Not so benign
When lofty political goals have bad humanitarian consequences

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Preliminary results of MSF studies in Sierra Leone show high levels of resistance to the standard malaria treatment chloroquine, the country’s first-line treatment for the disease; MSF is advocating throughout Africa for introduction of the more effective artemisinin-containing combination therapy, or ACT

MSF opens a supplementary feeding program in Malabon, a slum area on the outskirts of Manila, the Philippines
By nature, humanitarian action is embedded in politics. The fundamental concept of humanitarian action – that ordinary people must be spared undue violence and assisted in times of conflict and crisis, in an independent and impartial way – requires political support to exist. These humanitarian principles are set out in the Geneva Conventions.

Yet, more and more, the same powers that have enshrined humanitarian principles into law are subverting them: they are cloaking their political agendas in humanitarian language and co-opting the humanitarian ideal into the service of other causes, whether peace, democracy or the fight against terrorism.

The consequences of this seemingly benign trend are not benign at all: humanitarian workers cannot do their jobs and people do not get the aid they need. It is not only political powers that bear responsibility for this. Many humanitarian organizations have themselves been complicit, either voluntarily or involuntarily, by failing to articulate, defend and act on the core humanitarian principles to which they adhere. MSF has seen the negative effects of this on civilians in need in Angola, Afghanistan and, most recently, Iraq.

Angola – a deadly “coherence”

In early 2002, thousands of Angolans died when the humanitarian response that could have saved them was slowed by political calculations. For four years, humanitarian assistance had been confined to provincial capitals controlled by the government, reaching only a fraction of the population in need. The death of UNITA leader Jonas Savimbi in February 2002 led to a ceasefire between UNITA rebels and the government in April. Vast areas of the country that had been under UNITA control or contested by both sides (the so-called “gray zones”) opened up, revealing hundreds of thousands of starving and sick civilians. Tens of thousands of surrendered UNITA fighters along with many thousands of dependents, in similarly bad condition, streamed into “Quartering and Family Areas” (QFAs) around the country. There was an acute emergency situation in almost all sites, with close to one million people in urgent need of help.

MSF teams mobilized, and dramatically scaled up nutritional and medical programs in April and May. The massive needs certainly outstripped the organization’s capacity; complementary interventions, particularly general food distribution, were urgently required. The Angolan government showed criminal neglect in not beginning an emergency intervention itself and failed to call on others to provide assistance. The response by the UN agencies and other organizations was woefully late and insufficient. The World Food Program actually reduced the number of beneficiaries for May and June because of supply problems, and UN agencies only started assessing the dramatic situation in the QFAs in early June.

Why was this so? When UNITA collapsed in early 2002, the UN sought to participate in the transition to peace, envisaging a role for itself particularly in the demobilization and disarmament process, the monitoring of human rights and the oversight of eventual elections. Yet the Angolan government remained highly skeptical of the UN, blaming it for UNITA’s failed demobilization in 1994, which had led to a resumption of hostilities. The UN was adamant that the Angolan government, with its plentiful resources, take the lead in providing assistance to the QFAs. It also refused to consider an intervention barring a formal request by the government followed by an agreement covering the modalities of assistance to the QFAs. It insisted that this framework be binding on all NGOs and called upon donor governments to channel funds solely through the UN in order to present a unified front to the government. By delaying an emergency appeal, refusing to act without an agreement and trying to forestall independent NGO action, precious time was squandered and many lives unnecessarily lost.

The Angolan experience underscores the lethal effect of not pursuing humanitarian priorities independently, however desirable other goals such as peace and democracy may be. The essence of humanitarian assistance is that it not be traded or made conditional. When it is, then inevitably the immediate interests of the most vulnerable are sacrificed in the name of supposedly loftier goals.

Afghanistan – the politicization of aid

Core humanitarian principles were also subverted by political designs in post-Taliban Afghanistan. After the Taliban were removed from power in November 2001, the international community of states pledged that it would not abandon the Afghan people, as had occurred in the wake of the withdrawal of Soviet forces in 1989. Indeed, Western powers presented Afghanistan as an ideal case for a “coherent” approach, whereby military forces, the United Nations and NGOs would work together to support the fledgling government of Hamid Karzai in rebuilding the Afghan state. Galvanized by the donors’ sudden interest in Afghanistan, many NGOs embraced this politicization of aid, arguing that to back the new regime was the only real chance to make a genuine impact.

Yet, by mid-2003, as the international community’s focus had shifted to Iraq, Afghanistan has fallen into limbo. Conflict between the United States and ex-Taliban forces persists in the south and southeast. The reconstruction process has stalled. The government has struggled to expand its authority beyond Kabul into the provinces, where warlords resurrected by the US’s anti-Taliban campaign reign supreme. While over 2 million refugees returned in 2002

[MSF responds to cholera outbreaks in Kasai, Katanga and Nord-Kivu provinces and to a meningitis outbreak in Nord-Kivu, Democratic Republic of the Congo]

[After 11 years providing medical care to around 130,000 Somali refugees in camps near Dadaab, Kenya, MSF hands over its projects there to a German organization]
from Pakistan and Iran, the flow has diminished markedly in 2003, partly because many would-be returnees realize that assistance is not available in rural areas. The UN and donors’ strategy of integration has also backfired for humanitarian organizations. The security of humanitarian aid workers has worsened dramatically, and with it their ability to carry out their work. The execution-style killing of ICRC staff member Ricardo Munguia in March 2003 in the south sent a chilling message that all aid agencies were associated with the Western agenda. This attack, along with others targeting aid workers in southern Afghanistan, has crippled the ability of humanitarian workers to gain access to people in need and provide assistance. In many parts of Afghanistan, MSF has had to periodically suspend activities because of insecurity. To cite only one example: in June 2003, MSF international staff evacuated Ghazni, leaving a tuberculosis and hospital support program in the hands of Afghan national staff who are only somewhat less at risk.

This vulnerability of humanitarian workers is not simply the result of ex-Taliban extremists seeking out soft targets in their fight against the continuing presence of US troops. It is also heightened by confusion born of the US strategy of using relief efforts to promote its security agenda and extend the reach of the Karzai government on thecheap (i.e., putting US soldiers into “Provincial Reconstruction Teams” to patch up schools or rebuild clinics, while they support the new Afghan army and quell local opposition).

More fundamentally, it is the broader strategy of requiring all aid organizations to support a struggling Western-backed government in a fragmented and impoverished nation, while a conflict involving Western forces continues to rage, that is the problem. Particularly as donor interest wanes and instability increases, the need for direct, unconditional and unmediated humanitarian assistance to Afghan civilians is as strong as ever.

Iraq – the word “humanitarian” drained of its meaning

The erosion of humanitarian principles – and the consequences this portends for civilians in need – found new and polarizing momentum in the war in Iraq. It began with the US’s presentation of the Iraq campaign as a just and humane war merging security imperatives and broadly defined humanitarian concerns. This portrayal not only generated unfulfilled expectations among Iraqis, it also confirmed the presumption within the Saddam Hussein regime and later among violent opponents of the occupation that all aid organizations were associated with the US agenda. UN agencies and NGOs themselves made matters worse by adopting a cooperative attitude toward the coalition’s strategy without admitting to it, thereby emptying the humanitarian principles of neutrality and impartiality of much of their meaning.

The US-UK coalition announced that concerns about the welfare of the Iraqi people were central to their decision to attack Iraq, and integral to the way they would wage the war. Humanitarian concerns writ large (human rights, freedom, democracy) were evoked to justify this “just” war, complementing concerns about weapons of mass destruction and terrorism. Painting a grim picture of life under Saddam Hussein, Bush announced that liberating US soldiers would bring food and medicine to the Iraqi people.

Humanitarian concerns became central in the battle for global public opinion. The belligerents used these concerns to cultivate support for the war; opponents to the war trumpeted war’s likely devastating impact on the Iraqi people. UN agencies and many NGOs expressed their uneasiness at being cast in the role of “cleaning up” a pre-ordained and largely unpopular war. Catastrophic predictions of civilian suffering were made both to oppose (implicitly) the conflict – and to raise funds. MSF did not speak out on the “rightness” or “wrongness” of the war, on humanitarian or any other grounds, because it understands humanitarian action to be predicated on the reality of armed conflict and dedicated to securing a space for humanity within war.

Contrary to doomsday scenarios, the war did not generate an emergency in humanitarian terms: there were no significant refugee flows, no famine or major epidemics. This should not, however, obscure the fact that civilians in need, particularly war-wounded civilians confined to major Iraqi cities encircled by US forces, were largely out of reach of humanitarian assistance during the conflict. The few humanitarian organizations that had not evacuated the country (ICRC, Première Urgence, CARE and MSF) still faced Iraqi restrictions on their movements and capacity to assist and were also hindered by the intensity of the fighting. As supplies ran short, the Iraqi medical system was left to cope largely unaided with the most acute humanitarian problem during the conflict: the thousands of civilians killed and wounded in the bombing and by fighting on the ground.

While the US-UK coalition did not deliberately block or overtly direct humanitarian assistance efforts during and just after the war, it was intent on controlling assistance in its efforts to win over “hearts and minds.” For instance, US sanctions barring humanitarian assistance from the United States were kept in place well after the Iraqi government fell. Only programs funded by the US government were legally authorized, and only in “liberated” areas. This kept independent humanitarian assistance coming from the United States out of Iraq. Only organizations with an international base, like MSF, were able to avoid these restrictions. In addition, the US-UK coalition organized the entry of NGOs into zones they had secured; only organizations like MSF that did not rely on the US military

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* MSF speaks out against a flight ban introduced by the Kenyan government which temporarily blocks the transfer of humanitarian aid into Somalia
* Two MSF mobile teams begin psychosocial support for around 2,500 displaced people from Kosovo living in precarious conditions in the Vranje area of Serbia and Montenegro
for security guidance and permission were able to quickly access other areas in need. Yet this US effort to co-opt NGOs did not result in the delivery of services when most needed. In the weeks following the Iraqi regime’s collapse, US forces were not in a position to establish basic security, let alone provide much assistance themselves or manage NGO efforts.

The US’s conduct of military operations reflects similar difficulties in making good on its promises of a “humane war.” In Iraq, the US made wide use of cluster bombs and munitions, including in populated areas, despite their indiscriminate nature. It has not reviewed practices of using overwhelming force that are leading to civilians being killed and wounded by US soldiers at checkpoints, in response to ambushes, during raids and in riot control actions. The circumstances of many civilian deaths require investigation. Reported violations of International Humanitarian Law (IHL) by Iraqi forces during the war, such as hiding active combatants among civilians and deliberate attacks against civilians such as the bombings of UN headquarters in Baghdad and the Imam Ali Mosque in Najaf, do not exempt the US and UK forces from full respect of IHL, particularly as they have made conduct of the war a litmus text for the justness of their cause.

Iraq did present a major dilemma for UN agencies and many NGOs. While the United States is a unilateral belligerent, it is also a liberal democracy and a major funder of aid efforts. Could organizations have it both ways, invoking humanitarian principles guiding their efforts while opting to work with the US government? US NGOs thought they could, accepting significant amounts of US government funding but refusing direct military control over their activities by agreeing instead to work with US civilian agencies such as the Office of US Foreign Disaster Assistance (OFDA) and the US Agency for International Development (USAID). This “solution” ignored the basic fact that all US agencies are part of the same government waging war and exercising military occupation.

The futility of this compromise was exposed when USAID warned NGOs in May 2003 that by receiving US government money for their activities, they were in effect “arms of the US government” and that if they did not make the origin of their funding (the US government) explicit to beneficiaries, as private contractors do, their contracts would be torn up. In effect, the bombasts and threats indicate that all aid organizations are being viewed according to USAID’s wishes.

In Iraq today, continuing instability and insecurity is raising the need for direct and unconditional humanitarian assistance; at the same time it is also making this assistance much more difficult and dangerous to provide. The attack on the UN compound in Baghdad in August 2003 and on the International Committee of the Red Cross in October as well as other serious security incidents are certainly part of a deliberate extremist strategy to sharpen divisions – the application of President Bush’s famous quote “you are either with us or with the terrorists” in reverse. However, that UN agencies and NGOs have been unable and largely unwilling to draw clear distinctions with the Occupying Power has strengthened the view that all assistance is ultimately part of the US’s agenda, thereby increasing the vulnerability to attacks of all organizations, irrespective of their positions.

As instability and conflict persist in Iraq, the capacity to independently reach out and help all victims, including those that are harmed, neglected or marginalized by coalition forces, will remain critical. Whether that will be possible remains an open, and fragile, question.

Conclusion

It is a delusion to think that there was a time when the integrity of humanitarian assistance was respected, and that it is only now that it is being distorted by politics. The current insistence on a “coherent” approach, however, poses significant new challenges for humanitarian organizations, particularly since the pursuit of peace and security has taken on a new meaning since September 11, 2001.

Projecting the view that the Western world faces an existential threat, the “war on terror” seeks to bring aid organizations into the fold, arguing that fence-sitting is impossible and ultimately immoral. Attempts to push the humanitarian actor to one “side” abrogate the basic right of people in need to get assistance regardless of their political, religious or other affiliation. In addition, in volatile contexts, being identified with a belligerent can have devastating consequences in terms of security and access to victims.

Independent humanitarian action is also threatened by the conciliatory approach of NGOs. Striving to protect and assist all victims, according to need alone, disturbs the designs of the powerful to abuse, exploit or neglect. This necessarily places humanitarian actors in a tense relationship with political powers, even those who declare their intentions to be benevolent. Many organizations eschew this tension and prefer to participate in what they view, overall, as a positive agenda promoted by Western states. Although this stance may yield valuable services covering the needs of some people, it is the work of a service provider, not a humanitarian organization. It also means that certain countries and regions rise to the top of the international agenda while others – where needs are immense – are increasingly neglected (see articles in this report on Democratic Republic of the Congo and the West African region). Instead of following this political lead in selecting certain people to aid and abandoning others, humanitarian organizations should resist and contest these alarming trends, in the name of equal worth of all human life.

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- MSF opens two primary health care centers in al-Ma’amil and al-Mundadr shantytowns in Baghdad, Iraq, where thousands live in metallic shacks near garbage dumps with no access to clean water or medical care
- MSF opens a therapeutic feeding center and an outpatient clinic in Marere, Somalia
- Drugs to treat kala azar are distributed in six governates in southern Iraq