



Africa Study Group | Groupe de réflexion sur l'Afrique

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The Africa Study Group presents "Red Cross: International Humanitarian Assistance", and "Mercy Ships: Bringing Health and Healing to Africa"

DATE: Wednesday, April 27th, 2016

TIME: 17:30 pm - 19:30 pm

LOCATION: St. Paul's university, 223 Main Street, Room 103

In Attendance: 23

Chair: Louise Ouimet

1. Welcome and introduction of new participants

Ms. Ouimet opened the meeting and invited newcomers to introduce themselves. She then announced upcoming events in Ottawa (see e-mail messages and last item for more information).

2. Red Cross / Crescent Guest --guest speaker Jean-Pierre Tashereau, Director, Emergency Operations, Canadian Red Cross

Mr. Tashereau opened his talk with a brief description of how the Red Cross / Red Crescent (from now on referred to as Red Cross, although the term includes Red Crescent as well) works, identifying the organization as a 'movement' with three components. There are national Red Cross and Red Crescent societies, which exist in about 190 countries. There is the International Committee of the Red Cross (ICRC), the battlefield-born grandfather organization which is based in Geneva and operates in conflict situations around the world. Thirdly, there is the International Federation of Red Cross and Red Crescent Societies which coordinates the Red Cross support during natural disasters.

There are many tensions of conflicting values in aid / assistance: for example, the challenge between direct delivery of Humanitarian Assistance versus supporting the capacity of local systems to respond in times of crisis. Should agencies send money directly to local governments? The Red Cross is mandated by donors to deliver direct

assistance, sometimes leaving a weakened society that may not be able to sustain what has been put in place by the Red Cross.

Taking a pragmatic look at what resources are available in crises means understanding that despite the negative effects, operations proceed. That said, the intent of Red Cross assistance in the long term is to make health systems resilient. However to achieve both short term and long term goals, there is a lack of resources. This also extends to the capacity of the Red Cross to protect the psychological wellbeing of it's employees who work in crisis situations.

Another issue is that assistance is charity driven and that creates double standards, where some crises receive much more assistance than others. This charity is connected to the emotional responses in donor countries, frequently meaning that the Red Cross does not receive adequate financial assistance in response to calls to help prevent and mitigate crises, however support may pour in after a crisis occurs based on sensationalist reactions in the media to disasters. Some regions generate more sympathy than others, or in the case of Ebola, it was not until the West felt the fear that Ebola would become not only an "African problem", that an adequate response was mustered.

Taschereau argued that there is a structural flaw in charity based assistance, and the world needs to understand that there are no regional problems, no "African problems" ... we are all vulnerable to outbreaks, and we need to put more support into prevention: there needs to be the political will to prevent crisis as well as provide humanitarian assistance.

Question period:

During the question period, the role of the media was discussed, for example when military are photographed building walls as opposed to providing specific security related assistance. Some humanitarian organizations believe that the space for humanitarian assistance is shrinking. When the Red Cross operates in a conflict zone, all parties to the conflict must agree to their presence. The Red Cross therefore maintains a neutral position, and adapts to the local context and local authorities.

Is there a way to change the emotion-based assistance model? Problems need to be addressed globally to resolve root problems of crises. The question of how aid organizations coordinate themselves was brought up, considering that in a crisis situation, it is the national government that has the responsibility to coordinate assistance. Unfortunately, national governments do not always have the capacity to coordinate the assistance. Therefore, the coordination is often based on goodwill in a situation of anarchy.

The issue of humanitarian assistance versus preventative systems support is common to most international development discussions. Coordination and Leadership are needed, both to address building capacity and also to respond to unexpected crisis. Do we exacerbate issues in a crisis with emotion-based fundraising? We are riding the wave of a system that is flawed, so although emotion- based fundraising does not exacerbate the issue, it is always a challenge to address both short term and long term issues.

3. Mercy Ships- Guest speaker Marilyn Collette, President of Social Enterprise for Change and National Chair of Mercy Ships Canada

Ms. Collette gave a presentation about Mercy Ships, an NGO which delivers medical capacity, providing surgeries for people in need both in Africa and the Caribbean. This enterprise started in 1979, and now has a ship with around 400 people providing dental care, eye care and surgeries in several countries. Most of the work has been done in West Africa in the past two decades, although Madagascar is the current location of the ship due to the Ebola outbreak in West Africa. All the employees who provide services are volunteers, some for just a few weeks, and some dedicate their careers to volunteering on the ship and in on-shore clinics to provide services.

On the ship, about 40% of the volunteers come from medical professions, however the rest of the 60% come from a range of different backgrounds. All of the volunteers pay their own way with the exception of the security crew and the captain (who makes \$1 a year). A team of volunteers goes into countries about 3 months before the ship arrives to let people know about the Mercy Ship and find people who need surgeries. People come from around the country on screening days to receive an appointment time and day to return for their surgery. Some of the services provided include: eye surgeries, vaginal fistula surgeries, dental work, tumor removals, cleft lip surgeries and reconstructive surgeries for burn scars.

For all surgeries, a local doctor participates, thus Mercy Ships has started providing capacity building as well as providing life-saving surgeries. Mercy Ships is a member of the G4 alliance, an alliance formed because surgery was not included in the Sustainable Development Goals (SDGs). Video link from presenter:

<https://www.dropbox.com/s/ej7r1o1uvf6o1gs/Mercy%20Ships%20-%20Madagascar%201%20Recap-HD.mp4?oref=e>

In French:

<https://www.youtube.com/playlist?list=PL8G4hPICWK8L5QOre1f3sjhTxL8a8GHlx>

Question period:

The audience inquired about post-operative care for patients. Mercy Ship volunteers follow up with patients and after the ship leaves, there is a team in the country to provide post-operative care. In terms of local training there have been some efforts in the last few years to build capacity in countries where Mercy Ships are operating, for example to improve preventative care so fewer people get tumors. Since the structure of the NGO is a moving ship, it is hard to maintain clinics over time.

4. Upcoming Meetings and news from members

Global Affairs Canada is launching consultations soon for the review of its international assistance policy and is encouraging ASG to participate in this process.

- A. May 16: a joint meeting with Middle East Study Group (MESG) at the Ottawa City Hall, with Canada's Ambassador to Algeria, Isabelle Roy - a separate email will follow.
- B. May 26: with Gwen Temmel on Sexual and Gender Based Violence prevention in Conflict-Post conflict countries in sub-Saharan Africa
- C. June 10: our annual social event.