A BUSPH student measures the Mid-Upper Arm Circumference (MUAC) of a child to assess nutritional status.
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Welcome to the first issue of The Movement, Boston University School of Public Health’s new global health journal!

We hope you are as excited as we are about the launching of this new student publication at BUSPH. The Movement began as an idea to stimulate discussion within the SPH community about global public health issues. The journal features the writing of students and includes news, commentary, as well as faculty, student, and organization spotlights. It includes public health stories from around the world and also highlights the work being done by our school’s students and staff. But why The Movement?

Today, information moves effortlessly around the world, linking people together like never before in a global community. With greater access to knowledge comes greater awareness of the social ills and inequities facing peoples around the world. It is this awareness that has driven many of us into this profession. Public health is part of a broader social movement to which each of us belong.

This journal seeks to help students place themselves within that movement by presenting information and viewpoints on global public health. In essence, it intends to act as a medium to provide guidance and sustained hope for those in this field, who are often unsure of their path.

The first issue is entitled “Humanitarian Assistance: From Relief to Sustainability.” It explores the goals, issues, and controversies of humanitarian aid and relief work. Natural disasters and complex emergencies (situations of chronic conflict and violent political instability) have a wide array of impacts on health and health systems. The challenges facing today’s humanitarian public health practitioner are equally diverse. The shift toward linking relief and development has increased the scope of work for aid organizations to include conflict resolution, capacity building, and the promotion of human rights. This has led to the question of whether the fundamental mission of these organizations to save lives and prevent suffering is being somewhat neglected. At the same time, relief agencies have been criticized for poor coordination and a lack of accountability.

Clearly, the subject matter of this inaugural issue is complex, and we hope the rich perspectives offered in the following pages and in each subsequent issue of The Movement can inform you and lead to further discussion within and beyond the BUSPH community. For the work we do and the change we create during the course of our careers begins with the ideas we cultivate today, as students.

“Never underestimate the ability of a small group of committed individuals to change the world. Indeed, they are the only ones who ever have.”

Margaret Mead

AS
Concern for civilian casualties is growing in Sri Lanka - as many as 50,000 or more people are still trapped in a pocket of fighting in northeastern Sri Lanka as the government continues to battle the Liberation Tigers of Tamil Ealam (LTTE). Meanwhile over 100,000 Sri Lankans have fled the combat areas, leaving relief agencies and government authorities scrambling for funds to provide basic relief. While food assistance is relatively well funded at the moment, funds for other sectors including health, water and sanitation, education, and shelter are severely lacking.

In response to this crisis, a Tamil Tiger spokesman declared a unilateral ceasefire in late April, but a Sri Lankan official dismissed this as “a joke,” insisting that the rebels must surrender. The announcement came soon after UN humanitarian official John Holmes met with Sri Lankan officials to request access for aid workers to the restricted combat area. As the fighting continues, thousands more will flee from the war zone in the coming days, and aid agencies must find ways to accommodate the new arrivals with increasingly inadequate resources until the situation improves.

Following Israel’s recent 23-day military offensive in Gaza, the UN Inter-Agency Gender Task Force (IAGTF) conducted a survey on the needs and perceptions of 1,100 adult men and women across the Gaza Strip. Psychological trauma was repeatedly identified as a main concern by respondents regardless of gender or social group. With limited psychosocial services available, many are dissatisfied with the humanitarian response, and over 80% of men and women surveyed reported that they had not been consulted regarding the planning and design of the assistance in their community.

In Somalia, food insecurity and an ongoing food crisis due to poor seasonal rains have left 3.2 million people (43% of the population) in need of humanitarian assistance through June 2009. Approximately 200,000 children under the age of 5 are acutely malnourished, of which 60,000 are severely malnourished and at risk of death if they do not receive specialist care.

Poor sanitation, lack of toilets, and open defecation are common in makeshift internally displaced persons (IDP) camps throughout Afghanistan. These conditions often lead to diseases like dysentery and diarrhea, especially among children. Despite the health threats involved, the UN-backed Ministry of Refugees and Returnees (MoRR) has been denying applications from aid organizations to build toilets and water points. The MoRR believes that building such long-term structures would encourage internal displacement and attract more IDPs.

Floods from the Zambezi river have forced 54,000 people from their homes in Namibia. A Red Cross mass sanitation emergency response unit (ERU) is working to prevent sanitation-related diseases such as cholera and diarrhea. With more rain in the forecast in the next few weeks, it may be months before the waters subside enough for people to start returning home.

Fear of a worldwide swine flu pandemic grows as the virus continues to rip through Mexico, where the epidemic originated. The new strain was first detected in March 2009, and in late April the WHO officially determined the situation to be a “public health emergency of international concern.” Deaths from swine flu have only been reported in Mexico (159 suspected), but the number of cases globally is rising.

New reported cholera cases and deaths in Zimbabwe have dramatically declined compared to reports from February and March. The WHO, however, is warning that the epidemic has the potential for resurgence in a few months’ time as the summer heat and rain arrive. The cholera epidemic began last August and has been fueled by the collapse of Zimbabwe’s water, sanitation and health systems.
On March 4, 2009, the International Criminal Court (ICC) issued an arrest warrant against Sudanese President Omar al-Bashir for war crimes and crimes against humanity. The ICC’s prosecutors claimed that the president had “masterminded and implemented a plan to destroy in substantial part” several tribal groups in the Darfur region because of their ethnicity. In response to these accusations, President al-Bashir expelled 12 foreign aid agencies and one private development firm, and suspended three national NGOs from the country.

While Sudan claims that the gaps left by these expulsions and closures can be filled by national relief organizations, the UN does not feel this type of capacity exists within the country. As a result of the departure of these agencies, an estimated 1.1 million people, especially in Darfur, are expected to be left without food. The World Food Program estimates to have lost 35 percent of its food distribution capacity due to the expulsion of four of its implementing partners. Moreover, 1.5 million people will be left without healthcare and more than a million without drinking water.

Meanwhile, aid agencies in Chad are bracing for a likely influx of tens of thousands of Darfuri refugees as the humanitarian crisis worsens. With 250,000 refugees from Darfur already in Chad, it is uncertain how many more will cross over in the next few months. Nevertheless, aid organizations in Chad are preparing to support greater numbers in their camps and scale up services like health care, water and sanitation.

Concerns at the border are not limited to population migration. With both Chad and Sudan supporting rebels trying to topple one another’s governments, the presence of aid agencies on the ground served as a buffer between warring parties. Some feel their absence will lead to further insecurity. Within Sudan itself, North-South tensions could be exacerbated after the recent expulsions. The decision to expel these groups was not agreed upon by the two parties in the North and South, and their already fragile relations may suffer.

Fortunately, several relief organizations from Arab and Asian countries have started applying to replace the agencies in Darfur. The Sudanese State Minister for Humanitarian Affairs, Ahmed Haroun, has claimed that plans to replace the expelled NGOs have already begun. And in April, Sudan’s government agreed to allow some aid back into Darfur.

The impact of the expulsions, though, is not limited to Darfur. In Eastern Sudan, for example, malnutrition indicators are the highest in the country, and the forced exit of the agencies has deprived the region of critical food, livelihoods, livestock, and medical assistance. But unlike in Darfur, there is little remaining capacity following the expulsions to begin filling these gaps.

The international community is left with limited options in response to the expulsions since the threat of a possible arrest warrant can no longer be used as leverage. As the world decides how to respond to this situation, employees of the remaining relief organizations struggle to continue their work as more attacks against aid workers are reported each week.
PROJECT NEWS

Godfrey Biemba and Candace Miller traveled to Washington, DC on February 13 to meet with the OVC-CARE CTO and the designers of the Child Status Index to discuss plans to evaluate the tool. The next step is for the BU team, which will include Candace (lead), Lora Sabin, and Bram Brooks, to send possible study designs to be approved by USAID in Washington.

Candace Miller traveled to Malawi to meet with the field team who is collecting data for the study “Examining the Economic Impact of the Social Cash Transfer in Mchinji, Malawi.” The field team is collecting data from local businesses and households receiving inputs from cash transfer households (in the form of gifts, food, work, or loans), and is doing a social network analysis to determine who cash recipients employ, and to whom their cash is given or loaned.

Monica Onyango is continuing to make progress with a qualitative study in Kenya sponsored by Kisumu Medical and Education Trust (KMET). The study focuses on exploring strategies for involving men in reproductive health programs in Western Kenya.

Kojo Yeboah-Antwi traveled to Zambia from January 31 – February 10 to participate in qualitative data collection for ZIMMAPS. Kojo observed the ZIMMAPS team as they conducted focus group discussions and in-depth interviews among community health workers (CHWs). The purpose of the qualitative component of the study was to explore community acceptability of the interventions as well as the perceptions of community members regarding the performance of RDTs by the CHWs.

Jon Simon and Godfrey Biemba traveled to Washington DC on January 22 to present the progress of the OVC-CARE project to USAID’s OVC Technical Working Group. The presentation highlighted current activities in Year 1 and also served as a forum to discuss next steps for the project.

Rich Feeley spent two weeks in January in Kenya as part of a USAID contractor team. The team used the time to assess the role of the private sector in health care and provided recommendations to improve its role.

Members of the Costs and Outcomes of ART Treatment Delivery Models study team in Zambia held a dissemination meeting with the Ministry of Health on January 20, 2009. Arthur Mazimba (CIHDZ Research Coordinator) delivered the presentation entitled, “The Costs and Outcomes of Antiretroviral Treatment at Two Hospitals in Southern Province”. The meeting included representatives from CDC, WHO, HSSP, JSI, Clinton Foundation, MOH, and CRS/AIDSRelief and was chaired by Dr. Victor Mukonka (Director of Public Health and Research, MOH). Other team members involved in the presentation included Kelly McCoy (Study Coordinator), Phil Seidenberg (Country Director), and Joshua Kasimba and Maria Kankondo (Research Assistants).

Lisa Messersmith and Kristin Eifler, an IH MPH student, traveled to Vietnam to work on Lisa’s WLHIV project. Lisa and Kristin worked with COHED and Life Center to conduct baseline data collection for the study on the health and social service needs of women living with HIV/AIDS in Hai Phong and Ho Chi Minh City. The results of the research will be used by government and NGOs to improve existing services and inform the development of new interventions for women living with HIV/AIDS in these two sites.

Kirk Dearden, Candace Miller, and Katie Reichert have completed the baseline report for the World Bicycle Relief evaluation. Follow-up data collection will occur in April.

Kirk Dearden continues to work with IndiaCLEN to refine data collection instruments for a large qualitative study on undernutrition in India as part of the MCH-STAR project.
PUBLICATIONS


Hamer DH, Ruffing R, Callahan MV, Abdullah ASM. Response to Arya et al. on “Knowledge and use of measures to reduce health risks by corporate expatriate employees in Western Ghana.” J Travel Med 2009;16:78


PRESENTATIONS

Candace Miller gave a presentation on the Evaluation of the Mchinji Cash Transfer at a two-day meeting in Johannesburg on February 18 and 19. The meeting, entitled “Technical consultation on young women, cash transfers and HIV prevention,” was funded by the Dutch government. Researchers from the University of North Carolina (UNC) have a NIH grant to use conditional cash transfers in South Africa to keep young women in school and possibly delay the sexual behaviors that place them at risk for HIV. Given the grant, the researchers from UNC convened evaluators from cash transfer programs throughout the world to hear and discuss lessons learned.

Monica Onyango was in Japan from February 15-21. Monica gave lectures to graduate students of Nagasaki University on reproductive health in disaster settings at the Center for International Collaborative Research (CICORN), Graduate School of International Health Development, Nagasaki University.

On January 13, Lora Sabin gave a presentation on the China Adherence for Life study to Harvard faculty and staff at the Harvard Initiative for Global Health (HIGH) office.

Matt Fox and Prudence Ivie will present two posters as part of a themed discussion at this year’s CROI conference in Montreal. The presentation is part of themed discussion which highlights “Second-line Therapy in Resource-constrained Settings.”

PHOTO COURTESY OF EMILY BEARSE/BROOKE REESE
Organization Spotlight:
Doctors Without Borders
Does What It Can in Tight Situations

By Kathryn Steger

“We’re an organization of debaters.”

Kathy Dedieu, Outreach and Recruitment Officer for Doctors Without Borders, represents her organization well. Passionate and articulate, she energetically addresses the sticky questions of humanitarian intent and effect with a reflective candor and intellectual rigor that are typical of this robust NGO. “We’re always questioning,” she says, describing the periodic general assembly deliberations in which everyone—from field workers to directors to office staff—take on the challenge of staying true to the original mission: to provide emergency medicine in unstable areas with neutrality, impartiality and independence.

“No one is turned away.”

Neutrality, Impartiality. Independence. These three easy words are the extremely hard bedrock that Médecins Sans Frontières (as it is known internationally) was built on. Started in 1971 by a group of journalists and medical professionals in response to the famine in Biafra, Nigeria, MSF has had a long history of testing these principles.

Neutrality means they sometimes find themselves setting up clinics on both sides of a front line of conflict, as they have in the Democratic Republic of Congo. Impartiality means they take whoever shows up at their door, and in Rwanda, that meant Tutsis and Hutus shared beds in the same ward. And independence means they are politically and economically free to make their own decisions about where to go, whom to help, and when to leave.

Their commitment to these principles, and the respect it has generated, has given them access to vulnerable populations that others could not reach, such as cyclone victims in Myanmar. It has also gotten them in trouble. More than once, MSF staff have been kicked out of a country for openly criticizing the government’s mishandling of a crisis or its desperation of humanitarian aid. They have volubly scrutinized the activities of the Russians in Chechnya, the US in Iraq, and even the UN for its inability to protect civilians in the 1995 Svebrenica Massacre in the Balkans.

If this doesn’t sound like they are remaining politically neutral, Ms. Dedieu will walk you down the fine line between “bearing witness” and “advocating” a political position. “We speak about what we’re directly seeing,” she says, “numbers, first-hand testimonials that we take from patients, really just record what we see. ‘Thirty-eight people arrived at our health clinic with bullet wounds.’ We don’t say who shot them. That’s when we’re probably at our best.”

They also speak out when they are denied access to a vulnerable population as in the recent conflict in Gaza. “We are not saying that what the Israelis are doing is wrong as far as military action,” Ms. Dedieu explains. “What we’re saying is . . . that they’re not providing a humanitarian corridor. We’re a humanitarian organization, and under the Geneva Convention, we should be allowed access.”

These delicate nuances continue to challenge individuals like Ms. Dedieu who wrestle with their own opinions, emotions and sometimes heart-rending experiences in the field. But the overall success of the organization’s ability to walk this fine line while providing much needed humanitarian aid was recognized and honored, in 1999, when they were awarded the Nobel Prize for Peace.

“The goal is to leave.”

The decade of MSF activity that preceded the Nobel award deserved distinguished recognition. In fact, if MSF were a rescue crew on the highway of history, they responded, in the 1990s, to an international pileup of catastrophes. They saw civil wars and armed conflicts in Liberia, Somalia, Burundi, the DRC, Bosnia and Chechnya, as well as ethnic cleansing in Iraq, and full-scale genocide in Rwanda, on top of famines in three countries, a meningitis outbreak in one, and a disastrous hurricane in another.

In the meantime, the organization was experiencing important internal development including the opening of MSF-USA and the related significant increase in private contributions. These changes allowed them to expand slightly beyond the field of emergency medicine with programs that addressed, for example, women’s health care in Afghanistan, vulnerable youth populations in Brazil, and HIV/AIDS treatment in many neglected communities. They also launched their international Campaign for Access to Essential Medicines.

What followed was, among other things, more debate. For an organization whose mission is emergency medicine in unstable areas, the expansion into projects requiring sustainability and development raises some thorny questions, most noticeably: when do you leave? Ms. Dedieu’s response? “The short answer is ‘sometimes, we make mistakes.’ Sometimes we go to the wrong places, sometimes we close too early, sometimes we close too late. More often than not, we

(cont’d)
close too late.”

When the crisis is a disease outbreak, it’s easy to see that the time to leave is when the epidemic is over. But leaving a post-conflict situation is more complicated. They try to err on the conservative side—that is, when in doubt, stay longer—but sometimes that means that employed, stable citizens with other viable health care options begin to show up at MSF hospitals and clinics, or that other NGOs arrive in the area and are capable of providing similar health care services. MSF saw both of those things happen in post-conflict Liberia.

Being able to hand over health care is an essential part of the post-conflict exit strategy. Ideally, after a crisis has passed, there is a stable government with a functional Ministry of Health and local NGOs that can resume health care responsibilities. Short of that, there is at least enough stability for other international aid organizations to come in and provide development support. But MSF specifically chooses sites where no one else is providing health care, and when they leave, they must often accept that the quality of health care will go down. “We know we’re not solving any problems when we hand [things] over,” Ms. Dedieu says, “but that frees us up to go to the next place where there isn’t anybody.”

Making these decisions is a constant, gut-wrenching challenge guided by the organization’s original mandate. “You want to do what you do well, and you want to stay focused,” Ms. Dedieu says, “but everywhere you go, you can see thousands of other things you can do.”

“Don’t forget: Your home is your home.”

MSF, like all organizations, accomplishes its mission one field worker at a time, each one wrestling with their own doubts and sense of purpose. “I think that every humanitarian aid worker goes through phases of feeling incredibly useful and inspired and feeling like they have no idea what they’re doing here,” Ms. Dedieu says. “I think that what you realize is that the problem is enormous and it is beyond you and it is overwhelming, so you have to do what you do well, whether you’re an individual or an organization.” Accepting the limitations of what one individual or even an entire organization of individuals can accomplish in the face of endless human suffering, toil and conflict is a critical challenge for anyone working in international public health. But Ms. Dedieu suggests that staying grounded and periodically returning to your point of origin helps. “I think when you … want to do everything and be everything to everyone, you really lose it. And that’s what we […] keep checking on; we keep checking that we don’t totally lose our primary purpose of emergency medicine in unstable areas. I don’t think we’ve lost it, but we’re pretty vigilant.”

(Book Review: Water pump drilled and installed by MSF team) (photo courtesy of Doctors Without Borders/MSF)

Book Review:
Dead Aid: Why Aid Is Not Working and How There Is Another Way for Africa
By: Dambisa Moyo

Reviewed by Shuchi Kapoor

Dambisa Moyo, the author of Dead Aid, writes a compelling book on aid in Africa. Her list of degrees is long and includes a Chemistry BSc from Lusaka, Zambia, an MBA in finance from American University in Washington DC, a Masters from Harvard University's Kennedy School of Government, and a PhD in economics from Oxford. Her expertise and knowledge on the subject is refreshing and is forcing people to listen.

In Dead Aid, Dambisa Moyo describes how many African countries, despite the over 1 trillion dollars in aid they have received, remain quite poor. Early on, Moyo clarifies that the aid she is talking about is not humanitarian or emergency aid. Instead she is specifically talking about systemic, government-government aid by organizations such as the World Bank. This type of aid, according to Moyo, has been the most detrimental to Africa’s development.

According to Moyo, when the amount of aid given to Africa was at its highest point (1970-1998), Africa’s poverty rate rose from 11% to 66%. Moyo attributes the failure of aid to how it encourages corruption and conflict and also discourages free enterprise. Additionally, she points out how the African government responds more to NGOs than the African people themselves.

Moyo proposes a couple of solutions to improve Africa’s dire economic status, her most controversial one being that Africa should stop receiving any foreign aid in the next five years. Her justification for this type of shock therapy is that Africa needs to take responsibility for its health care sector, education, and security, independent of Western influence. Moyo offers additional solutions including increasing Africa’s interactions with the Chinese since, according to the author, they have helped Africa’s infrastructure and development more in the last 5 years than America has in the last 50 years.

Dead Aid is a great read for someone looking for an alternative voice on aid to Africa and the growing poverty in that continent. With no background in economics, I found the book easy to understand and a quick read. The book left me feeling hopeful and interested in learning more about the history of aid, particularly in Africa. Moyo’s explanation forces one to remember that money is not always the best solution. I would definitely recommend this book to anyone eager to explore a controversial yet well justified approach to helping Africa.
Op-ed

On April 10, 2009, an open forum on humanitarian aid and sustainability was held at BUSPH. The following articles address some of the issues that arose during the discussion.

A few examples of recent civilian-military humanitarian efforts are as follows:

In 2004, Indonesia, Sri Lanka, the Maldives and parts of Thailand and India experienced a tsunami. This tsunami killed several thousand people and destroyed a great deal of infrastructure. The global community banded together and provided aid packages to the hardest hit areas. The US military played an integral role in providing humanitarian assistance to the displaced people in these countries. The US Air Force transported relief supplies to Thailand in collaboration with the Royal Thai Air Force who were responsible for the delivery of the aid. In addition, the US Army helped to train the Thai Army in disaster response and management. This training included conducting tsunami warning drills to help better prepare people in case of future natural disasters.

In 2005, Pakistan experienced a severe earthquake. The earthquake disrupted day-to-day life for thousands of Pakistani’s living in Muzaffarabad and killed 87,000. At the request of the Government of Pakistan, the US military provided a US Army Mobile Army Surgical Hospital that operated in Muzaffarabad and it also provided a US Combined Medical Relief Team that operated in Shinkaria. Together these two medical components treated and cared for 9,000 injured people. The US Army also mobilized a reserve unit in Oklahoma to provide air assets to those stranded in remote areas as a result of the quake. US Soldiers worked tirelessly for five months, logging 3,000 flight hours, transporting 5,000 refugees, and delivering 18,000 lbs of supplies. These are just a few examples of the missions that the US military supported after the earthquake.
Some criticisms of the US military’s role in humanitarian assistance are that it acts like a bull in a china shop. Its sheer size overwhelms many NGOs who in turn don’t want the US military to coordinate their efforts. Some of these NGOs feel that relief efforts would be better served if coordinated through civilian channels versus military. What some of these critics fail to realize is that regardless of the size of the organization it’s the leadership on the ground that makes or breaks the mission.

The humanitarian assistance equation is unequivocally complex. There are a lot of moving parts and differing opinions and as such we need to work together both as military and as civilians towards creative approaches to problem-solving. We also need to keep an open mind. By excluding and belittling the US military’s capabilities in providing humanitarian assistance after a natural disaster we demean and further marginalize the very people that we want to so desperately serve. Who has the most to win and who has the most to lose in this type of a stand-off?

Governance and Humanitarian Aid: A Room-Sized Elephant

By Michael Leyden

A while back, I was asked to create a succession plan for a management job I held. It was an operations oversight post, related to healthcare delivery, in a small developing country. I was a private contractor at the time and was tasked, it seemed, with figuring out how to ultimately work myself out of a job. By its nature, succession planning is different from business continuity planning. Succession implies a handoff - in this case to local staffers who will carry the torch onward. Continuity, on the other hand, is mostly about preserving the status quo and keeping the juggernaut moving forward. In the case of humanitarian aid, the lines between them might be getting a bit blurry.

Humanitarian aid has been on the rise for decades in terms of both its size and scope. Historically, humanitarian aid was primarily a security strategy. During the Cold War, many developing countries received aid as pawns in the global chess match. The CIA and KGB orchestrated shadow governments, with aid often paving the way. During recent years, as those superpowers drifted off the stage, many non-state actors stepped onto it. The agenda has expanded - it’s about helping people now (while maintaining the underlying security interests, of course) - and billions of dollars are at play.

Today, the international aid need, flashed across television screens in footage of killer waves, rising floodwaters, and battleground refugees, is largely undeniable. But the response and delivery of aid by those who ‘have’ to the benefit of the ‘have-nots’ is less straightforward. Lately, terms like neo-colonialism and economic imperialism are being tossed around in conversations far from the UN, IMF or World Bank. The targets: large NGOs like Oxfam and MSF, the mega-philanthropies like the Gates Foundation and private contractor outfits like mine. Many of these actors “do because they can”, providing services that many governments cannot. But do these organizations unintentionally marginalize host government players? The business of aid is as much a part of globalization as international banking. Increasingly, more of it is happening outside the relative confines of governments.

Capacity building and bolstering infrastructure are cornerstones of modern humanitarian aid and development work. Money is funneled though various channels and avenues; hospitals are built, children educated, and diseases routed. Meanwhile in many places, government wheels are greased, the corruption breeds contempt, marginalization continues unabated and the aid business chugs steadily on. Aid agencies rarely focus on governance, opting instead for the much more tangible (and marketable) work of building and teaching and saving lives. As a result, politicians, bureaucrats and assorted minions increasingly rely on these ‘experts’ to set policy agendas, allocate resources, and give them a view of their own backyards.

As public health professionals, we make up a large portion of the experts helping shape policy. This is essentially a form of indirect governance. What do we know of governance? We know malaria, water purification, and waste management. These are other people’s nations. Other cultures. Other economies. Alas, we know all that too. Yet we continue to appear on the same stage as elected officials, and in the warrens of their health ministries. So what then of governance “of a people, by the people, and for the people?” Such a simple tenet, but one that humanitarian aid often runs roughshod over out of necessity, compassion, and perhaps, complacency.

(cont’d)
The continuity of business mindset and the upkeep of the status quo continue to affect humanitarian aid organizations. Collectively, they play into the notion of indirect governance, with aid organizations behaving like entrenched political parties. Is this truly compatible with capacity building? In a fashion similar to measuring program impacts, we need to investigate sustainability in a new light.

Recently, efforts have been made to methodically assess program impacts, and an evaluation culture has begun to flourish within the aid sector. We need to remember that succession, not continuity, should be a central focus of capacity building efforts. While acknowledging that this is not always feasible, it must be woven into the culture of aid delivery alongside impact evaluation. Failure to do so may hinder rather than help the developing and transitional nations that seek our support, not our patronage.

The Big Question and the Unexpected Answer: Leadership in Humanitarian Aid

By Shinichi Daimyo

I like asking “big” questions such as “What is the secret to happiness?” and “What is one’s purpose in life?” While this is a great way to get to know someone or gain perspective on a particular situation, I find unexpected answers to be the most insightful. I’ve heard a lot of answers in my day, but no answer was more surprising than the one to the following question: “What do you believe is the greatest impediment to the effective delivery of humanitarian aid?”

I posed this question to representatives from the Office for the Coordination of Humanitarian Affairs (OCHA) and the International Council of Voluntary Agencies (ICVA) during a discussion I was participating in as a Humanitarian and Human Rights Fellow with Duke University, expecting oppositional answers from each side. Why? Well, on one hand, you have OCHA, a large organization tasked with handling multiple aspects of humanitarian coordination for the United Nations (UN). Then you have ICVA, who is not part of the UN system and aims to integrate the views and expertise of global humanitarian non-governmental organizations (NGOs) into the policy arena. Each representative clashed over issues concerning financing, the appropriate actions and place of political actors, the validity of the cluster approach to aid\(^1\), and the needed direction of humanitarian reform. Hence, disagreement over such a huge question seemed logical.

Imagine my shock when both representatives enthusiastically agreed on an answer, and my surprise to what this answer actually was: poor management and leadership skills of the United Nations Resident Coordinator. Recognizing the puzzled look on my face and the faces of everyone in the meeting, they began to explain their seemingly nonsensical agreement. The United Nations Resident Coordinator (UN RC) is a representative of the United Nations Secretary General for development operations who leads the United Nations Country Team, which consists of the heads of all UN agencies in a particular country. The UN RC is also responsible for promoting the UN global agenda and for effective coordination of activities of all domestic and foreign UN agencies in a particular country. Essentially, in humanitarian situations, the Resident Coordinator is the individual who manages and leads all operations related to humanitarian aid for the UN.

They went on to elaborate on areas of management and leadership that they felt were necessary in an RC. This person should assert him or herself as a leader and should have a firm grasp of what is going on in the local environment. While specific health related skills are important, possessing exceptional managerial skills to lead his or her team are ultimately what makes the most impact and difference. The RC should be an effective problem solver, possess strong interpersonal skills to deal with human resource issues, prioritize based on quick and critical thinking, and inspire one’s team with his/her charisma and vision. The representative from OCHA went as far as to say that with the presence of a strong Resident Coordinator, there was really no need for the cluster approach. The ICVA representative nodded in agreement.

As I contemplated this discussion about the RC, I realized that in public health there is often a strong focus on the ability to treat and prevent disease. International health professionals can list innumerable ways to prevent HIV/AIDS transmission, the types of drug regimens required for malaria, and strategies to promote exclusive breastfeeding in mothers. However, in international health training there is less focus on the management and human resource issues necessary in providing humanitarian aid. Issues concerning motivation, conflict resolution, creating goals, and effectively navigating cross-cultural differences with a health care workforce are neglected, despite their importance on the effectiveness and eventual sustainability of health interventions.

I am by no means saying that we should not focus on the prevention and treatment of disease. However, superior technical skills are only a small part of what makes an effective leader. As emphasized and hinted at by the OCHA and ICVA representatives, international

\(^1\) The cluster approach utilizes the strengths and specialties of various UN agencies to create a thorough response to humanitarian emergencies. Specific UN agencies are “cluster leaders” in specific areas of aid, and these leaders coordinate aid in these areas.
public health professionals need to expand their skill sets to include the effective management and leadership of people, and make it as strong a focus of study and intervention as the diseases that run rampant around the globe. Management and leadership issues not only affect efficiency at a bureaucratic level, but also in the refugee camps where we train and motivate individuals who have lost their loved ones and their homes due to circumstances beyond their control. Consequently, international public health professionals must act on this insight to address the needs of refugee and internally displaced populations in a sustainable and holistic manner. With all this said, I pose one last “big” question: Will we as international public health professionals continue to ignore this reality, or will we break from traditional thinking and push for change?

Rx for Aid

By Vina Chhaya

In 2008, the United States spent $59.5 billion on research and development of new drugs, a 7.2% increase from 2007. A recent study suggests that it costs around $800 million to develop one new drug, including the cost of failed products. In a developing nation such as India, where the GDP hit its highest at $1 trillion in 2008, Research and Development (R&D) as it exists in the U.S. for one drug would require 0.08% of their GDP. Additionally, most of the R&D done in pharmaceuticals in the U.S. does not focus on the infectious diseases that are most prevalent in the developing world.

So how do organizations justify giving expensive drugs to communities that have no method of sustaining this need for drugs without dependence on such organizations?

It saves lives.

Médecins Sans Frontières (MSF) recently released an article stating that drug-resistant patients in Zugdidi, Georgia had completed their two-year course of tuberculosis (TB) treatment and how this was incredibly satisfying for both patients and medical staff. The stories of the patients who fully complied and “beat” TB are sources of inspiration to the 93 patients in Georgia still undergoing treatment and sources of evidence that the private donations received by MSF are being well-spent. Interestingly enough, MSF also released another article stating that “countries facing the heaviest toll of multidrug-resistant tuberculosis (MDR-TB) are not moving fast enough to provide life-saving treatment”. The director of MSF’s Access to Essential Medicines Campaign declared that the countries with high-burden MDR-TB have the capacity to act, as they are not the least developed in the world. Backed only by political rhetoric and lacking social and economic support, how does MSF expect these governments to be able to devote resources to pharmaceutical research and dissemination of locally manufactured drugs to communities when MSF continues to focus on the short-term fix of saving lives?

Don’t get me wrong, there is merit to saving a life - I believe in doing so, which is why I’m here at BUSPH, but saving one life in the short-term without thinking of future implications is compromising the autonomy and authority of the local government to act, putting countless other lives at risk. Why should local governments take a stand against MDR-TB when MSF can do it for them at no extra financial cost?

Countries like Georgia need to take control of their TB protocols since dispensing TB medications without enforcing compliance or promoting community buy-in, which is what happens when the majority of health care in the area is provided by foreign NGOs, ultimately leads to drug-resistance. A 2007 article from the New England Journal of Medicine on extremely-drug resistant TB (XDR-TB) stated that improvised drug regimens will select out the drug-resistant strains, which then proliferate. Upon contact with others, those with MDR or XDR-TB will then spread the resistant strain, causing more cases that do not respond to any of the traditional drug therapy combinations. A solution to this would be to expand the existing Directly-Observed Therapy (DOTS) program, which requires additional staff to directly monitor ingestion of TB medications, and provide adequate counseling and education to empower these communities to take charge of their own health. This,
however, requires more than a statement from an MSF director and definitely more than a short-term presence by MSF staff.

There exists a need for end-to-end health care service delivery integration, where short-term emergency care is provided in addition to training for local health workers. This will prevent the creation of a void that cannot be filled by local staff once foreign organizations leave. With a disease like tuberculosis, MSF should not begin providing treatment if they cannot ensure that it will be continued. This holds not just for one patient, or one country, but for the countless others who will have to deal with the drug-resistant strain if one patient’s regimen is mismanaged.

So what does the $367 billion spent in 2008 on R&D really do for the United States? Not only does it help us spend more money on the latest and supposedly greatest drugs, but it also gives aid organizations the means to deliver these medicines to other people, without considering that perhaps they are doing more harm than good.

Book Review:
Humanitarianism in Question: Politics, Power, Ethics
Edited By: Michael Barnett and Thomas G. Weiss

Reviewed by Kathryn Steger
The Greek philosopher Heraclitus taught that you can never step into the same river twice because the flowing waters are always changing. In Humanitarianism in Question, editors Michael Barnett and Thomas Weiss, demonstrate how turbulent and controversial the changing river of humanitarian aid can be. They also describe the “full-blown identity crisis” that has developed in the field as the rapid changes of the 21st century have reshaped the boundaries and redefined the course of humanitarian efforts.

In the book’s opening chapter, “Humanitarianism: A Brief History of the Present,” the editors unpack both the recent history of humanitarian aid (from the 19th century to today) and the thorny philosophical questions that plague the business of helping others, questions like: “Should [humanitarian organizations] provide aid unconditionally? What if doing so means feeding the armies, militias, and killers who are responsible for and clearly benefit from terrorizing civilian populations? At what point should aid workers withdraw because the situation is too dangerous? Can aid really make a difference?”

Following this provocative introduction, the rest of the essays in the book expand on the themes identified in the book’s subtitle: the “politics, power, [and] ethics” of humanitarian aid. Written by social and political scientists, anthropologists, experts in international affairs, and practitioners from the field, the essays delve into the subjects of the relief vs. development debate, capitalism and aid funding, aid organization accountability, the demise of protective principles in an increasingly dangerous arena, and the complex issue of how organizations decide who gets aid and why. The essays are challenging, unsettling, and written with a sense of urgency that encourages an impassioned examination of the motives, missions and accomplishments of humanitarian work.

While the book forces a cold, hard look at the political pitfalls and moral snare that humanitarian aid workers often find themselves caught up in, it largely avoids cynicism and despair by prompting a focus on the recipients of aid and the continued development of beneficiary-based humanitarian action. Though the devil may be in the details, smart, responsible aid is still possible and worthy of pursuit especially when those who are providing the aid engage and empower, as much as possible, those who are on the receiving end.

Ultimately, the book stresses the need for good, on-going scholarship to investigate the theory and practice of humanitarian efforts and offers many applicable, field-ready lessons learned thus far. If it engages its readers in deep soul-searching about the profession, it also leaves them with the ability to step back into the inconstant waters of humanitarian aid more able to navigate the river’s unpredictable currents. As such, it is a valuable and enriching read for anyone preparing to take the plunge.
Faculty Spotlight:
Monica Adhiambo Onyango
By Michael Zales and Shinichi Daimyo

So Monica, how did you start your career?
As you know I am a registered nurse and registered midwife by basic training. I did all my nursing training in Kenyan institutions. As a nurse, I worked for the Kenyan Ministry of Health (KMOH) for about 10 years in various hospitals in management positions and as a lecturer at the school of nursing, Kenya Medical Training College in Nairobi.

In the early 1990s I resigned as a lecturer from the nursing school and from the KMOH to go to South Sudan where I started doing relief work. The 20 years civil war between the Khartoum government and the Southern Sudanese people had intensified since 1983 and the populations in the South were in need of basic services. When I went to South Sudan, I had planned to do six months at most and move on to other things.

My first station in South Sudan was a place called Kapoeta, which was under the control of SPLA at that time. When I arrived there, the human suffering I found was beyond belief. The communities there were poor, helpless and hopeless (literally)—to say the least. The level of poverty I saw was not comparable to any of my past experiences. I saw families who woke up in the morning and did not know what they would eat for lunch. Most of the children grew up to five years of age without having put on a dress. They were mostly wrapped with animal (cow, goats etc) skin. The six months in South Sudan ended up to be about seven years of relief work in South Sudan, Kenya and Angola.

As for my work at BUSPH, I first came to the USA in 1997 for the three months summer certificate course. I came back in 1998, completed an MPH in 1999, and started working in the department. My first position was as a resident tutor of several courses. Over time, I developed the CHE courses, which I have continued to direct to this time.

**What is your vision for Complex Humanitarian Emergencies, and what do you feel like your role is within that vision?**
My vision is to live in a world without CHEs and if there must be CHEs, to make sure that the affected populations live with dignity as human beings—to the extent possible. My role as a health worker is to ensure the provision of quality care and services within that context using a human rights framework.

**What do you feel is the greatest barrier to humanitarian aid, and what do you see as the solution?**
I feel there are many barriers but I can mention four in order of what I think is priority:
1) The lack of political will from donor countries to facilitate timely response in the wake of any emergency regardless of the geographic location;
2) In certain instances the security situation on the ground can be a major barrier and an obstacle to access for delivery of supplies;
3) The lack of well trained humanitarian workers; and
4) There are limited evidence-based interventions, which can inform future responses.

The solution is to address these four mentioned points.

**Can you speak about gender issues in CHEs?**
Gender as I understand it is a term that can be used to categorize the different roles of men and women, as determined by the society in which they live. During humanitarian emergencies the traditional gender roles change drastically. I will briefly comment on the changed role of women among populations displaced by war.

In emergencies caused by internal wars, women make 65-80% of displaced populations. Majority of men remain fighting in the frontlines. Like the rest of populations women find themselves living in new environments where they may not speak the language or know the culture. Furthermore during displacement, women tend to take on non-traditional roles like being heads of households. Depending on the prevailing socio-cultural environment, women may also lack decision making authority even if they are single heads of households. The prevailing conditions make them vulnerable to all sorts of exploitation and abuses including gender-based violence. Their ability to access the much needed essential services is severely curtailed. Although there have been strides made to address these issues, much still needs to be done.

**What advice do you have for students wishing to enter this field?**
Please, please, get prepared before you enter the field. A good place to start is to take a course—even a short one. Most agencies want people with experience. Start by doing internships and/or volunteering. This way you will get to establish whether it is something you would like to do for the long-term. Whatever you can do to get your foot in the door.

When going to the field, e.g. a refugee camp, do not have very high expectations like wanting to save the world. You may be disappointed because it can be very complex. Hope to do the best you can under the circumstances. If you are able to get one child fully immunized or save a severely malnourished child from dying, that is more than enough.

If you find yourself in a war zone, the human suffering will be amazing. But keep it real. Always remind yourself that you are not the reason the war happened. If things get bad and the security situation changes, please get out. You owe it to your family and loved ones. If possible, you will be able to go back and do all the good things. Having said that, most people involved in relief work find it VERY rewarding and fulfilling. You CAN make a difference.

**Courses Taught:**
- IH755: Public Health Management in Disasters and Complex Humanitarian Emergencies
- IH766 Reproductive and Sexual Health in Disaster Settings
- HC871 Certificate in Managing Disasters and Complex Humanitarian Emergencies
Setting Things Right When Everything Goes Wrong: An Analysis of Turkey’s Response to the August 1999 Earthquake and the Balance Between State and Civil Society

By Joseph M. King

Introduction

This paper will briefly examine the social and political context of effective disaster response by focusing on Turkey’s management of the August 17, 1999 earthquake. In her 2002 paper, Rita Jalali claims “an ideal response system, which addresses the needs of victims, can only be based on state-civil society relations that are both collaborative and adversarial.” (1) Non-governmental members, such as citizens, media, and NGOs, must work both together and with the government, but that critics must retain the freedom to openly hold government officials accountable for inequitable or inefficient response. (2) Too much governmental control of independent voices can result in response that neglects the needs of those who lack money or political influence; too little, however, may result in an attenuated response that wastes relief resources and causes unnecessary mistrust in the government. This tension must be balanced in order for effective and equitable relief to occur. (1)

The Crisis and the Initial Response

In the early morning of August 17, 1999, an earthquake struck northwestern Turkey. It measured 7.6 on the Richter scale, immediately killed more than 17,000 people, injured 50,000 more, left half a million homeless, and caused an estimated 3 to 6.5 billion USD in damage. The tremors lasted for all of 37 seconds. (3,4)

According to Jalali, the government’s initial response was utterly inadequate. (1) National leaders were cut off from the catastrophe because lines of communication were down; local authorities fared worse since they were directly affected by the quake and thus unable to organize volunteers who had arrived to help. In the weeks that followed, relief efforts remained relatively ad hoc. Outside groups flooded into the affected areas and set up tent cities, providing everything from laundry facilities to eyeglasses. Because they were so overwhelmed, local authorities welcomed NGO involvement, but even with the extra help they were unable to coordinate the efforts on any sizable scale. Interviews with survivors suggest that the victims were highly dissatisfied with the state’s response in this stage. (1)

In the ensuing months, the state began to gain control over the situation and relief services became more effective. First, the government centralized the distribution of resources; all donated goods went to a central, government-controlled depot; goods were then organized and distributed according to need. Second, authorities mandated that only state-approved agencies be allowed to deliver aid and that the operation of the tent cities be turned over to the government. While the

(cont’d)
intermediate period after the disaster was marked by spontaneous collaboration between local authorities and NGOs, the later period was marked by a strained relationship between government and independent groups.

Media Attention

After the government centralized relief services, it froze the bank accounts of several local NGOs and transferred earthquake donations to state-sponsored Kızılay, Turkey’s version of the Red Cross. While some of these organizations were fundamentalist political groups that the government feared were trying to garner support for themselves, legitimate apolitical groups were also obstructed. Government response to the media was also harsh. Though the independent media was vital for the dissemination of information from the government during the disaster, their coverage only highlighted the ineffectiveness of the government’s initial and intermediate responses. Although they were not completely silenced, media outlets were pressured into muting their criticism, and one Turkish TV station was shut down for a week for its lack of cooperation. (1)

The Later Stages

A system is a functionally related group of elements that form a complex whole, and hazards, which are destabilizing events, are basic elements of all systems. (5) Hazards are stable in that they can be calculated and expected: we may not know exactly where or when a particular danger will strike, but by using the established prediction models that insurance companies rely on to predict, for example, the number of motor vehicle collisions per year, we can calculate probabilities with astonishing accuracy. Natural disasters are destabilizing forces, and a state’s ability to recover is one sign of its stability. Although the Turkish government failed in the beginning, its response was by some measures highly effective in the later stages. (1, 6)

Bearing in mind the initial failures of the Turkish authorities, many of their later actions compare favorably to Quarantelli’s list of ten criteria for evaluating the management of community disasters. First, they mobilized their resources effectively: (1, 6) By centralizing the storage and delivery of material aid, they were able to distribute it more efficiently than competing NGOs could on their own. Human resource coordination posed another massive management problem, because general volunteers arrived en masse and were not necessarily needed. Through centralized task delegation and division of labor, the Turkish authorities coordinated activities that were not within the usual responsibility of any organization (such as dealing with mass casualties), and controlled conflicts between local branches of government that arose from overlapping boundaries of jurisdiction. (1, 6)

Jalali suggests that the development of overall coordination was seriously flawed. (1) As Quarantelli points out, “coordination is not ‘control’.” (6) Neal and Phillips further expound that a bureaucratic “command and control” approach to emergency management generally leads to an ineffective response and that flexible and “loosely coupled” models lend themselves to a more effective one. (7) The Turkish authorities’ response in the later stages of the disaster was clearly based on a bureaucratic command and control model, which leads to concerns about the response and the cooperative and adversarial relationships within the state.

The Turkish government’s rationale for centralization and control was three-fold: 1) aid could not be delivered effectively if NGOs were allowed to operate freely; 2) NGOs were not distributing supplies sensibly; 3) they (an unstable three-party coalition government) needed to be seen as the de facto leader during the crisis to preserve its legitimacy and prevent radical Islamist parties from garnering more popular support. The third reason was unspoken, and a response to opposition parties’ activities within the disaster area. (1)

Putnam claims that a healthy state requires a vibrant civil society. (8) Two elements that contribute to this are strong local organizations with the capacity to meet needs in times of conflict, and a high

(continuation)
level of social capital (i.e., “networks, norms, and trust that facilitate coordination and cooperation for mutual benefit within a society.”) (8) Did the state’s authorities undermine its civil society’s social capital and local organizations? They likely did. Consequences surfaced later when the media became less vocal about issues deserving criticism, such as the rapid rebuilding of homes at the expense of firm adherence to building codes and long-term safety. (1)

Despite government pressure, the independent media and NGOs did hold the authorities accountable for their inefficiencies in the first months of the crisis, and continued to do so to a limited extent in the later stages. Media pressure appears to have had a positive effect in this stage, and survivors generally approved of the aid they received. Still, in the aftermath, the balance between the adversarial and cooperative forces in the state/media relationship shifted to the adversarial side and did not return. (1)

The Larger System

Although the overall goal of emergency response should be one that is both effective and equitable, we must look at larger aspects of the political system in order to understand it. Again, the government was led by an unstable three-party coalition united in opposition to minority Islamic fundamentalist factions. Their overall goals must be taken seriously, and demonizing their desire to maintain the precarious political balance that existed would be a mistake, even if we criticize their methods. Preventing radical elements from gaining support is a legitimate political aim in an unstable political situation. The organizational model required for highly effective disaster response might be inadequate to meet the state’s other needs. Larger political goals involving the long-term health of the state may require some inefficiency, and perhaps even some inequity, in order to be achieved. These are, after all, complicated problems that require contextualized solutions. For example: rebuilding infrastructure takes time. In a situation where people are suffering, government leaders face an interesting challenge. How do you manage expectations and still deliver earthquake-resistant housing as quickly as possible?

Concluding Remarks

Reflecting a common systems quandary, the media and citizen’s groups have the luxury of not having to manage other aspects of the political system. National officials, on the other hand, often have the luxury of living outside of the disaster area. This difference in scope is part of the reason the balance between collaboration and antagonism is so important. The path back to balance is uncertain and the boundaries are difficult to draw, but by beginning to think about crisis response in these ways, we may begin to understand what is required to set things right when everything goes wrong.

References


Organization Spotlight: The Comité d’Aide Médicale: From Crisis to Development, Humanitarian Aid for Sustainable Health

By Averil Loucks

I am a BUSPH graduate student, concentrating in Epidemiology and International Health. Last semester, I completed my practicum with the Comité d’Aide Médicale (CAM), a French humanitarian organization based in Paris, France. Their mandate is to provide medical and related programs to communities affected by conflict, natural disasters and other humanitarian crises. They develop their programs in partnership with local communities and focus on four main program areas: primary health care, environmental health, psychosocial health and community health. Currently they have programs in Angola, France, the Central African Republic, Sri Lanka and Sudan. CAM also has a sister-organization, the Medical Aid Committee, which was recently incorporated in Boston, MA.

As assistant to the Director General, I worked on a variety of projects for both the French and US-based organizations, including developing two quarterly newsletters, creating communications material for both organizations, and assisting with fundraising strategies. In addition, I maintained and updated the website with articles from the field, and translated program related documents from French to English. Below is an article that was published in the newsletter I developed for CAM in December 2008, and I think it is a great example of the types of program that CAM implements and their impact on the communities in which they work.

Inauguration of a primary health care clinic in West Darfur

The Comité d’Aide Médical started working in West Darfur in 2005, by bringing primary health care services to rural villages. Zeinah is one of these villages, and before the Comité d’Aide Médicale’s program started, the residents of Zeinah would have to travel dozens of kilometers to seek health care. Often they would have to leave early in the morning and return late at night, a long and tiresome journey, especially for those who were seriously ill.

When CAM started its projects in West Darfur, community meetings were held to discuss their needs, and it was at one of these meetings that the medical team encountered the Oumda from Zeinah (a traditional Sudanese authority). The Oumda spoke at length about the particular situation in his village and the health problems from which the residents were suffering. CAM’s medical team decided to visit Zeinah and evaluate the needs of this isolated village, only to find that the actual situation was far more serious then had been described to them. It was decided that CAM would begin sending a mobile clinic to visit their village twice a week. CAM’s mobile clinic was well received by the village, and over the next couple of months, a strong bond was formed. Several small straw huts were made available for CAM to use as a base to offer consultations to the sick and wounded, and after seeing how successful this operation was, the idea to construct a permanent clinic was formed, in order to create a more sustainable health care system. This is especially important during the rainy season, during which Zeinah becomes inaccessible to the mobile clinic.

The residents of Zeinah promised to provide bricks, sand and other local materials, while CAM would take on the responsibility of providing material that was harder to find locally. The project was launched and financed through the European Commission’s Humanitarian Aid Office (ECHO), who is a principal donor of CAM’s activities in Darfur, and an agreement was signed with the Ministry of Health to supply material and vaccines, as well as to identify medical personnel to hire. By July 2008, the clinic had been completely built and equipped.

On Wednesday, November 26, 2008, CAM, the village of Zeinah, and all the other partners involved were invited to celebrate the inauguration of the primary health care clinic. CAM has symbolically handed over the keys of the clinic to both its partners and the community, but will continue to provide medical supplies and train medical staff for the time being.

“They are also one of the few organizations that work post-crisis, collaborating with first response NGOs...ensuring sustainability of health services...”

Despite the difficult context in West Darfur, and the recent expulsion of many NGOs, CAM continues to provide support to this region. One of the advantages they have by being a smaller organization is that they are able to adapt to changing humanitarian situations, and respond more quickly to the needs of the communities in which they work. They are also one of the few organizations that work post-crisis, collaborating with first response NGOs by taking over programs when a situation is no longer considered to be in a state of emergency, ensuring sustainability of the health care services that were being provided. As an intern with the Comité d’Aide Médicale, I gained valuable insight on program implementation in post-crisis settings and I was continually impressed by CAM’s commitment to ensure that they were implementing needed, sustainable programs.
Student Spotlight:
Mark Ommerborn

By Michael Zales

The Issue of Sustainability

Mark Ommerborn, a BUSPH International Health student, had an amazing opportunity in college. As a student at St. Michael’s College in Vermont, Mark met a fellow student and Lost Boy of Sudan, Atem Deng. His relationship with Atem led him to take a trip to a Sudanese Refugee Camp in Northern Uganda in the summer of 2005. The trip was run through the New Sudan Education Initiative, a non-profit organization co-founded by Mark’s college professor Robert Lair and Atem Deng.

Several months before the trip, the Naivasha Peace Agreement was signed in January of 2005. It was intended to end the Second Sudanese Civil War, and allow for the repatriation of the thousands Sudanese refugees displaced across Africa. Due to the timing of the agreement, Mark’s experience in Uganda illustrates the complexity of sustainable projects in refugee settings.

Heading Out

The team of students first flew to Kampala, Uganda, and registered with the United Nations High Commission for Refugees (UNHCR). The registration included a training seminar because the UNHCR simply didn’t want “poverty tours,” or groups of foreigners being taken around shantytowns and refugee camps to get a glimpse of the harsh conditions in which some people live. Rather, the UNHCR training stressed the importance of having volunteers doing programs that would make a difference. Mark recalls having the same thoughts when fundraising in America, with great concern on making a sustainable change, especially since they were helping with education programs. Mark said, “We kind of fought through this the whole time we were there, and made sure we didn’t just drop off a whole bunch of goods and say, ‘see you later.’ It was a huge dilemma for us, but understanding the need to make something last was important.”

Once arriving in the camp, the group was split in half, some working in primary school and others in secondary school. According to Humanitarian Law, refugees are granted the same rights as if they were citizens of the host country. Therefore, since primary school is granted to all Ugandans, the UNHCR had a duty to sponsor primary students. However, secondary schooling was the responsibility of elders in the refugee community, or as in Mark’s case, outside volunteers. For this reason, many of the high school aged children were not receiving education services, something Mark’s group hoped to change.

The overarching goal of the trip was to repatriate the refugees and go back and make sustainable programs in their home country. The New Sudan Education Initiative (NESEI) helps to build secondary schools throughout Southern Sudan. Their plan works with the Sudanese diaspora in Burlington, Vermont to bring diaspora-initiated learning opportunities to young people who lacked education opportunities as refugees. The first school opened in May 2008 near Yei, South Sudan, and enrolled 75 young women in a health science curriculum program. They hope to produce competent and capable community health workers soon after graduation, and plan to expand the class size the following year. (www.NESEI.org)

On Sustainability

“A lot of times they [The Sudanese Refugees] don’t want to talk about certain programs to help them in this camp that may take a year or two to get up because they say, ‘If I have the opportunity to go home tomorrow I’m going, and that was the mindset of the majority of people in the camp.’”

Mark talks about the difficulty with this type of thinking among the refugees, some of whom had been in the camp for 15 years. They tried to rebuild their lives, and were actually living similar to how they would normally live in Sudan, except the land was not theirs, nor was it any good for farming, leaving limited ways to make a living.

Mark said working in that environment is like no other, because you want to do sustainable projects, but you really just have to help people survive in order to get them home.

To other students

“To me, if you want to work in a refugee setting, you really need to want to work, to be willing to throw yourself in and just go and figure it out on the spot, because no level of planning can prepare you for the changing scenarios.” Mark admits to being very naïve when he left for the trip but the opportunity to meet people with such strong wills to survive was life changing. He says he was amazed everyday by the richness of their lives even among immense poverty, and that is something we can all learn from refugees.

The Future

So what does the future hold for Mark? After taking Monica Onyango’s class last summer, HH870, which he wholeheartedly endorses, Mark now plans on continuing NESEI’s efforts in Southern Sudan. Mark hopes to develop a public health component to complement the secondary schools currently being built. “That would be my dream!” says Mark. For now, a December graduation is the only thing holding him back.
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For questions or comments, or information about contributing to future issues of The Movement, write to bumovement@gmail.com.