

Case study: East Aleppo: An obligation to tell the world

MSF teams first started working in east Aleppo in 2013, running a hospital on the outskirts of the city and developing contacts with the existing network of hospitals in the area.

In 2014, after the kidnapping of an MSF team in another area of Syria, the organisation decided to withdraw staff on the ground. However, MSF continued to support several hospitals, health centers and first aid points by sending cargoes of medical supplies and equipment, maintaining regular phone contacts with the staff of the health facilities, and through visits of the medical staff to Turkey.

When the siege seemed likely, MSF collaborated with these hospitals to build a stock of medical supplies inside the city to help medical facilities continue operations, in case of a lengthy siege. When the siege started in July 2016, the high number of casualties resulting from airstrikes and ground fighting overwhelmed the hospitals. The stocks of surgical material dwindled and it became impossible to send further supplies into East Aleppo. In August, the siege was briefly broken and MSF teams risked sending 17 trucks across the frontlines. As a result, the hospitals remained functional until the siege ended.

During the second siege of the city, the intensity of airstrikes increased dramatically. MSF kept negotiating with all parties to the conflict to try to bring aid to the population. Despite these efforts, we were unsuccessful. In October 2015 we faced an extremely difficult choice. We considered that we had an obligation to speak out and give a voice to the suffering of dozens of thousands of people and show solidarity to them.

The organisation launched an intense communication campaign. Doing this meant deviating from MSF's traditional approach of *témoignage* of MSF doctors and instead relying on doctors' testimonies from MSF-supported programmes. These doctors supported the population in need that MSF wanted to reach but was unable to. As a medical humanitarian actor respected for its work and its words, MSF could only endorse their testimonies, when appropriate.

However, this presented many challenges. The process was often frustrating and disappointing. Content was only approved after careful verification. This process included direct and detailed confirmation in cases such as attacks on hospitals. It also involved secondary verification with other trusted medical and humanitarian contacts and required the development of other forms of remote assessment. Accounts that could not be verified and data that was biased or inconsistent were discarded. Even if this process proved challenging, MSF had no other choice. It couldn't remain silent.