



MEDECINS SANS FRONTIERES

68, bd St Marcel 75005 Paris - France. Tél: (1) 707.29.29

Addis Ababa, 20th of November 1985

TO: Mr. Berhane DERESSA
R.R.C. Deputy Commissioner
Addis Ababa

Dear Mr. Berhane DERESSA,

I was very glad of the opportunity you gave me during my recent visit in Addis to voice the concern felt by Médecins Sans Frontières and to state what our organization wants in front of representative from the United Nations and the international press.

As I told you during the meeting, M.S.F. is pleased with the results of its cooperation with the R.R.C. Staff, whose competence and devotion are acknowledged by everyone.

However, we are very worried about the recent turn of events concerning the emergency relief and rehabilitation operations in the provinces affected by the drought. Moving the population from the north to the south has now, it appears, become an absolute priority. I am not in any way seeking to comment here a decision which is within the power of a sovereign government only, but what I am doing is underlining the very grave problems connected with this population resettlement and the conditions in which it is taking place.

1. As this operation is now an absolute priority, the emergency work being carried out by M.S.F. and the

.../...

rehabilitation projects in the northern areas are becoming more difficult, even to the point of becoming impossible.

At KFLAIA, in spite of several demands during the last four months, we were not authorized to open the feeding centre needed to treat the 8 300 children whose weight for height ratio was below 70 percent of the normal. Despite the verbal agreement which I received from R.R.C. Commissioner Dawit during our interview in Paris on last October 31st, permission has still not been given. Today, those of the children who had the greatest need for this centre, particularly the children below 60 percent, are dead, whereas we could in fact have saved the vast majority of them.

In the same region of Kelala, attendance at our centre has dropped by 75% in the past month, as 25 000 persons were due to be taken for resettlement from that area and people were afraid of being picked up during a medical consultation or food hand out.

The situation is worsening at Maychew, where 12 000 persons from Korem were voluntarily relocated last august. There was to be a monthly food distribution until such a time as these people were able to become self-supporting. Together with the R.R.C., Save the Children Fund and I.C.R.C. we enthusiastically supported this return to the land by 12 000 people, and actively participated to it.

Unfortunately, hands-out of grain which will still be essential for several more months yet have been forbidden as they would, we were told, jeopardize the resettlement process to the southern parts of the country.

A similar situation exists in SEKOTA, where 60 000 people were supposed to be given general food on a joint programme and where no regular grain delivery is made even though it was supposed to be brought in by the R.R.C. on a regular basis. The R.R.C. trucks usually moving to Sekota are now being used for resettlement programmes. Even if

the N.G.O.'s and I.C.R.C. truck fleets are now trying to move grain by their own, the delay has hold up the return of the population from Korem to this area. In addition, M.S.F. Staff can hardly discharge convalescent children from its feeding centre if no general food is available outside.

How is it possible, in these conditions, to plan the evacuation of the camp and foster a return home? A return home in the region I have mentioned is possible. The R.R.C. has expressed a ~~wish~~^{wish} for it and it is strongly desired by the population. As I have already stated, we are very surprised by what appears to be a total change of direction, the immediates consequences of which is the dashing of numerous efforts aimed at long-term rehabilitation and development.

2. In Korem most people being dispatched to resettlement zones are taken away against their will and without regard for their family ties. More than 15 000 people fled into the neighbouring mountains when the militia arrived in the Korem camp last 25th of October. A third of our patients also fled. The M.S.F. Staff in Korem saw 600 persons selected and taken away on that day. Our Staff is categorical: the vast majority of the people were forced to leave under duress and were escorted by armed militiamen.

One of our nurses travelling on the road to Dessié with a Unites Nation Field Officer met a group of about 150 young men escorted by militiamen. One of them managed to inform them that the militia had taken him from his home just when he was preparing to gather into harvest, separating him from his wife and children. Although the militia moved in very quickly to break up the conversation with this group of persons, this testimony leads one to wonder what the selection criteria are for resettlement.

The same holds true for Kelala area, were many of those assigned to leave wanted to stay on their land as they thought they would be able to live off it again as

a promising harvest is arriving.

We might add that we saw the departure for the resettlement lands from Korem in November 1984. Those leaving at that time were volunteers wanting to emigrate to more hospitable territories. But here too, there appears to have been complete change in direction: the 3 unanimously accepted criteria - freedom of choice, non-separation of family units and suitable state of health - have in most instances, been completely forgotten. I have also spoken about this very serious problem to Mr. Priestley and Mr. Franklin, representatives of the United Nations.

3. The way in which people are transported to the resettlement lands provokes an extremely high mortality rate. The average weight of an adult in our hospitals at Korem last year was 32 Kg. Happily, the situation has improved but the physical condition of people who have undergone such an ordeal is still very precarious.

Already physically debilitated, many persons have been torn away from their near relations for a journey to an unknown destination in an atmosphere of duress and even violence, all of which adds up to a traumatic psychological shock. This exaggerates the physical effects of their ordeal and helps to diminish the physical resistance of the individual even further.

Finally, whereas some transit centres function properly, there are some with no sanitation facilities and with insufficient water and food. This also aggravates the harmful effects of the road journey.

All these factors explain the very heavy mortality rate attendant upon relocation of the disaster victims. There is a common denominator linking all the separate

factors that have created this extremely grave situation: the absolute priority given to the very fast relocation to the resettlement lands in the south-west. It is not M.S.F.'s role to give an opinion on whether this plan is well founded or not. Nor does M.S.F. in any way seek to dictate to the Ethiopian Government how it should go about its business. However, the scale of the operation, involving as it does several hundreds of thousands of human beings, have become incompatible with compliance with the elementary rights of any individual.

3 to 4 months would no doubt be sufficient to improve transport and accommodation conditions for the displaced people. It is also highly probable that, were this situation to improve, the number of volunteers would increase.

Regarding M.S.F., we are, as you know, quite ready to play our part in this project. You suggested that I go out on an exploratory assignment to the regions involved. I would, in reply, like to confirm that I would be very happy to be able to do so. The Staff of thirty or so persons kept by us in Ethiopia could be doubled, or even tripled, in order to help with relocating the drought victims. But, as I told you, we cannot function in a way that is contrary to what people want. M.S.F. would like to continue its work in Ethiopia and to extend it. Thanks to an amazing surge of solidarity, it has been possible to mount an emergency relief operation that has no precedent in history, but serious doubts over the way the relief operations are currently being conducted might put it to jeopardy.

That is why I should like to repeat the request I put to you at our meeting: M.S.F. would like the competent Ethiopian Authorities to proclaim a 3 months moratorium in order to allow a commission of enquiry to clarify certain issues, as hoped for for one and all, i.e.:

- The viability of the northern territories and the

scope for local rehabilitation.

- Accomodation facilities in all the resettlement lands,
- freedom of choice as regards relocation and the possibility for separated families to be able to reunite.

In the same time, I renew my offer to carry out an extended survey in the resettlement sites in order to select in close cooperation with R.R.C. a project where M.S.F. could be involved.

Your desire for openness, which you reaffirmed recently by inviting the international press to attend our interview, is to my mind a very encouraging sign.

Hoping, wholeheartedly, that you will be able to accede to this request.

Yours very sincerely,

Doctor Rony BRAUMAN

President of Medecins
Sans frontieres

c.c. to all individual and agencies involved in the relief and rehabilitation projects.