland continue the discussion of the matter among themselves and that R[ony] B[rauman] review MSF Holland’s document and produce a document to satisfy both sections.

In October 1990, proposals to include gender discrimination and to replace ‘natural disaster’ by ecological disaster in the charter was rejected. Eventually, a final version of this charter was officially adopted in February 1991 as well a European policy on témoignage.

Minutes from the MSF International Council Meeting, 11 and 12 October 1990 (in French).

Extract:
Charter and internal regulations […]
B. Declaration of intent
MSF Spain: charter accepted at the General Assembly [Annual General Meeting/General Assembly] with one small amendment:
• Change: add ‘gender’: […] irrespective of gender […]
• Best practice code is important
• Fully agreed on direct advocacy
MSF Switzerland: charter accepted at General Assembly
• An Extraordinary General Meeting is required to accept the proposed amendment
MSF Belgium: not yet officially accepted by the General Assembly
MSF Holland: on the agenda for the AGM in November 1990
MSF Greece: first General Assembly for founding members to take place on 13 November 1990 where they will decide on statutes and the official legal status. Regarding the charter, no problems envisaged.
MSF France: proposed deleting environmental disasters

Conclusion
• ‘Gender’ in: ‘Irrespective of gender […]’ was not added to the charter. The International Council accepts that MSF Spain is the exception
• ‘Environmental disasters’ has been deleted
The charter will be distributed around the sections

Appendix 2 European advocacy policy
Introduction.
Regarding public advocacy, MSF does not define itself as a human rights organisation and has no intention of replacing human rights organisations, does not consider it to be a rule for action. In the framework below, Médecins Sans Frontières does not prohibit advocacy or taking a position publicly, taking into account the fact that the impact of its public advocacy is due to its exceptional and non-political nature.

Framework.
Public advocacy and taking a position publicly must:
• Relate to abuses against human rights or humanitarian principles
• Relate to situations directly experienced by Médecins Sans Frontières in the field, where others cannot investigate, or where it is very difficult to do so (no investigative advocacy).
Wherever possible, Médecins Sans Frontières will start with ‘silent diplomacy’ before going to the media.

Method.
Information from other sections must be sent systematically. When public advocacy extends beyond the framework described above, and/or when the stability of a mission
of another section is at stake, an agreement needs to be reached through dialogue between the sections. The right of veto granted to other national sections can be legitimately invoked when the vital safety of people in the field is at risk. To act outside of the defined framework, solid arguments must be presented. The president in office at the International Council can be called upon to arbitrate on any disputes if he or she is not a member of the section that brought the dispute. In this case, the previous president, or failing that the representative of another section, will make a ruling. If arbitration fails, no sanctions will be imposed. N.B. This code will be in force for a test period of one year, at the end of which an assessment will be done to identify any necessary changes.

3. Financial Independence

Financial independence was one of the main issues discussed at the international level. Aside from MSF France, most of the MSF section budgets were essentially funded by institutions, particularly the European Commission. The MSF movement decided to reduce this dependency by diversifying institutional donors and developing private fundraising. A mechanism of financial solidarity within the movement, to help the poorest sections, was also considered.

Minutes from the MSF International Meeting, 7 and 8 June 1990 (in French).

Extract:
Opinion of each section regarding corporate donors
MSF France: Considers them as partners. This is why, in principle, MSF France would prefer to retain its independence by not accepting corporate funding above a specific limit (currently one third of resources).
MSF Luxembourg: 50% funded by the Ministry of Cooperation. No major problem in this matter.
MSF Spain: Difficult to obtain government funding given the high number of Spanish NGOs. However, 75% of operations funded by the EEC.
MSF Switzerland: 65% funded by corporations (Swiss Cooperation and UNHCR) but going through a transitional period that intends to shift the balance over to funding from public donations. No direct access to EEC funding.
MSF Belgium: Currently, two thirds comes from the EEC, no problem of alienation thus far. But keen to diversify sources. Proposal: Think about aid or solidarity systems between sections.

Minutes from the MSF International Council Meeting, 26 September 1991 (in French).

Extract:
3. A European humanitarian aid office: Alain Destexhe [MSF International Secretary General] presented the current project run by the Commission: it is a European office that would deal with emergencies and essentially heavy logistics, either with the support of the armed forces of Member States or with operational structures directly (pools of volunteers). […]
Rony [Brauman, MSF France President] described this project in a more general framework of ‘ousting the ICRC and NGOs’ and handing over these responsibilities to governments and the United Nations.
Jacques de Milliano [MSF Holland General Director] suggested that MSF produce a position paper.
Jean-Pierre [Luxen, MSF Belgium General Director]: behind the idea of being a partner, the EEC [European Economic Community] is demonstrating its desire to control the aid it funds.
Robert thinks the United Nations agencies are more targeted by the European project than NGOs.
Olivier and others raised the matter of MSF’s vulnerability in respect of the EEC. Some sections are more dependent than others. However, the EEC also needs us, as we saw in Kurdistan.
Jacques dM sees a contradiction between what we say and what we do. The reality is that our growth is largely thanks to EEC funding.

**In conclusion:** Rony will formulate a recommendation for a position paper for the International Council within 10 days. This position paper will include the following points:

- The positive experience of having a new partner on the humanitarian scene;
- The fact that in our opinion humanitarian action in periods of crisis should only be provided by neutral and impartial organisations. This position paper will be used when contacting managers at the UN, the EEC, ministries of foreign affairs, personalities, etc. Regarding the media, the International Council prefers to elicit articles, interviews, etc, explaining our standpoint rather than distributing the position paper.

International Council will hold another discussion during the weekend meeting on the ‘growth of MSF’ (relationship with institutions, independence, etc).

**3.b Liaison committee:** Jean-Pierre [Luxen] explained how the committee, whose members are NGOs from 12 countries in the EC [European Community], operates. Its aim is to represent all NGOs within the EEC and it already enjoys some recognition. The EEC is delighted to have a single partner and not a multitude of NGOs. Four working groups have been formed (co-funding, emergency aid, Lomé[39], women). Each country has a ‘leading’ NGO in charge of coordination. Luxembourg is represented by MSF Luxembourg, which is therefore a committee member. Jean-Pierre Luxen has been invited to join the emergency committee as an expert. The committee NGOs proposed creating an office through which all requests for emergency aid would be channelled. MSF Holland has been invited to join the Dutch group. Molinier [Echo] would obviously prefer to have just one contact. Jean-Pierre suggested that we position ourselves properly as an international organisation and differentiate from the other NGOs. Rony and Alain feel MSF shouldn’t join the committee. Jacques dM suggested formulating it positively by promoting the International Office in Brussels. He wondered what the consequences for MSF would be if it refused to take part. Jean-Pierre added that we need to promote our operational processes applied in emergency crisis situations. There is no equivalent to MSF among other NGOs from an operational perspective. In conclusion:

- MSF will not take part in the liaison committees, either at national or European level.
- All requests will be handled by the International Office.
- MSF Luxembourg will leave the liaison committee.

**5. MSF’s financial independence:** Presently, MSF is too dependent on the European Economic Community, which funds nearly half of programmes. Alain [Destexhe, MSF International Secretary General] presented how funding is distributed between the sections.

Bernard [Pecoul, MSF France General Director]: At MSF France, if the trend continues, its own funds will only be enough to cover the costs of headquarters. The main objective is to increase its own funds where growth is limited. Jean-Pierre [Luxen, MSF Belgium General Director] believes that institutional funds are available in huge quantities and forsaking these is to refuse operations we have the capacity to undertake. We need to put pressure on European institutions for them to allocate funds to genuine humanitarian organisations and in accordance with humanitarian priorities. Jacques [de Milliano, MSF Holland General Director] feels that we cannot possibly put pressure on decision-makers if we’re financially dependent on them. Jean-Pierre: “Real dependence is not being able to say no.” Public collections are very expensive, while institutional funds are comparatively less expensive. Bernard says we’ve lost control of spending on several occasions: Albania, Moscow, and Mozambique. He reiterated that one of MSF France’s objectives is to manage growth. Alain: relying on institutional donors, especially the community is standard practice in the growth phase (e.g. MSF Belgium and MSF Holland). Diversification is a must as you mature. Stéphane Devaux’s efforts are starting to bear fruit.

**In conclusion:**

- The International Office is preparing a best practice code for institutional funding.
- Raising our own capital is a matter for all sections.
- The International Council wants the amount of funding we receive from the European Community to go down over the coming years.

**Minutes** from the MSF France Board of Directors Meeting, 30 October 1992 (in French).

**Extract:**

**Development of the European Community Humanitarian Office (ECHO) [European Economic Community]: Bernard Pécoul.**

After the problems encountered with the EEC, in particular with regard to payment of funds at the time of the Kurdish operation, discussions were held with ECHO to restore a climate of trust and find practical solutions to the problems identified (contracts, MSF logistics centres). A volunteer external consultant has been hired, Jacques Hempel. His role of neutral mediator between MSF and ECHO should help improve relations. On 12 November, MSF International will be presented to ECHO’s managers. Pierre Harzé explained the increasing political pressure exerted on the back of funding and the red tape at the EEC. Rony Brauman told us that presently EEC funding accounts for 30% of total funding, with the aim being to bring that down to 25%. Gérard Bollini emphasised the need to protect ourselves against overdependence. Rony Brauman believes that in the

---

39. The Lomé Conventions are trade agreements between the European Economic Community and 46 African, Caribbean and Pacific (ACP) countries signed between 1975 and 2000. The Fourth Convention was signed in December 1989.
current scheme of things, relations with EEC are equal and we still have the option to refuse operations incompatible with the MSF spirit.

**Funding Charter:** A draft funding charter has been put together with the aim of creating more harmony between all sections. Board members are invited to think about the points put forward.

In December 1992, the MSF International Secretary General negotiated the MOU framework between the newly created ECHO and NGOs.

**Minutes** from the MSF France’s Board of Directors Meeting, 4 December 1992 (in French).

**Extract:**

**ECHO (European Humanitarian Office)**

Bernard Pécoul: a meeting between the heads of the various MSF sections and their counterparts at the EEC’s European Humanitarian Office has helped to establish a climate of trust. The disputes over the various contracts have been settled. The EEC has asked all members of MSF to contribute to the development of a new framework agreement with NGOs.

**When I became International Secretary General, it was at the time when the European Union was becoming much more important as a donor of humanitarian aid. It was really at an embryonic stage. And then came the crisis in Yugoslavia and suddenly their resources just exploded. They wanted to negotiate a framework agreement with just four partners to raise funds more quickly: UNHCR, MSF, and, I think, CARE and Save the Children, and that was all. And so I spent a very long time negotiating this framework contract with a new director, an Italian. It was actually pretty significant for MSF because, broadly speaking, the European Union wanted us to become a distribution operation. The substance of their message was: “We’ve got 100,000 ECU of blankets, so hand out blankets.” And for us, the whole negotiation was about maintaining our position, which was: “No, we choose the programmes, which are run based on the principles of humanitarian aid. We’re going to carry on acting independently. What are you putting into medicines?” We had endless discussions. Afterwards, they created ECHO, the European Union Humanitarian Office, to deal with this sort of decision. I did most of the negotiating of the contract with ECHO, with the support of Bernard Pécoul, the General Director of MSF France. The others weren’t particularly interested. And my contact at ECHO said to me: ‘But Mr Destexhe, you’re joking, surely? 5 million ECU? The EU Council of Ministers has just approved 100 million ECU and I’d be happy for you to take 20.’ I said to him: ‘No, our programmes don’t need that kind of money.’ And again, within the MSF movement there were tensions, because some sections were ready to play the game, saying, ‘OK, if they want to give us all this money, let’s take it’ (to the point of doing almost anything with it). Others (like MSF France) were saying, ‘No, we have to run our own programmes.’

Dr Alain Destexhe, MSF International Secretary General 1991-1995 (in French)

**We mustn’t forget that Brussels is also the location of the European Commission and this proximity isn’t insignificant. The revolving door between MSF Belgium and the Commission was constantly turning. The Commission finally gave them Europe as the horizon and a very concrete Europe full of money and resources.**

Dr Rony Brauman, MSF France President 1982-1994 (in French)

In the meantime, in April 1992, Stéphane Devaux was recruited by the International Office as the Institutional Fund Coordinator. He was tasked to source institutional funds outside of the EU and to create an institutional funding guideline and request procedures. Devaux started to assess these possibilities for MSF Belgium, particularly in the Nordic countries and in Italy and had put them at the disposal of the movement. However, in early 1993 his contract was not renewed and the International Council decided that this task should be completed by each section.


**Extract:**

**Decisions:** An ‘institutional fundraising coordinator’ post has been created at the International office for a six-month period. It will be filled as quickly as possible (1 April?) by Stéphane Devaux. The objective is to: (1) seek funding (outside the EEC) for the most important unfunded programmes currently underway, and (2) develop guidelines for institutional funders as well as procedures to follow for the use of office headquarters and field coordinators, and (3) explore the main institutional funding opportunities in order to diversify the organisation’s resources. Stéphane will work closely with:

- Joëlle Tanguy, Annedien Plantenga, and others recommended by the other sections;
- Chantal Firino and Jos Nolle for the United States and Canada. Stéphane will present an action plan in one week. An initial performance review will be conducted in three months and an overall review in six months.
Minutes from the MSF International Council Meeting, 10 April 1992 (in French).

Extract:

2.2. Institutional Fundraising

MSF receives significant funding from the European Community (55% of budget). This might be a threat to MSF’s independence. Consequently, the working group has proposed appointing an institutional fundraising coordinator at the International Office for a six-month period with the following objectives:

1. To raise funds outside EEC [European Economic Commission] for the biggest current programmes lacking funding.
2. To establish institutional funding guidelines and procedures to use by headquarters and field coordinators.
3. To explore the main opportunities for receiving institutional funding to diversify the organisation’s resources.

MSF Holland insists that this post not be an additional instrument to promote growth, but rather a real attempt to diversify. Quality over quantity. For MSF Belgium, dependence on the EEC isn’t a big deal. For MSF France, dependence isn’t just a financial matter, but also a question of mindset. This point will be discussed in more detail at the next International Council meeting scheduled for June in Paris.

Minutes from the MSF International Council meeting, 15 and 16 October 1992 (in French).

Extract:

Stéphane Devaux’s appointment in the International Office as ‘grant coordinator’ has been extended for three months (15 January). After that, this activity will be directly managed by the sections.

In September 1990, Jean-Pierre Luxen [MSF Belgium General Director] invited me to come to Brussels and do a small piece of exploratory work on the issues around institutional fundraising, particularly in Scandinavian countries. Based on the work I’d done, he asked me to look at it in more detail and to start exploring the possibilities of setting up offices and branches, and developing a strategy.

The people at MSF Belgium felt they were too dependent on European funds. They wanted to be more independent, not necessarily by raising more funds from private sources but by diversifying their institutional partners. And then, in early 1992, I moved to the International Office. It was a two-stage process. The initial idea was to develop some kind of guideline for identifying more diverse institutional funding sources. I produced some information sheets on each potential institutional donor: limitations, requirements, strategies for approaching them, etc. The guideline was the preparatory stage. After that, we decided to try it out on some major current issues, which could be interesting to share with the different sections on big cross-cutting issues, which would be interesting for the whole MSF movement.

We tried to do it so there would be a basis for allocating funds based on demand. So the French would say to me, for example, ‘There’s a major operation in Somalia: the Italians are interested, so let’s do some communications in Italy and see how it works.’ I worked for an operation that was led by the French, but we organised it so that there was a balance with the other sections that were also operating in Somalia. The same thing could happen with certain operations that people felt strongly about or which were important, and where raising funds could help to increase the resources available and diversify where they came from. So I worked regularly with the three sections, openly supporting all of them. I shared all the information that was available: there was no copyright on it. But you had the feeling that, to a certain extent, MSF France wanted to turn the situation to its own advantage. In the end, MSF France told me that my post in the International Office was pointless and MSF Belgium was asked to take me back.

Stéphane Devaux, MSF Belgium Coordinator of Institutional Fundraising September 1990 - April 1992 then 1993, for MSF International April 1992 - January 1993 (in French)

Beyond the dependency on institutional funds, the other critical issue was MSF’s growth. While some sections wanted to grow as much as possible in order to implement as many programs as possible, others were in favor of limiting growth to maintain control over the spirit of actions.

It was really part of the discussion. The Belgians were saying, ‘All these principles about independence are nuts. MSF is about growth. The more money we have, the more we will do.’ There was tension between these two groups. Paris still dominated at that time, so they often imposed their point of view and had allies. In the Netherlands, Jacques de Milliano [MSF Holland General Director] often took positions very close to Paris on many issues. The Swiss, too. But, there were still major differences in terms of development.

[Jean-Pierre] Luxen [MSF Belgium General Director] was a visionary. When Rony and I recommended limiting growth, he would say, ‘We’re not going to limit MSF’s growth. In any event, it’s inevitable. MSF is going to become very big, so we need to organise on that basis.’ He was right and we were completely wrong.

Dr Bernard Pécoul, MSF France General Director 1991-1997 (in French)
MSF’s growth and scale were already issues. But at the time, it wasn’t very complicated to manage. It wasn’t a major source of conflict because we were still limited by the funds available.

Dr Jean-Marie Kindermans, MSF International Secretary General 1995-2000 (in French)

C. FAMILY COUNCILS:

In the following years, the issues of témoignage, principles of humanitarian action, and financial independency, remained on the agenda of IC meetings as they continued to pose serious concerns for the international movement. In the mid-nineties, these concerns were enlarged by the Former Yugoslavia crisis (1991-1995)40, the genocide of Rwandan Tutsis41 (1994-1997), and its aftermath in the Great Lakes of Central Africa. With these crises, the MSF movement experienced a series of serious internal disagreements, mostly due to cultural differences in operational approaches.

According to Jacques de Milliano from MSF Holland, at that time the movement’s internal disagreements were managed by applying the concept of ‘benign neglect’ that is avoidance of addressing issues. The crises brought to light a need to better shape MSF’s identity.

In the course of operations in the Great Lakes of Africa region and in the former Yugoslavia lots of problems arose, especially between France and Belgium. But we handled it by informally applying the principle of ‘benign neglect’ [the lesser of two evils strategy]: we don’t want the problems to multiply, so instead of clashing head on, we let things pass and say: ‘OK, it is what it is.’ We started to think that we had to shift away from ‘benign neglect,’ we really had to stop saying to ourselves that we could ignore the problems and we had to start taking the bull by the horns.

Dr Jacques de Milliano, MSF Holland Co-founder, President 1984-1985, then 1996-1997, General Director 1985-1996 (in French)

1. Royaumont (1994)

In December 1994, the disagreements seemed to be reaching a point of no return. The members of the International Council retreated to a former abbey in Royaumont, France for an informal weekend meeting. The objective was to use this difficult moment to make a real diagnosis of the problems and have in-depth discussions. The debates, which focused mostly on operational differences, were tough and poisoned by caricatured perceptions.

‘MSF International,’ International Council, Key Points from the Royaumont Seminar, Discussion Minutes, 1 to 3 December 1994 (in French).

Extract:
This is an unusual period for MSF. There are questions being asked and we need to pull together. We sense people’s frustration about our international investment, which doesn’t always translate into results. However, we mustn’t make pretence of consensus when there are priorities in the field to be addressed. We need to take advantage of this difficult time to get right to the bottom of our problems. The best approach would be to listen to each other about the main issues, differentiate between symptoms (crises) and causes, what are they, see how deep these differences run (fundamental problems – growth, advocacy, financing, etc), and identify the lines we absolutely cannot cross: the differences to be managed. Is there a general desire to get through this TOGETHER? There might be conflicting solutions, such as to engage more or disengage. There is also the standpoint taken by each section and the standpoint taken together within the International Council. If people aren’t on board, they won’t be able to tackle the priorities within their own section. The problem facing us lies in the contradictions seen at the international level, which are echoed within each section. So, casting the international dimension aside won’t solve anything, instead we need to manage the contradictions […]

There was a pretty strong clash between the sections in Royaumont, almost a split. If we’d failed at Royaumont, the movement would have broken apart. There were differences of opinion on several fronts: our missions, our actions, how we talked about what we had seen. It had all become a series of caricatures. The French saw the Belgians as an annex to the European Community because of the amount of institutional funding they attracted. We, at MSF Holland, were in the hot seat because in Goma, we had to coordinate with everyone, which meant cooperating with the Dutch military as well. So we were caricatured as ‘cooperating with the military.’ In the end, things turned out OK, because there was a desire to see how we could get beyond it. Royaumont was critical because we asked ourselves what brought us together and what separated us. We said to ourselves

that there were more things bringing us together, and we had to strengthen and clarify that element of our identity. And we also had to establish some criteria, on ratios, on independence, and on funding.

Dr Jacques de Milliano, MSF Holland Co-founder, President 1984-1985, then 1996-1997, General Director 1985-1996 (in French)

The Royaumont meeting was critical. It was a turning point, a key moment when the movement could have broken apart because there was such mistrust of the Dutch. We were at a ‘the Dutch have green ears and the French have red noses, we’re cut from different cloth and we can’t talk to each other anymore’ stage. We had decided we should speak behind closed doors because there was a sense that the whole thing was going to blow up. Alain Desterhe, the International Secretary General, and the members of the International Council were there. But it wasn’t a formal meeting of the International Council. It was a retreat for members of the International Council for a weekend, in this magnificent abbey. There wasn’t an agenda. I knew what both sides thought but, when it came to the discussions, they didn’t tell the truth. So there were false accusations, and things that were left unsaid. And at one point I said, ‘I’d like you to say what’s really on your mind because I’m hearing this and that, but I don’t know what you’re really thinking?’ And suddenly, people managed to start talking to each other. It was quite a magical moment. It was after the meeting in Royaumont that people said to themselves: ‘We need to do something.’

At the end of the Royaumont retreat, the will to overcome disagreements prevailed. A break from further construction of the MSF international movement was agreed for 18 months, until the 25th anniversary of MSF, in 1996. During this break, the MSF identity foundations such as values, principles of action, were reviewed and discussed.

As soon as 3 February 1995, the International Council decided to have a large MSF member gathering, a ‘second Melun,’ to reflect on MSF’s identity and vision for the future. The pow-wow was planned to take place on 6 and 7 October 1995 in Chantilly, France.


Minutes from the MSF International Council Meeting, Brussels, 3 February 1995 (in English).

Extract:
Follow up Royaumont: During the 18 months of ‘active interval’ the foundations of our organisation’s identity (guiding principles, basic values) should be reviewed and discussed. The importance of the circulation of people between the sections and the circulation of information seems vital for the internationalisation process. The meeting of the boards of MSF Holland and France in Paris has been considered as a very positive signal. A first important issue that will be discussed is ‘l’aspect associatif’ [associative dimension] within our movement.

Associative dimension: Decision - a working group consisting of the members of the International Council plus two additional board members per section will meet on 1 April to discuss and define standards of the associative dimension of the organisation. Those standards could serve as a basis for the development of the associative structure of the organisation […]

Melun bis: It has been decided to organise a broad international meeting (à la Melun) to discuss internationalisation. About 20 people of each section will be invited. This meeting will take place on 6 and 7 October in Chantilly.

Minutes from the MSF France Board of Directors Meeting, 10 February 1995 (in French).

Extract:
Minutes from the International Council meeting, 19 and 20 January

Bernard Pécoul [General Director]: […] The International Council meeting in the strict sense of the term began by addressing how we wanted to follow up on the crisis we had experienced in December, with a focus on Royaumont, where the differences and divergences between the sections had emerged. We have taken a proactive decision to pause the development of MSF International. In 18 months’ time, we are going to celebrate the 25th anniversary of MSF, and a pause will allow us to see whether, in celebrating this anniversary, we are going to be able to strengthen the MSF International project, and it will be the 25th anniversary of all of MSF. During these 18 months, we are going to talk to each other and work on the fundamental elements of MSF’s identity, our values, and the principles that guide our actions.

We are going to determine the values and criteria that define the association and which should be reflected in the articles of all the national sections. There are going to be discussions on these topics in the weeks to come […] One of the steps in thinking about the principles that guide our actions will be to define how we rank these principles in relation to each other. Independence, impartiality, compared with neutrality. During these 18 months of taking an active break, we are going to work on bringing people together. We are going to ensure there are more exchanges between sections and offices. All our human resources projects will
be run more dynamically. We are also going to work on improving our internal communications processes within the international network.

“We had a common charter, but it wasn’t enough. We needed to go beyond the charter and build the organisation on a solid foundation. And Paris was pushing very hard for that.”

Dr Bernard Pécoul, MSF France General Director 1991-1997 (in French)

“To some extent, Chantilly is the result of the fact that we had differing views on the crisis in the Great Lakes and Bosnia. There was a degree of mistrust. There were criticisms in some sections that would only have done humanitarian work and others that just wanted to speak out. So, Chantilly was really devoted to MSF being rooted in both humanitarian action and speaking out.”

Dr Jacques de Milliano, MSF Holland Co-founder, President 1984-1985, then 1996-1997, General Director 1985-1996 (in French)

Bernard Pécoul and I had developed a personal friendship and that helped a lot. Jacques de Milliano was less involved in the argument, which was mainly between Brussels and Paris. So, when things had calmed down and people had changed, we said to ourselves, ‘Let’s start from scratch, let’s run a kind of congress where we can talk about what MSF is and our vision of it; let’s see if we disagree on that – people were still flinging criticism at each other and blaming each other for our differences – and what kind of collective representation MSF might have.’ So, that’s how we came up with the idea of the congress, which was finally held in Chantilly. Then we decided what we were going to talk about.

Dr Eric Goemaere, MSF Belgium General Director, 1996-1998 (in French)

During the 3 February 1995 International Council meeting, concerns regarding the role of the International Office were raised again. Some believed the International Secretary General should not act as the MSF international spokesperson. Moreover, some International Council members wanted to maintain this spokesperson prerogative at the national section level. They did not welcome the International Secretary’s efforts to speak out in the name of the movement.

A few months later, the International Secretary General, Alain Destexhe, resigned from his position and began a political career. He was criticized for this move, particularly in MSF Belgium, as they thought he was using his MSF position and recognition as an election tool. Jean-Marie Kindermans became the new International Secretary General.

“Minutes from the MSF International Council Meeting, Brussels, 3 February 1995 (in English).

Extract:
It has been confirmed that the International Office is NOT the spokesman of MSF (International). The development of the International Office has to be seen in this light and Alain will come with a new proposal before the next International Council meeting.

The International Secretary General was supposed to provide common representation only when that was the wise thing to do. In fact, none of us [the presidents of the national associations] was prepared to give up our representation role and the ability to speak on our own behalf. Alain wasn’t some obscure bureaucrat, and he was a great speaker. He’d even contributed to defining the position, saying that he wanted to take it to a political level, support public advocacy, and any lobbying processes we could do. Advocacy didn’t yet have a legitimate place at MSF, but there was still this idea we’d instilled with Ethiopia, Somalia, and Yugoslavia in 1992 and 1993, etc. But with Somalia as well as the former Yugoslavia, I was the one who acted as MSF’s spokesman. Alain had his area and it was granted to him. He was ‘International Secretary’, a post he wanted to change to ‘General Secretary’, since it obviously added lustre to the position.

Dr Rony Brauman, MSF France President 1982-1994 (in French)

I left my position as International Secretary General at MSF International almost exactly four years to the day after taking the role. I left because I’d come to fundamentally disagree with the humanitarian approach, but not with MSF especially. I’ve written a lot subsequently about the humanitarian role in Bosnia and Rwanda. The instrumentalisation of humanitarian action by the US and the international community added four more years to a war we could have stopped at the outset.

Dr Alain Destexhe, MSF International Secretary General 1991-1995 (in French)

Alain was criticised for ‘using’ his position in MSF to campaign and get himself elected by referring to MSF
in several of his articles. And Brussels was especially sensitive to these issues, because the same thing had happened with others who had used the MSF name to get elected. Everyone agreed that there was a mix of styles and he had to go right away. He didn’t contest the decision either.

Dr Jean-Marie Kindermans, MSF International Secretary General, 1995-2000 (in French)


On 5, 6 and 7 October 1995, more than 120 members of MSF, both from the associations and from the executives gathered in Chantilly, a city one hour north of Paris. The objective was to openly discuss all issues and to solve them. A reflection on MSF’s identity was supposed to lead to the production of a common set of principles and policies that would complete the charter.

‘Preparatory Documents,’ Chantilly meeting, 5 to 7 October 1995 (in French, in English).

Extract:
**Objective**
The objective is to reach an agreement on one or more documents that would be common to the various MSF sections and set out MSF’s ambitions for the years to come, the common perspectives on which we agree, and the steps that will be taken to achieve our aim: the creation of a movement that is truly ‘Without Borders.’

To achieve this, we must use Chantilly to:
- Express the common principles that have forged our identity and differentiated us – not only to strengthen cohesion internally, but also to promote a strong identity in the outside world;
- Define the implications of these principles in concrete terms;
- Implement, or at least start working on, mechanisms that are as simple and non-bureaucratic as possible, to improve cohesion internally (communication, discussions, research, operations, training, etc.).

Though the participants were members from both the associative and the executive teams, the agenda of the Chantilly meeting and the drafting of most of the outcome proposals were drafted previously, by a group of General Directors from the main operational sections. Their decisions were to be endorsed by the association boards.

When we realised that we had to set the bar for a compromise somewhere, we decided to meet in private first. I don’t think it would be fair to say that everything was decided in advance. Even so, quite a few questions were raised in the debate, but to avoid it descending into a free-for-all, we decided we needed to meet in advance and work out how much room for manoeuvre we were going to give each other: ‘I give you this and you give me that.’ In the end, Pécoul wanted us to go for 80% private funding and I said it was impossible, so we compromised on 50/50 and I can’t remember what we got in return. The executive prepared the meeting and the agenda. The boards of directors were only involved later on. You have to remember the atmosphere at the time. If we’d left it to the boards of directors to sort out, it would have gone off the rails and we’d have been right back in the 1980s. We really needed it to work. What also helped – if I can say this – was that with the increasing number and scale of crises, especially in Rwanda, we were really starting to need each other. It was very healthy to have to turn to the others and ask them to get their hands dirty.

Dr Eric Goemaere, MSF Belgium General Director, 1996-1998 (in French)

We were very close to each other. The day before Chantilly, we spent a long evening in Éric Goemaere’s [MSF Belgium General Director] kitchen, preparing points where we agreed on policy. The meeting itself went very well. People worked together in small groups. Jean-Marie was the International Secretary General and he organised Chantilly. His method was to bring people together to talk things through.

Dr Bernard Pécoul, MSF France General Director 1991-1997 (in French)

I arrived in Chantilly the evening before the meeting and Éric [Goemaere], Jacques [de Milliano], and Bernard [Pécoul] said to me: ‘We have a charter, but it isn’t enough. We need a statement of principles. That’s what we want to do tomorrow.’ I got it straightaway and I said to myself, ‘That’s great.’


In reality, although there were widely differing views, we had the huge advantage of three general directors who got on very well. Bernard [Pécoul], Éric [Goemaere], and Jacques [de Milliano] were friends. It might seem a bit cosy, but it was essential, because it gave us a way out. The four of us prepared all the texts, and the final policy agreement on the Chantilly document, word for word, was sorted out before we
even started the meeting. Every word was carefully chosen and
gave everyone a way out. The anthropologist Jean-Luc Nahel [a
member of MSF France’s Board of Directors] said that in Chantilly
we moved from ‘the time of the prophets to the time of the
churches.’ That was exactly right! Bernard, Éric, Jacques, and I
are better managers than we are prophets. We didn’t come up
with the original idea. We weren’t like Kouchner, or Bérès. But
we did build the church, actually several churches! So, in that
sense, Jean-Luc was absolutely right. That’s how institutions
work: they all need prophets and builders. It’s less exciting than
being there at the start of an idea, but it’s the reality. And so,
in Chantilly, we agreed on the reality of MSF and its identity.

Dr Jean-Marie Kindermans, MSF International
Secretary General, 1995-2000 (in French)

According to most of the participants, the first Chantilly
meeting was a success. It allowed the MSF movement
to discuss sticking points and to establish a series of
principles that would go down in MSF’s common history
as ‘the Chantilly principles.’ The ‘duty of information’
principle on situations and fates of populations in danger
was highlighted. MSF’s associative spirit was reiterated
on the night before the last day […] After we came to an
agreement concerning identity, we debated the cohesion
mechanisms to be implemented in various working groups.
Among the suggested measures, here are the main ones:

1) To analyse the possibility of agreement on the identity
of MSF: it concerns the mission of MSF (its objective),
the action means (assistance, presence, witnessing, […]);
the principles (independence, impartiality, neutrality, medical
ethics, human rights, voluntary work, associative […] as
well as their concrete implications (priorities, codes […]);
2) If the first objective is reached, then to propose
mechanisms of international cohesion in order to keep a
common identity. It is not easy for 100 people to agree on
a six-page text proposal on identity: a common definition
and interpretation of each word are often necessary. But,
it was noticed during the debates that the majority of
the remarks and objections did not basically question the
proposal. Indeed, the text spirit was globally approved:
that was formally decided during an International council
on the night before the last day […] After we came to an
agreement concerning identity, we debated the cohesion
mechanisms to be implemented in various working groups.

An important step was undeniably taken in the process of
the internationalisation of MSF. The spirit was very positive
in all debates. It is the responsibility of the International
council to ensure that the commitments are honoured and to
follow up the various projects. An international coordinators’
day in May 1996, ON the occasion of the 25th Anniversary
of MSF, will also be a good occasion to analyse progress.
For now, we can only rejoice and wish you enjoyment of the
Chantilly spirit.

Doris Schopper, President of the International council
Jean-Marie Kindermans, Director of International Office
[Secretary International]

Extract:
Who are Médecins Sans Frontières?
1. The principles: Médecins Sans Frontières (MSF) was founded to contribute to the protection of life and the alleviation of suffering out of respect for human dignity. MSF brings care to people in precarious situations and works towards helping them regain control over their future.

1. Medical action first
The actions of MSF are first and foremost medical. This primarily consists of providing curative and preventive care to people in danger, wherever they may be. In cases where this is not enough to ensure the survival of a population, as in some extreme emergencies, other means may be developed, including the provision of water, sanitation, food, shelter, etc.

This action is mainly carried out in crisis periods when a system is suddenly destabilised and the very survival of the population is threatened.

2. Témoignage (speaking out) – an integral complement
Témoignage is done with the intention of improving the situation for populations in danger. It is expressed through:
- The presence of volunteers with people in danger as they provide medical care which implies being near and listening
- A duty to raise public awareness about these people
- The possibility to openly criticise or denounce breaches of international conventions. This is a last resort used when MSF volunteers witness mass violations of human rights, including forced displacement of populations, refoulement or forced return of refugees, genocide, crimes against humanity, and war crimes.

In exceptional cases, it may be in the best interests of the victims for MSF volunteers to provide assistance without speaking out publicly, or to denounce without providing assistance, for example when humanitarian aid is ‘manipulated.’

3. Respect for medical ethics
MSF missions are carried out with respect for the rules of medical ethics, in particular the duty to provide care without causing harm to either individuals or groups. Each person in danger will be assisted with humanity, impartiality, and with respect for medical confidentiality. In other respects, this ethical consideration provides that no one will be punished for carrying out medical activities in accordance with the professional code of ethics, regardless of the circumstances or the beneficiary of the action. Finally, no person carrying out a medical activity can be forced to perform acts or operations in contradiction to the professional code of ethics or the rules of international law.

4. Defence of human rights
Médecins Sans Frontières subscribes to the principles of Human Rights and International Humanitarian Law. This includes the recognition of:
- The duty to respect the fundamental rights and freedoms of each individual, including the right to physical and mental integrity and the freedom of thought and movement, as outlined in the 1949 Universal Declaration of Human Rights;
- The right of victims to receive assistance, as well as the right of humanitarian organisations to provide assistance. The following conditions should also be assured: free evaluation of needs, free access to victims, control over the distribution of humanitarian aid, and the respect for humanitarian immunity.

5. Concern for independence
The independence of MSF is characterised above all by an independence of spirit, which is a condition for independent analysis and action, namely freedom of choice in its operations, and the duration and means of carrying them out. This independence is displayed at both the level of the organisation and of each volunteer.
- MSF strives for strict independence from all structures or powers, whether political, religious, economic, or other. MSF refuses to serve or be used as an instrument of foreign policy by any government.
- 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.
- From their side, MSF volunteers are expected to be discreet and will abstain from linking or implicating MSF politically, institutionally, or otherwise through personal acts or opinions.

6. A founding principle: impartiality
Impartiality is fundamental to the mission of MSF and is inextricably linked to independence of action. Impartiality is defined by the principles of non-discrimination and proportionality:
- Non-discrimination in regard to politics, race, religion, sex, or any other similar criteria.
- Proportionality of assistance as it relates to the degree of needs – those in the most serious and immediate danger will receive priority.

7. A spirit of neutrality
MSF does not take sides in armed conflicts and in this sense adheres to the principle of neutrality. However, in extreme cases where volunteers are witness to mass violations of human rights, MSF may resort to denunciation as a last available means of helping the populations it assists. In these cases, simple assistance is rendered in vain when violations persist. For this reason, MSF will drop its strict observance of the principle of neutrality and will speak out to mobilise concern in an attempt to stop the suffering and improve the situation for these populations.

8. Accountability and transparency
Faced with populations in distress, MSF has an obligation to mobilise and develop its resources. Aiming at maximum quality and effectiveness, MSF is committed to optimising its means and abilities, to directly controlling the distribution of its aid, and to regularly evaluating the effects. In a clear and open manner, MSF assumes the responsibility to account for its actions to its beneficiaries as well as to its donors.

9. An organisation of volunteers
MSF is an organisation based on volunteering. This notion principally implies:
- An individual commitment to people in precarious situations and over their future.
situations. The responsibility of the organisation is based on the responsibility taken by each volunteer; • Impartiality, attested to by the non-profit commitment of volunteers.

Volunteering is a determining factor in maintaining a spirit of resistance against compromise, routine, and institutionalisation.

10. Operating as an association

The commitment of each volunteer to the MSF movement goes beyond completing a mission; it also assumes an active participation in the associative life of the organisation and an adherence to the charter and principles of MSF. Within the different representative structures of MSF, the effective participation of volunteers is based on an equal voice for each member, guaranteeing the associative character of the organisation. MSF also endeavours to constantly integrate new volunteers to maintain spontaneity and a spirit of innovation. Linked to the idea of volunteerism, the associative character of MSF permits an openness towards our societies and a capacity for questioning ourselves.

II. Practical rules for operating

1. Organisation and decision-making

MSF is made up of 19 national sections, with overall coherence ensured by an International council. The majority of members are volunteers who work or have worked for MSF. They constitute the general assemblies of each section, and they elect a board of directors whose members are mainly doctors or medical professionals. Almost all are unalaried. The board of directors names the executive team. The board guarantees respect for the MSF Principles, ensures that decisions taken at the General Assembly are executed, and controls the management of the organisation.

2. Non-profit

Each section is founded on the not-for-profit principle. The principle of impartiality is part of the commitment of all MSF personnel. In their work for MSF, staff are not entitled to additional remuneration from the organisation, its satellites, suppliers, or any other individuals or legal entities with whom the organisation has relations, other than salaries or allowances. By choice, the proportion of salaried positions remains limited. Management staff salary levels are lower than those in comparable sectors of the employment market. All salaries are public. The financial reserves of MSF are intended to ensure the smooth functioning of the organisation and to allow the organisation to rapidly react to emergencies and periodic shortfalls. In no case will they constitute a means for perpetuation. For this reason, the reserves, including property holdings, never exceed the annual operational expenses […]

emphasis back on the fact that MSF was an association and the benefits that brought, with members who could challenge each other and discussions that produced clearer, and even new, ideas.

Dr Jean-Marie Kindermans, MSF International Secretary General, 1995-2000 (in French)

CHANTILLY GAVE US AN OPPORTUNITY TO LISTEN, EVEN THOUGH WE WERE FAR FROM AGREEING ON EVERYTHING. WE HAD GOTTEN TO THE POINT WHERE EVERY SECTION WAS DEVELOPING ITS OWN DYNAMIC IN SIMILARLY COMPLEX CONTEXTS, WHICH WAS ENDANGERING THE LIVES OF PEOPLE IN OTHER SECTIONS. WE WERE VERY CONSCIOUS THAT WE NEEDED TO WORK TOGETHER […], THAT WE COULDN'T ALLOW OURSELVES TO GO OFF ON OUR OWN.

Dr Marleen Bollaert, MSF Belgium President, 1995-1998 (in French)

In the first meeting Chantilly, the MSF movement committed to raising fifty per cent of its financial resources from private funds and in limiting administrative and development expenses to twenty per cent of the budget of each section. The movement agreed to assign eighty per cent of resources to operations and committed to increased transparency through each entity’s accounting and auditing records.

‘CHANTILLY PRINCIPLES ON MSF IDENTITY,’ MSF INTERNATIONAL, OCTOBER 1995 (IN ENGLISH, IN FRENCH).

Extract:

3. Management of Resources

At least half of the global resources of MSF must come from private funding

MSF directly carries out its operations for populations in danger, so 80% of the resources of the organisation are exclusively dedicated to operations. MSF retains continuous and direct control over the management and delivery of its aid. Funds received by MSF are allocated as the organisation considers them most useful, in conformity with its principles. However, if a donor wishes his or her donation to be used in a specific mission, MSF will respect this request.

4. Financial control and transparency

The use of MSF funds is regularly controlled. In addition, each section makes public its audited financial reports. Different categories of expenses are clearly identified in the accounts, clearly showing the disbursement of funds. It is therefore easy to distinguish the expenses for operations, administration, communications, or fundraising. The accounts are then published and provided to all donors through different newsletters and communications support materials produced by MSF. The accounts are also available to anyone upon request.
There were discussions about growth, and dependency on institutional funds. Brussels was seen as absolutely wanting to grow until it was huge. Half of MSF Belgium’s funding came from ECHO. When Éric Goemaere, the General Director of MSF Belgium stood up to speak in Chantilly, you heard people joking, ‘Hey, hello ECHO!’

Dr Jean-Marie Kindermans, MSF International Secretary General, 1995-2000 (in French)

One of the problems was that the Belgians were too dependent on European funding. Instead of saying to them, ‘It’s your problem,’ we asked ourselves how we could solve the problem at the international level. And then we said, if the Belgians can’t secure their own funding, we’re going to transfer some funds to help them raise money from the general public.

Dr Jacques de Milliano, MSF Holland Co-founder, President 1984-1985, then 1996-1997, General Director 1985-1996 (in French)

Another extraordinary decision was ratified in one of the ten principles in Chantilly, a very important one about funding. Bernard Pécoul, who could see the danger of dependency, suggested that we set ourselves the objective of ensuring that each section only got 50% of its funding from institutions. It was obviously aimed at the Belgians, who had a very large amount of funding from ECHO. But it was accepted, and frankly MSF only exists today because of it. For me, Chantilly I was very positive. There was support from the whole movement.


Fortunately, people got on very well. Éric got on very well with Bernard. Jean-Marie worked with the moderators. There were a lot of highly intelligent people in these groups. We often got a lot out of the discussions, particularly with the Dutch and with Jacques de Milliana, an extraordinary man. But when you got back to Paris, there was also someone who would take you to one side and say, ‘I hope you gave the Belgians a piece of your mind after what they did in such and such a place!’ We were caught between a rock and a hard place. At an intellectual level, it was pleasing to reach a compromise with the others and open up to each other, but once you got back to base you were torn. Finally, there was no real sense of internationalism among the operational teams. People thought it was idiotic to send four or five sections to an emergency, but there was no one to think through how to do it any other way.

Dr Philippe Biberson, MSF France President 1994-2000 (in French)

At the end of the first Chantilly meeting, some people proposed that operational sections conduct joint operations. A second meeting, named Chantilly II, was organised to reflect on how to practically implement the ideas raised at Chantilly I.

And then, towards the end of Chantilly I, Brigitte Vasset [Operations Director MSF France] said: ‘Why don’t we run operations together?’ Jacques de Milliano suggested: ‘We need to create a new generation of coordinators who can work together so that we understand each other.’ It was clear that people agreed on what they wanted to do, but they didn’t agree on culture. Others said, ‘We need to run operations jointly rather than having joint teams.’ In the end, we said, ‘OK, we’re going to plan another Chantilly to put all of this into practice.’

Dr Jean-Marie Kindermans, MSF International Secretary General, 1995-2000 (in French)

The second Chantilly meeting, took place on 8 and 9 May 1996 with approximately 200 MSFers, mostly operational coordinators and various section managers. The debates were tough and the outcomes were somewhat disappointing.

Chantilly II Minutes, 8 to 9 May 1996 (in English, French) (edited).

Extract:
This International Meeting gathered approximately 200 Médecins Sans Frontières, mostly coordinators. The working group discussions on the first day reported on the different types of MSF operations (in acute conflicts, chronic conflicts, destabilised countries, or those under reconstruction, social projects, endemic diseases, and AIDS). The summary showed the difficulty of coming to definite conclusions and discussing matters calmly and without caricatures about certain issues (speaking out/témoignage, independence […]). We may conclude that the variety of approaches may be seen as enriching in spite of the difficulties that this entails; that there is a need to define better the ‘needs’ which we answer to (or choose to answer to) in an ever changing environment (Eastern Europe, big cities, […]);
that there is a need to explain and better convey what we understand by speaking out/témoignage (denunciation being just a small part, the most visible); that there is a mutual wish to be more open in our operations (taking note that Zaire is a typical country for MSF intervention, the will to do more social work, [...] but also that, nevertheless, MSF will find it hard to move from long-term action to long-term commitment.

It has become clear that there is a need to go into more detail in all of these questions, not in general terms or in theoretical terms (which entails stereotypes during the debates, and a lack of real relation to the subject), but about genuine cases, and in particular in the participating countries themselves: furthermore this will allow an increase in confidence and tolerance towards others during these discussions. Finally, it was admitted that there is a joint responsibility to reduce costs (especially administrative costs in the capitals [...] in the individual countries and to find a common communication: a better coordination in the field is absolutely essential in order to succeed. Nevertheless, the following day, the coordinators took the initiative to erase any confusion and discuss in more concrete terms than on the first day, in order to recall that the framework defined at Chantilly I seemed reasonable and sufficient: “The field representatives confirmed their agreement on the directions decided in the meetings and in the Chantilly I documents; in incorporating the reports from the mini-general assemblies, we approve the Chantilly I documents and we insist that they must be put into practice swiftly and decisively on all levels.”

The mini-general assembly’s minutes were read out and presented as a topic for discussion. Besides remarks about MSF’s identity, already taken into account, the different working groups discussed the proposals on the international construction of MSF: mechanisms of collaboration in crisis and/or in stable countries; decentralisation between head offices and the field; the Emergency Team; the regrouping of human resources; the regrouping of supporting services; the mechanisms of international ‘non-decision;’ the mechanisms of international communication, independence, and financial backing. Certain working groups came up with more tangible recommendations than others, which can be summarised as follows and which were approved during the plenary session:

Collaboration in the field
1. No exploratory mission is to be opened without consulting the section(s) present in the country;
2. a rationalisation study (in terms of economies of scale) should be carried out in each country by the coordinators, the conclusions should be accepted by all the coordinators, and the result should be put into practice during 1997, at the latest;
3. there should be a policy paper, in writing, between the sections present in the same country, by 1997 at the latest;
4. the proposal to internationalise the field cannot be frozen by the head offices (a one-year trial period is proposed);
5. when a second section arrives in a country, the first must be accepted as the MSF representative; however, this does not imply that the second section is subject to its coordination;
6. continue the progress initiated with the Emergency Team (ET) and better define the next stages of action beyond the ET.

2. Regrouping Human Resources

1. Head Offices
   • 25% of key posts in the head offices must be international by the year 2000;
   • Increase the rotation between the offices and the field (for example by limiting the length of the mandates in the headquarters);
   • Increase access to field posts to the personnel recruited by the delegate offices by installing a mutual database.

2. Field
   • Exchange coordinators between sections;
   • Define a policy about local personnel (salaries, responsibilities, MSF participation, [...] mutual to all the sections in each country.

3. Board of Directors 07/06/96 […]
   • Increase the international presence on the boards of directors, by invitation, election, or co-opting, in order to get more international participation.

4. Training
   • Internationalise all training programmes and develop languages training […]

5. Communication
   • Internationalise all training programmes and develop languages training […]

4.1 introduce international SITREPS [situation reports] in missions between now and September 1996: under the responsibility of the operations directors;
4.2 create a Médecins Sans Frontières data bank between now and September 1996: under the responsibility of the communication directors;
4.3 create a team of field press officers between now and June 1996: under the responsibility of the communication directors;
4.4 include working group meetings on the media during the coordinators’ training programme;
4.5 produce an explanatory document for the coordinators’ use regarding speaking out/témoignage.

5. Independence

5.1 clarify and explain the concept ‘independence;’
5.2 create an international fund to guarantee independence;
5.3 ask the International council to supervise the independence in general and in specific cases (audits [...]...), and to decide on allocation of the international funds.

Minutes from the MSF France Board of Directors Meeting, 31 May 1996 (in French).

Extract:

C) Chantilly II saw 220 people (140 to 150 coordinators) attend, and managing them was difficult. The theme of day one: our differences and differences of opinion in the MSF.
movement. However, no single problem was singled out and the day was disappointing. It would have been interesting to be able to illustrate problems with concrete examples from the field. The plan for day two was to continue with the same topics with a workshop approach, the result being that the discussions felt more constructive and more in line with the concerns of coordinators. The resolutions stemming from the lines of inquiry (at the International council, at head offices, and among coordinators in the field) were voted on at the end of the session forming a kind of opinion poll. Odysseas said it was a shame we voted on each point, because after 35 (!) votes they didn't make any sense, and the votes all cancelled each other out. [...] The Chantilly minutes aren't an accurate record of what was said, especially the part on 'MSF's structure.' Odysseas wants the minutes he drew up to be attached also.

We organised Chantilly II with the idea that we needed to develop a few themes in practical terms. We had drafted some guidelines of a sort and it was down to the operational managers to implement them and say what their approach was. We really had to push them to get them to come up with something tangible. Things weren't very dynamic at that level.

Dr Jacques de Milliano, MSF Holland Co-founder, President 1984-1985, then 1996-1997, General Director 1985-1996 (in French)

Chantilly II was extremely laborious, because it was about seeing how the decisions made at Chantilly I were being implemented in practice. I'd say it was only half successful. The French had started planting their flags again. The process wasn't right. At one point I said to myself: "If we leave here without a decision on anything, it's over." So I tried to get people talking and vote point by point, as if we were in a United Nations meeting. And as a result, obviously, there were French people who wouldn't even shake my hand any more.


So at the second Chantilly, we weren’t talking about all these issues of identity any more, but about how we worked. And it was pretty half-baked. There were more people, mostly people from the field. It was too ambitious and we weren’t up to it.

Dr Jean-Marie Kindermans, MSF International Secretary General, 1995-2000 (in French)

Some of the decisions taken at Chantilly II were the first common effort steps to pool support activities from the headquarters, particularly for the medical activities.

Chantilly II minutes, 8 and 9 May 1996 (in English, in French).

Extract:

3. Regrouping the technical departments
3.1 support the installation of the international medical coordinator and the integration of the medical departments during the coming years;
3.2 standardise the equipment and tools (computer software and hardware) is recommended;
3.3 assess the feasibility of the purchasing departments (MSF Holland Logistics dep.; MSF France Logistique Bordeaux; MSF Belgium Transfer) to come to a functional integration. Hans Grootendorst is asked to report to the International council in that regard;
3.4 integrate the departments for humanitarian affairs of the different sections as soon as possible, in order to come to one single approach and policy for advocacy; both in general and in country specific situations;
3.5 set up more regional posts.

Chantilly was at least a trigger for sharing materials. In terms of sharing medical techniques, it went relatively well. It’s fair to say that the international medical working groups came out of Chantilly. But that was going to happen in any case. It’s like legislation: how far does it support something that was happening anyway?

Dr Jean-Marie Kindermans, MSF International Secretary General, 1995-2000 (in French)

Others efforts lasted only for a while. This was the case of the international Emergency Team (ET), which brought together volunteers and means from all the operational sections to intervene as one team on big emergencies. Quickly created in January 1996, the ET lasted a year and a half. The ET ran several emergency operations in the Central African Great Lakes in the wake of the genocide of Rwandan Tutsis. But little by little, the Operational Centres regained their prerogatives over the most serious emergencies, depriving ET of its raison d’être.
**Chantilly Spirit Memo** from Doris Schopper, President of the International council of MSF and Jean-Marie Kindermans, Director of International Office, 11 October 1995 (in English, in French).

**Extract:**
Among the suggested measures, here are the main ones: [...] * to set up an emergency pool: it would consist of MSF people, to be chosen according to their skills and their international profile; they will represent the movement as a whole, and won't be linked to any section. The group will be responsible for responding to emergencies; it will decide on which programmes to set up and will choose the section to support it according to the situation. It will have at its disposal, international emergency funds, provided by all MSF entities. That ambitious project still needs to be worked out, but the operations directors thinks it can start on 01/01/96.

**International Emergency System ‘Emergency Team (ET)’ Memo, 1996 (in English, in French).**

**Extract:**
Origin and setting-up of the Emergency Team
July 1994, Goma: a humanitarian catastrophe of unprecedented scope. MSF intervenes massively. This emergency intervention involving different sections shows that as far as collaboration between MSF sections is concerned, there is still room for improvement. The MSF intervention was strong, but could have been more efficient.

October 1995, international meeting in Chantilly, theme: internationalisation. The idea is launched to define a way to intervene in an emergency with different sections so as to be able to respond to one of the basic principles of our internationalisation: to unite so as to become better, more independent, and better able to bring relief to the victims. We thus decided to set up a common dynamic in case of emergencies to pool our resources without falling into uniformity or a superstructure. A working group has been drawn up of people from different sections, with work experience with MSF and experience in emergency interventions. This group has had to devise the working modalities at headquarters level for an inter-section emergency intervention.

ET [Emergency Team] was born in January 1996: Its main objective is to pool our efforts in the field in order to provide more efficient assistance to the populations in need. We have to keep in mind, though, that for MSF an international dynamic in emergencies has existed since 1988. Many joint emergency interventions have been a real success [Armenia, Kurdistan [...]]. Some important problems have weakened the operational capacities of MSF in the past. This has justified the search for a new international approach: ET. Functioning mode
The nationalities of the sections and the volunteers are disregarded. Everyone can claim the project under the MSF banner, with no mention of nationality. The directors of operations of all the sections appoint a number of persons to perform an ‘on call’ duty for the emergencies. Today, two persons on the list, from two different sections, are ‘on call’ and in charge of reacting to news of emergencies. This sort of news can also be received from the different sections. They have to follow up on emergencies, see whether they are already taken care of by MSF sections in the field or not, and decide whether or not to send an exploratory mission. [...] The Emergency Team is thus a network of people recognised by all the sections and able to take quick decisions regarding the launch of an emergency intervention and its follow-up. ET is not a seventh section. Just as programme officers have to justify actions towards their peers and the director of operations, the members of ET have to justify their choices and actions to the members of the ET and to the directors of operations of all the sections. [...] The system is based on the trust given to this network by all headquarters, and in the principle underlying its functioning.
Nature of the programmes and functioning in the field
ET must intervene in important new emergencies. These are the classic emergency fields of MSF. The directors of operations asked ET to be always ready for exploratory missions and on the lookout for information. On the other hand, the intervention of ET must only be considered if it really brings added value with regard to the intentions that could have been implemented by the different sections on their own. Enlarge the representation of delegate offices in the International council. In conclusion, there remains the follow-up, such as the propositions from the mini-general assemblies, as well as the recommendations from the meeting Chantilly II. At present, there isn’t any other international organ to make decisions or to supervise, apart from the International council (the first working group on the decision mechanisms showed the complexity of setting up new structures). It is the reason why the national general assemblies will discuss the different recommendations raised. Then, the International council will examine these recommendations in June in order to follow them up, to implement them, and to schedule them [...] 
First results of the ET interventions
Since the start of ET in January 1996, six interventions have been implemented: China: Earthquake; Senegal: Cholera Epidemic; Great Lakes: Emergency Preparedness; Nigeria: Meningitis Epidemic; Niger: Meningitis Epidemic; Lebanon: Armed Conflict. [...] There is, of course, criticism regarding those interventions, but they are often linked to factors independent from the ET. There are frustrations within the sections not doing the follow-up as the Back Up Section to ‘grasp the essence of’ the ongoing mission, to make the section align with the intervention. We have to try to improve the system [...] 
ET and internationalisation
It is important to keep in mind that internationalisation is not the sole ‘property’ of the ET, which is only a tool in this construction. We have to develop other ideas, other initiatives, as far as internationalisation is concerned, at headquarters level and in the field. In this process of internationalisation, the ET is only a step along the way, albeit an important one.
The Emergency Team was one of the things that worked. I was involved in it with Marie-Christine Ferrir, Marc Gastellu, and Wouter Kok. It was a really solid, cross-disciplinary structure in the five operational centres, where even the baby of the MSF family, MSF Spain, was warmly welcomed and invited to play with the big boys. We gave ourselves six months to work out the rules of the game. All the emergency desks were involved in the group, to work out how to deal with emergencies together. It was very good and it worked. In the end, the rules we created proved very useful afterwards. And taking part in the ET was a far from insignificant point in terms of MSF Spain’s involvement at the international level. Being part of something bigger than MSF Spain helped broaden the horizons of a lot of us in Barcelona.

Dr Jose Antonio Bastos, MSF Emergency Team Member 1995-1997 (in French)

In any case we knew that we had different operational policies. By putting them together to tackle a single crisis and evaluating them, we should, in theory, have been able to harmonise them and bring them closer together, or at least work out where the differences lay. But all the members of the ET were driven by the obligation to compromise with their opponents, both internally and externally. There were operational differences, but we realised that it was the section that was in charge of managing things in its own way. The other sections had to trust it. But, all the sections had enormous difficulties getting the others to accept their field evaluations and explain why they were involved in a particular type of intervention. So, gradually, things slid. Jean-Hervé Bradol [Operations Director MSF France] summed it up by saying: ‘Ultimately, there are emergencies that are covered by the operational centres and emergencies that are covered by the ET.’ The ET became the dumping ground for emergency interventions. We never learned anything from it or tried to implement. We proposed a candidate, we did not want the ones proposed by the headquarters but they were imposed on us. So, I would say it was a field initiative that headquarters was unprepared for. They were not ready to release control and we were all very disappointed and angry because they did not listen to us. It was not only the sentiment in the Great Lakes but in other countries.

Rebecca Golden, MSF France Head of mission in Congo 1997 (in English)

We tried the Emergency Team. But we soon stumbled over the issue of stripping a particular operational centre of its operations, criticism of the way other sections led operations, and pooling coordinators. Admittedly, it allowed a bit more contact with coordinators from other sections, but it was very marginal.

Dr Jean-Marie Kindermans, MSF International Secretary General, 1995-2000 (in French)

Then, upon a proposal from the field, the Great Lakes International Operations Directors (GLIDOS) were tasked with joint operations management of MSF in the region. There was one GLIDO from MSF Belgium and one from MSF France, but it did not work. In hindsight, some of the protagonists acknowledged that these top-down decisions came too early, just after an acute internal crisis over the Great Lakes, to consider overcoming so many operational and advocacy differences. In addition, the headquarters were not ready to release control on a process proposed by the field.

All the field HoMs from all sections met in Kampala to discuss our problems – mostly of image – in the region. It was then, that the Heads of mission came up with this idea and pushed it to Europe headquarters to implement. We proposed a candidate, we did not want the ones proposed by the headquarters but they were imposed on us. So, I would say it was a field initiative that headquarters was unprepared for. They were not ready to release control and we were all very disappointed and angry because they did not listen to us. it was not only the sentiment in the Great Lakes but in other countries.

Rebecca Golden, MSF France Head of mission in Congo 1997 (in English)

And for the crisis in the Great Lakes in central Africa, we’d created the GLIDO, Great Lakes International Operation Directorate. Mario [Goethals, MSF Belgium] and Annick [Hamel, MSF France] were supposed to be running operations together. But it soon failed. So it was the idea of integrating operations and support activities that didn’t work. In my view, the main reason for the failure was that we decided to do everything together when we’d so recently been a hair’s breadth from separating. It was much too fast. The cultural gaps were still far too great and it was all much too top-down.

Dr Jean-Marie Kindermans, MSF International Secretary General, 1995-2000 (in French)
VI. ADULTHOOD: TOWARD INTEGRATION (1997-1998)

The Chantilly debates and their outcomes highlighted the international and associative dimensions of MSF identities. They finally had to be acknowledged and developed at the level of each entity and for the international movement. There was a clear and expressed need for increased participation and representation of all the entities in international structures.

Chantilly II Minutes, 8 and 9 May 1996 (in English, in French).

Extract:
6. MSF Structure
Enlarge the delegate offices representation in the International council. Conclusion - The follow-up, such as the propositions from the mini-general assemblies, as well as the recommendations from the meeting Chantilly II.0 still remain. At present, there isn’t any other international organ to make decisions or to supervise, apart from the International council (the first working group on the decision mechanisms showed the complexity of setting up new structures.) It is the reason why the national general assemblies will discuss the different recommendations raised. Then, the International council will examine these recommendations in June in order to follow-up, to implement, and to schedule them.

In Chantilly, people began to talk about the association as a key element of our identity.


A. MSF ASSOCIATIVE DIMENSION

The associative dimension of MSF was not embodied in the same fashion by all the MSF entities. In the original associations, such as MSF France, associative life had to be reactivated from time to time, in order to actually challenge the executive.

In the new entities, often for legal reasons, the associative dimension either did not exist at all or was embodied in informal social gatherings composed of former field volunteers and supporters of MSF in the country, but with no legal basis.

In the field, associative participation was just beginning through the mini-general assemblies, which were international field-based meetings. For example, MSF Belgium, Holland, and France in Sierra Leone would hold a mini-GA in country that was governed by a few headquarter association members, usually board members.

1. Legal status

The choice of MSF entity legal status depended on both the law of the country where the entity was created, and on the initial objectives of their creation.

The first MSF entities, MSF France, MSF Belgium, MSF Switzerland, MSF Holland, MSF Spain, and MSF Luxembourg were created in countries governed by civil law where the legal status for a group of persons who want to associate in order to act with a not-for-profit objective, was an association status. Later, MSF France was granted the status of an association recognised as a public utility. Other MSF associations obtained an equivalent status, which allowed donors to make tax-deductible donations.

In the early nineties, when the original MSF associations created new MSF entities, the main objective was to raise funds. Therefore, for each entity, they chose the legal
status, which would be most beneficial for attracting donors, the one which granted them tax-deductions for donations. Since most of these new entities were based in countries ruled by common law, the most adapted status was the status of charity.

The ‘droit de tradition civiliste,’ a legal system based on written codes, establishes both ‘associations’ and ‘associations reconnues d’utilité publique’ [associations known as having a public utility or public interest organisations].

The purpose of the association is simply to facilitate freedom of association. Public-interest-non-profit organisations are tax-deductible entities and thus offer a means for fundraising. When MSF was created in France, it was simply an association focused on taking action. In 1985, it was recognised as a public-interest-non-profit organisation, and this status enabled it to develop fundraising activities based on tax-deductible donations. In Anglo-American countries, governed by common law, many public benefit activities are carried out by legal entities known as ‘charities,’ rather than by the state. These charities are distinguished by their general interest mission and their public benefit objective, rather than by the fact that people work together through them. Thus, the charity’s very mandate allows donors to deduct contributions from their taxable income. The charity is not required to show that it is a collective of individuals that can challenge the mandate because that mandate is imposed by the nature of the charity.

When MSF established its organisations in Anglo-American countries, the key objective was to fundraise. We thus used the structure provided in these countries to raise funds on a tax-deductible basis, that is, as a charity. So, while Anglo-American systems provide for creating an association, this was not the priority objective when these entities were established.

Françoise Bouchet-Saulnier, MSF Legal Advisor from 1991 (in French)

The founding sections either directly or indirectly, through the International council, shaped new entities statuses in order to maintain control over their development. In the charities, they simply named the board members, which were not supposed to be elected.

In the associations, where some of the board members were supposed to be elected, the founding sections manipulated the vote via membership rules, and the size and the composition of the boards, where they imposed a seat quota allocated to founding association representatives and/or the International council. The control issues were to prevent the possibility of coups that would lead to diversion of MSF principles, or drift of an entity toward autonomy.

So, while Anglo-American systems also offer the opportunity to create an association, this was not the key objective when these entities were established. I remember because I was the one who wrote the statutes, that when the entities were created, we called for between five and ten members on the associations’ boards of directors. We blocked opportunities for membership because we wanted to maintain a majority of representatives from the parent associations. A charity can have members or choose not to. At the start, we allowed them a very limited number of members to preserve the international movement’s majority and control over the entity. It was really an issue of control.

Françoise Bouchet-Saulnier, MSF Legal Advisor from 1991 (in French)

We always asked ourselves the same questions: Do we want members? How many members? What rights should members have? Is it too dangerous? Should MSF International have the right to be present and influence the decisions of these small new entities? We did a lot of work with the delegate offices over four years to negotiate the statutes. A law similar to the French Law of 1901, which requires a minimum of seven founding members, exists in Germany and Denmark. It was easy to find seven founding members and set up an association, but that was not the case in Great Britain, Hong Kong or the USA. All western European countries governed by civil law can easily create a civil society organisation, which is an association. In Denmark, there were five or six founding members, whatever, but it was completely closed. MSF International and the large sections were concerned that, given these less restrictive statutes, by opening up to other members, as in Belgium or France, we could be exposed to ‘coups d’état.’ Their greatest concern was that the delegate offices would become operational. They wanted to limit them to a completely administrative role, just fundraising. In Hong Kong, the idea of associative status like we have in western Europe didn’t exist. It’s not in the English tradition. So, we created a sort of limited company, something more Anglo. There, too, we had to see if we wanted members, if we wanted to keep the organisation at a certain distance from the government, etc.


In Denmark, we are under the common-law system. To set up a foundation you need a certain amount of money, but you are not obliged to have lots of members; you just point at whomever you want. In our case, we couldn’t get enough members, so that was the reason we choose to open up MSF Denmark as a foundation. I never heard that it was about controlling, which is a very Swedish thing.

Camilla Bredholt, MSF Denmark Co-founder and Head of Office 1993-1996, then Board of Directors member 1996-2003 (in English)
However, this strict control was not sustainable, particularly in countries like Sweden, where associations’ memberships were traditionally open. According to MSF Sweden’s statutes, membership was limited to people that either participated in MSF’s work in Sweden or abroad. Support members could pay a membership fee but had no voting rights, which was something unusual for Sweden. The international movement viewed the MSF Sweden association statutes as the most effective. They were used as a model for other MSF entities. In 1995 the MSF Sweden President raised the issue for the international movement.


Extract:
In 1993, draft statutes of MSF Sweden were worked out by MSF Belgium and Sweden following the guidelines set up by the International council. These were later confirmed by Françoise Saulnier on behalf of the International council and finally adopted by an extra general assembly of MSF Sweden in December 1993. According to the statutes any person can become support member by paying a yearly fee. Support members have no democratic rights and it is merely a way for people to express their support of MSF’s work. According to the statutes only persons who have participated in MSF’s work in Sweden or abroad and in line with the MSF charter can apply and be granted full membership with democratic rights, i.e. voting right at the general assembly and eligibility to the board […] Since then the number one question (How many members do you have?) has been answered as follows: “MSF Sweden will adhere to MSF’s international standards with a strong field perspective among its members, and will thus not look like a traditional popular movement with masses of members. Only those who have been working in the field for a certain time can be members and those sent on mission have not yet returned. So, be patient.” It is not possible to go on answering like this any longer without losing credibility.

We know that delegate offices were not intended to be part of the associative life of MSF but that they were rather to be seen as functions for fundraising, recruitment etc. However, if MSF Sweden is to fulfil these functions, there has to be a minimum of democracy. The board has to be elected by three other members than the three board members themselves; the board has to be accountable to a general assembly consisting of some more members than the three board members themselves, etc. According to the statutes, board decisions are valid when three board members are present. This means that when one board member is on mission or otherwise absent, formal board decisions cannot be taken. The actual situation cannot be defended any longer and, unless a change is made, the MSF movement will not be able to benefit from the potential the creation of a delegate office in Stockholm offers.

With this letter, we stress the need for discussions within the Working Group and prompt decisions within the International council opening up for members within the delegate offices. Please note that this will not have any practical implications as the statutes continue to give full control to the International council on issues of operational issues and other important questions, i.e. through the International council-appointed members and the requirement of a unanimous board vote on these issues. Here, we have only focused on the practical and functional aspects of the issue of membership and we have intentionally avoided discussion of the more general associative aspects of it. The reason for doing so is that it might help to decide on a pragmatic approach, i.e. opening up the possibility of membership for the delegate offices with NGO status, although it might not be necessary to do so for delegate offices set up as foundations. Criteria which can be applied objectively have to be developed, either by the IC for all of the delegate offices, or by the board of each delegate office. In the meantime, we suggest using the criteria applied by MSF-Belgium.

‘Sweden has a very strong tradition of associative life. Everybody is a member of four or five different associations, which means that anybody can become a member, anybody can actually become the president of an association; it’s equal. So, the huge discussion we had at the beginning was: is this going to be an associative structure or not? And we really insisted that this should be, but not in the Swedish sense that anybody could become a member. There had to be some membership criteria. In the beginning, the general opinion in the movement was that the partner sections should not have members. They should be like a letterbox for fundraising and maybe also for recruitment. So, it was very clear that Brussels did not want this type of Swedish association, because it was just going to make things difficult, etc. But we fought for it a lot and we played a very important part in having the right to membership and defining who can become a member and what are the criteria, so much that you have to work in the field.’

Dr Johan von Schreeb, MSF Sweden President 1993-2000 (in English)
2. Associative Life and Balance of Power

a) The case of MSF Holland

MSF Holland continued to struggle to identify a framework that was adaptable to Dutch Society’s reality, where the associative concept was not as developed as in Belgium or France. Associative life and membership in the MSF Holland association remained weak with little challenge to the executive, that worked more and more autonomously.

In 1991, the MSF Holland board started to think about changing the structure of the organisation. Eventually, they decided to create two different entities. A foundation would host the executive, while a ‘Friends of MSF Holland’ played the associative role. This separation was formally adopted with a vote in January 1996. This issue was discussed at the international level, particularly between MSF Holland and MSF France’s boards.

Minutes from the MSF Holland Associative Board Meeting, 28 May 1991 (in Dutch, summarised then translated into English).

Extract:
Future structure of MSF Holland
- Should the current structure of the association change?
- Current structure causes one big entanglement of needs.
- Should MSF Holland become a foundation?
- Still have the possibility to create a ‘friends of MSF Holland’ association.

Minutes from the MSF Holland Associative Board Meeting, 22 October 1991 (in Dutch, summarized, then translated into English).

Extract:
Arguments for MSF Holland to become a foundation:
- Dissatisfaction amongst the members about the current structure of the association.
- We have tried to streamline this but never succeeded.
- Changing the structure to a foundation is a better solution at this point.

Minutes from the MSF Holland Associative Board Meeting, 24 March 1992 (in Dutch, summarized, then translated into English).

Extract:
Foundation: Draft statutes on the creation of a foundation and the creation of a volunteer-association are approved by the board. The Works Council now needs to give a positive advice [recommendation] and then it can be presented at the GA statutes.

Minutes from the MSF Holland Associative Board Meeting, 13 January 1995 (in French).

Extract:
Philippe Biberson [MSF France President] thanked the Board of Directors of MSF Holland, nearly all of who were present, along with several leading members of the management team, for attending. Introducing the discussion, he provided a brief history of the development of the MSF movement. Over the last ten years, MSF has grown rapidly, adding many operational sections and representation offices. Actions in the field have also expanded and increased in scale and MSF has played an increasingly active role in the world of humanitarian action. The growth and energy of the operational sections is the source of the success of the MSF idea. This idea has grown and expanded by crossing borders with the founding of additional sections. As sections and offices have developed, differences in perspective and associations’ functioning have emerged. This raises the question of differences in approach among the sections. Today, the differences between MSF France and MSF Holland appear to be the most significant. And, the breadth of those differences requires that we clarify the discussion by rejecting preconceived notions, cultural presuppositions, and caricatured perceptions of the ‘other’s’ flaws. The main points to be discussed are:

The way in which our organisations operate as associations […] Dick Van Geldere, President of MSF Holland, Dick believes that this meeting is important in order to carefully review, together, the differences that emerged last month in Royaumont and that are due, primarily, to a lack of communication. We failed to express our point of view and you did, too. The translation this evening may help us better understand each other because in addition to cultural differences, we also have language differences. Perhaps that is why we do not always understand what each of us is really trying to say. As president, he is a volunteer and knows his association very well. He feels – as does MSF Holland – that he is an integral part of the MSF movement, even if the ways in which we operate and think may seem different. Philippe Biberson: […] This raises questions about the way that associative life operates, how it is organised, how to make the spirit of the association a reality, and the values that are the basis of MSF’s associative life. One of the fears of MSF France is that MSF Holland moved away from this associative life from the start, from the representation of its base, the volunteers within the association, that is, the opportunity to elect the board of directors, to have its voice heard, to challenge decisions. In France, we worked hard to maintain this associative life. We value it highly, even if we don’t always succeed, as operations always threaten to take priority over associative life. What is MSF Holland’s position
in that regard? How are you thinking about the future?
Dick: MSF Holland would like to operate increasingly like MSF France. Several years ago, we were having problems in terms of operations and we wanted to set up a management structure. It neglected associative life, which fell by the wayside. But now we want to revive it based on the MSF France model, but built on structures that reflect the Dutch culture. We chose the ‘stichting’ [Dutch legal entity for a foundation] structure. This is completely different from what is referred to as a ‘foundation’ in England, France, or Switzerland. It was chosen with the goal of creating a large, vibrant association composed of volunteers. Dick will be a member of this association, which, despite its more Anglo-American approach, will operate with an elected leadership and employees. Only 65 members remain. We also want the new board, which will include a majority of elected volunteers, to include members appointed by the other sections and members of delegate offices. Why appointed? Because we don’t want to run the risk that Dutch candidates are elected in place of candidates from the other sections and delegate offices. Similarly, MSF France members sit on the MSF Belgium board. This will be good for MSF Holland and for its internationalisation.

Jean Luc Nahel [MSF France Board member] asked for a precise definition of a Dutch foundation to clarify its relationship to an association and for an explanation of how it differs from a French foundation.

Hans Bolcher: There are differences at a technical level, due primarily to the differences between Dutch and French law. In an association, by definition, the members constitute the highest authority. This is not the case for a foundation, but its members may have an influence on, speak out on, and constitute the highest authority on those issues where we want them to have that authority, particularly in terms of MSF’s basic principles. Of course, members will not have responsibility for or oversight of finances, control, and operations. However, whenever there is a problem, whenever they feel that an issue is creating a problem, the members will be able to speak out. So, there will be a kind of board that is responsible for the association’s daily functioning, finances, salaries, etc. But, whenever the members believe that they need to be heard on an issue, they will have that authority. The Dutch foundation model can be structured so that it is more democratic than an association. That will depend on what we make of it. That’s one of the key reasons that we chose this approach. It provides us with the flexible legal opportunities needed for our structure. We chose this foundation approach to facilitate foreigners, that is, people from a different country, serving on the board, not to reduce democracy.

Hans Emans [MSF Holland Board member]: We’ve been discussing this for years. At the beginning, we were a small organisation and we moved ahead by trial and error. Then we grew very quickly and ended up with increasing responsibilities. Since we wanted to become professional and felt responsible for the future of the organisation, we looked for other forms of organisation. There is a lot of competition among charitable organisations in Holland. Because the media and the public, which is very generous in Holland, demand considerable transparency from humanitarian organisations, we had to identify and choose an approach that would be the most professional, in terms of the office and its operations, and that could handle the financial responsibilities. At the same time, we wanted to revive associative life, which had shrivelled, bringing in members who wanted to make the original idea of MSF Holland a reality and perpetuate it.

Minutes from the MSF France Board of Directors Meeting, 9 June 1995 (in French).

Extract:
B. MSF Holland: It’s a transitional year for them. Last year, there were 14 participants at the General Assembly, which went on for two hours. The dynamism of the associative sector was made central to discussions. This year, there were 70 participants at the General Assembly which went on for five or six hours. A new president was elected, who this time is not a doctor.

Minutes from the MSF Holland General Assembly, 29 January 1996 (in Dutch, summarised then translated in English).

Extract:
General Assembly
Historical meeting, as the voting on the change in structure (foundation with association) will take place. Little recap of the points discussed at the 11 November 1995 meeting:
- **Per centage (para) medics:** minimum and aim are taken up in the new draft minutes. Foundation and association board: minimum of 50%, Dutch Board: at least two members.
- **Contribution from members:** yes. Donor money cannot be used, for example, for correspondence to members. The contribution will be 25 guilders a year. The board can be exempt.
- **Membership office staff:** Provisionally no.

The GA authorized the board to execute the proposed statutes. MSF Holland will change to a foundation with an association.

It was an association, what we call a ‘vereeniging’ which, changed to an association and a kind of ‘stichting/foundation,’ a kind of cooperative type of structure. This kind of division was made partly because there were not many members in Holland. You could only become a member once you have been to the field, unlike in other MSF sections where you were a member as soon as you went to the field. Also, we changed the membership so that people from the office couldn’t be members of the association anymore. That also meant that we didn’t have many members, which made it a bit dangerous. It was felt that the influence of the few members that came to the general assembly could...
have an enormous impact on the direction that MSF Holland had to go. So that’s why they said that the dimension and the meaning of MSF were to be discussed in the association. The majority of the board of the ‘stichting’ came from the association board, but there were also members co-opted, for example, from MSF France, and from our partner sections. By co-option they were also on the board and they were more responsible for what the office and the operations were doing. So, that made it a bit confusing. Jacques became the first President, and a paid President (we never had a paid President before). The President of the association is the President of the ‘stichting’. The members of the association elect the board, while for the ‘stichting’ they are named by the founders, then renewed by co-optation.

Dr Bart Meijman, MSF Holland President, 1997-2001 (in English)

The issue was, ‘Are we associations or organisations with a different kind of governance?’ At that time, the Dutch had a foundation and didn’t see an advantage in being a non-profit. But they were very concerned with legitimacy. So, when the majority of the movement said to them, ‘You need to be an association,’ they said, ‘OK, we’ll be an association.’ It didn’t work because that’s not their culture, but they did it.

Dr Jean-Marie Kindermans, MSF International Secretary General, 1995-2000 (in French)

The associative culture in Holland was not nearly as vibrant as in Paris. When I went to the general assembly in Paris, it was really very French, with debates and discussions. It was like that in Belgium, too, in a way. But it wasn’t like that at all in Holland.

Anne-Marie Huby, MSF UK General Director 1994-1999 (in French)

b) The case of MSF France

In MSF France, associative life historically took place in the regional offices, in addition to the annual general assembly and within the board. In the eighties, the regional antennas were largely autonomous, would manage programs in the field, and recruit the staff for these programs. In the late eighties, the Parisian headquarters began to take over control.

From 1993, the regional offices resisted, and continued to manage programs until they were progressively closed. Afterwards, their activities were re-organised by Paris, who used various keystone events to consolidate.

Minutes from the MSF France Board of Directors Meeting, 31 March 1995 (in French).

Extract:

The role of the regional offices […]

Relationship problems between the regional offices and headquarters go back a long time. Philippe, assisted by Odile, tried to find examples during the board meeting and General Assembly minutes from 1985 onwards, research which demonstrated the problem had persisted despite being raised repeatedly. In 1985, the issue of appointing a manager of the regional offices at headquarters was raised in Rony’s annual report to the General Assembly. In 1986, the regional offices’ decrease in momentum was highlighted and discussions were held on improving communications between the regional offices and headquarters. Discussed possibility of regional offices participating in operations but excluding regional offices from operational management. In 1987, confirmation of regional offices sponsoring/supporting operations was given. Also, remarks made about the state of disrepair of regional offices since they stopped managing operations. Rony likened this to intensive resuscitation or futile medical care […]

In 1988, the ‘France Solidarité [French Solidarity]’ mission was set up. In 1989, a distinction was made between the regional offices and the France mission. This led to the separation of the two in Marseille. The problems addressed today are therefore chronic, recurrent and cyclical. The aim is to define the role of the regional offices, harmonise the image between the regional offices and headquarters, revive MSF regionally, and increase HQ’s involvement in the work of the regional offices. Last year’s weekend in Bordeaux and other meetings highlight a feeling of non-inclusion.

When I became president in 1994, the regional offices still existed but they were dying off, except Bordeaux because the logistics centre was there, along with Philippe Dabadie, who was a leader. There were no more demands for autonomy. We had made it clear, in relatively peaceful fashion, that the regional offices had a role to play in local leadership, fundraising, and recruiting volunteers identified locally, but that they didn’t have an independent mission as such – managing missions or representing a region. We also involved them a little in preparing for the general assembly. Those who wanted to contributed to the association by electing members to the board of directors. There were representatives of the regional offices who came to the general assembly. Some of them were still a part of things and carried a bit of weight. The members of the regional offices were not perceived as a nuisance but as associate members, like others.

Dr Philippe Biberson, MSF France - President 1994-2000 (in French)

I was hired in 1993 to manage the regional offices. But, it was very quickly decided to end their operational
activities and bring everything back to headquarters. It was a turbulent period during which we closed the regional offices. This was a holdover from that operational period and we didn’t know what to do with them. It was no longer a matter of having power bases in the regions, but a space for the association and for communications. I wanted to make these regional offices meaningful by building on activities that already existed and functioned well. The high-speed train, Internet, and email were not yet very well-developed at that time. So, the regional offices were the place where future volunteers could come for information, meet people in operations, get recruited. The regional offices were responsible for more than 50% of recruitment. Two years after I arrived, I organised a major event – the traveling refugee camp exhibit. The idea was to use it to unite the regional offices. It lasted more than 10 years. In the end, it circulated internationally and more than four million people visited the exhibit.

This created a kind of buzz between people who had returned from mission and the volunteers from the regional offices, who managed the exhibit in their region. We also held bimonthly meetings, where the volunteers talked about their missions. It was a good way to keep the flame alive. That lasted several years, until the human resources management decided that the regional offices would no longer do any recruiting. In the meantime, developments in communications and transportation meant that it was easier for people interested in volunteering to come to Paris to be recruited.

Alain Fredaigue, MSF France Regional Offices’ Manager from 1991, then Associative Life and events Coordinator from 1993 (in French)

All of this change wasn’t necessarily thought out carefully. It was related more to Alain’s personality – he enjoyed it. If there was a strategy, it was to ease the tensions between the executive and the association. The executive wanted to be left alone; allowed to organise its operations, make decisions, etc. That’s completely normal for an operational organisation like MSF, but it’s a disadvantage if the executive does not question itself. I supported this entire change, which strengthened the role of the association as a way to ensure that the organisational mission was implemented. A balance of power is necessary. But most often, you give the association members plenty to do, you keep them busy, so that they don’t question.

Dr Bernard Pécoul, MSF France General Director 1991-1997 (in French)

From 1996, the MSF France general assemblies were re-organised to allow for exchanges and debates between associative members, including the regional offices.

Minutes from the MSF France Board of Directors Meeting, 31 May 1996 (in French).

Extract:
The General Assembly [of MSF France] is, said Bernard, one of the least participatory compared to that held by Belgium and Spain, for example:
- Take a system of prepared motions as a model? (Bernard) GA and use them as a foundation for discussion at the General Assembly GA, but without preparing them to leave more room for questions? (Maurice)
- Find a format for the meeting that won’t be obstructed by a high number of participants (500)? (Barnard)
- How can the field participate? Coordinators? (Philippe)
- Plan questions to guide the discussion after a long report (Odysseas)
- A balance needs to be found, i.e. avoid being overly prepared which might come across as manipulative (Philippe)
- General Assembly GA in two parts:
  - Emotional dimension, i.e. annual and financial reports
  - Focusing on the field (Eric)

For things to change, we need to deal with problems right now. Bernard suggested a committee get to work on this matter.

To do:
- Form a working group
- Plan mini GMs
- Prepare minutes from the mini GMs to be distributed before the General Assembly

The place where the general assemblies were held was not a very pleasant gathering space because you couldn’t hold a dinner there in the evening. So everyone went home for dinner, getting together in their own little clans. Then, in terms of democracy, it was a bust. A half-hour before voting ended, the candidate would invite everyone for free drinks at the local bistro, and he’d be elected. Given its history, MSF France never had a particularly ‘associative’ character, in the sense of people who come together to make decisions. There was no counterweight to the executive. When Philippe Biberson arrived in June 1994, he wanted to change the general assemblies, which he didn’t like either. He asked me to reorganise them. I created a two-day format, in a friendly atmosphere, with meals, a party, and an event.

Alain Fredaigue, MSF France Regional Offices’ Manager from 1991, then Associative Life and events Coordinator from 1993 (in French)

c) The case of MSF Belgium

In MSF Belgium, the executive did not consider the associative as much more engaged than in MSF France. However, it was at least developed as a counter-balance
to the executive. In the mid-nineties this counter-balance managed to resolve a crisis within the executive that threatened to impact on the whole organisation.

In the early 1990s, Jean-Pierre Luxen, the General Director of MSF Belgium, said, ‘For me, the more motions that go to a vote of the general assembly, the calmer I’ll be in the future because the more motions there are, the less control there will be over me.’ He was afraid that there would be only three major motions that would influence his executive plan. He would rather see 25, 30, or 35 motions discussed. And that’s what happened. The members of the association discussed everything and even managed to create motions that, in practice, contradicted the other motions. Too much ‘association’ killed the association.

In Belgium, we had always wanted an active association as a counterweight to the executive. It didn’t have anything to do with controlling operations or managing the missions. Rather, we wanted to ensure compliance with the charter of principles by taking strategic action to ensure that the permanent headquarters staff didn’t organise into a kind of business operation. But in reality the headquarters staff was ‘invested,’ too. In our general assemblies, they were still the ones who spoke up the most. Even so, we never wanted to exclude them. At MSF, the directors, including Jean-Pierre Luxen, never agreed to a union. So, we had to make sure that the associative governance was not used to put union-type demands on the table. The MSF model developed in Brussels made it possible to ask questions on a regular basis about major issues. And even if these same questions were asked repeatedly, it was very healthy. What are the principles guiding our intervention? If we go there, what risks are we taking? What do we want to achieve? What is our accountability? When Reginald [Moreels] ended his term as President, I was asked to run. I received 98% of the vote – like Stalin. It was a little difficult. Just before I was elected, the position of General Director opened up, to replace Jean-Pierre Luxen. The team that had worked with him expected that Pierrot Harzé would succeed him. But the then-board of directors had chosen Éric Goemaere. Before leaving, Réginald made the mistake of placing Georges Dallemagne in the position of Deputy General Director, although he wanted to be General Director, too. Eric and Georges had different political visions. Georges came to see me and said, ‘I’m leaving.’ I didn’t object because, in fact, I thought it wasn’t a good arrangement. But, the group at headquarters that was very close to Georges was terribly disappointed. Seeing that support, Georges let himself be convinced that he shouldn’t leave. So, there was a split at headquarters between Éric’s supporters and Georges’. It was a hellish situation for Éric and it was very difficult for me because the board of directors was divided on the issue. In the end, we decided to go with Éric and we negotiated Georges’ departure. Then those who opposed that sought to take power by showing up, en masse, at the elections for the board of directors. But that didn’t work out and none of their candidates won. It wasn’t me, as President, who was in control. It was the members of the association who thought about things and said, ‘We don’t want the kind of MSF that they are proposing.’

Dr Marleen Bollaert, MSF Belgium President, 1995-1998 (in French)

The board of directors took on an associative role, but it was still the body that chose the executive, in any event, its general director, who is responsible to the funders, etc. We created a certain margin of autonomy, which was not within the purview of the executive and that was associative, but continued to handle this initial role, relative to the executive. There was a good reason that a large part of our time between 1995-1997 was taken up with succession problems within the executive. Those problems were pretty difficult to manage. And that had nothing to do with the association. It clearly had to do with decision-making with regard to the future of an operational centre. In the mid-1980s, we had to kill the father. Then a new team was put in place; but at one point, we had to say to them, ‘It’s not because you set up this organisation and that there’s tremendous growth that you have to hold on to this sense of fatherhood.’

Dr Pascal Meeus, MSF Belgium Board Member 1995-1999, President 1999-2001 (in French)

3. **Mini-General Assemblies (mini-GA) in the Field**

In 1992, MSF Belgium started to organise Mini-General Assemblies (mini-GA) in the field. Those meetings were supposed to encourage the field staff to meet and reflect on MSF and to issue motions, if needed, for the General Assemblies in Brussels.

In December 1995, the International council decided that international Mini-General Assemblies, which had been organised in the field by MSF Belgium since 1992, should be organised in all the MSF operational countries to include all sections present. The first international mini-GAs were held in March and April 1996. Their outcomes were presented and discussed at Chantilly II, and some of their recommendations regarding the associative were integrated in the Chantilly Documents.
Minutes from the MSF Belgium Board of Directors Meeting, 14 February 1992 (in French).

Extract:
3. Mini-general assemblies
The directors are leaving soon to go to the field to hold mini-general assemblies and demonstrate that there is a desire for discussion at the peripheral level. Those directors who wish to travel with a member of the executive may do so. These trips have been delayed slightly because the operations department wanted to coordinate the directors’ arrival with meetings on site. [...] Please note that Jean-Pierre Luxen will go to southeast Asia, a region that the directors do not cover. Other countries will not host a director’s visit, and we all send our regrets. The materials on the discussion topics have not yet been prepared.


Extract:
Between March and April 1996, 21 mini-general assemblies were held. Each involved 10-50 people. A report on the discussions held during these meetings was presented at Chantilly II. [...] Organisational problems aside, which should easily be addressed in the future, in general, these mini-general assemblies were a success for several reasons:
• For the first time, MSF field staff had a chance to discuss, together, the issues debated within MSF;
• This created a sense of being part of an organisation and being able to influence some of the decisions (although there was still scepticism regarding the real power of the recommendations made at the mini-general assemblies);
• Board members had a chance to meet and to assess and compare their ideas about MSF’s development;
• Board members were exposed to the ‘field’ more intensively than during normal field visits; and,
• The concrete recommendations that emerged from the 21 mini-general assemblies were surprisingly similar. Most of the recommendations will either be incorporated in the ‘final Chantilly text’ (document on identity) or will be taken up during the international coordinators’ meeting. However, there are a host of recommendations that should be addressed separately. The discussions on the voluntary and associative character of MSF led to concrete requests [...] such as to:
  • Provide better and ongoing information on MSF developments throughout the year;
  • Brief all volunteers on the structure and operations of the MSF movement, with particular emphasis on the association;
  • Standardise the rules for members and voting rules across all MSF entities (primarily the sections, but the delegate offices as well, if possible);
  • Give the field greater weight in the association, make membership automatic after six months’ work in the field and de-co-opt members who have shown no interest after three years;
  • Establish direct democracy: all members may vote directly (vote by mail from the field);

With Pascal Meus and others, we said that the field should be allowed to have a more direct impact, to be able to submit motions to the MSF Belgium general assemblies. We also had to review who could be a member. So, we held mini-general assemblies. Discussions were held within the missions, with comments forwarded to the general assembly. It’s very easy today, with online connections, but back then we went into the field to lead those discussions. It wasn’t always easy to organise, but it was always great. The discussions focused a lot on operations.

Dr Marleen Bollaert, MSF Belgium President, 1995-1998 (in French)

The objective of the mini-general assemblies, thanks to the proposals forwarded from the field, was to find a balance to ensure that the executive and its proposals did not dominate the work of the board of directors. We tried to bring in proposals from the grassroots. We wanted the board to discuss topics other than purely executive issues. At that time, the board’s agenda reflected the needs of the executive. Starting in 1995, we created a balance between the issues the board and the elected directors wanted to discuss and the executive’s issues. So, the agendas were relatively balanced between the problems that the executive wanted to place on the agenda and those issues that we felt were important to discuss within the association.

Dr Pascal Meus, MSF Belgium Board Member 1995-1999, President 1999-2001 (in French)

B. NEW AMBITIONS

In the MSF movement, the non-operational entities created in the early/mid-nineties were named ‘liaison bureaux’ or ‘international offices’ then renamed ‘delegate offices.’ This evolution was a sign of their ambiguous status: they were perceived as delegated offices of the movement as well as those of the “mother” sections.

We played a kind of double game. For us, it was obvious that they were international offices. Whether they...
were managed by a section or not, in the end, it came from the MSF movement. So, for me, the New York office was not an MSF France office, it was MSF in the USA. Similarly, the Rome office was ‘MSF in Italy,’ it wasn’t ‘MSF Belgium in Italy.’ Imagine the Director of MSK UK introducing herself as the representative of MSF Holland in England!

Dr Alain Destexhe, MSF International Secretary General 1991-1995 (in French)

The delegate offices were not authorized to run operations. However, they were keen to be associated with the MSF operational project, in one way or another. They argued that their national assets, talents, and cultural openness that was lacking in Paris, Brussels, or Amsterdam, would be of service to the movement. Among these assets was their access to new networks (resources, advocacy, medical, etc.) that were otherwise unknown to the operational sections. However, it took time for operational sections to change what partner sections called imperialist behaviors.

Dr Juliette Fournot, MSF USA Board member 1989-2001 (in French)

MSF Greece was the only group that wanted to become an independent MSF section and run operations. In June 1992, based on a common proposal by MSF Greece and MSF France, the International council decided that MSF Greece’s exceptional status as neither a section, nor a delegate office, would be extended until 1994.

Minutes from the MSF International council Meeting, 26 June 1992 (in French).

Extract:
2. Presentation by Sotiris [Papaspyrosopoulos, MSF Greece President] and Bernard [Pecoul, MSF France General Director] of the proposal to extend the status of MSF Greece until June 1994. Rony [Brauman, MSF France President] noted that a decision must be made in 1994 on whether to create a section, extend the current status, or close the office. Jacques [de Milliano, MSF Holland General Director] noted that a certain level of quality must be met before deciding on autonomy. Bernard asked if we should create a status that falls between an office and a section because the offices do not all have the same goals. Bernard and Sotiris’ proposal was accepted, with a few secondary modifications. […]

Anne-Marie Huby, MSF UK - General Director 1994 -1999 (in French)
In 1992, the Board of Directors of MSF France, to which I belonged, told us that everything was going fine and that we had met the criteria but that because of the internationalisation process, we could not obtain the status of section and that this was a difficult situation.

Dr Sotiris Papaspyropoulos, MSF Greece Founding Member and President 1990-1996, MSF Greece Honorary President 1996-2000 (in French)

In June 1994, four out of six sections represented at the International council were in favour of MSF Greece’s desire to become operational. This support was given despite MSF Greece’s political position on the war in Former Yugoslavia, which raised a few questions within the movement at that time. However, they were denied operational status when MSF Belgium and MSF Holland used their veto rights.

Minutes from the MSF International council Meeting, 9 September 1994 (in French).

Extract:
3. MSF Greece:
Decisions: While awaiting the MSF International reform project, MSF Greece will enter an intermediate phase, as follows:
- MSF Spain is the parent section of MSF Greece;
- MSF Greece may participate at International Board of Directors’ meetings only upon the invitation of MSF Spain;
- The International Board of Directors adopts Jean-Pierre Luxen’s document of 4 August with the exception of the last paragraph. MSF Greece may launch new projects only in those countries where a MSF section is present and under the coordination of that section.

Minutes from the MSF International council Meeting, 14 September 1995 (in French).

Extract:
8.2 Status of Greece
Jean-Marie [Kindermans] asked: Given that Greece is not a section or a delegate office, how do we resolve its unclear status without creating continuing mini-conflicts?
Doris [Schopper] explained that Jean-Pierre Luxen chose this intermediate delegate office/section compromise; in the meantime, the Greeks will attend the international meetings, like a section, which will strengthen during this intermediate period. It’s been a year and we haven’t given them any clear guidance, do this, don’t do that, so we need to give Greece a framework and examine the implications at the international level. If they continue to be operational, it will be even harder to go reverse course. We also have to address the issue of the relationship with the section (Spain) that is supervising Greece.
Éric [Goemaere] stated that we do not have enough information to make a decision and that we do not have a defined framework.
Bernard [Pécoul] commented that they agreed to the postponement of section status. There is a real association in Athens and a genuine movement has been created.
Decision:
* Concrete proposal from the International Board before year-end 1995;
* Doris will visit, in her capacity as International President (neutral).

In 1994, I visited all of the sections with Dimitri Pyros, who was Vice-President. We went to Switzerland, Spain and Luxembourg. They told us that we should be a section. The French, who had sponsored us for four years, said that they would support us. The Belgians and the Dutch didn’t say anything. But, even so, we assumed that we had a majority. When it was discussed at international Board meetings, I left the room. According to the official version, 42. See MSF and the War in the Former Yugoslavia 1991-2003, MSF Speaking Out Case Studies by Laurence Binet, 2014, http://speakingout.msf.org/en/msf-and-the-war-in-the-former-yugoslavia
there was a disagreement. The Dutch and the Belgians said, ‘What will we say to the Germans and the Canadians, especially the Canadians, if Greece becomes a section?’ A vote was held: four supported and two opposed granting MSF Greece the status of section. But the MSF International statutes include an article giving the three major sections a veto right over a decision. Belgium and Holland used their veto, so we could not become a section. Since the ‘major’ sections were not capable of managing the internationalisation process, they chose not to keep the promises that had been made to MSF Greece.

Dr Sotiris Papaspyropoulos, MSF Greece Co-founder, President 1990-1996, Honorary President 1996-2000 (in French)

I'm not sure that when MSF Greece was created, everyone agreed that it should become a section. Nor had it demonstrated, in its development, that it was ready to become one. We couldn't really see the added value of Greece becoming a section. The other issue was that we didn’t want a new operational section. In any event, we didn’t think that the MSF Greece team was capable of leading operations.

Dr Pascal Meeus, MSF Belgium Board Member 1995-1999, President 1999-2001 (in French)

In September 1994, the International council decided that MSF Spain would supervise MSF Greece’s operations. In December 1995, MSF Greece was allowed to conduct operations only in countries where MSF was already working. They were only allowed to participate in IC meetings if invited.

Minutes from the MSF International council Meeting, 14 September 1995 (in French).

Extract:
Conclusions:
- The supervisory role of MSF Spain was reaffirmed (a MSF Spain candidate to their Board of Directors);
- The International Board should be clearer regarding the rules:
  • International Board participation: they may be invited only when the International Board has a specific reason;
  • MSF Spain shall decide whether they may participate at other meetings;
  • They will maintain their current mode of operation until MSF International’s new overall organisation is complete.

I think that this was the board’s decision that MSF Greece would remain under supervision. We couldn’t continue with MSF France, of course, or with MSF Belgium, or Holland. And the President of MSF Spain at the time, Josep Vargas, said to me, ‘If you want to, you can come with us.’ I agreed because I had in mind that we would continue to carry out missions with someone who would let us do our work. MSF Spain did not have a partner section, so we went with them. The International Office agreed and we started conducting missions in Georgia and Armenia with MSF Spain, but we had our own operations director.

Dr Sotiris Papaspyropoulos, MSF Greece Co-founder, President 1990-1996, Honorary President 1996-2000 (in French)

C. LETTING GO AND REFORM (1996-1997)

1. The Process

In June 1996, the President and the International Secretary General were tasked by the International council to organise working groups to make proposals for the evolution and structure of the organisation, for the rules of the MSF movement, and for the role of the International council.

Minutes from the MSF International council Meeting, 20 and 21 June 1996 (in French).

Extract:
Structure of MSF International: Philippe Biberson, the International President (from 21 June 1996), presented his agenda for the Presidency of the International Board. The members of the International Board addressed the issue of the MSF movement (including bureaucracy, decisions, and structure), MSF’s five-year vision (what kind of international?), the role of the International Board, the place and composition of the International Board vis-à-vis the Boards of Directors, and suggestions for the 1996/1997 International Board. Because opinions were divided, and the discussion addressed many issues that should appropriately be addressed separately, the members of the International Board made the following decisions:
*The International Board directs the International President (Philippe Biberson) and the International Secretary General (Jean-Marie Kindermans) to develop proposals regarding the development of the international movement, specifically its purpose, structure, and rules of operation. They will
conduct their work in cooperation with the presidents and in consultation with all entities:
*The first phase will address the composition (including of the delegate offices) and the future roles of the International Board. The proposals will be discussed at the next International Board meeting in October, which will be the last one with the current make-up. It will be followed, at the end of the year, by a meeting of all the MSF branches, which will constitute another phase of the discussion. This kind of meeting, creating an enlarged International Board, should be held annually going forward.

In September 1996, in a letter to the leaders of all the MSF entities, the President and International Secretary General proposed to strengthen MSF’s international nature by re-structuring the International council. They proposed to create a International council composed of 19 members, each of them representing one entity.

Letter from Philippe Biberson, President of MSF International, and Jean-Marie Kindermans, MSF International Secretary General to Presidents and General Directors of MSF Entities, 6 September 1996 (in English, in French).

Extract:
In preparation for the next International council meeting on 3 and 4 October, we are beginning an initiative aimed at facilitating the development and structuring of our movement. In line with the decision taken at the June International council meeting, the October meeting should be the last meeting held with the International council as it is presently composed. That meeting must prepare for the future and this letter is intended to encourage you to put forward what you think about it. Enough of rules and regulations! Let us know what your ambitions are for the future and assure us that there is a mutual confidence between us. ‘Internationality’ is an intrinsic value for MSF. It belongs to no one in particular. It is a strength that can always be denigrated (and there have been many attempts at that during the course of our history), but it always rises again because it is to be found in each of us individually, just as much as in our name. Today, we must convert this ‘internationality’ into organisational terms. This ambition would be implacably refuted and discredited if all of those who call themselves and recognise themselves as members of MSF could not be associated on an equal footing. It therefore seems to us that it would be better, despite difficulties linked with the number, to now envisage a International council of 19 members.

As internationalism will not progress in an uncontrolled and irresponsible manner, we can already confidently anticipate that, MSF will be enriched by those who join in the future. It is clear that the exact composition of the group, how decisions will be reached (what majority will be required?), the frequency of meetings, the importance of its decisions for each one in the movement, etc. – all this remains to be determined, and we would prefer to let the debate be wide open from the beginning. However, a group of this size will find it difficult to make decisions and react on detailed points. A restricted, functional ‘executive committee,’ emanating from the group but remaining representative of the movement as a whole, will therefore have to be considered. The constitution of this committee will also have to be defined, the type of delegate from the international council what authority it will have in regard to all in general and national boards in particular, its eventual role as a referee, the kind of decisions it will take, and the extent of the involvement in operations. This is why we are looking for reactions, suggestions and alternative proposals from you that can be debated in October. A more detailed proposition could then result, which would be discussed by national Boards of Directors and, finally, adopted in a definitive format at the meeting of all the branches foreseen for January 1997.

In the following weeks, the various entities worked with their boards to feedback and propose roles and compositions of the potential new international council and the association.

Letter from Doris Schopper, MSF Switzerland President to Philippe Biberson, President of MSF International and Jean-Marie Kindermans, MSF International Secretary General, September 1996 (in English).

Extract:
*In order to enable the delegate offices (DO) to participate in the process of change, they should be represented in the International Office. Including a representative from each DO would be unwieldy and would not necessarily lead to an ‘equal’ representation of all MSF entities. I would rather suggest that four to five representatives of the delegate offices be chosen. The size of the DO in terms of number of nationals having gone to the field in the past year and in terms of financial volume could be criteria for...*
Another point of discussion is the timing and chronology of this restructuring process. Is the restructuring of the International council the starting point of this change process, or should it be the result of well-expressed common ambitions? The enlargement of the board now – without empowerment and clarity of its specific authority – could lead to a vacuum and paralysis in the international functioning and a disintegration of the international movement instead of the foreseen integrative leap forward. We think that the authority of this governance body and the decision-making rules have to be organised and to be crystal clear before we change the International council in its actual form. This does not mean that we cannot enlarge the International council by giving, for example, the status of observer to the delegate office members.

**Letter** from Olaf Valverde, MSF Spain General Director to Philippe Biberson, President of MSF International and Jean-Marie Kindermans, MSF International Secretary General, September 1996 (in English) (edited).

**Extract:**

2 - MSF always won when taking risks. The present situation is seen as ‘conservative.’ We may think further than about the present 19 entities, perhaps even about entities from the south (not necessarily for fundraising, but to provide human resources or act as ‘counterparts’ in recipient countries). […]

6 - The different weights of the delegate offices must be taken into account when deciding about structural changes. Not all of them shall be represented in the International council (one advantage is that if some delegate offices represent others, they are obliged to coordinate among themselves and to feel as a ‘group’).

7 - There are some concerns in our section about losing ‘share’ because we have no DO attached to us and we are not allowed to create one.

8 - It is important to clarify the different roles of DGs and Presidents. In our board, there is concern about too much power concentrated in the hands of the DGs. Beware of making an ‘executive committee’ without representation of Presidents.

**Letter** from Jacques de Milliano, MSF Holland General Director to Philippe Biberson, President of MSF International and Jean-Marie Kindermans, MSF International Secretary General, September 1996 (in French).

**Extract:**

1. The international council is a body founded on the willingness of its constituent member structures. Each national board has final decision-making authority on whether to stay in or leave the international council. As things stand, the international council’s authority is not founded on a legal basis. Its authority is exclusively moral. This situation is liable to evolve over time depending on the degree to which the various structures integrate.
2. The international council has been extended to all MSF associations (which includes the delegate offices with an associative structure but not the delegate offices which are ‘representative offices’).

3. The international council defines the general guidelines for MSF at the international level and has taken on an ethical scrutiny role, which includes auditing the financial accounts of each organisation.

4. The international council has an IO with the capacity to coordinate its work and apply its decisions. The IO includes members with the capabilities to monitor the various departmental activities (operations, logistics, communications, etc.).

5. The composition of the International council and IO in terms of numbers reflects the reality and diversity of MSF’s constituent parts.

Letter from Johan von Schreeb, MSF Sweden President to Philippe Biberson, President of MSF International and Jean-Marie Kindermans, MSF International Secretary General, 2 October 1996 (in English).

Extract:
If the setting up of a new international council is to be meaningful and successful, everybody involved has to be pragmatic and realistic rather than dogmatic in the approach. Whatever the purpose, we cannot neglect the MSF history of totally independent and powerful sections and the fact that sections and delegate offices are not equal. Also, we share common values; whatever the form chosen for our common work, it has to be based on mutual trust and confidence rather than on rules and regulations. This statement is just a starting point for the comments (based on discussions held by the Swedish board and office staff) given below.

Authority: It is crucial that the authority, areas of decision making and responsibilities, of the new international council is carefully elaborated. Decisions taken by the international council should, of course, be binding to all sections and delegate offices. The current veto situation has to be formally abolished, but will in practice only disappear if the decision-making is limited to areas which can reasonably be expected to be respected by all sections and delegate offices. The international council should be the owner of the MSF name and logo, and thus have the power to exclude sections and delegate offices. As far as we can see the possibility of exclusion is the only possible sanction, although such a measure would probably be more of a basis for pressure than a measure actually carried out (just look on other NGOs).

Executive committee: The enlarged international council should meet once a year but 19 persons are too many to form an efficient group. The international council should therefore elect an executive committee (maybe seven or nine people) among its members. Although election is supposed to be free, we believe it is crucial to ensure that the three big operational sections are among those represented in the executive committee. This should not be a formal rule but, hopefully, the result of an election with realism […]

Associative aspects: The 19 bodies (sections and delegate offices) referred to in your letter are different in character and new bodies may emerge in the years to come. We suggest that future criteria for the right to be represented at the international council should be based on the associative life of each MSF body. People in the international council should be members of a national MSF association and elected by other members, rather than hired staff. However, for the time being, we agree that the currently existing sections and delegate offices (whether with associative life or not) are the ones to be represented in the new international council. However, in the next few years these bodies should develop an associative life to remain in the international council.

2. The Reform of the International Structures

a) The New Associative Structure

On 31 January 1997, an international council meeting including representatives of the 19 MSF entities was held in Brussels. Using the outcomes of the preparatory process, a series of reform proposals were prepared by the President of MSF International, the General Directors of MSF Holland, and MSF Belgium, and was submitted to all the participants.

Message from Jacques de Milliano, MSF Holland General Director to Philippe Biberson, MSF France and MSF International Council President, cc to Members of MSF Holland Identity Board, Management Team, Eric Goemaere, MSF Belgium General Director, Marleen Bollaert, MSF Belgium President, 17 January 1997 (in English).

Extract:
This document is the result of a meeting between Jacques and Philippe and input from MSF Belgium. It is not complete, but it reflects a clear willingness for reform and this is, in this document, translated in organisational terms. If this proposal, and the amendments, are adopted by the international council in January, it can be submitted to the boards of the sections (and if necessary, the general assemblies) and the changed international statutes can be signed by the Presidents in June, together with the nomination of the new President of the International council.

Proposal for reform of the international council
MSF, a dual organisation: international and national
MSF is an international private humanitarian organisation
and is composed of national movements. We have chosen to be an international movement because we are convinced that a coherent and decisive international organisation is in a better position to serve populations in danger than purely national entities with a large variety of missions and messages. The state of the world is such that purely national organisations will either be subcontractors of governments or marginalised action groups without real influence. Besides our medical assistance role, we are medics with a universal mission; we have a ‘world’ message about solidarity and against exclusion of the most vulnerable. Our channels are more and more global, 
*Herald Tribune*, *Le Monde*, *El Pais*, and our audiences are political leaders, opinion leaders, and the citizens in this world. On the other hand, we are convinced that a strong and dynamic international MSF can only be a reality if it is composed of strong human commitment and strong roots in the civil societies, the national sections. The national associations safeguard the human dimension of MSF and its roots in society. So, each structure we design has to include this dual character of our movement: the willingness to be a national movement and an international movement. The challenge is to find the right balance.

**A need for reform**

There are several reasons to reform the international functioning of MSF:

- MSF these days is not composed of six entities but 19; the internal MSF reality has changed since 1989, but its governing structures enabling us to function as an international organisation have hardly changed.

- In Chantilly, we formulated the willingness to have a common (international) identity, mission, core values, type of actions, and we agreed on a number of common mechanisms (ET, international human resources policy, international internal communication), which eventually enables the organisation to function in daily life as an international organisation. The problem we have now is that the functioning of the international council is not in line with the MSF reality and our international ambitions. It does not represent the different entities and it lacks authority to make decisions. This situation is not sustainable. It creates bureaucratic paralysis and we risk falling back to the pre-Chantilly period (chaos, unsolved crises, frustration, and nationalistic reactions), which eventually will compromise the credibility of the whole movement and lead to disintegration. Now, we have the opportunity and responsibility to redesign the international functioning, which takes into account the national and international reality of MSF, not an international bureaucracy as we have now, but a more effective international body.

**Proposal for Reform**

First remarks:

- I will not speak about sections and delegate offices, but all entities will be called sections;
- I will speak about sections carrying the responsibility of an operational centre and being at the same time the centre of a functional group (S+OC) and simply sections (S-OC). The boards of the national sections delegate specific authority to the international council, the executive committee, and the president, and entrust those bodies with the authority to deal with a specific set of issues to guarantee effective international functioning. At the same time, the national boards always have the ultimate possibility to disagree with their decision; nevertheless, those disagreements on fundamental issues should be exceptional; if not, the common willingness to function as an international organisation will be at stake […]

Eventually, the main proposals were adopted. The 19 entities became formal sections with equal voting rights. The entity presidents composed the International council, while the presidents of the six operational sections and the international secretary general were part of a restricted committee. The executive/general directors of the operational sections were to meet regularly in an executive committee that would evolve ‘in line with the operational evolution of MSF’.

**Extract:**

1. **MSF is an international movement supported by national entities.**

* Médecins Sans Frontières* is an international movement with one charter and one mission: to contribute to the health, safety, and dignity of populations in danger. In support of this mission, the national sections decided to change the format of the international council (international council). Recognising the need for a dual system of authority, the boards of the national sections ratified this decision and will delegate authority to the international council in certain areas, as defined in paragraph 6 below.

2. **All MSF national entities share the common designation of section.**

Each national entity of MSF will be described as a section. Furthermore, when speaking of a national entity, the designation to be used both in the field and in the sections shall be ‘Médecins Sans Frontières,’ coupled with the local translation where necessary. If it is required to distinguish one national entity from among the others, the designation shall take the following form: e.g. *Médecins Sans Frontières - Greek section.*

3. **A functional partnership between sections.**

All sections are to serve the whole movement. Nevertheless, ‘functional partnerships,’ composed by grouping sections together, assist with the development of all sections and facilitate international functioning (for example, coherence in the allocation of funds to missions, sharing human resources in the field, etc.). These functional partnerships are established when necessary on the request of the international council as transitory functional bodies. As interaction between sections from different groupings will be encouraged and will increase, other mechanisms for collaboration will have to be worked out.

**Resolutions Passed During the Extended International Council Meeting Held in Brussels, 31 January 1997 (in English).**
4. The decision to create any new section is the exclusive domain of the international council.
Only the 19 existing sections are currently entitled to the name MSF. The international council will be responsible for defining a coherent and future-oriented policy in regard to the creation of new sections or any ‘privileged alliances.’ An international council working group will prepare this policy. The international council will be specifically concerned with extending the socio-geographic and cultural base of the movement.

5. Operational MSF sections.
All MSF sections must actively participate in MSF’s actions in favour of populations in danger according to their capacities and abilities. Operational is defined as the power to make decisions with regard to MSF missions. In emergencies or complex crises, there should be a very limited number of decision-making centres. The operational project needs to be clearly defined and should remain limited as regard the type of operations, the number of operational centres, the means employed, and the support structures. Existing structures shall be ‘denationalised,’ complementary, coordinated, and improved sharing of structures. The international council has the authority to decide about all those matters linked to operations.


The International Council
The international council will focus on producing an international blueprint (‘architecture’) for the movement and defining an individual identity. The international council will be both a platform and a network for discussions and decision-making.

Composition
The Presidents of the 19 sections’ objective: within two years, all presidents must be elected by their associations. Presidents may not be replaced by substitutes at international council meetings.

Authority
• To safeguard the ‘identity’ of MSF (its mission, core values, type of activities, and international norms) and take decisions on how this should evolve.
• To give final approval to the international blueprint for MSF, including the emergency team concept, international human resource management, internal communications, a common fund for private resources, etc.
• To take decisions in regard to common long-term advocacy/witnessing themes (such as landmines, forgotten wars and populations, exclusion, misuse of humanitarian aid, etc.) and international advocacy projects of strategic importance (such as ‘Populations in Danger’).
• To take decisions on issues concerning MSF’s expansion policy (increasing the number of sections) and on the division of certain basic tasks (number of operational centres). The International council shall have a specific responsibility to control the use of the MSF name. It delegates exclusive ownership of the MSF name to the international office.
• To give advice in regard to the annual plans of the sections, in particular of the operational centres, as these affect MSF’s identity and the international blueprint for the movement.

Voting procedure
• One section, one vote.
• Decisions require a significant majority (to be defined, but at least a two-thirds majority).

Practical organisation
• A three-day meeting will take place once a year. To start off, a preliminary meeting will take place this autumn (1997), followed by the first annual meeting in March 1998.
• A number of thematic working groups will be active during the year, led by the president of the international council and the director of the international office.

Restricted committee

Authority
The restricted committee (RC) will have a dual authority. It will:
• closely follow up on the execution of international projects approved by the international council and the proper functioning of agreed international mechanisms, and will intervene if necessary through consultations with the executive directors;
• be an international arbiter in exceptional cases where there is a serious international disagreement between executive directors in regard to either MSF’s operational response in major crises or MSF’s advocacy/witnessing response.

The restricted committee is also responsible for preparing the agenda for international council meetings.

Composition
• The presidents of six to eight sections.
• The international president will propose the names to the international council for approval by a two-thirds majority.

Voting procedure
Decisions will be taken on the basis of a simple majority and the president will have a second deciding vote if votes are split.

Organisation
A two- to three-day meeting will be held twice a year and ad hoc meetings or ad hoc consultations will be organised where necessary. Executive directors, directors of operations and other management team members may be invited to attend.

The President of the International Council and Restricted Committee

Role and authority
The president will represent the international movement to the outside world; s/he should inspire the international development of MSF; s/he will have the right and the duty to take initiatives within the mandate of the international council and the restricted committee.

Nomination
The president will be elected by the international council for a two-year period on the basis of a two-thirds majority. S/he will try to be present at board meetings of the sections. S/he will be financially compensated by the international council.
The Executive Committee

Composition
The executive committee will be composed initially of the executive directors of current operational centres, but the composition will evolve in line with the operational evolution of MSF. The director of the international office will be a member of this group.

Organisation
The group will decide its own working procedures.

Role and authority
The executive directors will form the keystone of international coordination.

- They will be responsible for the preparation and execution of the decisions of the international council and restricted committee.
- They will inform the restricted committee, of any serious delays in the execution of those decisions or of any serious disagreements with possible consequences for the MSF identity or the MSF international blueprint.
- They constitute the first point of arbitration in case of disagreement on operational issues (interventions and advocacy issues).

During my time as president, I pushed a great deal to give more of a voice to the delegate offices, to involve them more. In January 1997, the system was up and running. We all felt that's what needed to be done and the international council made the decision that all delegate offices would become distinct sections. All credit goes to Philippe Biberson, who was president of the international council, for having the courage to pass this decision. I think that somewhere along the line he thought: 'There’s something we need to try and it won’t cost much.' It was the international president, who happened to be the president of MSF France, who accepted this initiative. So, he could say: 'It was MSF who did that,' and thus reinforce the driving role of his section. If I’d attempted to do so when I was president, I don’t think it would have been accepted. He must also have thought that it would appease the regional offices.

I found that it instilled a sense of purpose for all the small sections without taking too many risks. It was important to prevent the spiritual or ideological disintegration of MSF. There was also a risk of burnout, of sterility, among the long-standing sections as a result of being self-segregated and always doing the same thing. But I think there needed to be new blood. In the USA and elsewhere, there were intelligent, highly motivated people who had ideas to contribute. I thought, too, that we have a very rich and complex history and I wondered how we could carry on. We needed, a bit like at a nursery, to let the young plants grow, even at the risk of being shoved aside and pushed out like old weeds. But I much preferred this scenario to that of a conveyor belt rolling out humanitarian aid (which many Belgians dreamed of, a really efficient system in which we didn’t bother with public advocacy, etc.) or that of an ideological machine (which was more what we were criticised about, the group of thinkers and ideologists that we were), which would be just as sterile at the operational level. Yet, in spite of all this, we still had some advantages: operational men and women who weren’t ideologists, like Brigitte Vasset or Jacques Pinel.

Dr Philippe Biberson, MSF France President 1994-2000
(in French)

For me, January 1997 was like when you smoke a spliff, a runaway train, the unexpected watershed moment, the big surprise! It wasn’t a ‘locked’ meeting like the ones in Chantilly or those held by the international council, which until then happened behind closed doors. It was quite a big audience, in a way the first international General Assembly. It was the meeting when the associative contingent spoke out with a very clear intention of getting the directors out. We, the operational section directors, had just recommended that the international council be extended to two or three representatives of the regional offices. We said that this reform would result in a system that wasn’t even up to going as far and wide as was needed, a system that was unnecessarily complex. And then, after the meeting, we found we were obliged to show willingness and good intention, and to apply a whole series of recommendations. We weren’t entirely ready to move so quickly, but at the end of the day it forced us to move forward.

Dr Bernard Pécoul, MSF France General Director 1991-1997; MSF Access Campaign Director 1999-2003
(in French)

The autonomy given to the partner sections to develop was one of the decisions that contributed to the success of MSF. Until then, the international council was made up of general directors and/or presidents of sections. It was a mixture. In practice, there wasn’t any division between the executive and the associative levels. In January 1997, we created the executive committee, which comprised the general directors of sections and the international council, made up of the association presidents. Of course, as usual, all these decisions had been planned by the president of the international council and a few others. But they were taken with everybody’s approval. We brought in the representatives of the regional offices to record the decision. For them this was a big win, so they had no reason to say no. Aside from the Greeks, none of them wanted to become operational. However, they did all become sections. In their communications and in the image they themselves and those outside the
organisation had of the movement, this changed a great deal. They weren’t dependent offices any more, but were now autonomous. This decision confirmed a process started at Chantilly I and then at Chantilly II, despite some fierce arguments at the operational level. It went ahead and everybody understood it was in their interest. Then we had the Balkans period and each section continued to do more or less what they wanted. But we started to understand that the interdependencies within the movement were very strong.

Dr Jean-Marie Kindermans, MSF International Secretary General, 1995-2000 (in French)

This decision on behalf of the movement told us: ‘You are no longer offices, you are sections.’ In a way, it was a bit paternalistic. The ‘junior’ sections got the impression that the intention was: ‘We need to let go a bit. We’ll be nice to the partner sections’. It was all a bit superficial, symbolic. But sometimes symbols can inform reality. This situation opened perspectives, which prompted our successors to create specialisations for each section. Symbols are important. This also opened MSF UK to other perspectives, particularly in regard to the field, which is the most important.

Anne-Marie Huby, MSF UK General Director 1994 -1999 (in French)

In the following years, the role of the International Council was refined and clarified. It became an associative body distanced from the executive and from the operational daily tasks.

Minutes from the MSF International Council meeting, November 1998 (in English).

Extract:
Opening presentation and discussion emphasised that the international council is to distance itself from day to day executive and operational issues, see the MSF movement in relation to the larger human context, and focus on how MSF can best serve populations in danger. While sectional views will certainly be represented, this is done in the context of the larger MSF movement. Our primary responsibility as members of the International council is to promote and protect the principles and values of the MSF movement, while taking into consideration individual sectional views.

The purpose of the International council is to serve as a legislative counter-balance to the executive functions and operations of the MSF movement, and to preserve and encourage cohesion and initiative within the MSF movement. It is also expected and essential that decisions made in the international council will be decisions honoured. The role of the international council as described in the January 1997 international council meeting was referred to and re-endorsed. The opening discussion also emphasised the responsibility of section presidents to bring the debate and resolutions of the international council to their home sections. The discussion also emphasised the importance of ensuring follow-up on commitments given in the international council to its various positions, resolutions, and commissions.

It is expected that in the international council members will engage and debate freely, respect each other intellectually, and see beyond self-interest and do what best serves populations in danger through the vehicle of MSF. To accomplish this, we must be disciplined and respectful in our willingness to be open and to engage debate. Openness to debate is seen as central to informed decision-making, and only in a climate of openness can the idealism that drives the MSF movement find its reality through both humanitarian medical action and advocacy.

b) The International Council’s First Permanent President

In January 1997, the enlarged International Council had decided that the President of the international council should be elected for two years and granted a salary for the full-time position.

At the outset, the international board was connected to the executive, strictly speaking. It was only later, starting in 1997, that the international board was composed only of the presidents. The rotating presidency was ended and presidents were elected from the partner sections. In my view, to keep the executive from dominating, we wanted to establish the international board as an institution representing the association and we would achieve that by selecting a permanent president who was distinct from the executive.

Dr Pascal Meeus, MSF Belgium Board Member 1995-1999, President 1999-2001 (in French)

In September 1997, there was no candidate from the International Council to commit to the presidency for two years, despite a real need for leadership. The President of MSF Switzerland was temporarily elected until the next general assembly process, planned for June 1998. She was tasked with identifying candidates for the presidency. Qualifications included necessity to be a medical doctor, a minimum four year field experience with MSF, bilingual in English and French, and available for at least three days a week.
Minutes from the MSF International Council Meeting, 19 and 20 September 1997 (in English).

Extract:
[...]
8) International Presidency
No candidate was prepared to commit for two years. This provoked two reactions and proposals.
1) There is a need for a president who can be very present, working at least three days a week, and who might be looked for from outside the current international council.
2) At the moment, the president should be someone from the international council, whose principal task would simply be to organise meetings or events for discussions.

A discussion followed and a vote was taken in favour of the first solution. There were eleven members in favour, three against (France, Greece, and Hong Kong), and one abstention (Italy). Doris Schopper was then unanimously elected as President until the next General Assembly. Her task over the next few months will be to carry out research for possible candidates for the presidency.

Each board will be able to propose a candidate in line with the following criteria:
- a medical doctor;
- a minimum of four years’ experience within MSF;
- bilingual English/French;
- available at least three days a week.

At the time, I was thinking of leaving the presidency of MSF Switzerland. But everyone on the international board said, ‘Doris, you have to run. Otherwise Philippe will run and that can’t happen. It’s got to be you.’ This was the first secret ballot election. In the end, I agreed. I said, ‘I’ll serve for one year, but no longer. I’ll use that year to establish a record of everything that’s happened at the international level and to find a successor, but for a longer period, two years, and this international president will have to be paid.’


In January 1998, the role of the President International Council and the nomination procedures were agreed.

Email from Doris Schopper, MSF International Council to MSF International Council Members, 26 January 1998 (in English).

Extract:
It was decided that for the next term of the Presidency (mid-1998 until mid-2000), any person making him/herself available for this task and fulfilling the above criteria could be a candidate. Thereafter, MSF’s structure and functioning will have hopefully changed, the role and job profile of the international president will have been redefined and new mechanisms for selecting him/her will be in place. [...] Based on these discussions and decisions of the international council, I would like to propose the following procedure:

1. Each board of the 19 MSF sections proposes one or two candidates for the International presidency. The candidate must at least fulfil the above mentioned criteria. In addition, we should strive towards proposing candidates who have the legitimacy and natural authority to fulfil this position within MSF. Each board also revises the terms of reference of the international president as proposed by the commission on jurisdictions43 [...]

2. The international council member of each section has the responsibility to forward the name of the potential candidate to myself (by e-mail) at the latest by 15 March 1998.
3. During its meeting in March, the international council will revise the list of proposed candidates and finalise the terms of reference of the international president based on the comments of the boards.
4. The international council then invites suitable candidates to an oral presentation at an extraordinary international council meeting in May and elects the next international president to take up his/her position in June or July 1998.

The Role of the President of the International Council

1. The president of the international council has the duty to monitor, and to remedy in times of concern, the activity of sections within their countries and the activities of the operational centres in the field in their adherence to the MSF Charter, core principles and values.
2. The international council president independently or on the advice of members of the International council, or at the request of senior field management may call the executive committee to account for severe functional complications of MSF activities in the field.
3. For both points 1 and 2, the president shall seek the advice of the restricted committee before taking substantial action.
4. The President shall show no favour to any office and function according to international ideals of the organization. The president will be present regularly at board meetings of the sections.
5. The president will represent the international movement to the outside world. Especially during acute emergencies, the international council president shall speak for all MSF to international large-scale media. During such a time, the international council president shall be facilitated by and shall supervise the international communications coordinator and team directly. The president shall direct the international MSF campaign(s) on long-term advocacy issues as established by the international council. The president shall represent MSF on these issues publically (e.g., Ottawa Conference on Landmines). The president shall be supported by the international secretariat, the

43. This commission was set up in September 1997 to define “How an international council of 19 sections can work effectively, how it will work, how it will make decisions”.

179
international communications team, and the international medical department. Please note there is no international humanitarian affairs department.

6. The president shall inspire the international development of MSF. The president shall also be responsible for internal cohesion within MSF, and to proactively remedy fractures in cohesion.

7. As the chairman of both the international council and the restricted committee, the president will have the right and duty to take initiatives within the mandate of the international council and the RC. The president, specifically as chair of the RC, shall be responsible for the timely and substantial completion of the international commissions undertaken within the jurisdiction of the international council. The president shall prepare the agenda of the international council meetings. The president shall be financially compensated by the international council and is expected to spend at least three days per week working for MSF.

On 28 June 1998, the International Office discussed three points that were unresolved: the acceptability of a co-opted international president, the salary, and the job profile. MSF France wanted to reduce the role of external representation and arbitration, and was reluctant to grant him/her a salary, which was deemed a huge expense for a small added value. Those who thought the international president must be properly paid to complete the responsibilities of the job, objected to those who thought that more time was needed to assess.

Dr Rony Brauman, MSF France President 1982-1994
(in French)

There had long been this idea that the president of the international board would not also be the president of a section. It was specifically intended to give the international dimension greater weight and presence. Appointing a president who was no longer linked to an operational centre, that wasn’t a mistake in terms of MSF’s development. Perhaps there were mistakes in terms of certain political positions that were taken, but you can’t have both. In any case, that freed up energy, relieved the tensions among operational centres and gave visibility to a common image of MSF. I wasn’t asked to speak out about the forced population regrouping in Burundi. The operational centres handled it. And starting in 1999 and 2000, the international president was asked to do it. That appealed to the people in the field because the President could represent several MSF groups that were working in the field. It was more cumbersome but it gave greater visibility and reduced tensions to the extent that we had to agree on the message. And the person who delivered the message, was thus responsible for it, was an international president who, on the face of it, had no conflicts of interest and, thus, no biases in terms of the operational centre(s) concerned. So, it was accepted more easily. We were a movement of associations united in an association, with a president at the head. That person was not a president of one of those associations specifically in order to avoid internal conflicts of interest. Obviously, some of the operational sections were afraid that these presidents would upstage them in terms of external representation.

Dr Jean-Marie Kindermans, MSF International Secretary General, 1995-2000 (in French)

Ultimately, it was really two camps. It was one that had the time needed a person who was not just nominally designated but was materially enabled, who had the time to actually do these things. Because you can be named, but if you don’t have the time or the resources, or the ability to engage in an issue, it doesn’t matter; it’s a charade. The other position was that, well, you need to be embodied in the issues in order to actually understand and to be able to take a perspective that is good for the entire movement. I remember, in various ways we had this discussion with Philippe Biberson and I said to him, ‘You are unique in the movement in the sense that you have a full-time position, paid full-time, you have an office, you have a staff, and you are part of an organisation that enables you. Whereas, for most if not all, of the other presidents, they don’t have the same resources that you had. So, the argument holds for you but it doesn’t hold for everybody else. And if this is genuinely an international movement, then the movement has to enable

---

44. Reference to MSF inter-section intervention in Kurdistan in 1991
Eventually, a team with a president and two vice-presidents was established. James Orbinski, a physician and member of MSF Canada was elected President for two years. Odysseas Boudouris, the President of MSF Greece and Morten Rostrup, the President of MSF Norway became Vice-Presidents.

Minutes from the MSF International Council Meeting, 28 June 1998 (in English).

Extract:
The September international council meeting decided to open the post of international president and to reconsider the job profile. Three people applied for the position: Odysseas Boudouris, Eric Goemaere, and James Orbinski. Eric later withdrew his application on Friday, 26 June. Various questions remain in suspense, mainly in regard to three points:
- the acceptability of a co-opted international president;
- the salary;
- the job profile. [...] 

Co-option
Attention was drawn to the decision made at the international council meetings in September and March allowing for the international council president to be co-opted during this exceptional phase in the evolution of MSF. Some members considered that this decision ran the risk of creating an undesirable precedent. Philippe also stressed that the French section is opposed to a co-opted president. As a majority voted in favour of opening the post to outsiders, this was finally accepted. Bart then proposed that the presidency should be composed of three people: James would be President while Odysseas and another person, still to be determined, would be vice-presidents. This solution, for a maximum period of two years, would allow the installation of a definitive structure for the international council (all members would be elected presidents). At the end of this period of transition an international council member should hold the presidency. This proposal seemed to be a good compromise in the sense that it would allow a rapid decision to be made. The members present considered it important, however, that absent members should be consulted on this proposal as well as on possible candidates for vice-president.

Only Philippe Biberson was opposed to the job profile proposed by Doris. He considered that the role of external representation and arbitration should be reduced. He also feared that providing a complete salary would increase bureaucracy and result in a considerable expense for a much lower added value. Marleen was of the opinion that providing a complete salary would guarantee satisfactory contact with the field.

The final proposal
Considering that not all international council members are presently elected section presidents, it was agreed to have a transition period of two years. During this period the president may be co-opted. As from July 1998 three people will assume the presidency: James Orbinsky to be President of the International Council and Odysseas Boudouris and another person, to be determined, as Vice-Presidents. The job profile prepared for the international council by Doris Schopper was accepted, but extended to include the whole ‘presidential team.’ This team should prepare a proposal for the international council on how it considers it should function. In order to preserve the principle of voluntary service, the president will not be paid a full-time salary only for this role. It was agreed that a significant part of his time would be used for the presidency, the remainder to be employed in research work for MSF and in field-level activities. The vice-presidents will not be salaried. The three people will be nominated for a 12-month mandate, at the end of which an evaluation will be made. The mandate may be renewed once and will have a maximum length of two years.

We really needed to find someone. That’s when James Orbinski appeared. In fact, he was just a regular member of MSF Canada. The Dutch said to me, ‘Go see him, talk to him. We think he’s a really good guy.’ At one point, the French wanted to propose a counter-candidate. Eric Goemaere, MSF Belgium’s General Director, said, ‘If they do that, I’m putting my name in.’ Then, when he saw that James Orbinski was the only other candidate, he withdrew. In the end, Orbinski was elected. Most of the lobbying was done within the operational sections, which were, nonetheless, the heavy hitters. That was my last victory. I said to myself that I had to win because I could see that what they needed was someone who was above the whole melee. On one side, the French were saying, ‘We need the international, otherwise things will be worse.’ On the other, they saw it only as damage control, without ever really committing to it, without really participating in the spirit of collaboration within the international.

I remember, at the end of the process, going around the table and getting every single person to say that they will support this experiment, and that they will allow the experiment to run and not obstruct the experiment. On that basis, I accepted the election.

Dr James Orbinski, MSF International Council President 1998-2000 (in English)

We international council, we wanted to have a vice-president and then Odysseas Boudouris, the President of MSF Greece wanted to be vice-president. There were discussions and they said, “Okay, we will have two vice-presidents,” and they asked me, I think because I was new; I didn’t have any bad history with anyone. I became Vice-President of the MSF International Council, which was to be part of a type of group team around James, but also to replace him in certain circumstances. It was a new position and not really well defined.

Dr Morten Rostrup, MSF Norway President 1996-2000, MSF International Vice-President 1998-2000 (in English)

c) Too Early for an International Executive?

In January 1998, Doris Schopper, the President of the IC and Jean-Marie Kindermans, the International Secretary General, provided the IC and the various sections’ General Assemblies, with a state of play for the internationalisation process. They also submitted a series of recommendations for reform of the executive that would actually implement the decisions taken in January 1997. Though it was considered visionary by many General Assembly participants, MSF France leaders rejected it, thinking most of the reform was already done in January 1997.

‘Next Steps Ahead,’ Memo by Doris Schopper, MSF International Council President and Jean-Marie Kindermans, MSF International Secretary General, January 1998 (in English).

Extract:
Sharing a common operationality [sic]
More coherence in the field […] In the future, heads of mission should have clearly defined decision-making powers. As was already decided in Chantilly, but never fully implemented, in each country of intervention, a single head of mission should be nominated to represent the whole of MSF. […] The head of mission would answer formally to the group of directors of operations for all activities related to his/her status of international head of mission. With regard to the activities he/she implements for a specific OC, he/she responds to the director of operations of that centre like any other coordinators present in the country. […] A single emergency response

There is general agreement that we need one unique approach in emergency situations. As described previously, the emergency team experience has been only partially successful, due to the fact that often the sectional logic prevails over the common interest, whether at headquarters or in the field. A truly international emergency team should thus be autonomous and independent of the administrative structure of the operational centres. […]

The operational centres
[…] The decision as to the operational model to be adopted for a specific country, the nomination of the international head of mission and the number of OCs present in that country would be taken by the group of directors of operations. In case of disagreement, the director of the international office would have the casting vote as the only neutral member of the group of general directors. […]

Technical support to operations
[…] Regarding medical/public health expertise and research, the direct support to field activities needs to be in close relationship with operations and should thus be located within each OC. Medical services could specialise in certain areas and be available to all OCs. […] Each OC would have a logistics unit to provide ongoing support to operations in the field. Joint logistics policies and strategies would be developed on a yearly basis and adhered to. One person would be responsible for coordinating the logistic units; this could be one of the heads of the logistics units of the OCs, or a separate international coordinator. […] The communications units of all sections should thus work under the coordination of an international communications director. […]

Conclusion and recommendations
There is no time to be wasted! Once we have reached an agreement on the main tenants of the reform, its implementation must be rapid. Much frustration has been building up at almost all levels within the organisation over the past two years, and too much energy has been wasted on trying to harmonise our work without changing the heart, operations. There is a major risk that the ‘new sections’ will become increasingly impatient if they are not fully recognised as equal partners and given access to operations. This would lead to the development of more operational centres and an increase of ‘nationalistic’ attitudes within MSF as described earlier. On the other hand, those most plagued by the current situation – namely coordination teams in the capitals of the countries where we work, and mid-level management in the headquarters of the operational centres – will react to a highly unsatisfactory situation either by leaving the organisation, or by adopting negative, counterproductive attitudes in their work. People committed to MSF need to have a good a sense of the objectives and ultimate goal of the functional and structural changes that are going to happen. They need to feel involved in this change process at their own level. They need to feel that this is not a painful process that will last forever, but that after a difficult transition period we will have gained strength, coherence and a structure that allows to develop strength, coherence and a structure that allows to develop
our common and our individual potential fully. The transition will be difficult. We should not pretend otherwise. It will be painful to abandon old schemes and habits, to accept loss of influence and power at the individual or group level, and to think in broad terms about MSF and the populations it wants to help in the first instance. But we should try to go through this process rapidly and gracefully, while at the same time not jeopardising the day-to-day work.

On 1 May 1997, the international council formally asked MSF Greece ‘to provide evidence that it respects the MSF international rules and regulations of operational engagement.’ If this evidence were not provided, the International Council would consider excluding the Greek section from the movement.

Extract:

3) Operationality of sections

Following the last international council meeting, there were some discordant interpretations of the recommendations made, especially regarding operationality of sections, despite the fact that this has been discussed for a long time. This raised problems in the field as people did not understand the rules of the game, some of them saying they had radically changed. This happened specifically with the Greek section, especially in Palestine and Albania. This provoked several discussions between Greek representatives and several members of the restricted committee of the international council, before and after the statement was made by the executive committee, on its interpretation of the present rules. Therefore, the RC [Restricted Committee] makes two statements unanimously:

A. “Following the international council meeting of January and the six-point statement defining the structure and functioning of the international movement, the restricted committee of the international council has noted with concern that the statement has given rise to various interpretations, in particular on point no. 5 on operationality.

The RC wants to clarify the following:

a) The question of how all sections will “participate actively in the actions in favour of the populations in danger” could not be further developed at that stage and a commission was created to work on the issue. A first proposal on operationality will be prepared and discussed at the next meeting of the international council in September 1997. By March 1998, a new framework for operationality within MSF should be adopted.

b) Until a new decision is taken by the international council, all sections are bound to respect the current baseline principle, which was reaffirmed at the international council, that no new operational centre will be created. The operational centre has been recently defined by the executive committee as a centre where decisions can be made to open, close, or re-orient projects, and to install a head of mission (any head of mission answering to an operational centre). As of today, such operational centres exist in Amsterdam, Barcelona, Brussels, Geneva, Luxembourg, and Paris.”

B.

a) “The international council is greatly preoccupied by the current actions of MSF Greek section because of:

• The creation of an operational satellite called MEDECO (a separate association using MSF funds and human resources and management);
• The development of autonomous operations in Albania and Palestine;
the international council there will be no new operational centres. An operational centre is a centre where decisions can be made to open, close or re-orientate projects, and to install a head of mission. Today the Greek section is not an operational centre. The past and current agreement between the international council and the Greek section is that its operationality is defined as follows:
• In emergency and crisis contexts (i.e. Albania and Palestine) operational input must be channelled through emergency team or one of the five45 operational centres.
• In medium term contexts (i.e. Malawi and Georgia) operational input can take the form of Greek modules under the responsibility of one of the live operational centres.

It should also be noted that other new sections have sacrificed some of their national aspirations for the sake of internationalisation and conduct themselves within the rules and regulations.

c) Therefore, the international council requests MSF Greek section:
• To provide legal proof of the dissolution of MEDECO, and
• To provide evidence that it abides by the current rules for its operationality to the international president of MSF by the 20 May 1997.

If such evidence is not provided by that date, the international president will ask the general assembly of the MSF Greek section to clearly position itself in or outside the international movement and consequently, he may propose to the international council that the Greek section be expelled.” This second statement will be proposed for approval to every member of the international council. Each member of the international council is asked to respond quickly, in order to forward it, if approved before the end of next week, to the board of Directors of the Greek section.

In March 1998, the International council agreed on a framework for the partnership between MSF Greece and MSF Switzerland. MSF Greece abstained from the vote but embarked in the partnership set up process.

Minutes from the MSF International Council Meeting, 19 March 1998 (in English).

Extract:
The Greek section
Philippe Biberson presented a proposal to the international council on a possible framework for a contractual agreement between the Greek section and an existing operational centre. Since the merging of MSF Belgium and MSF Luxembourg operational capacities, we have currently five operational centres and we decided not to exceed this number. After having denied the status of autonomous operational section in 1994, the Greek section of MSF is awaiting a solution. As a consequence, we have to accommodate MSF Greece into an operational centre. His proposal is made to integrate the operational capacity of MSF Greece into an operational centre. After discussion and amendments, the international council agreed on the following framework. […] The partnership between the Greek section and one operational centre must abide by the following rules:
1. The aim of this partnership is an integration of all operational programme activities of both sections under one single operational direction based in one existing operational centre.
2. The operational partnership is exclusive, implying that the Greek section cannot enter into this type of partnership with more than one operational centre, that most of its financial resources devoted to operations will be attributed to projects managed by this common operational centre, and that there should be a privileged relationship between the two partner sections. However, all international MSF standards apply to both partners, and human resources should be shared with all operational centres. […]

5. Accountability and delegation of power. The boards of each section remain fully autonomous with regard to national issues such as public relations, communication, private fundraising, recruitment, and internal management issues of headquarters. But, for issues related to the operational centre, they have to share responsibility (to avoid having two different bodies in charge of deciding, it has to be further defined by both partners how an ‘OC board’ can be constituted), in order to define and review:
- Annual operational plan and budget.
- Long-term operational policy and strategies, including human resources issues.
- Policy on project funding, in particular the proportional attribution of private versus institutional funds and the origin of institutional funds.
- Major political decisions, e.g. to leave a country/region for political and/or security reasons.

Both boards of both sections combine to nominate the general director and the operations director of the operational centre and delegate authority on daily operational matters to them. As a member of the executive group, the general director is accountable to the international council in addition to the board of the operational centre. The partnership between the Greek section and any one operational centre will be globally evaluated after one year. Amendments to the rules described above can only be made with the agreement of the international council or the restricted committee, after proposals by both sections. In case of failure of the partnership, it is the responsibility and right of the international council to decide about next steps within the overall framework of MSF operationality. This proposal was approved by 13 votes, with three abstentions (out of which the president of the Greek section). Three members of the international council did not take part in the vote.
3. A Step Forward for the ‘Young Associations’

a) A Strengthened Associative

Until 1997, many former delegate offices/partner sections with no formal associative legal structure had developed a network of volunteers with activities aimed at recruitment and communication, rather than an actual associative life that would challenge the executive.

In January 1997, the international council decided that all the MSF entities should have an associative structure. In November 1998, the international council adopted a set of associative criteria. All of the prior informal networks strengthened efforts to build associative life. They progressively became the formal associations of the MSF new sections and their members given the right to elect board members.

Minutes from the MSF International Council Meeting, November 1998 (in English).

Extract:
Item 6: Associative Criteria
Tine Dusauchoit [MSF Belgium President] gave an overview of the history of this issue in previous international council meetings, and an explanation of the meaning and importance of the ‘associative dimension’ for the MSF movement (see the prepared reference report). The need for international harmonisation regarding the associative dimension of the movement was highlighted. A final set of associative criteria were presented, and after debate, the international council made some minor modifications, and these were adopted as follows:

1. The international council unanimously adopted the following associative criteria:
2. Each MSF section subscribes to the MSF charter and each section subscribes to the Chantilly text on MSF’s identity and guiding principles.
3. Each section delegates authority to the MSF international council in its fields of responsibility.
4. Through annual general assemblies, the members participate in decision-making.
5. Board members are elected by [association] members, during the general assembly. Subsequently, the president is elected. So as to ensure the cohesion of the international movement, the board cannot be homogeneously national.
6. The section ensures its anchoring in society.

The international council acknowledges that legal or cultural constraints may make it difficult or even impossible for a section to fully abide by these associative criteria. If this is the case, the section concerned must explain its particular situation to the international council, including how it will ensure that the overall principles behind the associative concept are still guaranteed. The international council will then decide if this particular situation is acceptable or not.

Dr Peter Hakewill, MSF Australia Co-founder, General Director 1993-1999 (in English)

It’s not the spirit of MSF to be a foundation, so in 1997/1998 it became an association. They had seven seats on the board. All of them would have to be elected and there was only one chair that would be appointed. When I stepped down as Head of Office, they asked me if I would come in as that appointed board member.

Camilla Bredholt, MSF Denmark Co-founder and Head of Office 1993-1996, then Board of Directors Member 1996-2003 (in English)

In Great Britain, it’s relatively rare, among charities, to have a genuine association, with people who vote. In the international movement, the associative aspect provided legitimacy because that’s what Paris, which dominated the movement, promoted. All the others were considered somewhat as bastard children. We felt a little bit like second-class citizens. The MSF founding group in the UK was fairly timid in its efforts to develop the associative dimension. It’s much less universal than in France. So there really wasn’t a taste for it. I didn’t see how we were going to infuse a group that was formed by people who wanted to go out into the field with the associative spirit. People had very diverse motivations for wanting to join MSF, but they weren’t necessarily associative in nature. We had been saying for a long time that you can’t force this kind of commitment. We were going to create the structure and invite people, but we didn’t want the office to manage them. Unless this was really going to have an impact on operations, it seemed somewhat false to us. People realised later that, in the end, MSF UK could have an associative life. First we created an association in legal terms, separate from the company, from
The associative structure was launched to maintain links with returning members from missions and involve them in communications events in their region. We developed communication kits to support them. Events were organised with the communications department in New York to maximise the impact of their return from the field. The idea was that the mission didn’t stop when they came back from the field, but continued with their return home. We had to reimburse the cost of their travel to get them to the general assemblies, but we also had to organise ‘high added-value’ discussions, in keeping with the American participatory approach, to justify this travel.

Dr Juliette Fournot, MSF USA Board Member 1989-2001 (in French)

At the start, we created a sort of intermediate structure to show that it was possible to create an associative structure (they had to be shown). We called it the ‘return volunteer network.’ It was the outline of an association; that is to say, it looked just like that, except that the room was perhaps a bit smaller because there weren’t so many people. But it was exactly the same idea. For us, the associative structure, what people do, it’s what they do on a daily basis during the 360 days of the year when they’re not at the general assembly. And contrary to the European associative model, where people participate only two days per year, in the US, it’s year-round. As soon as we found someone who was able to express him/herself clearly, we gave them a whole itinerary of meetings to attend. Whenever we received a request for someone to speak publicly in their home state, we would ask that person if he or she would go. And they were all willing. So we really used the associative structure to build recruitment. And then, it wasn’t just our initiative. They organised events themselves at their university. There was a very clear demand. People were completely committed to the international idea of the movement. Everyone who joined Médecins Sans Frontières did so because they didn’t want to be part of the US Red Cross or the American Refugee Committee. They were drawn by this international project. Ultimately, we were in the spirit of the times. This globalised humanitarian effort was the only visible activity of its kind in New York and in the US. We brought it to life, but that was thanks to the volunteers who were involved and insisted on it. They were even more militant than the French in terms of Médecins Sans Frontières’ independence relative to USA power and USA money. In my view, this was really one of the factors that allowed the MSF movement, overall, to finally accept the notion that, ‘Yes, we can have an associative structure in all countries.’ And in fact, if the USA were ‘dangerously associative,’ there would’ve been negative consequences for the association.

Anne-Marie Huby, MSF UK General Director 1994-1999 (in French)

They also developed links with other partner sections, mostly to exchange ideas regarding specific topics such as fundraising and on topics regarding the movement.

Minutes from the Meeting of Non-operational Sections in Lillehammer (Norway), 5 March 1998 (in English).

Extract:

Purpose and focus of the meeting

For the first time in several years, MSF non-operational offices, or ‘new sections’ decided to meet to take stock of the recent developments within MSF, review the reform document by Doris Schopper and Jean-Marie Kindermans, and make practical proposals for improving and speeding up ‘internationalisation.’ There was a surprising degree of consensus among new sections, not only on issues of organisational charts and structures, but also on matters of principle (which operational and ethical principles should guide MSF’s work, financial independence, etc.). We also agreed on one crucial point: structural and managerial solutions ARE NOT the only answer to MSF’s problems; a clear, common sense of direction and a principled operational strategy are far more important.

However...

There was also an overwhelming sense that MSF could no longer avoid tackling and solving its highly irrational and wasteful structure, which is one of the main causes of MSF’s current loss of operational (and some even said ethical) direction. This is why some of our main conclusions inevitably focus on structural reform, and a more accountable and effective system of decision-making in operations and advocacy. Our recommendations are not at all perfect or technically fool-proof. We simply hope that they will serve to highlight the profound malaise that is felt in all the offices at the ‘periphery’ of MSF, and to contribute to real and meaningful change.

These meetings, such as Lillehammer, were an opportunity to discuss our common problems, options, and possibilities, and to bring greater creativity to the international board. At that time, we had an international structure that was not standardised or institutionalised in a way that required very confining or bureaucratic decisions. Our work involved building, in the intellectual and operational sense. We were looking for agreement and were trying to invent the means of the future. We had diverse models. Holland managed its partner sections very differently from France. We
didn’t want to create a kind of union. On the contrary – our message was universal and non-hierarchical. I think that Médecins Sans Frontières would not have disseminated its humanitarian values nearly as widely – if at all – at that time, if we had not created this international network.

Joëlle Tanguy, MSF USA General Director 1994-2001 (in French)

Even so, the non-operational sections talked a lot among each other. At MSF, that was a matter, as always, of personalities. It depended a little on the issues. If it had to do with communications, it was primarily between London and New York. If it dealt with recruitment, there were other alliances.

Anne-Marie Huby, MSF UK General Director 1994-1999 (in French)

b) The **Brand Issue**: Last and Final Agreement?

Questions emerged in the early nineties regarding the translation of Médecins Sans Frontières into English, and of using the section name with the MSF logo. These issues became more acute as the partner sections’ roles strengthened.

**Minutes** from the MSF International Council Meeting, 15 November 1990 (in French).

**Extract:**

1) **Updates and corrections** to the minutes from the 11-12 October 1990 international council meeting […]

6. Page 8: […] We may need two series of logos in a country where there are multiple European missions;

- A MSF International logo (to emphasise the common MSF identity)
- A MSF International logo that specifies the country sponsoring the mission (for functional reasons!)

Decision by common agreement that the respective communications and operations departments should address this issue.

**Letter** from Peter Hakewill, MSF Representative in Australia to Rony Brauman MSF France President, 11 January 1993 (in French).

**Extract:**

This is not, of course, an urgent matter but I have a proposal regarding the English translation of ‘Médecins Sans Frontières,’ with regard to both documents and the names that the MSF regional offices adopt in English-speaking countries. Typically, no translation [is needed]. The MSF acronym is recognised around the world. If you want to see the name plainly, then the French term ‘Médecins Sans Frontières’ is fine. Unlike Romance languages, English is filled with foreign (and, particularly, French) neologisms and we’ll get used to it. I’ve known MSF for 19 years now and have been looking for an equally brilliant English translation since that time. I don’t think it exists. However, if we want a translation, I suggest, ‘Doctors Beyond Borders,’ with the acronym remaining [MSF]. It’s sounds pretty good and it also has meaning and conveys energy. The typical translation, ‘Doctors Without Borders,’ is meaningless in English. It’s stupid. And what’s more, it doesn’t have an appealing ring and it’s cumbersome. You can never manage to say it without stuttering in the other person’s face. Every time I see it written, I want to crawl in a hole. It’s as bad as the original French is good.

**Minutes** from the MSF International Council Meeting, 21 June 1994 (in English).

**Extract:**

Alain proposed the following regulation for the delegate offices: “The preference is for the exclusive use of the name ‘Médecins Sans Frontières.’ If ‘Médecins Sans Frontières’ cannot be used on its own, the two names (‘Médecins Sans Frontières’ and the local translation) must be used jointly, in the order that is judged the most suitable by each delegate office.

All the sections, except MSF Holland, agreed to this proposal. Jacques pointed out that it is difficult to always follow this
rule in Germany. There is a willingness to associate the name ‘Médecins Sans Frontières’ with ‘Arzte ohne Grenzen,’ but it is not always realistic to use the two names together, especially in regard to the public at large. Jacques considers that the international council cannot impose the use of both names on all the delegate offices. Based on experience in the US, Bernard thinks that it is important to always use the two names together so as not to encourage the national name. The more the national name is used, the more difficult it becomes to use the international name. Each and every communications effort represents an occasion for pointing out the link with the international organisation. However, this does not exclude the use of the national name in the media. At the conclusion of the discussion, there remained disagreement between MSF Holland and the other sections. MSF Holland agreed, however, to promote the use of the name ‘Médecins Sans Frontières.’

Decision: The international council strongly recommends that the delegate offices use the name ‘Médecins Sans Frontières’ on its own wherever possible. Where it is not possible, it recommends the use of the two names conjointly (‘Médecins Sans Frontières’ and the local translation). However, exceptions (use of the local translation exclusively) are accepted.

Letter from the Director of Communications of MSF France to the MSF International Office, 29 June 1994 (in French).

Extract:
Given the major issues confronting our fine organisation, the use of the logo may seem petty. However, when reading the minutes from the International Board meeting, I find MSF Holland’s difficulty over the use of the logo referring to ‘international’ to be unacceptable. And the international board’s decision is a spineless consensus. The ‘preference’ and, subsequently, the recommendation to use both names simultaneously, is so vague that it creates inaccuracy. Where is the consistency of the international movement? Where is its identity? Clearly, this is a detail, but I think it’s extremely revealing of the difficulties associated with building an international communications approach based on a common minimum.

The issue of translating the name was particularly acute in English speaking sections, which had not agreed on a solution. MSF USA argued that in the United States, people would not adhere to a cause with a French name they did not understand. They wanted to be able to use Doctors Without Borders, though this was not considered an accurate translation of Médecins Sans Frontières. On the contrary, MSF UK argued that in the UK, the French name Médecins Sans Frontières gives a strong identity to the organisation and therefore, was an asset to attract supporters. For years, each section camped on its positions while the issue was raised in other non-French speaking countries. On several occasions, decisions were made but never applied.

Letter from the International Office to the Coordinators, 24 October 1994 (in English).

Extract:
Section Rules: In April 1994, the international council decided to take the opportunity to promote the name ‘MEDECINS SANS FRONTIERES’ to a maximum when introducing the new logotype.
1. The international council recommends using the logotype with ‘Medecins Sans Frontieres’ written in French.
2. Mailings to the general public: either the same as usual or the name written in the local language only.

Field Rules:
1. For all sections, except MSF Spain, the logotype with the text ‘MEDECINS SANS FRONTIERES’ (in French).
2. For MSF Spain the text should read ‘MEDICOS SIN FRONTERAS.’
3. Exceptions to points 1 and 2

Department Rules:
1. Normal usage. The text reads:
   - ‘MEDECINS SANS FRONTIERES’ in French + underneath ‘MEDECINS SANS FRONTIERES’ in the local language in the same size characters
2. Mailings to the general public: either the same as usual (cf. point 1) or the name in the local language only (should be an exception).

Restrictions: It is forbidden to change the colours or the typography as it would destroy the cohesion of the MSF logotype and its international recognition. In the graphic charter, you will find a few examples.

Basic Principles
- The fonts specially designed for the logotype and those chosen for the stationary cannot be replaced by any other fonts whatsoever.
- A special version of the logotype has been designed for when the graphic is used exceptionally without the heading. • It is then obligatory to use this logotype.
- When the logotype is used in one language only, the heading is always written on two lines with the word ‘Medecins’ on its own on the first line. The proportions between the graphic element and its heading are precise and should always be respected.
- When the logotype is used in more than one language, each language is written on one line. Each line is separated by a red line in the colour version and a black line in the monochrome version. The proportions between the graphic element, the headings and the separating line are precise and must be respected.
- When the logotype is on a dark-coloured background (monochrome or photographic) the graphic element is
always outlined in white. The title, depending on the background, is either black 100% or white as desired.

When I first joined, MSF was already surprisingly well known and attracting quite a bit of media attention. But there were also problems – essentially branding issues. One day you’d see an article in the papers about ‘Doctors Without Frontiers’ and the next day it would be ‘Doctors Without Borders,’ or even ‘Physicians Without Lines.’ There were all kinds of concoctions! So, we clearly needed to rethink our brand image in the United States and introduce the concept of ‘Doctors without Borders.’ Unlike in the UK, the French version just didn’t work in the States for a number of reasons. Some of these reasons were unacceptable in Paris, where they were busy promoting the ‘French Doctors’ image. Meanwhile, in the States, Médecins sans Frontières quickly became the ‘American Doctors.’ In fact, it became even more than that. It became the ‘Global Doctors.’

Joëlle Tanguy, MSF USA General Director 1994-2001 (in French)

After some research, we realised that it’s the name that gives a cause its ‘appeal.’ And in a British cultural context, a French name is sexy. When people are at a trendy meal with their friends and say they support ‘Médecins sans Frontières’ [with a British accent], it’s much sexier than saying ‘Doctors without Borders’ [with a French accent]! We got advice from Bill Marlowe who had done a lot work on the branding issues for a number of very British consumer goods. He used to tell us, “If you translate Médecins Sans Frontières into English, it’s going to lose its character!” At the time, our strongest support came from a very specific demographic group made up of people who thought that being European was classy and interesting, that it made them stand out. Whereas in the United States, the democrats, even the very rich ones, wanted to be able to pronounce the name in English. There was quite a lot of argument about it, especially between Joëlle Tanguy and me, we just couldn’t agree. Today, it would become the ‘Global Doctors.’


The fact of having a name as well as a translation was already a bit difficult to manage. We tried outlawing the use of ‘Doctors without Borders,’ but

had to give up on that one. The Americans always used it, but not officially. They couldn’t pronounce Médecins Sans Frontières. Joëlle Tanguy fought tooth and nail to use ‘Doctors without Borders,’ but in the end it was no. Anne-Marie Huby took the opposite view. There was a certain amount of tolerance, but we sometimes saw articles where we wondered how on earth people could tell it was the same organisation. ‘Doctors without Borders’ had really taken root, but so had MSF. So, people didn’t see the connection and thought they were two different organisations. We finally agreed to use Médecins sans Frontières and the local translation. So it’s ‘Médecins sans Frontières/Doctors without Borders,’ under the logo.

Dr Jean-Marie Kindermans, MSF International Secretary General, 1995-2000 (in French)

The name issue came to a head in 1998 after the movement had been through its second mutation and all the entities had become sections. The sections were all ‘equal,’ but no one really understood what that meant politically. So, power relations started to revolve around symbolism again, especially linguistic identity. It was really a debate about MSF’s identity, about ‘principles’ versus ‘effective marketing.’ Joëlle Tanguy’s position was, ‘You want money? Let us communicate using Doctors without Borders because we can’t raise funds with a French name that the journalists can’t even pronounce.’ The issue was crucial because there was a danger of people thinking there were two different organisations. So how could we ensure a single identity, our uniqueness? What is Médecins Sans Frontières? It’s an organisation born in a specific place, in a specific context, with specific thinkers and a language that is a marker of its identity. Yet, if we follow Joëlle’s reasoning, which was ‘if you want money, you’ll get it, but give me autonomy,’ legitimacy [that she put forward] is based purely on financial criteria. In the United Kingdom, however, Anne-Marie Huby approached things from a completely different angle: ‘We represent a movement, an organisation which has a name and a history, and our work is not to make it easier to raise funds, but to make people understand what this organisation is about.’ Enhancing an identity can be a winning strategy when it comes to fundraising. Fundraisers know only too well that to make money, you need a really strong identity and image. You shouldn’t start by watering down your image. So, this argument brought us full circle: the image, logo, and brand mustn’t be weakened if you want a strong fundraising tool. That’s why we decided on ‘MSF,’ which is easy to pronounce, relatively well understood and with reasonably clear associations. It was a major turning point because the language issue could really have scuppered everything.

François Bouchet-Saulnier, MSF Legal Advisor from 1991 (in French)
D. APPROPRIATE USE OF RECOGNITION (1999-2000)

1. The Nobel Peace Prize (1999)

On 15 October 1999, the media announced the Nobel Committee’s decision to award the Nobel Peace Prize to MSF ‘in recognition of the organisation’s pioneering humanitarian work on several continents.’

‘Doctor’s Group of Volunteers Awarded Nobel,’ The New York Times (USA), 16 October 1999 (in English).

Extract:
Doctors Without Borders, which sends medical personnel to some of the most destitute and dangerous parts of the world and encourages them not only to save lives, but also to condemn the injustices they see, was awarded the Nobel Peace Prize today. Founded in 1971 as Medecins Sans Frontieres by a band of French doctors disillusioned with the neutrality of the Red Cross, the volunteer group now has more than 2,000 personnel who are treating the wounded, the sick and the starving in 80 countries, including 20 war zones. Over the years, the group has been expelled from several countries for denouncing what it saw as wrong. In 1985, it was banned from Ethiopia for saying the Government had diverted aid and forced migration. In late 1995, the group withdrew from Zaire and Tanzania and denounced the operation of the refugee camps, because, it said, the camps were being controlled by Hutu leaders, who had been responsible for the genocide in neighboring Rwanda. In recognizing the work of the organization, the Norwegian Nobel Committee highlighted the willingness to send volunteers quickly to scenes of disaster, regardless of the politics of a situation. And it praised the group for drawing the world’s attention to the causes of catastrophes, which “helps to form bodies of public opinion opposed to violations and abuses of power.” “In critical situations marked by violence and brutality, the humanitarian world of Doctors Without Borders enables the organization to create openings for contacts between the opposed parties,” the citation said. “At the same time, each fearless and self-sacrificing helper shows each victim a human face, stands for respect for that person’s dignity, and is a source of hope for peace and reconciliation.” […]

For the MSF leaders who, for several years, had given up any hope to get the Nobel Peace Prize this award came out of the blue.

46. The French writer and philosopher Jean Paul Sartre refused the Nobel Prize for Literature in 1964.
the Nobel Commission calling me on the morning of the announcement to tell me we had won the Nobel Prize and I wasn’t even there! In earlier years, that would never have happened. I was really caught short. I hadn’t prepared anything to say! My communication wasn’t up to par that day. But anyway, nobody cared. They don’t listen to what you say on the day, anyway. They just want to hear you say how pleased you are.

Dr Jean-Marie Kindermans, MSF International Secretary General 1995-2000 (in French)

The movement initiated a reflection on the meaning of the award and on the best use of this prize. Questions about the ceremony arose. Some in the French section argued that the historical importance of their section should be reflected. Ultimately, the international council decided that the international dimension of the movement should prevail in both form and content and that the prize money would be used to bolster the access campaign to essential medicines, which had just been launched.

Minutes from the MSF France’s Board of Directors Meeting, 29 October 1999 (in French).

Extract:
Philipppe Biberson [président] proposes a debate on our winning the Nobel Prize in order to hear everyone’s reactions and comments and discuss the best use to make of the prize money and the pitfalls to avoid. […]

Philippe Biberson: As luck would have it, there was an international meeting going on in Paris that day about the [access to essential] medicines campaign. James Orbinski (President of MSF’s International Council) and Samantha Bolton (International Communication) were both there. So, we made the most of the coincidence to be really ‘international’ in our response to the Nobel Prize announcement. We were not at all prepared. […] We did ask ourselves what the Nobel Prize had to do with MSF, what could it bring to the MSF project and, if we were to accept it, in what spirit would we do so? We did consider saying no. But MSF isn’t Jean-Paul Sartre, and we decided we could probably find ways of using this prize intelligently. Because thousands of anonymous and not so anonymous people who will benefit from the recognition it brings and it wasn’t up to us to take that away from them. […] So, we all more or less agree on the fact that we should use it for something really symbolic, so there’s no way the million dollars will simply be paid into the MSF kitty. One of the ideas we’ve had is to use it for the medicines campaign, for access to medicines in underprivileged countries. It’s a real issue for the missions, it’s an international project, which has unanimous support from all the MSF sections, and it’s also something people will remember. And, with this kind of money we could really do something worthwhile on this project, make some serious advances. […]

Marc [Gastellu-Etchegorry, Director of MSF France Medical Department]: What will be remembered of the Nobel Prize is the speech. That’s what we need to start working on now. Our stance must be perfectly clear, deliberately provocative to show them we’re not part of their military-political complex.

Minutes from the MSF Belgium’s Board of Directors Meeting, 5 November 1999 (in French).

Extract:
7. Nobel Prize
Alex [Parisel, General Director] sums up: James [Orbinski, MSF International Council President] is in charge of preparations (speech, attendance, etc.) for the award ceremony on 10 December in Oslo. Each MSF section can send a quota of people to represent MSF (total of 60). We need the right balance between voluntary workers, volunteers, national staff, former MSF staff, and so on. In terms of our communication strategy, we are clear on the fact that we won’t be using this prize to make money. At the operational level, winning the prize doesn’t reduce the number of challenges and issues we’re faced with. In fact, it draws attention to the right to intervene, which – in a way – we have now come to symbolise. Yet some of the countries we work in or want to work in are not particularly in favour of this right. So, we shouldn’t stress this point too much. At MSF Belgium, we want to encourage a tripartite collaboration with GRIP (Group for Research and Information on Peace and Security) (impact of light weapons on civilians) and the International Peace Information Service (diamond trade) in order to conduct research on links between humanitarian aid, the military, and failing states (Kosovo, Timor…). And we would like the general manager and coordinators to be able to hear people like [David] Rieff, [Noam] Chomski talk at a major conference that would make the whole humanitarian aid sector reflect on the roles NGOs now have to play. Internally, MSF Holland is going to launch a Nobel magazine called ‘One Shot.’ We would like to see it launched internationally. The other sections are interested. The money from the prize should be used to finance a high-profile project on a specific subject, such as forgotten conflicts […]

Minutes from the MSF Belgium’s Board of Directors Meeting, 19 November 1999 (in French).

Extract:
A. 1. What does receiving the prize mean for MSF, why have we got it, do we deserve it?
For James, we deserve this prize. The Nobel Committee is known for its independence and other candidates were perhaps too ‘controversial.’ As for the theory that we were chosen to avoid any diplomatic friction with China47, the

47. Wei Jing Seng and Wang Dan, two Chinese dissidents were also nominated for the Nobel Peace Prize in 1999.
committee made its decision at the end of September, before this kind of issue arose. The Nobel Peace Prize: are we a peace organisation? For James, we can’t change the world, but we can attempt to bring a bit of humanity to situations where human dignity is not respected: to ‘relieve suffering.’ But we’re not peace workers; we don’t try to bring about reconciliation. Humanitarian aid is not a panacea. There are situations in which we can’t take action. Nor are we a substitute for political action. So, it’s important to define our limits. By awarding us this prize, the Nobel committee may have wanted to mark the end of this century in the same way it marked its beginning, when it awarded it to H. Dunant, by re-launching a concept of independent, civilian humanitarian aid, but in a much-changed context. […]

A.2. Dangers of accepting this prize
Fear that the Nobel Prize will ‘go to our heads’ or institutionalise us even further (Marc). For James, there is indeed a danger, and also a paradox here: we are being ‘Nobelised’ because we show non-respect for everything that puts populations in danger and we are outraged by non-respect for human dignity, yet the Nobel Committee is the most respected committee in the world. We have suddenly become respectable because we show non-respect. We must be careful to stay faithful to who we are and not allow this recognition to change us. If we are aware of the dangers, we should be able to avoid them. This prize can only make us stronger, give us more voice, more credibility. […]

A.3. Challenges […]
This event must serve as a catalyst for reinventing ourselves, analysing the hypotheses and paradigms that drive us, and ensuring they are still adapted to the world we live in today a world, which is constantly changing. What we do is good, but we could do is better. […] To this, James replies that there may still be many shortcomings and much left to be done, but there is more coherence and sharing than there used to be. The international levels work well, with the operations directors and the general directors. James is optimistic that if we continue along the same lines, the other entities will follow. […]

Minutes from the MSF France’s Board of Directors Meeting, 19 November 1999 (in French).

Extract:
Philippe Biberson [President]: We’ve spent the last month talking to the other sections, James Orbinski (President of the International Council), the International Office in Brussels, and the Nobel Committee about how best to represent MSF at the award ceremony. Most people here, in the French section, would like to see MSF France feature prominently, given the organisation’s history and the important role played by Paris in MSF’s construction. We have let it be known that we would like to be there, either when the prize is awarded or (especially) for the speech. There hasn’t really been any direct discussion on the subject, but there is general consensus on the medal being received by someone from the field, a representative of our volunteers, and for the speech to be made by the President of the International council, James Orbinski. I met with James a few times to work on the idea of making the speech together, but apparently this arrangement didn’t suit some sections, or the Nobel Committee. This point wasn’t settled until mid-November when I decided to settle it myself, voluntarily, by accepting the consensus that had emerged. I felt it was about time to start focusing on the content rather than the form. I will therefore be part of the small delegation (James Orbinski, Jean-Marie Kindermans, Samantha Bolton, Eric Stobbaerts, and me) who will have more significant and specific contact with the officials and the press than the other representatives. […] Each member of the Board and people from the floor then gave their opinion on the practical and symbolic issues surrounding the choice of speaker, the content of the speech […]

Denis Pingaud [MSF France Director of Communication]: Form matters here. With this choice of speaker, we’re seeing a shift in legitimacy. The French section is the most legitimate because of our history, and our legitimacy is being swept aside to follow a kind of bureaucratic logic that I find demagogic. I’m sorry we’re not fighting harder for our rightful place and I’m worried that the form we’ve adopted will also affect the substance of the speech, that it’ll lose its provocative edge.

Philippe Biberson: I don’t want this board to think it can tell the other sections what to do. I know that’s not François and Denis’ intention, but we all know that’s how the other sections will see it. In my view, there are hundreds of other much more effective ways of getting our ideas across: the Nobel isn’t the opportunity we’re looking for. I think your resentment is due to living in the past. We can’t just forget all the work done by the other sections. If we follow your way of thinking, we might as well ask Kouchner, Emmanuelli, and crew to give the speech. For all these reasons, I won’t support these challenges to an international consensus […]

Decision in Brief: Philippe refuses to turn the question of MSF’s representation in Oslo into a legitimacy issue. The choice of representatives (James Orbinski and a volunteer) provides a solution that he and most people at MSF see as dignified, symbolic – both of the primacy of the field and of the non-national nature of the movement – and honourable. However, in light of fears about a lukewarm consensus, Philippe proposes that we react by producing a text that is a true reflection of the ideas the organisation holds dear.

Minutes from the MSF International Council Meeting, 27 November 1999 (in English).

Extract:
Item 3: The Nobel Peace Prize
On October 15, 1999, it was announced that MSF had won the Nobel Peace Prize. The award ceremony will take place on 10 December 1999. Discussion centred on themes and issues to be addressed in the Nobel speech, how MSF will be represented at the ceremony, and how the Nobel Prize money should be spent. The international office is coordinating all
Nobel activities and representation in Oslo. Field persons, national staff, representatives from the various headquarters, board presidents, and key historical figures will make up the MSF delegation to Oslo. The current list was reviewed, and in principle endorsed. Pascal Meeus [MSF Belgium President] wanted it noted for the record that the delegation should represent primarily field volunteers and national staff, and that, as it stands now, it has too many people from boards and headquarters. Marie-Eve Raguenneau will receive the Nobel Peace Prize on behalf of the MSF movement, and James Orbinski will give the Nobel speech. James Orbinski has consulted widely in the movement and has established an informal committee to define themes for the speech.

Some people suggested that, because MSF was originally a French organisation, the prize should have been awarded to MSF France. But Rony [Brauman, MSF France President] and I didn’t think that way, it was the rank and file. They thought that the Nobel Prize had been earned by Rony’s generation. It’s true. We had been on the list for a long time because Claude Malhuret [former member of MSF management team] had been lobbying hard to take us down that road. I think it was because of the attitude, the philosophy developed back then, and that year’s media exposure that we got the Nobel Prize. But it was important not to personify the event. It was good that nobody hogged the limelight.

Dr Philippe Biberson, MSF France President 1994-2000 (in French)

There was some turmoil around the French wanting to be the ones doing the speech. Passions were what they are. It was just very clear that it just wouldn’t happen because, for the rest of the movement, there was no way. Quite rightly, MSF, is a movement. It was one of the ideas that emerged in these moments.

Dr James Orbinski, MSF International Council President 1998-2000 (in French)

There were these discussions: Should the International President receive this prize and give the lecture or should it be the French one, Philippe Biberson? Would it be naturally because MSF was created in France? But, by that time the international movement was pretty strong. There was no way that the international movement would have let a national president do it.

Dr Morten Rostrup, MSF Norway President 1996-2000, (in English)

On 10 December at the Oslo City Hall, Dr Marie-Eve Raguenneau, a MSF volunteer from the field, accepted the Nobel Peace Prize medal in the name of MSF. James Orbinski, the International Council President, read the acceptance speech, which started by a MSF call to the Russian Ambassador in Norway for the Russian army to stop the indiscriminate bombing of civilians in Grozny. In the room, the MSF people were wearing tee shirts with the word Grozny written in bloody letters. Later on, a group of MSFers, wearing the same tee shirts rallied in front of the Russian Embassy with members of Amnesty International and reiterated their call. MSF wanted to use this opportunity to advocate and not simply accept the prize, in the spirit of the organisation.

Nobel Lecture by James Orbinski, MSF International Council President, 10 December 1999 (in English).

Your Majesties, Your Royal Highness, Members of the Norwegian Nobel Committee, Excellencies, Ladies and Gentlemen:

The people of Chechnya, and the people of Grozny, today and for more than three months, are enduring indiscriminate bombing by the Russian army. For them, humanitarian assistance is virtually unknown. It is the sick, the old, and the infirm who cannot escape Grozny. While the dignity of people in crisis is so central to the honor you give today, what you acknowledge in us is our particular response to it. I appeal here today to his Excellency the Ambassador of Russia and through him, to President Yeltsin, to stop the bombing of defenseless civilians in Chechnya. If conflicts and wars are an affair of the state, violations of humanitarian law, war crimes, and crimes against humanity apply to all of us. […]

The honor you give us today could so easily go to so many organizations, or worthy individuals, who struggle in their own society. But clearly, you have made a choice to recognize MSF. We began formally in 1971 as a group of French doctors and journalists, who decided to make themselves available to assist. This meant sometimes a rejection of the practices of states that directly assault the dignity of people. Silence has long been confused with neutrality, and has been presented as a necessary condition for humanitarian action. From its beginning, MSF was created in opposition to this assumption. We are not sure that words can always save lives, but we know that silence can certainly kill. Over our 28 years we have been, and are today, firmly and irrevocably committed to this ethic of refusal. This is the proud genesis of our identity, and today we struggle as an imperfect movement, but strong in thousands of volunteers and national staff, and with millions of donors who support both financially and morally, the project that is MSF. This honor is shared with all who in one way or another, have struggled and do struggle every day to make live the fragile reality that is MSF.

Humanitarianism occurs where the political has failed or is in crisis. We act not to assume political responsibility, but firstly
to relieve the inhuman suffering of failure. The act must be free of political influence, and the political must recognize its responsibility to ensure that the humanitarian can exist. Humanitarian action requires a framework in which to act. In conflict, this framework is international humanitarian law. It establishes rights for victims and humanitarian organisations and fixes the responsibility of states to ensure respect of these rights and to sanction their violation as war crimes. Today this framework is clearly dysfunctional. Access to victims of conflict is often refused. Humanitarian assistance is even used as a tool of war by belligerents. And more seriously, we are seeing the militarisation of humanitarian action by the international community. In this dysfunction, we will speak-out to push the political to assume its inescapable responsibility. Humanitarianism is not a tool to end war or to create peace. It is a citizen’s response to political failure. It is an immediate, short-term act that cannot erase the long-term necessity of political responsibility. [...] 

The 1992 crimes against humanity in Bosnia Herzegovina. The 1994 genocide in Rwanda. The 1997 massacres in Zaire. The 1999 actual attacks on civilians in Chechnya. These cannot be masked by terms like ‘Complex Humanitarian Emergency,’ or ‘Internal Security Crisis.’ Or, by any other such euphemism, as though they are some random, politically undetermined event. Language is determinant. It frames the problem and defines response, rights, and therefore responsibilities. It defines whether a medical or humanitarian response is adequate. And it defines whether a political response is inadequate. No one calls a rape a complex gynecologic emergency. A rape is a rape just as a genocide is a genocide. And both are a crime.

The work that MSF chooses does not occur in a vacuum, but in a social order that both includes and excludes, that both affirms and denies, and that both protects and attacks.

Today, a growing injustice confronts us. More than 90% of all death and suffering from infectious diseases occurs in the developing world. Some of the reasons that people die from diseases like AIDS, TB, Sleeping Sickness and other tropical diseases is that life saving essential medicines are either too expensive, are not available because they are not seen as financially viable, or because there is virtually no new research and development for priority tropical diseases. This market failure is our next challenge. The challenge however, is not ours alone. It is also for governments, international governmental institutions, the pharmaceutical industry, and other NGOs to confront this injustice. What we, as a civil society movement demand is change, not charity.

We affirm the independence of the humanitarian from the political, but this is not to polarize the ‘good’ NGO against ‘bad’ governments, or the ‘virtue’ of civil society against the ‘vice’ of political power. Such a polemic is false and dangerous. As with slavery and welfare rights, history has shown that humanitarian preoccupations born in civil society have gained influence until they reach the political agenda. But these convergences should not mask the distinctions that exist between the political and the humanitarian. Humanitarian action takes place in the short term, for limited groups and for limited objectives. This is at the same time, both its strength and its limitation. The political can only be conceived in the long term, which itself is the movement of societies. Humanitarian action is by definition universal, or it is not. Humanitarian responsibility has no frontiers. Wherever in the world there is manifest distress, the humanitarian by vocation must respond. By contrast, the political knows borders, and where crisis occurs, political response will vary because historical relations, balance of power, and the interests of one or the other must be considered. The time and space of the humanitarian are not those of the political. These vary in opposing ways, and this is another way to locate the founding principles of humanitarian action: the refusal of all forms of problem solving through sacrifice of the weak and vulnerable. No victim can be intentionally discriminated against, OR neglected to the advantage of another. One life today cannot be measured by its value tomorrow: and the relief of suffering ‘here,’ cannot legitimize the abandoning of relief ‘over there.’ The limitation of means naturally must mean the making of choice, but the context and the constraints of action do not alter the fundamentals of this humanitarian vision. It is a vision that by definition must ignore political choices.

Today there is a confusion and inherent ambiguity in the development of so-called ‘military-humanitarian operations.’ We must reaffirm with vigor and clarity, the principle of an independent civilian humanitarianism. And we must criticize those interventions called ‘military-humanitarian.’ Humanitarian action exists only to preserve life, not to eliminate it. Our weapons are our transparency, the clarity of our intentions, as much as our medicines and our surgical instruments. Our weapons cannot be fighter jets and tanks, even if sometimes we think their use may respond to a necessity. We are not the same, we cannot be seen to be the same, and we cannot be made to be the same. Concretely, this is why we refused any funding from NATO member states for our work in Kosovo. And this is why we were critical then and are critical now of the humanitarian discourse of NATO. It is also why on the ground, we can work side by side with the presence of armed forces, but certainly not under their authority.

The debate on the ‘droit d’ingérence,’ [right of interference] the right of state intervention for so-called humanitarian purposes, is further evidence of this ambiguity. It seeks to put at the level of the humanitarian, the political question of the abuse of power, and to seek a humanitarian legitimacy for a security action through military means. When one mixes the humanitarian with the need for public security, then one inevitably tars the humanitarian with the security brush. It must be recalled that the UN charter obliges states to intervene sometimes by force to stop threats to international peace and security. There is no need, and indeed a danger, in using a humanitarian justification for this. In Helsinki this weekend, governments will sit down to establish the making of a European army, but to be available for humanitarian purposes. We appeal to governments to go no further down this path of dangerous ambiguity. But we also encourage states to seek ways to enforce public
security so that international humanitarian and human rights law can be respected.

Humanitarian action comes with limitations. It cannot be a substitute for political action. In Rwanda, early in the genocide, MSF spoke out to the world to demand that genocide be stopped by the use of force. And, so did the Red Cross. It was however, a cry that met with institutional paralysis; with acquiescence to self-interest, and with a denial of political responsibility to stop a crime that was ‘never again’ to go unchallenged. The genocide was over before the UN Operation Turquoise was launched. […] There are limits to humanitarianism. No doctor can stop a genocide. No humanitarian can stop ethnic cleansing, just as no humanitarian can make war. And no humanitarian can make peace. These are political responsibilities, not humanitarian imperatives. Let me say this very clearly: the humanitarian act is the most apolitical of all acts, but if its actions and its morality are taken seriously, it has the most profound of political implications. And the fight against impunity is one of these implications.

This is exactly what has been affirmed with the creation of the international criminal courts for both the former Yugoslavia and Rwanda. It is also what has been affirmed with the adoption of statutes for an International Criminal Court. These are significant steps. But today on the 51th anniversary of the Universal Declaration of Human Rights, the court does not yet exist, and the principles have only been ratified by three states in the last year. At this rate it will take 20 years before the court comes into being. Must we wait this long? Whatever the political costs of creating justice for states, MSF can and will testify that the human costs of impunity are impossible to bear. Only states can impose respect for humanitarian law and that effort cannot be purely symbolic. Srebrenica was apparently a safe haven in which we were present. The UN was also present. It said it would protect. It had Blue Helmets on the ground. And the UN stood silent and present, as the people of Srebrenica were massacred. After the deadly attempts of UN intervention in former Yugoslavia and Rwanda, which led to the death of thousands.

MSF objects to the principle of military intervention, which does not stipulate clear frameworks of responsibility and transparency. MSF does not want military forces to show that they can put up refugee tents faster than NGOs. Armies should be at the service of governments and policies, which seek to protect the rights of victims. If UN military operations are to protect civilian populations in the future, going beyond the “mea culpa” excuses of the Secretary General over Srebrenica and Rwanda, there must be a reform of peacekeeping operations in the UN. Member States of the Security Council must be held publicly accountable for the decisions that they do or do not vote for. Their right to veto should be regulated. Member States should be bound to ensure that adequate means are made available to implement the decisions they take.

Yes, humanitarian action has limits. It also has responsibility. It is not only about rules of right conduct and technical performance. It is at first an ethic framed in a morality. The moral intention of the humanitarian act must be confronted with its actual result. And it is here, where any form of moral neutrality about what is good, must be rejected. The result can be the use of the humanitarian in 1985 to support forced migration in Ethiopia, or the use in 1996 of the humanitarian to support a genocidal regime in the refugee camps of Goma. Abstention is sometimes necessary so that the humanitarian is not used against a population in crisis. More recently, in North Korea, we were the first independent humanitarian organization to gain access in 1995. However, we chose to leave in the fall of 1998. Why? Because we came to the conclusion that our assistance could NOT be given freely and independent of political influence, from the state authorities. We found that the most vulnerable were likely to remain so, as food aid is used to support a system that in the first instance, creates vulnerability and starvation among millions. Our humanitarian action must be given independently, with a freedom to assess, to deliver, and to monitor assistance so that the most vulnerable are assisted first. Aid must not mask the causes of suffering, and it cannot be simply an internal or foreign policy tool that creates rather than counters human suffering. If this is the case, we must confront the dilemma and consider abstention as the least of bad options. As MSF, we constantly call into question the limits and ambiguities of humanitarian action, particularly when it submits in silence to the interests of states and armed forces. […]

Independent humanitarianism is a daily struggle to assist and protect. In the vast majority of our projects it is played out away from the media spotlight, and away from the attention of the politically powerful. It is lived most deeply, most intimately in the daily grind of forgotten war and forgotten crisis. Numerous peoples of Africa literally agonise in a continent rich in natural resources and culture. Hundreds of thousands of our contemporaries are forced to leave their lands and their family to search for work, food, to educate their children, and to stay alive. Men and women risk their lives to embark on clandestine journeys only to end up in a hellish immigration detention centre, or barely surviving on the periphery of our so-called civilized world. Our volunteers and staff live and work among people whose dignity is violated every day. These volunteers choose freely to use their liberty to make the world a more bearable place. Despite grand debates on world order, the act of humanitarianism comes down to one thing: individual human beings reaching out to their counterparts who find themselves in the most difficult circumstances. One bandage at a time, one suture at a time, one vaccination at a time. And, uniquely for Médecins Sans Frontières, working in around 80 countries, over 20 of which are in conflict, telling the world what they have seen. All this in the hope that the cycles of violence and destruction will not continue endlessly.

As we accept this extraordinary honor, we want again to thank the Nobel Committee for its affirmation of the right to humanitarian assistance around the globe. For its affirmation of the road MSF has chosen to take: to remain outspoken, passionate, and deeply committed to its core
principles of volunteerism, impartiality, and its belief that every person deserves both medical assistance and the recognition of his or her humanity. We would like to take this opportunity to state our deepest appreciation to the volunteers and national staff who have made these ambitious ideals a concrete reality.

Initially, a group of five or six people was formed to write the speech. But five people can’t write one text; it’s just not possible. In the end, Françoise [Bouchet-Saulnier] wrote a lot of it and James added his own stories, the bit about Rwanda. We wanted to ask him not to include that part, but we had to go along with it. I went to see the representative of the Nobel Committee and said, ‘I’m sorry, we’re a bit disorganised.’ And he said, ‘Don’t worry, last year it was the Palestinians and the Israelis! With you there are zero problems!’ Even going into a room and standing in front of the Russian ambassador wearing ‘Stop bombing Grozny’ tee-shirts, our way of being rebellious, was not a problem for them. And all that went a long way towards legitimising the office of international president. Since then, nobody has ever been heard to say, ‘No, we don’t need a permanent President.’

Dr Jean-Marie Kindermans, MSF International Secretary General, 1995-2000 (in French)

There are many dimensions to that story of the speech being finalised during the night. For me, it was very important that we have broad consultation and that a lot of people have an opportunity to participate. So, that went on for many weeks; there were several drafts that we were working with. At the end of the day, we finished it the night before. The other thing that isn’t well known in the collective memory of MSF is that, in fact, the speech was lost. I gave a floppy disk to Samantha Bolton [MSF International Communication Officer] to print at 4 am. First of all, her computer crashed and we had to get somebody in who could re-install the software at 4 am. Norwegian software - it was impossible to do. In the process of doing that, somehow the disk had been erased. I was asleep. Samantha pounded on my door weeping! Everybody panicking. I just took my computer, I took the garbage pail, which had all these printed versions, drafts, notes, and I had a working draft, it wasn’t completely lost. I literally locked myself in the bathroom and just did it. We printed it out and got it to the Nobel committee so they could give it to translators. And then I had a version, where I put in all these little notes, when to pause, and that was that. The idea of appealing to the Russians came very much around the last day or so. We needed something to really anchor it in the reality of that moment. The actual war in Chechnya at that time was a huge issue inside MSF, and yet it was so difficult to find the right opportunity, the right communication strategy on it.

Dr James Orbinski, MSF International Council President 1998-2000 (in English)

2. The Campaign for Access to Essential Medicines

The Nobel Peace Prize money was given to the MSF Campaign for Access to Essential Medicines, which was launched at the same time. Actually, one of the first events of this campaign was underway in Paris, when MSF was informed about winning the Nobel Peace Prize.

Minutes from the MSF International Council Meeting, 27 November 1999 (in English).

Extract:

Item 3: The Nobel Peace Prize

A vote was held on where the Nobel Peace Prize money should go. Eric Vreede presented a number of options, based on a canvassing of the movement conducted in the last month […] . After extensive discussion, it was agreed that the prize money should be used for a practical purpose that has symbolic significance. The international council voted in favour of allocating the prize money to the MSF Drug Campaign. The Drug Campaign Steering Committee is to decide on the terms of reference for use of the money. The number of votes for: 15; against: 1 (MSF *****); abstentions: 1 (MSF *****).

The number of absent international council members: 1 (MSF Australia).

The resolution was adopted.

This project was initiated after several years of investigation.

The Access Campaign was started in the mid-nineties because MSF operational leaders realised that it was too difficult for medical teams in the field to get adequate drugs to treat the patients. More and more drugs had become ineffective and had not been replaced with new ones. Initially the Access Campaign had four objectives: restart research and development for tropical diseases and related areas; make new drugs and vaccines affordable for disadvantaged populations; ensure the production and commercialisation of targeted orphan drugs; and humanise the World Trade Organisation (WTO) and the trade-related aspects of intellectual property rights, which was an agreement between all the members of the WTO.

The Campaign was fully endorsed by the international council in November 1998. An international committee, composed of operational section representatives, and an internationally autonomous team were created to run the project. This was one of the first completely international projects to be funded by the MSF movement.

48. The names of these sections were not mentioned in the minutes of this MSF International Council meeting.
**Minutes** from the MSF International Council Meeting, November 1998 (in English).

**Extract:**

**Item 1: Drug Campaign**

Bernard Pecoul presented an overview of the planned MSF Drug Campaign [...] The three-year campaign is to focus on a pragmatic approach to improving access to essential drugs with a view to bridging the growing health gap for populations in danger. This gap is now exacerbated by globalised market forces and trade agreements. These threaten to reduce further the availability and economic viability of old, new, and orphan drugs deemed essential for public health, particularly in developing countries. The campaign will use an active témoignage strategy around at least 20 MSF field-based demonstration projects for a selection of priority diseases. The primary goals of the campaign are to:

1. Restart research and development for tropical diseases and related areas;
2. Make new drugs and vaccines affordable for disadvantaged populations;
3. Ensure the production and commercialisation of targeted existing orphan drugs; and
4. To humanise the World Trade Organization and Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreements. The campaign will target the worldwide general public, international health, trade and funding institutions, governments, the private sector, and the medical and scientific community.

Given:

a) MSF’s independence from governments and institutions,
b) The fact that it has over 400 projects in the field with over 1,000 permanent field volunteers working with populations in danger, and
c) Its ability to speak out using its worldwide network, the campaign was seen by the international council as an ideal expression of the principles, values and purpose of the MSF movement. The potential benefits of the campaign, its eventual political and témoignage implications as well as the risks for MSF as a whole were discussed.

The international council endorsed the campaign fully. It noted that, as a campaign, it represents a new approach for MSF; that for MSF the strength and the fragility of the campaign lies in the fact that it is rooted in field-based projects, and that as long as culturally specific approaches to ethical questions are used, most of the potential risks to the campaign itself, and to MSF can be minimised and managed. The international council gave a full and strong endorsement to the campaign, and noted further that it is an example of the kind of project the MSF movement should develop and implement in the future.

The launch of the access campaign was a wonderful time. I experienced this with euphoria because there was so much stimulation and debate. All the people who had worked in the field, especially in the Great Lakes region of Central Africa, knew that there were many cases of AIDS among refugees. This frustration has been channelled into this campaign project and I think it helped Bernard a lot.

**Dr Anamaria Bulatovic, MSF USA - Member of the Board of Directors 1997-2000, President 2000-2002**

**The access campaign came at a time when the movement was at a certain kind of maturity and readiness, but also in the world, there were certain issues that were emergent. There was this kind of convergence of MSF’s abilities, its focus on the campaign, and then what was happening in the world: the WTO, the UN, this kind of expectation that multi-lateralism had responsibilities, that it wasn’t just about high politics at the multilateral level, but that it’s about human beings, that these institutions have responsibilities and that the law as it is, for example, intellectual property rights, this matters. It doesn’t just matter to corporations, it matters to R and D, to individual people and the kind of access to medicines that they will or will not get. So there was this kind of convergence, multilateral readiness, MSF’s exploration of these issues, its clear commitment, the presence of many other NGOs that had varying levels of expertise, and the world was ripe for a campaign, and MSF was the right vehicle to really advance it.**

**Dr James Orbinski, MSF International Council President 1998-2000**

3. **The Temoignage Case Binder/ Speaking Out Case Studies Series**

In March 1998, the International Council recognised the need to complete the Chantilly paper on ‘témoignage’

---

49. TCB was later changed to ‘MSF Speaking Out Case Studies’ in the late 2000ies (S0CS)
and the code of conduct, and to ‘build a live memory’ of the MSF experience.

In November 1998, the International Council acknowledged that MSF’s approach to témoignage could not be defined in purely instrumental terms, that ‘the debate on témoignage in principle, must be removed from the heat of current témoignage issues’ and that there was a need to ‘develop a better institutional memory’ on this issue. A commission was tasked to oversee the creation of a Témoignage Case Binder project.

**Minutes** from the MSF International Council Meeting, 19 March 1998 (in English).

**Extract:**

4) **Further work on témoignage**

It was decided and recalled during the Restricted Committee meeting that there is a need for a complementary text to the Chantilly paper and to the recently revised code of conduct for témoignage. P[hilippe] Biberson [MSF France President] was in charge of presenting a framework accordingly, but he could not do it. He added that unfortunately, there was no summary of the témoignage workshop organised in Brussels. There was an agreement in the meeting to reaffirm the necessity to build a live memory by writing on [about] our experience. This could be done by describing some typical situations for MSF, show how MSF reacted in terms of assistance and ‘témoignage,’ and give our perception of what happened. This would be useful for the field teams and in training sessions.

**Minutes** from the MSF International Council Meeting, 6 November 1998 (in English).

**Extract:**

**Témoignage**

James Orbinski [MSF International Council President] briefly reviewed the importance of témoignage for the MSF movement and highlighted the importance on following through on previous IC commitments to this issue. A discussion and clearer formulation of objectives followed. The IC [International Council] strongly reaffirms that témoignage for ‘populations in danger’ is central to the identity, principles, values and purpose of the MSF movement. It also recognises that each context varies too much to create strict guidelines for témoignage, and that MSF’s approach to témoignage cannot be defined in purely instrumental terms. The exact nature of témoignage action in a particular circumstance is often contentious. The broader debate on témoignage needs to be taken out of “the heat of current témoignage issues” so that we can learn from past témoignage experiences, and develop better institutional memory on this core MSF activity.

To this end, the IC mandates a commission to oversee the preparation of a Case Binder of Témoignage over the next year. The Témoignage Case Book will be primarily for internal use. It will emphasise témoignage as a core activity of the MSF movement, will focus on lessons learned, and will serve as a source of institutional memory for the movement. Both internal and external sources will be used to chronicle témoignage milestones in the MSF movement. These can include for example MSF témoignage actions in Cambodia, Kurdistan, Somalia, Rwanda, Zaire, Afghanistan, and North Korea.

The challenge of 1) témoignage in non-emergency situations, and the new challenges of addressing our independence 2) relative to field-based co-ordination with other actors and 3) to NGO coalitions around issues of common concern will also be addressed in the Témoignage Case Book.

The Témoignage Case Book will be managed by a single coordinator under the supervision of the Executive Committee, which will be overseen by the IC Commission composed of four IC members who will monitor the progress of work. Those IC members who volunteered and were accepted are James Orbinski, Fiona Terry [MSF Australia], Jens Shillingsoe [MSF Holland] and Philippe Biberson [MSF France]. The commission will have the responsibility of ensuring that the Case Book reflects appropriate representation and input from across the MSF Movement, including particularly from the operational centres. Joelle Tanguy [MSF USA General Director], who has made a commitment in the past to the Case Book, reaffirmed this commitment and will also contribute. The Témoignage Case Book will be prepared for final presentation at the November 1999 IC meeting, with progress reports to the interval RC [restricted committee] and IC meetings.

In November 1999, the International Council selected MSF representatives with experience and expertise to compose the Témoignage Case Binder Editorial Committee. They were to serve ‘intuitu persone’ and not to represent the MSF entity they were linked to. Laurence Binet was nominated as coordinator of the project, in charge of researching and writing the studies. The MSF France Foundation was tasked with the administration of the project.

In June 2000, the Editorial Committee proposed a criteria list to identify cases to study. The main criteria was that cases should address crisis where speaking out posed a dilemma for MSF. The scope of projects, the singularity of each study, and the time estimated to conduct rigorous and proper research of cases were largely underestimated. Thus plan to have the whole case binder published for the 30th anniversary of MSF in 2001 was unrealistic and eventually abandoned.

Nevertheless it remained an international project at the highest level which would be developed in the coming decade as an in depth research project.

50. Françoise Bouchet-Saulnier, Michiel Hofman, and Fiona Terry. Later on, the Editorial Committee will be enlarged by co-optation, welcoming the International Secretary General.

51. This first list would be refined as the project moved forward.
Minutes of ‘MSF International Council Meeting, 27 November 1999 (in English).

Extract:

Update on IC Commissions on Finance and Témoignage

Work on the ‘Témoignage Case Binder’ [project] has started. The editorial committee is made up of Françoise [Bouchet-Saulnier], Fiona Terry, and Michiel Hofman. Laurence Binet has been hired to write the Case Binder. The Foundation [of MSF France] is responsible for administering the project. Fiona Terry has resigned from the IC [International Council] Commission to join the editorial committee. A replacement will be sought. The role of the IC Commission now is to mediate and decide in the case of an irresolvable dispute in the editorial committee. The Finance Commission, in consultation with the Executive Committee and the Financial Directors, defined a TOR [terms of reference], and hired a consultant. Data gathering has started, and will be presented for discussion at the June 2000 IC meeting in Paris.

Minutes of the MSF International Council Meeting, 10 June 2000 (in English).

Extract:

Témoignage Case Binder

Fiona Terry made an update on the Témoignage Case Binder. The aim of the Témoignage Case Binder is to document missions where MSF engaged in Témoignage, as well as creating an institutional memory. It is to show dilemmas MSF faced throughout its history and highlight the results of Témoignage within each context. A list of criteria was elaborated to facilitate the task of the Editorial Committee when it came to choosing the missions to be used. It was agreed that all cases should show a dilemma faced by MSF, such as expulsion, staff security, a risk for the MSF image, etc. The cases should also show different contexts, be based in different locations, and involve several sections. Examples of missions/cases that will be analyzed in the Case Binder are:

- Famous cases
  - Such as Biafra (1972) will be included
- Vietnam 1978
  - MSF split around the ‘Ile de Lumière’ case
- Ethiopia 1984-1985
  - Split between MSF B [Belgium] and MSF F [France]
- Liberia 1993
  - Access denied, & témoignage reached the highest level of the UN
- Bosnia 1993
  - Example of the dilemma of denouncing v. operationality [maintaining operations]
- Rwanda 1994
  - MSF B [Belgium] declared a situation of genocide
- North Korea 1998
  - Pull out

The process has now reached interview level throughout the different sections. The Témoignage Case binder is scheduled for completion in November 2000. Finally, although the mandate is that this is to be an internal document, another version may be published for MSF’s 30th anniversary.

It was about going through MSF History, case by case, going in detail to show what was the debate going on within the movement, within the sections, between the field and the headquarters at the very moment that choices had to be made. So it was decided to go for a sort of chronological presentation, each day after each day, cross-referencing the information and the documentation to make sure that we were as close as possible to what was really happening and not to what was said later on.

Françoise Bouchet-Saulnier, MSF Legal advisor from 1991, member of the Témoignage Case Binder/ MSF Speaking Out Case Studies Series Editorial Committee from 2000 (in French)
VIII. A STORY OF EXCLUSION (1999-2000)

A. THE KOSOVO ISSUE

At the end of March 1999, as the war in Kosovo was already raging in the region for a year, NATO launched an airstrike campaign against Serbian forces in Yugoslavia. On 30 March, MSF Belgium, the only MSF section based both in Serbia and Kosovo, withdrew its teams but kept in touch with national staff in Belgrade and tried to get visas for an MSF team to enter Serbia, in vain.

According to March 1998 international council’s decision, the MSF Switzerland/MSF Greece common operational center (COC) was managed by a common operational director, under the responsibility of the MSF Switzerland General director, and both MSF Switzerland and MSF Greece boards.

In late March 1999, MSF Greece President Odysseas Boudouris and the MSF Greece board expressed their wish to James Orbinski, the MSF International Council President that MSF Greece be involved in the MSF operations in the Balkans’s region. On 2 April, Orbinski confirmed that MSF Greece’s expatriates were already involved in various MSF operations in the Balkans and that active efforts were currently made to get visas and re-enter the area via Belgrade or surrounding regions. He reminded that there was “a clear, transparent and effective system of co-ordination for the movement in dealing with the crisis.” He highlighted that “all sections are deeply aware of the need to remain focused on our humanitarian objectives and to avoid these being used by any party to the conflict for their own political purposes.”

52. For a detailed account see Violence against the Kosovar Albanians, NATO Intervention 1998-1999, in MSF Speaking Out Case Studies, Laurence Binet: http://www.speakingout.msf.org

53. Odysseas Boudouris declined to be interviewed unless he would be allowed to respond to any comment of other interviewee about his action. The editorial committee decided that the conditions of production of the study did not allow that privilege to be granted.
March 31 to review MSF Greece’s perceptions. I discussed these with various section Presidents, General Directors and Operational Directors. At this time MSF Greece has an active role with three expatriates working with MSF Belgium in Albania, and two expatriates who are today conducting an exploratory mission in Skopje under the auspices of MSF Holland. All sections of MSF- as a humanitarian movement- are de facto implicated in this crisis. All sections in the movement are looking for ways to place both private and institutional funds that are available to them. As well, all sections are deeply aware of the need to remain focused on our humanitarian objectives and to avoid these being used by any party to the conflict for their own political purposes. This is, as always a difficult challenge. I trust that this letter adequately addresses the questions that you raise. I am available anytime to discuss these or any other issue further. [...] Sincerely, James Orbinski President, MSF International Council

According to Thierry Durand, Operational Director for the Greek-Swiss common operational centre (COC), it was on April 19 or 20, 1999 MSF Greece President, Odysseas Boudouris told him, during a telephone conversation, of his section’s decision to launch an exploratory mission in Kosovo and Serbia. MSF Greece had contacts via the Greek Orthodox Church and with the Serbian Red Cross – at the time the wife of Slobodan Milosevic⁵⁴, the president of Serbia was the president of the Serbian Red Cross – via the Greek government.

When Durand refused to assume the operational responsibility, the president of MSF Greece offered to make it an ‘observer mission’ by members of the MSF Greece Board of Directors.

The following day, Durand informed him of his decision to give up his responsibilities as Operations Director for MSF Greece. Boudouris claims that he didn’t learn of his resignation until 22 April 1999.

On 21 April 1999, Vincent Faber, General Director of the Swiss section, proposed to launch an international exploratory mission in Serbia and Kosovo to his counterparts in the other sections. He suggested that it be carried out by a team from the Swiss section, and include Greek volunteers.

On 22 April 1999, the executive directors of the MSF operational sections decided to launch an international exploratory mission in Kosovo and Serbia. Since MSF Belgium had received an invitation for five people to go to Belgrade, the operations directors from the Belgian and Swiss sections decided to get visas using this route. That same day, the general director of MSF Switzerland informed the president of MSF Greece, by telephone, of the decision to launch the international exploratory mission; the latter claims that he did not learn of it until early May.


Extract:
18-19/4 (?): [...] T. Durand [MSF Swiss/Greece operational director] recalls talking on the phone with O. Boudouris [MSF Greece president] who told him of the Greek Board decision to go to Kosovo. As T. Durand refuses this option, O. Boudouris proposes ‘an observatory mission’ done by members of the Greek Board.
Acknowledges and accepts the resignation. He does not find in the letter the reasons for the time chosen for it and the immediate character of it. He asks if there are any other reasons.

54. Slobodan Milosevic, president of Serbia then of the Former Republic of Yugoslavia, from 1989 to 2000, was charged by the International Criminal Tribunal for the former Yugoslavia (ICTY) with war crimes including genocide and crimes against humanity in connection to the wars in Bosnia, Croatia, and Kosovo. His trial, ended without a verdict when he died in his prison cell in The Hague on 11 March 2006.
On 23 April, Thierry Durand, operational director of the Swiss/Greek common operational center sent his letter of resignation to the presidents of MSF Suisse and MSF Greece.

**Letter** from Thierry Durand, Director of Operations of MSF Switzerland to the Presidents of MSF Switzerland and Greece, 23 April 1999 (in French).

Extract:

Dear [Dechevrens, MSF Switzerland President] and Odysseas Boudouris, [MSF Greece President],

After long and difficult deliberation informed by a year’s work on the feasibility of locating part of the operations for which I assume responsibility in Athens, I owe it to myself to talk to you. I talked to the president of the Serbian Red Cross – via the Greek government. I asked him if they had contacts with the Yugoslav embassy and he told me that they had met with them. That evening, he told me about a number of steps that they had secretly taken over the past eight or ten days. That was completely crazy. They had lied to me and now they were asking for my support! I told him that it wasn’t possible, that I had to think about it. I talked to Doris [Schopper] former President of MSF Switzerland and a member of the Board of Directors. The next day, I reluctantly resigned; giving reasons other than these [as described above] because I couldn’t prove what he had told me. In fact, with this resignation, I was trying to slow down and reveal this independent process that they had started. At least if they were setting it in motion, no one should have covered for them. My resignation did slow them down a bit but they still went ahead. By resigning, I took away the president of MSF Greece’s opportunity to use me to calculate, to fabricate a position based on my arguments. He was forced to make his intentions clear, to show his true face. For months, we had been trying to get visas from Federation of Serbia and Montenegro embassies in Paris, Brussels, Geneva and other cities. We were all watching each other. There was probably the Belgian-French dispute, but there was also a lot of mutual distrust: “Careful, you’re going to collaborate with the bastards! Did you really pay attention to this or that? What guarantees do you have?” When you constantly question people like that, you end up not accomplishing anything at all. In any case, we weren’t real crazy about going there. If we had had visas, maybe we would have tried. Then, undoubtedly in Pristina, assuming we could even get there, we would have realized that we were being manipulated. We weren’t fools.

Thierry Durand, MSF Switzerland/MSF Greece
Operational Centre Operational Director, in Violence against the Kosovar Albanians, NATO Intervention 1998-1999 in MSF Speaking Out Case Studies (in French)

On 5 May, Nikos Kemos, MSF Greece general director announced that MSF Greece board had created an emergency committee, that named a new operations director, and began requesting visas for an exploratory mission in Kosovo and Serbia.

On 6 May 1999, in a letter to its counterparts of the other sections, the general director asked that the MSF international bodies make a decision regarding the continuation of the common operational center. For him the appointment of a self-proclaimed operational director in Athens was breaking the rules set up by the international council in March 1998 regarding the operational activities of MSF Greece.

**Email** from Nikos Kemos, MSF Greece General Director to all MSF General Directors, 5 May 1999 (in English) (edited).

Extract:

Dear all,

I would like to inform you that given Thierry Durand’s resignation, Dr Dimitris Richter (Member of our Board of Directors) will be our new Director of Operations. It’s the second time that Dr Richter has taken responsibility for leading the operations department of MSF Greece (he was first in the position from 1994-1995) and he has already been in the field several times.
Email from James Orbinski, MSF International Council President to MSF Greece President and General Director, 6 May 1999 (in English).

Extract:
By telephone this afternoon I discussed the issues outlined in this letter with Odysseas, who is in Skopje, Macedonia. I was informed yesterday that following the resignation of Thierry Durand and despite the assumption of his duties by Vincent Faber MSF Greece has appointed its own operations director. I have also been informed [by email] today from Odysseas that MSF Greece is making efforts to launch a unilateral exploratory mission (in Kosovo). This is without the approval of MSF Switzerland’s General Director, Vincent Faber. Both actions are unacceptable on five points.

1) Globally, MSF Greece’s actions contravene the spirit and character of the MSF movement, which is central to the cohesion and coherence of the movement.

2) MSF Greece’s actions contravene existing MSF international council resolutions that govern the operational activities of MSF Greece. Essentially, these conclude that all operational activities of MSF Greece must be under the responsibility of a director of operations of a common operational centre. In this case, given that Thierry Durant has resigned, this means that responsibility now falls under his immediate superior, the general director of MSF Switzerland. Any operational actions not under his supervision are not acceptable.

3) MSF Greece’s actions, de facto, create a sixth operational centre in the movement. This is not acceptable as the number of operational centres in the MSF movement is strictly limited to five.

4) MSF Greece, in seeking to unilaterally launch an exploratory mission of any kind without the approval of the operations director, or in this case his superior, contravenes the existing framework for management of operationality [sic] for the Greek section.

5) MSF Greece’s actions in seeking to launch unilaterally an exploratory mission in Kosovo or surrounding region has broken the transparent, collaborative and cooperative system of operational management between the five operational centres. This system has been established for Kosovo and surrounding region, a region where humanitarian issues are complex and require clear operational collaboration. Particularly, in Kosovo, the executive committee decided on 20 April 1999, that an exploratory mission will attempt access to Kosovo under the Geneva operational centre, and that this mission will include Greek and Swiss volunteers, and will not be the beginning of a mission for distribution of humanitarian assistance (therefore, no equipment or supplies for the mission). The mission is to explore the viability of humanitarian space in Kosovo, and is to be prepared to make a public statement on this after consultation with the executive committee. A unilateral exploratory mission outside of this agreed framework for the MSF movement is unacceptable. This framework guarantees coherence to the MSF movement’s approach to operations and communications for the Balkan crisis.

In pursuing this course of action, MSF Greece’s actions have not been transparent, are directly in opposition to the spirit

Email from Vincent Faber, MSF Switzerland General Director to all MSF General Directors, 6 May 1999 (in English) (edited).

Extract:
As a matter of clarification, the appointment of a self-proclaimed operational director in Athens is clearly and explicitly opposed by Geneva, as it is de facto a unilateral breach in the resolutions taken in 1998 by the international council defining the common operational centre. It is no secret that the common operational centre is going through a severe crisis. Geneva has made a clear proposal to MSF Greece to try to solve the situation and to maintain the existence of the common operational centre. It will be up to MSF Greece to accept or refuse the proposal. In the latter case, MSF’s international bodies will have to make a decision. In the meantime, we in MSF Switzerland cannot and do not accept the unilateral decisions of MSF Greece, and we deny any legitimacy to the role given to Dimitris Richter. We hope that the whole movement will refrain from accepting the validity of this appointment until the situation is clarified.

On 6 May 1999, James Orbinski, the MSF International Council President spoke twice over the phone with Odysseas Boudouris, the President of MSF Greece who was leading the MSF Greece exploratory team, who was at the time, already in Skopje, Macedonia. According to Orbinski, Boudouris agreed to put a hold to the exploratory mission. He also agreed that MSF Greece would apply for visas for MSF international expatriates that would be added to the exploratory team. The results of these discussions were secured in a letter sent by email immediately by Orbinski to Boudouris and to the general director of MSF Greece.

In this letter, Orbinski stated that MSF Greece’s actions contravened the “spirit and character of the MSF movement” and the “existing MSF international council resolutions that govern the operational activities of MSF Greece”. He asked MSF Greece to “stop immediately all unilateral exploratory missions [...] in Kosovo and in any other location “ and to choose between two options: “accept the proposal for operational management prepared by MSF Switzerland or ask the international council to revisit how MSF Greece operational interests are incorporated into the MSF movement. He warned that if MSF Greece did not comply with this request, “the most severe of sanctions by the MSF movement would have to be considered.”

However, on 7 May 1999, the MSF Greece’s exploratory team composed of five Greek volunteers entered Yugoslavia, via Macedonia without approval of the international council. They brought 18 tons of supplies which they dropped to the Pristina hospital without any prior assessment.
of the MSF movement, and are directly in opposition to the existing international council resolutions to integrate MSF Greece’s operations. May I remind you that the MSF movement has made strong efforts to address the issue of MSF Greece’s operationality, and these have until now been pursued openly and transparently. These current actions by MSF Greece break existing rules that MSF Greece agreed to, and amount to actions that are both structurally and politically unacceptable to the MSF movement. In pursuing these actions, MSF Greece is itself walking away from the MSF movement. I strongly urge you to come back. To come back to the MSF movement, MSF Greece must cease immediately all unilateral exploratory missions. This means in Kosovo and in any other location that is not now expressly approved by the MSF Switzerland general director. In addition, MSF Greece has two options. It can accept the proposal for operational management that MSF Switzerland has prepared. Or, it can ask that the international council revisit the means by which MSF Greece’s operational interests are incorporated into the MSF movement. If MSF Greece does not immediately cease unilateral exploratory missions, and does not choose one of the above two options, this will mean that it is walking further away from the MSF movement, and that the most severe of sanctions by the MSF movement will have to be considered. I have discussed this issue with all members of the restricted committee, including Odysseas. All members of the restricted committee except Odysseas are in agreement with the full position and conclusions I have outlined above. Please inform me immediately of your decision.

Email from James Orbinski, MSF International Council President to the Members of the MSF International Council, 7 May 1999 (in English).

Extract:
Dear all,
This letter is to inform you of developments over the last days involving MSF Greece. Yesterday, MSF Greece announced and launched a unilateral mission to Pristina and Belgrade. They entered this morning via Macedonia with two trucks, 18 tons of supplies, and a team of five Greek expatriates which includes two surgeons and a doctor. This is without the approval of the executive committee of general directors.
It runs counter to the policy that MSF actions in Kosovo and Yugoslavia must be according to transparent humanitarian principles that are not open to manipulation by any party to the conflict. MSF Greece organised the action through its links with the Greek Government, which has an agreement with the Yugoslav government to allow access of Greek NGOs to Yugoslavia. Médecins du Monde Greece has acted on this agreement, and has operations in Pristina. For MSF, this is not an acceptable means of achieving humanitarian access in this situation, as independence and the freedom to assess, monitor, modify, and deliver humanitarian assistance is not assured. MSF has and is making ongoing efforts to enter Yugoslavia through official channels in Belgrade. These efforts have been persistently stalled by the Belgrade authorities. […]

I have discussed the situation with members of the restricted committee. I also discussed these issues with Odysseas Boudouris, the President of MSF Greece, last week and in two lengthy discussions yesterday afternoon, when he was in Skopje, Macedonia. The results of the discussions are in the attached letter, which I sent to Odysseas and the general director of MSF Greece yesterday. As well, yesterday Odysseas agreed in my discussion with him that the unilateral exploratory mission would be put on hold, until other MSF international expats could be added to the team. He also agreed that MSF Greece would apply for visas for these expatriates to the Yugoslav embassy in Greece, and that the terms of reference for the mission would be according to those described by the executive committee on April 20 1999 (that it is an exploratory mission to explore the viability of humanitarian space, that no humanitarian assistance is to be delivered, that no media attention would be sought, and that the results of the mission would be considered by the executive committee before deciding on how to proceed with further actions in Kosovo). I spoke again with Odysseas, who then said that while he agrees with this, the decision is not his, but that of the executive of MSF Greece, and that he has global responsibility for MSF Greece, not executive responsibility, and that he could not guarantee that our agreement would be respected. With the launching this morning of the unilateral mission, clearly the agreement was not respected.

At this time, then, there are two issues that emerge from these events. The first is one of governance and will be dealt with in the coming days and weeks, and at the international council in June 1999. The second is more immediate, and deals with potential political implications for MSF’s humanitarian actions in Kosovo and the surrounding region. We will not react Publically at this time to this action. However, we may be confronted with statements from the unilateral mission that are not in accord with our principles and strategies for the region. If this happens, we will react Publically as required.


On 9 May 1999, as MSF Greece’s president was the international vice-president, Tine Dusauchoit, MSF Belgium’s President, called for Boudouris’ suspension
From this international position. She argued that he and the Greek section, by their lack of openness and transparency regarding the exploratory mission in Kosovo, had not respected the spirit of the international movement.

On 17 May 1999, Odysseas Boudouris answered her in an open letter addressed to the all members of the international council. According to him, it was Dusauchoit who had failed to respect the spirit of MSF by not waiting for the return of the exploratory team before asking for his suspension. He also criticised the international council for not taking a position on the war in Kosovo, and instead, put the blame on the Greek section, which was the only one to actually act. Boudouris insisted that he always informed the various MSF officials of his moves and stated that he would not resign from his position in the international council.

Email from Tine Dusauchoit, MSF Belgium President, 9 May 1999 (in English).

Extract:
Dear friends,
Considering the events of the last few days, considering especially the lack of openness and transparency of Odysseas and of the Greek section (although it is not clear at this moment in time to which extent this is a personal or sectional approach): Considering the obvious non-respect of the ‘esprit’ [spirit] of the international movement (I use this word because ‘esprit’ goes far beyond agreements, procedures, and structures, and I consider that what happened is far more than not respecting agreements and structures); and considering the possible far-reaching consequences for the international movement after having discussed this at the board meeting of MSF Belgium last Friday, and having received their full support for this proposal, I call for the immediate suspension of Odysseas as Vice-President of the International Council. The International council should consider at its June meeting, what needs to be done further. I would request you to send your approval or rejection of this proposition to James, and if this proposal is acceptable I suggest James informs all presidents of the international council of this proposal, which by then will have become a proposal of the international council.

Open Letter from Odysseas Boudouris, MSF Greece’s President to Tine Dusauchoit, MSF Belgium’s President and the Members of the International Council, 17 May 1999 (in French).

Extract:
I have learned […] of Tine’s proposal to relieve me of my position as vice-president, effective immediately. I confess that I was hurt and offended by this letter. It hurt me for one reason: the day the letter was dated, 9 May. In other words, just when our team was somewhere between Pristina and Belgrade, in a dangerous area and on a difficult mission. Precisely the mission that Tine’s section has been trying to embark upon for weeks, without success. Has our great international organisation become so inhumane? Couldn’t it have waited until I got back, or at least until you had heard that our team was safe? Have we become adversaries to the point of forgetting the fraternity that constitutes precisely the ‘spirit’ referred to by Tine? […] We have a responsibility – essentially a moral one – to the movement. We are supposed to represent a large organisation that can only function by adhering to democratic rules. Dear international council friends, are you aware of the fact that we are required to respect the basic rules of democratic procedure?

Tine has appointed herself prosecutor and accuses me of violating the MSF ‘spirit.’ But isn’t it in the spirit of MSF to act first and foremost on behalf of populations in danger? That is what, in all conscience, we are doing. Wasn’t it necessary to explore the humanitarian needs within Kosovo and Serbia? Wasn’t it necessary to try and assess the humanitarian space we might find? If Tine thinks not, she is at odds with her own section and with the executive committee. She’s at odds with what any sincere humanitarian aid worker might think, and ultimately with the MSF spirit. If she thinks so, then she should congratulate us for embodying ‘the MSF spirit.’ Tine accuses the Greek section of a lack of transparency and of having violated procedure. On what grounds? Right from the beginning of the crisis, we clearly expressed our concerns to Thierry Durand, our Operations Director – right up until his resignation. After that, we went to James Orbinski ([International Council President]) and Jean-Marie Kindermans [International Secretary General] to re-establish operational contact with the other sections. We have continued to inform all the parties concerned of our progress. Should we have stopped everything in the midst of a crisis because Thierry Durand abandoned his post without warning? We didn’t think so.

At the risk of offending those who would prefer the big sections to retain the monopoly over operations our main concern was the situation, of the populations in danger. Dear friends at the international council, is that so hard for you to bear that you’re prepared to remove me overnight, with no debate on the matter and in violation of all democratic procedures? One last comment. A while ago, I wrote an article in ‘Dazibao,’ entitled ‘Does the international council really exist?’ I analysed the lack of legitimacy of this body and outlined how I thought we should go about strengthening it. Today, we are forced to a horrifying conclusion. The international council, which hasn’t adopted a single stance on the most serious humanitarian crisis in Europe and which, while armed forces are wiping their feet on the very idea of humanitarian aid, has slept through a war that has been raging for two long months, only awakening to dismiss our team was safe? Have we become adversaries to the point of forgetting the fraternity that constitutes precisely the ‘spirit’ referred to by Tine? […] We have a responsibility – essentially a moral one – to the movement. We are supposed to represent a large organisation that can only function by adhering to democratic rules. Dear international council friends, are you aware of the fact that we are required to respect the basic rules of democratic procedure?

Precisely the mission that Tine’s section has been trying to embark upon for weeks, without success. Has our great international organisation become so inhumane? Couldn’t it have waited until I got back, or at least until you had heard that our team was safe? Have we become adversaries to the point of forgetting the fraternity that constitutes precisely the ‘spirit’ referred to by Tine? […] We have a responsibility – essentially a moral one – to the movement. We are supposed to represent a large organisation that can only function by adhering to democratic rules. Dear international council friends, are you aware of the fact that we are required to respect the basic rules of democratic procedure?
Based on paralysing procedures and sordid power games; based on our original ideas, our fundamental principles, now more valid than ever and applied in radically different conditions.

On 7 May 1999, MSF Switzerland decided to suspend its partnership with MSF Greece. However they made a proposal in an attempt to maintain this partnership. They received no answer to this proposal.

Therefore, on 18 May 1999, the MSF Switzerland Board decided to end its partnership with MSF Greece, and asked the international council to take a position on the continuation of the MSF Greece exploratory mission in Kosovo, which was outside of the international framework and rules.

On 2 June, the MSF Greece general assembly voted 99% in favour of continuing the Greek mission in Kosovo. The behavior of MSF Greece leaders within the partnership between MSF Greece and MSF Switzerland was widely debated on 5 June 1999 by the General Assembly of MSF Switzerland. The members of MSF Switzerland general assembly voted in favour of excluding MSF Greece from the MSF international movement.

Minutes from the MSF Switzerland's Board of Directors Meeting, 7 May 1999 (in French).

Extract:
i. Minutes from the closed session […]
MSF Greece
By deciding to pursue its exploratory mission in Kosovo, MSF Greece is violating the terms of reference established by the international council with regard to the common operational centre agreement between MSF Switzerland and MSF Greece. Consequently, MSF has decided to suspend the Greek/Swiss partnership and make a final proposal to MSF Greece in an attempt to save this partnership.

Letter from Olivier Dechevrens, MSF Switzerland’s President to the Members of MSF Greece’s Board of Directors, 18 May 1999 (in French).

Extract:
Dear Friends of MSF Greece,
Further to the message received from Odysseas this morning, MSF Switzerland’s Board of Directors considers that you have issued a firm refusal to the final proposal made to you on 9 May in an attempt to save our joint Greek-Swiss common operational centre agreement. We therefore consider our partnership to be over, all the more so as:
- We have not yet received an answer from you on this proposal, not even an acknowledgement of receipt, despite my telephone calls to Odysseas and Sotiris.
- The Greek section has decided to pursue its action in Kosovo without MSF Switzerland’s consent and outside the framework established by the international council. We therefore request that the international council deliberate on the future of the Greek section’s activities within the MSF movement at its next meeting in Amsterdam on 11 June. In the meantime, we support James Orbinski’s proposal to set up a neutral fact-finding commission. We are meeting the members of this commission in Geneva today and we ask that MSF Greece rapidly do likewise. […]

Minutes from the MSF Switzerland’s General Assembly, 5 June 1999 (in French).

Extract:
Partnership between MSF Greece and MSF Switzerland […]
Debate:
Comment - A fax containing the resignation of Odysseas Boudouris and the withdrawal of Sotiris Papaspyropoulos’ candidacy arrived on 4 June 1999.
Discussion: In response to questions concerning how the Greek section is currently perceived by the international MSF movement, the meeting was told that certain sections were asking for MSF Greece to be expelled. The problem stems from the fact that MSF Greece has a different interpretation of the Balkans crisis from the rest of the movement. As a result, it is difficult to find a ‘modus vivendi.’ The point was made that Odysseas does not represent the whole Greek section and it would be unfair to exclude MSF Greece on the basis of one person’s actions. In response, the meeting was informed that Olivier was just back from Greece where, at an extraordinary general meeting on 2 and 3 June 1999, the Greek association voted 99% in favour of continuing the Greek mission in Kosovo. Questions were then asked about the practical aspects of MSF Greece’s exclusion. For example, will they still be allowed to use MSF’s logo? Jean-Marie Kindermans [MSF International Secretary General] was mandated by the international council quite some time ago to ensure that all the sections transfer registration of the MSF ‘trademark’ back to the international office for the precise purpose of protecting it. The Greek section has not yet done so – but it is not the only one. The international council must therefore study the practical modalities of this procedure.

Questions were raised about how MSF should sanction the Greek section’s non-respect of the requirement for international cohesion. The meeting was told that the International President, James Orbinski, had asked a neutral fact-finding commission, comprised of Morten Rostrup (International Council Vice-President) and Stephan Oberreit, to draft an impartial report on the reasons for the breakdown in the agreement between MSF Greece and MSF Switzerland and on MSF Greece’s mission in former Yugoslavia. This report is not ready yet but will be available soon. It was then asked whether the Swiss section was not partly responsible for the Greek section’s operational autonomy and whether, given MSF Greece’s evident lack of technical competence, as shown
in its mission in the Caucuses, this partnership had not lacked the necessary rigour. In response, the meeting was informed that the international council had drawn up a framework with which the two sections were expected to conform, but that the Greek section had not done so. Furthermore, MSF Switzerland owed it to beneficiaries to provide actions of the same level of competence with the Greek section as those provided by the Swiss section alone [...] 

With the International council meeting due to take place shortly, the Board also asked the Swiss General Manager’s opinion on the exclusion of MSF Greece from the MSF international movement. It was pointed out that the Greece section is likely to be excluded de facto, given that it had not complied with international directives, i.e. MSF Greece was not authorised to unilaterally launch a mission in a country other than Greece. This point led to another question: should there be open debate on such important issues within a movement like MSF? Members deplored the fact that official guidelines on good conduct were not part of inter-section operating procedures. It was suggested that not excluding MSF Greece from the movement would leave the door wide open for everyone to do whatever they like, and that the international council would serve no further purpose either. It was further felt to be dishonest for a section to isolate itself from the rest of the movement in order to take advantage of being MSF, and that this illustrates the absence of any real desire to be part of the MSF movement. On the contrary, the desire to be ‘visible’ in Greek society was clearly more important for MSF Greece than working in the general interest of the international movement. It was felt that MSF should not allow itself to get bogged down in rules and that the problems raised by MSF Greece today would probably be raised by MSF USA or MSF Germany tomorrow. It was then suggested that the Greece section be given a two-year moratorium.

While there is indeed a real need for an international-level debate on the role of ‘non-operational’ sections within the MSF movement, the problem here is that, in its approach to the Balkan crisis, the Greek section adopted an attitude that was in direct opposition to that of the different sections active in the field. Nor had it behaved in a transparent manner. Placing it in ‘quarantine’ would be a meaningless gesture: it would be like saying that the international movement is willing to approve the actions of a section whose interventions in the field it knows nothing about. The dishonesty of certain members of the Greek section was also emphasised. Indeed, even without delving into the details, it is difficult to ignore the fact that MSF Greece deliberately lied and that apparently this isn’t the first time; it is thought to have done the same with other sections. A vote was taken so that Olivier could convey the opinion of MSF Switzerland’s general meeting members to the international council: “Who is in favour of excluding MSF Greece from the MSF international movement?”

**Votes:**
- For: 68;
- Against: 7;
- Abstentions: 25. The general meeting voted in favour of excluding MSF Greece from the MSF international movement.

**B. THE INTERNATIONAL COUNCIL ULTIMATUM (JUNE 1999)**

The international council tasked a fact-finding commission to investigate the crisis and asked the MSF Greece management team to give an explanation. An overview of the commission’s report was presented to the international council meeting on 11 June. It mentioned the IC’s poor monitoring of the various MSF Greece operational partnerships. It also put forward that MSF Greece had been under pressure from Greek society to adopt the prevailing political interpretation of the Kosovo crisis. Thus, MSF Greece interpreted the MSF humanitarian principles differently than the rest of the movement.

**Minutes** from the MSF International Council Meeting, 11 June 1999 (in English).

**Extract:**

Morton Rostrup then presented a 15 minute overview of the fact-finding mission report (see attached). He emphasised that the options and recommendation were those of the fact-finding team (Morton Rostrup and Stephan Oberreit), and that the international council would have to make its own determination as to what possible options existed and what action, if any, to take. Morton emphasised his view that the Greek section wanted to carry out this mission to the F.R.Y [former Republic of Yugoslavia], whatever the conditions or risks, and that this was imposed on the MSF Movement as a fait accompli without regard for the range of consequences that followed. [...] 

The report, the options it outlines, and the main recommendation were discussed.

The five and a half hours of discussion that followed, emphasised the issue of operational principles, and if and how MSF Greece’s unilateral mission to Kosovo violated these. The main conclusion was that independence and impartiality were sacrificed, ignored, or naively applied. The discussion also emphasised that:

1) The application of humanitarian principles in a particular situation is never easy, as the individual humanitarian principles can often contradict one another;

2) Therefore there is a need to always nuance these to a particular situation where choices as a movement have always to be made;

3) It is therefore essential that debate within and across the movement at all levels is central to determining a particular application of humanitarian principles.

4) That the TOR for an exploratory mission to Kosovo was explicitly stated by the executive committee on April 20, 1999 that implicitly recognised and prioritised humanitarian principles in this context;

5) That transparency is central to the MSF movement;
6) That the minimal structure that exists to manage operations across the movement must also be respected;
7) That this was ignored by the MSF Greece section;
8) That MSF Switzerland considers the common operational centre partnership as now over; and
9) The history of MSF Greece in the movement and particularly their operationality [sic] and how this has been monitored poorly by the international council, and how each successive partnership with the French, Spanish, and Swiss operational sections/centres since 1990 have failed.
10) The procedure established and followed to deal with the unilateral mission of MSF Greece to Kosovo and the breakdown of the Greek-Swiss common operational centre was seen as having been fair at all times, however the timing of Thierry Durand’s resignation as the Operations Director for the joint common operational centre was at best, inopportune. This procedure was also seen as having provided more than adequate space for discussion and arbitration. MSF Greece has been informed at an early stage in writing and verbally of the risks they incurred with this action, and strong efforts were made to discuss and arbitrate around this issue. MSF Greece itself has knowingly avoided responding to these normal and established means of communication.

On 11 June 1999, the international council decided that the common operational centre between MSF Switzerland and MSF Greece no longer existed and that MSF Greece should cease operations outside of Greece. The IC stated that they wished MSF Greece to remain in the movement “as long as they respected the responsibilities and privileges that go with membership as a partner section.” The IC issued a resolution asking the Greek section to comply in writing with this decision, by 28 June 1999. The possibility of expelling the section from the movement was considered if MSF Greece were to refuse to abide by the international council decisions by the end of June.

MSF Greece decided not to participate in this debate, as they felt they had not been notified sufficiently in advance, to prepare arguments.

Minutes from the MSF International Council Meeting, 11 June 1999 (in English).

Extract:
Item 3: MSF Greece and the Breakdown of the MSF Greek-Swiss Common Operational Centre Agreement
Because he is implicated in these issues, James Orbinski [MSF International Council President] asked Michael Schull [President of MSF Canada] to chair this item. Odysseas Boudouris arrived for the opening part of this discussion with a guest, Kostas Papaioannou [Member of MSF Greece Board of Directors]. Odysseas refused to participate in the debate around these issues, and instead wanted only Kostas to make a statement from the Board of MSF Greece to the international council. Before Kostas gave his prepared statement, Odysseas was reminded that he had a responsibility to participate in the debate at the international council. According to the statement given by Kostas, the board of MSF Greece considers the main issue to be the isolation of MSF Greece from the international MSF movement, which comes from discussions with James Orbinski and the report of Morton Rostrup and Stephan Oberreit. The report outlines 5 options and favours that MSF Greece should not have operations outside of Greece.

MSF Greece will not accept loss of operations. MSF Greece will not participate in the discussion as there is no clear accusation, and it is not clearly stated in the agenda. The Board of MSF Greece will leave a series of questions and remarks in the form of a written submission [...], and then leave the international council meeting, but will be available to discuss these. Odysseas was then asked to define the key issues of the statement, which he emphasised was procedural in that he heard from James Orbinski orally, [about] what would be debated and has not had time to prepare arguments. This was countered by James Orbinski, who reminded Odysseas that he has a responsibility and opportunity to explain the actions of his section and offer other options to the international council; that any option, including doing nothing is open to the international council; and that Odysseas and his board had been informed by letter on May 6, 1999 of the gravity and consequences of the situation. This was in addition to numerous phone calls from James Orbinski to Odysseas Boudouris since then, and in the extraordinary general assembly in Greece on June 2, 99 by Jean Marie Kindermans, as well as in Board meetings with MSF Switzerland, and [also] at the MSF France General Assembly. Odysseas and Kostas left the meeting after Odysseas was again reminded that he has a responsibility and is welcome to participate in the debate now, as it is occurring, and that contrary to his request, he will not be contacted by cellular phone. [...]

After carefully considering the best interests of the movement and the desire of the international council for the Greek section to remain in the movement, the following resolution was adopted with two abstentions (MSF Switzerland because it was not strong enough, and MSF Japan, because Dominique Leguillier argued that it was not a customary way of resolving an issue in Japan, and he wanted to reflect the spirit of the culture he represents):
Resolution: The international council was presented with and accepts the report of the fact-finding mission of Morton Rostrup and Stephan Oberreit on The MSF Greece Mission to the F[romer] R[epublic of] Yugoslavia and the Breakdown of the MSF Greek - Swiss Common Operational Centre Agreement.’ The international council deeply deplores the explicit decision of MSF Greece not to respond or participate in the debate at the international council meeting of June 12th, 1999, in Amsterdam. The international council of MSF resolves that given:
1. The unilateral MSF Greece mission into Kosovo lacked the independence necessary to facilitate an objective evaluation of the needs of the population and that unacceptable
conditions of access were agreed to by MSF Greece which compromised the mission and undermined future attempts by any MSF section to enter into the [Former] R[epublic of] Yugoslavia.

2. That the actions of MSF Greece were carried out without respecting prior decisions of the international council as to how MSF Greece would carry out field operations;

3. That the actions of MSF Greece were carried out with a total lack of transparency, were deliberately misleading to members of the international council, and deliberately avoided international debate and co-ordination, and

4. That the actions of MSF Greece violated the specific decisions taken by the executive committee with regard with the objectives and conditions necessary for a MSF exploratory mission into Kosovo,

On 26 June 1999, two days before the end of the ultimatum, MSF Greece’s General Assembly questioned the international council’s process, rationale, and legitimacy. Thus, MSF Greece decided not to comply with the international council resolution and refused to stop operations. They proposed to set up a working group composed of members of MSF Greece and the international office, if agreed, to work on the issue.

Resolution of MSF Greece’s General Meeting, 26 June 1999 (in French).

Extract:
In consideration of the International council’s decision of 12 June 1999 and the broader issue of relations between MSF Greece and MSF’s international office, the members of MSF Greece’s general meeting would like to bring the following facts and remarks to the attention of the members of the international council:

1. Concerning the ‘Rostrup-Oberreit report.’ The ‘Rostrup-Oberreit report’ was sent to us just three days before the date fixed for the international council meeting. Contrary to the undertakings made by its authors, this report was disseminated before we had a chance to read it and comment on it, which explains why it contains so many inaccuracies and untruths. Despite this, we were not opposed to discussing it and drafted an initial statement, which we sent to all the members of the international council. We also appended a series of questions to this statement concerning the events in question and their context. However, the international council decision totally ignored the documents and questions submitted.

2. Concerning the international council on 12 June: It is true that our representatives on the international council refused to take part in the debate on this particular item at the meeting on 12 June. Our refusal was fully justified as the international council president had officially stated that the subject of MSF Greece’s exclusion would be discussed at this meeting. Yet, this subject could not be discussed without following procedure to ensure the requisite fairness and transparency, including the provision of a detailed formulation of the ‘accusations’ drafted by the competent international office bodies, [and to ensure] enough time for our association to draft a response and for the international council members to study this response, and the formal inclusion of the exclusion proposal on the agenda. The item, ‘MSF Greece’s Exploratory Mission,’ inexplicably detached from any discussion of MSF’s general action in Kosovo (although it is impossible to understand one without the other), rather than a specific item on the subject of MSF Greece’s exclusion, did not meet these conditions. As the president of the international council had not followed fair and transparent procedure, there could be no valid debate on this subject, hence our refusal to take part in any discussion of it. Consequently, the international council decision of 12 June could not be and is not a decision to exclude our association, thereby justifying our position.

3. Concerning the accusations made against MSF Greece: Concerning the accusations made in points one to four, we consider that the conclusions drawn are arbitrary and unsubstantiated in the international council’s decision. It is therefore difficult to respond to them. That said, we would like to remind members that, in a context complicated by the sudden and unforeseen resignation of the operations director of the Geneva-Athens common operational centre and the emergency situation in Kosovo, the Greek section pursued its action in support of populations in danger in strict compliance with our charter and principles, especially with regard to neutrality, impartiality and proportionality. Our exploratory mission was conducted in a totally independent manner. The conditions for accessing Serbia did not violate any of the fundamental principles of MSF’s action. Our aim was to facilitate access to this country for all MSF’s missions. We made and are continuing to make every possible effort to achieve this aim. From the outset, our action was conducted in a fully transparent manner and we communicated all available details to MSF’s different bodies. It should be noted that neither the international council nor its sub-committee were convened during the entire duration of the war, despite a request from its vice-president, which we consider to be
completely unacceptable. These facts are duly reported in
the documents we submitted to the last international council
meeting. Finally, we would like to remind members that in
emergency situations the priority is to take action without
delay to assist the populations in danger.

4. Concerning the status of MSF Greece within the
international office: The international council decision
refers to “partner sections” with specific “responsibilities
and privileges” and we have been asked to accept this
status. As far as we are aware, the international office is
an association of national associations and there are not
two categories of members with different “responsibilities
and privileges.”

5. Concerning the conclusions of the international council
decision: In light of the above, it is clear that the conclusions
of the international council decision are not acceptable
and cannot be accepted by our association. Indeed, the
reasoning behind the decision is as follows: “Given [...] the
international council considers that the common
operational centre has ceased to exist and therefore MSF
Greece can no longer carry out operations outside Greece.”
This presentation is incoherent. There is no explanation of
how the exploratory mission is linked to the breakdown of
the common operational centre agreement, and yet one is
presented as the consequence of the other. Nor is there any
explanation of why the breakdown of the common operational
centre agreement should result in MSF Greece being unable
to carry out operations or of how the distinction between
programmes outside or inside Greece is made. Let us not
lose sight of the fact that the breakdown of the common
operational centre agreement is exclusively due to the
resignation of its director, Thierry Durand (according to the
international council framework drawn up by the international
council in March 1998, there can be no common centre
without a common director). The conditions surrounding
this resignation were particularly unclear and it pre-dated
the exploratory mission by two weeks. According to Thierry
Durand’s own letter, his resignation was not due to the Kosovo
crisis. Furthermore, there is no reason why the breakdown of
the common operational centre agreement should mean the termination
of our programmes. On the contrary, ending our missions is
practically impossible and ethically unacceptable. We have
made commitments to the beneficiary populations and to our
donors to whom we are accountable. However, we would like
to stress that we are not necessarily opposed to changes in
the way our missions are managed. But, any changes should
be programmed sufficiently early on, bring duly evaluated
and proven added value to the beneficiaries and concern all
the associations (and not be limited and discriminatory.)
And, we would also like to point out just how paradoxical
it is to ask our association to stop its MSF action … so that
it can remain part of MSF’s international office!

6. On the crux of the matter: Having clarified these points, we
feel it is important to examine the crux of the matter, which
unfortunately the international council decision doesn’t do.
The intention of this decision is to side-line our association.
The reasons given are our exploratory mission and the
breakdown of the common operational centre agreement.
These reasons are clearly a pretext. After all, since when has
a mission, and an exploratory one at that, been a motive for
exclusion from the international council? If it were, all the
MSF associations would have been excluded several times
over! What about the Swiss section’s ‘unilateral’ missions
to Afghanistan and Angola, the blatant fraternisation
between MSF Holland’s teams and Dutch soldiers in Goma,
MSF France’s ‘unilateral’ testimony on the massacres in
Kivu, which endangered the lives of the expatriates still
on site, the accusations of instrumentalisation and endless
anathema, especially between the French and Belgian
sections, about Burundi, Zaire, Rwanda, Sudan, etc., to cite
only the most recent examples? The unilateral termination of
the common operational centre is due exclusively to its
director’s inability to carry out the tasks he was asked to
assume. In no way is it evidence of a change in our desire
to collaborate with the other associations. Again, we assure
you of this. The real reason for seeking our exclusion has
been masked by these pretexts. This reason is the freeze
on MSF’s internationalisation and the monopoly over
operations that some people wish to impose to the exclusive
benefit of the five big sections. In these conditions, the
existence of an association, even a small one, with its own
dynamics, in other words, not just a former ‘delegated
office’ re-baptised a ‘section,’ represents an unacceptable
danger. In such a context, any divergence, any event of
whatever kind, is deliberately ‘criminalised’ in order to be
used as an excuse for imposing sanctions. This attitude is
not worthy of a humanitarian movement like MSF. It is clear
that any exclusionary procedure in these conditions would
be tarnished with illegitimacy and considered null and void.
7. To find a solution to this crisis: Finally, we deeply regret
the threat implicit in the international council’s decision:
that we shall be considered to have excluded ourselves
from the international office should we not terminate
our missions. Such inventions are not only totally illegal
and in breach of our articles of association, they are also
unworthy of an aid organisation which is expected to comply
with basic principles of democracy and transparency. It
goes without saying that we haven’t resigned and that we
haven’t the slightest intention of resigning, either from
MSF’s international office or from its international council.
In any case, we will remain faithful to our commitments
and to our charter and we will intensify our action as
Médecins Sans Frontières. If the international council wishes
to find a solution to the recent problems, as it claims in
its message, this will require peaceful and transparent
dialogue and a reasonable timeframe. In this spirit, we
suggest a meeting between members of MSF Greece and
members of the International Office, in which we will work
on fair and consensual proposals for resolving the problems
raised, proposals that will then be submitted to the next
international council meeting.

On 1 July 1999, James Orbinski, the International Council
president considered that by not complying with the
international council resolution, MSF Greece excluded itself from the movement. All formal contacts between the movement and the Greek section stopped. Odysseas Boudouris sent James Orbinski a letter in which he contested the legality of the decision. He also sent a letter to the MSF France board of Directors, of which he was a member, in which he explained that ‘the role of the associative structures of all MSF sections was being progressively taken over by an almighty executive.’ He asked for a debate on this issue during a board meeting.

**Email** from James Orbinski, MSF International Council President, to MSF International, 1 July 1999 (in English).

**Extract:**
Dear All: [...] MSF Greece held a general assembly on 26 June, which Morton Rostrup attended. It has decided to not comply with the international council resolution, and in so doing, it has taken its final step away from the MSF movement. This is very sad indeed; however, as a movement, we must respond accordingly. I have asked Jean Marie Kindermans to ensure that as of 1 July 1999, that all formal contact between the MSF movement and the former MSF section in Greece be stopped. Any and all contact via [email] is to stop, donors are to be informed, and expatriate personnel working in the former MSF Greek section are to be informed of the international council decision so that they can make their own decision as to whether to continue working with them or not. This is a sad moment in the history of MSF. However, it is one that we must face. In having pursued this course of action, the former MSF Greece section has left the movement with no good options, and only the reality of choosing from ‘bad’ options. I believe the decision of the international council is the best possible one, given the circumstances. Jean Marie Kindermans will take the necessary steps in the coming weeks to ensure that the international council resolution is met.

**Letter** from Odysseas Boudouris MSF Greece’s President to James Orbinski, MSF International Council President, 8 September 1999 (in French).

**Extract:**
[...] With regard to your letter of August 1999, which was only brought to my attention after my return from a mission in Turkey, I would ask you to take note and inform all the members of the international council of the following: [...] 2. MSF [Greece] is legally still a member of the international office. It is therefore entitled to attend the meetings of the international council. Consequently, could you please send me the minutes from the meeting held on 12 June and inform me of the date of the next international council meeting. 3. We feel it is important not to exploit legal niceties to prevent in-depth discussion and democratic dialogue. I therefore ask that you put the questions raised by MSF Greece on the agenda of the next meeting. But any discussion must be organised and prepared in a spirit of equity.

**Letter** from MSF Greece’s Board of Directors to the MSF France Board of Directors, 9 September 1999 (in French).

**Extract:**
Dear Friends of MSF France:
Please find attached our reply to J. Orbinski’s last letter and the response from MSF Greece’s general meeting to the letter from the international council dated 12 June, which doesn’t seem to have reached international council members. We would like to take this opportunity to share some of our reflections with you. We very much regret the way the last international council meeting was prepared. We were hoping for an in-depth discussion on the Kosovo crisis and instead we found ourselves on trial, the indirect objective clearly being to exclude our section from the MSF movement. Because of the conditions in which this trial took place its outcome has no legal value. Furthermore, the sentence seems disproportionately heavy for the ‘crime.’ If a section deserves to be excluded for an exploratory mission, how many other sections should have been excluded? It is our wish to re-establish dialogue as rapidly as possible. We think it is in the interests of the whole movement, and especially of those who, like us, are attached to the idea of real internationalisation. There is no reason not to have this dialogue today. On the contrary, it has been a few months since we last met and we have all had time to cool off a bit, which should make it easier for us get to the root of our problems.

We know that, unfortunately, there are some people, especially on the executive committee, who would like to prevent a peaceful dialogue. Indeed, they would do anything to replace open and democratic dialogue with a legal procedure. James Orbinski has taken this task in hand. Of course, these people know they are fighting a losing battle with this procedure. But they also know that it could go on for years. And, that’s what they are counting on. All the while legal proceedings are underway; there will be no dialogue with MSF Greece. It won’t matter if in three or four years’ time, the international office’s pretentious arguments are thrown out of court. In the meantime, they will have achieved their goal: to replace the debating of ideas by legal proceedings and convince everyone that the conflict is between MSF Greece and all the other sections. In reality, this conflict is between the Greek section and a group of people who are seeking to prevent the participation of the different MSF sections in order to concentrate power and, above all, keep control over the financial resources of the whole movement. We don’t believe that this how you see things. Besides, the main victim of these developments would not be MSF Greece, but the former delegate offices and associative structures of all the sections whose role has gradually been eroded and replaced by an all-powerful executive.
We hope that the next international council will provide an opportunity to re-establish dialogue and that this dialogue will lead to real progress towards internationalisation. To this end, we hope to be given a chance to present our point of view to your board of directors in person, to hear your reactions and suggestions and, at long last, have a constructive discussion.

It was too late for the other sections – and for us. I took sides with MSF Greece without knowing all the details and despite understanding why the Belgians and the French were so furious. But for me, all that was secondary. The priority was to safeguard the section. And what other way was there to safeguard the section than by deciding whether or not the cause was just? If the cause was just, and to my way of thinking it was, then you had to side with the Greek section. Regardless of the lies, the goings-on, who cares? Because that was the priority. That was the criterion and we all pushed in the same direction, with Odysséas who was President. And I supported him.


C. THE VOTES FOR EXCLUSION
(SEPTEMBER 1999-JANUARY 2000)

On 16 September 1999, because of the non-compliance of MSF Greece, the MSF international council voted in favor of exclusion by email. The international council asked the Greek section to stop using the MSF name and logo. This procedure was contested by MSF Greece.

On 27 November 1999, the international council confirmed the exclusion in a formal second vote. Once again, MSF Greece contested the exclusion, refused to handover the trademark, and asked to remain in the movement until courts ruled on the case.

The resolution, for your information, states that, “Because of non-compliance with the 12 June 1999 MSF international council resolution, the MSF international council expels the Greek section from the MSF international council and association. The MSF international council consequently demands that the former Greek section:

a) Immediately ceases use, in any way whatsoever, of the logo and name of ‘MSF/Médecins Sans Frontières’ and of any related distinctive sign, publicly or privately, in or out of Greece, and

b) Refrain from making any misleading representation that they are affiliated, in any way whatsoever, with MSF International or the MSF movement generally.

Finally, the former Greek section is required to immediately withdraw the trademark ‘MSF/Médecins Sans Frontières’ which was filed in the Greek Trade Mark Office in bad faith, without MSF International’s expressed or implicit consent.”

I look forward to future discussions with you on the parameters defined in the 12 June 1999 MSF international council resolution.

Minutes from the MSF International Council Meeting, 27 November 1999 (in English).

Extract:
Without prejudice, the members of the current assembly are formally confirming the informal cc-mail [MSF internal email network] vote of September 16, 1999, establishing the exclusion of the Greek section of Médecins Sans Frontières, based on the issues discussed and resolution passed at the MSF international council on June 12, 1999. The September 16, 1999 MSF international council cc-mail [internal email system] resolution reads: “Because of non-compliance with the 12 June 1999 MSF international council resolution, the MSF international council expels the Greek section from the MSF international council and association. The MSF international council consequently demands that the former Greek section:

a) Immediately ceases use, in any way whatsoever, of the logo and name of ‘MSF/Médecins Sans Frontières’ and of
any related distinctive sign, publicly or privately in or out of Greece and
b) Refrain from making any misleading representation that they are affiliated, in any way whatsoever, with MSF International or the MSF movement generally. Finally, the former Greek section is required to immediately withdraw the trademark ‘MSF/Médecins Sans Frontières,’ which was filed in the Greek Trade Mark Office in bad faith, without MSF international’s expressed or implicit consent.

The number of votes for: 17
The number of votes against: 0
The number of abstentions: 0
The total votes cast: 17
The number of absent international council members: 1
(MSF Australia).
The resolution was adopted.

Update on MSF Greece by Jean-Marie Kindermans, MSF International Secretary General, 7 December 1999 (in English).

Extract:
Please find the latest events regarding the former MSF section in Greece:
1) Exclusion procedure
MSF Greece is suing MSF International before the Belgian courts. The summons we have been served is for next Thursday. Whereas the procedure on the form and substance of the exclusion procedure of MSF Greece should last a minimum of one and a half years, MSF Greece is asking for provisional measures (to be re-included in the cc-mail, to have access to training programmes for expatriates, to participate in the International council, to have access to MSF procurement centres). These measures would be enforceable two weeks after the summons. Fortunately, our lawyer has negotiated with MSF Greece lawyers for the postponement of the hearing on provisional measures on 22 January 2000. So, for the moment the issue is in the hands of our lawyers.

2) Trademark issue in Greece
Last week we submitted a memorandum with evidences to the Greek Trademark Administrative Committee. We are asking for a cancellation of MSF Greece’s registration of the ‘trademark logo + Medecins Sans Frontieres + the Greek translation’ which was done in bad faith. It is the first step before going to the Administrative Court of First Instance. At this stage, we do not have much chance, as the three members of the Trademark Administrative Committee are appointed by the government. That is why we tried to distinguish very clearly this issue from the one in Belgium related to the exclusion procedure. We should expect an answer between three weeks and four months.

3) In the media
a) In the Greek media: The debate organised by the French magazine Marianne between Rony Brauman and Odysseas has raised some discussions in the Greek media. The Greek Ambassador to UNESCO has published an article in favour of MSF Greece. Ten days ago, we published an article entitled ‘MSF explains its position’ […] Sotiris Papaspyropoulos has prepared a response, which should be published in a few days, as well as Rony Brauman’s comments on this issue.
b) In the international press: Only a few articles were published in the last weeks (in Swiss newspapers, in the Belgian newspaper, Le Soir, and last Saturday in the Financial Times). These articles are not really good for MSF. It is possible that MSF Greece’s representatives will travel to Oslo. I will keep you informed of the above issues regularly.

In October 1999, just a few days after the Nobel Committee announced that MSF was awarded the Nobel Peace Prize, the press echoed the expulsion of the Greek section from the movement. The Greek Government and the Greek media disapproved of the exclusion and urged the movement to review its position. MSF issued a press release on 9 December, on the eve of the Nobel ceremony. The Greek section, which was not invited by the rest of the movement to attend the Nobel ceremony, held a press conference in Oslo.

‘Doctors Operating in a Divided House,’ The Financial Times, (United Kingdom), 4 December 1999 (in English).

Extract:
They deliver emergency medical aid wherever and whenever it is needed and they have been awarded the Nobel Peace Prize for their efforts. But while the doctors of Médecins Sans Frontières (MSF) know no geographical borders, internal divisions threaten to cast a cloud over next week’s presentation ceremony in Oslo. […] The cause of its rift is the expulsion of the 200 doctors of the Greek section for having entered Kosovo during the NATO bombing campaign, launched in March this year, without the go-ahead from MSF headquarters. The Greeks were deemed to have compromised the organisation’s fundamental principle of independence and impartiality. They see the accusation as “unjust and offensive.” The three largest and most influential sections of MSF (France, the Netherlands and Belgium) are united in condemnation of Greece. They claim their colleagues in Athens were not only helped by the Greek government, but that their expedition bore Greek flags. Furthermore, another MSF mission was awaiting visas for Kosovo (which were not forthcoming), when Belgrade gave visas to the Greeks, who went ahead alone. This compounded suspicions within MSF that the Greeks were not “impartial” towards the Serbs (it was feared that their medical supplies might end up with the Serbs), and that they were not acting “transparently”.

Odysseas Boudouris, 46-year-old President of MSF Greece, is horrified by the charges. Although some of the protocol may have been dispensed with, the Greeks were acting according
to their deeply held beliefs. “For us there is no distinction between good and bad victims: there is only the moral objective to offer our contribution. We acted under the gaze of media reporters in Kosovo and our conscience is clear.” Boudouris stresses that Serbia would have been unlikely to give visas to doctors from NATO countries that were bombing its people, and that the Greeks took advantage of their neutral status. [...] Boudouris denies that MSF Greece was acting under the protection of its government, which he claims merely helped to establish a “humanitarian corridor.” [...] At the time of the conflict NATO praised the work of the Greek doctors, and the alliance spokesman Jamie Shea mentioned their contribution at several press conferences. He hoped that the Belgrade authorities would not impede them “from carrying out their extremely important mission in the present circumstances.” But the Greek doctors’ pleas have cut no ice with 17 out of the 18 MSF sections, which voted them out of the organisation (Japan was their only supporter).

According to Austen Davis, the British general director of MSF Holland, “there was deep insecurity surrounding the situation” in Kosovo, and it became more important than ever that the “principles of impartiality” should be followed. Whenever MSF, or other humanitarian groups, enter a war zone, “they are encountering difficult, violent, foreign environments, and young, often inexperienced medics are extremely open to manipulation,” he explained. Therefore “there has to be a consensus, and an agreement to abide by the will of the majority in an organisation like ours. Sometimes that means not going in.” [...] This kind of behaviour is inevitable “with committed, often militant, people, who are unwilling to compromise,” argues Jean-Marie Kindermans, General Secretary of MSF’s International Bureau. With an international staff of 2,500 in 80 countries, and about 10,000 local staff, there are bound to be disagreements. According to Kindermans, the Kosovo episode was really only “the straw that broke the camel’s back.” Initially, the doctors were given the option of staying in MSF as a non-operational centre, but they chose not to comply, and were therefore expelled. Speaking for his colleagues in Athens, Boudouris believes they still belong to MSF and that the work of the Greek doctors has contributed to the Nobel Peace Prize. He and his colleagues therefore intend to be at the awards ceremony in Oslo.

The expulsion of Médecins Sans Frontières’ Greek section has been the object of considerable media attention in the wake of the Nobel Prize and has led to an outpouring of impassioned and often partisan statements in Greece. Hardly surprising when the heads of MSF’s former Greek section are running such a virulent campaign of disinformation and defamation [...] Still, many people have sought to understand how and why virtually every MSF section (one abstention), as different as Australia, Spain, Norway, or the United States, made this decision of a common accord. Despite the simplistic way in which events have been presented, this decision was not taken by a handful of representatives in remote corner of our organisation. Nor was it ever a debate for or against the Serbs or for or against a NATO intervention.

It should be said that relations between the Greek section and the 18 other MSF sections have always been complicated. In order to work in a coherent and effective manner, MSF’s international council, composed of representatives of all our sections, has established common operating procedures which also take into account the national context of each of its members. According to these procedures, which also apply to 12 other MSF sections, MSF Greece was not authorised to open or close missions of its own initiative. Operations are managed by a limited number of centres in order to prevent waste and cacophony. Representatives of MSF Greece often challenged this method of organisation, triggering internal crises (by opening missions unilaterally), resolved at the very last moment when MSF Greece would finally agree to play by the rules [...] The mission they launched was made up exclusively of Greek volunteers, carried out under the Greek flag, negotiated with the Greek government, and justified by the pressure of Greek society. It took with it material that was ‘distributed’ in Pristina and then headed back a few hours later. This mission provided no information on what was happening in Kosovo except that the communities were co-existing, and it allowed journalists to quote them saying that reports of abuses were exaggerated. While trivialising what was happening in Kosovo, this mission reported only on the Serbian casualties caused by NATO bombing, without mentioning the crimes being committed against humanity. Far be it from us to imply that Serbian civilians were not suffering (which is why we were asking for access to Serbia), but this should not have been allowed to mask the mass deportations underway, or the fact that the Serbian authorities were in a position to meet the majority of needs (a fact confirmed by the Greek mission).

Humanitarian action must be independent, meet needs proportionately and avoid being manipulated or used. The one-sided initiative of our former Greek section did not avoid these pitfalls, common as they are in humanitarian action. But worst of all, it scuppered any chances of our conducting a mission in Kosovo, in keeping with the principles which guide Médecins Sans Frontières’ action, and in accordance with the above conditions. Furthermore, in an organisation like ours, we debate the issues before taking a decision and we require complete transparency on the actions undertaken in order to maintain trust and collaboration within the movement. All these conditions were ignored, and the representatives of Médecins Sans Frontières’ other sections lost confidence in MSF Greece’s management.

Nevertheless, because we still wanted to maintain links with Greek society, all the MSF sections asked MSF Greece...
to relinquish direct operational responsibility on a day-to-day basis until trust had been re-established and the disagreement that had just occurred could be discussed. The ‘partner section’ status offered to Greece was exactly the same as that of 13 other MSF sections, including the United States, Germany, Canada, United Kingdom, and Italy. Unfortunately, and to our great disappointment, the Greek section’s management rejected this proposal and in so doing wittingly opted to leave the movement. They chose to develop the Greek section at the cost of international cohesion. We bitterly regret their decision, which has severed our ties – temporarily we hope – with Greek society. The decision by Médecins Sans Frontières’ international council to exclude the Greek section dates back to last June and has since been confirmed on several occasions (as we can prove), both in writing and orally. Mr Boudouris himself has sent us a number of letters challenging it. MSF Greece has thus, been excluded from the rest of the movement since the beginning of July. All the institutional donors and operational partners of our headquarters and field offices have been informed. It is therefore, absolutely not true that managers of the Greek section only discovered they had been excluded from MSF when they read about it in Le Monde. But, why did they wait for the journalists to reveal the news?

The disappointment of Greek opinion comes from not being informed of the situation by the former Greek section. Today, MSF is being portrayed in Greece, in a defamatory and insulting manner, as an anti-Serb organisation. MSF works with all civilian populations without discrimination of any kind and obviously has no intention of treating Serbs differently, and has thus benefited from our movement’s now worldwide recognition and legitimacy. But, it has always wanted to play according to its own rules, which is why, at its own initiative and without informing the rest of the movement it registered the Médecins Sans Frontières trademark, which does not belong to it, in an attempt to claim ownership of the name. This was already a means of profiting from Médecins Sans Frontières’ reputation without respecting its rules. The former Greek section joined the MSF movement quite late on, at the end of the 1980s. If it now believes it made a mistake, the honest thing to do would be to start afresh under a new name and stay out of such bad company. […]

On 26 January 2000, “an extraordinary general assembly of the international association and the international office of Médecins Sans Frontières abbreviated to MSF international” took place in Brussels. As an argument against the exclusion of MSF Greece, the representatives of the Greek section presented the issue as a ‘difference of opinion’ and not a ‘breach of obligation.’ They had previously sent an alternative proposal before the exclusion and asked for the alternative to be discussed and put to vote. A battle on procedure ensued, fueled by lawyers from both parties, who attended the meeting.

For a third time, the exclusion of MSF Greece was voted by 18 votes in favor, 1 vote against, and no abstention.

Minutes from the MSF International Extraordinary General Assembly, 26 January 2000 (in English).

Extract:

1. Vote on the exclusion of Médecins Sans Frontières – Greek section (MSF Greece) for the following reasons:
   - Violation of the resolution passed by the International council meeting of 11 and 12 June 1999 calling on MSF Greece to immediately halt its operations outside Greek territory;
   - MSF Greece’s violations of the fundamental principles of the movement. The said violations are based on the report of Stephan Oberreit and Morten Rostrup of 3 June 1999 […]

IV. Statement on the validity of the International council extraordinary general meeting

The president’s opening remarks were recognised as correct by the meeting, which was validly constituted to deliberate on the different points on the agenda. However, Odysseas Boudouris for MSF Greece, expressed reserve in regard to the validity of the proxies.

V. Summary of discussions

Statement by Morten Rostrup: Morten Rostrup presented his report, […]

2) Statement by the Greek party: O. Boudouris declared that the report did not reflect reality. He invited members to take note of the memorandum distributed by MSF Greece and sent to international council members the previous day by e-mail […] […]

b) Background: Sotiris used a metaphor to describe the relationship between MSF Greece and the rest of the movement (MSF should be seen as a country with a very small minority on its southern frontier, which is MSF Greece […] ) He then developed the argument contained in the memorandum presented by MSF Greece and transmitted by e-mail to other members. A copy was distributed during the meeting.

MSF Greece would like to open up an unconditional dialogue with all subjects open for discussion. But the international council must make known whether it wishes to exclude the section or whether it wishes an intensive dialogue. If the international council wants an exclusion procedure, it cannot be prevented from this, but the problem will not be resolved; two conditions are required for this:

- There must be a serious breach of obligations, not merely a difference of opinion. In the recent history of MSF there have been greater failures of transparency and more serious violations of principles that those for which MSF Greece is reproached (he gave two examples: the article entitled ‘J’accuse’ in Libération and the fact that 60% or more of MSF Belgium’s funding was institutional); each case was resolved by dialogue.
- The right of defence must be respected, which is not the case here as MSF Greece has been cut off from cc-mail
system [MSF internal email network] for seven months and therefore cannot make its side of the dispute known. Therefore, if the international council opts for exclusion, MSF Greece will contest this on the basis of the two points listed above. A procedure must be found to re-launch a dialogue, even if exclusion has to be postponed to a later date. He invited the international council members to read the memorandum distributed to all participants […]

Replies from MSF Greece (Sotiris Papaspyropoulos [MSF Greece Honorary President])

[...] The Nobel Prize vindicates MSF’s history and we should therefore not be excluded from it. What would be the sense of this exclusion? MSF Greece has an obligation towards its donors and towards the populations for which it has a responsibility to continue to exist. Within MSF Greece there is a desire to find a formula for continuing with five operational centres. If we are excluded, we wish to continue for several years as MSF. We propose that all legal procedures should be terminated and a working group nominated to find possible solutions to the existing problem, which began eight months ago […]

VI. Summing up

Odysseas Boudouris for MSF Greece raised a procedural question about the proposal of MSF Greece, which must, according to him, be put to the vote. Sotiris Papaspyropoulos: the proposal from MSF Greece is an alternative to exclusion and must therefore be voted on before the exclusion itself. Lawyers debated over the procedure: should the proposal by MSF Greece be regarded as an alternative to the vote on the exclusion procedure (view promoted by the lawyers of MSF Greece) or a new point on the agenda (view promoted by Mr. Druylans, lawyer for the international office)? Sotiris Papaspyropoulos for MSF Greece undertook to respect international council decisions and defend them to MSF Greece. That was the extent of the undertaking that could be taken by those present for MSF Greece. But, international council decisions are binding on all sections, unless a national annual general meeting decides otherwise. Romain for MSF Luxembourg reminded the meeting that either a vote should be held on exclusion or MSF Greece should immediately accept the June 1999 international council decisions.

James Orbinski asked the meeting if the proposal of MSF Greece should be voted on, as well as a second vote on point 1 on the agenda on the exclusion of MSF Greece. The lawyer for MSF Greece rejected this and said that each member present at the extraordinary general meeting [General Assembly] should be able to submit a proposal. P. Druylans, lawyer for the International Office: an annual general meeting [General Assembly] decides on the points on the agenda. There is disagreement on whether or not the proposal of MSF Greece is contained in the agenda so the international council [General Assembly] must, as an annual general meeting, rule on this matter. Sotiris Papaspyropoulos proposed that his proposal should be reformulated:
- MSF Greece not to be excluded this day;
- All legal or administrative procedures by one side or the other to be halted;

- A committee to be formed to undertake a dialogue.

James Orbinski then reformulated the motion on the agenda. Odysseas Boudouris refused to vote.

-> The President asked the international council if it agreed to add a new point to the agenda, which would be the new three-point proposal of Sotiris Papaspyropoulos. Objection from Sotiris Papaspyropoulos, who said that this was not another subject on the agenda. Voting: two in favour, one abstention, 16 against. Odysseas Boudouris expressed reservations regarding the legality of this vote.

-> Then, on a proposal put forward by the president, the following resolution was submitted to a vote: “The International council votes to exclude Médecins Sans Frontières – Greek section, on the basis of a violation of the fundamental principles of the movement and a violation of the international council’s resolution passed at the meeting of 11 and 12 June 1999.”

Voting: This resolution was adopted by 18 votes in favour, one vote against, and no abstentions. Odysseas Boudouris asked for the list of participants and expressed reservations on the voting.

For me, the meeting when MSF Greece was excluded was really hard. It was the first time ever at a meeting in Brussels that I had had to identify myself before going into the room. Odysseas, the President of MSF Greece, had come with his lawyer and James Orbinski [MSF International Council President] had come with his. Before entering the meeting, we had to show our passports and sign the attendance list. We had the meeting and unanimously decided to exclude MSF Greece. The President of MSF Greece refused to sign the minutes from the meeting so they wouldn’t be legally valid. It was really horrible, sad, and almost violent.

Dr Miguel-Angel Perez, MSF Spain President 1998-2003 (in French)

Before Kosovo we had sorted out MSF Greece’s status, we had agreed to a director of operations and we had agreed to common management methods. But, there were still problems. We wanted a bit more than they were willing to give, but at least we had found a framework. I think certain individuals deliberately stirred up these past disagreements as an excuse. There were three votes, for legal reasons, because no one was willing to budge. We felt like we were in court. Our lawyers told us that they couldn’t exclude us from the MSF family, that we had the name, the logo, and that we were keeping the lat. This approach had been used in Greece where the courts said we could keep the name, but not the logo.

Dr Sotiris Papaspyropoulos, MSF Greece Co-founder, President 1990-1996, Honorary President 1996-2000 (in French)
The Greeks probably paid dearly for the fact that we had to consolidate our identity when we were awarded the Nobel Prize. We had to show a united front. Well, that’s my interpretation anyway, but I think the Greeks did us a big favour at the time, because they really screwed up over Kosovo and that united the rest of us against them. I think we were all unhappy about excluding the Greeks, especially people like me and Rony [Brauman, president of MSF France from 1982 to 1994], because we thought it was stupid. But I reckon it was tactical. At the time, it was useful for us to say, ‘What’s the real issue with bearing witness?’ because that dispute about bearing witness, speaking out, and engagement had been going on for years.

Dr Philippe Biberson, MSF France President 1994-2000
(in French)

Talks of MSF Greece’s reintegration with the MSF international movement resumed in November 2002 and after a long process, the reintegration was confirmed in February 2005.

TO BE CONTINUED IN EPISODE 2...
CHRONOLOGY OF EVENTS 1971-2000

The main purpose of this chronology is to help the reader. It is intended as a tool for this specific document, and not as an academic reference.
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
<th>Paris</th>
<th>Brussel</th>
<th>Geneva</th>
<th>Amsterdam</th>
<th>Barcelona</th>
</tr>
</thead>
<tbody>
<tr>
<td>1972</td>
<td>December: MSF’s first intervention to respond to the earthquake in Nicaragua</td>
<td>1972</td>
<td>1972</td>
<td>1972</td>
<td>1972</td>
<td></td>
</tr>
<tr>
<td>1978</td>
<td>22 April: MSF General Assembly: -doctors from the USA and the Netherlands want to set up MSF sections in their countries. -Need to first define how national sections to be accountable to Paris and set up international statutes</td>
<td>1978</td>
<td>1978</td>
<td>1978</td>
<td>1978</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>October-December:</td>
<td>Opposition between MSF France Collegial Management Committee and MSF USA candidate</td>
</tr>
<tr>
<td>22 November:</td>
<td>‘A boat for Vietnam’ Committee appeal in the media</td>
</tr>
<tr>
<td>24 November:</td>
<td>MSF Collegial Management Committee members disagree with Bernard Kouchner acting as both MSF and ‘A boat for Vietnam’ Committee spokesperson</td>
</tr>
<tr>
<td>December:</td>
<td>MSF Extraordinary General Assembly: Vote of Statutes allowing internationalisation</td>
</tr>
<tr>
<td>4 December:</td>
<td>MSF Vice-President denounces ‘A boat for Vietnam’ Committee initiative in Le Quotidien du Médecin</td>
</tr>
<tr>
<td>20 December:</td>
<td>MSF Collegial Management Committee: - Use of brand to remain MSF France property - Use of brand to be possibly conceded to future MSF USA</td>
</tr>
</tbody>
</table>

**1979**
- First attempt to set up MSF Belgium (failed)
<table>
<thead>
<tr>
<th>Year</th>
<th>MSF Movement</th>
<th>Paris</th>
<th>Brussel</th>
<th>Geneva</th>
<th>Amsterdam</th>
<th>Barcelona</th>
</tr>
</thead>
</table>
| 1980 | 7 May: MSF General Assembly  
- Vote for MSF structuring  
- Consequently, Bernard Kouchner and other founding members leave MSF  
- Acknowledgement of difficulties of moving forward on internationalisation | | | | | | |
<p>| 1981 | 16 May: MSF France General Assembly: Committees in France and Belgium to work on internationalisation and international structure | | | | | | |
| 1980 | 25 November: MSF Belgium is set up | | | | | | |
| 1981 | 24 May: MSF Belgium General Assembly: Motion setting up committee to work on internationalisation and international structure | | | | | | |
| 1981 | 3 July: MSF Switzerland set up by MSF France | | | | | | |
| 1980 | 20 September: Adoption of MSF International's | | | | | |</p>
<table>
<thead>
<tr>
<th>MSF Movement</th>
<th>Paris</th>
<th>Brussel</th>
<th>Geneva</th>
<th>Amsterdam</th>
<th>Barcelona</th>
</tr>
</thead>
<tbody>
<tr>
<td>statutes by MSF France board</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1982
- 1982
  - 8 May: MSF France President’s report to General Assembly: no autonomy to be given by MSF France to foreign sections
- November: MSF France Collegial Management Committee: Proposal to set up research centre on Third World issues, under status of association linked to MSF France

1983
- 1983
  - MSF France registration of ‘MSF International’ and ‘MSF Europe’ in Geneva and modification of statutes to integrate possible setting up of MSF International structure
  - 1983
    - A group of Swiss volunteers set up MSF Switzerland office in Geneva

1984
- 1984
  - May: MSF France Collegial Management Committee: Resolution for setting up research centre on Third World issues
- 1984
  - November: AEDES set up

1985
- 1985
  - January: Liberté Sans Frontières Foundation is
- 1985
- 1985
- 1985
- 1985

7 September: MSF Holland set up
<table>
<thead>
<tr>
<th>MSF Movement</th>
<th>Paris</th>
<th>Brussel</th>
<th>Geneva</th>
<th>Amsterdam</th>
<th>Barcelona</th>
</tr>
</thead>
<tbody>
<tr>
<td>established to address issues on ‘third-worldism’ ideology</td>
<td></td>
<td>20 January: MSF Belgium Board refuses to endorse the establishment of Liberté Sans Frontières</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 January: Liberté Sans Frontières</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>symposium: ‘The Third-World in Question’</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 February: Letter from MSF staff in Chad asking for complete separation between MSF France and Liberté Sans Frontières</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>March: MSF France obtains statutes allowing donations to be tax deductible</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 March: Letter from MSF Belgium President to MSF Belgium members: ‘Médecins Sans Frontières and Liberté Sans Frontières: Incompatible’</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 April: MSF Belgium General assembly: decision to sever all ties with MSF France</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May: Le Monde Diplomatique special issue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Episode I - The Birth of a Movement: MSF from 1971-2000**

<table>
<thead>
<tr>
<th><strong>MSF Movement</strong></th>
<th><strong>Paris</strong></th>
<th><strong>Brussel</strong></th>
<th><strong>Geneva</strong></th>
<th><strong>Amsterdam</strong></th>
<th><strong>Barcelona</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>denouncing Liberté Sans Frontières</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3 May:</strong> Following MSF Belgium’s General Assembly decision, MSF France’s board decision:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- To take “all measures to protect the MSF name around the world”</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11 May:</strong> MSF France General Assembly:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Approval of board’s decision to take measures to protect the name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Decision to remove operational activities from regional antennas’ responsibilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- MSF should have control over Liberté Sans Frontières’ board</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>End of May:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- MSF France sues MSF Belgium</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- MSF France asks MSF Holland to modify its by-laws to recognise MSF France’s ownership on MSF name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10 July:</strong> Letter of support by 3 MSF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5 July:</strong> MSF Holland President’s letter to MSF France requesting MSF France distance itself from Liberté Sans Frontières</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSF Movement</td>
<td>Paris</td>
<td>Brussel</td>
<td>Geneva</td>
<td>Amsterdam</td>
<td>Barcelona</td>
</tr>
<tr>
<td>--------------</td>
<td>-------</td>
<td>---------</td>
<td>--------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>France founders presented by MSF Belgium at court case</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 July: MSF Belgium wins court case against MSF France</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 July: MSF France Collegial Management Committee renounces further legal action against MSF Belgium</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 November: MSF Holland refuses MSF France proposal of convention on use of MSF name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>End of 1985: Adoption of new logo by MSF France and MSF Holland</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1986</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adoption of own logo by MSF Belgium</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1986 MSF France registered MSF in the UK</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>March: Claude Malhuret leaves MSF France to go into politics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1986</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 March: MSF Luxembourg set up by MSF Belgium</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MSF Movement</strong></td>
<td><strong>Paris</strong></td>
<td><strong>Brussel</strong></td>
<td><strong>Geneva</strong></td>
<td><strong>Amsterdam</strong></td>
<td><strong>Barcelona</strong></td>
</tr>
<tr>
<td>------------------</td>
<td>-----------</td>
<td>-------------</td>
<td>------------</td>
<td>---------------</td>
<td>---------------</td>
</tr>
<tr>
<td><strong>April:</strong> MSF France board votes to set up <strong>CIREM</strong> (later <strong>EPICENTRE</strong>) initially for training purposes</td>
<td></td>
<td>17 <strong>April:</strong> Bernard Kouchner and Alain Deloche from <strong>MDM</strong> are co-opted as members of <strong>MSF Belgium</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8 May:</strong> MSF France registers a corporation named <strong>MSF Canada</strong> which registers the <strong>Médecins Sans Frontières</strong> trademark in <strong>Canada</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>June:</strong> MSF Switzerland proposes to <strong>MSF Holland</strong> and <strong>MSF Belgium</strong> a meeting with <strong>MSF France</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>24-25 May:</strong> MSF Belgium General Assembly: Refusal of General Director’s proposal for MSF to join European structure including <strong>MDM</strong> but not <strong>MSF France</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>24 July:</strong> MSF Spain set up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>September:</strong> MSF France board votes to set up <strong>MSF Logistique</strong></td>
<td></td>
<td><strong>September:</strong> MSF Belgium board questions General Director’s management as too autocratic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>October:</strong> MSF France board contacts lawyer to suspend</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td>Event</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1987</td>
<td>Letter from Rony Brauman (MSF France President) to Josep Vargas (MSF Spain President) asking him to renounce</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1987</td>
<td>MSF sections first meeting on: setting up of new sections, communication coordination of operations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>November:</td>
<td>Code of conduct for operations proposed by Rony Brauman (MSF France president) to Jean-Pierre Luxen (MSF Belgium president)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 November:</td>
<td>MSF Belgium Board: Jean-Pierre Luxen resigns from MSF Belgium presidency. Reginald Moreels is elected as interim President until next General Assembly. Internal Crisis in MSF Belgium</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 December:</td>
<td>MSF intersection meeting: Reginald Moreels (MSF Belgium interim President) pleads in favour of setting up new sections</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting up of MSF Luxembourg</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSF Movement</td>
<td>Paris</td>
<td>Brussel</td>
<td>Geneva</td>
<td>Amsterdam</td>
<td>Barcelona</td>
</tr>
<tr>
<td>--------------</td>
<td>-------</td>
<td>---------</td>
<td>--------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>setting up of MSF Spain</td>
<td>February: Resignation of Philippe Laurent, MSF Belgium Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>28 February: MSF intersection meeting: - 2-year moratorium on setting up sections</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- MSF Luxembourg to be recruitment office linked to MSF Belgium</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- MSF France still opposed to MSF Spain</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- MSF Belgium in favour of common logo for the movement.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9 March: MSF Belgium/MSF Luxembourg agreement to integrate MSF Luxembourg activities within MSF Belgium</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>May: Swiss Government asked MSF France to change logo; too similar to Red Cross emblem and Swiss flag</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>September: MSF USA incorporation within not-for-profit corporate law</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>October: MSF France survey: complete demobilisation of regional antennas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSF Movement</td>
<td>Paris</td>
<td>Brussel</td>
<td>Geneva</td>
<td>Amsterdam</td>
<td>Barcelona</td>
</tr>
<tr>
<td>--------------</td>
<td>-------</td>
<td>---------</td>
<td>--------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>20 December: MSF intersection meeting: decision to integrate personnel from MSF Spain in operations of other sections</td>
<td>November: MSF France allows MSF USA to use MSF name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First semester: MSF intersection meeting: agreement on operational code of good conduct MSF Holland and MSF Belgium set up joint Rapid Response Unit</td>
<td>22 May: MSF USA’s first General Assembly in Paris</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>December: First meeting of MSF presidents and Directors of all MSF sections - MSF Holland proposal to set up an International council</td>
<td>December: MSF France recruits MSF representative to International institutions in Geneva</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 December: MSF intersection meeting: decision to integrate personnel from MSF Spain in operations of other sections</td>
<td>First meeting of MSF presidents and Directors of all MSF sections - MSF Holland proposal to set up an International council</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>December: First meeting of MSF presidents and Directors of all MSF sections - MSF Holland proposal to set up an International council</td>
<td>December: MSF France recruits MSF representative to International institutions in Geneva</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 1989

14 February: MSF intersection meeting:
- non-decisional but informative role to representatives of sections
- proposal for modification of charter
- end of moratorium
- application
- application for an MSF section in Portugal by a former MSF Belgium board member and founder of AMI in Portugal.

April:
- Freezing of Liberté sans Frontières
- Assessment of conditions


<table>
<thead>
<tr>
<th>MSF Movement</th>
<th>Paris</th>
<th>Brussel</th>
<th>Geneva</th>
<th>Amsterdam</th>
<th>Barcelona</th>
</tr>
</thead>
</table>
| -disagreement between MSF France and other sections on MSF engagement in Human Rights
- agreement on already implemented Code of Good Conduct
- setting up of MSF European Emergency Response Unit to intervene in Leninakan earthquake in Armenia | | | | | |

**Episode I - The Birth of a Movement: MSF from 1971-2000**

**Médecins Sans Frontières, Evolution of an International Movement: Associative History 1971-2014**
<table>
<thead>
<tr>
<th>MSF Movement</th>
<th>Paris</th>
<th>Brussel</th>
<th>Geneva</th>
<th>Amsterdam</th>
<th>Barcelona</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 April: MSF intersection meeting</td>
<td>for launching fundraising in USA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-internationalisation acknowledged to be part of MSF movement’s ideas and philosophy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-agreement on setting up of MSF Europe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-criteria for setting up new sections</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-amendments to the MSF Charter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-4 June: First MSF European convention in Toulouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-discussion of MSF’s representation in entities in Brussels and Geneva</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-AMI Portugal representative requests setting up of MSF Portugal renewed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-discussion on ‘témoignage’ policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>August: Setting up of ‘Transfer’, MSF Belgium’s logistics centre</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>September: Modification of MSF USA to comply with US law</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 October: MSF inter-sections meeting: approval for</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td>Event</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>----------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1990</td>
<td>Setting up of MSF European Council secretariat in Brussels.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>4 November:</strong> MSF France board meeting: report on MSF’s prospects in Greece by Sotiris Papaspyropoulos</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1990</td>
<td>9 January: MSF inter-sections meeting: -MSF France/MSF Holland disagreement on ‘témoignage’ -International structure to be set up as MSF European Council with its office named MSF Europe, led by an International Secretary General and based in Brussels</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>16 March:</strong> MSF France board votes in favour of setting up MSF Greece</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>April:</strong> MSF inter-sections meeting: adoption of new logo for MSF movement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>June:</strong> MSF inter-sections meeting: proposal to set up solidarity systems between sections to reduce dependency to institutional funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>July:</strong> ICRC asks MSF to change logo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>July:</strong> MSF France board meeting: MSF Greece</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSF Movement</td>
<td>Paris</td>
<td>Brussel</td>
<td>Geneva</td>
<td>Amsterdam</td>
<td>Barcelona</td>
</tr>
<tr>
<td>--------------</td>
<td>-------</td>
<td>---------</td>
<td>--------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td><strong>2 July: MSF European Council meeting:</strong> endorsement of MSF Belgium’s declaration of intent to set up MSF Europe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>September: MSF European Council meeting:</strong> -official opening of the MSF International Office in Brussels -refusal to allow MSF to sit at ECHO liaison committee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>October: MSF France board meeting:</strong> consideration of opening an office in Japan as a European initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11-12 October: MSF European Council meeting:</strong> -MSF International entity to be named <strong>MSF International</strong> rather than <strong>MSF Europe</strong> -terms of reference of International council -decision to remove ‘gender discrimination’ and ‘ecological disaster’ from MSF charter -Médecins Sans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSF Movement</td>
<td>Paris</td>
<td>Brussel</td>
<td>Geneva</td>
<td>Amsterdam</td>
<td>Barcelona</td>
</tr>
<tr>
<td>--------------</td>
<td>-------</td>
<td>---------</td>
<td>--------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>Frontières’ official translation in English = <em>Doctors Without Borders</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**15 November: MSF International Council meeting:**
- 3-year moratorium on setting up new sections

**November:**
- Official opening of MSF USA office
- MSF Greece first General Assembly

**December:**
- Associative crisis in MSF Switzerland after resignation of 2 co-opted members and 1 board member

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Early 1991: Alain Destexhe named MSF International Secretary General</td>
<td>February: MSF International Council meeting:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
- Adoption of new charter and policy on ‘témoignage’
- Fundraising markets to be shared between sections: MSF France in Japan, MSF Belgium in Scandinavia and MSF Holland in Canada |
<p>| April: MSF sections’ intervention with Kurds isolated | April: First consideration to set up offices in |</p>
<table>
<thead>
<tr>
<th>MSF Movement</th>
<th>Paris</th>
<th>Brussel</th>
<th>Geneva</th>
<th>Amsterdam</th>
<th>Barcelona</th>
</tr>
</thead>
<tbody>
<tr>
<td>at Turkish-Iraqi border after First Gulf War</td>
<td>Nordic countries and Italy - Recruitment of a media liaison in Rome</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 April: MSF International Council meeting: -International council decision-making procedure and set up of veto right for ‘large sections’. -Only ‘Médecins Sans Frontières’ to be used in the field with no mention of section</td>
<td></td>
<td></td>
<td></td>
<td>May: MSF Holland board meeting: proposal to change MSF Holland legal structure to a foundation</td>
<td></td>
</tr>
<tr>
<td>26 July: MSF France board votes to set up offices in Japan and Abu Dhabi</td>
<td>June: Assessment mission in Italy and appointment of representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>September-October: MSF International Office recruits: -international press officer to harmonise MSF communication -lawyer to define</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSF Movement</td>
<td>Paris</td>
<td>Brussel</td>
<td>Geneva</td>
<td>Amsterdam</td>
<td>Barcelona</td>
</tr>
<tr>
<td>--------------</td>
<td>-------</td>
<td>---------</td>
<td>--------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>a legal framework MSF interventions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>December:</strong> Intersectional evacuation of wounded besieged in Vukovar hospital by Serbian forces, two MSF nurses injured by landmine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1st Semester:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Registration of MSF Sweden by Swedish physicians who later informed MSF France and MSF Belgium</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- MSF Belgium board decision to organise mini-general assemblies in the field</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>November: MSF France handover of MSF Trademark in Canada to MSF Canada</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>December:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- MSF Canada set up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Market research assessment in Germany</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 January: MSF International Council meeting:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- signature of MSF International statutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- International Office in charge of trademark policy set up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- International Council President asked</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>January-February: Request from Quebec antenna of MSF Canada to be a branch of MSF France. Refused.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSF Movement</td>
<td>Paris</td>
<td>Brussel</td>
<td>Geneva</td>
<td>Amsterdam</td>
<td>Barcelona</td>
</tr>
<tr>
<td>--------------</td>
<td>-------</td>
<td>---------</td>
<td>--------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td><strong>to give AMI Portugal a formal notice presenting itself as not to appear under the name of MSF Portugal in Mozambique</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11-12 January: Melun Statement</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **17 March: MSF International Council meeting:**
  | ‘Institutional funds research coordinator’ position set up in international office |
| **April: MSF International council meeting**
  | ‘representative offices’ policy |
  | - International council in charge of decision to open a new entity, to be managed by ‘founding’ association |
| **10 April: MSF International Council meeting:**
  | -liaison offices with the UN in Geneva and New York under International Office’s authority |
  | -MSF lawyer asked to advise the movement on International Humanitarian Law |
  | -recruitment of an institutional funds coordinator |
  | -Trademark protection policy: -first 6 sections keep |
Episode I - The Birth of a Movement: MSF from 1971-2000

<table>
<thead>
<tr>
<th>MSF Movement</th>
<th>Paris</th>
<th>Brussel</th>
<th>Geneva</th>
<th>Amsterdam</th>
<th>Barcelona</th>
</tr>
</thead>
<tbody>
<tr>
<td>their national trademark - international office to be owner of all other trademarks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>June: MSF International Council - MSF Greece to be neither a section nor a delegate office for 2 more years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 June: MSF International Council meeting - decision to strengthen the role of the president of the international council and of the international secretary general regarding the enforcement of the decisions taken in Melun - international council wishes to limit European institutional funds in MSF budget</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 November: first publication of the MSF report 'Populations in Danger'</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>June: Assessment in Australia and appointment of representative in the country</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>June: Proposal to set up MSF Sweden</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 November: Opening of small MSF office in Tokyo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>July: MSF Belgium's decision to have a representative in Nordic countries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSF Movement</td>
<td>Paris</td>
<td>Brussel</td>
<td>Geneva</td>
<td>Amsterdam</td>
<td>Barcelona</td>
</tr>
<tr>
<td>--------------</td>
<td>-------</td>
<td>---------</td>
<td>--------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>December: MSF International Secretary General negotiates the framework of a MOU between NGOs and ECHO</td>
<td>December: MSF Japan set up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>January: - opening of an MSF office in Denmark - proposal to set up MSF office in Hong Kong</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>March: MSF Italy registers as an association</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May: MSF Switzerland to oversee activities in Austria</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 August: MSF Denmark set up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>December: MSF Sweden adopts new bylaws</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 June: Creation of MSF Germany</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>July: Registration of MSF UK as a Charity and a limited company by guarantee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>September: The MSF International council asks that Lord Owen not be named President of MSF UK</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Episode I - The Birth of a Movement: MSF from 1971-2000


<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td>February: Crisis of confidence between MSF USA and MSF France</td>
</tr>
<tr>
<td>1994</td>
<td>June: MSF International Council meeting: adoption of new logo</td>
</tr>
<tr>
<td>1994</td>
<td>June: MSF International Council meeting: MSF Belgium and MSF Holland veto MSF Greece section status</td>
</tr>
<tr>
<td>1994</td>
<td>21 June: MSF International Council meeting: the delegate offices should use the name ‘Médecins Sans Frontières’ in their communications</td>
</tr>
<tr>
<td>1994</td>
<td>September: MSF International Council decides that MSF Spain replaces MSF France as new sponsor of MSF Greece</td>
</tr>
<tr>
<td>1994</td>
<td>October: MSF Australia set up as a Company Limited by Guarantee</td>
</tr>
<tr>
<td>1994</td>
<td>June: MSF Hong Kong set up</td>
</tr>
<tr>
<td>1994</td>
<td>25 June: MSF Austria set up</td>
</tr>
<tr>
<td>1994</td>
<td>September: MSF Spain becomes the new sponsor of MSF Greece</td>
</tr>
<tr>
<td>1994</td>
<td>Late 1994: Group of French-speaking Canadians try to gain support of MSF France Board of directors to set up MSF Quebec. Failed.</td>
</tr>
<tr>
<td>Date</td>
<td>Event</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>15 November:</td>
<td>MSF Japan achieves non-profit organisation status</td>
</tr>
<tr>
<td>1-3 December:</td>
<td>MSF section leaders’ conclave in Royaumont. Decision to have an 18-month ‘active break’ from creation of new sections to discuss of MSF common culture and practices.</td>
</tr>
<tr>
<td>3 February:</td>
<td>MSF International council meeting - decision to have a second Melun meeting - the international office is not MSF spokesperson</td>
</tr>
<tr>
<td>1st Semester:</td>
<td>Jean-Marie Kindermans replaces Alain Destexhe as International Secretary General</td>
</tr>
<tr>
<td>April-May:</td>
<td>Opening of an MSF France antenna in the United Arab Emirates</td>
</tr>
<tr>
<td>2 May: Johan von Schreeb, MSF Sweden President’s letter raising the membership issue for delegate offices to the MSF international movement</td>
<td></td>
</tr>
<tr>
<td><strong>MSF Movement</strong></td>
<td><strong>Paris</strong></td>
</tr>
<tr>
<td>------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>5 May: Moratorium on opening of delegate offices</td>
<td></td>
</tr>
<tr>
<td>5-7 October: Chantilly I Meeting, 120 members of MSF debated issues and MSF common culture and practices: establishment of the ‘Chantilly Principles’ undertaking to get 50% of financial resources from private donors undertaking to commit 80% of resources to operations</td>
<td></td>
</tr>
<tr>
<td>December: MSF International Council meeting: mini General Assemblies should be organised in all MSF projects MSF international council allows MSF Greece to open missions in countries where MSF is already active</td>
<td></td>
</tr>
<tr>
<td>19 January: MSF Holland General Assembly endorses the change of legal structure to a foundation and an association</td>
<td></td>
</tr>
<tr>
<td>MSF Movement</td>
<td>Paris</td>
</tr>
<tr>
<td>--------------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>March-April:</strong> First mini-international general assemblies MSF</td>
<td></td>
</tr>
<tr>
<td><strong>May:</strong> Decision to reorganise MSF France General Assemblies to allow exchanges and debates between members</td>
<td></td>
</tr>
<tr>
<td><strong>8-9 May:</strong> Chantilly II meeting: collective effort to pool some support activities</td>
<td></td>
</tr>
<tr>
<td><strong>June:</strong> MSF International Council meeting</td>
<td></td>
</tr>
<tr>
<td>-International President and International Secretary tasked with organising working groups and making proposals on:</td>
<td></td>
</tr>
<tr>
<td>*MSF structure</td>
<td>*MSF movement rules</td>
</tr>
<tr>
<td><strong>September:</strong> MSF International Council President and International Secretary letter to International Council proposing to strengthen international nature of MSF by reorganising International Council structure</td>
<td></td>
</tr>
<tr>
<td><strong>3-4 October:</strong> MSF International Council meeting</td>
<td></td>
</tr>
<tr>
<td><strong>1997</strong></td>
<td><strong>1997</strong></td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td><strong>31 January: MSF International Council meeting:</strong></td>
<td></td>
</tr>
<tr>
<td>- International Council enlarged to 19 entities, and setting up of restricted council composed of operational section presidents and the International secretaries:</td>
<td></td>
</tr>
<tr>
<td>- all entities become sections with equal voting rights</td>
<td></td>
</tr>
<tr>
<td>- full-time and paid position of International Council President set up</td>
<td></td>
</tr>
<tr>
<td>- every board to be elected by an association</td>
<td></td>
</tr>
<tr>
<td>- international executive committee of general directors of all sections set up</td>
<td></td>
</tr>
<tr>
<td>- International Council given specific responsibility to control use of MSF name</td>
<td></td>
</tr>
<tr>
<td>- International Council transfer of MSF name ownership to international office</td>
<td></td>
</tr>
</tbody>
</table>

**May: MSF International Council meeting:**

**18 November: MSF Norway set up**
### MSF Movement

<table>
<thead>
<tr>
<th>Paris</th>
<th>Brussel</th>
<th>Geneva</th>
<th>Amsterdam</th>
<th>Barcelona</th>
</tr>
</thead>
<tbody>
<tr>
<td>preoccupation over clear intention of MSF Greece to become an operational centre</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 1998

- January: MSF international council meeting: International President and International Secretary proposal for a reform to implement in January 1997
- - definition of international council president role and nomination procedure
- March: MSF International council meeting: framework for partnership between MSF Greece and an operational centre (MSF Switzerland)
- 5-7 March: Meeting of non-operational sections in Lillehammer about their role in the movement
- June: James Orbinski elected as full-time MSF International Council President
- May: set up of MSF Switzerland/MSF Greece common operational center
<table>
<thead>
<tr>
<th><strong>Episode I - The Birth of a Movement: MSF from 1971-2000</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>November: MSF International Council meeting:</strong></td>
</tr>
<tr>
<td>- endorsement of proposal to launch MSF Campaign for Access to Essential Medicines</td>
</tr>
<tr>
<td>- international council to distance itself from executive and operational daily tasks</td>
</tr>
<tr>
<td>- adoption of set of associative criteria</td>
</tr>
<tr>
<td>- decision to prepare a case-binder on ‘témoignage’</td>
</tr>
<tr>
<td><strong>1999</strong></td>
</tr>
<tr>
<td><strong>22 April,</strong> MSF operational sections executive directors decide to launch an international exploratory mission in Kosovo and Serbia</td>
</tr>
<tr>
<td><strong>21 April</strong> Vincent Faber, MSF Switzerland General Director proposes to other general directors to launch an international exploratory mission in Serbia and Kosovo, by a team from the Swiss section, including Greek volunteers</td>
</tr>
<tr>
<td><strong>1999</strong></td>
</tr>
<tr>
<td><strong>23 April:</strong> -resignation of Thierry</td>
</tr>
</tbody>
</table>

**MSF Movement** | **Paris** | **Brussel** | **Geneva** | **Amsterdam** | **Barcelona**
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 May:</td>
<td>MSF international Council President James Orbinski asks Odysseas Boudouris MSF Greece President to give up Greek exploratory mission in Kosovo and Serbia, however exploratory mission continues</td>
</tr>
<tr>
<td>7 May:</td>
<td>MSF Switzerland decision to suspend partnership with MSF Greece</td>
</tr>
<tr>
<td>9 May:</td>
<td>Tine Dusauchoit, MSF Belgium president asks that Odysseas Boudouris be suspended from position of Vice-President of the International Council</td>
</tr>
<tr>
<td>5 May:</td>
<td>Nikos Kemos, MSF Greece general director announces appointment of MSF Greece's own director of operations and of MSF Greece unilateral exploratory mission in Kosovo</td>
</tr>
<tr>
<td>18 May:</td>
<td>MSF Switzerland</td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>11 June:</td>
<td>MSF International Council meeting: - report of fact finding commission on Swiss–Greek crisis - MSF Greece forbidden to carry out operations outside Greece</td>
</tr>
<tr>
<td>26 June:</td>
<td>MSF Greece refuses to abide by the International Council decision</td>
</tr>
<tr>
<td>1 July:</td>
<td>Cessation of every formal contact between the MSF movement and MSF Greece</td>
</tr>
<tr>
<td>16 September:</td>
<td>MSF International council: MSF Greece exclusion vote by email</td>
</tr>
<tr>
<td>15 October:</td>
<td>Media reports</td>
</tr>
</tbody>
</table>
that MSF is awarded Nobel Peace Prize

27 November: MSF international council meeting:
- Nobel Peace Prize money to be allocated to MSF Access Campaign for Essential Medicines
- Formal vote for exclusion of MSF Greece from the movement
- MSF Greece challenges exclusion, refuses to return trademark and claims to remain in movement until courts rule the case

10 December: Nobel Peace Prize ceremony in Oslo. President of MSF International Council, James Orbinski’s acceptance speech calls for Russia to stop bombing civilians in Chechnya

2000
26 January: MSF international extraordinary General Assembly votes for exclusion of MSF Greece from the MSF movement.