

Médecins Sans Frontières: A Moment of Reckoning? Report from Greece's Samos Island

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My opinions about MSF are largely based on seeing them in action on Samos. Like many on the island we had a positive attitude given what we knew of their work war zones. Overall after 5 years of their (intermittent) presence opinions are now mixed seeing MSF as both good in part and bad in others. For example, senior MSF managers here during one period – all of them French – had no clue that their lavish life styles enjoyed with each other caused great offence on an island which was suffering from catastrophic poverty. Their separation from the local community was seen as a statement of their superiority. This was true for nearly all the people and agencies which came to Samos after 2015. With MSF it was a bit more of a surprise to see such overt colonial behaviour when it proclaims values which decry all forms of oppression and discrimination.

I have not given MSF much thought recently but this changed last week after reading the following;

“The medical NGO Médecins Sans Frontières is institutionally racist and reinforces colonialism and white supremacy in its humanitarian work, according to an internal statement signed by 1,000 current and former members of staff. “

This is the opening sentence to the *Guardian's* article on MSF which was published on Friday July 10th 2020.

As one former MSF aid worker said: “This moment of reckoning is massively overdue.” And not just for MSF but for all NGOs active in humanitarian work. This is far more than a matter for MSF.

The open letter signed by 1000 current and former MSF staff members ought to be explosive. These staff members provide a diagnosis that goes far deeper than the obvious surface problems to much deeper ailments in its very structure. Difficult truths are revealed by staff members across the organisation; top to bottom. As Avril Benoit, executive director of MSF USA noted, “when you first encounter this, you say “That’s not me, I’m a humanitarian, we’re all such good people. But if you look at a picture of those at the highest executive levels, there is your answer. The good people we may be and the policies we’ve brought in are not enough” (*Guardian* 10 July)

Revealing the precise details of the illness demands a wide-ranging rigorous analysis. It is to its credit that the initial responses within MSF to the open letter suggests that it has

embraced the problem and is prepared to range deeply to bring about changes to improve. But this is no easy task in an organisation such as MSF which believes itself to be a humanitarian world leader in its area and was recognised as such with a Nobel peace prize in 1999. As we witnessed on Samos island local people who were lucky enough to be employed by MSF were proud to be part of such a well respected NGO. But as the 1000 signatories illustrate, caring for an organisation like MSF also means being prepared to be ruthless in your criticisms; where no area is left untouched and where taken for granted positions are re-examined and changed as needed. These staff members behind the letter believe in MSF. They believe it can be so much better.

Neither should we ignore the many ethical and excellent workers employed in the NGO sector generally. These organisations are not driven by profit and have a commitment to service and often justice. So we must ask how is it such seemingly benign organisations staffed by usually decent people end up like MSF and so many others? Those like Benoit need to explore how seemingly good people end up doing bad things. So no searching for 'bad apples'. The malaise of MSF is systemic. As it is across the entire social welfare field.

Malignant Organisations

Many changes and investigations are needed. I hope it will include a rigorous challenge to bureaucratic and hierarchical forms of organisation. I believe that many of the problems which blight MSF and the NGO humanitarian sector more generally can be traced back to a specific hierarchical type which feeds on prevailing inequalities and becomes embedded in a myriad of distorting ways. Such an organisational form in various guises is now deeply embedded in the world. It is as seen as the norm and expected. It is rarely questioned today although in its creation and implementation it was influenced by the need to control and manage activity in the interests of prevailing power. Yet as MSF is now finding it has brought about devastating consequences. Hierarchies which manage soon accrue privilege and power; flows of information concerning policy and practice inevitably flow down to front line workers who are increasingly far away from the decision makers and challenges from the base are ruled out. Is this why on Samos at least the MSF contracts for local workers run to pages and pages containing what can only be described as gagging clauses ?

Some of these malign influences are all too obvious such as MSF's 'discriminatory and unfair pay structure' in which local workers are paid massively below those of their managers. But equally negative are the less obvious ways in which these organisational forms have created a belief that the expertise required to deliver and manage their activities is to be found almost exclusively amongst a narrow group of socially and educationally privileged people. Simply requiring formal qualifications for a job immediately excludes the majority of the population and reinforces as it reflects privilege. Unquestioned, these taken for granted processes provide a fertile environment in which enduring discriminations from class to race to gender and beyond, flourish as opportunities and rewards are handed out.

Credentialed and certificated the professionals are also encouraged to believe themselves superior and entitled. As one MSF staff member observed such a mind set sees no problem in placing fresh graduates as supervisors of local staff with 10 or 20 years experience. What follows from regulations which only acknowledge so called formal qualifications is dire because it ignores valuable and needed resources as well as undermining and insulting other forms of knowledge and skill acquisition. Hardly surprising then that within MSF "trying to support a national staff [member] as an international staff [member] is the most

tedious, unjust and gut-wrenchingly frustrating process I have ever endured” (*Guardian* July 10). Add to this mix the specific cultural influences that shape the countries which fill the top positions the results can be very toxic. As one MSF staffer noted there “was an almost suffocating white saviour mentality”. And another, “there was a constant feeling that the international staff need the [locals] to get on with things, otherwise ‘we’ are better than ‘them’. It was exhausting”.

All Knowledge Matters

And here on Samos it has also been exhausting seeing virtually every intervention -apart from the Open Kitchens in 2016 - fail to embrace and involve both refugees and local people so cutting themselves off from important resources of knowledge and effort. The consequences of this failure are significant and led to a separation between islanders and refugees that should never have occurred. Locals were commonly seen as well meaning amateurs who had to stand aside as the credentialed professions took over. And refugees, well they were refugees; objects of their intervention and certainly not respected partners. Either way, both groups were sidelined. This is but one example of failing to recognise and respect the depths of knowledge and skills which abound amongst us. By ignoring ‘public’ knowledge and by seeing education as restricted only to schools and colleges these organisations fail to embrace vital forms of understanding and skills which are created in and by social and collective experiences. Significantly, skills and knowledge from these roots are more likely to be seen as a social good to be shared with all. This stands in stark contrast to the individualised and privatised expertise common to the ‘professions’.

The consequences are profound, especially for all interventions concerned with the welfare of the people for it creates a range of barriers between the ‘helpers’ and the ‘helped’ all of which distort and lead to poor and ineffective services. This is not to reject expertise but rather to argue for a much broader and inclusive recognition of expertise and above all, to see *all* expertise as something to be shared and offered with humility. Expertise should never justify superiority. The professional expertise most of us now experience is intrinsically dis-respectful and often undermines those they seek to ‘help’. I recall vividly the outrage of a single mother with 3 adolescent children confronted with a psychologist’s report which blamed her for her eldest boy’s shoplifting. “Not one word” she said about how brilliantly they had survived enduring poverty with its crap housing and schools. “And now, one mistake and it’s all my fault.” And the mum’s account rooted in her family’s circumstances and experiences was given no credence; not even asked for.

This is an all too common experience across a wide range of welfare and social policies and practices. It comes with top down hierarchical organisations. Not only does it ignore vast resources of knowledge and skill it suffocates alternative forms of organisation which are rooted in solidarity and mutual action. Existing outside the paradigm of top down organisations these get little attention yet there are tens of thousands of grass roots initiatives globally which meet some of the needs of humanity more effectively than that provided ‘from above’. The evidence of the benefits of interventions based on solidarity is abundant if we care to look.

I am delighted by the actions of the 1,000 former and current MSF staff. The context of the corona virus pandemic and the equally global Black Lives Matter actions have played their part in bringing about the open letter. I believe their initiative has provided us with an important chance to open up a fundamental interrogation of the organisational forms and attendant cultures which have been taken for granted as the only way to do things. As the

MSF staff show, this approach fails miserably.

I hope that we don't fail to realise the opportunities this open letter provides to struggle for the changes needed.

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