

Speak no evil?

Do aid organisations have a responsibility to speak out when they witness human rights abuses? Or is staying silent sometimes the most responsible way to protect the communities they help and their ability to serve them? This was the focus of a recent debate in Cambridge. Neil Hallows reports



QUESTION TIME:
clockwise from left
Andrew Reicher,
Sorcha O'Callaghan,
Marc Dubois and
Susan Wright

ETHICAL SITUATIONS don't come much tougher than this. You see thousands of patients whose injuries are clearly the result of torture, state brutality or indiscriminate warfare. Speak out, and you might secure more aid, political intervention and media support. But in doing so, your patients might suffer even more.

It was clear from the aid organisations who debated the issue in Cambridge last month that there is no universal principle to answer this. Instead, there is an agonisingly difficult decision to be made with each situation.

As Doctors of the World UK director Susan Wright said: 'It's a balancing act, and anyone who would tell you otherwise is naive. You've got to figure out what is appropriate to say, given the ends you want to achieve.'

She added that there were risks of making matters worse.

'On the other hand,' she said, 'you've got to figure out what you're giving up when you keep silent, whether or not you can find a way to influence things in a positive way other than giving that witness.'

Joining Ms Wright at the debate organised by Gonville and Caius Students Union and Cambridge University Friends of MSF (Médecins Sans Frontières) were representatives of the British Red Cross, MSF and the PIDG (Private Infrastructure Development Group).

The debate was about more than speaking out. Its title referred to 'bearing witness', an altogether weightier and more complex issue than simply grabbing the nearest TV camera — and one with which every doctor who has worked in an aid situation has had to come to terms.

It was clear that no one disagreed with Ms Wright's view of the need to balance the risks and benefits of bearing witness, but there was a marked difference as to where the line should be drawn.

MSF UK head of operations Marc Dubois said: 'We have [a] commitment to bear witness, and that doesn't necessarily involve some kind of public denunciation. Bearing witness is defined much more as an act that happens at ground level, where you are in contact,

'We see conflict as a fact of life and we say we're going to remain absolutely neutral to the best of our ability so we can access communities in need'

that doctor-patient interface.'

He gave some examples: 'We come at this from the point of view of a medical organisation that is treating a medical crisis and is asking why do all these young women have STIs? Why are the people here hungry? Or something much more simple: why do they have shrapnel wounds?'

He said MSF confined its questions to 'basic stuff' directly related to patients' health, and did not ask the broader sort of questions favoured by some NGOs (non-governmental organisations) about issues such as trade.

Historic controversy

The reputation of the Red Cross is very different, and some regard it as an eternally silent player. There is still controversy over what it knew about the Holocaust, and whether it should have spoken out.

But British Red Cross head of humanitarian policy Sorcha O'Callaghan said the organisation had become increasingly vocal, and had made public statements in recent years about Darfur, Sri Lanka and Gaza.

However, she stressed that the ICRC (International Committee of the Red Cross), which has a specific

mandate under the 1949 Geneva Convention to provide assistance and protection to those affected by conflict, was in a different position to NGOs.

Ms O'Callaghan said: 'We see conflict as a fact of life, and we say we're going to remain absolutely neutral to the best of our ability so that we can access communities in need, maintain a confidential dialogue with parties of conflict, and ... retain their trust so we can gain access to places of detention.'

She said neutrality and independence were not moral values, but 'a really pragmatic tool' to ensure the ICRC could work in very hostile environments.

'We feel that having a very consistent and predictable approach in everywhere that we operate [helps] the authorities and warring parties understand who and what we are, and they can trust us that we are not going to go public except in very extreme situations,' she added.

But even if an aid organisation can satisfy itself that going public is in the best interests of the people it serves, there will be a great deal of pressure against it doing so.

Mr Dubois said governments and similar authorities, even those whose citizens desperately needed help, were increasingly telling NGOs: 'You came in here to help, and now you're ... pointing a finger at us and saying we're doing bad things. You're going to go home if you do that again.' He cited the example of aid organisations being expelled from Sudan and Sri Lanka.

Some countries had benefited from trade deals with nations such as China, which made them feel less dependent on traditional donors, and also exploited anti-Western feeling among their populations.

He said NGOs might not consider themselves political organisations, but their actions had huge political consequences — such as when they had called for support from the UN Security Council.

And, as Ms Wright said, aid organisations' neutrality comes under question even before they speak out.

'The fact you are intervening in one place and not another, that's going to be perceived by people as you taking sides,' she said.

Moreover, an exclusive focus on medical work cannot always prevent an aid organisation's neutrality being compromised. Ms Wright said that if an organisation had data of interest to the International Criminal Court — for example on patients' gunshot wounds — then it might be called to give evidence against one particular side in a conflict. Serving and former volunteers might also be called to give evidence individually.

Flags of inconvenience

NGOs would also, inevitably, be linked with their home countries or those of their donor nations. Ms Wright spoke of a project in Iraq run by Médecins du Monde (of which Doctors of the World UK is a part) that had run out of funding.

She said the Department for International Development would provide funding, but the Iraqi project would not

accept it because of the UK's foreign policy stance. This is in spite of the DfID's policy of not using its branding with projects when it would be unhelpful to recipients.

Mr Dubois asked — rhetorically to some, reasonably to others — how long an Al-Qaeda-backed health centre would last in the UK.

It is also often the case, especially in a civil war situation, that aid organisations will treat combatants. Some argue that this serves to fuel conflict. This is hard for medical volunteers, but saying no to patients because they happen to be wearing military uniforms is harder.

'If [a patient] walks in and they're bleeding, do you ask them their job and for them to think about how they might be contributing to evil in the world?', asked Mr Dubois.

'The lovely thing about humanitarianism is that you worry about the here and now. You don't make calculations, and it's almost

improper to make a calculation, based on "you know what, if I save these people they're going to grow up and be mass murderers".'

So before NGO representatives have even opened their mouths, their justification for working — which can seem so morally clear cut to volunteers and donors — will have come under intense questioning. And in speaking out, they risk making a bad situation worse for their beneficiary populations.

Ms O'Callaghan said aid organisations had sometimes in the past put a big emphasis on documenting abuses, but had not considered the likelihood of reprisals or the impact on victims of reliving events.

And if humanitarian workers are expelled, Ms Wright says, 'you don't just alienate the patients; you lose them entirely and lose your ability to do anything for them'.

The panellists described the ways in which aid organisations bear witness other than 'going public'.

Mr Dubois said the approach might be diplomatic — talking to a particular commander about the conduct of his men; or it could be very medical — asking for water supplies to be chlorinated, for example.

What it's not is a soft option compared with a public dispute. Ms O'Callaghan said: 'While our approach means that we don't speak [out] very often, it doesn't mean that we remain silent. A major emphasis of our work is to ensure there is better compliance with international humanitarian law, and Red Cross staff around the world risk their personal safety in order to bring up these violations with warring parties.' Those warring parties included the Taliban, she said.

Atrocious normality

But why stop with war zones? PIDG programme manager Andrew Reicher gave a different perspective. PIDG is a coalition of donors mobilising private sector investment to assist developing countries to provide infrastructure vital to boost their economic development and combat poverty. He said: 'Today's "normal" in countries where there aren't wars and there aren't famines is still an atrocity. It's a crisis every bit as important as wars and floods and earthquakes.'

He said that in sub-Saharan Africa, excluding South Africa, three quarters of the population lacked power in their homes, and an even greater proportion lacked piped water. And he said this was not for a lack of technology or the inability of poor people to pay for services.

Rural electricity access in Africa would cost \$18bn (£11bn), but Africans already spend \$16bn (£10bn) a year on paraffin for lighting even though it is often subsidised by their governments.

To Mr Reicher there were scandals in the world that equalled or exceeded anything found in a humanitarian disaster zone, and they needed witnesses too.

And he said an equally objective eye needed to be applied to the aid system itself. In 2009/10 the UK government spent £7.8bn on aid.

'When times are hard, and arguably at any time, don't you think people should know where their taxes are going and whether the money is being spent effectively?' he asked.

The health service was regularly subjected to value-for-money analysis, he said, and international aid should be too.

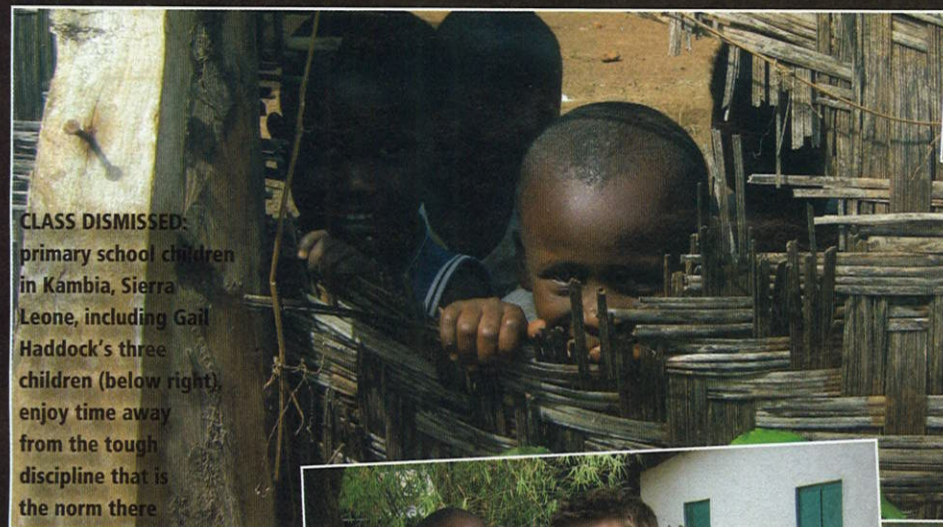
So anyone who thought that working for a humanitarian organisation was a simple matter of balancing overwhelming demand, impossibly limited resources and unbelievably tough working conditions should think again.

When deciding whether to speak out, it seems there are no completely right answers and plenty of wrong ones.

'In the perverse situations in which we deliver aid, it's impossible to do no harm,' said Mr Dubois.

'What you're trying to do is to far outweigh the harm with good.'

'The theatre sister smiled at my outrage'



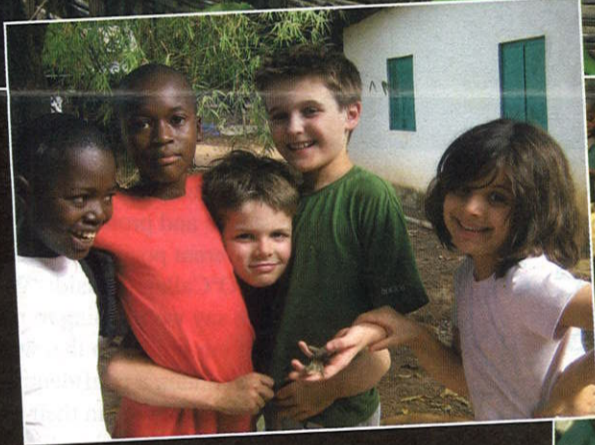
CLASS DISMISSED: primary school children in Kambia, Sierra Leone, including Gail Haddock's three children (below right), enjoy time away from the tough discipline that is the norm there

SEVENTEEN YEARS, three children (on my part) and a civil war had passed since I had last been in Sierra Leone. I did not directly witness the rebel atrocities we've all read about, but the burnt-out buildings, amputation stumps, and women who wore pants, shorts and trousers under their lappas (as small insurance against the gang rapes) told their own stories.

More endemic were the multiple small atrocities arising from poverty and neglect in a country that was shambolic from years of corrupt government long before the rebels ever came: the under-five mortality rate of 20 per cent; the life expectancy of 42; the malnourished children who were fed last as families fed breadwinners first; our hospital cleaner who was cast out of her village when her 10 miscarriages and stillbirths had led to her neighbours labelling her as a witch; and the woman who couldn't afford transport and had to walk six miles to the hospital with her dead breech baby's body hanging between her legs.

Then there were the human rights abuses that would not be defined as such in Sierra Leone: female circumcision, wife beating and flogging children. The theatre sister and lay preacher, who I liked enormously, chastised a woman covered in bruises for making a fuss when she was lucky enough to have such a handsome husband. Teachers caned the children for being late, falling asleep or getting questions wrong in school. They caned the children to keep them in line as 500 stood in the blazing heat waiting for their yellow fever vaccines. My 11-year-old son, who along with my other two children attended the local primary, told me how a 10-year-old boy was made to give a six-year-old girl a piggyback so the teacher could better reach her bare legs with the stick. She had been late for school. None of this could be blamed on the war.

Kambia Hospital hadn't had a doctor for three months and was officially closed. That didn't stop the queue at outpatients to keep me busy while my husband helped the admin department compile the paperwork to prove to the



government that Kambia needed a hospital for its 300,000 population.

By the end of my second week we had run out of clean drapes — they were all in a bloody pile in the corner of the anaesthetics room after six caesareans. Since the hospital was 'closed' there was no money to run the generator to pump water, or to pay the staff. The theatre sister slipped a lad some small change to wash the drapes. As he carried the pile on his head to the river, a cavalcade of government officials from the ministry of health arrived in their shiny Jeeps and Land Rovers to decide Kambia's fate. And suddenly all the lights in the hospital came on.

So did I bear witness to any of this? No, not really. The theatre sister smiled indulgently at my outrage on behalf of the battered wife — these white women with their luxurious human rights. I never even challenged the headmaster. To be fair, how do you control classes of 90 children? And I had to admit that those children were cheerful, polite and hardworking, and nobody beat our children. Apart from our middle boy, who got a question wrong on purpose to see what it was like. And even then they only tapped him.

Gail Haddock is a GP in the Highlands. She was in Sierra Leone between 1990 and 1992, and returned for two shorter trips in 2008 and 2009. Under the name Emily Joy, she wrote *Green Oranges on Lion Mountain* about her experiences.

● A UK-based charity, The Kambia Appeal, focuses on improving maternal and child health in the Kambia District. See www.kambia.org.uk for details.