

HUMANITARIAN AID

a personal view

Anthony Peel, FRCS

Until he chanced upon a video in 1991 about the suffering of the people of Nagorno-Karabakh in the conflict with Azerbaijan, Anthony Peel was a general surgeon specializing in biliary, pancreatic and breast surgery in a district general hospital in the North East of England, a position from which he had expanded his interests in training and standards in surgery. Disturbed by images of human rights abuses he embarked upon a hazardous career change. He has worked with a number of charitable agencies, including Christian Solidarity Worldwide (CSW), Medical Aid to Palestine (MAP), Medical Assist International (MAI), Humanitarian Aid Relief Trust (HART) and Global Hand. Anthony has spoken to the Lancaster Medical Book Club and at an evening meeting held recently in the Education Centre at the Royal Lancaster Infirmary. For those who were unfortunate to miss either of these events, the Journal is privileged to report on his work in Indonesia, Burma and Palestine.

The video was running: a magnificent mountain sun pictured during a helicopter journey over the southern ranges of the Caucasus Mountains from Yerevan, capital of Armenia, to Stepanakert, the administrative centre of Nagorno-Karabakh (NK), an enclave 180 miles by 50 miles with a population of 220,000 and situated 20 miles inside Azerbaijan. War had been declared by the president of the Muslim Azeris. Some three years earlier President Gorbachev had innocently ignited the conflict by allowing the council of NK (then ruled by the Soviet Union and administered – provision of power, fuel, rail links, etc – by Azerbaijan) to self-determine their allegiance. The newly 'independent' NK council had elected to join with Armenia because NK was 75% Christian whereas Azerbaijan was mainly Muslim.

The Azeri Army had attacked NK to prevent secession. The Armenian Army and Air Force (eight helicopter gunships) weakly supported the NK forces. The conflict, which was predicted to be over within a week by the Azeri president, lasted four years, finally ending with an uneasy truce. At the time the video was recorded, the only way into NK was by helicopter, when weather permitted.

The video moves on: total devastation of Stepanakert by GRAD missiles. A particularly unpleasant one of these contained grenades, camouflaged as brightly coloured balls of varying size. When these grenades landed and stopped rolling they armed. The next movement resulted in detonation. Many young children who 'played with them' lost their sight, fingers, hands, and legs and had shrapnel pocked faces.

Serious abuses of human rights occurred in villages. In the northern area of NK, surrounded by Azeri soldiers, those NK men who were not shot were decapitated with a wood saw or axe.

The mid 1990s was a busy time in my surgical career but I had linked up with the charity CSW, which was concerned with human rights issues. I soon learned that other parts of the world needed help too, but occasional visits to NK had to suffice until 2001. Then the choice was clear – stay in the comfort zone for the rest of my life or get out to these places to learn of the atrocities and try to support and help the abused. A steep learning curve was embarked upon.

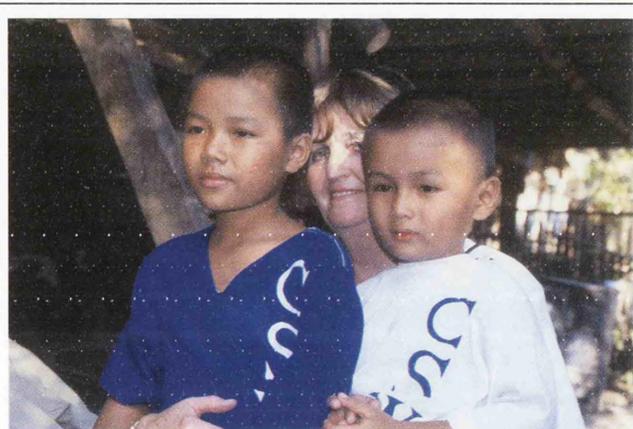
The principles of humanitarian aid are:

- Advocacy – speaking for those who cannot
- Aid – providing assistance to improve quality of life
- Authenticity – checking information first hand
- Accountability – to both the abused subjects and our supporters

Some charities (eg CSW) focus primarily on advocacy, others (eg MAP, HART) more on aid. Field workers are few but links with the outside are strong. On my visits I have had the privilege of accompanying officers of these charities to trouble spots. All of these people have invaluable experience of human rights issues and contacts on the ground.

I have learned of the political pathways that may be used to achieve publicity of atrocities, of the need to strengthen economic sanctions (eg via the International Monetary Fund), of the ways to ensure that aid reaches its correct destination, and to be ever alert for endemic corruption.

I have been involved in this work for 11 years, and describe here examples of some of the more striking problems and solutions that are possible.



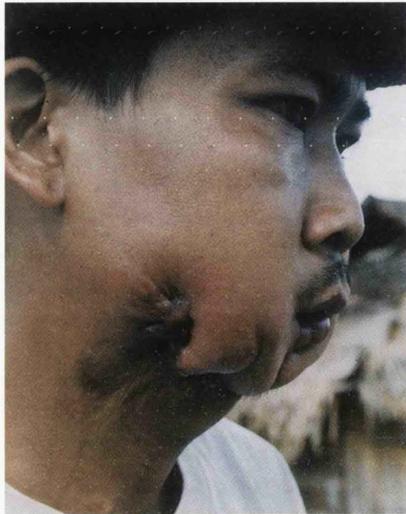
Baroness Caroline Cox, Deputy Speaker of the House of Lords and President, Christian Solidarity Worldwide, at Maeka camp on the Thai/Karen (Burmese) border. Primary and secondary education is available but nobody in the camp has an identity card, passport or money to leave to take up a university place abroad. The Thai authorities do not permit internally displaced persons to travel into Thailand itself.

PROBLEM AREAS

a) Burma (also known as Myanmar)

– A military dictatorship

Burma was granted independence from Britain in 1948 but the democratic government was deposed by a military junta in 1954 and they have ruined Burma, changing it from the 'rice bowl of Asia' into an impoverished country, spending 60% of its gross national product on the military. Universities have been closed for decades and the leader of the opposition, winner of the free elections, is under permanent house arrest.



Farmer in Shan state who was shot while working in his rice fields – shattered mandible with chronic sinus and trismus. He was barely able to talk or take liquid, in chronic pain with no possibility of medical or surgical help.

The army attacks the 'Free Ethnic States', which are situated geographically between Burma and its borders with China, Thailand and India. Troops entering the villages demand food and money. They take away chickens and pigs, as well as rice, and shoot on sight. They abduct the healthy of both sexes for forced labour, which is often to be a porter carrying loads (ammunition, rice, supplies) of 30-40kg. The troops destroy the wells and burn the houses and the rice barns and lay landmines so that the villagers cannot return to their homes or their rice fields, and there is serial raping of young women. More subtle psychological methods are used in the states that are overrun. For example, deliberate provocation in Cochin State by showing preference to



The only survivors; mother, daughter and grandson, from a Kareni village of 36 homes overrun by a Burmese battalion. The commander ordered a pit to be dug. Six men, including the husband of the woman pictured were buried to their necks, and the survivors made to watch as the commander beheaded them.

Buddhists in local government, schools and so forth. There is the selling of cheap alcohol to the Chin, a traditionally teetotal people – especially to their youth on Saturday and Sunday nights, resulting in family unrest (they are mainly Christians). The importation of HIV-infected soldiers and girls into Shan State is a particularly unpleasant act.

b) Indonesia

– Religious Intolerance

Indonesia is the world's largest Muslim country with a population over 238 million (90% of which is Muslim) spread over 3000 islands. Although their charter advocates racial and religious freedom this is an anathema to the fundamentalist Islamists. The fundamentalist Islam agenda is that the individual is unimportant and that the spread of Islam by whatever means necessary – persuasion, armed aggression, indoctrination or terrorism – is justified.

The population of Java was increasing at such an alarming rate that the policy of transmigration was fostered. Financial incentives persuaded people to translocate to other islands, particularly Sulawesi, where the fragile economic balance was upset – Christians and Muslims blamed each other; unemployment and poverty increased. Radical Islamists started to move into higher posts in authority (local government and the police) and outsiders from groups such as Laska Jihad, which has close links to Al-Qaeda, started to arrive with automatic weapons, from countries such as Yemen, Saudi Arabia and Chad. Youth could be attracted and recruited to the Islamic fundamentalist cause. A minor dispute would lead to an explosion of violence with widespread destruction of homes, hospitals, businesses and churches/mosques as well as retaliation and death. The outsiders fermented this and Laska Jihad has well-established training grounds.

On occasion the Laska Jihad would 'storm' an island community alongside would-be willing and unwilling Muslim neighbours, too frightened not to conform. The surviving Christians would be marshalled onto the beach, where the pastors were executed in front of them. The elders were told to order the flock to renounce Christianity and accept the Koran and then to submit to male and female circumcision carried out on the beach with no anaesthetic or antiseptic. Humiliation and guilt is a permanent scar on the survivors. Often the young teenagers would be taken away to an Islamic training school from which few escape.



Indonesian internally displaced persons from Tenati, now in North Sulawesi – he was a local government officer, she a teacher. Laska Jihad offered the choice of conversion to Islam or death. Converts, male and female, no age exempt, were circumcised – on the beach with no anaesthetic or antiseptic.

c) Palestine

– Impossible neighbours

Several visits to the West Bank and Gaza have convinced me that in human terms a lasting peaceful solution is absolutely impossible – two nations who consider it their divine right to inherit Palestine without the other allows no room for compromise. Both sides are politically divided. The Palestinians more obviously since Hamas and the Palestine Liberation Organisation (PLO) are often diametrically opposed in their solutions to Israeli military intervention.

The Israeli Defence Force (IDF) is seemingly accountable to no one and is certainly often not operating in line with its own government's policy. For example, in one northern town in the West Bank IDF soldiers filled the main sewer with concrete. The result was an appalling outbreak of gastroenteritis. The Palestinian Deputy Health Minister and his Israeli counterpart agreed to rectify the damage but the cooperation of the IDF could not be guaranteed, despite a parliamentary order. There has been an unpublicised policy of 'Strangulation by Immobility'. Methods include checkpoints and a requirement for passes to move between West Bank towns and villages or between Gaza and the West Bank. Requests for passes are rarely granted. There are tank roadblocks, mechanical roadblocks, curfews and the building of the much-publicised Wall. The effect is economic disaster – trade is reduced and Palestinians are unable to reach their fields and workplaces (harvests, eg olives, are sometimes stolen). Businesses are unable to operate. Schooling and the health service are severely disrupted. The health service never knows which doctors or patients will reach hospital without being held up at checkpoints or tank positions.

IDF incursions into the West Bank townships of Nablus and Janine have eliminated Palestinian resistance apart from the occasional suicide bombing. Gaza, however, is another matter: Hamas-led resistance thrives in the warrens of the camps.

The IDF policy has led to great handicaps, especially in Gaza:

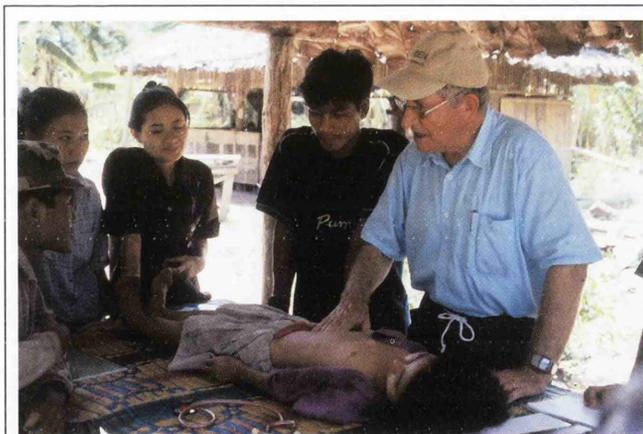
- Gross disruption of healthcare
 1. Community programmes stifled
 2. Hospitals working inefficiently due to absence of staff or equipment/supplies
 3. Interference with training programmes
 4. Patient suffering intensified by inability to get to a centre (eg renal dialysis)
- Constant physical danger (eg being shot)
- Malnutrition (72% of Palestinians in Gaza are below the level of US\$2 per day on food)
- Loss of esteem among men in a male-orientated society has led to a steep rise in serious domestic violence (eg wives/children hospitalised with skull fractures)
- High unemployment rates (70-80% in Gaza)
- Shortage of money – Palestinians often resort to selling possessions like jewellery and furniture
- Deteriorating education (25% of the estimated children and youth eligible for education failing to get to the school/college)
- Lack of freedom of movement

WHAT CAN BE DONE?

a) Burma

– Value of sanctions and the opportunities to help local economies by direct aid

The Burmese junta, whose internal oppression arm is the



Dr Martin Panter of Christian Solidarity Worldwide (Australia) giving clinical instruction to Karen nationals who will act as paramedics to the 'overrun' villages in Karen/Karenni states: no medical facilities are available.

'State Peace and Development Council' (SPDC), dislikes adverse publicity or anything that will harm its international status. International Monetary Fund support and international trade is vital to its continuing existence. Specific sanctions do affect the junta. Reporting to the British Parliament and the EU can in turn apply pressure to reduce monetary support and trade (eg oil or minerals). Curbing the opium trade is more problematic.

Support is needed for orphans and training schools and also the provision of small aid such as rice and equipment for schools in villages inside Burma. Training is needed for paramedic groups who move among the villages that often have insufficient food and no access to medicine. Malaria is a common cause of death alongside gastroenteritis, respiratory infection, injuries and malnutrition. Villagers often have no direct access to surgical treatment for landmine injuries and may have to travel many miles, sometimes crossing into Thailand, where treatment is very expensive given the dire exchange rate. The Burmese economy is almost in free fall – discouraging or disastrous for the civilian population, but hopefully bringing the junta nearer to the end of its rule. The Karen National Army tries to support the villages under threat of attack by the SPDC/Burmese Army.

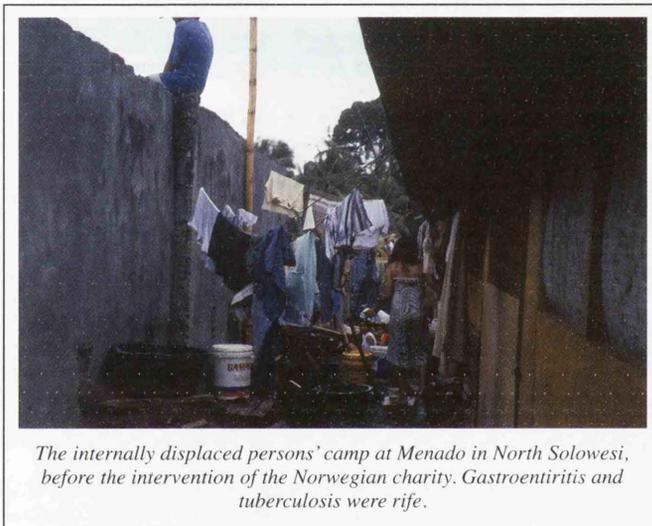
On one trip across the Moy River, a tributary of the Irrawaddy, into Karen State we delivered rice to a village that had only two days rations for the children remaining, the rice fields having been ruined by the Burmese Army. We treated an outbreak of impetigo with flucloxacillin and organised training sessions for paramedics in running clinics and treating injuries. We also provided simple sports equipment to a school in one of the larger villages. The teachers were Karen who lived in Thailand (with dual nationality) and gave up their regular jobs to help the oppressed Karen inside the overrun territory.

b) Indonesia

– Aid is often compromised by corrupt local enterprise and government

Information can be transmitted to the British Parliament, the United Nations and the EU as well as other aid agencies. One example of international success is a report on the atrocious conditions in the camps for internally displaced persons (IDPs) around Menado in Sulawesi. Here there was overcrowding and unhygienic conditions with grossly inadequate sanitation (all due to the World Bank grant being subjected to corruption). A local builder, without any official monitoring, constructed latrines that could hardly cope with a population of 200-300 let alone the 1500+ in the camps.

Sewage overflowed into the communal kitchens. Children were dying of gastroenteritis on a daily basis and tuberculosis was rife. A Norwegian charity read the report and acted: the IDPs were rehoused and some returned successfully to their original community. By way of contrast, government and local government have promoted and in some cases forced IDPs to return to their villages – often on different islands many miles from the camp. Attention to detail is lacking as IDPs have no confidence in the authorities since previous schemes have often failed due to lack of security and a lack of resources to rebuild houses, as well as inadequate food rations to start off their new life, no seeds for planting and inadequate fishing tackle. By far the most worrying is the lack of security – both the army and the police are corrupt. It is impossible to expect IDPs to return to their villages when neighbours have moved into their houses or appropriated businesses and land. Communications between the various organising authorities for land and sea transport, the provision of food, tackle and building materials and security have all failed to link up, with the result that IDPs were transported back to their islands and homes, but with no support they returned within five days. News of these failures spread rapidly and subsequent camp dwellers refused to get into the fleets of buses and ships.



The internally displaced persons' camp at Menado in North Solowesi, before the intervention of the Norwegian charity. Gastroenteritis and tuberculosis were rife.

c) Palestine

- Simple public health strategies pay big dividends
- The EU supports many projects

How does Medical Aid to Palestinians (MAP) work, especially in the face of roadblocks and overt corruption? Local non-governmental organisations (NGOs) submit proposals which MAP formats and, if judged good and viable, presents to the EU. If accepted, the EU will pay 95% of costs, with MAP picking up the balance. Appropriately, the EU will insist on thorough six-month progress and financial reports for which MAP has responsibility. We have representatives who are full time employees of MAP in Ramallah (West Bank), Gaza and Beirut.

MAP has a strategic plan with emphasis placed on:

- Mobile Clinics (especially in the West Bank).
- Psycho-social support (especially in Gaza), with innovative NGO methods of rapid response for psychiatric trauma, eg for friends and family of stone-throwing youths shot dead by IDF troops.
- Disability support – helping NGOs rehabilitate those particularly with limb disabilities. Interestingly, polio, congenital and atheromatous disease accounts for 80%, the conflict only accounting for the minority.
- Nutritional support – the United Nations Relief Works Agency (set up in 1948) provides oil, flour, fish and pasta to those below the level of acceptable nutrition (less than US\$2 per day). With 80% male unemployed in Gaza many families, despite selling possessions, cannot afford adequate food for their families.
- Income generation (particularly in Gaza and Lebanon). In Gaza, women can earn small amounts of money with home industries (eg hair dressing). In Lebanon, there are 72 industrial occupations for which Palestinians cannot apply.

SUMMARY

On a specific basis aid can alleviate certain situations; for example, lack of food and medicine can be remedied. Hammocks given to patrolling soldiers living in the jungle prevented leech bites. Mosquito nets reduced the incidence of malaria. Aid to individuals is only given consideration if special allocated funds are available or it comes out of the fieldworker's own pocket – never from general allocated/non-allocated funds. A nurse practitioner school has been set up in conjunction with the University of Queensland in East Timor.

Sophisticated medical equipment, often preferred by donors, may not be suitable – there is no servicing or maintenance, and nobody to work the machines or understand the output. For example, in medicine, ultrasound or CT scanners are all very susceptible to power cuts and voltage changes. On the other hand, simple X-ray equipment works and lasts for years and is appropriate to the level of care needed. Public health measures such as hygiene, clean water, effective waste disposal and separation of animals (vectors) from mankind are far more effective. One of the most enduring and effective ways of ensuring these measures are adopted is the education of women.

Is it possible to make a difference? Is it cost effective? The welcome that oppressed people give one is testimony that they derive comfort from being remembered and knowing that their plight will be publicised (advocacy) with the hope of eventually bringing down the oppressive regimes.