

MISSIONS

SUDAN DARFUR

Cries for Help P1

ETHIOPIA

Towards a post-mortem intervention? P7

FRANCE

Reform of the AME P9

DOSSIER

AGM 2004

- Excerpts from the Annual Report P10
- The 2003 accounts P15

DEBATES

- Afghanistan : humanitarianism under attack P20
- Arjan Erkel : Political kidnapping and official lies P22
- War crimes « in the shadow of just wars » P24
- The integration of national staff P26

RESOURCES

- Exhibition "Acteurs d'urgence" P29
- Portrait : Ismaël Fouad P30
- Vacancies P40

FROM THE FIELD

A path of destruction P32

INFOS

- Watch and read Press review P34
- Hommage to Nicolas Nathan P39



DARFUR/SUDAN

Cries for Help

MSF/June 2004/ Excerpt from « Emergency in Darfur, Sudan: No relief in sight »

After a killing spree from September 2003 until February 2004, there is continued violence and severe aid shortages in Darfur, Sudan. Current relief operations fall dramatically short of the massive needs and will not prevent an entirely man-made famine. Focus on Mornay Camp, West Darfur State:

The 80,000 displaced Sudanese civilians living in Mornay camp had fled from 111 villages throughout West Darfur State that had been looted and burnt to the ground by pro-government militias, with the vast majority of people arriving between September 2003 and February 2004. According to a recent survey carried out by Médecins Sans Frontières (MSF) and Epicentre, one out of every 20 people, or 5% of the original population of these villages, was killed in such attacks. While this average is appalling, particularly ferocious large-scale killings occurred in 11 villages between November 2003 and February 2004.

→ VIOLENCE AND FEAR

The killers primarily targeted men, who accounted for three out of every four deaths. Women and children were also killed, with more than 75% of the deaths among women and 50% of the deaths among children due to violence. Survival for many of the weakest children and elderly today depends on traumatized and exhausted mothers and girls while essential survival items like food, drinking water and shelters are distributed irregularly and in insufficient quantities. Up to 200 people already die every month in Mornay from

Number 131

The 'victims of catastrophes' to whom we provide assistance, as stated in our Charter, often suffer violence orchestrated by their governments. Humanitarianism, although far removed from any political programme, can find itself in conflict with authorities, whether official or rebel, in its attempt to provide impartial assistance to populations who are in danger as a result of their leaders. In such contexts we must do our utmost to provide these populations access to assistance.

In the same spirit, but in a broader context, we have decided to embark on the battle for access to essential medicines for all. It is indeed a battle, as here too we are often in conflict with numerous powers. Nobody has given us a mandate for this. It is up to us to know how to act and follow our Charter wisely, putting aside all naivety or saintliness, in the interest and respect of our patients. ■



MISSION

SUDAN/DARFUR

→ TIMELINE

**MSF/July 2004/
Aurélie Grémaud**

25 February 2003.

An insurrection begins in Darfur

25 April 2003.

Rebels occupy El Fasher airport (State capital of North Darfur), capture a general and destroy several military planes.

June 2003.

MSF - First application for a travel permit.

3 September 2003.

A ceasefire is signed in Abeche, with the President of Chad as an intermediary.

October 2003.

MSF - First exploratory mission.

16 December 2003.

War resumes throughout Darfur.

Mid-December 2003.

MSF - Opening of emergency programmes in Nyala, Mornay, and Zalingei.

January 2004.

The government army launches land and air attacks on numerous villages in Darfur, forcing over 100,000 people to flee to neighbouring Chad.

15 January 2004.

MSF - Press Release (PR): "After the forced closure of the Nyala camps by the Sudanese authorities, MSF expressed concern about the fate of these populations."

violent acts, starvation, and disease. People continue to live in perpetual fear of new killings and rapes because the same militiamen who conducted the scorched-earth attacks on their villages control the periphery of Mornay camp. The men who survived the initial killing spree cannot leave without risking death, while women who dare venture out to gather items like wood and grass have been exposed to beatings and rapes. Nearly 14% of the 132 victims of violence treated by medical teams from MSF over the last nine weeks were victims of sexual violence. Because of cultural

while only half that amount seems to arrive in West Darfur.

The ongoing attacks around the camps make people entirely dependent on external aid that is inadequate and irregular. Because of acute shortages of food, one child of every five in Mornay suffers from acute malnutrition. MSF has treated nearly 5,000 children in feeding centers - 1,000 for severe acute malnutrition and 4,000 for moderate acute malnutrition. Since early 2004, the camp's residents have received, on average, less than 1,000 kcal/day, not

water needs have far outstripped the village's capacity. MSF distributes 500,000 liters of drinking water per day, or five to seven liters/person/day, which is well short of the minimum standard of 20 liters/day to meet all needs. Water shortages have led to interminable lines at distribution ramps, adding considerably to the workload of girls and women.

Latrines are rare in the camp because geologic conditions make them difficult to build. In a few days, or weeks at most, heavy rains will begin and excrement will flow across the



→ Darfur, a destroyed village © stefanpleger@yahoo.com - April 2004

mores, many cases of rape have most likely gone unreported.

→ DIFFICULT ASSISTANCE

People also wait in vain for assistance while there is little to suggest it will arrive in time and in quantities sufficient to prevent large-scale calamity. To feed people in Mornay alone would require 1,200 tons of food every month. Transport alone would require 80 roundtrips every month on sandy roads with trucks designed to carry 10 tons carrying 15. As the rainy season begins, the roads will be even more difficult to navigate. Meeting the food needs of all of West Darfur's 600,000 displaced persons would require 300 tons a day

even half of the 2,500 kcal daily ration needed to survive. The World Food Program (WFP) distributed a half-ration in February, a complete ration in late April and another in mid-June 2004, but the distributions lacked critical micronutrients like iron, vitamins B1 and B2, and niacin. In order to better protect children under five, three times MSF has distributed 15,000 rations that increase every family member's food rations by 25%.

→ LACK OF INFRASTRUCTURES

Until December 2003, Mornay was a village of 5,000 people. With the arrival of 75,000 displaced people, drinking

entire site. Mortality from diarrhea, which today represents one-third of the deaths, will only increase.

The shelters are pitiful as well. The recent distribution of one sheet of plastic per family of five will not prevent respiratory infections, always one of the leading causes of death for children living in such conditions, from increasing.

And given that rainwater tends to stagnate in such terrain, mosquito breeding sites will likely swell. The seasonal malaria peak, well known to the region's residents and doctors, will inevitably bring severe anemia and death to children as well as adults.

Since February 2004, 15,000 children under the age of five, or 95%, have been vaccinated against measles. MSF teams conducted 15,000 medical consultations with 400 hospitalizations. But this only represents a small fraction of the medical needs. Because there is not enough medical and paramedical staff, only one-third of pediatric consultations and an even smaller fraction of adult consultations have been carried out.

→ PRESSURES AND PROMISES

In a few days, or weeks at most, heavy rains will begin and excrement will flow across the entire site. Mortality from diarrhea, which today represents one-third of the deaths, will only increase.

Authorities recently announced that they want people in Mornay to return to their home villages as quickly as possible. In Zalingei, 70 kilometers from Mornay, camp officials have been pressured by local authorities to return to their villages in the hope that many residents would follow them. Salaries of reluctant officials are being cut off while others have been threatened with arrest. Without genuine guarantees of safety or the means to survive, people now live in fear of being displaced yet again back to villages that have been completely destroyed.

Aid organizations are being asked to conduct their activities in observance of this policy and to encourage the people to return. Relief workers, already overwhelmed by the catastrophic situation in the existing camps, would have to spread out across multiple villages. It is impossible for community life and farming activities to resume on such short notice in such devastated places, especially as the rainy season begins. Many people witnessed family members and friends being killed before their eyes, and some have not yet been able to bury the corpses. Mornay is one of the first sites in the

Darfur where aid is being deployed, but the assistance is still inadequate. Many officials, both Sudanese and foreign, have visited and often cite the camp as an example of an effective aid response. Each visit brings promises of protection and assistance, but people are still waiting desperately for the promises to translate into action. In several instances, official visits have yielded grotesquely staged aid operations, with the objective of satisfying the visitors' political and public relations needs. After the intense violence to which people have been subjected, many in Mornay perceive the ongoing attacks, food shortages, and threats of renewed displacement as the continuation of a policy aimed at destroying them as a group and severely exploiting the survivors after resettlement. Such beliefs, even if only perceptions, have damaged people's psychological well being and further erodes their ability to survive.

Those who have fled to Mornay

MSF'S ACTIVITIES

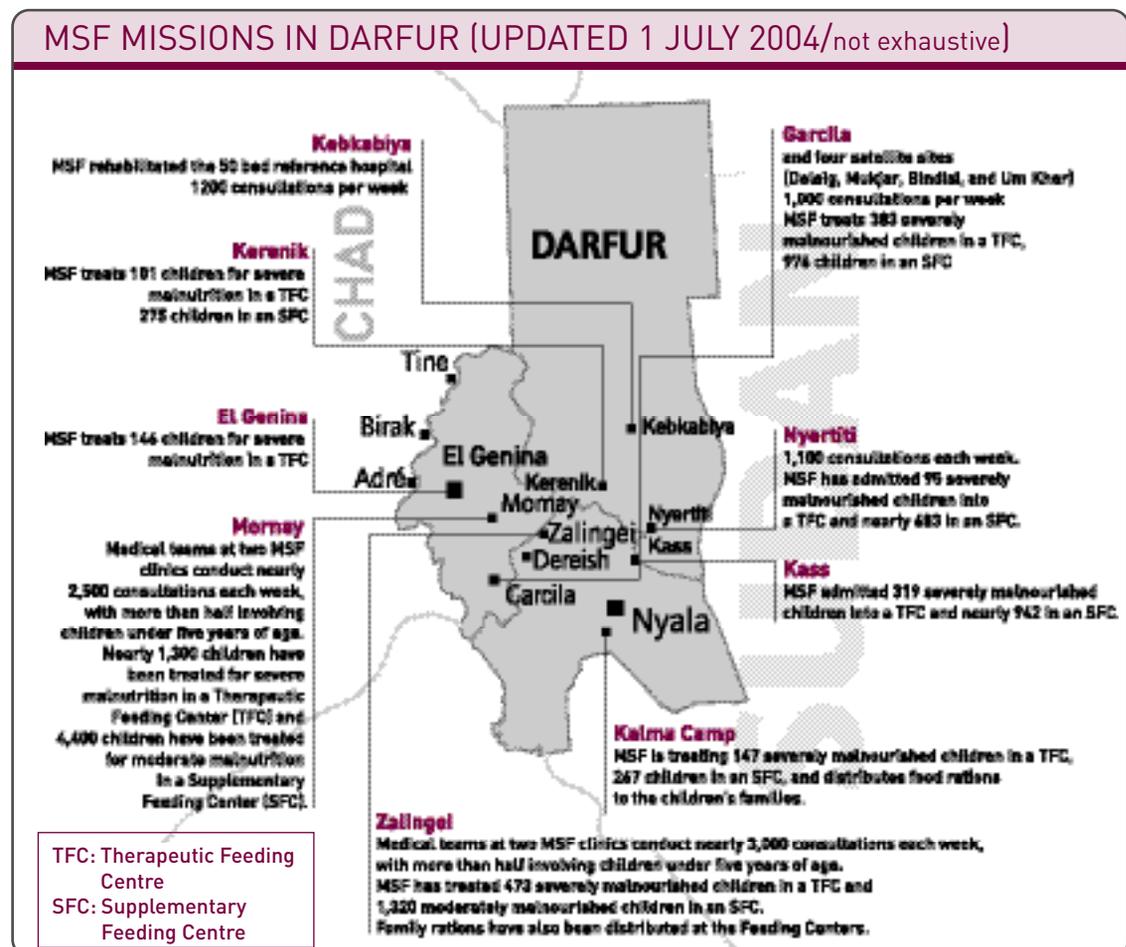
MSF has been working in Darfur since December 2003.

Today, 100 international volunteers and nearly 2,000 Sudanese staff provide medical and nutritional care in areas with more than 400,000 displaced people. Medical teams conduct medical consultations and hospitalisation, treat victims of violence, care for severely and moderately malnourished children, and provide water, blanket feedings and other essential items in Mornay, Zalingei, Nyertiti, Kerenik, El Genina, Garsila, Deleig, Mukjar, Bindisi, and Um Kher in West Darfur State; Kalma Camp near Nyala and Kass in South Darfur State; and Kebkabiya in North Darfur State. MSF also continues to assess areas throughout Darfur. Additional teams provide assistance to Sudanese who have sought refuge in Chad in Adre, Birak and Tine, Iriba and Guereda.

represent less than 10% of people displaced by a war waged against civilians in Darfur. The events directly affect an estimated 1 million people and indirectly affect several hundreds of thousands more, especially in terms of food security, while more than 190,000 people have sought refuge in neighboring Chad. Promoting various political interests must give way to a massive mobilization of assistance on the

national and international levels. As presently designed, the relief operation falls dramatically short of the needs and will not succeed in preventing an entirely man-made famine from wiping out tens of thousands of lives across Sudan's Darfur region. ■

The MSF report « Emergency in Darfur: no relief in sight » is available on www.msf.fr



WEST DARFUR STATE: MSF is working in areas where nearly 250,000 displaced people have gathered - SOUTH DARFUR STATE: MSF is working in areas where nearly 60,000 displaced people have gathered - NORTH DARFUR STATE: MSF is working in areas where nearly 130,000 displaced people have gathered.



SUDAN/DARFUR

A second disaster looms

MSF/June 2004/Interviewed by Kevin P.Q. Phelan

President of the French division of Médecins Sans Frontières, Jean-Hervé Bradol has just returned from West Darfur, where he visited MSF programs in El Genina, Mornay and Zalingei.

→ TIMELINE (CONT.)

9 February 2004.

President El-Bashir announces the end of military operations in Darfur.

16 February 2004.

The government announces the reopening of access for humanitarian agencies.

17 February 2004.

MSF - PR: "Appeal for reinforcement of international emergency aid"

26 February 2004.

MSF - PR: "17,000 highly vulnerable displaced persons without assistance."

March 2004.

UN reports systematic massacres. NGOs publish reports on the extreme violence exerted on civilian populations.

10 March 2004.

MSF- PR: "New nutritional assessments among displaced persons reveal an alarming situation."

8 April 2004.

As a result of this pressure, President Bechir agrees to sign a ceasefire.

28 April 2004 .

MSF-PR: "Measles and malnutrition on the increase... the health of hundreds of thousands of displaced persons in Darfur is declining dramatically".

24 May 2004.

MSF - Report on the humanitarian situation to the UN Security Council.



→ Darfur, early morning in Mornay © Sibylle Gerstl / MSF - May 2004

→ Coming back from West Darfur, what are your first impressions?

Intense violence and the forced displacement of the population brought about a first disaster. In the Mornay camp, 15% of family members have disappeared (5% killed, 10% have fled). Repression has particularly

affected young men. The current situation is alarming, mortality is at emergency levels, and one out of five children is suffering from acute malnutrition. Violence is omnipresent around the camp. Pro-government militia attack the displaced, mostly women and young girls, when they

venture outside of the camps to collect wood or grass for their donkeys. Rape is frequent. An overview of the situation:

- demographic catastrophe, with up to 5% of the population assassinated in some areas, one million displaced people and 190,000 refugees in Chad;
 - overdue, irregular and insufficient international aid;
 - persistent violence, admittedly less intense, but making the population more dependent on insufficient assistance;
 - a government project to return people to their villages of origin without serious guarantees of security and assistance;
 - significant logistic difficulties, soon to be amplified by the rainy season.
- These conditions all combine to lay the ground for a second catastrophe resulting from violence leading to confinement in camps receiving insufficient international aid and the forced return of people back to their places of origin without providing appropriate conditions of security and assistance. There exists a very real risk that malnutrition and disease will

A COUNTRY AT WAR

MSF/July 2004/Caroline Livio

Two rebel groups, the SLA/SLM (Sudan Liberation Army/Movement), and the JEM (Justice and Equality Movement) demand that conditions for the population in Darfur, a region in western Sudan, be improved. The government in Khartoum has long ignored this region and the population now wants to benefit from the oil revenues and administrative powers to be shared.

Since February 2003 these demands, and the subsequent civil war in Darfur, have been underway in the backdrop of the peace negotiations that started in 2002 between the government in Khartoum and the John Garang's SPLA (Sudan People's Liberation Army), the main rebel movement in the south. At war since 1983, an agreement on the sharing of oil revenues brought about a ceasefire between the two main opponents. This war, however, hides a tangle of conflicts and interests involving neighbouring countries (Ethiopia, Eritrea to the east, Uganda to the south and most recently Chad to the west). Furthermore this north-south conflict that started during the cold war has made foreign powers, the USA in particular, consider Sudan as an international political interest.

kill tens of thousands of people in the upcoming months, even though the situation is not the same all over Darfur.

→ **Is this a genocide?**

Pro-government militia have assassinated a lot of men, and have not always spared the lives of women and children. The two epidemiological studies that we carried out among two groups of displaced people—100,000 people in total—in West Darfur show a high number of assassinated civilians (5% of the inhabitants of the 111 villages that the displaced people in Mornay come from). But mortality and its distribution inside different population groups do not suggest an attempt to exterminate an entire group of people. Our statistics clearly are not exhaustive, considering the size of Darfur and the million displaced people, but they are the only ones based on epidemiological studies. Furthermore, the public statements by the regime have not called for the extermination of a particular group, and in the field, we haven't seen the kind of logistical machinery necessary for such a project. It's useful to point out that the inhabitants of the West make up more than a fourth of the country's population and a majority of the army. The idea of genocide refers to specific historical situations, such as the genocide of the Rwandan tutsis in 1994. We haven't seen this kind of phenomenon in Darfur.

→ **Why is so much attention being given to this idea of genocide in the case of Darfur?**

It's mostly a question of a picture that's been painted by political players, and the idea has had a lot of success among the media that are used to reducing African conflict to simple caricatures. The conflict between the central power and the Southern rebellion was presented as a "war between Muslims and Christians," and the war in Darfur is now being qualified as a "war between blacks and Arabs." The Khartoum regime took the initiative by presenting the Darfur conflict as a "tribal war" that the army would pacify. In the same fashion, some leaders of the rebellion have developed the idea of "African tribes" being exterminated by "Arab tribes." Some members of the American



The idea of genocide refers to specific historical situations, such as the genocide of the Rwandan tutsis in 1994. We haven't seen this kind of phenomenon in Darfur.

government and the United Nations, lacking the words that would shock people enough to pressure the Sudanese regime, have validated the term by asking a question—Is genocide taking place in Darfur?—and affirm that at the very least it's a matter of ethnic cleansing. A group of human rights organizations, permanently campaigning to classify certain serious crimes as acts of genocide, use the example of Darfur to promote their cause. These organizations pressure the Security Counsel and the states that are party to the Convention on the Prevention and Repression of Genocide to construct a "new international political order" where major violations of human rights would justify, when necessary, systematic and armed international intervention.

In our book "In the Shadow of 'Just Wars'" we explain that it would be a mistake for humanitarian action to join a plan to forcefully impose a new international order in the name of human rights.

→ **Why take a position on this issue?**

The diagnosis is important. If it were a matter of genocide, the main issue would not be to increase emergency aid but rather to use force to end the

extermination. Concretely, in the context of Sudan, if we don't distance ourselves from the accusation of genocide, we risk being sucked into the camp of those who, without really believing in it but harbouring ulterior political motives, threaten military intervention against the Khartoum regime. If we're not clear on this issue, we'll help create in Sudan the kinds of difficulties we've already seen through our interventions in Iraq and Afghanistan where Islamic groups are accusing humanitarians of working in the interests of the American-led military coalition. In Afghanistan and Iraq, these accusations are leading to murderous attacks against humanitarian organizations.

→ **Isn't forcing hundreds of thousands of people from their villages a kind of ethnic cleansing?**

The main fear right now of the displaced is to be sent back to their places of origin. The government, anxious to announce that the situation in Darfur is back to normal, wants this to happen quickly. It's hard to speak of ethnic cleansing when those in power are making this prompt return one of their main political pillars. This process is disturbing enough in itself without creating false perceptions through inappropriate labels. From a humanitarian point of view, this government project worries us as much as the actual displaced people. Families are weak, and their sudden displacement during the rainy season to villages that are often in ruins would likely bring about high levels of mortality. Even more so in that the displaced are entirely dependent on

→ **TIMELINE (CONT.)**

26 May 2004.

Peace agreement. The situation remains highly critical.

21 June 2004.

MSF - Report: "Emergency in Darfur: no relief in sight." with Epicentre figures.

POINT INFO

→ **16 July, 2004**

Democratic Republic of Congo (DRC) : faltering transition process

Early June, fighting erupted in Bukavu, fallen into dissident hands for many days. In the night of June 10th-11th, a coup d'Etat in Kinshasa was attempted, which also caused havoc for days.

The events in Bukavu have a direct effect on the programs in Beni and in Kayna. In spite of the tensions and of the evacuation of part of the volunteers' from other associations, our teams remain on the field, in camps for displaced people in Beni, and in a TFC in Kayna. Within two months, the number of children admitted in the TFC has tripled, and now is around 1000 children. Teams are also taking care of women that have undergone sexual assault. All this is taking place in a context of daily extortions endured by the local population.

These events show how many would prefer to maintain the military option, at the cost of the political option for transition.

aurelie.gremaud@msf.org



MISSION

SUDAN/DARFUR

For further information on Darfur contact caroline.livio@msf.org or aurelie.gremaud@msf.org

See also page 32: Darfur: Path of Destruction

outside assistance for food, and will remain so for at least another year. The current food aid program doesn't even provide for half of the people's needs, at a time when populations are concentrated in a limited number of camps. If the people were dispersed in different villages, aid would come to a standstill, especially during the rainy season. Faced with persistent violence, the displaced feel safer in cities or in large rural camps than in their villages of origin. During a visit to the Sisi camp, on the road between El Genina and Mornay, men flocked around our car to greet us. We asked them if they wanted to go back home. They pointed to a place just a few hundred of meters away and said, "We can't even go past that hill, because we know we'd be attacked. So we can't imagine being able to go back home in these conditions."

→ How could the situation improve?

In the short term, in order to save the lives of tens of thousands of displaced people, the violence must stop, and international aid must be stepped up. Where violence is concerned, the government project of sending displaced people back to their villages of origin provokes legitimate concern. From the point of view of assistance,

the World Food Programme (WFP) currently only barely provides for half of the requirements. It lacks 200 trailer trucks, 50 all-terrain vehicles, and authorization to use helicopters. In about half of cases, food distribution networks are not operational. Aid needs to be taken to a new level.

→ How can we reach this "new level"?

A more reliable transportation system is essential, as is the development of peripheral aid distribution networks. The WFP is doing what it can given the constraints. But we have no reason to believe that it will be able to completely cover the planned operations before several months. Feeding a camp like the one in Mornay requires 1,200 tons of food every month. Three hundred tons of food would have to be distributed to satisfy the people's needs in western Darfur, which would require a supply chain that doesn't exist, just when the rainy season is beginning.

→ What does MSF need to do?

The government has changed its attitude. It is no longer blocking the arrival of aid. But it is intending to use international aid resources for its plan to bring Darfur back to normal. We

need to really make sure that this aid doesn't end up being used against the interests of displaced populations. There are already some concrete signs of this trend: the United Nations provides food aid to pro-government militia, the FAO provides seeds for the government plan to send the displaced people to their places of origin, and the authorities are publicly stating that, thanks to the help of the World Health Organization and Unicef, the health situation in Darfur is under control.

From an operational point of view, we need to be ready to welcome new arrivals at our existing sites, to distribute as much food as possible alongside the WFP and to develop the capacities of our hospitals to deal with epidemics. Malnutrition and diarrhoea are already significantly affecting mortality rates, which are varying between emergency level and catastrophe level. Other epidemics may develop during the rainy season and will be all the more fatal to a malnourished population.

Respect for the government of rights of the displaced and the quality of international aid supply chains will be the two determining elements for the survival of tens of thousands of individuals in the upcoming months. ■



→ Sudan - Darfur © Ton Koene - May 2004

Towards a post-mortem intervention?

MSF / June 2004 / Interview by Olivier Falhun



→ During the malaria epidemic in Gutten, East Wollega, Ethiopia. © Florence Gaty / December 2003

A plan to resettle people from the highlands was begun last year in Ethiopia. The Ethiopian government plans to move 2.2 million people over a three-year period in response to chronic food shortages that afflict these people. But recent evaluations carried out in the Oromo region, where many Ethiopians have already been resettled, reveal an alarming situation -- and the rainy season is about to begin. Graziella Godain, programme manager for Ethiopia, describes her concerns.

→ Can you tell us how far the resettlement process has got today?

Since the start of this year, 190,000 people have already packed up and moved to more fertile areas in the framework of intra-regional movements mainly in Oromo, but also in the Tigre, Amhara and SNNPR¹ (see map overleaf) regions. In March, a joint team of representatives from the government, the United Nations and international donors (e.g. USAID, European Union, World Bank) carried out evaluations at 37 sites. The results – which were disturbing – were sent to the government and to NGOs. Convinced by institutional donors and the United Nations to go on site, we

began a series of evaluations in April in the Illubabor and East Wollega regions in order to evaluate the scope of the needs and to learn a little more about the risks faced by the population.

→ What did the MSF evaluation teams observe on-site?

It is important to note that unfortunately we did not have access to all the sites. We could not visit the Haro Tadessa site, even though the local authorities report that it has one of the highest prevalences of malaria and malnutrition. Nevertheless, the evaluations that we were able to carry out – particularly in

the Illubabor region – were enough to convince us of the urgency of an intervention, which was unfortunately rejected by the authorities. At all the sites visited, we observed mortality rates above the alert threshold, particularly for children under the age of five². Among the causes of this mortality level is the nutritional situation, which is very disturbing: the food rations distributed are insufficient and the many cases of diarrhoea compound the problems. We observed a high prevalence of malnutrition – severe or moderate – at all sites we visited. Malaria is also a factor of mortality: some sites have already been affected by the disease.

POINT INFO

→ 16 July 2004,
Ethiopia:
the answer is no...

Ethiopian authorities have finally decided to turn down the joint evaluation mission proposal that they let us hope for until now. They reckon they do not need assistance. The World Bank has led evaluation missions on its own side. Whilst recognising that on many sites, the resettlement process was unsatisfactory, it has nevertheless awarded some credits. The World Bank has also planned to send out a team of 'consultants' to Ethiopia. As for us, we have tried persistently to contact the Bank, but in vain: the office in New York keeps referring us back to the office in Addis Abeba...

So we are back to square one, contacting various journalists to alert them of the situation, but with the handicap of not having a more recent evaluation than the last one in May. We will also attempt to contact authorities again, however without much conviction. Meanwhile, the rainy season has well settled in.

olivier.falhun@msf.org



MISSION

ETHIOPIA

→ In MSF's archives...

Although we should be wary of drawing parallels between the current situation and the resettlement policy that existed under the Derg regime, a rummage through the MSF archives may nonetheless prove useful. In 1987, for example, François Jean wrote of the resettlement policy set in motion by Mengistu in the wake of the 1985 famine:

“*At Médecins Sans Frontières we have always been clear about this: we have only ever contested the way in which these relocations were carried out. However, we do also feel that they are the product of a development plan which has been imposed from above and which is, as a result, detrimental.*”

François Jean, *De l'Éthiopie à la Tchétchénie - Les cahiers du Crash* (see page 36).



→ Internally displaced people, Ethiopia. © Stephan Vanfleteren - March 2003

Furthermore, the water supply is insufficient at most sites visited, which also leads to diarrhoea among the most vulnerable individuals, particularly children.

→ How do you account for the attitude of the Ethiopian government?

While our relationship with Health Ministry representatives was often strained in the past³, it seems that this time the resettlement plan is directly driven by the Ethiopian Prime Minister, who wants to obtain funding from international donors. However, the donors require “guarantees” on the coherency and smooth implementation of the process before they agree to donate. There is on one side, therefore, a government with every interest in minimising the consequences of resettlements in order to obtain funds, and on the other donors sceptical of the scope and implementation of the plan and who are waiting to see... It is not for MSF to judge the coherency and/or relevance of this resettlement programme, our proposed intervention responds solely to the emergency situation that we have observed. The authorities however met this proposal with a lengthy silence before contesting the conclusions of our inquiries and “inviting” us to carry out new evaluations with them. Lacking authorisation, we are now forced to accept this offer, at the risk of seeing an already critical situation deteriorate. It remains to be seen when this umpteenth series of evaluations will be carried out...

→ What are MSF's main concerns?

We have already observed worrying mortality rates, particularly among children below the age of five. And several factors make it difficult to be optimistic. The imminent rainy season could in fact lead to a catastrophe. For example, people displaced from the highlands are directly exposed to the danger of malaria since they have not developed any immunity. A widespread epidemic cannot thus be ruled out. There is no expected improvement in food aid either: although the authorities have begun to increase food distributions (through Unicef and the World Food Programme), they remain insufficient, and the rainy season will not facilitate the delivery of hypothetical assistance to areas that have become inaccessible. More broadly, the shortage of aid along with these

access difficulties and the epidemic risk will represent serious obstacles to any hypothetical intervention. To all those who today assert the urgency of waiting, we respond that it is more urgent to intervene... ■

- 1- SNNPR = Southern Nations, Nationalities, and Peoples Region
- 2- The alert threshold is 2/10,000/day.
- 3- In December 2003, while a widespread epidemic raged in the East Wollega region, the authorities treated MSF's Ethiopian representatives as “charlatans” in response to our request to treat malaria patients with artemisinin derivatives, while the only first-line drugs authorised at the time had turned out to be ineffective. Since then, the authorities have changed their mind and have authorised us to import these drugs now.



Reform of the AME: a health crisis foretold

MSF / June 2004 / Caroline Livio (caroline.livio@msf.org)

Six months ago, Médecins du Monde (MDM) and Médecins sans Frontières (MSF) published in *le Monde* an open letter to warn health and social services ministers of the dangers of the Aide Médicale d'Etat (AME, state medical aid) reform. Six months later, our teams report on and denounce the perverse effects of this system.

In December 2003 the government reformed the AME, a system reserved for people living in France with extremely low incomes and no residency permit. The changes made to this system, which provides 150,000 of the most vulnerable people in France access to health care, hinges on two main elements: the abolition of immediate access and the end to free treatment for patients. The latter must therefore wait for an unspecified period until they receive a possible positive decision from the Caisse Primaire D'Assurance Maladie (state health insurance). They must also provide proof that they have been continuously in the country for a period of at least three months.

From December 2002 onwards, many medical and welfare organisations had already become very active in protesting against the first changes to the Couverture Maladie Universelle (CMU =) and the AME. A petition launched by Médecins Sans Frontières collected more than 100,000 signatures. A year later in December 2003, MDM and MSF condemned the damaging effects of the AME reform in a joint appeal signed by 160 organisations, amongst which were the Samu social de Paris and the Comité médical pour les exilés (Comede).

The first signs of the 'health crisis' foretold at that time are quickly becoming apparent. Every day, medical teams from these four organisations witness the harmful results of the new system: in reality patients have no access to general medical care unless they are able to pay the cost of consultations themselves; they are sent to already overcrowded hospitals even for treatment which does not require the medical technology of a hospital, or

are admitted as emergencies with serious illnesses which have not been treated in time. They are also faced with a toughening-up of the administrative procedures involved in compiling their files. For some, the result of these problems is that they quite simply give up any attempt to seek treatment. On the 8th of June 2004, the four organisations again denounced the damaging effects of the AME reform and requested a return to the system which existed before December 2003 which provided those most in need with genuine and immediate access to healthcare.

The commitment of these four organisations, which has received widespread media coverage, has apparently provoked a reaction from the new Minister of Health, Philippe Douste-Blazy. In a debate organised by the daily paper *Le Monde*, on the 14th June, he promised he would draft a new circular allowing those without papers and requiring urgent medical attention to benefit from the AME once again. This would re-establish, to an extent, immediate access. For the moment this commitment seems more like just another empty statement. ■

THE PROVISIONS OF THE AME

- The AME is aimed at people living in France who have no Social Security benefit and who earn less than the CMU threshold i.e. 566.5 euros a month.
- Since the law reform of 1992, the AME can be obtained as a precautionary measure, for periods of one year, before the appearance of symptoms necessitating medical care.
- If eligible, the AME provides access to healthcare refundable by the CMU (visits to doctors, extra examinations, nursing care, dental care and care in hospital) with the exception of spectacles, artificial limbs and medical appliances.
- Immediate access to the AME is designed to allow, in cases of medical or social emergency, rapid entitlement to those benefits which would allow the medical care necessary to prevent any deterioration in the state of health of the person concerned.

WHAT HAS CHANGED IN THE LAW

December 2002 :

- Expansion of access to healthcare outside hospitals for those entitled to the AME who have lived for less than 3 years in France, following the example of Paris and the Seine-Saint-Denis.
- Introduction of a patient's contribution for those entitled to the AME. The amount of the contribution, which means an end to free access to healthcare, is to be defined in an implementation order which is as yet unpublished.

December 2003 :

- Abolition of the right to instant access to the AME, even in cases where 'the situation demands it'.
- Requirement of continuous residence for the last three months in France in order to benefit from the AME.

POINT INFO

→ 16 July 2004,
No more camps
in Ingushetia

As a the result of increasing pressure put on the displaced people to go back to Chechnya, the Satsita camp, the last remaining camp in the region, was closed down on 10th June 2004. The Chechen families who did not submit to the pressure went to swell the ranks of the Kompakniki, disused factories and farms. Some were able to rent a room from a local. According to the official records of the High Commission for Refugees, at the beginning of June 2004, there were 54 622 displaced Chechens in Ingushetia, of which 24 366 were in the kompaktniks.

During the night of June 21st to 22nd, commandos carried out attacks in Ingouchie which left 88 people dead and 200 injured. Since then, there has been a significant increase in violence and pressure put on the displaced people, causing some to return to Chechnya and leaving others homeless. On the 8th July, a special operation of identity checks meant that in 3 MSF clinics in Ingouchie, consultations had to be suspended as the patients, awaiting the control, hid in their homes. The following day, the consultations were able to recommence.

Today, several pregnant women have returned to Chechnya, followed by MSF and are no longer being looked after since access to care is almost non-existent. In this region, the possibility of intervention for aid workers is reduced to almost nothing, since the violence which is being suffered by the civil populations is also affecting humanitarian workers.

aurelie.gremaud@msf.org



DOSSIER

ANNUAL GENERAL
MEETING 2004

ANNUAL GENERAL MEETING 2004

Excerpts from the Annual Report

Presented at MSF's 33rd Annual General Meeting

MSF/May 2004/ Dr. Jean-Hervé Bradol, President of Médecins Sans Frontières

Although Jean-Hervé Bradol mentions in the introduction to the President's Annual Report that, overall, the results in 2003 were good, he also recalls that it is the Board of Director's role to offer a critical review. It is with this in mind that the following excerpts have been selected, focusing on the current and future key issues that contribute to the construction of responsible, independent humanitarian actions. Nevertheless, given the number of subjects addressed in the President's report, we strongly recommend reading the full report available on www.msf.fr.

OUR ASSOCIATION'S ACTIVITIES

→ THE DIFFICULTIES OF INTERVENTION

(...) We have recently shown ourselves to be somewhat reticent about responding to emergencies in countries where we are not already present. Two examples from 2003 illustrate this development. In Iraq, we were very hesitant about mounting a surgical mission in Baghdad during the U.S. offensive. During the summer of 2003, we had difficulty launching a response when Algeria needed aid following the earthquake. I think we have become

unaccustomed to moving into countries where an MSF France mission does not already exist. We have to pick up somewhat in this area but I think that since early 2004, the emergency desk has really begun to pay close attention to this issue.

In addition, in countries where we were already well established, we sometimes found it difficult to launch an emergency response under good conditions. e.g. the start of one of the year's major emergency responses, Liberia, where disagreements within the operations department were followed by a delay in the operation's initial phase. We had, however, been working in that country for many years.

THE EMERGENCY IN DARFUR

(...) In recent months, MSF teams have located at least 400,000 people gathered at different sites inside Sudan, with very little mobilization on the part of U.N. agencies, the ICRC or other aid organisations. This situation is often presented as a new phenomenon. However, to my knowledge, it has existed since the early 1990s. My personal recollection does not reach further back but based on my experience, we have regularly been involved in this type of situation –working alone in places where extensive aid is required– since the early 1990s. That is why we decided to extend the range of our aid to include

certain forms of food distribution. This does not involve general distribution of full rations, but we are now distributing supplemental rations much more frequently. Although as a medical organisation, our original mission did not include this activity, the Annual General Meeting and the Board of Directors decided to incorporate it over ten years ago. At that time, there was already a shortage of organisations working on behalf of populations suffering the effects of major crises.

THE FAILURES IN SOROTI

In the Uganda emergency – 100,000 displaced persons who gathered in the town of Soroti – our operation began too slowly and was unsuccessful. We consider this a failure among our major emergency operations. The primary reason is that we did not time our aid deployment properly in response to a measles epidemic. (...) We are not the only party responsible for this failure as we were not officially in charge of vaccinations, but we could have done more in this area as well as in the hospital care of children. This episode resulted in a certain number of avoidable deaths. It is difficult to be precise because there was no scientific evaluation, but to give you an order of magnitude, avoidable deaths probably totalled 100. Our assessment of the Ugandan health ministry's teams' capacity to perform (with support from Unicef) was based on the illusions our teams had developed, over many years, regarding the Ugandan regime. It is important to recognise that some of our emergency operations sometimes fail on

essential issues. We must continue to work to improve our actions.

→ ANALYSING CONFLICTS

(...) We sometimes found it difficult to understand conflict dynamics and tended to rely on simplistic ethnic or religious explanations. This can be seen within the teams. In this current period in international relations, political actors-- especially the most radical-- exploit such explanations. We must, therefore, make every effort to avoid replicating these views, which fail to take into account the factors and dynamics that generate armed conflict. These situations cannot be reduced, as some would have it -- including some of us-- to a confrontation between so-called Arabs and so-called black populations in Sudan. These simplistic analyses also resurfaced during the conflict in Ituri (RDC), where our teams sometimes fell into the trap of this mindset. As an association, we must pay careful attention to these points: given the involvement of multiple international military, the Ugandans and the Rwandans, it is fairly obvious that that the Ituri situation cannot be summed up as a tribal war. In this situation, the actors are competing to grab natural resources. The political and social forces at work in this conflict are much more complex than so-called interethnic hatred.

STAY REALISTIC

Likewise, during our discussions on conflicts, we have heard renewed calls for international protection. This seems

unrealistic to me. Referring back to the Ituri example, I felt that MSF's demand for international military intervention to pacify the entire province was quite unrealistic. MSF is not capable of deploying medical aid on a consistent basis over the entire Ituri province. So given this complex situation, how could it possibly be feasible to show up from abroad with soldiers, suddenly resolve all violence and obtain access to aid for civilian populations? It would take a miracle. We cannot promote such delusions, but our public statements in this area sometimes veer off course. I do not mean to suggest that there is no relevant criticism to be made about the international military response (continued insecurity in the town of Bunia, the limited military effort to provide massacre victims hospital access), but the criticism cannot be understood if presented in this way.

→ THE NOTION OF HUMANITARIAN AID

Médecins Sans Frontières spokespeople— not just from this section—who have an opportunity to speak out should comment more frequently on how commonly that notion of humanitarian aid [the insistence of coalition's leaders to claim that delivering humanitarian aid is among the goals of their military operations] leads to failure. Indeed, that is what is at stake. Aid provided from a position of partisanship represents not only the non-respect of humanitarian principles but above all, in practice, it results in very ineffectual aid. This is the case in

Afghanistan, where we have misunderstood the kind of aid the population needs and where, a few weeks ago, the coalition dropped leaflets on the Afghan population. Those leaflets explained that if people did not join the coalition's anti-Taliban effort and the Hamid Karzai government, they would not receive humanitarian aid. I think we should speak out more clearly on such occasions.

→ ARJAN ERKEL'S KIDNAPPING*

As a result of our colleague's kidnapping, we limited our operations in Chechnya. We mobilized considerable energy throughout the international movement.

Last year, I said that Arjan was the victim of a political kidnapping. While searching for him, we were clearly able to establish that members of the Russian administration were involved at the time of the kidnapping and that other administration members were involved in his detention. A member of the Dagestani parliament and a Dagestani member of the Russian Federation parliament played a part in his kidnapping and detention. We applied pressure both in meetings with diplomats with close relations with Russia and by raising the issue in the press. These public campaigns, which lasted for a year, led to Arjan's recent

* See also page 22: « Political Kidnapping and Official Lies ».



Cambodia © Espen Rasmussen – February 2004

DOSSIER

ANNUAL GENERAL MEETING 2004

...
release. I have always been committed to honest communication within the organisation regarding these types of events even when, for obvious reasons, I could not provide all the details. To the best of our knowledge, the Dutch government paid the Russian government a ransom – a large one – to free Arjan. Now the Dutch government is demanding reimbursement from us. I do not know what the leaders of the Swiss section, as the section directly involved, will decide but I find this shocking. In the last 10 years, the federal government of the Commonwealth of Independent States (CIS) has kidnapped several European Union citizens, later “selling them back” to their countries. I think we have to speak out on the issue. Remaining silent will not protect our teams. Indeed, four of our colleagues have been kidnapped since 1996, proving that while silence prevailed, kidnappings increased. Although Arjan was able to get out, many people are still held against their will today in the Caucasus.

DIFFICULT RELATIONS

The last point I would like to make about Arjan Erkel's kidnapping is that it is extremely painful to work with the international group responsible for handling the matter. I am not referring to the individuals who were involved on a daily basis. I have extended my warmest thanks to Thomas Nierle and Jean-Christophe Azé for the close cooperation we were able to develop, but relations with the International Council and the executive directors' group were very difficult. Disagreements run deep on the matter of the ransom. Without the agreement of Rafa (the Spanish section) or the French section, the executive directors' group chose to pursue a disinformation campaign after Arjan was released. Stupidly, they claimed that no ransom had been paid. All the journalists who specialize in covering the Caucasus knew this to be untrue. It was a particularly harmful course of action. In general, disinformation campaigns are a bad idea. They are an even worse idea for a humanitarian organisation like ours. In practical terms, I consider it a disaster for our teams' security. We managed to defend Arjan by relying on public information campaigns. We were able to do that because the media and the reporters who deliver the messages trust us. If they become convinced that we are taking this kind of line – betraying their confidence – we may not be able to get our message across in the future when we find ourselves in other very difficult situations.

→ COMMITMENTS AND RESPONSIBILITIES TOWARDS AIDS PATIENTS

(...) We have a hard time addressing the needs of the patients waiting in our active lines. That is why, although daring to launch the use of antiretrovirals was a success in itself, I would like to say (...) that while the first goal may have been to begin, the second is to keep patients alive. I do not think we are there yet. This is a highly complex situation. We are dealing with the following: children; pregnant women; treatment of tuberculosis and, more generally, opportunistic infections; preparing to change treatments if the patient cannot tolerate first-line antiretrovirals; detecting resistance and setting up second-line treatments; and obtaining diagnostic tests and treatments at affordable

prices, etc. I encourage the teams to be cautious about the workloads they create for themselves in these programs. Once again, MSF's commitment to patients under our direct care is to keep an acceptable proportion of them alive. If we accept too many, we are unlikely to achieve that objective.

→ THE CAMPAIGN FOR ACCESS TO ESSENTIAL MEDICINES

THE CAMPAIGN'S OBJECTIVES

(...) Discussions on the Campaign's focus should now take a new turn. Since it was founded, the Campaign has faced a certain ambiguity, which is becoming more pronounced. That same ambiguity has existed for years within MSF across a range of “medical” issues. A tension exists between our responsibility as humanitarian doctors and our responsibility for public health. We are seeing an increasing temptation (...) to “cover” medical needs at the provincial level and whole parts of countries, and for MSF to assume what are ultimately political responsibilities, like those of a provincial physician, a director-general for health or a health minister. I thought that in recent years, our positive influence on other actors, including those in the political sphere, resulted from taking the opposite approach. Our success in pushing things forward did not come from co-administering national protocols with authorities. Instead, we moved away from the protocols. We were innovative and ahead of the curve, at least slightly ahead (let's not go overboard). In any event, when we broke with prevailing practice we succeeded in influencing other actors.

To my way of thinking, adopting a mindset that calls for co-managing change with public health players in the countries where we respond will prevent us from being a force for change and continuing innovation. This will be a key issue in discussions within the Campaign because that temptation is strong. I was particularly disappointed, for example, to see that we organized a conference on malaria in cooperation with Unicef in New York, giving the impression that we agree with Unicef on these issues. I thought that the reality in recent years was just the opposite. Indeed, Unicef's policy has been an obstacle to effective treatment. These and many other signs indicate



→ Cambodia, HIV Treatment © Espen Rasmussen - February 2004

that we are once again tempted to take on a responsibility that belongs to health officials in the political sphere, not to us. (...)

STAY ON COURSE

(...) I would like to call your attention to a shift within the Campaign that I found quite troubling. I think the Campaign's communication adopted a lobbying approach. That is, the goal of winning the issue took precedence over making our point of view known. If the official contact we spoke to did not accede to our request, we punished that person by issuing a very critical press release. However, if the person agreed with us—for example, if the World Health Organization responded positively on fixed-dose combination of ARVs—then we spoke more positively about the WHO.

Our communications served either to punish or reward. In simple terms, the result was that instead of expressing our ideas on certain issues, we handed out points for good and bad behaviour. When WHO appeared to make a few small concessions during World AIDS Day, MSF issued a very favourable statement about the organisation on December 1, muting our criticism of WHO's 3X5 plan. According to this plan, 3 million people would be placed on antiretroviral drugs in two years. We find that to be an unrealistic goal, especially given that WHO's action plan does not mention whether treatments will be free and does not raise the issue of the price of generic medicines. The conditions for success of these actions are missing. We carefully avoided highlighting this because on the evening of November 31, a WHO official made a very tactical concession, over the telephone, regarding fixed-dose combinations.

In my opinion, the Campaign's communications should once again focus on getting MSF's positions out and abandon this opportunistic and politically ambiguous approach.

THE STATE OF THE ASSOCIATION

→ NATIONAL STAFF

(...) I am going to give you estimates because these staff members fall into three large categories: stable personnel under contract; individuals employed principally by another entity, e.g. the

ministry of health, and who receive a stipend from us; and daily contract workers in our employ.

(...) It is obvious that the daily workers are not paid adequately. Given the wide-ranging economic and social contexts



→ Russia, Arjan Erkel released © Reuters - 11 April 2004

in which we work, it is impossible to set an international standard, but there are some guideposts. Income of \$1.00 per person/day is the threshold of extreme poverty for international institutions. This can only serve as a point of reference, given how situations vary. But overall, we should try to increase salaries. Médecins Sans Frontières employs some daily-workers full-time, over several months, and we pay them a salary—to put it in concrete terms—that often does not cover their children's school fees and expenses. That is unacceptable.

I know that it is standard practice to exploit daily workers, especially in Africa. When you do not take advantage of them, or take less advantage of them, you stand out and are criticized. But I would like to warn our coordinators—the coordinators of our missions—that some of these situations constitute what can reasonably be called labour exploitation. This results in unacceptable human costs and limits the quality of work. Last fall, I met 500 day-workers in Liberia who were working for MSF. I have to say that I was not very proud of how we treated them. Frankly, I was ashamed.

INTEGRATION OF NATIONAL STAFF *

As Board members, the final point that requires progress is in formally integrating national staff members who already hold positions of responsibility into the decision-making teams (i.e.

→ National staff contract

“
“The contracts are not up-to-date and are of poor quality. People who work for us must do so under terms that respect their rights and their dignity.”

”

→ Medical coverage

“
“(...) the Board of Directors' policy regarding medical coverage for all our national personnel is barely being implemented. (...) We must give priority to implementing this policy, as well to the issue of contracts and the treatment of daily workers”

”

Excerpt from the annual report

within the sacrosanct field teams, typically composed of expatriates, and within the equally sacrosanct capital teams). There has been some progress on this issue, but also considerable resistance. (...) This does not involve replacing international staff with national staff. Rather, it is a matter of involving colleagues, who already have responsibilities, in decision making and evaluating operational results. In a word, this means involving them in guiding operations in the field as well as in the capital.

It also seems to me that this is what it means to work for a non-profit organization, where a staff member is not just an employee who takes orders from a boss, but someone who can help define objectives and share responsibility for results—successes as well as failures. In my opinion, Médecins Sans Frontières draws considerable strength from this. (...)

● ● ●

* See also the summary of the debate on the integration of national staff on pages 36 et 37.

DOSSIER

ANNUAL GENERAL MEETING 2004

→ On abus...

“

Failing to understand that certain acts are unacceptable both for national and international staff is incompatible with carrying out responsibilities in the capital. I advise everyone—field coordinators, heads of mission and program managers—to be vigilant in this area

”

Excerpt from
the Annual Report

→ ABUSE

One of the final points I would like to address is how abuses are handled. Managing an institution also means managing internal discipline. At the time of the scandal in the West Africa camps two years ago, we tried to clarify our ideas in this area.

I would like to tell you a story, although I will not name the country or the people involved. I will briefly explain what happened and will review the management committee's decisions, which the Board of Directors supported.

In an African country, we had a logistician, a member of the international staff, whose method of managing national staff consisted of using sexually suggestive insults. He thought that using such words on a daily basis in the work environment reflected attitudes in that country. Second, he stole MSF supplies and third, he had repeated sexual relations with minors. This continued for a certain period of time. Fourth, the coordinators in the capital did not pay adequate attention to this serious situation.

When we became aware of this behaviour—insulting national staff as

a part of regular management strategy, accusing colleagues of stealing MSF material that he had taken, sexually abusing minor girls including some for whom he was acting 'in loco parentis' and the capital team's failure to respond—we made the following decisions. Obviously, this logistician no longer works for MSF. We also decided to notify the legal authorities in France of his relations with minors because he is a French citizen.

There was a similar case several years ago, which I have mentioned. Around 10 years ago, Brigitte Vasset, then operations director, reported one of our members to legal authorities because of acts committed outside the country against foreign persons.

Concerning the three members of the capital team involved, two did not appear to understand that it was unacceptable to look the other way when witnessing abuses. We told them that they were not to apply for positions of responsibility in a capital again. We are not removing them from the association or from missions. We have notified them that we will transmit this instruction to the other operational

centres. We believe that the third member of the capital team understood that he had failed in his duty and had demonstrated negligence. He received a written reprimand.

Since we are also committed to being as transparent as possible on these difficult matters, here is an example of abuses. The Board of Directors insisted that at least one example be presented to you. Every year we will try to consolidate our reporting back on this aspect of our decisions.

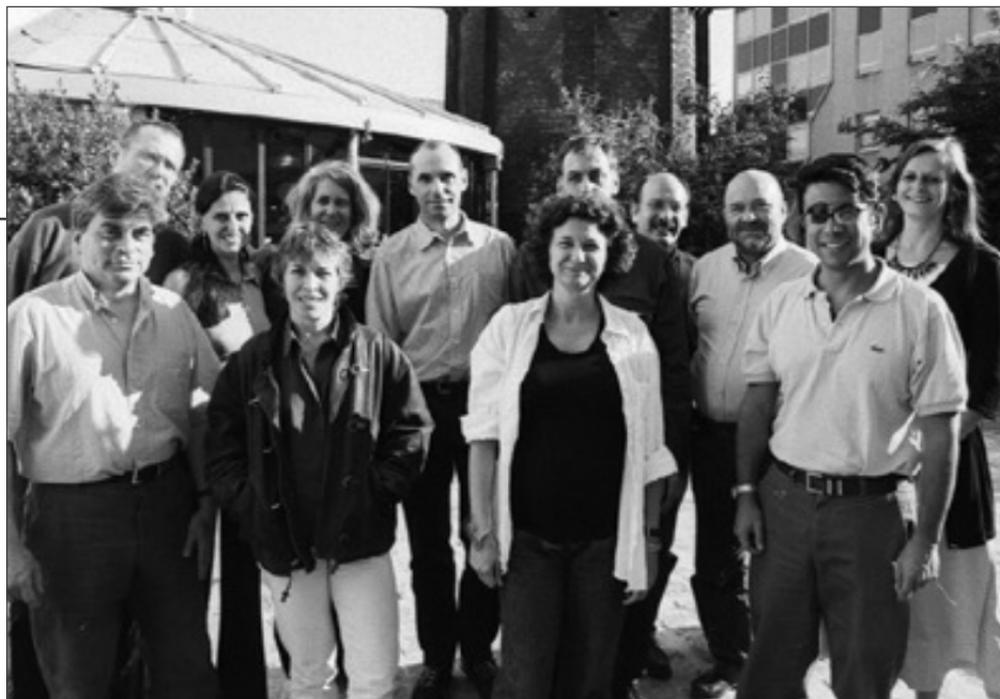
I would like to add another word regarding this matter. Some members of the team involved explained their behaviour in terms that I believe expressed tremendous contempt for young people, young women, young African women and, in particular, young poor African women. This ideological background explains, in part, why a certain number of behaviours are still common in the places where we respond, especially in Africa. In the letters I wrote to some of these people, I explained, politely but firmly, that we do not share this vision of Africa, women and young people in difficult circumstances. These beliefs are incompatible with our work. ■



1. Philippe Houdart, Treasurer
2. Cécile Serre-Combe, Vice-President
3. Sylvie Lemmet, Deputy-Treasurer
4. German Casas (coopté),
5. Pascale Noterdaeme Van Den Ostende,
6. Jean-Paul Dixmeras,
7. Jean-Hervé Bradol, President
8. Jacques Allix,
9. Marie-Pierre Allié,
10. Elise Klement,
11. Michel Agier,
12. François Bourdillon, Vice-President

Absent from the photo:

Marie-Christine Ferir (general secretary),
Virginie Raison (deputy general secretary)



→ The new Board of Directors © Didier Lefèvre – May 2004

Deciphering ...

MSF/June 2004/Marc Sauvagnac, Financial Director, Ann Avril, Head of Fundraising

MSF is responsible for providing its donors with a record of accounts to show that its activities are in line with its social mission and its objectives. The annual financial report was an opportunity to examine the framework of the organization as well as how the association's uses its funds in more detail. Clarification.

MSF's statutes stipulate its social missions: "to unite (...) capable persons (...) to bring assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict (...), to make use of all physical and material means to help those populations (...), to inform and raise awareness (...) among the public, association donors, and the various institutions whose support determines our activities...".

→ THE SOCIAL MISSIONS

If programs are at the heart of MSF's social missions, there are many other activities that are also instrumental:

- Operational support, which is an integral part of our programmes, and which allows the coordination of activities with teams in the field. This support includes all personnel, whether operational or technical, who collaborate on the definition and implementation of projects in the field.
- Informing and raising awareness among the general public, which includes making the public aware of those events to which vulnerable populations become victims.
- Activities linked to the social mission, including in particular the Campaign for Access to Essential Medicines, the DNDI or the purchase of medical and logistical materials destined for programs in other sections of the movement or NGOs.

→ THE SATELLITES

In order to improve the efficiency of its assistance, MSF has created independent satellite entities (see box page 17). Although they work mainly for the French section of Médecins Sans Frontières, they also provide their expertise and services to other sections of the movement as well as to other non-profit organizations. MSF controls these entities through the presence of a majority of its board

members on the management teams of the satellites (boards of directors or management committees, depending on their legal status).

→ COMBINED ACCOUNTS

Combination is a complex operation, which groups together the accounts of all the entities controlled by the association. MSF chose this method with the aim of transparency and accountability, as it provides for one single economic unit, and thus reflects the financial flows and assets of the group. Also, since MSF France is a member of an international movement, it must provide a financial report in keeping with the format of international non-profit organizations and that is also compatible with international accounting standards.

→ ORIGIN, DESTINATION AND DIVISION OF FUNDS

As a supplement to the mandatory yearly financial reports issued by businesses and private organizations, publicly funded organizations must provide a statement of financial activities, which clearly lays out the use of donors' funds as well as whether or not those uses conform to the organization's social mission. The combined statement of financial activities shows the origin of funds, both from private donors (collected in France, by the partner sections of MSF France or quid pro quo for activities carried out for other sections) and from public institutional donors of individual countries or the European Union. The percentage of institutional funding reflects the independence of the organizations' politics and actions. The combined statement of financial activities also details the allocation of these funds: for MSF's social missions, for fundraising or for administrative costs. It allows donors to measure the percentage of funds

dedicated to the projects that encouraged their donations in the first place. This measure is expressed by the 'social missions' ratio, which compares the percentage of funds spent on social missions to the total amount spent.

→ DEVELOPMENTS IN 2003

While it may provide a view of the association's objectives (...), as well as evaluate the financial independence of the association, the statement of financial activities does not provide any additional information with respect to the nature of projects carried out in the field.

In 2003, we decided to modify the presentation of the statement of financial activities, with the aim of reporting better to our donors the use of the collected funds, adapting the reports so that they more closely resembled those of an international non-profit organization, and to bring them in line with international accounting standards.

The main focus of these modifications was to register the costs of mailings and canvassing as fundraising costs, since mailings play a significant role in raising awareness (in previous years, part of the costs of the mailings was budgeted for as a field mission for this exact reason).

However, the losses and gains on exchange rates are from now on to be excluded from the income and expenses used and will therefore also be excluded from the calculation of the 'social mission' and 'private funds' ratios. Nevertheless, they are still counted in the total income and expenses and are therefore included in the calculation of the results. In the 2003 financial report presentation, the

2002 and 2003 accounts take these modifications into consideration, so as to provide comparison.

→ EXPENSES RELATED TO A PROJECT

While it may provide a view of the association's objectives (social mission, fundraising and administrative functions), as well as evaluate the financial independence of the association, the statement of financial activities does not provide any additional information with respect to the nature of projects carried out in the field.

For the last two years, MSF has compiled a typology grid of its operations, which provides a better appreciation of its objectives. The typology highlights the main events affecting populations, which have led to the opening of various projects. We thus have a view of our program expenses which is more comparable with the definition of the association's operational project as well as to the context of our interventions. ■

The financial report is available on www.msf.fr
For further information:
ann.avril@msf.org

The Financial Report

MSF/June 2004/Marc Sauvagnac, Financial Director, Ann Avril, Head of Fundraising.

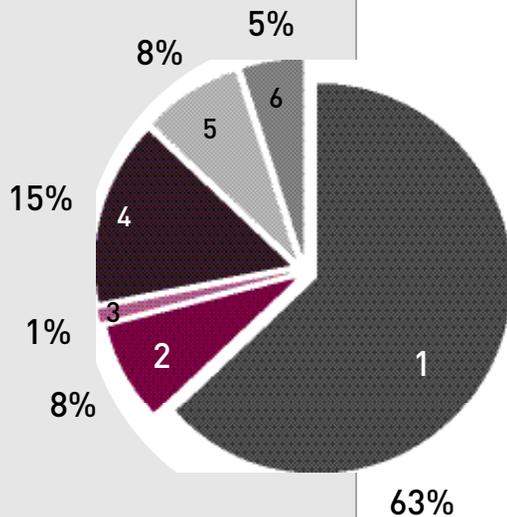
DOSSIER

ANNUAL GENERAL MEETING 2004

A closer look at the key trends of the 2003 financial report, presented at MSF's 33rd Annual General Meeting.

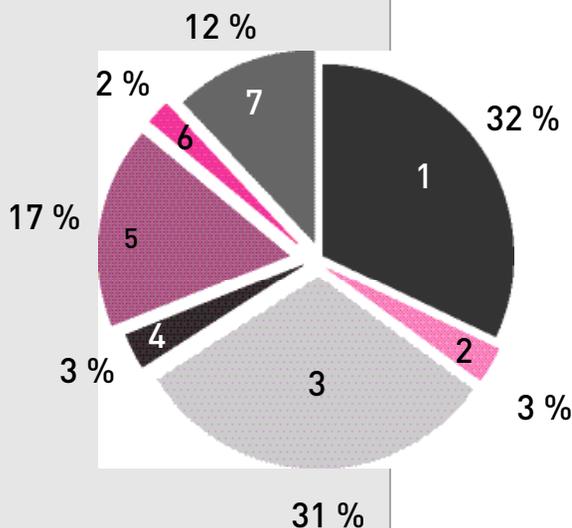
→ EXPENSES

In 2003, MSF's combined used expenses amounted to 93.7 million euros (M€), an increase of 5.4 % (+ 4.8 M€) from 2002. The social mission expenses represent 87 % of combined used expenses and have increased by 7 % (+5.2 M€) from 2002. Expenses related to fundraising have decreased by 9 % (-0.7 M€) and administrative costs have increased by 8 % (+0.3 M€).



Combined Expenses (in millions of euros)	2003		2002	
1. Mission expenses in France and abroad	59,3 M€	63 %	56,0 M€	63 %
2. Operational support Paris	7,5 M€	8 %	6,9 M€	8 %
3. Informing and raising awareness among the public	1,3 M€	1 %	1,2 M€	1 %
4. Other activities linked to the social mission	13,7 M€	15 %	12,5 M€	14 %
Social mission Expenses	81,8 M€	87 %	76,7 M€	86 %
5. Cost of fundraising	7,4 M€	8 %	8,1 M€	9 %
6. Administrative costs	4,4 M€	5 %	4,1 M€	5 %
Used expenses	93,7 M€	100 %	88,9 M€	100 %
Exchange losses	4,8 M€		4,8 M€	
Surplus			2,5 M€	
Grand total	98,5 M€		96,2 M€	

→ RESOURCES



Combined resources (in millions of euros)	2003		2002	
1. Private donations collected in France	30,8 M€	32 %	31,3 M€	33 %
2. Bequests and life insurances	3,2 M€	3 %	3,6 M€	4 %
3. Private donations collected by partner sections (USA/Japan/United Arab Emirates)	29,1 M€	31 %	30,6 M€	32 %
4. Other private resources from fundraising activities (subscriptions, company donations, greeting cards etc.)	2,6 M€	3%	2,0 M€	2 %
5. Resources from activities linked to the social mission	16,2 M€	17 %	15,1 M€	16 %
6. Other resources: sales, balance of unused earmarked resources(1)	1,6 M€	2 %	2,6 M€	3 %
Total private resources	83,7 M€	88 %	85,1 M€	89 %
7. Institutional resource	11,7 M€	12 %	10,4 M€	11 %
Total used resources	95,4 M€	100 %	95,5 M€	100 %
Exchange gains	0,9 M€		0,7 M€	
Deficit	2,2 M€			
Grand total	98,5 M€		96,2 M€	

(1) balance = + use of unused earmarked resources from previous balance - unused earmarked resources collected this year

The combined used income held at a steady level (95.4 M€ in 2003 compared to 95.5 M€ in 2002). Private

In 2003, we implemented large-scale emergency operations that required very considerable resources, particularly in Liberia, Côte d'Ivoire and Sudan, though we were not able to incite the same level of donor generosity. .

funds represent 88 % of the total combined used resources. Funding from institutional donors increased by 1.3 M€ (+13 %) while funding from private donors decreased by 1.4 M€ (-2 %), a drop resulting directly from a decrease in funds collected in France. In 2002, the famine in Angola resulted in a dramatic outpouring of generosity

THE DOLLAR IS PLAYING TRICKS ON US

MSF maintains financial reserves to allow for immediate reaction to emergency situations without waiting for the reaction of institutional donors or the media. These reserves also guarantee continuity in our programmes should there be a decrease in financial contributions. For that reason, we set aside a significant portion of our funds in dollars, the currency of reference in the countries in which we intervene. Given that our accounts are presented in euros, the apparent value of our treasury varies depending on fluctuations in the exchange rate between the euro and the dollar. These exchange rate fluctuations do not, however, have a significant impact on the cost of our purchases in either dollars or local currency (which are strongly correlated with the dollar).

For more information or to download our complete financial report: www.msf.fr.

from our donors and from the general public in France. In 2003, we implemented large-scale emergency operations that required very considerable resources, particularly in

Liberia, Côte d'Ivoire and Sudan (see following page), though we were not able to incite the same level of donor generosity. The "One Euro a Week" operation, which has been running for

several years, proves its important role in these situations. It allows us to put aside a set portion of our resources and retain the ability to react to emergency situations, while simultaneously developing more long-term projects.

For the last two years, as a result of the drastic increase in the costs of projects, MSF chose to re-launch funding from institutional donors. This return does not jeopardize MSF's complete political and financial independence as well as its independence of action. In fact, in 2003, only 12 % of funds came from institutional donors.

Before exchange differentials, MSF shows a surplus of 1.7 M€. After the exchange differential, MSF shows a deficit of 2.2 M€. (See sidebar) ■

THE 2003 ACCOUNTS

Spotlight on the Social missions

MSF/June 2004/Marc Sauvagnac, Financial Director, Ann Avril, Head of Fundraising.

In 2003, our social mission accounted for 87% of our expenses. What exactly do those expenses cover?

→ OPERATIONAL EXPENSES: 59.3 M€

These are program expenses (medicines, medical and logistical materials, freight and transport, salaries and stipends, miscellaneous costs) as well as the costs of program coordination in the field (teams and associated expenses, in the capitals of the countries in which we intervene). These programs are run by the French section or in cooperation with other sections of the movement.

→ OPERATIONAL SUPPORT: 7,5 M€

Humanitarian action is the fruit of the labour carried out in cooperation between teams in the field and personnel based at headquarters. Operational support, organised into desks, participates in environmental and contextual analysis, coordinates the evaluation of needs and the definition of objectives, adjusts MSF's responses to different situations, visits

THE MSF SATELLITES

Aside from its headquarters and field missions, Médecins Sans Frontières has a network of regional offices and an office in the United Arab Emirates. Other entities – the satellites– work in close association with MSF. What are they and what role do they play?

- MSF Logistique, located in Bordeaux-Mérignac, is a humanitarian supply centre. Its goal is to guaranty the quality, availability and delivery of the medicines as well as medical and logistical materials that are required for interventions. It also supports and advises teams in the field with respect to compiling orders, customs clearance etc. MSF Logistique sells its goods and products to MSF France, to other MSF sections and to several other organizations. It employs approximately 60 people and recorded 23 M€ in revenues in 2003.
- Located in Paris, Epicentre's mission is to carry out consultations and epidemiological research with the ultimate goal of analyzing and documenting MSF's medical activity, as well as participating in the improvement of the quality and content of medical treatments and protocols. Epicentre sells its services to MSF France and to other MSF sections.
- The MSF Foundation, also located in Paris, is home to a research centre that provides MSF operational support by bringing its expertise in humanitarian action issues as well as analysing changing contexts. The MSF Foundation is also home to the Campaign for Access to Essential Medicines, an international project supported by the various sections of the MSF movement.
- Etat d'Urgence Production produces photographs and films for MSF France as well as for other sections of the movement, which then distribute them to the media and use them for personnel training. Some films are co-produced with television stations.
- The Société Civile Immobilière MSF (SCI MSF) and the SCI Sabin are legal entities that own the buildings which house MSF.
- MSF Assistance is the entity charged with collecting and tracking all expenses and revenues related to sales activities (cards, etc.) and partnerships with for-profit private companies.

DOSSIER

ANNUAL GENERAL MEETING 2004

→ Excerpt from the Annual Report

“

“We are currently working in around 30 countries. In 2003, we ran 110 field projects. (...) Aid to Individuals Affected by Armed Conflict (...) absorbs 60% of field expenses. Liberia, Democratic Republic of Congo, Côte d’Ivoire, Chechnya, Palestine... 33% of these projects are emergency programmes. (...) 54% of project expenses in conflict situations (36 projects out of 110) addressed the needs of refugees and displaced persons. (...)

Programs targeted at patients affected by epidemics and large-scale endemics represented 23% of 2003 project expenses (26 projects out of 110), but activities in our other field projects also focused on them. AIDS and tuberculosis represented three-quarters of expenses associated with these specialized projects.”

”

missions on a regular basis and, when needed, redirects MSF’s actions. The desks gather together all the necessary competencies which are necessary for the definition and coordination of operations: operational, human resources, medical, logistical, financial, and communication resources. They also guarantee the quality of aid missions, particularly the medical action. Furthermore, operational support ensures volunteer training in such areas as nutrition and vaccine, logistics, and providing assistance to populations in precarious conditions.

→ RAISING AWARENESS AND INFORMING THE PUBLIC: 1,3 M€

Since its beginning, MSF has endorsed bearing witness and advocacy – témoignage – as a fundamental element of its humanitarian actions. MSF has chosen to make the public aware of its actions and to draw attention to certain situations its volunteers face while in the field, with

the aim of raising awareness and inciting action and responsibility on the part of other actors. Raising awareness and informing the public takes many different forms: press releases, media articles, reports, personal witness reports, films, books, exhibitions, internet sites, etc. The costs of these actions, along with the salaries of the personnel who help produce them, are included in the social missions expenses.

→ OTHER ACTIVITIES RELATED TO ITS SOCIAL MISSION: 13,7 M€

In order to improve the efficiency of its assistance, MSF has created independent satellite entities (see box page 17). Although they work mainly for the French section of Médecins Sans Frontières (in this event expenses are broken down into operational expenses and mission support expenses), they also provide their expertise and services to other sections of the movement as well as to other non-profit organizations. These

activities, and the expenses they incur, are an integral part of MSF’s social mission. The MSF Foundation also organizes conferences and debates and produces reference materials with the aim of raising awareness about humanitarian issues. Through its research work (misappropriation of aid, relations with armed forces, etc.) the Foundation contributes to the provision of more effective and influential aid to populations.

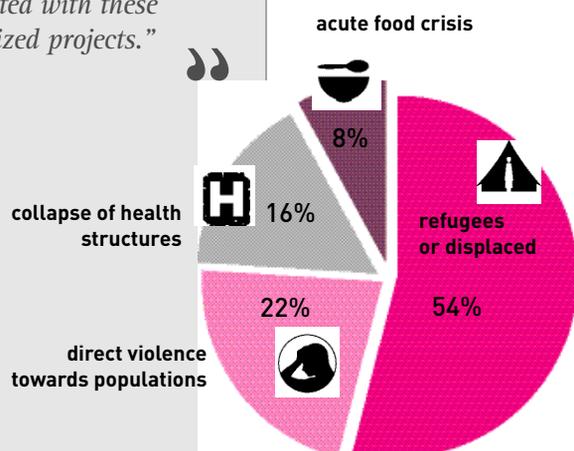
Finally, programs like the Campaign for Access to Essential Medicines or the Drugs for Neglected Diseases initiative (DNDi) aim to support the research, development and distribution of high quality medicines at low cost to deprived patients and those suffering from neglected diseases. The Campaign for Access to Essential Medicines played a large part in drastically reducing the cost of HAART for AIDS patients – in some countries, the costs dropped by as much as 300%. These advances are continually improving the quality of MSF’s programs. The various sections of the MSF movement cover the expenses incurred by these initiatives. ■

THE 2003 ACCOUNTS

Mission Expenses

MSF/June 2004/Marc Sauvagnac, Financial Director, Ann Avril, Head of Fundraising.

The presentation of the accounts in the form of a statement of financial activities is mandatory for associations that call on public generosity. However, because it does not clearly outline the nature of the programs, a classification by project type allows for a better understanding of the goals that guide our interventions in the field, as well as evaluating the impact on the division of funds dedicated for programs.



→ VICTIMS OF CONFLICTS

**61 PROJECTS
60 % OF MISSION EXPENSES**

As in previous years, MSF’s actions are primarily focused on populations victims of conflicts, particularly

refugees, displaced persons and victims of direct violence. 2003 was highlighted by our emergency interventions in Liberia, Côte d’Ivoire, the Democratic Republic of Congo, and Sudan, which required the mobilization of major resources (surgery, shelter, drinking water, vaccination, etc...).

→ EPIDEMICS – ENDEMIC

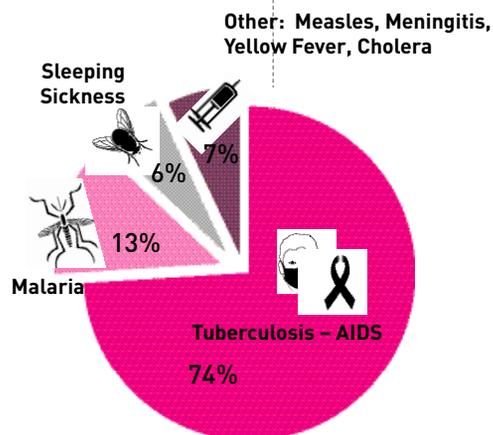
25 PROJECTS

23 % OF MISSION EXPENSES

In line with the objectives we set ourselves, we were able to provide care for a greater number of AIDS patients. The number of patients benefiting from HAART increased from 1,700 at the end of 2002 to 6,000 at the end of 2003. We will continue this effort in 2004, attempting to secure a decrease in the costs of treatment, particularly through

the efforts of our Campaign for Access to Essential Medicines.

Elsewhere, the number of malaria projects increased and our teams had to deal with two large-scale epidemics in southern Sudan and in Ethiopia. The use of diagnostic tests and treatments, especially of Artemesin-based Combination Therapy (ACT) - which are more effective but more expensive than those currently used in countries where we work - was one of our key objectives this year.



→ EXCLUSION

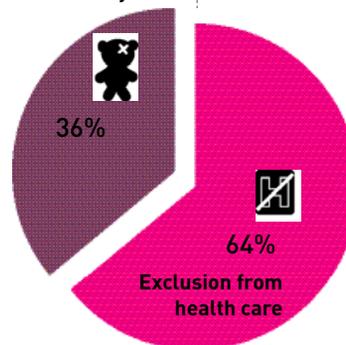
21 PROJECTS

17 % OF MISSION EXPENSES

These projects primarily address children and young people in difficulty

in China, in Madagascar, Armenia, Sudan, and Guatemala. It also includes projects for those excluded from health care and rights, in France, Georgia, Sudan, Guinea, and Nigeria.

Children and young people in difficulty



→ Darfur, Mornay © Francesco Zizola/Magnum Photos - May 2004



AFGHANISTAN

Afghanistan: Humanitarianism Under Attack

MSF/June 30 2004/Pierre Salignon, General Director and Dr. Marie-Madeleine Leplomb, Program Manager.

On June 2, five volunteers from Médecins Sans Frontières (MSF) were assassinated on a road between Khairkhana and Qala-I-Naw in the Badghis province of northwestern Afghanistan. One month after this horrific murder, we are trying to make sense of the attack. The analysis is far from simple, but it is critical that we understand what happened if we are to envisage further activities in the country.

Our team was the victim of a targeted and planned attack. Our colleagues were shot several times. Bullet holes studded the front and back bumpers and the front passenger-seat window of their car, and shrapnel was embedded in one of the sides, suggesting that a grenade had exploded. The victims had been working for the Dutch section of MSF in this rural region setting up, among others, a tuberculosis program. They were Hélène de Beir (Belgian, program coordinator), Fasil Ahmad (Afghan, translator), Besmillah (Afghan, driver), Egil Tynaes (Norwegian, doctor), and Willem Kwint (Dutch, logistician).

Whereas official investigations are still underway in the Badghis region,

Taliban spokesman Mullah Abdul Hakim Latifi has claimed responsibility for the murder on two occasions. The first was on the BBC immediately following the assassination. The second was a few days later, on June 11, after 11 Chinese citizens who were working on a building site were killed in the northeast region of Kunduz. In an AFP report, he stated, "At the slightest incident, the government and the Northern Alliance (the former anti-Taliban coalition that controls the current government) accuse us. When we act, we always inform we are responsible. In this particular case, we are not responsible (...). Chinese reconstruction companies can continue to work in Afghanistan, as

Faced with attacks against our organization, there could be no ambiguity. MSF has decided to cease all activities in Afghanistan.

can all organizations who do not work for the United States." He added, "The UNAMA (United Nations Assistance Mission in Afghanistan) works directly under American orders and pursues the same goals as the United States (...). Other organizations like Médecins Sans Frontières also work for American interests, and are targets for us," he concluded.

These statements that deliberately associate our volunteers with American soldiers are both ridiculous and dishonourable for our organization that has been working alongside the Afghani people for more than 20 years. But the worst part is that in the current context, they are a call to arms. As far as we know, this is the first time a call to arms has been launched in Afghanistan against MSF. The fact that it didn't receive much attention from the Afghani, regional or international press doesn't matter. The Taliban spokesman is targeting our organization and is calling for action against our representatives. This call to arms must be taken seriously. Such threats against NGOs are nothing new. Since the fall of the Taliban regime and the military intervention of the American-led coalition, the confusion between military and humanitarian organisation is total. NGOs have been seen by many Afghans as serving the goals of the "occupation" regime run by the

For further information on MSF in Afghanistan contact isabelle.merney@msf.org



Americans and their allies, including the United Nations. They have been accused of espionage and corruption, and of not doing their work. This feeling has been strengthened by the attitude of the American army and some humanitarians who are closely linked to the coalition forces through their financing and the way they operate. The confusion has also been fed by American propaganda. For example, GIs have been handing out tracts in southern Afghanistan asking citizens to "give the coalition forces any information related to the Taliban, Al-Qaeda, or Gulbuddin Hekmatyar" if they want to "continue to receive humanitarian aid." The handouts, showing a picture of young girl carrying a sack of wheat, are a clear attempt to use humanitarian aid for military ends. As humanitarians, we denounce this. It attacks the very principles that guide our actions, and is unacceptable.

Apparently, the people who are behind this blackmail don't care that it is undermining the very foundations of humanitarianism. The result is that

province of Oruzgan. On November 16, 2003, Bettina Goislard, a French employee of the United Nations High Commissioner for Refugees (UNHCR) was assassinated at a market in Ghazni, in the southeast. Then, the five MSF volunteers were assassinated on June 2.

Over the past few months, MSF had decreased its activities in Afghanistan because of the insecurity and risks associated with the conflict between coalition forces and opposing groups.

It seems like both sides of this "war against terrorism" want us to choose sides. We refuse to do so.

For example, we withdrew our staff from the city of Ghazni, where we work with the regional hospital and a care centre for tuberculosis patients. Because the risks are high for humanitarian groups, we had designated several "no go areas." MSF

With the help of the management committee and the board of directors, we studied the possible options: discontinuing all activities, suspending them for a set length of time, or maintaining a minimal level of activity. Faced with attacks against our organization, there could be no ambiguity. MSF has decided to cease all activities in Afghanistan.

It is essential to evaluate our recent working methods in Afghanistan, and if possible, establish contact, both inside and outside the country, with communities who can explain who we are and what we do. We must ask those responsible for the killings to lift their call to arms. With this in mind, in order to make our actions and our position known, we are assessing ways to develop political contacts outside the crisis and build up communication in the Arab and Muslim world as well as in Central Asia. All of this will be necessary before we can even think of resuming operations with a minimum guarantee of safety.

However there is a specific threat against MSF that we need to understand and analyze.

In Afghanistan, the area open to humanitarian action keeps getting smaller and smaller, if it even still exists at all. Some extremist groups have chosen a "headlong flight" strategy, targeting anyone who, according to them, is working in the interests of the west, the coalition or the government of Hamid Karzaï. In itself, this is nothing new, but the situation is getting worse and worse, conflict is intensifying, Afghani elections are approaching, and the regional and international climate is extremely tense.

In addition, we are faced with the increasing confusion between western NGOs—this is how we're viewed—and western armed forces, which has been further reinforced by "military humanitarian" operations like those I mentioned earlier. Radical groups are stirring things up and creating a hostile atmosphere for foreign 'infidels'. We need to keep in mind that Afghanistan has been torn apart by a succession of wars for over 25 years. The "brutalization" of this society is a reality.

It seems like both sides of this "war against terrorism" want us to choose sides. We refuse to do so. ■



Besmillah



Egil Tynaes



Fasil Ahmad



Hélène de Beir



Willem Kwint

On June 2nd 2004 Besmillah, Egil Tynaes, Fasil Ahmad, Hélène de Beir and Willem Kwint, all volunteers working for the Dutch section of MSF, were assassinated in Afghanistan. Our thoughts are with their family and loved ones.

MIX-UP OF GENRES...

Extract from the Francophone newspaper, "Les nouvelles de Kaboul," June, Kabul

"Afghans call them the French Doctors in memory of the doctors who helped them all through the war. They are doctors from the French military health service. In Afghanistan, they are a separate unit and have become a myth for the people. An encounter with these compassionate combatants..."

some Afghans are no longer receiving aid because they're on the "wrong side." Yesterday, the Afghani people were "in danger." Yet in today's war against terrorism, they have become "dangerous." It is in this context that radical groups, using the frustration of the Afghani people to spread their influence and to carry out guerrilla operations throughout the country, are targeting humanitarian workers. Since 2003, many organizations have been targets of attacks, mainly in the south. More than 30 Afghan humanitarian workers have already been killed over these last few months. Hostility towards foreigners is on the rise. On March 27, 2003, a Salvadorian delegate from the International Committee of the Red Cross (ICRC) was beaten and killed on a road between the province of Kandahar in the south and the central

teams had continued to work in calmer areas where it "seemed" easier to operate and where we thought we were less exposed to risks. In total, 70 international MSF volunteers were still in the country in early June. However, after our colleagues were assassinated, all activities were suspended for a period of mourning, and our teams have been significantly reduced. Only one international team remained in Kabul, the capital.

With the assassination of our colleagues and the Taliban's claiming responsibility, we believe a line has been crossed. We have had to examine our activities in Afghanistan and evaluate the safety of our teams (international and national). We asked our volunteers to regroup in Paris to assess the situation, and our Afghani colleagues participated in these talks.

ARJAN ERKEL

Political Kidnapping and Official Lies

MSF/June 2004/Dr. Jean-Hervé Bradol, President of MSF and Pierre Salignon, General Director of MSF

During a press conference on Friday, May 28, 2004, Mr. Van Wulfften Palthe, Director General for Consular Affairs of the Dutch Ministry of Foreign Affairs, announced that his government had asked Médecins Sans Frontières to reimburse a 'loan' that the Dutch embassy in Moscow claims it paid as ransom to free Arjan Erkel, MSF Switzerland's head of mission in Daghestan, kidnapped on August 12, 2002. This statement by the director of consular affairs is an official lie.

To grasp the recent developments in a political kidnapping that played out over more than 20 months, we must take a brief step back in time. After Arjan disappeared, we had to wait six months for the first proof that he was still alive and nearly one year before being approached to negotiate for his

payment to the association to defray its expenses. Concerned above all for our colleague's safe return to his family, we agreed, given the lack of political mobilization, to pursue that route and released the cash required for that mission. Because our team was already facing numerous threats and because holding such a considerable sum of cash would only increase its security risk, the team requested to place a certain amount of money (250 000 euros) in the safe at the Dutch embassy for safekeeping.

But from July to December 2003, each time an agreement was reached regarding the practical details of making an exchange, our contacts notified us at the last minute that the operation had been canceled. The last attempt occurred in December. Once more, it ended in failure. At that time, 1_ years after the kidnapping, we were deeply concerned for our colleague's life and completely demoralized by the sudden disappearance of every concrete opportunity to move closer to winning his freedom. At that time, Mr. Van Wulfften Palthe encouraged us to be patient, to prepare the Erkel family for the worst and to remain silent.

In early March 2004, we had no contacts, no serious proposals for negotiation and had been warned that Arjan was ill and threatened with execution. We then launched a new information campaign aimed at diplomats and the media. During that campaign, we communicated some of the information gathered over 19 months of investigation, showing that members of the Russian and Dagestan administrations were involved in every phase of this affair. All this information, which was published in Le Monde on March 9,

2004, had been transmitted over several months in reports and oral communication to the Erkel family, the Russian and Dagestan administrations, the United Nations, the European Union and the Dutch government (specifically to Mr. Van Wulfften Palthe).

However, despite accumulated evidence to the contrary, over a 20-month period, the Dutch foreign affairs ministry persisted in treating Arjan Erkel's kidnapping as a criminal matter falling under the purview of the consular affairs department. Dutch government spokespeople regularly announced that they were satisfied with the actions of the Russian administration in this matter. For a full year, the Ministry of Foreign Affairs refused to meet with us. On several occasions, this attitude provoked considerable tension between Dutch government representatives and MSF,

Such events deserve dual legislative investigation—Dutch and European—so that democratic controls can be exercised over practices that blur the line between politics and crime, giving free rein to unlimited violence against the Chechens and those who try to help them.

the latter criticizing the former for failing to exert any diplomatic pressure to obtain Arjan's freedom.

On April 8th, 2004, while MSF had not received a serious proposal of an exchange for months, the Dutch government informed us that it was negotiating for Arjan Erkel's release and for the first time, asked us to "reimburse" it for the ransom amount.



→ Germany © Thomas Stolze - March 2003

freedom. We were forced to wait these long months despite numerous dangerous and costly efforts to make contact with the kidnappers. For us, this wait indicates that money was never the kidnappers' primary motivation in this affair.

In spring 2003, nearly one year after our colleague was kidnapped, we mounted an information campaign directed at diplomats and journalists, condemning the Russian authorities' flagrant lack of will to pursue an investigation and the Dutch government's inertia. In early summer 2003, the "association of intelligence service veterans" offered to help us find out whether Arjan was still alive and to facilitate his release, indicating that we would certainly have to pay a ransom to the kidnappers and make a

That sum was four times greater than the last proposal MSF had received in December 2003. The MSF representative answered that it was not the moment to have financial discussions and that the only priority was to find our colleague. Pressed by the Dutch government official to commit himself, the MSF representative answered that such a decision could not be made without referring to his colleagues. A few days later, when Arjan was finally freed on April 11, 2004, MSF expressed its unwillingness to pay a ransom negotiated and paid not by MSF, but by the Dutch government and under less than transparent conditions.

Irritated by this position, during a May 3, 2004 meeting at the ministry, Mr. Van Wulfften Palthe and Mr. Willem André demanded that MSF representatives pay the ransom amount, in cash if possible or in any form that would allow legal accounting obligations to be circumvented. To back up this request, the two Dutch government representatives threatened MSF with direct and indirect financial reprisals, promising to use their country's influence within the European Union to that end.

The Dutch government organized a hurried press conference in response to an article in the May 29, 2004 issue of *Le Monde* revealing that it was demanding that MSF repay the ransom it had had to pay and backing up that demand with threats. During the press conference, Mr. Van Wulfften Palthe told reporters that he had made a large cash loan to MSF and was now demanding its repayment. The director of consular affairs did not even bother to produce, or even refer to the existence of, an I.O.U. to demonstrate that his demand was credible. He did not explain why he wanted this sum in cash, much less to whom the money had been paid. He did not provide the reporters a specific sum.

Who can believe that the Dutch government would lend MSF such a large amount of cash without a paper trail? The truth is both simple and difficult for a Dutch government representative to state without losing face. To win the freedom of their national, Arjan Erkel, Dutch

government representatives had to make a large cash payment.

We refuse to allow funds intended for humanitarian activities to be diverted so that the Dutch government can avoid accountability in this matter. This story reflects poorly on a country that currently holds the position of NATO secretary-general, president of the Council of Europe and European coordinator in the fight against terrorism.

The Dutch government's attitude can be better understood in the context of international passivity in the face of crimes committed by Russian troops in Chechnya. Arbitrary execution, rape, torture, capture and sale of human beings, the sale of torture victims' bodies to their relatives and looting are used widely by a country that is a member of the Council of Europe. Over a 10-year period, the Chechen population has been decimated, more than 100,000 people have died in a republic of 1 million, and dozens of independent journalists, human rights activists and humanitarian aid workers have been victims of political violence (assassination, kidnapping, rape and violent robbery). During that time, the U.N. Security Council has never bothered to put this situation on its agenda. Europe and the U.N. have chosen to avoid offending Russia at all cost, even if the price of this choice is their own disgrace.

Unfortunately, Arjan Erkel's kidnapping is not an isolated case, but the latest in a long series. Since 1994, several western countries and international organizations have paid the price of such manipulation in the course of kidnappings. Such events deserve dual legislative investigation—Dutch and European—so that democratic controls can be exercised over practices that blur the line between politics and crime, giving free rein to unlimited violence against the Chechens and those who try to help them.

This is the call we are issuing to the Netherlands, which will assume the presidency of the European Union this summer, and to the new parliament of a reunified Europe. ■



→ Paris © MSF - November 2003



→ United States, New-York © Kris Torgeson-MSF / September 2003



→ Holland © Peter Boer - March 2003

War Crimes

« in the shadow of just wars »

MSF/May 2004/Information compiled by Rémi Vallet

Following revelations of torture carried out by American soldiers in Iraq, Jean-Hervé Bradol, president of Médecins Sans Frontières, strongly criticizes the coalition forces' conduct of the Iraq war and their breach of the Geneva Conventions

“

(...) the coalition's leaders have claimed that delivering humanitarian aid is among the goals of their military operations. That should encourage us to participate more in international public debate and to explain how different our vision of humanitarian action is.

”

Dr. Jean-Hervé Bradol, excerpt from the Annual Report



→ Iraq, Sadr City in the suburbs of Bagdad © Andrew Stern - June 2003

→ The torture of Iraqi prisoners by US-UK coalition soldiers has been in all the media the last two weeks. Do you have any comments on these revelations?

It is not the first time credible information has emerged regarding coalition war crimes in the war on terrorism. At the end of 2001 news came out about the massacre, in the presence of American soldiers, of hundreds of prisoners of war in the north of Afghanistan by local allies of the US-led military coalition. Reports and images, taken at the fall of Kunduz, of the sad fate of certain prisoners have been emerging for the last two years. At that time I wrote that an international enquiry on crimes against non-combatants(1) was necessary and criticized the

United Nations and the International Committee of the Red Cross for their lack of action. Until the summer of 2003 however, it was difficult to initiate talks on this subject.

The demonisation of the enemy has been taken to the extreme by all belligerent parties. They have thus exempted themselves from the usual rules of war from the outset, opening up the way for criminal practices.

The reason the torture in Iraq has extensive media coverage today is that political conditions for raising this issue are finally right. There are several factors that make public

debate possible: the success of the Iraqi opposition army; the political climate in the United States itself, marked by candidate John Kerry's criticism of the Bush administration; and the development of relations between the United States and their close partners, particularly since the attack on the United Nations headquarters in Baghdad last August.

→ Why the long silence concerning these issues?

Taking an intellectual stance on the war on terrorism curbs thought and silences criticism. Since September 11th, the beginning of this war, the demonisation of the enemy has been taken to the extreme by all belligerent parties. They have thus exempted themselves from the usual rules of

war from the outset, opening up the way for criminal practices.

To speak publicly about the crimes committed by US-led coalition forces is to provoke a head-on collision with the most powerful state in the world and one of the main providers of international aid. The prospect of possible retaliation made plausible by intimidation tactics and aggressive American propaganda encourages self-censorship. For example, during an internal meeting in 2003, I was surprised to hear my colleagues using the word 'abuse' to describe war crimes committed in the name of the war on terrorism! Through overuse of euphemisms, we end up ignoring the reality.

→ As president of MSF, why do you think it is necessary to speak out about this issue?

It is not that the crimes committed by the US-led coalition are more significant or less known than those of numerous military forces in the world today, but its determination in claiming that it is acting in the name of humanitarianism forces us to clarify our position.

In Afghanistan, the coalition distributes leaflets promising humanitarian aid in return for information leading to the capture of the Taliban. It is down to us to draw attention to the ineffectiveness of this 'humanitarian aid' granted according to military and political imperatives and not according to the needs of the populations.

Very recently, 'providing humanitarian aid to inhabitants' was one of the main goals of the American offensive against Falluja in Iraq, for which the death toll reached several hundred in the town. We are against humanitarian intervention gun in hand. 'Humanitarian wars' do not exist; lives are not saved by killing people.

The humanitarian aid worker is a pacifist in his/her methods, even if he/she is not a pacifist in the political sense of the word. Indeed, we do not deny that in certain cases military action contributes to improving the fate of a population. However, this does not mean that armies can relieve themselves of the obligation to respect the Geneva Conventions. It

certainly does not mean that humanitarian organisations can give in to the call for arms.

→ The United Nations has talked about ethnic cleansing and genocide in the current conflict in the west-Sudanese province of Darfur. The head of the World Food Programme (WFP) is even in favour of an international presence. Do you agree with this stance?

There is no need to resort to the excessive declarations of the United Nations to draw attention to crimes being committed in Darfur. Is there a genocide situation in Darfur? The answer is no. We are not witnessing an attempt to exterminate an entire human group. What we have is a central power which, through its militia, is conducting a repression campaign against a section of the population who are accused of

We are against humanitarian intervention gun in hand. 'Humanitarian wars' do not exist; lives are not saved by killing people.

supporting the two guerrilla movements in the west of the country. These movements are dissatisfied with the current status of power and wealth sharing agreements between Sudanese parties. The repression is ferocious: killings, sometimes massacres, of thousands of people;

rapes; pillaging and burning of villages, causing the displacement of hundreds of thousands of civilians. 90% of the people at the Zeling displacement site are there because their village was burnt. Between November 2003 and March 2004, several hundred villagers out of a total population of 33,000(2) were killed.

But rather than talking about genocide, the United Nations should explain why their major emergency aid agencies took so long to mobilise in Darfur, thus contributing to a food shortage in the displacement camps. To prevent the food shortage from turning into a famine and a much larger catastrophe within the next few months, pro-government militia violence against civilians must stop. The authorities must continue to grant international aid workers the necessary authorisations, but UN and Red Cross aid must also be more in line with the urgency of the situation.

1 - "Questions gênantes à une coalition au-dessus de tous soupçons," [Embarrassing questions for a coalition above all suspicion], Jean-Hervé Bradol, column published in *La Croix* on 23 January 2002, which can be downloaded from the MSF website. <http://www.msf.fr/documents/afghanistan/2001-12-17-Bradol.pdf>

2 - Information taken from a field study conducted by Epicentre, MSF's epidemiological research centre.

“ Giving political visibility to the intolerable and refuting statements that describe it as a 'natural' evil that we should resign ourselves to are essential steps to transforming the unacceptable into a political problem that calls for political responses. ”

Fabrice Weissman in "L'Humanitaire et la tentation des armes"
-Review Les Temps Modernes no.627
April—May—June 2004



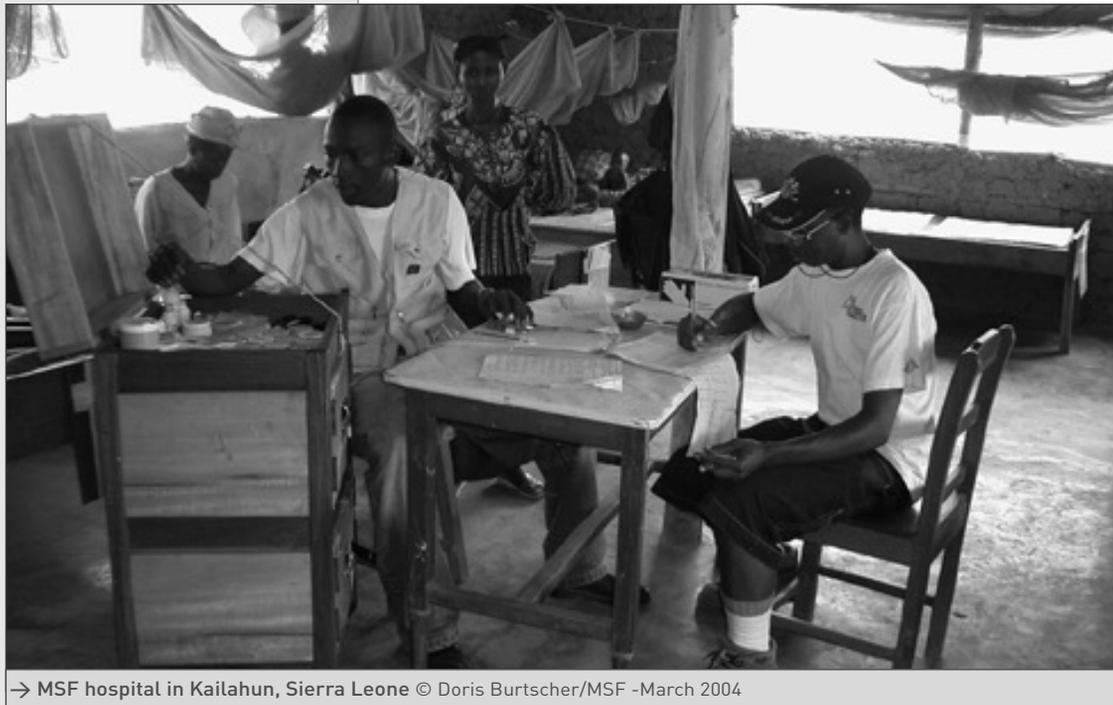
→ Inhabitants of Bagdad in front of a wall sprayed with gunfire © Geert van Kesteren - May 2003



The Integration of National Staff

MSF/June 2004/summary of the debate by Remi Vallet

With regards to internal organization, improving the management of national personnel is a priority for the association. The annual meeting provided an opportunity to gather a number of participants in a round table discussion on the issues, followed by a debate.



→ MSF hospital in Kailahun, Sierra Leone © Doris Burtcher/MSF -March 2004

→ AN ISOLATED CASE OR SOCIAL ISSUE?

The compellingly similar stories force us to go to the root of the problem. "We see the same phenomenon in different countries and different contexts. The problem is not related simply to an individual, it is a social issue: this must be analyzed as such, before we try to find solutions", explained Karim.

Rony began the round table discussion by underlining that humanita-

« When you go into a country to help, you are automatically in an asymmetric dominant-domineered relation. It's the donor versus the receiver. We must not delude ourselves that this can be eliminated, but we have to be aware of it and try to contain it. »

→ WHAT ARE THE ISSUES?

Similar points were brought up by all the national staff participants. For some, it is the frustration that comes with the lack of shared responsibilities between expatriates and national staff; for others, it is the lack of confidence that can go so far as to be insulting. For example, Nafissa spoke of the suspicious attitude of some of the expatriates in Niger who regularly search national staff at the end of the work-day. But without going to extremes, Blaise summed it up as, "local staff are simply there to carry out the tasks, and not to be partners." Their knowledge of the political, cultural and social context is rarely used. Their familiarity with the mission is also not used as it should, even though they have been with the same program much longer than the expatriates. Only expatriates are invited to closed-door meetings. In addition, national doctors are not

always consulted before hiring nursing staff. As Nafissa put it, "I work with nurses and nurses-aids everyday and I know who the most competent ones are, while international recruiters tend to choose those they like".

This lack of objective hiring practices by expatriates is resented by national personnel, especially as the turn-over rate among expatriates creates instability. Jeff experienced this personally when he was forced to leave MSF after working for the movement for the past ten years. He strongly disagreed with an expatriate, who was on mission for only six months, about the way the logistics were being managed. "I often saw people praised by one team, only to be degraded by another", Karim added. In addition to favoritism, it is mainly the inconsistency in the way missions are conducted which poses a problem.

rian work is intrinsically linked to expatriate status. "It's their passport, not just their moral virtue which allows them to work in a war zone without being suspected of being involved in the conflict", he reminded us, explaining that MSF was developed on this concept largely copied from the ICRC. "This development is not unfounded, and it has its merits", he added. But this extra-territorial status almost automatically create hierarchies. "When you go into a country to help, you are automatically in an asymmetric dominant-domineered relation. It's the donor versus the receiver. We must not delude ourselves that this can be eliminated, but we have to be aware of it and try to contain it. That is why it is necessary to question the pre-conceived notions that international volunteers arrive with.

→ WORKING TOWARDS A BETTER BALANCE

In his presentation, Karim attempted to clarify some of the terms in order to understand the divide between expatriates and national employees. The expatriate “comes from an affluent country with a colonial past, which not so long ago thought of itself as the centre of the universe, where progress reigns and which therefore feels it has to help others, who of course less advanced”. In contrast, the national employee “lives in a country either at war, or just over one, a nation that was previously colonized, where local cultures were so denigrated that people ended up internalizing their feelings of inferiority”. The expatriated who is “disinterested, with a certain aura” alongside the national employee who “is there to earn enough to support his family”.

Karim believes that the work environment in which expatriates and nationals exist is not conducive to creating equal partnerships. Whether because of work overload, or because they are financially better off, or because they are not intellectually curious, it is rare to see expatriates on mission develop relationships with locals beyond the strictly professional context. At the same time, local employees often prefer not to voice their disagree-

ments for fear of losing their job, even if there is the risk that they no longer perform their role as intermediaries with the local population.

Not everyone agreed with Karim’s position, and some considered it too radical. Rony however defended the utility of such an approach in the discussion, as tackling a problem from a sociological perspective will affect its solution. “It is not true that nothing can be done.” insists Karim. “Finding a solution to a sociological problem, involves instituting something”, he added. Several suggestions were put forward during the discussion:

« It is not true that nothing can be done.” insists Karim. “Finding a solution to a sociological problem, involves instituting something”, he added.

- Promote intellectual curiosity by integrating a cultural dimension during the briefings of expatriates at headquarters
- Organize a briefing by national personnel when the expatriate arrives on mission
- Promote expatriates to exercise more independence during their stay on a mission (housing, transportation, etc.) so that they

experience the social realities of the country.

After having worked on these issues for the past six months, Cecile Aujaleu presented the priorities that she has arrived at. (see box below). Facilitator Philippe Houdart voiced his concern over being too technical with the solutions, to the detriment of an in-depth study. “It is not through bureaucracy that we will succeed in overcoming the lack of trust”, he declared. “Organizational measures which are not bureaucratic can have a real impact”, replied Rony Brauman. Praising Cecile’s firm position on this point, he suggested that “it is by encouraging collaboration between expatriates and the locals that trust in each other will build, rather than waiting for more humane reactions”. ■

* Facilitator: Philippe Houdart, of the Board of Directors. Participants were Karim Rahem, Doctorate in Anthropology and member of MSF Foundation; Rony Brauman, former president and member of MSF Foundation; and Cecile Aujaleu, Coordinator of national personnel, MSF human resources department. Five national staff also attended: Blaise Maoumou, assistant administrator, Guinea; Jeff Yogo, logistician, Democratic Republic of Congo; Nafissa Dan Bouzoua, physician, Niger; Martin Okonji Oguk, laboratory technician, Kenya; and Ezatullah Sayed, Ghazni field coordinator, Afghanistan.

→ On the expatriation of national personnel

“

MSF does not push national personnel to expatriate. Expatriation is not the fulfilment of one’s professional life, but rather a personal choice. On the other hand, what we have to improve is how applications from national staff are being processed, which currently is much too slow.”

”

**Cecile Aujaleu,
National Staff Coordinator**

HUMAN RESOURCES PRIORITIES

Guarantee a correct contract and salary framework in all missions

The priority is to prevent unacceptable situations (i.e. daily worker status renewed indefinitely, without time off for holidays, etc.). In large missions, this will be implemented by reinforcing the administrative teams, in particular by creating human resources positions. Three of these posts have already been created and more will follow. Elsewhere, two ‘non-fixed’ administrator posts in charge of national staff will be created. They will be able to help field administrators revise and apply internal regulations, review salary scales, redefine job profiles, and improve performance evaluation procedures. This should solve the problem of inconsistent rules at the change of each expatriate.

Ensure that the MSF medical policy approved three years ago by the Board of Directors is applied

In theory, this guarantees decent medical coverage for the national staff employed by MSF in the field. In practice, the policy is rarely implemented in the field, few are familiar with it, it is absent from

more than half of the missions’ internal regulations, and rarely promoted by the medical teams. We will have to decide at the end of the year if the document approved by the board needs to be updated.

Work on the composition of field teams

The aim of this, in collaboration with the desks and the support departments, is to improve the integration of national staff into the decision teams. The objective is to include some of the national staff in the annual process of defining future objectives, because in many countries, national staff currently carry out their tasks without knowing what the objectives are.

For this to happen, the first task is to get to know the national staff. At the moment, we don’t even know how many people work for us. A data base is being developed to keep track of the competencies and experience of national employees. This will help the human resources department in Paris improve team composition. The objective is to have this tool ready by the beginning of next year.

Ils ont survécu aux violences

Ne les laissons pas mourir de faim



© Dieter Telemans

Ils ont besoin de votre aide

Été 2004, Darfour, ouest du Soudan.
Un million de personnes ont été
chassées par la violence, les massacres
et les pillages. Ceux qui ont survécu à la
terreur et à l'exode sont aujourd'hui
menacés par la famine.

Les Médecins Sans Frontières sont
mobilisés pour leur apporter des soins,
de l'eau et de la nourriture, des abris.

Envoyez vos dons
URGENCE DARFOUR
BP 2000-75011 PARIS
www.msf.fr





EXHIBITION « ACTEURS D'URGENCE »

MSF hits the streets again

MSF/July 2004/Alain Fredaigue, Events Coordinator

In support of the latest donor recruiting campaign, MSF has developed a new mobile exhibition. *Acteurs d'Urgence* aims to shed light on the daily activities carried out in the field by MSF.

After the Camp de réfugiés exhibition, which plunged the public into the world of aid workers, after *Enfances Volées / Enfances Perdues*, which allowed children to give voice to their daily struggles, and after *Trop Pauvre pour être Soigné*, which invited visitors to assume the role of a sick person in a poor country, *Acteurs d'Urgence* gives participants the opportunity to experience the daily life of a volunteer through a variety of situations typical of an aid mission.

Open to the public, the exhibition's goal is to link the overall perception of major crises as presented by the media, and the actual aid work carried out by the thousands of MSF volunteers every day.

To achieve this goal, the exhibition is divided into two distinct parts. On the outside, passers-by in the various cities along the exhibition's tour will discover a retrospective covering 30 years of human conflicts, as captured by photojournalists from the Magnum Agency (Depardon, Vink, Steele-Perkins, Zizola, ...): a view of emergency situations through the use of giant street-sized photographs.

Access to the second part is only possible by crossing a boundary line, symbolized by a hut and a barrier.

There, an MSF volunteer assigns a role to every visitor, handing him or her each a portable tape player. Three distinct journeys symbolizing the work of doctors, nurses, or logisticians are offered.

After a briefing and an outline of the context, visitors embark on their journeys through a transport truck transformed into a veritable labyrinth. Five steps await each "new volunteer": shelter construction, a first aid post, water distribution, a nutrition centre, and a cholera centre. The scene is created at each step using props. The audiotape alternates between narration, realistic background noises, and dialogue from Médecins Sans Frontières volunteers in the field. After 10 minutes, visitors end their journey at the spot where it began, no doubt with a new view on the involvement of humanitarian volunteers.

This interactive exhibition was developed in support of the new donor recruiting campaign called "Un euro par semaine". Thus, the end of the visit also serves as the occasion to give participants the opportunity of extending their involvement by committing to concrete support.

Acteurs d'Urgence is above all else an awareness-raising exhibition, and will



be presented at festivals including *Etonnants Voyageurs* and the *Festival du Vent*, as well as at any other events where people may be willing to listen to the message.

In *Acteurs d'Urgence* we see the technical characteristics first seen in *Pris au Piège*, which allows it perfect mobility: its planning scheduled to run until the end of the year is proof.

Head to the back of the truck, and get ready for a journey unlike any other... ■

For further information on the exhibition 'Acteurs d'urgence' contact mmassamba@msf.org

DATES OF THE EXHIBITION		
MONTH	TOWN	DATES
JULY	NANCY place carnot	06 - 10
	REIMS cour d'eron	15 - 17
	BORDEAUX quinquonce	20 - 24
	DAX esplanade gnl de gaulle	27 - 31
AUGUST	BAYONNE quai edmond foy	03 - 07
	BIARRITZ	10 - 14
	PERPIGNAN	17 - 21
	PAU place d'Espagne	28/08 - 12/09
SEPTEMBER	PERPIGNAN	28/08 - 12/09
	NARBONNE	14 - 16
	CARCASSONNE	17 - 19
	BASTIA	21 - 25 to be confirmed
	AJACTIO	28/09 - 02/10 to be confirmed
OCTOBER	MARSEILLE	05 - 09 to be confirmed
	AVIGNON	12 - 16 to be confirmed
	AIX	19 - 23 to be confirmed
	LYON	26 - 30 to be confirmed



PORTRAIT : ISMAËL FOUAD

Home sweet « Homme »

MSF / June 2004 / Olivier Fathun

“

I had been living in hiding for four years- never more than one month at any one place. But that night, unfortunately I did not know where to go. I was having a hard time trying to decide until about half-an-hour before curfew. But it was too late.

”

Ismael Fouad, currently Director of the Médecins Sans Frontières office in the United Arab Emirates



His answering machine comes on and the message simply says « Fou Fou Ismael », as though poking fun at his “crazy” 40 years of life. Although, his life is somewhat less frantic since age 32, when he found himself suddenly in the driver’s seat of his overturned car, thus putting an end to years of homelessness and lawlessness.

“Can you believe it, I am 40 years old. Do I look it,?” To be honest, I was too embarrassed to answer. It’s true, his face is still smooth, but his life story is full of furrows...

Fouad was born in Ethiopia, the son of a mother from the north and a father from the south, a cultural mix that wouldn’t escape social pressures for long. Especially the mother... who was criticized for the marriage. “She died when I was 6 months old, from what I don’t know. I didn’t learn of her death until I was 13”. When he was 8 years old, Fouad was sent away to the Addis Abeba boarding school and his diplomat father was transferred to Sudan. “I used to visit him during the holidays, and it was in Khartoum that I had a major confrontation with him when he told me about my mother’s death which he had hidden from me all that time. I never went back to see him.”

A new life started. Mengistu came to power and the boarding school closed.

Not even 14 years old, Fouad found himself on his own in a country where a dictatorship was about to unfold. The DERG nationalist party was declaiming “Ethiopia first” everywhere, while many Ethiopians bowed their heads. Fouad found friends to live

Not even 14 years old, Fouad found himself on his own in a country where a dictatorship was about to unfold. The DERG nationalist party was declaiming “Ethiopia first” everywhere, while many Ethiopians bowed their heads.

with, officially however, he did not exist as he was not registered anywhere. Political committees turned to communism and terror lied dormant, fomenting revolution in people’s minds. “My name was not on the Regional Committee’s list, so I was considered as an anti-revolutionary”.

In 1978, a new kind of nightmare, the “red terror”, was added to Mao’s little red book. Several of his friends ended up in prison during that time. Four or five of them were executed in the street. A note, written in their blood, was pinned to their bodies with the epitaph “the anti-revolutionaries will perish”. “There were new bodies on the street every morning. It was traumatic and at the same time a time of amazing luck...”

Fouad was stopped twice in fact, but he was released both times. The first time he was released because he knew the person in charge of the Kebele (district) who released him right away. “He just asked me to go and find my papers.” The second time was at night just before curfew time. “I hadn’t played my cards right. I had been living in hiding for four years- never more than one month at any one place. But that night, unfortunately I did not know where to go. I was having a hard time trying to decide until about

half-an-hour before curfew. But it was too late. I was picked up by their Volkswagen van and they asked me where I was going. I gave them the address and I was taken immediately to the corresponding Kebele." He was kept in prison for 15 days and no one came to see him or get him out. There was no way of obtaining food, except for what the other detainees would share with him. "Nevertheless, I found a way of getting a message to my employer at the restaurant where I was working at the time. His son was brave enough to come and plead for me and obtained my release by paying a fine of 15 Birr (Ethiopian currency), explaining that he put me up from time to time. I had made a good impression. It's true that

As he criss-crosses the country he finds that getting food to people is an almost impossible task. "I saw the absurdity of the food aid program, the shortages, the incredible and grotesque hierarchy »

I took my work seriously." Luck helps sometimes, hard work always ... as the saying goes. Sometimes you have to believe in adages, but sometimes you have to just pack your bags.

At 18, he fled from Ethiopia. First to Djibouti, then to Saudi Arabia shortly after, where he remained in hiding for a year. Stress was a bit easier to handle with the odd job here and there and in the hostel for young Somalians where he lived, but "life for over there was so morooooose..." he confides with arms stretching out the syllable. So, he took off to Morocco to live with an uncle. He returned to school, obtained his baccalaureate and ended up in France in 1984, thanks to a network of student friends. "I developed a thick skin able to withstand anything. I was completely independent and nothing could stop me." Not even borders. He went to study at Grenoble University, "a short course which suited my financial and visa situation". France in its infinite goodness told him that "the renewal of your visa will depend on the success of your studies". "My priority was not to fail, because I would have been sent back to my country of origin if I did not succeed, and that was my biggest fear." So Fouad took things in hand,

buried himself in the library, pushed himself, and earned money by working as a waiter in cafes and grape harvesting. But, he admits that during that time he "was not unhappy".

His big break came when he landed a job with the Bioforce Institute, that allowed him to remain in France and earn a living. "It had never occurred to me to do humanitarian work. In the beginning it was a means of obtaining my resident's permit." A handicap which led him ironically to an association of the same name. In 1988, he moved to Djibouti, as a representative for Handicap. But it did not take long for his past to catch up with him. He was asked to leave the country. The reason - no Ethiopians allowed in such a position. But the NGO stood up to them. "The director of operations even made a special trip to come and support me with an ultimatum in hand "If Mr. Fouad goes, Handicap goes too." Fouad was allowed to stay. He remained there for three years, long enough to watch the Mengistu regime fall.

Eleven years passed before he returned to Ethiopia. This time it was on an exploratory mission. He arrived with a report under lock and key which described the U.S.A.'s support for the Meles clan, the new party in power. But the report fell into the wrong hands and everything fell apart... "I think I cried that day. I felt like my previous life had never left me. A letter of apology was mailed off. Then I left, traveling to Eritrea, Somalia, and Djibouti...but not to Ethiopia".

Appointed regional coordinator for the Horn of Africa, he spent most of his time in the air traveling before moving to Lyons where he spent two years in the head office. While there, he studied community development. He left Handicap in 1994, to invest in a development project which unfortunately never materialised because of insufficient funding. "I wanted to invest in a business of building materials which would make the cost of building houses in Djibouti at the time two to three times cheaper". Understandable for someone who had never owned a home, but his business disappeared as did his savings. Fouad returned to Ethiopia penniless. "And like other times, life smiled at me ..." he said without smiling.

MSF offered him the post of deputy assistant representative to the Ethiopian mission. "It was a weird position. What status do you give an expatriate member of the national team who is about to manage the RH, finances, and accounting? A key post, perhaps, but what kind? It was agreed that I would remain as a member of the national staff, administrator without portfolio, without keys or the authority to sign cheques. That's how it was then..." Quickly outgrowing his role, Fouad took the opportunity during a visit to Paris to resolve the problem. His first meeting with the then director of operations, Jean-Herve Bradol allowed him to return more motivated than ever "this time, with the keys in hand...". With Luc Frejacques, he integrates the national staff into the decision team. "This enriched our discussions: on the one hand the memory, working culture, and on the other the technical side. Feeling enriched by so many experiences, he answered an ad in Message, for a director position in the Emirates...He was hired but they never sent for him... "Feeling bitter about the whole thing, I went to work for the United Nations on a year's pilot project re-building Somalia. We took many risks, but the info that was passed up through the ranks never made it back down, at least not in the way we would have liked".

He was initiated to the Territories by the stones of the second Intifada, and by the visit to a Palestinian family in a house occupied by soldiers, 15 days after his arrival, in front of television cameras.

During his first vacation ever, he traveled back to his country of origin. Here he met a friend who offered him a consultant position with the European Union to work on the food aid program in Ethiopia. He finds his work conditions unbelievable, and as he criss-crosses the country he finds that getting food to people is an almost impossible task. "I saw the absurdity of the food aid program, the shortages, the incredible and grotesque hierarchy".

The opportunity to study the famine in Ogaden presented itself and he returned to MSF. At the end of 2000, he met Pierre Salignon, then director of the Palestine project. The goal of the project was to provide medical, psychological and social assistance to the neediest people exposed to violence. "He offered me the post of head of mission and that night I didn't sleep a wink. The mission frightened me, especially the international dimension of the conflict, but I admit the country had always intrigued me." But, for the first time, his nationality worked in his favour. The Palestinians considered him one of theirs and Israelis saw him as a brother. (Many Ethiopian Jews live in Israel). He was initiated to the Territories by the stones of the second Intifada, and by the visit to a Palestinian family in a house occupied by soldiers, 15 days after his arrival, in front of television cameras. In addition to having the detailed everyday coordination of the teams- mainly in the area of security-, he implemented the awareness building campaign among the Israelis. From Jerusalem to Hebron, Gaza to Jenin, there was no limit to how Fouad responded to the escalating conflict, and he paid the price for it. In July 2002, his mission came to an abrupt stop when the car he was driving rolled over onto its roof in a tragic accident. "I found myself at the bottom of a ravine after I had lost control of the wheel from fatigue. I thought I would be left to die, but lo and behold it was the Israeli army and settlers who rescued me". He came out of it with a crushed vertebral column. And Marie-Helene came to fill in for him. "She was wonderful, respecting my wish to continue". He was sent back to France and continued to work from his hospital bed. "I almost wiped out my savings with telephone calls." So as not to be cut off...

Today, Fouad is director of the United Arab Emirates office, continues to recuperate from his accident and continues to always dream of Ethiopia. "Maybe "in spite of themselves" I will no longer be a stranger..." he says. He also co-produces the MSF newsletter for the Emirates. Its title is "Embrace", a message he wants to convey of Médecins Sans Frontières. But it is a lot more than a message, it is a way of life for him, for each time he sees us, he puts his arms out. And today is one of those times. Fouad embraces you. ■

Darfur: a Path of Destruction

MSF / May 2004 / Aurélie Grémaud

FROM
THE FIELD

“

“My husband was killed in Mornay, a short time after our arrival in December. They caught him while he was fetching water from the wadi. They beat him so much that he died.

(...) Here, since my husband's death, life has been very difficult. I have no family in Mornay. My hut is very small and all my energy is taken up with the daily search for food for my two children who are looked after by the TFC and the SCF.

I spend all my time looking for food for them, even if I only eat once a day. I haven't been able to save anything and I don't have the means to have a more solid house built, with a roof strong enough for the rainy season, for I would have to pay for the material and the labour to build it. I have to leave my children with my neighbour, because every two days I have to set off early to get grass and wood outside the town. It is very dangerous, I have already been caught and beaten by the militiamen. All my children have is me. I do not know what will happen to them if I am beaten to death like my husband.” ”

F. is 40, she comes from Waraya. Interview by Aurélie Grémaud

The ruined path that winds and stretches between Mornay and Zalingei, in West Darfour, is but a long trail of towns and villages ravaged by flames, destroyed with precision, right down to the scores of clay pots, the “quola” for fresh water that lie blackened by fire, upturned, shattered.

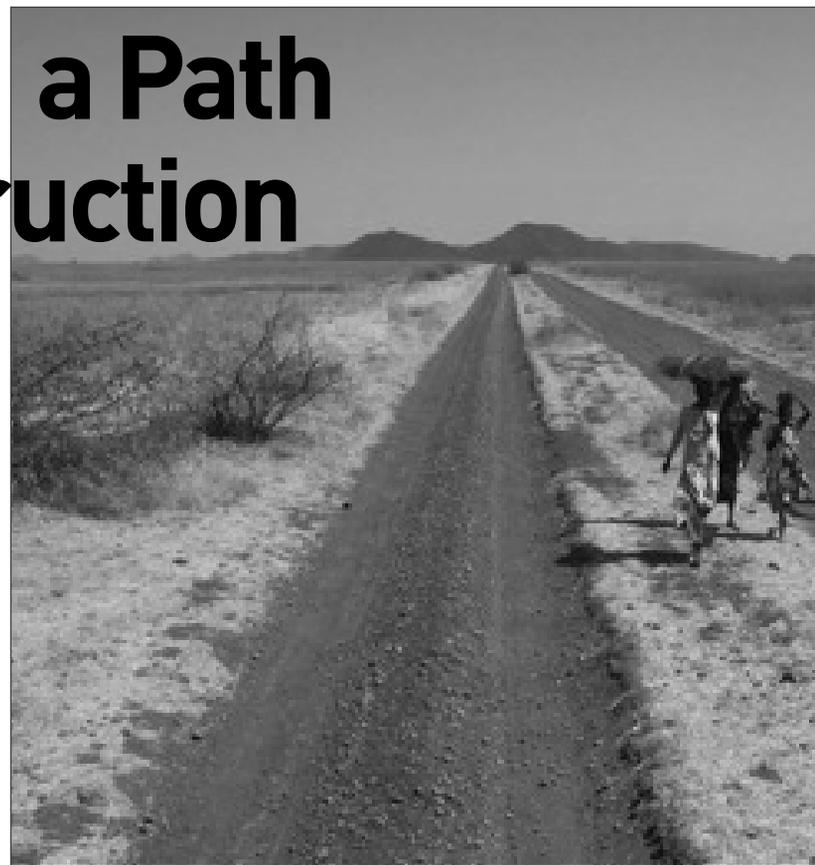
The road between Zalingei and Mornay crosses through the hearts of the villages. The houses lining the path have had their iron doors eviscerated and frameworks scorched, and open out onto the raid scenes: shelves overturned, the ground strewn with empty boxes, the remains of a stall or grocery stand. Chairs lie on their sides, stools on crumbled legs, white enamel bowls decorated with large blue or orange flowers, are scattered through the village lanes; evidence of the sudden departure of the residents, evidence of the anarchic violence of the attackers.

Not one house was saved.

The small hedges of wattle or other thorny bushes that ordinarily surround the houses, marking out the gardens, are now nothing more than black rows of ash.

The course winds through the village of Sura which according to its residents, was “incomparable to the others”, owing to its wealth, its dynamism, the beauty of its fields...Today, almost nothing remains of this large town by the roadside. Like the others, except with perhaps even more precision, this village was destroyed. As the path bends, a flock of tiny pink and white birds with wings no larger than a butterfly's, is lost in their screeching and the whirring of their wings. Behind the thorny shrub (a wattle perhaps?) that serves as their refuge, stirring with an insolent nonchalance at the sound of an engine, are five dromedaries.

Although they seem to be the masters ruling over the charred village, their keeper is never far away. In the near distance at the base of the ochre hills



and sienna earth, one can glimpse the white stains of herds of sheep and goats, accompanied by young boys. The now abandoned fields serve as pasture for the cattle stolen from the villagers: along with the destruction of the towns was the systematic

Intermittently, several of these villages, or what remains of them, are once again set alight to demonstrate to those residents who might have the audacity to return, that this would be unthinkable.

pilfering of their cattle. In the camps, the displaced recite the precise number of animals stolen from them: 56 goats, 34 sheep, 11 long-horned cows...It is this same mantra in each makeshift, roofless home, occupying even the tiniest space of empty land in the cities where they have sought refuge.

Along this path of destruction, the only encounters are with cattle accompanied by one or two keepers, who are most often children.

Along this path of destruction, the only encounters are with herds of cows, camels, goats and ewes,

accompanied by one or two keepers, who are most often children. Intermittently, several of these villages, or what remains of them, are once again set alight to demonstrate to those residents who might have the audacity to return, that this would be unthinkable. Few or none of the residents of the villages attacked between November and March have ventured into the deserted lanes to retrieve the few pieces of crockery that escaped the flames. The endeavour would be too dangerous; they would be risking their lives.

Between two villages are scattered “forests” of majestic mahogany. But like those lining the path, the most beautiful branches of these trees have been mutilated, gashed; lying at the foot of the trunks, leaves on the ground like a myriad of tiny triangular tents. Donkeys, horses and camels gather together and devour the green leaves.

Just before arriving at Zalingei, the path levels slightly and becomes less disordered. The trees are more numerous, there is water nearby. There are more frequent encounters also: barefooted children in torn clothing of uncertain colours walk hastily despite the harsh sun, despite the even harsher wind; thin bundles of sticks balanced on their heads. Often



→ Sudan/Darfur
© Ton Koene
April 2004

they have walked more than six hours to bring these treasures to their parents. These few branches of wood are an inestimable wealth for the displaced of Zalingei: sold at the market, they are their sole source of revenue and also enable the cooking of asida, a millet puree constituting the only meal of the day; they can further be used to patch up the pieces of straw serving as walls in the makeshift houses without roofs, which for more than six months have been their homes. Thus each morning, well before dawn, children leave to search for wooden branches or straw. The men cannot go with them, even though they could collect the greatest quantities, for they would be killed. The women do not go if it can be avoided, and send children or the elderly: if they are seized by the army militia, they will be raped. Thus, it is the children and the elderly who perform this daily task; they leave a little after midnight since they walk more slowly, each time travelling a little further to where there is still grass and wood remaining. They only risk being beaten, or whipped. They leave at night, when they can better conceal themselves and the risk of being caught is not as great. Also crossing this road at the edge of Zalingei, are herds of donkeys, so heavily loaded with bundles of grass

that the animals' ears can barely be seen. Beside them are women and children, who with batons in hand, wave big hellos crying, "Khawaja! Khawaja!" (Rich! Rich!). These are the families of the militia and its consorts, who can leave the village without fearing for their lives. It is midday. They return to the city to sell their harvest at the market, to the residents of the devastated villages, who are kept prisoners there. Behind, the traveller glimpses by the riverbed in the distance, at the edge of the last village destroyed, an ochre-coloured column that takes flight and whirls wildly in the blue sky, always blue, never anything but blue. It is a Hoboub, a small tornado of sand and harsh wind which traverses the village. There is nothing more to destroy, to upturn, to annihilate, except perhaps a stool, a broken mirror, or a tinplated spoon to blanket in a shroud of white sand.

Like in Mornay, and in fact the rest of Darfur, Zalingei remains closed off from the rest of the world, and the region's inhabitants can only wait in hope of aid and assistance. The displaced population still regularly undergoes violence, however the form of this violence has changed. Before they were targets for attack; now they're all held as prisoners by the militias. They can't eat, they can't build themselves a shelter for the rainy season, they can't even fetch water without risking their lives. Before, these people were farmers

and traders. Now they are held prisoners in tiny, roofless shacks, piled up on each other along dirt paths that serve as gutters for both animals and humans. Their only preoccupation is finding water and food, which they must struggle to find every day. An old woman welcomes us in her straw shelter. She invites us to sit in the most comfortable spot, on a mattress in the corner that is protected by a roof, which is made of two twisted branches planted in the

Her husband was killed by the militia men a little before they attacked her village. He refused to get off his donkey and give it to the armed men; for this he paid with his life.

ground. She offers us water from the wadi. In spite of the impressive water system set up by the MSF logistics team, which provides half a million litres of water a day, not all the displaced people have daily access to drinking water.

She sits on the ground, and apologizes for not being more animated. She feels tired, she's only just come home from a night out gathering grass and wood outside town. She left last night at midnight, "I go at night because it's less dangerous, the militia men are asleep. And it's easier to hide". She will use the wood to cook asida,

mashed sorgho. Her 30 year-old son cannot leave town, the risk is too great: "If they see a man outside of the town, they shoot him and leave the body right there to rot. We're not allowed to bury our dead". Her husband was killed by the militia men a little before they attacked her village. He refused to get off his donkey and give it to the armed men; for this he paid with his life. His son, who studied in Khartoum, came back to the village to be with his mother. With great pride, he shows us his photo album: pictures of himself with his friends at a party, at the university... He also shows us his diplomas, that are preciously kept folded in an envelope at the bottom of his bag. Then there's the 13 year-old boy who arrives at the hospital with his 10 year-old brother. At the height of the attacks on the villages, the boy was wounded. A wide scar runs across his back from shoulder to shoulder. His little brother was shot in the forearm. Today, they are coming for his bandage. Three months ago, when they first arrived in Mornay after the attack on their village, they were treated by the MSF team. The little boy, whose forearm was ripped off by a bullet, needed an emergency operation in order to regain at least part of the motricity in his right hand. He was sent to the state hospital Al Geneina. After having waited for many weeks to be operated, the child and his family finally went back to Mornay. He comes every week to have his bandage changed. ■



→ Sudan/Darfur
© stefanpleger@yahoo.com
April 2004

Humanitarianism in crisis

MSF / June 2004 / summary of the debate, by Rémi Vallet

INFOS PRATIQUES WATCH AND READ

MSF / July 2004 / Christine Dufour and Andrea Bussotti

Available in the documentation centre and soon on the database:

- **AFGHANISTAN**
(Kabul: Darste Barshi ; Mazar-i-Sharif), November 2003, Heidi Holzer
- **FRANCE**
(Paris : Malaria press conference), April 2004, Andrea Bussotti / MSF
- **GUINEA**
(Surgery - Macenta), April 2004, Xavier Lassalle
- **NEPAL**
(TB ward - Rukum), April 2004, Colin Morand / MSF
- **PALESTINE**
(Rafah), mars 2004, Philippe Conti
- **SIERRA LEONE**
 - (Kailahun hospital), March 2004, Doris Burtscher
 - (Tobanda - Refugee camp), April 2004, Alberto Cristina / MSF
- **SUDAN**
 - (Darfur : Mornay), April 2004, Francisco Diaz / MSF
 - (Darfur : Mornay, El Genina), April 2004, Stefan Pleger
 - (Darfur : Mornay, Zalingei), May 2004, Sibylle Gerstl / MSF

On Wednesday, May 26 David Rieff* came to MSF to present his book "A Bed For the Night: Humanitarianism in Crisis," a harsh critique of the humanitarian movement and its abuses. "What's lost is lost. The dream of an independent humanitarianism, a minority even within the larger humanitarian movement, never had much chance of succeeding," he writes at the end of his book. What follows is a summary of the debates that were inspired by his pessimistic analysis.

David Rieff: Humanitarian organizations are currently faced with two major challenges. On the one hand, they're facing attempts to convert them into mere subcontractors of governments and international institutions. On the other hand, they have changed focus and are associating more and more with human rights movements. Such an alliance can definitely work to the advantage of human rights movements that benefit from the presence of humanitarians in regions where human rights are the most endangered. But in my opinion, this can only work against humanitarianism.

It's true that as far as human rights are concerned, a normative revolution has taken place, through the Geneva conventions, the Universal Declaration of Human Rights, and in particular, the more recent definition of the International Criminal Court's statutes. But I'm extremely pessimistic about the likelihood that this revolution will lead to any real changes in the field. It's more likely to widen the gap between norms and facts. Or else, the only practical way to impose these new norms would be to recolonize, which would be a big mistake. To impose human rights, military intervention would have to be used systematically or, at the very least, a gentle form of imperialism that Joseph Nye calls "soft power."

→ **Moderator: Can you explain why you say that NGOs are becoming mere subcontractors?**

David Rieff: I've just returned from Geneva, where I had the occasion to meet Mark Laity, NATO spokesman, who claims that "humanitarianism is too important to be left in the hands of NGOs." His approach is "we pay, so we decide." Andrew Natsios, the head of USAID, the second biggest sponsor in the world, agrees. To the NGOs who work with USAID, he says, "you are part of American foreign policy. If I see that you are not supporting this policy, I will withdraw our funding." In short, humanitarianism is like Ulysses caught between Charybdis and Scylla: on the one side is the isle of subcontracting, and on the other, that of human rights.

→ **Moderator: Has the post-September 11 war against terrorism changed things for humanitarianism?**

David Rieff: The war against terrorism has changed things for all those who depend on American money, such as the International Rescue Committee (IRC), just to cite one example. What worries me right now is that the High Commissioner for Refugees is relying more and more heavily on the American government, which provides 35% of its budget, to survive. And the United States may be ready to increase that percentage. Dennis McNamara, the second most important figure in the HCR, has said himself that if Europeans don't pay, the HCR will become a subcontractor of American foreign policy.



What worries me right now is that the High Commissioner for Refugees is relying more and more heavily on the American government, which provides 35% of its budget, to survive. And the United States may be ready to increase that percentage.

→ **Guillermo Bertoletti, deputy director of operations for MSF France: Shouldn't we put restrictions on the use of the label 'humanitarian'?**

David Rieff: Quite honestly, I don't see how to make independent (in theory, not in practice) humanitarian agencies stop using the term 'humanitarian.' But of course, the term is used without rhyme or reason. I agree 100% with Rony Brauman when he says that nowadays, unfortunately, the UN would use the expression "humanitarian crisis" to refer to Auschwitz.

But this issue reflects the fantasy, extremely widespread at MSF, that not only those who receive aid, but also the public in the countries which support its activities, are actually able

to differentiate between truly independent NGOs and the others, between MSF and the IRC. MSF is caught up in a humanitarian system that it cannot ignore. It's in the same damn mess as everyone else! (...) The parallel between humanitarianism and politics has always existed. At one point, some people thought that civil society could constitute a pocket of resistance to states and government power. Either that was an illusion, or they lost.

I should add that governments haven't always worked to take on the mantle of humanitarianism. Thirty years ago, there was no talk of humanitarian wars, of humanitarian intervention, or of humanitarian 'ingérence'. But now, the word 'humanitarian' embodies hope, which is why it's used by governments.

→ **Moderator: In your book, you criticize the ICRC. You blame it for its silence on the nazi concentration camps during the Second World War, on the Serbian internment camps during the war in Bosnia, and now on Iraqi prisons. But at the same time, you write that the ICRC is the only organization capable of surviving the humanitarian crisis and preserving its independence. How can you reconcile this optimism with your critiques? Does this mean that organizations have to remain silent in order to remain independent?**

David Rieff : If I were to write the book today, I would delete the first of the two statements I made about the ICRC. This is because the organization's confidentiality rules are a way for it to preserve its independence.

As for the ICRC's position on the scandal of Iraqi prisoners tortured by American soldiers, it's not fair to say that this attests to the ICRC's allegiance to the United States. It's true that the United States is the ICRC's leading backer, contributing 26% of its annual budget. But the ICRC

is free to use that money as it likes, whereas Europe, supplying 23% of its finances, gives earmarked funds.

Jean-Hervé Bradol, President of MSF : At the same time, I'd like to point out that while silence does give the ICRC a certain independence, it also makes it, to a certain extent, powerless. Current public debate is

(...) nothing is forcing the ICRC to remain silent. Silence is not one of the principles of humanitarianism.

going to help improve the lot of the prisoners in Iraq much more than visits from the ICRC! The problem is that the ICRC has given itself a rule of silence that isn't included anywhere in its mandate. The ICRC's mandate is to promote respect for the Geneva Conventions and international humanitarian law, while observing a principle of neutrality. But nothing is forcing the ICRC to remain silent. Silence is not one of the principles of humanitarianism.

It seems to me that the ICRC's attitude is destructive. In Iraq, and in the larger Arab world, the ICRC has lost a lot of its credibility. What stands out in people's minds is that the ICRC knew about the abuse that was being inflicted on Iraqi prisoners, and wasn't able to protect them. They don't care that the ICRC applies the same rule everywhere, whether it's in prisons in Peru, Iraq, or elsewhere.

→ **Moderator: Can you summarize for us why you maintain that independent humanitarian action is dead?**

David Rieff : I think it's important to emphasize that humanitarianism as an idea is very valuable to governments wanting to justify intervention, war, or a less intrusive policy of pressure. For example, when

Governments have decided that humanitarianism as a moral value is much too precious to be left to humanitarians.

they want to put pressure on Robert Mugabe in Zimbabwe, governments aren't going to say that his regime is fascist. They'll say that Robert Mugabe is committing crimes against humanity. Over these past few years, governments have decided that humanitarianism as a moral value is much too precious to be left to humanitarians. Colin Powell and The European Union alike use humanitarianism as a tool.

On the other hand, there are the frustrated humanitarian players because the world is not getting any better, and they wonder sometimes if humanitarianism is not just a utopian dream. One of Médecins Sans Frontières' old slogans proclaimed: "We have two million people in our waiting room." Many volunteers are attracted to this humanitarian propaganda, and really believe that they are going to be able to provide care for all. Thus, those who want to see radical change turn to human rights, thinking that if human rights were respected everywhere, the world would be a fairer place. But, and I insist on this, this is a mistake, because it leads to recolonization in the name of human rights. ■

*** An American journalist born in 1952, David Rieff writes for the New York Times, the Los Angeles Times, Mother Jones and other American newspapers and magazines. He has covered the conflict in the Balkans and genocide in Rwanda, among other topics. Throughout his career, he has often crossed paths with humanitarian action. After Slaughterhouse: Bosnia and the Failures of the West, and Crimes of War: What the Public Should Know, a collective work that he co-edited, A Bed for the Night is his third book dedicated to humanitarianism. He also wrote a chapter about Kosovo in the most recent edition of Populations in Danger.**

PRESS REVUE

MSF/July 2004/Phoïba Monteiro

→ Darfur

In the last two months, various international political actors have visited the Darfur region, including American secretary of state Colin Powell and UN secretary general Kofi Annan. However in practical terms, the situation on the field is worsening as the rainy season is settling in, bringing with it a host of epidemic diseases. "The system as it stands today simply cannot face a crisis of such a scope and such an emergency", stresses J-H Bradol in alarm, just back from Darfur, in the daily paper *La Croix* (July 2nd 2004). Indeed, whilst PAM has distributed some foodstuffs, its endeavour is completely dwarfed by the task at hand: with the spread of diarrhoea, mortality is steadily increasing amongst both adults and children.

INFOS

WATCH AND READ

PRESS REVUE (CONT.)

→ Aids

The 15th international conference on AIDS took place in Bangkok, Thailand, from the 11th to the 16th of July; its main theme was "Access to Healthcare for All". In its July 12th edition, the daily paper *Les Echos* points out that "antiretroviral treatment has brought hope to people living with AIDS, but this medication remains inaccessible in countries in the South. That's why this conference is much more a political rather than scientific event".

→ Ingushetia

"In the past few months, not only have the Ingush authorities closed down all the tent camps that welcomed Chechen refugees, but they have also orchestrated what they wanted most of all: the accelerated departure of the refugees" (*Libération*, July 8th). The last camp (Satsita) was closed down on June 10th. Security has worsened to such a point that some do not hesitate to talk of the "chechenisation" of Ingushetia.

A COLLECTION OF TEXTS BY FRANÇOIS JEAN

From Ethiopia to Chechnya

MSF/March 2004/Introduction

François Jean, a key Médecins Sans Frontières figure who left us in 1999, made a major contribution in the field of international aid through his numerous publications. This collection of texts illustrates the relevance of his questions and critical reflection today.

This collection includes texts that appeared in journals, magazines and newspapers* as well as in MSF internal publications: Messages, Médecins Sans Frontières info. There are articles and chapters from books written by François, as well as interviews, debates and notes from seminars in which he participated. These publications have been organised, not without an element of randomness, into five chapters:

Refugees, Famine, Conflicts, Liberté Sans Frontières and Miscellaneous. Articles considered repetitive were omitted, but can all be found in specialised or general journals: Populations en Danger 1992; Populations en Danger 1996; Face aux crises..., Etat du Monde. Works and publications not included in the collection are referenced in an appendix.



In the chapters dedicated to famine, refugees and Liberté Sans Frontières, each text is relevant to the title theme. The 'Conflicts' chapter, on the

LES TEMPS MODERNES N° 627 AVRIL-MAY-JUNE 2004

Humanitarianism

MSF/July 2004/Olivier Falhun

In this latest issue of *Temps Modernes* devoted to humanitarianism, Fabrice Weissman writes about "Humanitarianism and the temptation of arms." Using the example of Liberia, the author explains why humanitarians need to resist calling for armed intervention, even if, according to him, there are some extreme situations (the genocide in Rwanda, for example) where "it is impossible to remain humanitarian without taking sides."

In the face of the current crises, this analysis still fuels our internal reflection, but perhaps less through the questions it asks us than through the questions we are asked. In the chapter entitled "Humanitarians: witnesses for history," Claudine Vidal writes about Rwanda, and about the Kibeho massacre one year after the genocide of the Rwandan tutsis, to illustrate the fundamental historical dimension—often unconscious, or even denied—of independent humanitarians. The latter are often the only or among the few witnesses of acts of

violence or massacres that, in the case of Kibeho, "are responsible for probably as many deaths as the Al-Qaida attacks of September 11, 2001."

Didier Fassin looks at "the cause of victims," basing his article on the Israeli-Palestinian conflict and a comparative analysis of the reports and report published respectively by Médecins du Monde and Médecins Sans Frontières. He compares the language of human rights and humanitarian law (emphasizing the differences in two reports on the same context published by MDM. The first was in conjunction with the IFHR and looked at Palestinian populations who are victims of "war crimes," and the second was on attacks against Israeli populations qualified by MDM as "war crimes," and even sometimes "crimes against humanity"). He also points out the limits of neutrality, supporting the thesis that humanitarian action is "neither above ethics, nor outside of politics." These are some of the subjects treated in this issue compiled by Eric Dachy. ■



Contents:

Claude Lanzmann: Humanitarianism and the tragedy of history - Bernard Kouchner: Humanitarianism has changed the world - Eric Dachy: Humanitarian action: Realities and Representations - Jean-Claude Milner: The wheel of humanitarianism - Fabrice Weissman: Humanitarianism and the temptation of arms - Didier Fassin: The cause of victims - Claudine Vidal: Humanitarians: witnesses for history - Igor Gran: The tyranny of goodness - Michel Agier: The side of the vulnerable - Françoise Duroch: Rape, a war weapon: Humanitarianism in disarray - Joël Van Cauter: Campaigns against anti-staff mines and for access to medicine - Claude Lanzmann: A passing survivor

other hand, requires a few comments; it groups together all the texts in which François Jean analyses armed conflicts. Several issues are thus dealt with, ranging from the study of the actual conflict (privatisation and criminalisation of conflicts) to the study of the political effects of a media explosion, the interaction between humanitarian and belligerent parties (security, humanitarian space, harnessing of aid, etc.) and consequences for aid teams.

We have included publications which broach the subject of conflicts in a purely incidental manner, such as a debate between François Jean and Mario Bettati concerning 'humanitarian intervention'. All publications concerning Chechnya, to which François Jean dedicated a lot of time

following the 1994 war, are included in this chapter. The 'Miscellaneous' chapter includes works that do not logically fit into the other sections. Articles published in English have been included in the collection without translation. Texts are in chronological order of publication within each chapter. Some of them may seem repetitive, but this is because we considered that where

→ **Collection** Les cahiers du CRASH (Centre de réflexion sur l'action et les savoirs humanitaires), collection, published by the Médecins Sans Frontières Foundation - 8, rue Saint-sabin - 75011 Paris. Tel : 01 40 21 29 29. Copies are available on demand.

we were undecided, it was better to include rather than omit the text in question.

All the publications in this collection, as well as those which are not included, are available at the Médecins Sans Frontières documentation centre. ■

* **Le Monde, Libération, Esprit, Tiers Mondes, Le Soir, L'Hebdo, Politique Internationale, Commentaire, Cahiers Santé, Croissance, La Lettre de Reporters sans frontières, Le Temps, La Vie, Le Front du refuge, Panoramiques, La Provence, Relations Internationales Stratégiques, Central Asian Survey, Catholica, le Journal des Expositions, Recherches et Documents, Harvard International Review**

LITERATURE

Les routes fantômes

A novel, a treasure hunt, or a poem?

MSF/July 2004/Aurélié Grémaud

Denis Lemasson, ARP at MSF's headquarters, has just published his first novel; *Les routes fantômes*, in the Folies d'Encre collection, published by Eden. After numerous field missions in Afghanistan, Liberia, Madagascar, Ethiopia, and France, Denis has "set up camp" at MSF's headquarters.

An hour or two of reading, of relaxing, of dreaming. *Les routes fantômes* is a series of journeys during which readers find and then lose themselves, where they discover, little by little, the depth and complexity of the two characters, preparing for an improbable rendezvous in the midst of a cacophony of western and urban noises. Geographic meanderings of self-discovery. Laxalt is white, has travelled extensively in Africa, and discovers the city. Aminata is black, and dreams of Africa as yet unknown to her.

One story, of two people on a search. In search of each other, escaping themselves, escaping each other, in search of themselves. Almost against their will, readers discover who these characters truly are, through their

conversations, their histories, their thoughts, and through others as well, those met briefly in a bistro, in the street, at the airport.

There are excerpts that must be read out loud to fully understand them; subtle winks only perceived by the most attentive reader; mysteries not understood until later, their explanations woven into the pages, and still others that only the author can reveal, weaving them into a conversation, if he really wants you to know.

Some sentences resonate long after the book has been put down.

« Autrefois, Laxalt avait aimé une femme. Un jour, il avait prononcé une phrase qui lui avait fait horreur. Elle avait pris ses affaires, s'était enfuie. Il a toujours eu l'intime conviction que,

s'il n'avait rien dit, elle ne serait pas partie. »

[There was a time, Laxalt was in love with a woman. One day, he uttered something that horrified her. She took her things and left. He has always been convinced that if he hadn't said anything, she would never have left.]

And so, we wait for the next one. ■

« **Les routes fantômes** » Denis Lemasson, collection **Folies d'Encre**, Eden Productions.



PRESS REVUE (CONT.)

→ DR Congo

In order to avoid the crisis that erupted east of the country on June 2nd, 2004, to spread yet again in the region, "peace negotiations between the Congolese and the Rwandan presidents have been organised in Nigeria, a result of mounting pressure, particularly from Great Britain and the United States." (*Le Monde*, June 26th). On this occasion, the Congolese president chose to play down the risk of war with Rwanda.

→ Ivory Coast

"The pursuance of the Marcoussis agreements, signed in January 2003 under France's strict supervision, has grinded to a complete stop. In late June, Ivorian president Laurent Gbagbo and several other opposition leaders agreed to a calendar for reform, in order give the morbid peace process a boost" states *Libération* in its July 1st edition.



INFOS

WATCH AND READ

WATCH AND READ

New books available in the documentation centre (June-July 2004)

MSF / Alix Minvielle

→ MEDICAL

UNE MÉDECINE INHOSPITALIÈRE : LES DIFFICILES RELATIONS ENTRE SOIGNANTS ET SOIGNÉS DANS CINQ CAPITALES D'AFRIQUE DE L'OUEST / Y. Jaffré et J-P Olivier de Sardan (dir.).- Marseille : Apad et Paris : Karthala, 2003, 462 p.

PREGNANCY, CHILDBIRTH, POSTPARTUM AND NEWBORN CARE : A GUIDE

FOR ESSENTIAL PRACTICE / WHO, UNFPA, UNICEF, The World Bank Group.- Geneva: OMS, 2003.

→ GEOPOLITICAL

L'ENFANT VULNÉRABLE : PSYCHOTHÉRAPIE TRANSCULTURELLE EN PAYS KANAK (NOUVELLE-CALÉDONIE) / Yoram Mouchenik.- Grenoble : La Pensée Sauvage, 2004, 255 p

LES MULTINATIONALES DU CŒUR : LES ONG, LA POLITIQUE ET LE MARCHÉ / Thierry Pech et Marc-Olivier Padis.- Paris : Seuil et la République des Idées, 2004, 95 p.

SOLIDARITÉ INTERNATIONALE : RÉPERTOIRE DES ACTEURS 2004 / Commission Coopération Développement. - Paris : RITIMO, 2004, 237 p.

→ NEWS FROM EUP AND AUDIOVISUAL

ARV, WHAT NEXT?... .

2 hours(original version) 52 mins (short version). Available in French and English, on VHS, DVD and CD. Over the past 4 years, MSF has shown that it is possible to treat people living with HIV/AIDS in developing countries. However, MSF teams are now confronted with new uncertainties: How to provide good quality treatment on a large scale; How to hand over case management to local health structures; How to cope with drug-resistance...

Looking at the MSF programmes in Guatemala, Thailand and Malawi where the economic, social and

legislative settings are very different, this third film poses the simple yet essential question - What next?

A YEAR IN FOCUS 2003-04

17 mins. Available in French and English, on VHS and CD. This film looks back at Médecins Sans Frontières' major and most emblematic interventions over the past year.

MENINGITIS : RAPID DIAGNOSTIC TESTS

21 mins. Available in French and English, on VHS and CD. A training film presenting the biological tests that enable medical teams to confirm the strain responsible for a meningitis epidemic.

TRAINING (EPICENTRE)

→ POPULATIONS IN PRECARIOUS SITUATIONS

From 19th September till 3rd October 2004 in Saint-Prix (Val d'Oise)

Duration : 12 days

Language: English

→ GOAL OF THE PSP

Train participants to answer to medical humanitarian emergency situations in an appropriate way and in accordance with MSF policies.

→ TARGET POPULATION

- Priority to expatriate medical personnel who are or could become field coordinator and national deputy coordinators (field or capital coordination)
- Second line of recruitment : medical coordinators and head of mission
- Between 12 and 20 months of MSF experience within at least two different types of intervention.
- Committed for at least another 12 months (for the expatriate in one or several missions).

→ TRAINING OBJECTIVES :

By the end of the PSP trainees should be able to:

- Evaluate the population needs (medical and essential: Watsan, shelter, food, security)
- Define intervention strategies adapted to health problems, to the context, to the population and to MSF objectives and policies
- Plan the implementation of program's activities
- Ensure follow up of population health status
- Ensure program monitoring and re-orientation according to context evolution

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

To Nicolas

The Epicentre team and Medecins sans Frontieres join Vincent Brown, Director of Epicentre, in remembering Nicolas Nathan, who died Sunday, May 23rd 2004 at the age of 34.



Dear Nico,

You arrived at Epicentre with that unique look of yours and that warm, unforgettable smile.

You couldn't wait to see who did what and meet your new colleagues. Fresh from your studies in public health and epidemiology, you tackled your new duties at Epicentre with confidence and self-assurance.

Right from the start, you were always available for complicated epidemiological missions in humanitarian projects.

Your involvement and work during these missions were remarkable, Nico, no matter how much time it took! You were always ready to go the extra mile for a good cause. You shared your knowledge gladly, an aptitude immensely appreciated by those who were lucky enough to work with you. The proof -- the dozens of messages of sympathy, regret, and shock received after the news of your death. The messages speak of your warmth, skilfulness, and your "savoir vivre".

Condolences from around the world and from all walks of life speak of fond memories. Your colleagues will never forget how you always found the time to talk matters through with them.

You applied your research skills to meningitis in particular. In partnership with colleagues at Epicentre, Medecins sans Frontieres and national and international institutions, you conducted and successfully completed your research on the epidemic thresholds of meningitis. Your work is an important contribution to the treatment and control of meningitis epidemics, especially in Sub-Saharan Africa. In your absence Nico, we will do everything we can to make sure your work continues.

You loved life, Nico, and even after these many missions, you made time for your friends and loved ones, always careful to keep up your relationships. It was your way of re-charging your batteries and maintaining a positive outlook on life around you. You

never wasted your time, and you always played your cards with ease in the games that faced you each day. What will happen now that you have left us, Nico?

Everything you did, you did with such altruism. You also prepared new recruits for their role as team members before they left for difficult projects. You followed them through to the end of the projects, with a watchful eye, a professional conscience and true friendship.

I wish time could stand still Nico, I wish we could go back to that time before Sunday afternoon, May 23, 2004, when the heart decided to give way...

It was that big heart of yours Nico!

Let's always remember your love and strength of life, Nicolas.

Standing there before us, you toss your hair back from your forehead, smile and pause. ■

Your friend and colleague, Vincent Brown, Epicentre.

TURN OVER AT HEADQUARTERS

GENERAL MANAGEMENT

→ **Dr. Karim LAOUABDIA** Karim was appointed director of the Access to Essential Medicines Campaign on May 11th 2004.

OPERATIONS

→ **Guillaume LE GALLAIS** After 4 years, Guillaume is leaving his position as Director of Operations.

→ **Dr. Guillermo BERTOLETTI** After having been Deputy Director of Operations for 3 years, Guillermo is replacing Guillaume as Director of Operations starting June 21st.

→ **Dr. Catherine HEWISON** Catherine joined the operations department as ARP on June 21st.

→ **Dr. Christophe FOURNIER** Christophe is leaving to work in the MSF USA office and is therefore leaving his position as RP on July 15th.

→ **Dr. Jean-Clément CABROL** Jean-Clément is leaving MSF after being head of the emergency desk for 6 years.

MEDICAL DEPARTMENT

→ **Claire REYNAUD** Claire will be working as psychologist in the medical dept. for one year.

LOGISTICS DEPT.

→ **Gille ISARD** After 4 years, Gilles is leaving his position as Director of Logistics.

→ **Francisco DIAZ** after 4 years as WATSAN specialist, Francisco is taking over as director of the logistics department - replacing Gilles ISARD.

→ **Véronique MULLONI** Will be working, for a fixed term, as WATSAN specialist starting May 17th.

→ **Thierry HUAUMÉ** has replaced Eric BOIVIN as logistics supervisor.

→ **Eric BOIVIN** Eric left MSF at the end of May after having worked at headquarters as logistics supervisor for 5 years.

ADMINISTRATION AND HUMAN RESOURCES AT HEADQUARTERS

→ **Olivier LESREL** (reminder) since January 1st, Olivier is director of administration and human resources at headquarters.

→ **Cécile FAVARD** Cécile is replacing Jeanne GAUTIER (Field Pay Officer) during her maternity leave.

→ **Agnès JOIGNY** Agnès is replacing Cécile FAVARD (see above) as administrative secretary in the personnel dept.



URGENT :

There are several vacancies (HRO) in the field human resources dept.

For more information, contact:

arnaud.laurent@msf.org
stephane.robin@msf.org

TURN OVER SIÈGE (SUITE)

ADMINISTRATION AND HUMAN RESOURCES AT HEADQUARTERS

- **Abdeljalil** Abdeljalil will be working in the general services dept from May 17th to November 30th.
- **Ariane CHARDIN** Ariane started working in the general services dept on May 3rd on a fixed term contract.
- **Denis LE GOFF** Denis decided to leave Paris and thus left his position at MSF on April 1st.

FIELD HUMAN RESOURCES

- **Arnaud LAURENT** Arnaud is replacing Amanda HARVEY as Director of Field Human Resources during her maternity leave.
- **Christophe CANEVET** After many years in the field, Christophe joined the department as Human Resources Officer in May.
- **Marie KERNEC** Marie left her position as Human Resources Officer in May.

FUNDRAISING AND COMMUNICATIONS

- **Aïcha MONTIEL** Aïcha left her position at fundraising department on March 15 th 2004.
- **Emmanuelle BAYLE** Emmanuelle started working in the fundraising department on a short term contract on May 3rd.
- **Bénédicte JEANNEROD** Bénédicte has been appointed Deputy Director of Communications replacing Anne Fouchard.
- **Alix MINVIELLE** Alix is replacing Christine PINTO at the Documentation centre during her maternity leave.

FONDATION

- **Xavier CROMBÉ** Xavier will be working at the Foundation from April 13th until December 12th.

POSITIONS TO FILL

→ FIELD VACANCIES

→ ASAP

- Head of mission/Medical coordinator, Angola, Luanda, 1 year
- Medical coordinator (med experienced), DRC, Kin/Lubum, 1 year
- Head of mission (nurse), Malawi, Blantyre, 1 year
- Head of mission (med), Guinea, Conakry, 1 year
- Medical coordinator, Cambodia, Pong Phen, 1 year
- Medical coordinator, Georgia, Tbilissi, 1 year
- Medical coordinator, Armenia, Erevan, 6 months
- Medical field co, RDC, Ankoro, 6 months
- Nurse field co, Iran, Zadehan, 9 months
- Nurse field co, Madagascar, hurricane, 3 months
- Nurse field co, Ivory Coast, Bouake, 6-9 months
- Nurse field co, Burundi, Kinama, 6-9 months
- Log field co, Liberia, Lofa, 3-6 months
- Medical/nurse field co, Congo, Mindouli, 6 months
- Nurse field co, Guinea, Macenta, 6 months
- Nurse field co, DRC, Kayna, 6 months
- Medical, Burundi, Makamba, 6 months
- psychologist, Corea, Seoul, 6 months

- Medical (gynaecologist/obstetrician), Burundi, Makamba, 6 months

- Medical, Malawi, Chiradzulu, 1 year
- Medical, Sierra Leone, Bo, 6 months
- Lab assistant, Uganda, Arua, 6 months
- Chemist, Uganda, Arua, 9 months
- Wid-wife, Liberia, Lofa, 6 months
- Nurse, Sierra Leone, Bo - Taima, 6 months
- Logistician field co, Burma, Clinics Mob, 6 months
- Administrator logistician, Uganda, Soroti, 6 months
- Logistician field co, Angola, Camabatela, 1 year
- Administrator logistician, Angola, Camabatela, 6 months
- Logistician, Armenia, Erevan, 6 months
- Logistician, Occupied Territories, Gaza, 2-3 months

→ DAFUR

- Medical field co, Northern Sudan, Mornay, 3-6 months
- Nurse field co, Northern Sudan, Zalinguei, 3-6 months
- Medical, Northern Sudan, Kerenig, 3-6 months
- Nutrition nurse, Northern Sudan, Mornay, 3-6 months
- Nurse, Northern Sudan, Darfour, 3-6 months

- Nutrition nurse, Northern Sudan, Zalinguei, 3-6 months

- Logistician, Northern Sudan, Zalinguei, 3-6 months
- Logistician, Northern Sudan, El Jemina, 3-6 months
- Logistician, Northern Sudan, Zalinguei, 3-6 months
- Logistician, Northern Sudan, Mornay, 3-6 months

→ AUGUST

- Head of mission, DRC, Beni, 6 months
- Head of mission, Ivory Coast, Abidjan, 1 year
- Medical coordinator, Ivory Coast, Abidjan, 9 months
- Medical/Nurse field co, Northern Sudan, El Jemina, 3-6 months
- Medical, DRC, Kayna, 6 months
- Medical, Northern Sudan, Bentiu, 6 months
- Medical, Ethiopia, Galaha, 6 months
- Medical, Occupied Territories, Gaza, 6 months
- TB lab assistant, Kenya, Mathare, 3 months
- Psychologist, Occupied Territories, Jenine, 6 months
- TB lab assistant, Armenia, Erevan, 6 months
- Nurse, Northern Sudan, Bentiu, 6 months

months

- Chemist, Liberia, Monrovia, 6 months
- Logistician, Northern Sudan Khartoum, 3-6 months
- Capitale logistician, DRC, Kinshasa, 3-6 months
- Logistician,, DRC, Ankoro, 6 months
- Administrator logistician, DRC, Kitengue, 3-6 months
- Administrator logistician, Burundi, Makamba, 6 months
- Logistician field co, DRC, Beni, 6-9 months
- Logistician, Ethiopia, Galaha, 6 months
- Logistician, Uganda, Arua, 12 months
- Administrator, Guinea, Conakry, 6 months
- Field administrator, DRC, Ankoro, 1 year

→ DAFUR AUGUST

- Medical, Northern Sudan, Zalinguei, 3-6 months
- Nurse OPD, Northern Sudan, Mornay, 3-6 months
- Nurse, Northern Sudan, Zalinguei, 3-6 months
- Nurse, Northern Sudan, Kerenig, 3-6 months
- Administrator, Tchad, Adre, 6 months