

1.13.3. Emergency

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War and the roots of Emergency

When Emergency was founded in 1994, its Statute envisaged surgical care for the civilian victims of war. As its activities developed, the two terms “civilian victims” and “of war” underwent their own development. Caring for civilian victims does not mean, however, that others are excluded, i.e. that care is not provided for combatants. “Civilian victims” were specified because warring parties normally have facilities to treat their wounded combatants. Furthermore, during the twentieth century, we witnessed the development of what seemed to be a paradox: although combatants comprised 90% of the casualties in the first few decades, they comprised only 10% in the last few. Civilian casualties, however, soared from 10% to 90%. This reversal reflects a change in the very concept of war. The evolution of weapons, and consequently how war is fought, sparked, and indeed has shaped, a form of public opinion in democratic societies that does not accept high losses among its soldiers. Striking “the enemy” from well-protected distant positions (typical practice is to bomb an area from somewhere unreachable) makes a target of anyone who happens to be in the vicinity, which means not only those patrolling or controlling it.

Most recent wars have seen extremely strong parties launching attacks against other much weaker ones, e.g. USA, NATO, or their coalitions, against Iraq, ex-Yugoslavia, Afghanistan, and again Iraq. Situations such as these are clearly unfair. The difference in strength often leads the weaker side to resort to unconventional combat techniques (often called “terrorist”) that harm civilians even more. Consequently we are hearing much more about the “civilian victims” of war rather than simply its “victims”.

Military expenditure and poverty. Redefining Emergency’s mission

State budgets, and this encompasses all states be they super-powers, economic powers, developing countries or ones without hope, earmark an abnormally high percentage for military expenditure. Even if we overlook the cultural and moral misgivings of devoting resources to the intrinsic destruction of producing weapons, and the devastation and poverty that wars create, there remains an undeniable link between the potential, or real, presence of war and the misery of underdevelopment.

While conducting its work, Emergency has had first-hand experience of the de-

struction wrought by war. Emergency intervenes during the fighting when the wounded require surgical care. When at last the military skirmishes cease, or at least die down, the situation is identical to, and often worse than, the one that preceded it, i.e. there is an almost complete lack of medical facilities. Under no circumstances would it be rational to believe that at this point the need for medical intervention is over. Closing a hospital because the fighting has stopped (or died down) would turn peace into something harmful.

Consequently Emergency decided to broaden the scope of its commitment; its Statute has been amended and now speaks explicitly about the “social consequences of conflicts or poverty such as hunger, under-nourishment, disease, absence of medical care and instruction”. Its decision was not an option, but a need that arose and is driven by “these very matters”.

Emergency’s mission is not set in stone; it is not something that is established once and for all when a crisis is over. Instead it is being forever redefined with strategies that are being constantly honed and reshaped by the conditions and needs of each individual situation.

One example is the many First Aid Posts (FAPs) that were erected in particularly sensitive areas, such as those near to the front line or to mine fields. The original function of FAPs was to ensure the wounded were in a stable condition before they were taken by ambulance to Emergency’s surgery centres. When the FAPs were no longer needed, or needed less, they were turned into permanent medical facilities in places that had none.

Hospitals underwent a similar evolution; originally surgery centres for the wounded, they developed into trauma centres, paediatric units, or general hospitals with maternity wards. One of these facilities is the Salam centre in Khartoum, which was designed as a highly specialized heart surgery hospital. Its main aim clearly is to treat the sick, but it also stands as a monument to the belief that “if you can get better in Europe, you must also get better in Africa”.

When Emergency broadened its range of duties, it also broadened the awareness of its own limits, ones that had already become clear while its interventions were limited to treating the victims of wars.

In the thirteen years since its foundation, Emergency has treated two million people.

However, although the ultimate objective of Emergency’s work is to provide medical care to anyone in need, it does not feel that its main priority is to ensure the right to health is granted; nor is it involved in this. Its intervention is carried out in situations of extreme difficulty or dire need. Providing responses is an instant gesture, one that is based on nothing else than the immediacy of the difficulties faced. Formalizing and formulating “rights” into documents, articles and paragraphs is a step on from the self-evident need that requires no definition in dire situations. Emergency believes that the Universal Declaration of Human Rights is the legal form of the human bond that pervades its work in the field. Were we to look for a principle, a foundation, or a beginning, it would be the natural desire to provide solidarity and help when staring desperation and need in the face. The underlying postulate of Emergency’s work lies at this ground zero level of human rela-

tionships, within the need to find an immediate response to human tragedy. It is these substantial, pre-logical reasons that confer sense and legitimacy to binding regulations.

The culture of peace and solidarity

In order to lay these foundations, Emergency is committed to the promotion of “a culture of peace and solidarity”. Whenever we achieve what we prefer to describe as a positive result rather than a success, it becomes clear how the interventions of not one, but of all Non-Governmental Organizations, suffer from an innate inadequacy when addressing the enormous problems of their work. A medium-size association with limited resources is able to send highly skilled international medical personnel, paramedics and administrative staff from rich countries to other parts of the world in order to build, launch and run hospitals, as well as provide work and training to thousands of people, in Afghanistan, Cambodia, Iraq, Sierra Leone, Sudan and so on.

The intolerable and distressing truth is that solutions are possible, but they are not implemented; in fact they are not implemented deliberately. The form of associated existence that we call “politics” is indifferent, at times visibly vexed, both by requests and by attempts to find a response.

It is on no mere whim that an NGO feels the duty, if not primarily the need, to lobby tirelessly and obsessively for peace and justice. Anything else would be unthinkable. An association is founded, developed and strengthened by its meaning and values, which set it apart from a company or an agency that provides services. Its motivations and purposes are radically different from those of a business. Consequently it is a political and cultural actor that proposes and states meanings and values as it carries out its duties, an actor that is extremely critical of the irrational state of affairs with which it has to deal. Staying true to identity and principles becomes increasingly possible the more selective it is and the more it eschews other loyalties; this is especially true of ties with political factions and parties, which normally have expectations and requirements that are not necessarily compatible with those of an NGO like Emergency, whose main criterion is to decide and act independently and as a third party.

Working in difficult situations

It is important to highlight the inconsistencies of objections that are based on words rather than on meaning. This is certainly the case regarding accusations of “collaboration” with governments who have little or no respect for human rights (in some cases there is a very fine line between objection and accusation.) Emergency carries out interventions in war zones, or in areas where war has been suspended or has recently ended. Its work takes place in countries where disaster has been brought about by the injustices of international politics (decided by so-called demo-

cratic countries). Interventions also take place in countries where disaster has been caused by the unjust domestic policies of national governments which, despite their limited resources, devote a conspicuous part to enriching the ruling class (otherwise known as corruption), another to priorities that are absurdly called “internal security” (i.e. repression) and “external security” (i.e. war). That independent actors denounce these situations is not only legitimate but also invaluable. Any intervention that requires a physical presence with facilities that need to be built and managed, as is the case with Emergency, cannot be implemented unless a relationship is installed with these governments. Any attempts to avoid such a relationship would mean very little to these governments. However it would create a situation that at best would leave the population helpless and at worse would actually harm them.

There is complete awareness that each NGO and association has different purposes, and thus a vast range of action and interventions needs to be taken. Emergency’s physical presence and activity in these countries, however, means that its practices and principles do have some importance as they can produce or lead to significant effects.

The hallmark of Emergency’s interventions is that they are free-of-charge. Providing free treatment to someone simply because they need it is no longer a simple deed but a matter of principle.

Wherever there are private health facilities or activities, their owners are hostile towards Emergency hospitals, which provide patients with far better quality care for no charge. Private health facilities are worried by this difference in quality. If patients unable to afford health care were the only ones treated in Emergency hospitals, there would not be a problem. However many people who can afford to pay also go there for treatment, thus depriving the local private health service of potential customers and thus potential revenue. Although this situation causes Emergency additional problems, free medical care is a political and cultural proposal, a statement of principle, and a clear declaration of the right to health and to life.

For example, Sudan does not provide free public health care; however, the opening of an Emergency paediatric centre in a refugee camp near Khartoum led, on Emergency’s request, to the innovative move of providing free health care to paediatric patients in the hospitals in the Governorate of Khartoum.

Free of charge

Free-of-charge high quality health care is a hallmark of Emergency in both substance and form. Wherever Emergency operates, the concept of free health care is almost completely synonymous with the very essence of health care itself. In places where most of the population live on one or two dollars a day, paying for health care is impossible and providing health care is no longer an aid for living, but an alternative to surviving. This state of affairs determines the immediate material content of what is free-of-charge, long before what it means. This “immediate material content” is the school of thought, philosophy and vision of the world on which Emergency is founded.

That life and health are preferable to disease and death is banally obvious. However, were this banal statement to take the form of an untouchable principle, a stand, a postulate or a maxim to which all other schools of thought must bow, then it is banal only in the sense that it is blindingly clear, not that it is irrelevant or that its consequences are meaningless.

The result is the refusal of all forms of violence and war, as well as the need to seek non-violent and non-belligerent responses in the face of real, and not imagined or potential, aggression. What also emerges is a statement of fact (a statement and a fact, not a vague or noble conviction) that resorting to violence and war never yields positive results: neither when it involves “striking first”, nor when it involves “striking back”.

As a consequence of these statements and convictions, Emergency is committed to opposing the production, trade and use of weapons; it also contests the absurd legitimacy of earmarking immense resources for war and weapons when they are unavailable for necessary enterprises such as aid and peace.

Emergency’s actions and convictions also contest international organizations, such as the World Bank, the International Trade Organization and the International Monetary Fund, which subordinate genuinely humane objectives to feigned general interest and give their enforcement of destructive decisions the arbitrary and illegitimate title “development policies”.