

Médecins sans frontières

Ethiopia

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AN OPEN LETTER TO N.G.O.'S

IN ETHIOPIA

Medecins Sans Frontières applied to work in Ethiopia in 1982. In December 1983, we received permission to make a survey which was done in February 1984. We began our medical programmes two months later. Since then, about 100 volunteers have been to Ethiopia, mostly medical staff accompanied by logistic officers and medical, nutritional and technical advisors. Most of them stayed for 6 to 12 months, working in the field. In September 1985, we created a transport service section, comprising 9 trucks that operated free of charge for the N.G.O.'s and the R.R.C. We transported 1 200 MT of various merchandises, 300 of which for the R.R.C.

We spent more than 4 million US Dollars for the drought affected population, brought about 200 MT of medicines into the country and distributed 750 MT of supplementary food. Every official who visited our missions was satisfied by the way we conducted our medical, nutritional and development projects.

The 2nd of December 1985, we were asked by R.R.C. to discontinue our activities in Ethiopia. As soon as the order filtered down to field level, the local representatives of both the R.R.C. and the Administration confiscated all M.S.F. assets, medicines, supplementary food, equipments, stores and houses. Members personal belongings were thoroughly searched at the exit check points. Armed militiaman



broke into our compounds while our teams were still there. Many irregularities were registered during the seizure inventories. Our ethiopian employees were beaten whenever we tried to give them material compensation. One of them had his thigh broken.

In Welo Province, the R.R.C. seemed most concerned about intercepting our trucks and vehicles. They were confiscated at the check point of Dessié, manned by an R.R.C. guard and placed in the R.R.C. compound to make sure they stay in Welo. Without transportation, our teams returning in Addis Ababa had to accept the R.R.C.'s offer of giving them a ride in the R.R.C. vehicles. The R.R.C. drivers decided to race each other back, and one of them lost control, causing an accident and injuring two french women, a nurse and a midwife, and two M.S.F. ethiopian employees seriously. The last M.S.F. truck still on its last duty was brutally stopped in Woldia, the driver was beaten until he accepted to transport people to Dessié for resettlement, under M.S.F. flag.

On the national level, the R.R.C. decided to freeze and then to empty the M.S.F.'s bank account, making it impossible for us to compensate on the field our 260 employees. We are in fact very concerned about the safety of these workers seeing how they were harassed before our departure. A full list of these employees was given to the United Nations. Furthermore, we were forbidden use of our own plane, and M.S.F. members the use of any other plane.

We were both hurt and perplexed by these events. We did not expect such an attitude or such double talk from the R.R.C. national officials. At the same time we were receiving garanties that we would be allowed to leave without any problems, our financial liability and our freedom of movement were taken away, which made it impossible for us to close down our activities regarding our medical and humanitarian commitments.

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Even though some of these problems are being partially solved now that this dramatic situation has arisen, the recent course of events enlighten the lack of response and concern we faced at local and national level when we raised important issues off the record during the past months.

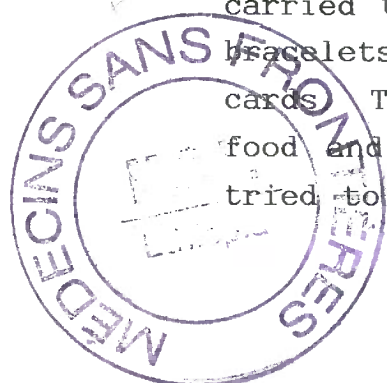
Why are we being expelled?

In Kelala (Borena Awraja), we recorded more than 9 000 children at less than 70% of the normal weight for height ratio and yet were not allowed to hospitalize them for intensive feeding. How many of them are still alive? When the resettlement operations began, 600 people were gathered in a place without latrines or sanitations and with no regard for officially declared guidelines. Ten days later, the Kelala cemetery has doubled in size, and the survivors were returned home as no trucks arrived to transport them away. Our medical team decided to break the rules and visited the places of internments. They discovered 10 people unable to move, dying with no one caring for them. We hospitalize them and were able to pull them through, except for one young woman and a child below 60%.

When the resettlement program was started again in Korem, 600 people were captured at the camp and carted away. It created such a panic that 15 000 people fled the camp to the mountains and with them about a third of our patients.

More recently, in Sekota (Wag Awraja), when the operation began, our team discovered 200 people locked in a church. It was 6: am and they were crying and yelling. One woman laid, dying on the floor, and a lot of children and adults carried the M.S.F. hospital and feeding center registration bracelets. Several more had I.C.R.C. general food distribution cards. They had spent the night in this church without food and water. They were excretas on the floor. When we tried to free them, the militia began shooting in the air.

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One of our nurses was clubbed in the head by the local chief of police.

Perhaps due to our concern and action, the resettlement operations in these three areas were postponed. Our teams fulfilled what they saw as their strict duty as medical personnel and human beings by giving assistance to their patients and people in danger. Their reports and figures are the basis of our analysis.

Add these accounts to the United Nations field officers reports, to reports of our members having visiting the two transit camps of Dessié, to other N.G.O.'s and international organizations reports about their own experiences in Shoa and Tigray Provinces, to F.A.O. and other reports from the resettlement areas, and you can understand why we credit the fact that 10 to 20 percent of resettled people died on the journey and in the first three months after their arrival. These are not M.S.F. figures, and they have not been denied since they were first released. We are also convinced that the first resettled people are far from being settled at all, even now, which puts in very serious question the urgent need to move 500 000 more people in choas and confusion.

The officially claimed principles for departure -volunteers, respect of the familial structure, good physical conditions- are being flagrantly abused. The measures meant to insure human dignity from departure to the final destination have not in essence been taken. The reasons given to transfer such a number of people in such haste do not hold up. That is why we have publicly requested a 3 months moratorium on population displacements in order to allow a commission of experts to decide on the measures necessary to save human lives and prevent senseless suffering.

There is enough international aid both to help the drought



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affected people to recover and go back to active life on their lands, and to organize displacements fully justified in decent conditions with maximum chances to success. Like most N.G.O.'s, M.S.F. is willing to implement development programmes and participate in resettlement if humanitarian principles be respected and a minimum of cooperation be accepted. But we refuse to renounce our moral responsibilities or collaborate blindly in a perversion of the very meaning of international aid, diverted from its intended purpose toward ends that deny the interests of the drought victims.

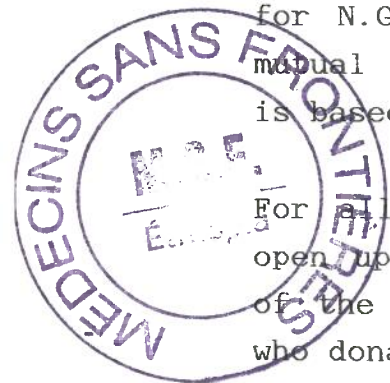
In this current recovery and development phase, we believe the donors must be informed of the ways their contributions are to be used so that, aware of the facts, they may decide what they will support and what they will not. They should know too that relief operations are being hampered by new political priorities, such as at Kelala, where thousands of death could easily have been avoided, or as in the south Welo and north Shoa lowlands, where a severe epidemic is ravaging the population unchecked. No medical care has so far been authorized. Freedom of action and movement for N.G.O.'s has been reduced to such an extent that the mutual confidence on which international private assistance is based is now in jeopardy.

For all these reasons, we believe it is indispensable to open up the aid operations in Ethiopia, both for the good of the Ethiopian People and out of respect for all those who donate financially to our cause. The whole international movement of solidarity runs the risk of finding itself undermined by the climate of secrecy that shrouds the aid problems in Ethiopia.

We wish all the N.G.O.'s nothing but success in all their current programmes and would like to thank the C.R.D.A. and its members for the help and cooperation they gave us during the last two years.

Bertrand DESMOULINS, Medical Coordinator - Michel FISZBIN, Administrator.

M.S.F. ETHIOPIA



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