

THE “FRENCH DOCTORS’ MOVEMENT” AND BEYOND

Introductory Editorial
by Anne Vincent, MD, MPH

I want to be the pioneer of a new Renaissance. I want to throw faith in a new humanity like a burning torch into our dark times.

Albert Schweitzer
Out of My Life and Thought, An Autobiography

At first glance, the notion that human rights violations, violence, and suffering would lead to a humanitarian response and to promotion of human rights and dignity would seem obvious. Yet history shows that the ultimate benefit of humanitarian action seldom accrues to the “victims.”

As a result of this conundrum, the humanitarian movement, exemplified by the French Doctors, has entered an unprecedented state of confusion—an identity crisis created by radical changes in the international context and the increasing complexity of modern humanitarian emergencies. The situation has evolved enormously since the idealistic, romantic, and now somehow caricatural image of the humanitarian was described by Albert Schweitzer—a person bringing good and a set of humanistic values into troubled places, buoyed by a belief in the ability to change the world.

In the following articles, two perspectives on the evolution of the “French Doctors’ Movement” are presented. This movement represented a critical break from traditional thinking about humanitarianism.

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Three factors led to the creation of the “French Doctors’ Movement,” or *sans-frontiérisme*, in the early 1970s. First, young French practitioners were reacting against institutions—both governmental (particularly academic or medical) and nongovernmental (such as the International Committee of the Red Cross)—because they considered them oppressive and outdated. Second, the increasing flow of information from the “front” due to better media coverage brought both a feeling of belonging to a world community and an inescapable knowledge of intolerable violence in the world. Third, a spirit of universalism emerged in a particular historical context, leading to various youth movements such as the anticolonialist movements in Africa, Asia, and Latin America, and the “New Left” movement in France.

The French Doctors espoused the right to health care as their *raison d’être*, recognizing the right of victims to be cared for, whether in natural or man-made disasters. To express this right, they ignored political and administrative frontiers, launched cross-border operations, and considered their “duty to intervene” to be above political considerations. Another aspect of their mandate was a commitment to violating the classical rule of silence of the Red Cross and to denouncing human rights abuses as they witnessed them.

Who Are the French Doctors?

The characterization of the French Doctors is as diverse as the “French Doctors’ Movement” itself. Who are these doctors? Why did they join this extraordinary human adventure? Why are doctors still volunteering in abundance?

The French Doctors have often been depicted as young, culturally insensitive adventurers whose skills are hardly adapted to the milieus in which they have to work—despite an increased professionalism in their implementation of programs, both in humanitarian emergencies and in development projects. This image of the adventurer has its roots in what the media and the legend of the movement have emphasized—the drama of “heroic medicine” provided to victims in the mud hospitals of Afghanistan and bamboo hospitals of the Cambodian border, a non-sophisticated medicine with primitive and radical treatments. Yet beside this image of the adventurer, is another image of the naive, Schweitzer-like indi-

vidual, who seeks to change the world through medical skills and goodwill.

During the 1990s the French Doctors and other humanitarian organizations moved beyond an initial euphoria toward a growing state of confusion. At the root of this confusion are several challenges to traditional humanitarianism: the increasing complexity of today's crises; the newly conceived right to interference and its consequences; the politicization of humanitarianism; funding issues; the lack of clarity in determining the "victims" and the benefits of humanitarian interventions to them.

The increasing complexity of modern conflict results from their nature as internal conflicts and their impact on civilian rather than on military populations. International humanitarian intervention has called for aid to all parties, yet genocide and ethnic cleansing challenge this heretofore sacrosanct principle. Indeed, the Rwanda experience has demonstrated that neutrality may sometimes become a form of complicity.

Another challenge relates to the unexpected evolution from the initial concept of moral duty to intervene to a new framework for action by states. In accordance with this concept, states tend to intervene militarily—hence the so-called humanitarian-military actions whether involving frontal attacks, blockades, corridors of mercy or security zones. In addition, it is not always clear in whose name or for what purpose states actually intervene. Officially, these interventions are launched in the name of the victims; yet in practice, economic and political motivations are operating. Why did states intervene in Iraq, Bosnia, Somalia and Haiti, but not in South Sudan, Tibet or Burundi? Reduced access to sources of fuel, a risk of continuing refugee influx, and regional security are some of the issues that appear to have been the primary determinants of the response to these crises.

The risk of political manipulation presents another important challenge: humanitarianism is increasingly used when preventive or mitigating international diplomacy has failed. In Rwanda as in former Yugoslavia, words of historical animosity, ancestral ethnic hatred, and the unavoidable dislocation of artificial boundaries created by colonial and World Wars, were used to justify the general indifference of the in-

ternational community. It seems that in facing new crises, international diplomacy is more powerless than ever. The two articles which follow echo this perspective. Aeberhard is concerned that the French Doctors' movement is "losing its soul" and Destexhe sees Bosnia as flagrant evidence of the international community's cowardice and the use—if not misuse—of humanitarianism as a political weapon.

Financial issues represent another major source of concern. Sophisticated humanitarian interventions are increasingly costly. Money from intergovernmental institutions and governments is often linked to a political agenda. To limit their recourse to politically-tainted money, the French Doctors' movement is striving to maintain at least partial support from private funds.

A lack of clarity in defining the victims and the beneficiaries of contemporary humanitarianism is a further source of confusion. Most of the French Doctors see their role as a temporary support to a population in danger through the immediate crisis, whether a political crisis, a conflict, or economic turmoil. Thus they address the symptoms rather than the causes of a given crisis. This in turn raises questions about the medium and long-term benefits of such interventions. Do they not just prolong the crisis by helping the warring parties to survive and continue to fight? Do they not provide governments with funds that could be diverted towards military uses? Where is the line between neutrality and humanism, between blind complicity and conflict perpetuation? Who benefits in the long-term: the victims or the perpetrators of violence and human rights violations? Despite the legitimacy of these questions, one must not lose sight of the fact that these interventions do save lives and alleviate suffering.

The health and human rights movement considers that promotion and protection of health and human rights are inextricably linked.¹ The interactions between the two fields are increasingly recognized. This relationship has long been a part of humanitarian organizations such as the French Doctors' organizations. They do not consider themselves as merely medical organizations, they are "humanitarian." Their goals go beyond pure medical assistance and aim to promote human dignity. "Human dignity and worth," the very words which are the cornerstone of much of the work of the United

Nations, are central to the humanitarian movement. People who believe that it is possible to give a sense to these lofty words try not only to cure but also to care. To care...because a wound may be cleaned in many ways, to be present beside those suffering may be more important than giving them medical care, and because to be a voice which denounces abuse may help those abused to defend their rights. Hence, by their very attitude in the field, humanitarian organizations try to go beyond medicine, and to be present where others are not. More often through presence than outright advocacy and denunciation, they try to carry the message of human dignity and worth, the philanthropic message of Albert Schweitzer, the message of reverence for life. It is not human rights activism in the traditional sense of the term—nor should it be so. Accomplished without the rhetoric of human rights, it nevertheless takes into account the reality of human rights issues on a day-to-day and crisis-to-crisis basis.

Humanitarian organizations have realized that to apply bandages is not enough, it does not stop wars and conflicts. They now perceive that the human rights field may provide them with a new dialectic and new tools. In turn, human rights groups realize that monitoring and reporting human rights violations is not sufficient. Human rights groups and humanitarian organizations may find that the answer to their respective concerns can be found in a joint approach to humanitarian emergencies: a health and human rights approach. There, perhaps, is the new Renaissance that Albert Schweitzer was longing for.

References

1. J. Mann, L. Gostin, S. Gruskin, et al., "Health and Human Rights," *Health and Human Rights* 1 (1) (1994):7-23.