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→ Palestinian Territories © Philippe Conti/MSF - June 2001

MSF / February 2005 / Guillaume Le Gallais

What kind of risks are our teams exposed to, have they changed over time, can they be avoided, what risks are we prepared to take, what are the situations in which we do not accept to be exposed? To answer these questions means first and foremost looking again at the actions and responsibilities of MSF, constantly redefining the framework and limits of our assistance, while at the same time underlining the wide variety of contexts in which MSF intervenes.

The nature of our association, our project, and the purpose of our work mean that MSF inherently exposes its staff to a measure of physical risk: our charter states "As volunteers, members are aware of the risks and dangers of the missions they undertake...". Nevertheless, we are not "martyrs to humanitarian action", we refuse human sacrifice, just as we assume responsibility for non-intervention when our project, our humanitarian quality or specifically, our name, make us targets.

→ AT THE HEART OF CONFLICTS

With the exception of Lebanon and Afghanistan, MSF only started intervening "at the heart" of conflicts at the beginning of the 1990's. For teams deployed in contexts of war, the risks involved are clear: front lines, stray bullets, mines, bombs... Although we must protect ourselves from these risks - by not reserving a hotel room overlooking the fighting "because it's pretty at night" (true story) - as

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Humanitarianism is a battleground of politics, religion, military, aid workers, even lawyers... The very perception of humanitarianism varies from organisation to organisation. Simply labelling actions of assistance as 'humanitarian' is not enough. This label neither protects us nor guides us in our ethics, principles or probity. Nor does proclaiming our independence guarantee our protection. To reduce risks we have to fight certitudes, analyse the factors that expose us to danger, question the pertinence and limits of our actions. There is no such thing as 'zero risk', we can only define our conception of humanitarian assistance if we free ourselves of naivety.

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... long as we are not targeted personally or as an organisation, members of the team assume responsibility for a part of this risk, collectively and individually. Seen from Paris, the balance between team, activity and risk must be clear and we must be aware of "how far we can go".

The confusion of roles is growing as the humanitarian mantra is increasingly chanted. The United Nations' "strategic framework" entrusts

→ GETTING TO GRIPS WITH THE ENVIRONMENT

By definition almost, our goals and projects focus on people whose lives and future are of interest to hardly anyone; but the simple act of taking an interest in people who are considered to be "negligible quantities" in their society is a problem in itself. Outside of conflict situations, so-called "street children" projects are dangerous, as they involve particu-

context in which our project evolves, leads to serious security issues which may compromise the future of the projects, as happened in Galaha (Ethiopia).

Understanding what we are doing, globally and personally, beyond providing medical care to a child, is essential to avoid getting ensnared in dangerous situations. Hence, signing a medical certificate for assault, trying to return a child to its mother from an unknown organization, or attacking the management of a hospital pharmacy are acts which may upset certain interests and which may produce a backlash... Is it reasonable, that the same doctor, working in his own country, signs all maltreatment certificates? The fantasy that we are protected because we are doing "Good", because we are a humanitarian organization, is dangerous.

→ OUR PRINCIPLES OF ACTION

Whatever the context of the intervention, it remains essential to abide by our principles of action - impartiality, humanity, independence - even though they are not total guarantees of security. These principles govern our relations with the powers that be. Knowing how to express our principles of action clearly and simply is an essential trait for MSF's field coordinators. Explained to our contacts, these principles allow us to establish and gauge a certain tension, which is necessary to assess the security conditions surrounding the teams. It is like a wire that should be kept taut without however allowing it to snap. Maintaining this tension helps us understand how we are perceived by others, and if necessary, to let off some of the pressure.

- **Impartiality:** it states that an injured soldier, a combatant outside of combat, a man, a woman or a child in need, must be helped, without discrimination of race, religion, nationality or political affiliation... This principle differs from that which propounds equal assistance to the parties to the conflict. Impartiality means helping people in need in proportion to the needs. It implies independent assessment and control in distributing aid to ensure that it is not diverted from its



→ Zambia © William Wintercross - July 2003

“It is important to find the balance between the desire to access victims caught in the middle of fighting and the concern to preserve ourselves in order to be able to continue our actions. It is up to us to be lucid enough to limit the risks and to know when not to go too far.”

François Jean in *Messages - Internal newsletter* N°42, 10 October 1991

humanitarianism to the service of politics : the right to intervene gives credence to the advent of philanthropic States, soldiers are used for humanitarian work, and the law completes the scenario. NGO's themselves are confused, raising calls to arms, and making speeches on rights: no care without Peace, no Peace without an end to impunity... Both contradictory and dangerous, this confusion of genres is growing in strength as the NGO sector explodes to the detriment of bilateral aid and cooperation. Hence, humanitarian action is not longer the prerogative of humanitarian organizations and NGO's themselves are finding it difficult to define their role.

larly vulnerable potential victims, exposed to a variety of threats: organ traffic, selling of children for adoption, and sexual abuse. We have already received deaths threats on several occasions due to our implicit desire to protect children, to remove them from the clutches of mafias. On another level, attacking an obsolete national malaria treatment programme also runs up against the business of chloroquine and the economic interest of pharmacists. Another error is believing that a scientific, technical or mechanical solution exists for every problem. Over investing in these types of responses, to the detriment of understanding local dynamics, power issues and the political health

purpose and that it reaches those for whom it is intended.

- **Humanity:** "preserving life while respecting human dignity; restoring to man his ability to choose." This notion implies that, on our part, there is no formulation of a society project, no proposed transformation of lifestyles, no project to address systems, no global solution to conflict... It also implies humanly-sized interventions, in terms of project, behaviour, methods...
- **independence:** this is gauged mainly relative to societal powers, especially political power. It neces-

sarily creates an antagonistic relationship. Independence creates a perceptible tension, difficult but necessary to negotiate a "humanitarian space". To do so one has to resist, manoeuvre, refuse, and criticize. It requires vigilance on our part, a critical mind, tools of analysis, the ability to question ourselves. Of course, independence is also financial.

Risks are an integral part of our action, and it would be illusory to believe we can avoid them. We can only try to constantly improve the "cursors" that enable us to unders-

tand the danger. There are already sufficient factors of insecurity without adding more responsibilities, such as protection, trying to end war or the desire for justice – these can only cloud our relief action and increase the risks of insecurity. ■

1- Title of an article by François Jean, published in Messages, internal newsletter of 10 June 1991

2- The humanitarian embargo of 1998 in Sierra Leone is an example

3- To read « L'espace politique de la santé » by Didier Fassin - 1996 - Presses universitaires de France.

→ Neutrality

According to a report in the Washington Time [Published February 5, 2005], the faith-based aid group CURE received approval from the Afghan Ministry of Health to operate a hospital in Kabul. Asked by the newspaper, why CURE was working in Afghanistan even though MSF and other international aid organizations have withdrawn, the group's founder Dr. Scott Harrison said: "We're not more courageous than they are." He said the difference is that CURE works with the U.S. military, while other international aid groups don't, because they think it would compromise their neutrality. "In theory ... [the other aid groups] may be absolutely right, but a lot of children die and a lot of mothers don't get care if you decide you're going to leave because of this," Dr. Harrison said...

IN THE FIELD

There is no such thing as zero risk

MSF / March 2005 / by Olivier Falhun/ translated by Laura Ball

Operations director Dr. Guillermo Bertoletti explains how the level of danger is addressed in our field of intervention: in terms of strategic and operational options, team organisation and responsibility, but also how MSF's presence can engender contradictions and dilemmas in certain situations. Interview:

→ Are the teams now at greater risk after our withdrawal from Iraq and Afghanistan, and in light of the current international situation?

The causes, characteristics and typology of conflict situations remain wide-ranging. However, against the backdrop of the current "war on terror", conflicts have become more extreme and now favour non-conventional methods of warfare, including deliberate attacks on civilians and so-called easy targets such as humanitarian organisations and

journalists. In these contexts, where the different groups involved do not control a particular geographical region, it becomes difficult to meet and discuss our work with those taking part in the conflict. How can we maintain contact with the various armed factions in the area? How can we get them to understand our mission? How can we ensure that they do not kill us? Should we concede that, in certain situations, there is no place for humanitarian aid, as in Afghanistan and Iraq?

...



→ Palestinian Territories © Juan Carlos Tomasi - April 2002

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MSF and exposure to risks

→ MSF's policy

MSF does not compel volunteers to stay in the field if they feel that they are in danger. Similarly, the co-ordination cannot force a team to stay somewhere if they wish to leave. Headquarters also reserves the right to force an MSF co-ordination team to leave, if necessary.

...
In Chechnya, DRC, Sudan and Colombia, our teams are faced with a multitude of problems and have to take significant risks. Arjan Erkel's kidnapping proved that the defence of our independence to the powers-that-be is fragile. Sometimes it would seem that we are more interested in defending our image than our principles. If we fail to react, things could get tough in the future. We must continually adapt and challenge the relevance of our actions and be as honest as possible when dealing with our contradictions, dilemmas and limitations.

→ What exactly are these principles that you describe, with regard to the dangers faced by the teams?

We at MSF have always maintained that we would refuse to choose between good and bad victims. Our principles of impartiality and independence, put to the test by the confusion that we see daily in the field, must be regularly restated. Let's take the example of NGOs working in Afghanistan under American escort. In reality, they don't have access to all the population and provide no care at all to some of those most in need. This is untenable for an organisation such as ours and is in total contradic-

tion with our principles and emergency aid, based on impartiality. It is not enough, however, to allude to humanitarian principles to carry out our work. These must also be questioned. In some cases, we have been unable to differentiate ourselves

in some cases, it may even be the relevance of our actions themselves that puts us in danger. Chechnya comes to mind.

from those forces present and their propaganda. Our silence implies complicity, and gives the impression that we are western organisations involved in the war. In this war, where propaganda is a weapon and where there is a blurring of military organisations and humanitarian ones, silence has very much the ring of submission. For those people we are trying to help, the confusion is total. Even we have lost our bearings.

→ What are these bearings, and how can we use them to get back on track?

The question of the relevance of our actions is essential; it is central to our

negotiations with the parties involved in a conflict in order to be able to carry out our activities. It is a question of common sense which must be constantly evaluated in relation to the context in which we are working. To pose the pertinent questions is to continually reflect on the legitimacy of our presence, and on our added value, regarding the needs of the people we are assisting. Notwithstanding that, in some cases, it may even be the relevance of our actions themselves that puts us in danger. Chechnya comes to mind.

But to talk about our bearings is also to keep a sense of reality, even if this means not complying to established guidelines if the situation so requires. We always work towards the same goal - enabling and safeguarding the possibility of providing assistance in cases of sometimes extreme violence in order to alleviate suffering. This humanitarian assistance first has to be fought for, - the fruit of negotiations with the different players involved in the conflict. The possibility to provide assistance is not automatically granted to humanitarian organisations... Afghanistan serves as a poignant reminder of this.

However, there is still a limit to our willingness to help all victims indis-



→ Chechnya © Eddy van Wessel - December 1999

criminally - the security of our staff, especially when under attack from armed factions or states. We have repeatedly stated that we are not prepared to accept the risk of murders or kidnappings. The circumstances surrounding the assassination of five of our volunteers in Afghanistan are unclear, but what is clear are the threats and the demands proffered by the Taliban. Whether they be true or false, we must take them into account and draw our own conclusions, especially as the authorities show no signs of wanting to track down and punish the people responsible for this crime.

→ **These principles aside, are there other ways of minimising risks in the field?**

Each week, events show that we must make on-going improvements in terms of briefings, awareness, and information to communicate to and receive from the field. But let's not fool ourselves; there is no such thing as zero risk. We can improve certain indicators, and never be content to say "we were in the wrong place at the wrong time". There will always be an element of unpredictability to remind us that we will never be able to be completely in control.

Could the gunshots fired at the teams travelling between Mornay and El Geneina in Darfur have been anticipated? The answer is no. But we must try to foresee events of this nature, particularly by learning from previous experience - we should take care not to trivialise such incidents or to pass them off as profit and loss... In Point Pedro, in the north of Sri Lanka, volunteers were subjected to a particularly difficult

We must avoid the idea that, on one hand facing danger is part of our daily lives, and on the other that daily events do not affect us.

day due to massive bombardments, and informed the co-ordination team. Looking into it, the co-ordination team realised that the offensive had been going on for ten days and that the most recent event had simply been on a larger scale than usual... Similarly in Palestine, some volunteers lost sight of the programme objectives and, consequently, their sense of reality. We must avoid the idea that, on one

hand facing danger is part of our daily lives, and on the other that daily events do not affect us. We should remain objective and keep MSF's role, as well as the nature and limits of its actions, at the heart of our reflexion - the involvement of the co-ordination teams has an all-important role to play in this.

→ **You talk about team responsibility. How are teams organised to reduce their exposure to danger?**

Unlike some organisations who call on "security officers" to analyse the conditions where they work, we have always wanted the teams to carry this responsibility themselves. This is to avoid the tendency to reduce a 'security' problem to its technical and theoretical aspects - problems in the field, with which the desks are in regular contact, must not be overlooked. We therefore believe that programme managers are the best qualified to analyse the context of the missions for which they are responsible. More important than the equipment that we have at our disposal to minimise 'insecurity', however, (radios, signs of identification, guards etc.), is to make ourselves acceptable to the actors involved in the conflicts. This will

minimise the exposure of our volunteers to danger. The case of Abkhazia illustrates this: in 1999 all organisations except MSF were targeted. The local Mafia told us that we had nothing to fear from them as that they considered that our work was useful for the population.

There are still questions raised by our presence in situations of extreme violence, in terms of team make-up and number of staff. We have to recognise that our modus operandi sometimes depends on the conditions in which we are working; it may be dangerous to expose this or that person. And the difference between expats/national staff [see below] is not the only one to take into account - it is dangerous to send American volunteers to certain places, just as it can be dangerous to send French volunteers to others, e.g., Ivory Coast. We must find a balance; we have to adapt our response according to the most urgent needs. This involves making choices - attending to the most urgent (war surgery, for example) and to the lowest risk, particularly by reducing staff numbers. The relevance of our operational response depends on the degree of risk to which the teams will be exposed. ■

DILEMMA

Return to Chechnya

MSF / March 2005 / Interview by Aurélie Grémaud/ translated by Carole Patten

Six months after the release of Arjan Erkel, the Board agreed to the gradual return of teams to Chechnya. Organizational decisions were taken to limit the danger, in light of the fact that the expatriate teams are exposed to greater risks than the Chechen teams, and a number of related issues were raised. The following remarks, regarding the necessity to balance the needs of the populations against the risks run by the teams, are taken from an interview with Loïck Barriquand and Denis Lemasson, respectively the MSF desk officer and deputy desk officer for Chechnya.

The direct result of the abduction of Arjan in Daguestan, in August of 2002 was the suspension of field visits to Chechnya by expatriates and the restriction of visits to Ingushetia. Nonetheless, our activities continued. This situation was however not new, although we had worked with expatriates based in Ingushetia for a long time, since 2001 we had only made a few field visits.

→ **CONTINUATION**

Despite the departure of expatriate volunteers, we have been able to

continue our activities, thanks to a very autonomous local team set up several years ago. For such a system to function, we needed teams - especially teams of expatriates - who were committed and willing to put in the time to develop such an organization, that would be prepared to respond to day-to-day needs.

Given that the heads of mission in the field and the Chechen medical coordinators are totally committed and responsible for the development

of the programs, this cannot be considered a « remote control » system. Nevertheless, the distinction between the risk run by the Chechen team and that run by expatriates is a constant concern in a context where the security constraints are significant and vary according to the national origin of our volunteers in the field. It must be pointed out that no Chechen member of our teams has had to deal with security problems in the context of his work.

→ **MEASURING THE RISK**

In this particular context, whether you are talking about Chechnya or the North Caucasus more generally, we know that we are potential targets. In addition to the Erkel case, a wave of kidnappings of humanitarian staff already took place in 1997 and in 2002, which reminds us that the risk is always present. This is why we have never adopted a pyramidal approach to security. In this particular case, whoever says « no » wins, whether

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“Because of the insecurity, most agencies are reluctant to send representative to supervise aid programs. « Ground visits » seldom last more than a couple of hours and are restricted to meeting the local authorities in Grosny. The few NGOs who do send international personnel live – or rather furtively operate – in constant fear of attacks, of being kidnapped, of exposing their local staff or the people they assist.”

Thorniké Gordadzé in *In the shadow of « just wars » - Violence, Politics and Humanitarian Action* - MSF / Hurst and company, London

that be the Paris desk, the team in the capital, or the team in the field. The normal rules don't apply in Chechnya, particularly because it is impossible to be in contact with all the parties to the conflict.

In this particular case, whoever says « no » wins, whether that be the Paris desk, the team in the capital, or the team in the field.

We also measure the risks in relation to needs, while all the while remaining vigilant : we cannot allow the scope of the needs to pressure the teams into minimizing the risks. Decisions are based on the identification of needs, but also on our understanding of our role, of our presence, i.e. the way in which this activity fits into MSF's more global mission : specifically, direct aid to victims of conflict.

→ THE CHECHEN CONTEXT

In Ingushetia, the battle for the right to flee is lost : the direct and indirect pressures on the refugees have succeeded in emptying the camps of their tents and the pressures are now concentrated on the squatters.

There are only 34,000 refugees left in Ingushetia and as a result aid has decreased. The refugees have returned to Chechnya not because the situation there has really improved, but because they couldn't bear their precarious situation any longer. They had no other alternative in order to escape the « diffuse » pressures in Ingushetia: near each camp, for example, there were military posts with regular incursions.

In Chechnya, the conflict continues unnoticed by the outside world : the Chechen population has been forgotten. The open war is over, but there is still armed conflict between the guerillas and the army of occupation. The nature of the

violence inflicted on civilians has changed. There are almost no more large-scale cleansing operations, wiping out an entire village, but rather cleansings that target one person in particular. This change in the type of violence makes it more difficult to quantify.

Against this backdrop, an increase in our activities should be a priority. Most of the population is in Chechnya and it is there that the danger and the lack of security persist. Our long absence and the reduction of the team have distanced us from the realities of the country. Our activities would make it possible for us to better understand the problems of the population. ■

Omar, a Chechen surgeon working for MSF, spoke before the Board in October 2004

« I work in Grosny, where the situation, while still complex, is nonetheless better than it was a year or two ago. There are few problems at the checkpoints during the day, and at night it's possible to get around by car. The last census in the capital failed to include 250,000 people, of which 70,000 were children. There are 33 accommodation facilities for returnees, housing approximately 36,000 people. This number can be doubled if you take into account the number of people waiting for housing. The number of medical facilities is inadequate : only one building has a radiology lab and only four can do blood tests. The standard of the equipment is very low. Every medical team faces severe shortages. »

VALIDATION BY THE BOARD

A difficult decision

MSF / March 2005 / AG / translated by Carole Patten

Last October, the Board voted in favour, seven votes to four, for the progressive resumption of our activities in Chechnya. The proposal consisted of an extension of the activities run by the national teams in Chechnya, as well as short, unannounced visits by expatriates. More than 6 months after the liberation of Arjan, and just after the assassination of our colleagues in Afghanistan, that was a difficult decision to take.

The members of the Board first of all wanted to know if the fact of belonging to MSF exposed the team more, particularly to kidnapping for ransom. The team replied that they did not believe they ran any more risk than the other Chechens. As the field coordinator explained, "all the team share the same analysis: our humanitarian work does not expose

us any more than another inhabitant. On the contrary, we have the advantage of helping people. For example, Omar is a well known surgeon in Chechnya and people contact him day and night to operate. "

The team also insisted on the extent of the needs in Chechnya, in a context where there are far fewer

Chechen refugees in Ingushetia than there were three years ago. The members of the Board wanted to know if these medical needs were not pushing to minimise the risks. To that the Chechen team replied that the extent of the needs is still below what it could have been, especially at the heart of the war, at a time when we weren't there. ■

Yes or no... MSF / March 2005 / AG / translated by Carole Patten

Jacques Allix and Cécile Serre-Combe, members of the Board, voted yes and no respectively to the resumption of MSF activities in Chechnya. Here are their arguments.

"THE NEED TO RETURN THERE"

Jacques Allix is a journalist. He became a member of the Board in July 2004



Jacques Allix

I did not hesitate to vote yes, because I am convinced of the need to return there. Don't get me wrong, that doesn't mean that I am blind to the reality of the field. It was necessary to take into account a number of criteria.

The war in Chechnya is becoming a chronic, on-going conflict. It is not a matter of an isolated crisis that would allow us to say "there, that's too dangerous," we must temporarily evacuate the teams. We must not lose sight of the huge needs that exist in Chechnya, where Russia has for years maintained a closed-door policy. We have an obligation to bring help to the populations.

To take such a decision, the outside reality must be taken into account. A few months before the discussion at the Board meeting matters had already evolved a little. Firstly the return, admittedly war-weary, of Chechens to Chechnya, and therefore the reduction of requirements in Ingushetia. It is also necessary to re-contextualise: The Northern Caucasus region as a whole is not safe whether it is Ingushetia, Ossetia or Dagestan. The risk of kidnapping is real throughout this small territory. Thirdly, the number of outside observers, although negligible and temporarily restricted, has grown somewhat: several colleagues [Jacques is a journalist] have returned to Chechnya with more ease than over the last three years. Various humanitarian organisations are also looking into the possibility of assisting the population.

As well as this global context, other elements have influenced my decision. When the question was put to the Board, operations -and the executive in general- had already been discussing and considering a return to the region for a long time. It was not a decision that the Board took on its own. What's more, the testimony of the field teams that came to meet us, teams that appeared solid and competent to me, was a strong argument. As I myself had never been to Grozny it seemed reasonable to assume that they were in a particularly good position to evaluate the risks. When you are on a razor's edge, when the decision is delicate and the entire team says "we must go back there," their opinion carries weight.

Taking all of this into consideration I voted yes, because I feel that this amount of risk can be taken in order to return there and work. That does not mean that there are not a number of serious risks, and that they must be constantly evaluated. But I asked myself what relevant information I had at my disposal that could lead me to vote no. I did not find any strong arguments that could sway the decision to 'no'. I did not want to vote an uncertain no. And the arguments against a return were not convincing to me. ■

"THE 'NO' ADDS GRAVITY TO THE FINAL DECISION"

Cécile Serre-Combe is a nurse. She has been a member of the Board since May 2002.



Cécile Serre-Combe

"To vote no is not a question of confidence or mistrust towards the teams. It simply means that they haven't convinced me. To vote no is difficult, especially faced with a humanitarian issue of such importance: because the needs are real and to say no also means the decision not to respond.

The reason for my vote is due, essentially, to the incoherencies in the teams' descriptions, concerning the situation on the ground, the analyses they make of it, and also their perception of the specific risks they incur as MSF.

The context is no more reassuring. On the contrary, their description of an underhand war, with multiple, fluctuating motives, and where the parties involved are poorly defined, is not at all reassuring. What's more, in an atmosphere that is not - or no longer - that of an open war, there is a tendency to lower one's guard. I think that it is for us to say to them "Watch out! There are incoherencies in your analysis."

Other elements have worried me, like the difference they make between themselves and the expatriates. To say it is impossible for expatriates to make more than one one-day visit, and simultaneously claim that they run no risk themselves, seems paradoxical to me. We know perfectly well however that we can be targets because of the fact we are humanitarians, and the assassinations in Afghanistan demonstrate this. For me, to not acknowledge this is, at best, a fast shortcut that lacks depth of analysis and, at worst, a sign of foolhardiness.

It seems to me that the desire to return and work again in Chechnya is such that it obstructs judgement. For me, the warning signs are still lit; there is still a risk. And finally, I find that the teams lack objectivity.

I voted no because I applied a simple principle that I was already using as a deputy programme manager: I will not send volunteers to a place where I myself am not prepared to go. In this case, following their description of the situation, I am not sure about the possibility of working in Chechnya. For me it was the responsible choice: they are the only ones in the field and we do not have the means to assure their protection.

The Board has voted but the results of the vote have not produced a "blank cheque." On reflection, I find that positive and healthy: on the one hand, the "no unanimity" can allow the pressure to be applied in this instance, for a stricter, more vigilant follow-up and on the other hand, in a general way, it reflects the expression of different sensibilities, and on essential questions, such as those relating to the security of the teams, I find that useful. ■

“Has the war against terrorism signalled the end of the road for humanitarians? Is there no longer room to provide humanitarian assistance in the context of all-out warfare when NGO's themselves are asked to choose a side? With Médecins Sans Frontières pulling out of Afghanistan after five of its members were assassinated, Salvatore Santoro's murder following that of Margaret Hassan, and with the kidnapping of the two Simonas that shook Italy (before the happy outcome), we have to ask ourselves if humanitarians won't be sacrificed on the altar of planetary conflict that has stemmed from the September 11th attacks.”

Sara Daniel (journalist)
in *Le Nouvel Observateur*,
n°2094- December 2004

AFTER 24 YEARS OF ACTIVITIES

Leaving Afghanistan

MSF / March 2005 / Interview by Isabelle Merny/ translated by Karen Tucker

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MSF and exposure to risks

TIME-LINE

MSF/ March 2005 / IM

ATTACKS ON RELIEF WORKERS

→ 27 March 2003

Assassination of Ricardo Munguia, water and housing engineer for the ICRC in the province of Uruzgan.

→ May 2003

MSF withdraws its expatriate teams from Ghazni. Afghan personnel continue running the TB centre by themselves.

→ 16 November 2003

Assassination of Bettina Goislar, HCR representative, in broad daylight in Ghazni.

→ 6 March 2004

assassination of Mohammed Isah, chairman of the Zabul section of the Afghan Red Crescent.

→ 2 June 2004

Assassination of our five colleagues in the province of Badghis.

→ 2 June 2004

Haji Latif Hakimi, Taliban spokesman, claims responsibility for this assassination and, in a second statement, calls upon its sympathizers to kill anyone working for MSF and other organizations, which are accused of cooperating with the coalition forces led by the United States.

→ 28 July 2004

MSF announces it is withdrawing all its sections and closing all its programmes in Afghanistan.



→ Afghanistan © Tim Dirven - décembre 2004

The assassinations of Hélène, Fasil, Besmillah, Egil and Willem on 2 June 2004 in Afghanistan, begged the question: “Do we stay or leave”? While the loss of our five volunteers called for a clear-cut response, it was nevertheless a painful decision for Dr. Marie-Madeleine Leplomb, program manager, who expresses her thoughts, doubts and concerns in this interview.

“In my opinion, there is a very strong local component to this murder. The Qadis police chief had just been fired a few days before. Did he perhaps want to show his displeasure, even his anger, by staging a high-profile murder to demonstrate his power? That is one possible interpretation of events, but behind the scenes, other parties may have also influenced the string of events: politicized and armed groups with various political agendas? We can't be certain. The claim of responsibility by the Taliban (see the chronology below) must be taken into account because it is disturbing, even though there is no proof at this point they had any connection with the incident. Did the assassinations fit in with their political agenda? Did they carry them out to send a message to NGOs?

To NGOs or to MSF? Why us? Because we were more visible?

Because attacking MSF would have a strong impact? Because we ourselves made a mistake? I think that 'we', the different sections working in the field, did not take the same operational measures in the months preceding the killings. It is true that we were working in very different regions, but I'm convinced there were too many of us in the field (80 expatriates and several hundred Afghans!). The other 'mistake' we made was not having done enough to maintain good relations with various community representatives, as we used to do in the past. We didn't do a good job maintaining relations with the local authorities and influential groups, those who could have helped us become better known and who also could have helped us understand what Afghans were trying to tell us at that time. The rise in power of extremist opposition groups represents a real danger for NGOs, some

of whom are playing an active role in reconstruction and are partnering with the current government. In addition, the presence of coalition forces in the country is stoking sentiment among Afghans that they are under occupation and subject to foreign interference. Add to that the fact that some soldiers are in the field presenting themselves as relief workers and you have total confusion!

→ AN UNAVOIDABLE DECISION

After the suspension of our activities, we wanted to analyze the situation, as the field staff recommended. At the time, we thought the team may have been unlucky or perhaps made a misstep with regard to the community and its codes of behaviour. Then the Taliban threatened us and there was no longer any doubt: we had been

deliberately and specifically targeted. Even though it appears that the Taliban were only cashing in on this incident, several factors nevertheless pushed MSF to leave: an increase in the number of violent acts against relief workers committed over the previous months, general confusion, and the government's lack of will and refusal to guarantee that it would address the security problem and conduct an investigation. While the Afghan authorities showed us credible evidence of the involvement of local commanders in the attack, they have not made any attempt to arrest or search for the perpetrators. By this lack of responsiveness, the Afghan government signalled that it would not take any responsibility for protecting humanitarian workers in its territory.

Our Afghan personnel believe that, on 2 June 2004, we - as MSF - were not deliberately targeted. Nor did they believe in the Taliban's claim of responsibility, but thought that our leaving would give credence to their accusations and only maintain the general confusion. They understood our decision, but did not agree with it. Personally, I would have preferred to suspend operations, then analyze the situation before deciding whether to leave for good. The threats towards expatriates and Afghan personnel were a major factor in the decision. It was difficult at such a cruel and painful time to step back from the situation and find arguments that would justify staying. Time was needed for mourning and analysis. But with five people murdered, this decision was unavoidable even though it was taken reluctantly.

→ DOUBTS AND QUESTIONS

I believe that the war in Iraq influenced this decision even though we refuse to link the two together. In light of what was happening to relief workers in Iraq, the threat that weighed on us in Afghanistan took on a whole new meaning - even though we had already understood the danger and risk involved and had decided in May 2003 to withdraw our expatriate teams from Ghazni. In that city, our efforts were greatly appreciated not only by the population and authorities but also by certain opposition groups. Unfortunately, our fears were confirmed six months

later with the assassination of Bettinna Goislard, an HCR representative, in broad daylight and in the centre of town.

Some people at MSF thought that we were no longer needed in Afghanistan; they didn't understand what role we could play in a country where there were no longer any crisis situations or any need for assistance operations. They believed that our departure would have no impact because we weren't engaged in saving lives. Despite the reconstruction underway, certain areas were still inaccessible to us because of lack of security, while at the same time the needs were still great. But, in spite of this somewhat schizophrenic dichotomy, I think there will be consequences to our departure that reflect the scale of our efforts. For example, we filled a medical void with our TB programme in Ghazni - to reach populations in the South that little of no aid reaches. To this day, some people are still waiting for us to return. Our Afghan personnel in Ghazni have been unable to find work, yet, even though they are not being paid, they are trying to resume operations at the TB centre because of the needs and gaps in service. That is not the case in our maternity hospital in Kabul, where we offered quality care in an extremely poor neighbourhood and where 300 women gave birth every month in an environment in which medical care was very limited.

The decision to leave Afghanistan was not taken lightly. I believe we must provide services in this type of environment, in which some of the population is partly inaccessible and in which our intentions are incorrectly labelled. It is difficult to explain who we are to groups that refuse to see what we are doing and who judge us solely by the fact that we are Westerners. We must nevertheless confront this type of situation, finding ways to defend the development of a so-called "humanitarian space" and specify its parameters, while adapting our methods of operation.

I think we made a mistake by not sufficiently speaking out about the reduction of this "humanitarian space" in Afghanistan. If we had taken more of a stance, perhaps we would have been better perceived and known. As some of our Afghan employees have said, we were most appreciated by the Afghans when we denounced the confusion between military and relief efforts, the intervention by coalition forces, the misuse of aid, etc. And, locally, we should have continued hammering home that message, constantly reminding Afghans who we are and what we do, repeating it constantly and meeting with local authorities, imams and village leaders. Which is worse: to be killed because we're too visible or for what we haven't denounced? ■

→ Excerpt from the 2005 operational plan

"With a massive and visible deployment in the country, we have, despite ourselves, been perceived as 'accomplices' to the Afghan government, which is supported by the international coalition led by the Americans. You know my point of view on the possibility of conducting operations today in this country. Our mission is not to become 'martyrs'. In the current situation, it seems impossible to quickly restart operations. The Karzai government is remaining silent about the investigations into the attack against MSF, and those who claim to be Taliban have not withdrawn their call for murder against us. We will return to Afghanistan; I have no doubt about it. But I do not believe that the conditions right now are ripe".

Pierre Salignon,
Director General of MSF



→ Afghanistan © Jean-Marc Giboux - November 2003



DOSSIER

MSF and exposure to risks

“ (...) The humanitarian cause is served by all sorts of vocations willing to make a good many concessions to plant a new flag upon the summit of their good-doing. This is the epitome of vice, the ultimate form of disguise; this behaviour is dangerous, open to manipulation and should be banished. Demanding respect, saying no or leaving seems to me much more courageous than compromising yourself. ”

Marcel Roux, MSF Doctor.
1984-1991
10th October 1991
In Messages - internal newsletter

IN THE FIELD

Danger where it is not expected

MSF / December 2004 / Olivier Falhun / translated by Vanessa Martin

If being exposed to danger is immediately associated with activities of « assistance to people affected by armed conflict » (54% of MSF's current projects), it is not always so easy to comprehend the notion of risk « outside conflict ». And yet, all programmes include an element of structural and sometimes economic « insecurity » – a reminder of the perturbing nature of an MSF mission.

Marcel Roux wrote nearly 15 years ago « At Médecins sans Frontières, risk is part of the definition »¹. Today, the message from Graziella Godain is no different when she evokes the manner in which MSF is perceived by the populations in order to stress that it is the first obstacle facing a western organisation, with their 4X4, their purchasing power or any other distinctive feature. « Whether you want it or not, you're stuck with it », notes the Deputy Director of Operations, who tirelessly stresses the need « for our know-how and the relevance of our operations » to be acknowledged.

→ THE LOWEST COMMON DENOMINATOR

« Being politically and culturally inquisitive, becoming integrated, respecting the population, refusing to move into or live in the poshest districts »... Those are for Graziella the first guarantees of our « acceptance », principles that are tirelessly repeated to those who, having donned the MSF T-shirt, still believe that working for MSF is enough to be all

that they need to be. For if the myth of the doctor without borders – and therefore without barriers – keeps alive the illusion of « natural virtues » common to all voluntary workers – here is another one which does not live up to the test of reality. Graziella

Far from being all powerful, we must – whenever possible – place the responsibility where it belongs (...)

does not use kid gloves to push aside the issue of morality when she relates two anecdotes: the stories of two voluntary workers. The first one takes place in Sierra Leone, where two ex-pats out for a good time got in a row with prostitutes over prices: « When you do business, you don't consume until you have settled the price, Graziella explains. And when you go whoring, it is the same. Why would it be any different in other places, in Africa for instance? » The result? A demonstration and banners outside the MSF offices. And when Graziella

mentions a story in Ethiopia, it is to highlight the potentially fatal consequences: « In Galaha, an ex-pat who was dating an Afar girl ended up being introduced to her family. But when that happens, either you marry her or you don't get to leave. And he very nearly did not get out! » The Afar desert does not mean a cultural, political or religious desert... The misunderstanding resulted in a « Mablo »², a hefty compensation for the family (paid up by the ex-pat) and the fright of his life.

But beyond the facts (and beyond cases of abuse, sexual abuse in particular), her tone becomes sterner when she raises the question of the operational consequences which shed light on Graziella's concern to avoid any consideration of a moral nature: « It is not for us to pass judgement on the sexual behaviour of people, when it concerns but themselves, and when they take place between consenting adults. But the responsibility of MSF is implicated when they bring into play the future, the credibility and the image of the NGO. In the Galaha case for instance, the threats aimed at the

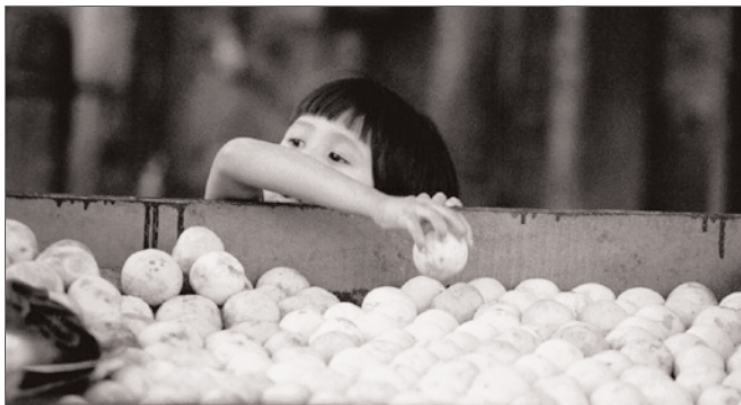


→ Madagascar © Rip Hopkins / Agence Vu - June 1996

ex-pat had direct consequences over the future of the project. They damaged our relationship with the authorities, who thereafter distrusted foreigners whose attitude they considered perverted».

→ MSF, A DISRUPTIVE ELEMENT

Certain intrigues can disturb the MSF actions, but MSF can also disturb some intrigues. « Through our activities, we



→ Nepal © Jean-Marc Rhomer - January 1995

often put a foot in the door », Graziella reveals. Drugs Manager for MSF, Sophie-Marie Scouffaire thus explains the financial stakes, which weigh heavily in MSF's relationship with certain actors. « In some countries for instance, it is best not to look into the central buying offices and their management, particularly when medications can serve different political and electioneering interests ». Death threats - murders even³ - prove the huge stakes involved on an international or local level. But even within the family circle, e.g. in the programme for children in

Lomas de Santa Faz, MSF is a disruptive element. Xavier Guinotte immediately describes the extremely violent context in this shantytown in the outskirts of Guatemala Ciudad. As Deputy Programme Manager he has been faced on several occasions with isolated acts of aggression, which directly affected members of the team. « Outside as well as within the programme, risk was part of their daily life. One of our female volunteers even found herself caught up in an

armed robbery». Urban violence meets domestic violence. « How many times have we had to deal with violent fathers who wanted to take away from us their children, victims of sexual abuse in their homes? », Graziella adds as she stresses again the risk associated with the daily activities of the team, before even talking about networks, organised crime even... Up until the day when the activities themselves were directly threatened, first of all by a sinister story of child trafficking that Xavier briefly refers to: « We stepped on something we hadn't

seen ». In order not to endanger the team, MSF decided to suspend momentarily its activities. Then, some time after they resumed, death threats by a father resulted in a MSF social worker having to go in hiding for several months. Graziella presents the dilemma: « You have to shield the child from danger, but in so doing you expose yourself again to danger. Yet the mission of MSF is not to take on Kafkaesque situations such as guaranteeing the protection of individuals. This is not our role ».

→ WITHOUT BORDERS, AND THEREFORE WITHOUT LIMITS?

To denounce, bring justice, protect or moralise? The issue of the role and responsibility of MSF when confronted with danger comes in many forms. « Far from being all powerful, we must - whenever possible - place the responsibility where it belongs, Graziella explains. We have to define the sphere of our activities so as not to become over protective or get diverted towards objectives which do not come within our remit. Are we able to defend ourselves or challenge organised criminal networks? We are not. It is not a question of cowardice, but of limiting the role and responsibilities, which are ours. Even if the reality in the field refutes this premise ». Because the theory does not always translate into practice and some past events remind us that there are exceptions to the rule: a few years back, some teams thus found themselves confronted with an organised crime network, some MSF members were threatened, and some victims had to be moved away from their environment. This story still has a bearing today as MSF long continued to guarantee the protection and care of several people. « In a context which is not ours, one must accept that our search for a response that is appropriate to the urgency of the situation may not fully match our desire for transparency: yet death and death threats are not part of our context », Graziella insists. Another way of stating that we are not martyrs. ■

1- In Messages - internal newsletter

n°42 - October 1991

2- Conciliatory meeting between

both parties

3- a WHO representative was killed in 2001

in Burundi

→ Armed guards

In violent contexts, the issue of employing armed guards can arise. Although for obvious safety reasons we do not exclude the possibility of using them in exceptional circumstances - which need to be evaluated - many arguments argue for their abolition. « In some contexts the risk of their being mistaken for soldiers can be such that we must not work with armed guards, Graziella explains. By placing yourself under the protection of a group, you first expose yourself to the problem of not being able to dismiss them easily... Furthermore, those are people who work for the interest of specific groups, but who can also serve other interests. In that case, if the only way to draw up a « humanitarian » space consists in making one side of the conflict rich, you end up keeping a small army and you leave yourself open to manipulation. In the end, employing armed guards can lead to aberrations, as happened in Somalia. At the time, the safety budget for « humanitarian actors » in Somalia had reached ludicrous heights ».



DOSSIER

MSF and exposure to risks

→ Aspirin or Burn out?

Burn out is a state of physical, emotional and mental exhaustion caused by involvement for long periods of time in an emotionally highly-charged context (also known as work overload). The ICRC has published a self-assessment test to evaluate stress levels which is available for all missions. (« Humanitarian involvement in armed conflicts: the stress factor »)



→ Palestinian Territories © Alexandre Sargos - May 2004

TEAM HEALTH

The impact of dangerous situations

MSF / March 2005 / interview by Laurence Hugues/ translated by Francesca Pegazzano

Claire Reynaud joined the MSF headquarters team last June. Her role as a psychologist in the medical department is to provide support to the mental health projects. In this interview, she explains the consequences that certain events experienced on mission can have on the health of volunteers.

« A mission is an extremely intense life experience, which includes both the good and the not so good. Such an experience, like all other events in life, will leave all sorts of marks, including some painful ones. Because life at MSF is also a part of life! We deal with difficult situations on the strength of our physical and emotional "make-up". Therefore, even if a stable and healthy person is less in danger of becoming destabilized by a given situation, it can nevertheless happen, because we are never aware of all our weaknesses. A given event does not produce the same effects on everyone, and each person reacts according to their specific brand of sensitivity. One team member might be greatly shocked, while another will not be so

affected. The same happens in the face of danger; some will freeze, others will charge, there are all sorts of possible reactions. At MSF, like in the rest of the population, we find the fighters, the level-headed and the chickens!

→ AFTER BEING EXPOSED TO DANGER

Being faced with danger or death can lead to disconcerting and painful emotional reactions. It is important after the event to analyse what

Situations requiring group emotional debriefing (according to ICRC)

- security incident causing the death or serious wounding of one or more collaborators,
- security incident involving serious threats against several collaborators (expulsion of an office or sub-delegation, banditry acts, kidnapping, armed robbery, pillaging, rape) ,
- taking of hostages (collaborators detained or acting as neutral intermediaries),
- witnesses of large-scale massacres, serious work overload in a threatening or emotionally distressing situation (e.g. : prison visits, contacts with prisoners or families of missing persons)



least not yet e.g. recently in the case of the survivors of the tsunami.

→ BUFFERING SHOCK

That said, it is important to prevent the continuation- or deterioration - of a state of distress after a person or team have been directly exposed to a violent situation. At MSF, we sometimes organize debriefing sessions immediately after very 'difficult' events, either when the teams return by organizing an ad hoc support group, or by sending a

"To go where others don't", ok, but that doesn't mean taking greater risks!

psychologist on site. This was the case for example for certain missions following serious events, such as happened in Afghanistan, with the assassination of five of our members; the Afghan psychiatrist and the expatriate psychologist of the mission set up a counselling and support system for the teams. Nevertheless, these remain exceptional circumstances. We also recently organized a debriefing for the national Liberian staff who were directly exposed to the conflict, by sending a psychologist on site for two months. This work was carried out some time after the events, yet the results appear to have been very good. In individual cases it is also up to the team doctor, or medical co-ordinator, to assess whether the mental health of

such and such a person requires particular attention. In the same way as malaria, this is part of team health, and also falls under the responsibility of the medical department! The absolute rule is confidentiality, and a case by case approach. At MSF we don't have a special unit, but rather rely on a network of people and resources, in Paris and in the regions, who can, for several weeks after the end of the mission, provide support for the volunteer workers who request it.

→ HUMAN SUPPORT FIRST OF ALL

"To go where others don't", ok, but that doesn't mean taking greater risks! The people we help are the first to tell us "Don't come at this or that time, it's too dangerous". But it also happens that these people can be comforted by the fact that we share times of danger with them: "You've seen/felt what we've been through too".

Having a measure of their anguish and distress allows us to better estimate the support we need to provide. This is first of all a human support, even before medical care. All this while bearing in mind that if we ourselves are too stressed, we are incapable of working. We can see this for example in the Palestinian Territories, when right in the middle of an examination gunshots fly past the house in which the surgery is held. As doctors, we also need to be sufficiently stable and serene in order to cure people! ■

happened, to talk about it with the team, and to "verbalize emotions" in order to release tension. An immediate reaction to danger is absolutely normal, be it in the form of fear or even of an absence of reaction. One should let this short period - called "adaptive stress" - pass and worry if it becomes prolonged. Upon returning from a mission, the problem is understanding whether people fall back on their feet, if they don't come back disturbed. We mustn't be overprotective, but we mustn't not do

An immediate reaction to danger is absolutely normal, be it in the form of fear or even of an absence of reaction.

anything either. Reactions can be delayed, sometimes occurring several months later.

This is the one reservation one might express regarding systematic and immediate interventions by "psychological units", proposed to all victims every time a catastrophe occurs, even when not all of them need it, or at

PRACTICAL INFO

Every Friday afternoon, a support group is run by psychologists external to MSF for volunteers who want to talk about their experience in the field, including the more difficult aspects. It is not intended as a therapeutic group, it provides a place to step back from events and look at life on mission. The support group is very discrete and to date has seen a low rate of participation. An assessment is underway.

01 42 26 78 38 (answerphone) or groupeparole@paris.msf.org

The regional offices also provide a setting for volunteers to meet up after a mission and talk about their experiences, whether these be happy or more difficult. A place of exchange and sharing, the antennae meet once or twice a month. For further information see the regions section on the MSF web site www.msf.fr

Do not hesitate to contact your HRO, even several months after the end of your mission. MSF keeps an updated list of professionals (in Paris, in the regions and in the partner sections) to help you get through any difficult emotional backlog.

“*An extreme situation very often involves a loss of freedom. It is therefore important to leave the expatriate free to choose whether to leave, without passing judgment. We are speaking of volunteer work, in every sense of the word.*”

in *Que vivent les équipes dans les situations extrêmes* - Lisa Ouss-Ryngaert & Jean-Paul Dixmeras, *Soigner malgré tout*, Tome 1 : Trauma, cultures et soins; T. Baubet, K. Le Roch, D. Bitar & M.R. Moro Eds.

“*Among the reasons which cause people to return "burnt-out" from the field, we must not forget overload - too much work, not enough rest...*”

Nicolas Veilleux, HRO

Taking stances and taking risks

MSF/ March 2005/ Bénédicte Jeannerod/ translated by Amanda MacGurn

DOSSIER

MSF and exposure to risks

“Does communication put the teams in danger? Although we cannot deny that there have been ‘circumstantial correlations’ in MSF’s history, it would be a mistake to look at speaking out from this angle” explains the deputy director of communications, Bénédicte Jeannerod.



→ Chad © Dieter Telemans - September 2003

→ On MSF’s expulsion from Ethiopia in 1985

“We were the only ones to speak out. Everybody spat on us. The SCF people had exactly the same information as us. They gave us stuff about the transit camps. They knew the transfers were not voluntary, that families were separated and people were dying. On the other hand, they thought that if they said anything in public they would risk expulsion and they did not want to take that risk themselves.”

Brigitte Vasset, MSF France Medical Coordinator in Korem, from April 1984 to May 1985 (in *Famine and Forced relocations in Ethiopia 1984-1986 / MSF speaking out*)

At MSF, often the only aspect of speaking out taken into consideration during crises is whether it will endanger our teams. This perception is widespread both on the field and at headquarters, including in the communications department. There seems to be a mechanical equation in delicate contexts linking media exposure and risk-taking, on a physical level for our volunteers and on an operational level for our programmes. If we follow this reasoning, this means that silence, the “no comment” position, has protective virtues that should give us unhindered access to victims! The logic in this is clearly absurd. A simple statistical look at our history of speaking out shows that in the vast majority of cases there have not been any consequences on either the physical well-being of our staff, nor on the pursuit of our activities. However, there have been exceptional instances that have made a mark on our collective memory, proving that the risks related to our speaking out are very real- and need to be taken seriously. For example, our expulsion from Ethiopia in 1985, or more recently the discretion we had to use in starting up activities in Darfur. These exceptions emphasize the sort of dilemmas we are faced with and raise the question,

“Should we shut up in order to open, or speak openly at the risk of having to shut down?”

However some MSF, a minority, believe just as strongly that speaking out publicly can act as a shield for both us and the victims... This is clearly not true either and overestimates the impact of appealing to public opinion.

The discussion therefore goes round in circles. Both the mechanic and utilitarian vision of communication are mistaken and misleading.

→ ANOTHER PERSPECTIVE

In response to these short-cut equations that distract us and draw us away from the real issue, another perspective emerges: far from being an accessory to increasing the danger-level of an already dangerous situation, public communication contributes to our identity and is an integral part of our operations. Our operational positioning, which makes independence and impartiality in the field a priority above all else, also relies on the development of our own analysis and expressing our stance publicly. This is essential, not to protect us, but to extricate us from the lies and amalgams that are intentionally put forth by parties involved in conflicts.

Remaining silent would imply collaboration and could perpetuate this “deadly confusion.” Action along with speaking out can be a safeguard from this danger. Public communication is also an essential tool for expressing our identity, as it can distinguish us from other discourses that may give an incomplete or incorrect image of our actions.

The question of speaking out should also be looked at in terms of our responsibility. This responsibility is to sound the alert when required, to answer for our actions, and to provide information on relief activities. It is also to expose inadequacy and manipulation of aid and to create a balance of power, sometimes to the point of severing of ties, with the political, economic, and religious powers who oppress populations by preventing humanitarian aid or trying to use it as an alibi.

Resorting to speaking out is to finally recognize the limitations of our actions and to remind those who have shed their responsibilities of their obligations.

→ OUR PRESENCE

Like all operational decisions in crisis situations (access to forbidden zones, crossing of front lines, working with individuals that the society would prefer dead, etc.), the decision to express ourselves publicly can have consequences on our work and can call into question our presence in the field. This is a matter that requires careful thought with the teams as well as a detailed assessment of the risks.

It is wrong to stigmatize communication solely as an element (and the only element) of danger. By its very essence humanitarian work involves being in tension with authorities, being subversive, and taking responsibility. Therefore, in the end it is our presence that exposes us, period. Public communication is only an extension of this. ■

1- These dilemmas are reconstructed by Laurence Binet in the internal documents ‘MSF speaking out’ (6 volumes),

Independence does not guarantee safety

MSF/ December 2004 / Fabrice Weissman, Research Director, MSF Foundation/ Translated by Nina Friedman

Can attacks against aid groups in general, and MSF in particular, be explained by military-humanitarian confusion alone? Fabrice Weissman examines this question and offers other explanations.

The most commonly accepted explanation for our security problems in Iraq and Afghanistan can be summed up by the phrase "military-humanitarian confusion." According to this rationale, what puts us in danger is our inability to differentiate ourselves from Western forces trying to involve us in their military offensive.

While there is certainly some truth to this, isn't it a bit simplistic? Can we really blame some unfortunate misunderstanding for attacks against the ICRC and MSF—two organizations that have the least collaborative involvement with Western troops, and are among the fiercest defenders of their own independence?

To say that confusion endangers us is to claim that differentiation protects us. It assumes that immunity and ready access to the sick and wounded result primarily from recognition of our impartiality, of our position as a third party to the conflict, and of our humanitarian motives.

But do we really believe this analysis which implies that John Garang, Omar al-Beshir, Charles Taylor and Slobodan Milosevic are deeply moved by our charter and actions, as well as convinced of our independence? Is it really the clarity and transparency of our humanitarian intentions — our virtue — that protects us on the ground from the avidity and paranoia of armed men?

Believing this would be dangerous. Clearly, if militaries on campaign tolerate our presence, it's primarily because they get something out of it—and it's a long and familiar list: medical care for wounded fighters, assistance for soldiers' families, "sanctuarization" of strategic positions, contribution to the war economy, legitimization of political leaders, control of population flows,

media access, brownie points with the international community, etc. Security and access to populations depend on the power struggles that exist in the contexts in which we work, as well as the expectations, fears, repulsions, fantasies... associated with our image, history, identity (aid agency, western organization, decedents of crusaders and colonialism...) etc.

Clearly, if militaries on campaign tolerate our presence, it's primarily because they get something out of it.

The military-humanitarian confusion is therefore not the only cause of security problems in Afghanistan and Iraq—our killers know very well who it is they're attacking. The danger in these two countries stems, above all, from our inability to serve the radical groups fighting Western

forces: we don't know how to make ourselves useful to them. And while we can paint our cars a different color, refuse to accept institutional funding, and proclaim our independence from the rooftops, it won't make a bit of difference if our killers consider us more valuable dead than alive — i.e. unless we can figure out find an acceptable way, if such a thing exists, to prove the contrary.

Independence is an essential component in the deployment of impartial assistance, however it does not necessarily guarantee safety. Profits, constraints, expectations, misunderstandings, fantasies, conflicts etc. together with our presence play a key role in the creation and preserve of a secure humanitarian work space. It is important not to ignore our legitimate reflex to denounce the "military-humanitarian confusion." ■

FROM ANOTHER PERSPECTIVE

For the resistant countries or those in a situation of civil war, development aid only plays a part in its most limited form: humanitarian aid. The diminishing of the distinction between aid and development is dedicated to an overall political vision with regard to the "third zone" powers. Humanitarian aid, consequently, no longer depends on the 4 founding mainstays, which are universality, impartiality, independence, and neutrality, but becomes a tool of constriction at the service of the political agenda of the northern nations. (...).

By taking possession of this terminology [Humanitarian aid], within the context of strategies for the fight against poverty, bi- and multilateral sponsors have certainly laid the foundations for a new humanitarianism which threatens the principles of humanitarian aid still defended today by the ICRC or MSF. (...)

They are consequently considered by the armed factions as representatives of the international community that has cast them out of the circle of the "virtuous." These "third order" diplomats can be tolerated as enabling the possible renewal of foreign ties, but they often only represent a negotiable (kidnapping), useless (expulsion/pillaging) or symbolic (murder) "merchandise."

Denis Gouzerh, in "The new humanitarianism: factor of insecurity for the volunteers in the field" (Messages n°127 - December 2003)

“While the equation, 'independence = security' is obviously misleading, the equation "exchange of services = security" does not seem to me any more valid. Team security in the field should not be based on a general calculation, something like an algebraic sum of transactions. Firstly, I would say that independence (in the limited sense of a choice of one's dependencies) is necessary for reasons other than security. Secondly, it's a matter of variables practically independent of each other. ... The question of risk assessment (another name for "security") must be raised on a case-by-case basis depending on local circumstances: for example, Afghanistan, Democratic Republic of Congo, Liberia, Ivory Coast, Iraq, Palestine, Chechnya, Kosovo and East Timor. These are all armed conflicts and MSF is more or less involved in them; that's what links these situations. But what we have to do and what we can do makes each situation sufficiently distinct that we should rule out any common approach to the security of our teams.”

Rony Brauman

DOSSIER

2005 Project

→ Pakistan © Robert Knoth - May 2004

2005 PROJECT

Response to Crises, and Medicine

MSF / March 2005 / Interview by OF/ translated by Jane Wells

The 2005 project was validated by the Board in January. Pierre Salignon, Director General of Médecins Sans Frontières, gives us an overview.

→ Can you tell us what MSF's main focus points are for the next three years?

The 2005-2008 operational project is based on several major challenges, ranging from maintaining our independence to developing an international movement.

The tsunami that hit Asia in December and the exceptional show of solidarity that came with it, along with the humanitarian and media "circus"¹, reminded us how important it is to maintain our independence of spirit and action. This is why we must continue to define our role in providing assistance to populations in crisis, and improve the quality of our interventions, which usually take place in dangerous contexts. The relationship with our donors will, of course, remain at the forefront of our concerns, along with the need to justify our actions and improve the coordination and evaluation of our actions. We need to find a balance in order to avoid further complicating operations and continue the efforts undertaken relating to staff management, follow-up, training and retention of coordinators -similar to the tangible progress that has been made in "national staff" management.

→ In the project presentation you emphasize several operational priorities. What are they?

First of all, we wish to concentrate our actions on the direct victims of violence and war. This means providing medical and surgical care to injured people and the victims of sexual violence and severe trauma, as well as increasing our hospitalisation capacity in conflict situations. In certain cases this will also involve the provision of food, water, hygiene and sanitation assistance, shelter for displaced people etc.

We also plan to strengthen our response to epidemics and continue to fight to offer effective and accessible treatment to patients who attend our consultations. The progress made concerning diagnostics, treatment, research, and development will benefit many people, thanks particularly to the support of the Access to Essential Medicines Campaign and the DNDI.

We are not aiming to respond to general "needs", which explains why today projects geared towards victims of "social violence or exclusion" have been called into question. Budgetary pressure is not the only explanation. A quick analysis of 10 years of action in this field

shows mixed results, despite significant investments and resources. Support for these projects has varied. Though we have had positive experiences, there is growing concern regarding our veritable "added value".

→ This "restructuring" also involves developing emergency responses...

Yes. In the coming years we hope to be able to carry out large-scale operations (like those in Angola or Darfur) as well as smaller ones for a limited time period that do not automatically require setting up logistics and coordination structures which are difficult to manage.

We need to be able mobilise large amounts of resources for crisis situations (e.g. wars, epidemics, severe food shortages), with medical and logistics teams that are mobile, flexible and capable of being independent and efficient at the same time. After strengthening the team, we also plan to boost the "emergency unit's" capacities and gradually increase the number of coordinators it has as its disposal to respond to new emergencies, whether the emergency desk handles them directly or with the help of other operational desks. We need

“The year 2004 was particularly deadly for MSF, as it was for all humanitarian workers in conflict areas. Should we conclude from this that humanitarian activity is more dangerous now than previously? Our teams have always faced great danger. But today, in certain war contexts, humanitarian workers have also become targets for some armed groups. We must underscore this change.”

**Pierre Salignon,
MSF General Director –
Excerpt from the operational
project 2005-2008**



to be able to cope with significant and rapid increases in needs without destabilizing the support given to other MSF missions.

The situations in Angola and Sudan proved that the scale of large emergencies can affect the whole operational project. It is also important to remain aware of the impact this has on the growth of our new projects once the emergency period has ended, so that we are able to give an updated report on operations to our private and public donors.

→ Are the evaluation and management of operations part of this concern?

Yes, they are. If we are going to talk about increasing resources we also need to concentrate on using them wisely, which means that we need to improve the piloting of our actions as well as the critical analysis of our operations. This involves responding to both internal needs (adaptation of operations, comprehension of the cost of our activities, rationalisation of resources – HR, objectives, etc., pharmacy supplies and management, impact on the activity of MSF Logistique) as well as external needs (evaluation by institutional donors, government auditing of accounts, transparency concerning the use of donations from the public.)

We need to improve the follow-up of activities on each mission and to be able to question and adapt them to ever-changing contexts. This also

involves being able to account for the resources we use and achieving the goals we set ourselves. Notable

developments are already apparent, ranging from the forthcoming publication of international consolidated accounts to the regular collection of medical data.

→ One of the major operational advances (which affect our internal functioning) has been operational sharing, particularly with NY and Tokyo. What lessons have you drawn from this and what are the next steps?

The goal of the operational partnership was to reinforce the quality of our operations and staff management. This work is starting to bear fruit. The teams in the field have been pleased with the availability of the NY and Tokyo desks. I hope that these effects will also be felt soon at the Parisian desks, as the number of countries handled has been reduced. This operational activity in partner sections has had an impact on our organisation at headquarters. This period has required that we in Paris

be pro-active in our relationships with NY, Tokyo and Sydney in order to develop a new working relationship to anticipate and respond to difficulties that arise. Special contacts are gradually being identified in each department. I am very optimistic about the way things are going. It is my hope that in the future we will become less centralized in Europe while remaining just as efficient and dynamic. In the future I would like to see partner sections play a stronger role in the critical reviews of our shared operations and in the definition of operational priorities, as well as in public relations. In the USA, Australia and Japan, as in France, we have to be prepared to face conflicts that emerge with authorities when they impose unacceptable constraints on us in the name of their “war on terror”², or when they put up obstacles that block access to medicines and treatment that our patients need.



→ Sudan, Darfur © Pep Bonet - January 2005

“During the second half of the year, we will organize a round table specifically addressing the Madagascar project – which will probably close this year – and the broader lessons we can draw from what are known as the “street children” projects. This will involve reviewing the project’s history, its achievements, the tools put in place, the security issues we faced and how we responded. We will also need to compare this experience to others.”

**Pierre Salignon,
MSF General Director –
Excerpt from the operational
project 2005-2008**

DOSSIER

2005 Project

“Should we keep an MSF mission in France? I also wonder whether, by reopening our patient consultations to the largest number, we will face the same exclusion issues as in the past. Which humanitarian issue should we identify? That is the big question. In 2005, we should be able to see things more clearly. I am convinced that the immigration issue must be explored (in France, Poland or elsewhere) but without knowing if we will know how to respond, while meantime many government entities and NGOs are working on this issue. The risk here, too, is that we might expend a lot of energy but have only a small impact.”

Pierre Salignon,
MSF General Director –
Excerpt from *the operational project 2005-2008*

→ You're talking about making an international movement a priority- can you clarify?

Very serious tensions emerged last year on an international level, particularly during public stances: from the Erkel Affair to the commemoration of the Rwandan genocide, as well as the incidents in Darfur, there were numerous causes for disagreement. However, there is no “crisis” as far as the international movement is concerned and I share Jean-Hervé's conviction that we need to continue developing it by better defining common goals, while working together to ensure their implementation.

In 1995 in “Chantilly”³, a extended process including people in the field, AGMs and executives enabled us to

formalise a new text on the role of MSF, such as transferring certain responsibilities to an international level. This reflexion could also lead us to revise our institutions, the international council election procedures, the representation of partner sections in executive platforms, and particularly within the executive committee that is made up of the operational centres' general directors. .

However, it would be a mistake to believe that procedures can resolve political conflicts. We should avoid addressing questions of “governance” in a bureaucratic fashion. Let's first talk about what brings us together (or divides us), and also specify what strengthens our interdependence in the movement. ■

- 1- We need to define what is meant by “quality” and what limits we impose on ourselves. Beware of magic words. Quality must not become a pretext for justifying the unlimited expansion of our actions, activities and responsibilities.
- 2- Whether it be conditions imposed for obtaining public funds in Australia, or more operational implications of the use of the label “humanitarian” to shroud military operations.
- 3- Following the Great Lakes crisis, international meetings were held in 1995 and 1996 in the town of Chantilly, during which MSF members defined 10 guiding principles concerning the international movement. These principles were mainly based on the notion of *témoignage* and the limits of MSF's neutrality and reaffirmed MSF's voluntary nature.

2005 PROJECT

The 2005 Budget

MSF / March 2005 / Questions for Marc Sauvagnac, MSF Financial Director/ translated by Lyn Lemaire

Running an operational project implies having the budget to see it through. MSF Financial Director, Marc Sauvagnac presents the key points and explains this year's trends.

→ What are the principal characteristics of this year's budget?

MSF France is an organization whose global budget surpasses 100 M€ in 2005. This is a relatively symbolic threshold that presents us with an occasion to ask ourselves once again whether or not we are able to maintain our project's main objectives under the best conditions. Specialization, though inevitable for an organization of this size, makes it more complicated for everyone to take into account the different parameters of our mission; it encourages bureaucracy and thus leads to a loss of meaning. It thus becomes more important to provide each of us with the means to better grasp, understand, and master the components of our mission, in order to better exercise our responsibilities in the context of a project to which we all consciously adhere.

The outlined budget is largely financed by private donations (88% of the resources) and allows us to project an estimated surplus of 2.6 M€.

The mission budget is increasing by 7% to 76 M€ (the mission budget has grown by 130% since 1998). The growth of our operations is consistent with the objectives of the organization: a project centered on conflict situations and epidemic-endemics, the dynamism of emergency operations, investment in the quality of care and in secondary care, the systematic use of more effective medicines, the care of AIDS patients...

→ Can you specify the nature of the investments projected for 2005?

Large investments are planned that will help us to better share the analysis of the environments with which we are confronted, to guarantee the consistency of our projects with the objectives of the organization, and to insure our operational and financial independence. Specifically, these investments apply to the headquarters' budget, to operations support, and to fundraising. The headquarters' share in the global budget nevertheless remains stable and represents 25% of the total budget.

Almost 2 M€ more will be devoted to human resources (training, management and evaluation of expatriate and national coordination staff, support for the field Human Resources department, retention through more equitable expatriate benefits packages determined by the medical coverage systems that exist in their home country, etc.). The decentralized desk teams will be progressively completed

Financing a continuously growing project also requires large investments in private fundraising.

in 2005; a medical position in Sydney was created at the end of 2004. The budget for these decentralized positions is 0.7 M€.

The management and the critical evaluation of our operations, as well as our ability to better report, both to ourselves and our donors, on our missions and the means that we employ are all elements that contri-

bute to the improvement of mission quality and to the preservation of our financial independence. 0.4 M€ more are devoted to these areas in the 2005 budget.

Financing a continuously growing project also requires large investments in private fundraising. We foresee a supplementary fundraising

Many questions remain regarding the regulation of international fundraising in the context of highly mediatized crises.

budget of 1.2 M€ in Paris (for a total of 7 M€, not including management costs) that will be devoted to increasing the number of donors participating in the « 1 euro a week » operation. These investments, as well as the anticipated rise in the contributions of MSF France partner sections, allows us to envision financing our growth with private donations and reducing the share of public institutio-

nal financing, which was too big a part of our 2004 emergency operations.

→ **Will the exceptional burst of solidarity due to the Tsunami in Asia have an impact on the budget ?**

Of course. Finalizing the budget is more complicated this year, due to the consequences of the crisis in Asia on private fundraising in all of the sections of the movement. To date, and despite having stopped fundraising for this emergency in early January, more than 100 M€ allocated by donors will have been collected, including 9 M€ for the French section. The international budget for emergency operations in Indonesia and Sri Lanka is about 25 M€ and will lead these sections to suggest that their donors reallocate their donations to support the entirety of MSF missions or, more specifically, to finance future emergencies. I should add that at this point the funds allocated and collected during this emergency are considered as provisions for future operations in Asia. As such, they are

not integrated into the budgetary surplus. The funds that will be disallocated will, on the other hand, be declared in our accounts as resources available for use that will contribute, if they are not spent on other projects, to increasing this surplus.

Many questions remain regarding the regulation of international fundraising in the context of highly mediatized crises. Moreover, the international nature of the MSF movement was highly apparent to the public during this emergency and we will have to consider the consequences. The decision to stop collecting funds was motivated by a respect for our commitment, vis-à-vis our donors, not to deploy operations that do not seem pertinent for the sole purpose of using the allocated money. In the same spirit, we will have to be perfectly transparent regarding the use of the funds received during this crisis, whether it be in the description of operations and the means employed in Asia or regarding the future use of disallocated funds. ■

→ **Trends**

Since 1998, when the emergency desk was created, mission expenses have risen by 130%, headquarter expenses by 60%. Public institutional financing represents 12% of the organization's resources, as opposed to 26% in 1998.



→ Angola © Sébastien Rich - November 2004



→ Chad, Adre © Jean-Marc Giboux pour MSF - November 2004



SUDAN/DARFUR

Dependence and vigilance

MSF/ February 2005/ remarks collected by Caroline Livio/ translated by Amanda MacGurn

In the absence of political resolution between the main parties involved in the conflict (the Khartoum government and the SLA, the principal rebel party), the populations in Darfur are still suffering from peaks of violence, particularly between Nyala and El Fasher (South and North Darfur.) Hundreds of thousands of displaced people are still living in camps and their survival depends entirely on external aid. Interview with Dr. Pauline Horrill, head of Sudan programmes at MSF, returning from a visit to Darfur

→ What is the situation like in the IDP camps in western Darfur?

The camp populations are still dependent on external aid for food and healthcare. Little by little an economy of sorts is emerging, which is a sign that part of the population wants to settle. Some families are buying land or are building houses with semi-permanent materials,

others have found jobs in markets or in big cities nearby such as El Geneina and Nyala, and some are working in already-existing plantations near the camps. A brick factory has even opened in Mornay. The displaced populations still do not want to return to home given the persisting security problems. It seems the lack of conflict resolution has made them resign

themselves to the fact that they will have to stay in the camps, at least for 2005.

Things have changed since my visit last October; at that time the populations were mostly asking for food, clothes, and better security. With the exception of Niertiti, where NGO's have not yet begun distributing the emergency non-food items they said

they would (blankets for winter, etc.), the principle demand today concerns education, which is an indicator that the displaced want to stabilize in the camps- even though they do not have much choice in the matter.

→ What is MSF doing today in western Darfur?

We are continuing our activities in El Geneina, Mornay, Zalinge, and Niertiti. However, we have closed all of our therapeutic feeding centres since the distributions provided by the WFP (world food programme) are now regular and sufficient. The displaced also have stocks of food in their homes. Even though their living conditions in these four sites are still precarious, they are improving.

We must not forget, however, the huge volume of medical, nutritional, and sanitation activities that have been set up by the teams on these sites since the end of December 2003, for a population of approximately 300,000 people (169,000 displaced and 147,000 residents.)

These are the activities that we are planning to continue, even though we have started handing some of them over to other NGO's, particularly the

water distribution projects. Even though many humanitarian organizations are present in Darfur, few are actually operational. We are therefore maintaining our programmes and will continue to concentrate on our medical activities.

→ Is MSF going to set up activities in other zones?

We are going to assess the situation in four other zones: Kalma camp near Nyala where 140,000 people have gathered and where new arrivals turn up regularly. In this overpopulated camp there are no fixed medical facility. Other zones include Jebel Marra, an SLA stronghold, Garcilla,

south of Zalinge, and the border of Chad.

→ What is the situation like in Chad?

We have been able to go to Chad from El Geneina since the border is now open between the two countries. We are working in the hospital in Adre. Today nearly 200,000 Sudanese have taken refuge in Chad, but certain camps provide no more than 6 to 7 litres of water per person per day, which is inadequate considering that international norms call for a minimum of 20 litres. Clearly the Sudanese refugee situation in Chad is just as precarious as in Darfur. ■

Insecurity in western Darfur

At the beginning of the week the United Nations decided to evacuate all their teams in Western Darfur to El Geneina following the deterioration in security and the various threats they have received. MSF and the ICRC are the only agencies that remain: MSF has not received any threats. It is true that security problems continue in this zone where there is a lot of banditry on the roads - and it is not clear who is stopping or targeting the cars

and convoys. We have decided to continue our activities however, while setting up draconian security measures. The teams only travel by road to refer patients to hospital.

The team treated over twenty wounded patients in El Geneina hospital following an attack in Jebel Mun, north of the town.

HAITI

Guerilla in Port au Prince

MSF / March 2005 / Kevin P.Q Phelan

MSF started up activities in Haiti in September 2004 after tropical storm Jeanne hit the island. After the emergency, the teams opened a programme in Port au Prince where there is intense political instability. They discovered a hitherto unsuspected level of violence.



→ Haiti © David Baar / MSF - March 2004

A bullet came to rest under Charles* left jaw after ripping through the right side of his neck. Another bullet shot through Robert's chest and lodged in his ribcage next to his aorta. Yet another tore into 9-year-old Pierre's leg, exploded in fragments and broke his femur in two.

These were just a few of the victims of Haiti's continuing unrest recovering from gunshot wounds at MSF's trauma centre in Port au Prince in February. Politically motivated violence has wracked the city in waves since September 2004, and since the project opened at St. Joseph's Hospital in late December 2004, MSF

surgical and medical teams have treated more than 600 patients - nearly 200 for gunshot wounds. By recent standards, February in the capital was calm, but patients continued arriving at the 42-bed hospital in need of emergency care.

"We see about 3 gunshot victims a day," said Dr. James Smith, an Irish surgeon who is part of the international and Haitian medical team staffing the hospital. "Maybe 1 or 2 have fractures where we have to bring them into the operating theatre and about twice a week we need to do laparotomies [incision into the abdominal cavity]." ● ● ●

TELEX

→ 25/02/05,
Sri Lanka : my little
factory

We have distributed tents, mosquito nets and other NFI in Batticaloa district. Our activities have also included cleaning up debris in the areas of Vakkharai and Koddakalar, cleaning wells, building latrines and setting up water points. In addition, we restarted a small brickyard to allow people to make a living while at the same time providing them with materials to rebuild their homes.



Haiti

TELEX

→ 25/03/05,
Niger: another Nut expo

After an evaluation in the north of the Maradi district and the adjoining Tahoua district, the food security expo has confirmed a nutritional state of alert in Niger. We will be sending additional human resources to start a new base, to set up blanket feeding activities and directly treat cases of malnutrition, and to assist the health centres that are receiving moderately malnourished children who are suffering from related illnesses. We are also trying to get other actors involved, since there is currently a lack of support should the situation rapidly deteriorate...



→ Haiti © Jean-Paul Dixmeras / MSF - January 2005

● ● ●
Another doctor who has practiced in Port au Prince for years described how gunshot victims are arriving in much more serious condition today because of the use of bullets that explode into fragments upon impact. "I have never seen wounds like this before," the physician said. "Everyone uses ammunition for a war, not for the city."

→ THE CHANGING NATURE OF THE VIOLENCE

For months, the intense fighting was confined to Cite Soleil, Bel Air, and La Saline, the capital's vast, densely

populated seaside slums. Hundreds of homes have been burnt to the ground, and many people have fled the areas to stay with family or friends elsewhere in the city. From visits to the city morgue, MSF estimates that 100 people were killed each month as armed bands supporting and opposing exiled President Jean-Bertrand Aristide actively fought in the streets from September to December 2004..

Today, the fighting is more sporadic and diffuse, spreading into other slums like Martissant, Village de Dieu, and Post Marchand. While the groups,

known collectively as "rat pa kaka", are foregoing direct confrontation with each other or the police, the potential for a re-escalation of open conflict remains because the groups are still present in large numbers, heavily armed, and command fear among civilians.

"Please change my name," said one gunshot victim from Delmas 18. "They can exterminate my whole family if they know I am talking to you."

Since the beginning of 2005, the Haitian National Police (HNP) has become much more active and much more deadly. Clad in all black (sometimes even wearing cowls), they undertake near-daily operations throughout the city, at times firing indiscriminately when they arrive.

"The police car came up just started shooting all over the place," said one child shot in the leg in Christ Roi near the end of January. "They were just shooting, shooting all around," said another patient injured during a police operation in Post Marchand in early February. "There was a girl with me at the same time and she died."

The police have also been accused of conducting summary executions. Witnesses say, for example, that police officers shot radio reporter Abdias Jean dead in the streets of

THE TRAUMA CENTRE CONCEPT

This is a simple operational set up that is adapted to urban violence. It's not revolutionary. It consists of providing medical treatment to direct victims of conflicts - people who have been wounded physically and/or psychologically, as well as victims of sexual violence. This is nothing new for MSF ever since Beirut, at least as far as the surgical activities are concerned. The trauma centre is unique in that it provides specific care to many different categories of

victims, as noted above. Physiotherapy is also an integral part of MSF's programme in Port au Prince, at least in the first phase of hospitalization (equipment and out-patient follow-up are dealt with by a more specialized NGO.) In cases of emergency the trauma centre should be able to respond immediately to new bouts of violence affecting civilian populations. In situations like this which is not an outright war it is difficult to guarantee the protection of all the wounded

that come to us. An important and essential part of this type of programme is to avoid "trapping" our patients in our hospital, as this town is extremely volatile and flight is often the only chance for survival. We have to rapidly gain recognition and respect, but we also need to be capable of discreetly providing first-aid in the areas that many wounded cannot escape from.

Christophe Fournier,
head of programme

Village de Dieu on the afternoon of January 14.

"The police think everyone who lives in an area is a gang member or collaborator," said one patient who was wounded in Delmas 18 when a group robbing a nearby store opened fire on the area as they ran off. "So even if I tell the police, they may think I am a rat pa kaka member."

→ EVERYTHING OR NOTHING

When asked in mid-February what could happen on the one-year anniversary of Jean-Bertrand Aristide's forced departure from Haiti, Volcy Assad, the 28-year-old news director for Radio Solidarité said: "Everything or nothing."

Neither extreme came to pass, but two people were killed and several others injured after police shot into a crowd during a pro-Aristide march in the seaside slum of Bel Air, revealing yet again the tensions between those who forced Aristide out and those who want him back. In the following two days, MSF received 15 gunshot victims.



→ Haiti © Didier Telemans - October 2004

Even when violence is not at a peak, Port au Prince is a chaotic place. It seems as though all 2 million people in the city are in motion from sunrise to sunset, with schoolchildren and sellers of every object imaginable clogging the sidewalks and colourful "tap tap" taxis and

cars choking the streets with traffic and exhaust fumes.

Rumours are as plentiful as warm weather and fresh grief, and it is impossible to predict when violence will flare-up. Carnival passed with little incident even as people braced for the worst. Then, without warning, gunmen staged a spectacular mid-day prison-break on February 18, freeing nearly 500 inmates. Many versions of who was responsible immediately raced through the city: Aristide supporters, Aristide opponents, drug lords, the transition government, and corrupt police. All seemed equally plausible.

The incident gave UN forces a heavy dose of Haitian reality. Since many of the inmates had been arrested in operations led by their 7,400 strong peacekeeping and police force, they were essentially back at square one.

→ A POLITICAL VACUUM

Few people expect a quick resolution to the Haiti's present situation. As a variety of groups jockey for power, the UN has taken up policing duties in Cite Soleil, Bel Air, and other parts of the city. The interna-

tional community has little confidence in the increasingly ineffectual transitional current government, but will support it at least until elections in November 2005. The US, for its part, has taken a more proactive role in Gonaives, a town in the north west of the island where

much of the population still supports the Haitian ex-military.

While members of the small but powerful business community, Group 184, cast a long, suspicious shadow over much of the political landscape,

In any event, many civilians may be reluctant to vote in a context where choosing sides can be deadly.

Aristide is a near-mythical figure in the slums of Port au Prince, retaining overwhelming support. Anger at his unconstitutional removal is palpable there and among other segments of Haitian society. For Aristide opponents, the corruption and viciousness of his final days rises bitterly to the fore. It is unclear whether the former President has any active role in the situation from exile in South Africa.

What is clear is that the police and authorities in the transitional government label anyone arrested or killed in police operations "bandits", with the effect of criminalizing any opposition. In fact, many members of Aristide's Lavalas Family have been imprisoned without being charged. Lavalas itself is split between factions that want to boycott scheduled elections and those who want to participate without Aristide. In any event, many civilians may be reluctant to vote in a context where choosing sides can be deadly.

As Haiti lurches through this crisis, MSF will continue to provide emergency surgical care to the victims. After the first surgical operations performed with little or no proper equipment, the team worked hard to create two operating theatres and hospitalisation rooms as close to the conflict as possible.

When asked, the inhabitants in the most affected areas of Port au Prince say they have never experienced such insecurity and they see little reason to hope for a better situation in the near future. While no one can predict when the levels of violence will rise or fall, it is fairly certain that another brutal chapter of Haiti's sad and tortured history will be written. ■

1- Patients' names have been changed.

TELEX

→ 25/03/05, Angola: Marburg fever alert

A Marburg fever outbreak, which is a haemorrhagic fever similar to Ebola, has been confirmed in Uige province north of Angola. A few cases have also been reported in Luanda, the country's capital, caused by people coming from Uige. There have been approximately one hundred deaths so far. Protective gear has been sent to the area, and a team under MSF-E's coordination will be arriving this weekend (17 people total including experienced volunteers who will go directly to the zone contaminated by this contagious and deadly disease.) MSFF has sent a doctor and watsan specialist to assist the MSFE team in Uige. In Camabatela (an hour and a half by road from Uige), where we are running a sleeping sickness programme, there have not been any reports of Marburg fever cases. The head of mission will be on-site with protective gear in case the situation should change, as well as to ensure the continued treatment of our patients.



IRAN

Earthquake In Hotkan

MSF / March 2005 / Caroline Livio/ translated by Susan Pasco

On 22 February this year, an earthquake measuring 6.3 on the Richter scale struck the region of Zarand, in the centre-east of the country. MSF was quick to send a team to the heart of the area affected by this earthquake, which caused nearly 500 deaths.

TELEX

→ 31/03/05,
Indonesia

- A one year access to healthcare programme has been set up in the Pidie district (east of Aceh), where the arm conflict between the army and the Gam rebels continues. This programme includes support for the Sigli reference hospital as well as a 15-bed hospital in Beurenoun (12 km south of Sigli.) The programme also offers psychiatric assistance to treat reactional pathologies related to the tsunami and the conflict.
- New earthquake off the shore of Sumatra: teams have started activities in Simeuleuh and are evaluating the situation in Nias...
- More information on www.msf.fr: an overview of activities and the use of MSF funds can be downloaded.



→ Iran, Hotkan © Caroline Livio / MSF - February 2005

The village of Hotkan is covered thick fog. It has been almost totally destroyed, all that remains are piles of stones here and there along the muddy, rutted roads. Only the doors of houses are still standing, amidst rubble, snow and mud. In this eerie landscape, where fog and cold compound a profound feeling of desolation, one of the only buildings still standing is the ministry of health's medical centre. On the other side of the road, fifty tents house the earthquake survivors. Not all the tents are occupied, some survivors have returned to see whether they can recover anything from their devastated houses. In others, families huddle around the heat source. The damp and cold are intense today. Some families have been practically decimated. Like the family of this woman, prostrate at the back of her tent, refusing to move. The other eight members of her family are buried under the rubble. Before the earthquake, a hundred families lived here.

→ THE BAM EXPERIENCE

For MSF, there is a clear need for medical assistance, as there is no medical care provided for the survivors. In addition to tents, the Iranian Red Crescent has distributed lamps, heaters, blankets and sacks of food. Individual volunteers, arriving

"In the first 24 hours, the authorities were able to evacuate the wounded to hospitals in the region and distribute first aid equipment", explains Olivier Maizoué, MSF head of mission in Iran.

from the city, distribute hot meals in plastic containers, rice and beans. "In the first 24 hours, the authorities were able to evacuate the wounded to hospitals in the region and distribute first aid equipment", explains Olivier Maizoué, MSF head of mission in Iran. "For us, the priority is to offer treatment to the survivors among the

most vulnerable, and above all in isolated villages where no one will go back for them". Stocks of medication and medical and logistical equipment had been positioned in advance in Teheran, and also in Mashhad and Zahedan - two sites where MSF is conducting programmes with Afghan refugees - following the earthquake that destroyed Bam, 200 kilometres further south, in December 2003, in order to provide a response to a new emergency. Two tons of equipment were sent to Zarand to start up MSF activities there.

There were heavy snowfalls overnight, and snow continues to fall in large quantities. It takes nearly three hours to get to Hotkan, compared with 45 minutes normally. The MSF team divides into two. Doctor Purhan, Maryam and Elham, midwife and nurse, and Mireille, team manager, open a dispensary in the health centre in Hotkan. A second group goes off to Babgozar, another mountain village. There were coal mines in this isolated region some years ago, but these have

closed. All the villagers are small farmers. As in other villages, the vast majority of houses are built of earth, and some remaining walls of buildings are still collapsing. Here tents have also been distributed, together with blankets and heaters. No food. Fifty families live in Babgohar, where 39 tents have been set up in front of the ruins of houses.

→ GETTING OURSELVES KNOWN

In Babgohar, no deaths were recorded. Doubtless this is why - after the first distributions the day after the earthquake - no one stops there any more. You see NGO or official cars slow down in the centre of the village, then continue on their way. The destruction of the village and its isolation from all outside aid therefore makes MSF's work essential. The team's arrival is announced on the

mosque loudspeaker. But no one moves. Mehdi, the logistician, goes round to each tent and explains, listens, convinces. In a few minutes, a crowd has appeared. It seems as though almost the whole village is pressing around the tent where Doctor Babak is seeing the patients. The population here consists mainly of old people, who could not or would

Some people suffering from chronic illnesses have lost their medication in the earthquake, others complain of headaches, or explain that their bodies ache all over, doubtless a sign of as yet unidentified trauma.

not leave their village. "Who will look after our animals?" they ask. Today, 33 consultations take place in less than two hours: almost one person per tent. Some people suffering from chronic illnesses have lost their

medication in the earthquake, others complain of headaches, or explain that their bodies ache all over, doubtless a sign of as yet unidentified trauma.

As the MSF team prepares to leave, a group comes up to them. These are inhabitants of a neighbouring village who have been told that MSF was organising consultations and have come to ask for help. Some of them come from villages that MSF has already identified during its assessment. So starting the next day, the team goes to Babsokhtegar, then Khonk, Sharzase Darehgar, Dehmelan, Madbon, Sappardeh, Bedoia, Tazerg ... Other small villages destroyed by the earthquake and whose populations have been forgotten by the emergency services. Just as today in Babgohar, MSF has chosen to help the most vulnerable people. ■

TELEX

→ 25/03/05, Ethiopia: a worrying drought

The severe drought currently affecting the Afar region (where we have a TB programme), prompted the team to carry out an exploratory mission in this area that is relatively difficult to access. Though the current situation has not yet become dramatic, the team's on-site assessment is worrying. Livestock are beginning to die, and the coming months could prove to be difficult for semi-nomadic populations in the region should the drought persist. To be continued...



→ Iran, Hotkan © Caroline Livio / MSF - February 2005



→ DRC © Kate Holt - November 2003

DRC/**NORTH KIVU**

Back to the beginning

MSF / March 2005 / Loïck Barriquand, programme head/ translated by Frank Elliot

DEBATES

The attacks on the 24th November 2004 in the region of Ikobo marked the start of a fresh wave of violence and atrocities that caused several deaths and 150,000 people to take flight. These events highlight again the conflicts of interest and the complex relationships between the various factions involved in the North East of the Democratic Republic of the Congo (DRC). Programme manager, Loïck Barriquand, describes his analysis of the situation.

On the 24th November last year, the residents in the Ikobo settlements fled and took refuge not far from there in Miriki, a village that is visited every week by our teams as part of our activities in the supplementary feeding centres. The Ikobo region is known for the presence of FDLR forces (Democratic Forces for the Liberation of Rwanda). Although they deny it, they have the reputation for having amongst their ranks - and as a part of their forces - former Inter-hamwe militia as well as members of

the ex- FAR (Rwandan Armed Forces) who took part in the Rwandan genocide in 1994. According to the people who live there, Ikobo villages have been attacked by troops containing soldiers from Rwanda and Rwandan speaking soldiers from Congo as well as soldiers from RCD-Goma (the Congolese Alliance for Democracy-Goma). RCD-Goma controls a large part of Northern Kivu, south of the province. This fighting marked the beginning of a new wave of violence against

civilians that led to approx. 150,000 people fleeing the area. [see box]. Far from being able to contain this act of aggression, the reinforcements sent by the Congolese government only further stoked the fear among the population of the region.

→ THE KINSHASA REINFORCEMENTS

Kinshasa talks of war between Rwanda and the DRC, whereas RCD-Goma and Kigale talk of an internal

struggle between various Congolese factions. The army generals of the DRC, who have been defeated and who have withdrawn to the north of the region, have revealed their difficulties in public and have issued press releases condemning the lack of logistical support available to them. This stance taken by the military is surprising to say the least, and they are on campaign.

Their retreat is in part due to the quality of the « reinforcements ». A number of them come from the MLC (Congo Liberation Movement). Having come from Equateur these 1,500 to 2,000 men have visibly neither the intention nor the ability to fight. They take flight very quickly, then set off once more for the North, to attack, loot and rape those whom they find in their path. The exodus of people from the villages on the road leading to their headquarters in Lubéro, 100 kms to the north of Kayna, is down to them. All these villages are situated in the government held area and have not, until this series of events, seen any fighting.

As they advanced the soldiers, who are often very young, requisitioned some of our vehicles and forced some members of the team to evacuate armed men who were wounded, as well as retreating soldiers. We all had to leave the area, with the exception of some members of the original Kayna team who hid in the bush at night time, and bravely carried on each day providing those who remained nearby with medical assistance.

The behaviour, the retreat and violence of these men could be foreseen. They are sadly well known in the area for the atrocities they committed at the end of 2002 when the operation to « wipe the slate clean » was in progress. Their presence in the reinforcements has aroused a great deal of criticism from the media and some of our partners and they also suspect that there has been an act of sabotage.

→ AFTER TWO MONTHS OF VIOLENCE

After negotiations, a cease fire was agreed at the end of December and Monuc slowly started to return to the area. A few weeks later, the RCD-Goma troops retreated to their former position at Kanyabayonga. In

February, the military and political situation appeared similar to the situation that existed before November.

Throughout this period 150,000 people had to live hidden in the bush. Our team criss-crossed the region looking for these people as they were widely scattered. Through the systematic screening of malnourished children and the provision of medical assistance we identified the serious cases and referred them to Kayna, to our therapeutic feeding centre or to the small hospital unit set up as an emergency facility in the TFC. A few wounded people were also referred and were operated on in the hospital at Butembo to the north. Since the end of December we have been treating each week a dozen women who have been raped. All these women were raped by military personnel.

Travelling has been difficult given the security conditions, constantly having to cross front lines and the negotiations that need to take place prior to every single move we make. Nevertheless our TFC in Kayna is the only place in the town that has not been looted and the work that our teams have been doing has been respected right through the troubles - except for the forced evacuations. Our store-rooms and the house were looted, just like all the other houses, shops and health centres, firstly by the troops from the north and then by the troops belonging to RCD-Goma.

→ THREE COVETED REGIONS

The war in the DRC is concentrated around three regions that are entirely out of the control or only partially controlled by the Kinshasa govern-

ment. These provinces have many natural resources and share a border with Uganda and Rwanda : Ituri, North Kivu and South Kivu. The unity between the political, administrative and the military elements that was supposed to have been set up is far from a reality in these 3 areas.

The Ituri district (province oriental - in the north-east of the country) is the scene of repeated acts of violence caused by various militia elements, acting out of self-interests but equally being manipulated from Uganda and Rwanda (who have no common border with the Ituri district).

These opportunistic alliances allow these countries to exploit no doubt the natural resources of Ituri, and also means they can maintain areas of instability: the government (almost non-existent in this area) is unable to react to all these threats.

South Kivu is a region where there have been Rwandans since 1996. The government regained the advantage over RCD-Goma when it captured Bukavu in June 2004 after the town had been attacked by dissident militia forces of RCD-Goma. The province has also been the scene of much



KEY DATES

MSF/ March 2005 / Loïck Barriquand

→ 23 November

The Rwandan government threatens to intervene in DRC in order to bring under control the Hutu Rwandan rebels after informing the American and British embassies (source AFP). In the days that followed, the UN condemns these threats and encourages Rwanda not to take any action. Various European countries and the USA also invite Rwanda not to use force. Norway announces that it is suspending financial assistance to Rwanda.

→ 30 November

The Rwandan president Paul Kagame repeats his threats. He declares that Rwandan troops might intervene in DRC and that these troops are perhaps there already. As for president Kabila, he announces the rapid deployment of 10,000 men to reinforce the FARDC (Army of the DRC) in North-Kivu with a view to proceeding towards the process of unifying the troops from the various armed forces into the regular army, as provided for by the current interim agreements in DRC.

→ LEXIS

- **FARDC** : Forces Armées de la RDC (DRC armed forces)
- **FDLR** : Forces Démocratiques de Libération du Rwanda (Democratic forces for the liberation of Rwanda)
- **FAR** : Forces Armées Rwandaises (armed rwandan forces)
- **RCD-Goma** : Rassemblement Congolais pour la Démocratie-Goma (Congolese alliance for the democracy of Goma) - a faction that is an ally of Rwanda
- **RCD-ML** : Rassemblement Congolais pour la Démocratie - Mouvement de Libération (Congolese alliance for democracy - liberation movement) - formerly supported by Uganda and to-day an ally of the Kinshasa government
- **MLC** : Mouvement de Libération du Congo (Movement for the liberation of the Congo) - supported originally by Uganda

DEBATES

KEY DATES

(CONT.)

→ 1 December

The Head of the MONUC (United Nations observation mission in Congo) indicates that a group of soldiers who are suspected of being Rwandan has been spotted to the north of Goma, the capital of North Kivu. FARDC reinforcements, composed of troops from the government but also from various rebel factions taking part in the interim, reach Béni (a town in North-Kivu under the control of the RCD-ML - a faction formerly supported by Uganda and to-day an ally of the Kinshasa government), and make their way to the south to fight RCD-Goma.

→ 10 December

The FARDC reach Kanyabayonga, the northernmost town in the area controlled by the RCD-Goma, whose troops refuse, unsurprisingly, to take part in the process of unification.

→ 12 December

Fighting breaks out, leading to deaths, some wounded and to 35,000 people fleeing the town. In the days that followed, RCD-Goma takes advantage of the situation and drives back the government forces towards the north, with the same consequences for the population. 30,000 people leave Kayna (where the MSF team is based) and 35,000 flee Kirumba.

...

violence against the population, perpetrated also by other armed factions (Mai-Mai and the FDLR).

North Kivu, with its capital Goma, is now the province in which Rwanda exerts the greatest influence through the RCD-Goma movement and through a direct Rwandan presence. On the one hand there is no question of Rwanda leaving DRC and on the other hand the Congolese army has for nine years shown that it is unable to defeat the Rwandan forces. FDLR and Mai-Mai armed forces are also active in the North-Kivu.

→ AN UNSTEADY BALANCE

At national level, the balance of political power, including international support each party receives, appears to be in balance and does not allow any of the warring factions to obtain any decisive advantage. However, the number of political and military groups involved in DRC, with some not belonging to the interim government, makes it difficult to make any progress.

There are two basic challenges this year, especially for the three eastern provinces :

- Elections, scheduled for this year, the outcome of which will be accepted by the losers only if negotiations on the sharing of power and economic resources take place beforehand. RCD-Goma, which is supported by a small part of the population in the east of the country, will very likely be one of the losers. Yet while some are sure to lose, no one including president Kabila, is really in a strong position to win the elections. The various parties at present sharing political and economic power have therefore more to lose than gain.
- The process of unifying the troops (mixing all factions together), at the beginning stages in some provinces, should be very significant, for it would remove military power from rebel factions and from the various militia groups by integrating all troops into a unified army and by spreading them over the country. The challenge is all the more significant in North-Kivu where RCD-Goma's military supremacy is evident. Its troops, largely Rwandan speaking, also allow Rwandan soldiers to infiltrate its ranks.

So the current status quo, which is tantamount to a de facto partition of the

country, could suit all the parties to the conflict, (with the exception of the least powerful who have not had access to power sharing) and in particular suits Rwanda. Rwanda continues to justify its presence in DRC because of the existence of the ex-FAR or the ex-Inter-ahamwe. It is true that the existence of these militia forces poses a threat to Rwanda, whose army pursued and killed soldiers as well as tens of thousands of civilians in Congolese territory, in 96 and 97. Yet contrary to the

that they had announced. Was all this just violent bluff ? Without the logistics necessary and with the type of troops they had, the Kinshasa government had no real chance of penetrating into the area controlled by RCD-Goma. What is more, the fighting rapidly came to a standstill on the front line and all the troops immediately scattered. Perhaps the government had to prove its sincerity as to its desire to progress the transitional process. Perhaps it wanted to divert



→ DRC, North Kivu © Kate Holt - November 2003

clear objective stated by the Rwandan military, the latter have not disarmed the militia groups, even though they have been occupying the area since they entered Congo.

However, Joseph Kabila's government is not making a great deal of effort to disarm these militia groups, which would allow him to counter the argument made by his enemy. Accused of having supported them and having used them against Rwanda, perhaps he is concerned that upsetting a precarious balance would not be to his advantage ? From a military viewpoint the interest in continuing this support would appear questionable.

→ GRATUITOUS VIOLENCE FOR THE SAKE OF THE STATUS QUO?

Not one of the two opponents had any intention of achieving the objectives

attention away from Kinshasa where there are also many problems and to hold Rwanda responsible for refusing to unify the troops.

All the same, on this occasion just as before, Rwanda had no intention of actually getting rid of the militia forces opposed to its regime. Yet again, their presence simply served as an excuse to block this false attempt to unify the troops.

While it is probable that this status quo is the solution favoured by each camp in contradiction with the official political agenda of the country, these events are likely to recur. This status quo is no doubt part of the negotiation framework for sharing « the Congolese cake » ; these negotiations are long and difficult and are likely to give rise to other threats and further shows of force. The people in eastern DRC have not seen the end of the war. ■

« Je regrette d'être né là-bas »¹



Marine Buissonnière and Sophie Delaunay, formerly the coordinators of the MSF mission in Seoul in 2002 and 2003, have just published a book that describes the difficult journey of North Korean survivors.

North Korea is probably the communist-block country that has rem-

ained the most impermeable to the upheavals that occurred at the end of the Cold War. Faithful to the theory of self-sufficiency promoted by its "Great Leader", Kim Il Sung, the country practices an isolationist foreign policy and is inexorably sinking into misery. At the start of the 1990s, famine forced North Koreans to flee to China where they had heard life was better. However faced with the increasing flow of famished exiles, North Korea's "Big Brother" launched a veritable hunt of illegal immigrants, returning them to their homeland where they were imprisoned in camps. This Chinese repression accelerated the migration of North Koreans to the only

country that offered them asylum: South Korea.

→ FICTIONAL CHARACTERS, REAL FACTS

After several years in contact with North Korean refugees as part of their missions in both China and South Korea, Sophie and Marine decided to write about the difficult journey of the survivors of North Korea who were to become refugees in South Korea following their exile in China. They decided to broach this problem through the tales of three refugees. They were inspired by the accounts and testimonies they had collected throughout their missions. In order to guarantee the anonymity and safety of these refugees, the names and characters in their book

are fictional while the facts are quite real.

Tae Gum, Jin Kyung and Bok Yol escaped from hell to try their luck, like so many others, in China. With disconcerting simplicity, they tell how the impossible quest for survival forced them to flee, how they gradually became aware of the terrible and criminal lie that imprisoned them and how, after surviving the trials and suffering that made them survivors, they finally managed to reach South Korea.

→ TESTIMONY AND QUESTIONS

These three life stories are not merely an alarming human testimony. They also present an insurmountable political problem in a radical manner. How is it that

INFO

WATCH AND READ

the international community is powerless when it comes to dealing with a country that starves and imprisons its citizens? Does the Chinese repression not in fact prove a certain complicity with the North Korean regime? What can be done to improve the health and humanitarian situation in North Korea when the very inhabitants of the country believe they serve the elites? ■

1- I regret being born there

North Korea: Hell and Exile

"Je regrette d'être né là-bas"

By Marine Buissonnière and Sophie

Delaunay - Published by Robert Laffont

198 pages - 17 Euros

Publications in the United Arab Emirates

MSF / March 2005 / Ismaël Fouad, director of the MSF office in the United Arab Emirates



The MSF UAE office, which was opened in 1993, has decided to launch a communication campaign in the Arab world to promote Médecins Sans Frontières and to raise the population's awareness of health and humanitarian issues.

In the framework of its information campaign the MSF UAE office has constituted a large media database. Major media channels, including Al Arabia TV, Abu Dhabi TV and Al Jazeera TV, now actively collaborate with the MSF UAE office. Together with this development, wide ranges of contacts have been developed with various communities based in the UAE and civil societies. With the help of contacts through the Minister of Education MSF has also contacted schools and universities. Since 2001, MSF UAE has published numerous documents: "The Palesti-

nian Chronicles", "the annual MSF international activity report", the texts for the "the Too Poor to be treated" photo exhibition etc. In 2004 the office translated and published "These patents that make me sick" which was broadcasted at prime time on Al Jazeera TV on World Aids Days on the 1st of December.

MSF UAE has also launched the translation of various books into Arabic:

- Rony Brauman's book "L'Action Humanitaire" has been translated in order to better explain to Arab speaking populations how humanitarian action immersed through the centuries and how it has evolved.

Published in January 2005 this book should help distance the image of MSF as a western Christian organization. The official launching of this book was organized with Eurogolfe, a group of French experts, the Abu Dhabi Cultural Foundation, the Alliance Française and the MSF UAE, under the auspices of Sheikh Nahayan and the French Ambassador HE Francois Gouillette, on the 8th of February 2005 in Abu Dhabi, together with the book of Gilles Kepel, "Fitna". "L'Action Humanitaire" will be dispatched to civil societies, schools and universities as well as sold in the main

PRESS REVIEW

MSF / 15 March 2005 / O.F.

→ Fighting in the DRC

The DRC was in the news this month. « Fresh outbreak of fighting in Ituri » read the newspaper l'Humanité on 3rd March, describing how « more than fifty militia were killed during an UN operation in Ituri, where nine Bangladeshi peacekeepers died on 25 February in an ambush ». The day before, Libération quoted a UN representative who justified the intervention with these words : « the operation carried out on Tuesday is a clear message to the militia that we are serious ».

INFOS PRATIQUES WATCH AND READ

PRESS REVIEW (CONT.)

→ Duly noted

Although the press continues to report on the effects of the tsunami that struck Asia last December, there are less articles and the subject matter has changed. The Libération website posted an article on 1st March that read «Africa forgotten after the tsunami in Asia»; the article openly asks about the reallocation of funds. Unlike Jean-François Mattei, the president of the French Red Cross, the paper highlights the fact that Matthias Shamle his British counterpart «has confided to the Times that his organisation could experience some problems in effectively spending the astronomical sums they have collected. Also consideration is being given, as is the case at MSF, to reallocating these sums to other programmes»...

→ Facts and figures

Darfur was briefly in the press. The UN are preparing to send a peace keeping force of 10,000 to Sudan; the troops «might» be deployed to Darfur (International Herald Tribune dated 26 February). The UN, through its spokesman – the assistant general secretary for Humanitarian Affairs – told the AFP that the figure of 70,000 dead announced up to now had been surpassed.

bookshops in the Emirates. It will also be sold and circulated within the MSF movement.

- The book edited by Fabrice Weisman: "In the Shadows of just wars" will be also published in Arabic by the beginning of April. The translation and printing of this book are entirely managed by the

Emirates Centre for Strategic Studies. It will be dispatched around the Arab world through this centre. The launch will be held in Abu Dhabi end of April.

- The Practical Guide to Humanitarian law dictionary of François Bouchet Saulnier has also been translated. The translation and

printing was entirely funded by an *Médecins Sans Frontières* Emirati volunteer. Sheikh Nahayan wrote the preface of the book. It will be printed by Dar Al Bireh in Beirut and hopefully will be ready by the end of April 2005. This book will be dispatched as widely as possible through various channels including ICRC. ■

WATCH AND READ

New books available in the documentation center

MSF / Alix Minvielle - 01 40 21 27 13

→ MEDICAL

STEP-BY-STEP SURGERY OF VESICOVAGINAL FISTULAS /

Kees Waaldijk.- Edinburgh : Campion Press, 1994.-103 p.

UNE SÉLECTION DE RECOMMANDATIONS PRATIQUES RELATIVES À L'UTILISATION DE MÉTHODES CONTRACEPTIVES / Selected Practice

Recommendations for Contraceptive Use / OMS.- Genève : OMS, 2003

AVORTEMENT MÉDICALISÉ : DIREC-

TIVES TECHNIQUES ET STRATÉGIQUES À L'INTENTION DES SYSTÈMES DE SANTÉ / OMS.- Genève : OMS, 2004.- 106 p.

MEDICAL ELIGIBILITY CRITERIA FOR CONTRACEPTIVE USE / OMS.- Genève : OMS, 2004

→ GÉOPOLITIC

EVADÉS DE CORÉE DU NORD / J. Morillot, D. Malovic.- Paris : Presses de la Cité, 2004.- 323 p.

LES ORGANISATIONS NON GOUVERNEMENTALES ET LE MANAGEMENT / E. Quéinnec, J. Igalens.- Paris : Vuibert, 2004.- (série Vital Roux).- 318 p.

SANTÉ ET DROITS DE L'HOMME : LES MALADES DE L'INDIFFÉRENCE. VOL. 1 / Y. Reinharz Hazan et P. Chastonay (dir.).- Genève : Ed. Médecine & hygiène, 2004.- 262 p.

→ AVAILABLE IN THE PHOTO LIBRARY (and on the database int.) - MSF / Christine Dufour

Haiti : January 2005, surgery Port-au-Prince, Jean-Paul Dixmeras / MSF - **Chad** : November 2004, Chad hospital-Adre, Jean-Marc Giboux for MSF - **Malawi** : December 2004, Gueorgui Pinkhassov / Magnum Photo - **Iran** : February 2005, earthquake, Caroline Livio / MSF.

TRAINING (EPICENTRE)

→ NUTRITION / IMMUNIZATION

From 20th to 28th April 2005 in MSF Paris headquarters
Duration : 7 days - french speaking session

→ TARGET GROUP

Medical or para-medical personnel who will run a feeding centre (intensive and/or supplementary) and/or take part in the setting up of vaccine activities.
By the end of the course, the trainee will be able to:

EPIDEMIOLOGY : Define, calculate and use epidemiological indicators

• Nutrition

- Set MSF actions in the general context of food crisis
- Diagnose acute malnutrition among children
- Discuss the different types of nutritional programmes
- Ensure management of children with acute malnutrition

- Ensure functioning of the feeding centre (intensive and/or supplementary)

• Immunization

- Describe the basic principles of vaccination
- Supervise the validity of the cold chain
- Plan and implement vaccination activities in an emergency situation
- Monitor the activities within a vaccination campaign, analyse the results and define the actions to implement

• Pharmacy

- Define the MSF pharmaceutical policy
- Identify tools and means of this policy
- Manage an MSF drugstore
- Explain the MSF supply circuits
- Ensure drug quality

For further information and to apply: contact your desk and Epicentre
Isabelle Beauquesne (01 40 21 29 27) or Danielle Michel (01 40 21 29 48)

Acteurs d'Urgence : back in action

MSF / February 2005 / Olivier Michel

In 2005, Médecins Sans Frontières will be organising another tour of its itinerant exhibition, *Acteurs d'Urgence*, which was presented to over 25,000 visitors in 20 major cities across France in 2004.

This exhibition, which is set up in a trailer, tells stories that have long since been forgotten, stories that made only brief appearances on our television screens. For 15 minutes through an audio-visual display, the visitor becomes an MSF volunteer in the field and finds himself confronted with different emergency situations.

There will also a photograph exhibition that was co-produced by Magnum and MSF, *Regards croisés*, which retraces 30 years of human crises (Cambodia, Lebanon, Somalia, Afghanistan, Kosovo, Rwanda, Salvador, etc.) through the eyes of photojournalists (Depardon, Vink, Steele-Merkins, etc.) These large scale photographs displayed outdoors are a stark reminder of the violence suffered by the world's most vulnerable populations over the last 30 years.



→ © MSF - 2004

The objective of the tour is to recruit donors' participation in the "one euro per week" operation, by helping them to better understand what we do through these concrete examples.

The first part of the tour will take place from April 5th to July 10th 2005 in Paris, Poitiers, Mans, St Malo, Nantes, Tours, Lorient, Rennes, Brest, Le Havre, Amiens, and Dunkerque.

We hope to count on the many former, present, and future members of MSF to attend *Acteurs d'Urgence*, and we also hope that this exhibition will be a good opportunity for visitors to gain a better understanding of our operations and to support our actions. ■

For further information contact Olivier MICHEL, operational head of the Face to Face campaign: 01 40 21 29 18

PRESS REVIEW

(CONT.)

Jan Egeland also estimates that at least 10,000 people have died each month (...) over the past 18 months, i.e. 180,000 people in total. Picking up on this, the *Libération* website explains that these figures are an estimate of « avoidable deaths » due to hardship and illness and not due to actual acts of violence. Mr Egeland makes no mention of the methods used to obtain these figures. (14 March).

→ Slogans

In its 5th March edition, *Libération* printed an interview with the UN Aids programme director, Michel Sidibé who emphatically stressed the point: « We have to have a Marshall plan for Africa ». At the end of a report published the day before in Addis Ababa he described three possible scenarios for the coming years; these were summarised by the reporter, as follows: "depending on the decisions taken today by Governments and civil society up to 43 million people will -or will not- avoid HIV infection on this continent over the next 20 years ». In an opinion column in the *Journal de Dimanche* on 13th March Bernard Kouchner picked up on the idea put forward by the French Government, at the time of the disaster in Asia, of having a world ambulance and emergency service (paramedics) and has suggested it could be applied for dealing with the Aids pandemic. While waiting for these wonderful schemes, *Le Figaro* -in an article entitled "Aids : generics threatened in India"- highlighted India's wish to amend its regulations in order that they conform with the WTO's rules on intellectual property rights, at the risk of abandoning millions of patients to their fate. (25th February).

→ NEWS FROM EUP AND AUDIOVISUAL

MSF / march 2005 / François Dumaine and Sarah Mcleod

TO DOT OR NOT TO DOT - 13 MINS, AVAILABLE IN FRENCH AND IN ENGLISH

2 million people die of tuberculosis every year. Many are victims of the limited and ill-adapted treatments currently available. On top of treatment strategy being very restricting for patients, both the diagnostic techniques and drugs themselves are very old, as well as unsuitable for treating patients co-infected with HIV or carrying resistant forms of the disease.

The WHO-recommended tuberculosis control strategy (DOTS) urgently needs to be revised and research into diagnostic techniques and simpler, cheaper treatments need to be financed. Every day, MSF witnesses the burden on its patients as well as the limitations of the current strategy which requires medical teams to observe the daily administration of anti-tuberculosis drugs. Shot in Thailand, this film illustrates the difficul-

ties the MSF teams are confronted with in the field and looks at the projects they have already set up and are in the process of setting up in an attempt to curb some of the problems.

AIDS : EMPTY PROMISES - 11 MINS, AVAILABLE IN FRENCH AND IN ENGLISH

With 3 years of field experience in antiretroviral treatment programmes, Médecins Sans Frontières has long since shown that it is possible to treat HIV/AIDS in developing countries. The challenges ahead ahead lie more in improving access to ART programmes, reaching the millions of people in urgent need of treatment, and in treating patients with 2nd line treatment when they become resistant to 1st line drugs.

This film focuses on Kenya where MSF and other organisations run programmes alongside the slowly emerging national programmes.

RESOURCES

Press Contact:

aurelie.gremaud@msf.org
laurence.hughes@msf.org

Messages:

olivier.falhun@msf.org

For further information:

- on the activities of the French section of MSF: www.msf.fr

- on the activities of the other MSF sections: www.msf.org

TURN OVER HEADQUARTERS

FIELD HR

- **Florence PENFEUNTEUN** has been recruited on a fixed term contract as assistant HRO in the bureau des departs: 03/01/05 - 31/07/05.
- **Ayni LACHARMOISE** is helping in the bureau des departs until the end of March 2005.
- **Caroline DECOSTER** has been recruited human resources officer until 02/05/05.
- **Pascale PINAY** has been recruited as HRO to temporarily replace Christophe CANEVET.
- **Natacha RIVAT-CARRELET** left MSF in November.
- **Caroline FAUVEL** left her position as HRO on the emergency desk in January 2005.
- **Amanda HARVEY** (Director of field HR) came back in January 2005.
- **Arnaud LAURENT** (Director of field HR) left MSF in February 2005.

COMMUNICATIONS

- **Olivier MICHEL** will be coordinating the face to face activities until 30/11/05.

FOUNDATION

- **Bérengère CESCOU** has replaced Michèle COLLINEAU who resigned from her position as secretary which she had held since September 2000.

MEDICAL

- **Anne Sophie COUTIN** (obs-gyne specialist) will be working in the dept until 30/10/05.
- **Milton TECTONIDIS** (doctor) left MSF at the end of December.

MISSION IN FRANCE

- **Michelle VAN DEN BERGH** has been working as field coordinator since 14/02/05.

EPICENTRE

- **Philippe CAVAILLER** joined the team as head of department on 01/02/2005.
- **Sybille GERSTL** joined the team on 28/02/2005.

POSITION TO FILL

→ FIELD VACANCIES

→ ASAP

- Head of mission med., Cambodia, Phnom Penh, 12/24 months
- Medical coordinator, Russia, Moscow, 12/24 months
- Medical coordinator, Côte d'Ivoire, Abidjan, 1 year
- Head of mission, Côte d'Ivoire, Abidjan, 1 year
- Head of mission nurse, Angola, Camabatella, 1 year
- Medical field co, Poland, Warsaw, 6 months
- Nurse field co, Myanmar, Kawkeret, 6 months
- Nurse field co, Liberia, Monrovia, 6 months
- Medical field co, Darfur, Murnay, 6 months
- Medical field co, Indonesia, Sigli, 6 months
- Medical, Nigeria, Adanaza Vacci 1, 4 months
- Medical, Nigeria, Adanaza Vacci 2, 4 months
- Medical, Nigeria, Adanaza Vacci 3, 4 months
- Medical, Indonesia, Sigli, 6 months
- Medical, Ethiopia, Galaha, 6 months
- Medical TB, Thaïlande, Maesod, 6 months
- Medical, North Sudan, Team vacci, 9/12 months
- Medical TB, Georgia, Sukhumi, 6 months

- Medical Aids, Cambodia, KPC, 1 year
- Mid wife, Côte d'Ivoire, Bouaké, 6 months
- Mid wife, Liberia, Monrovia, 6 months
- Lab, Kenya, Mathare, 6/9 months
- Nurse, Uganda, Arua, 6/12 months
- Physiotherapist, Haïti, PaP St Josef, 6 months
- Nurse, Indonesia, Sigli, 6 months
- Pharmacist, Uganda, Arua, 9/12 months
- Lab, Ethiopia, Galaha, 6 months
- Nurse, Liberia, Bong, 6 months
- Mid wife, DRC, Ankoro, 6 months
- Psy, Palestine, Gazah, 6 months
- Logistician, Nigeria, Adanawa 3, 4 months
- Logistician, Liberia, Bong, 6 months
- Logistician, China, Nanning, 4 months
- Logistician, North Sudan, Team vacci, 3 months
- Logistician admin., South Sudan, Kotobi, 6 months
- Logistician Watsan, Indonesia, Sigli, 3 months
- Logistician capital, Myanmar, Mudon, 6 months
- Logistician capital, Haïti, Port-au-Prince, 6 months
- Logistician field co, Indonesia, Banda Aceh, 6 months
- Logistician, South Sudan, Akuem, 6 months

- Administrator, Chad, N'djamena, 1 year
- RRH, Darfur, El Geneina, 6 months
- Administrator, Nigeria, Yola, 4 months
- Financial administrator, DRC, Kinshasa, 1 year
- Administrator exp., Sierra Leone, Freetown, 9 months
- Administrator, Indonesia, Djakarta, 6 months

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- Medical coordinator, Cambodia, Phnom Penh, 12/24 months
- Head of mission nurse, DRC, Lubumbashi, 1 year
- Head of mission med, Indonesia, Banda Aceh, 6 months
- Nurse field co, Malawi, Chiradzulu, 9 months
- Nurse field co, Haïti, PaP St Josef, 6 months
- Nurse field co, DRC, Kitenge, 6/9 months
- Medical field co, Côte d'Ivoire, Guiglo, 6 months
- Logistician field co, Liberia, Bong, 6 months
- Medical, South Sudan, Akuem, 6 months
- Medical, North Sudan, Bentiu, 6/9 months
- Lab, Angola, Camabatella, 6 months

- Nurse. training, South Sudan, Akuem, 6 months
- Nurse TB, DRC, Ankoro, 6 months
- Nurse nut., Niger, Maradi, 6 months
- Nurse, North Sudan, Maygoma, 6 months
- Mid wife, Darfur, Zalguei, 6 months
- Nurse, Angola, Camabatella, 6 months
- Lab TB, Armenia, Erevan, 3/4 months
- Nurse, Sierra Leone, Tobanda, 6/9 months
- Logistician field co, South Sudan, Loki, 6 months
- Logistician admin., Chad, Adré, 6 months
- Logistician, Sierra Leone, Kenema, 9 months
- Logistician admin., North Sudan, Bentiu, 6 months
- Logistician admin., Guinea, Conakry, 6 months
- Logistician, North Sudan, El Geneina, 6 months
- Logistician admin., North Sudan, Niertiti, 6 months
- RRH, South Sudan, Loki, 1 year
- Financial administrator, North Sudan, Khartoum, 1 year
- Administrator, Haïti, Port-au-Prince, 6/12 months
- Financial administrator, Kenya, Nairobi, 1 year
- RRH, Kenya, Nairobi, 6/12 months