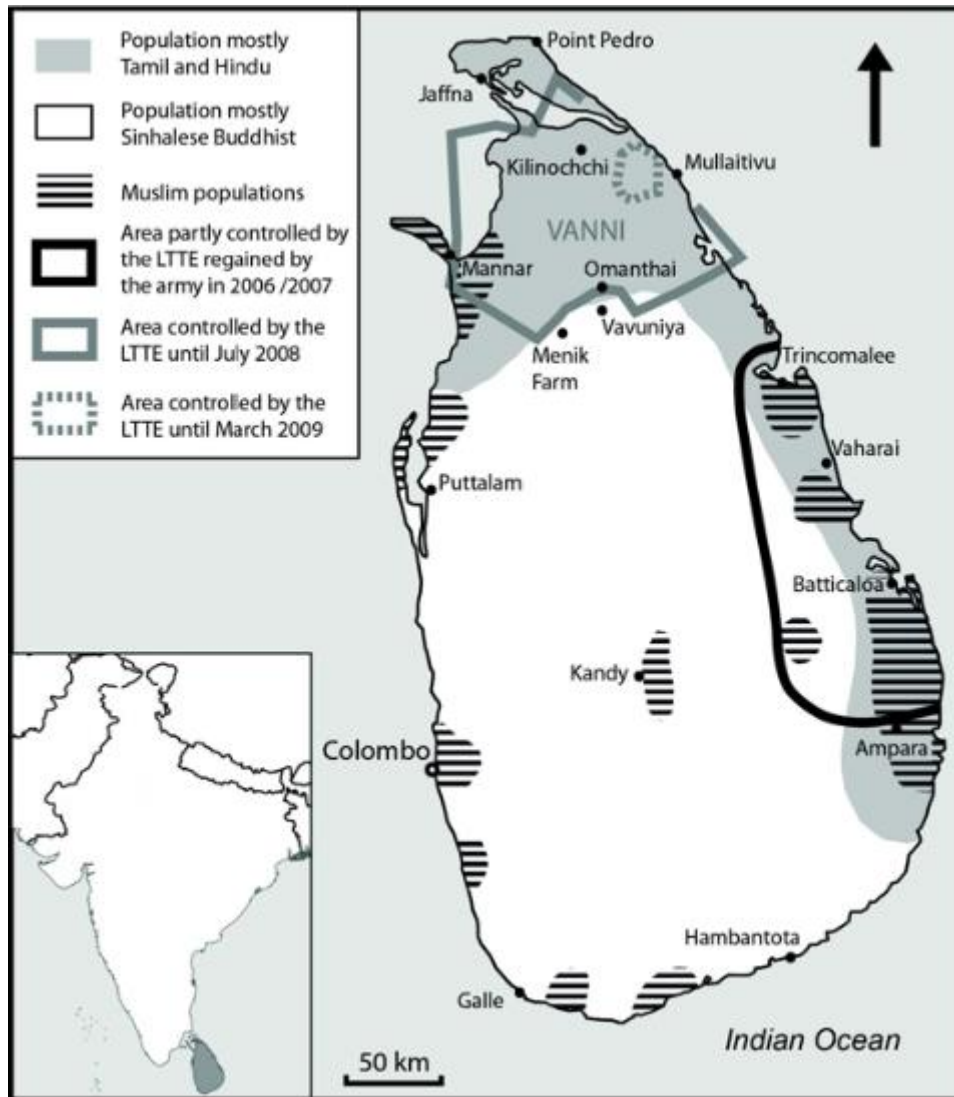


SRI LANKA. AMID ALL-OUT WAR

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On 18 May 2009, the Sri Lankan government's crushing victory over the Liberation Tigers of Tamil Eelam (LTTE) put an end to twenty-six years of civil war. Described by the government as the world's largest humanitarian operation, the victorious Colombo offensive was praised as a model by many foreign military commentators keen to demonstrate that a determined democratic army could vanquish a "terrorist" movement. In reality, victory came at the price of thousands of civilian deaths, and the enlisting of humanitarian organisations into a counterinsurgency strategy based on forced displacements and internment. MSF's experience reveals the hard choices that all-out war imposes on aid organisations.

MSF withdrew from Sri Lanka in 2003, after working for seventeen years against a background of civil war between the government and the LTTE that began in the mid-1980s. A ceasefire agreement (CFA) was signed a year before MSF's departure, leading to a return to relative normality and the hope of peace. Negotiations began under the copresidency of the European Union, the USA and other western countries, including Norway, which also headed a ceasefire observation mission, the Sri Lanka Monitoring Mission (SLMM).

As early as 2003, the discussions stalled on the key question raised by the conflict: how to ensure peaceful coexistence between the Sinhalese, Tamil and Muslim communities, representing 75%, 17% and 8% respectively of the island's population. Although the parties did undertake to explore a federal solution to the conflict, talks became acrimonious once they got down to specifics or tried to agree on a transitional administration for the rebel areas (a third of Sri Lankan territory).² A return to warfare seemed imminent when the Sri Lankan coasts were hit by the tsunami on 26 December 2004. Once the emergency response phase ended, management of reconstruction aid rekindled the conflicts over sovereignty between central government and the separatists. In late 2005, attacks, assassinations and abductions escalated in the north east of the country, fuelling a climate of terror. As ceasefire violations increased the eastern provinces slipped into open warfare during April 2006.

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From 2006 to 2007, the army regained control of Batticaloa and Trincomalee in the east, driving the LTTE northwards back towards its sanctuary in the Vanni. The following year, the government officially renounced the ceasefire agreement and tightened its grip around the Vanni, taking control of Mannar district in April 2008 before entering Kilinochchi district in July. In January 2009, the army launched its final offensive. The Tigers were boxed into an area of land along the coast that shrank from 300 km² in January to 26 km² in March, 12 km² on 23 April then to 4 km² on 8 May. They were wiped out ten days later and their leader was killed along with most of the political and military commanders. The LTTE cause most of the ceasefire violations in 2005 to 2006, and was largely responsible for triggering the resumption of hostilities. During the presidential elections in November 2005, it urged the Tamil population to abstain, thus contributing to the victory of Mahinda Rajapaksa, a candidate hostile to the peace process and who narrowly defeated CFA negotiator and former prime minister, Ranil Wickremesinghe. According to Sri Lankan political pundit Jayadeva Uyangoda,³ the LTTE was then counting on a new confrontation to boost its leverage in future negotiations: a war of attrition would weaken the economy, divide the regime's support base and isolate it internationally due to the war crimes and human rights violations it would certainly commit. Media coverage of the army's violence was in fact the LTTE's main political asset on the international scene.

Even before its official withdrawal from the CFA in January 2008, the Rajapaksa administration made it clear that it was not prepared to negotiate any longer. It used the rhetoric of the global "war on terror" following the events of September 11 2001 to put a security and antiterrorist spin on the conflict. Denying the existence of the "ethnic problem" at the heart of negotiations and political debate since 1987, the Rajapaksa administration declared the LTTE as the only obstacle to peace, and sought its military and political destruction.

In the face of rapidly advancing government troops, the LTTE dragged tens of thousands of civilians down with them. As the rebel territory shrank, the Tigers used increasingly violent means to dissuade civilians from fleeing to government-controlled areas, executing those that tried to flee and/or making reprisals against their families, and then, in January 2009, strafing, bombarding and launching suicide attacks on columns of civilians trying to reach government lines.⁴ Controlling the population was strategically essential to the LTTE for at least two reasons. First, it needed to enlist increasingly younger children to make up for its heavy losses, and second, by mixing fighters with civilians, it forced the government army to choose between two ills: slow down or even halt the offensive, or commit war crimes.

Denouncing the use of the population as a "human shield", in November 2006 the government asked the ICRC and the SLMM to mediate so it could evacuate civilians living in combat zones to camps behind its lines. The Tigers opposed the operation. Colombo then described its offensive as a "humanitarian mission" seeking to "free innocent civilians held hostage by the LTTE".⁵

In reality, although the army claimed to "adhere to the zero civilian casualty (ZCC) policy",⁶ it did not let itself be troubled by the presence of aid workers and civilians during its push forwards. Camps for internally displaced persons (IDPs), hospitals, humanitarian convoys and food distribution sites were hit by government artillery and air strikes on several occasions.⁷ Several hundred civilians fell victim to shells and bullets between 2006 and 2008, several thousand between January and March 2009, and tens of thousands between April and May 2009. According to unofficial UN figures, 7,000 civilians were killed between January and early May 2009, and 13,000 more in the last two weeks of the confrontation. International Crisis Group (ICG) put the figure for civilian deaths at not less than 30,000

during the northern campaign. The government only acknowledged 5,000 civilian deaths and blamed them on the LTTE.⁸

Throughout the conflict, the government carried out an intensive propaganda war designed to mask the terrible human cost of its offensive. It stated that it was leading a “humanitarian war”, thereby justifying its co-opting of NGOs and UN agencies into its pacification policies. From 2006 to 2008, MSF tried in vain to resist. Then, in 2009, it attempted to become a major cog in the military-humanitarian machine in the hope of lessening its brutality.

2006 to 2008: The Government Makes the Rules

From 2006 to 2007, the recapture of the east left at least 250 civilians dead and several hundred wounded, according to local human rights organisations.⁹ The fighting displaced 160,000 people. They received various forms of aid from the government, NGOs and UN agencies invited by Colombo to set up in the army’s wake, but this only lasted a few months. In March 2007, by cutting off humanitarian aid and using threats, the government—with the support of the UNHCR—organised the forced return of displaced people to their towns and villages, now destroyed and placed under military rule. The first government victories went hand-in-hand with escalating political violence (abductions, assassinations and threats) targeting Sri Lankan figures who openly criticised the new administration’s militarism and xenophobic nationalism. Foreign journalists and international NGOs were also the targets of intimidation. Exploiting Sri Lankan society’s distrust of NGOs since their arrival en masse in December 2004, a phenomenon Sri Lankans described as a “second tsunami”, the nationalist media regularly accused humanitarian aid organisations of being “war profiteers” and “stooges of the terrorists”.¹⁰

A grenade attack hit three international NGOs in the eastern provinces in May 2006, wounding three people. On 4 August 2006, seventeen Sri Lankan employees from Action Contre la Faim (ACF) were executed in their office in Muttur on the east coast, a few hours after pro-government forces recaptured the town. The assassination, an unprecedented event in the history of humanitarian action in Sri Lanka and for which the SLMM held the government responsible, was officially condemned by senior western diplomats and the UN. The government responded by creating an investigation commission, whose investigations led nowhere. From 2007 to 2009, more than ten humanitarian workers were assassinated, including several ICRC employees.

MSF’s Goals

Anticipating a renewal of hostilities, MSF’s French section sent several exploratory missions to Sri Lanka in the first half of 2006, which were soon joined by teams from the Dutch and Spanish sections. In July and August 2006, the three sections proposed opening surgical programmes in three hospitals in the government-controlled zone near the front lines in Point Pedro (northern front), Vavuniya (southern front) and Mannar (western front). Their shared objective was to operate eventually in Tiger-controlled zones, with the French section already proposing to open a mission between Batticaloa and Trincomalee on the eastern front, where the first population displacements had been reported. However, none of the evaluation teams observed any urgent needs. Sri Lanka had qualified personnel and an effective healthcare system, thanks to the ambitious social policies adopted after independence. Furthermore, wishing to assert its symbolic sovereignty over all the national territory, the government had continued to run public services in rebel areas, paying health workers’ salaries and ensuring supplies for medical facilities. In addition, a great many humanitarian aid organisations that had arrived in the wake of the tsunami were still in the country in 2006.

In such circumstances, the operations proposed for Point Pedro, Mannar, Vavuniya and in Tiger-controlled territories were primarily about being prepared. MSF sought to expand its healthcare services and emergency response capacity in areas where the organisation expected the conflict to resume with the predictable consequences: a breakdown in medical supply lines, departure of local medical personnel and an influx of wounded and IDPs. MSF’s goal, even if not always clearly

expressed (except by the Dutch section), was also to ensure an international presence in conflict areas in order to “bear witness to the plight of the population”, in the hope of encouraging the belligerents to exercise restraint in the use of violence.¹¹

Discord

As the first shells fired by the government’s “humanitarian mission” started to rain down on the eastern front in July 2006, the MSF-France teams thought they could obtain the necessary authorisations to launch their activities within a reasonable timescale. They felt that the organisation had acquired legitimacy in Sri Lanka through its presence on both sides of the front line from 1986 to 2003, and its response to the tsunami. By calling a halt to donations three days after the catastrophe, explaining that reconstruction was the responsibility of the state and that most emergency needs were already covered by the authorities and civil society, MSF had flattered national Sri Lankan pride.

The MSF teams soon lost their illusions. Despite support from the local authorities and the Ministry of Health, requests for import licences, visas and authorisations to travel within the country got lost in a bureaucratic maze. As failure followed failure, it became clear that no decision could be taken without the approval of the Ministry of Defence and the president’s entourage, whose grip on the state apparatus was tightening.

Starting in July 2006, the Ministry of Defence had indeed restricted access to the rebel zones affected by fighting (designated “uncleared areas”) to the ICRC and selected UN agency teams that were only allowed short visits. Other aid organisations had been asked to work in government-controlled zones behind the lines. Failing to negotiate special status, comparable to that enjoyed by the ICRC and UN agencies, the French section decided to exert media and diplomatic pressure. On 9 August 2006, it published a press release denouncing the murder of the ACF workers and the “lack of medical help [for] tens of thousands of people living at the heart of the military offensive”. A week later, it organised a series of bilateral meetings with western ambassadors and the peace process co-presidents, feeling that the latter “had the ear of the government”. In late August, MSF-France managed to meet with Basil Rajapaksa, special adviser to the president, and Gotabaya Rajapaksa, secretary of defence. Although the president’s two brothers assured MSF that it was welcome to work in hospitals designated by the Ministry of Health, they lost their tempers when the head of mission demanded access to rebel zones. MSF was accused of partiality towards the LTTE and of “wanting to tell the government what to do”.¹²

MSF found itself in a delicate negotiating position. In August 2006, it had no information indicating that the aid provided by the government, ICRC and UN agencies in the “uncleared areas” was inadequate. MSF estimated that the existing set-up would not be able to cope with the expected influx of wounded and IDPs, an assessment rejected by the government who claimed that the consequences of the conflict would be minimal and handled appropriately by the authorised agencies. In reality, these disagreements masked underlying discord: MSF was keen to use its freedom of speech to denounce the excessive use of force its teams might witness while the government was keen to limit the number of observers likely to reveal the war crimes it was to commit.

Crisis

On 30 September 2006, while head office was encouraging the MSF field teams to stand firm, the French section learned from the national daily press that it was subject to an expulsion order, along with MSF-Spain and five other international NGOs. This was confirmed the same day in a letter from the Department of Immigration ordering MSF teams to leave the country within one week due to “activities [...] in contravention of the visa conditions”. The press blamed the expulsion on MSF’s pro-LTTE commitment: quoting Ministry of Defence sources, it claimed that the organisation had carried out “clandestine activities” for the Tigers under cover of post-tsunami reconstruction aid.¹³

MSF immediately asked for support from the embassies of the expatriates targeted by the expulsion measures. On 5 October 2006, the minister of human rights told MSF that the expulsion order was on hold pending the results of an investigation into its activities. The head of state had just met with the

CFA co-presidents and officially declared that he “would continue to facilitate humanitarian access to the conflict-affected areas while keeping in mind security considerations”.

Nevertheless, MSF staff still had no work permits and remained publicly accused of pro-LTTE clandestine activities. In mid-October 2006, the heads of mission wondered what they could do to rebuild MSF’s reputation when there was little chance of a government retraction. MSF’s international president, who had come to support them in the wake of the expulsion, had tried to publish a denial in the local media, calling a press conference in the hope of “clearing MSF’s name”. Only two (English-language) newspapers reported it.

What safety guarantees should MSF demand from the authorities, the heads of mission asked themselves, when the ICRC had just come under grenade attack a few days after having been accused of pro-LTTE partiality by the press, and the Ministry of Defence had refused to meet with MSF, relegating the crisis to a visa problem that had already been solved. Should they be happy with the suspension of the expulsion order and recent press restraint (MSF-Holland) or demand a public statement of support announcing that proceedings were being dropped and guaranteeing MSF teams’ safety (MSF-France) in line with the international president’s publicly-expressed position? How long could MSF wait for work permits?

Although all the sections were wondering if they should pull out, only MSF-France seemed determined to put words into action; on 13 October 2006, the head of operations warned: “If we don’t see some concrete results soon, we will have to take the decision to leave the country because of the lack of humanitarian space”. Not everyone agreed with this option: could they turn their back on the country when all evidence pointed to the conflict being on the brink of escalating? What purpose would be served by one or more sections leaving? Should they simply redeploy their intervention resources to those areas where the organisation was accepted? Or stage a media event to put the government in an awkward diplomatic position and strengthen the negotiating position of the organisations that were staying put?

Compromise

The three sections finally chose to continue to negotiate. They stopped seeking an official denial, the abandonment of the investigation and a public statement of support, and ended up signing a Memorandum of Understanding (MoU) allowing them to launch operations in three hospitals selected by the Ministry of Health. The question of access to “uncleared areas” was not raised. The projects opened in December 2006 and January 2007.

During the two years that followed, the medical-surgical missions in Point Pedro (MSF-France), Mannar (MSF-Spain) and Vavuniya (MSF-Holland) were not over-stretched. In 2007, most of the wounded and people displaced by war were concentrated on the eastern front, while in 2008 the operation to surround the Vanni had not yet caused many civilian casualties. MSF’s operations did nonetheless ensure continuity of healthcare (emergencies and surgery) in hospitals with insufficient specialists, dealing with supply breakdowns and the rigours of military occupation. In Vavuniya, MSF-Holland had to suspend surgical activities in March 2008 as the increased Ministry of Health teams made its presence redundant. MSF-Spain decided to close the Mannar programme after the army recaptured the district in late 2008, and left the country the following year.

The French section tried nevertheless to gain access to the eastern provinces where the army was making fast progress. In order to be allowed into the “uncleared areas”, it turned to the UN. In late October 2006, the resident UN coordinator endeavoured to negotiate a procedure with the government for designating organisations approved to work in rebel zones and, in November 2006, it obtained authorisation for access from the Ministry of Defence for twenty-one NGOs, one of which was MSF.

Having obtained their passes, the coordination team carried out an evaluation mission in Tiger-controlled areas close to Vaharai in February 2007. However, it did not manage to obtain the necessary authorisations to start up the project before the government forces recaptured the zone a

month later, making the planned intervention irrelevant. In April 2007, it proposed providing support to the Batticaloa hospital as the surgical unit was overflowing after the army's recapture of the coastal strip to the south of the town. Once again, Colombo's administrative obstruction and the lack of human resources in Paris delayed the intervention. The surgical teams arrived in August 2007, at a time when the hospital's activities had returned to normal and the eastern provinces were almost entirely pacified. The French section settled for helping IDPs, providing modest support (mobile clinics, sanitation and distribution of essential goods) to around 30,000 of the 160,000 people caught in the midst of the government's forced displacement/resettlement operation. It closed its programme in January 2008, without ever really looking at the issues raised by its participation in forced population transfers organised with HCR support.

In the end, only the Dutch section managed to set up in Tiger-controlled territories, although it was far from the combat zone. In May 2007, it opened a programme in the LTTE "capital" Kilinochchi which was not yet affected by the fighting. It chose to support the gynaecological, obstetrical and paediatrics units with a view to getting prepared.

But as the front came closer in the summer of 2008, bringing displaced civilians to Kilinochchi, difficult relations with the hospital's medical staff forced MSF to limit its intervention to logistics aid for the waste treatment area and building latrines for the IDPs. On 8 September 2008, the government ordered all the humanitarian aid organisations other than the ICRC and selected UN teams to evacuate the Vanni.

MSF was one of the first organisations to leave the LTTE zones. Its immediate efforts to return encountered a categorical refusal from the secretary of defence, whom they met on 28 November 2008. Asked to pressure the authorities, the Indian and western embassies said they were powerless. Since 2007, Sri Lanka had been drawing closer to China, Pakistan and Iran, with which it had signed a series of economic and military agreements.

After three years of negotiation, as the conflict seemed on the verge of a decisive confrontation that would not spare the civilian populations, MSF had just one surgical programme in Point Pedro, a small-scale project supporting the Vavuniya health district, and very little hope of gaining access to conflict zones. Moreover, MSF was not comfortable with making its voice heard: since the 2006 crisis, it felt that public criticism of the government was likely to lead to expulsion or even physical reprisals against its staff. The MSF teams seemed completely at a loss as to what to do.

2009: All-out War and the Humanitarian Solution to the Tamil Question

Between January and May 2009, the fighting was concentrated on a constantly shrinking and densely populated area and the number of civilian victims increased sharply. In LTTE zones, the wounded had access only to rudimentary care provided by eight Sri Lankan doctors from the Ministry of Health who had refused to abandon their post. The ICRC, which continued to provide them with medical supplies overland then by sea until 9 May 2009, managed to transfer 6,600 wounded and seriously ill people as well as those accompanying them, a total of 13,000 people, to government-controlled areas. The army evacuated almost 300,000 people from territories gradually recaptured from the Tigers. Soldiers escorted the survivors to transit zones where they were screened: people suspected of belonging to the LTTE were transferred to demobilisation camps, called "rehabilitation centres", and the others to closed internment camps managed by the army and called "welfare centres". Ringed by several rows of barbed wire, the camps were guarded by the army and police.

The largest "welfare centre" was at Menik Farm to the south of Vavuniya, in a marshy and isolated area. Its construction began in September 2008 and was coordinated by the army, which completed the first two zones of the complex. In early February 2009, Colombo asked for help from humanitarian agencies and donor countries in building five additional zones. The medical project included the opening of 1,400 beds in hospitals around the centre and installing five small hospitals and twenty health units within the centres. These "welfare villages" were intended to house 200,000 people for three to five years. Donors were very reluctant to finance construction of permanent internment

camps, but ended up agreeing to support the emergency programme for a few months, in exchange for a commitment from the government to resettle 80% of displaced people by the end of 2009.

In February 2009, the announcement of the setting up of Menik Farm stirred up controversy both nationally and internationally, a controversy that grew fiercer in July. Sri Lankan, Indian and British members of parliament compared the “welfare centres” to “concentration camps”, reminiscent of those in Nazi Germany.¹⁴ International journalists, who had been banned from going to Menik Farm other than during a handful of guided visits organised by the army, gave wide coverage to alarmist claims about health conditions in the camps. In July, British daily newspaper *The Times* claimed it had been told by senior aid sources that 1,400 people were dying in the camp each week,¹⁵ and added that the death toll lent credence to allegations of “ethnic cleansing” by the government. The press began to question the role of the UN and aid organisations. The UN was accused of “having hidden the scale of the massacres”,¹⁶ British aid to war victims was suspected of being used “to fund concentration camps”,¹⁷ and the UN and NGOs of being “complicit in a large-scale detention operation”.¹⁸

Waiting in the Wings

Between January and 20 April 2009, MSF watched the crushing of the Vanni from afar. In late January 2009, the first civilians began to arrive in the government-controlled zone, making the Dutch section operational once more. The sick and wounded evacuated from the combat zones began to crowd into Vavuniya’s general hospital, where the number of hospitalised patients jumped from 365 to 1,004 between 1 February and 1 April. First one, then another MSF-Holland surgeon came to join the Sri Lankan team. MSF hired nursing auxiliaries to improve post-operative care. But it could do no more: the authorities refused to allow an anaesthetist and two extra expatriate nurses to join the team. They also opposed increasing surgical teams in the other hospitals which were taking in the wounded evacuated by the ICRC.

In Vavuniya district, the dozen internment camps set up in public buildings were soon overwhelmed, leading soldiers to transfer the first interned civilians to zones zero and one at Menik Farm in February. The military and health authorities in Vavuniya asked for support from the UN and NGOs to assist recently evacuated populations. The local authorities were seeking organisations to distribute special food supplements to the under-fives and pregnant and breast-feeding women in the internment centres, and the Dutch section agreed to help. Distribution began in mid-February 2009, despite the lack of any formal agreement from the Ministry of Health in the capital, which had made clear its wish to be the sole provider of medical and nutritional assistance in the camps. “[Local administrators] really want us to bring staff, no matter what they say in Colombo. We also got full access to all camps, and the army general [in charge of supervising the camps] gave us his personal cell number in case anyone objects”, reported the MSF-Holland head of mission.

In direct contact with the displaced and wounded coming out of the Vanni, the Dutch section played a part in disclosing the brutality of the regime’s counter-insurgency campaign and its internment policies. Between January and March 2009, it issued a press release and posted several updates on MSF websites describing the living conditions of civilians caught up in artillery fire in the Vanni and the lack of freedom for the displaced people interned in Vavuniya. Several MSF representatives talked to the international media about these issues. While the ICRC was claiming that “plain common sense dictate[s] that the civilian population should be urgently evacuated [from combat zones]”,¹⁹ MSF “called on all parties to the conflict to allow independent humanitarian agencies to provide medical aid to the wounded in the Vanni”.

With activities functioning only in Point Pedro, the French section took a more discreet approach. It limited itself to relaying some of MSF-Holland’s information and giving a number of interviews in which it expressed alarm at the bombing of civilian zones and health facilities, a practice already strongly condemned by the ICRC, human rights organisations, the UN and western embassies, which in February demanded a “humanitarian ceasefire” to spare civilian lives.

An Emergency Situation

On 20 April 2009, the army broke through the LTTE's defensive lines and cut its territory in two, triggering the evacuation of over 100,000 civilians in just a few days. The final battle caused an additional 77,000 to be displaced between 14 and 20 May. The evacuated included a great number of wounded. On 21 and 22 April, 400 patients were admitted to Vavuniya hospital, where MSF and Ministry of Health teams operated day and night. In mid-May, the hospital had over 1,900 hospitalised patients, and just 480 beds. As army bulldozers cleared zones 3 to 5, the Menik Farm population rose from under 30,000 inmates to over 220,000 in five weeks. Forty-five thousand people were also interned in small temporary camps in Vavuniya district and 21,000 in camps in Jaffna, Mannar, Batticaloa, Trincomalee and Ampara.

From 20 April the two MSF sections set themselves three priorities: provide emergency care to IDPs in the transit zone, boost operative and post-operative capacity (notably by deploying a field hospital) and develop healthcare provision inside the internment centres. The local authorities, seemingly caught off guard by the scale and speed of the population displacements, proved receptive to most MSF proposals, even asking the Dutch section to open mobile clinics inside the camps "as soon as possible".²⁰

In Colombo, the Ministry of Health opposed the proposals. The master plan it had just updated with help from the WHO and UNICEF gave the monopoly in healthcare and public health activities within the camps to the government and carefully selected partners. But Colombo was particularly interested in MSF's proposed interventions outside the internment camps as they fitted in with its plans. On 16 May, the French and Dutch sections each signed a new Memorandum of Understanding with the Ministry of Health authorising them to launch three projects: open a 100-bed surgical field hospital opposite the Menik Farm detention centre (MSF-France), provide additional assistance for treating the wounded at Vavuniya hospital (MSF-Holland), and open a post-operative care unit in Pompaimadhu (MSF-Holland). Faced with an emergency situation, MSF chose to go along with the government's action plans and made two concessions: it renounced, for the time being, negotiating access to transit zones and internment camps, and signed a MoU committing it to "strictly maintain the confidentiality of the information on service provision" and make "no comments [...] without the consent of the Ministry of Health Secretary".

As the programmes approved by Colombo opened in under two weeks, the teams tried to go beyond the authorised activities. When the second wave of IDPs arrived, MSF-Holland succeeded in negotiating at the local level the dispatch of a four-person team to the Omanthai transit zone (where it had tried in vain to intervene in April). From 16 to 20 May, MSF doctors helped with the triage of 77,000 survivors of the final offensive and with boarding them onto army buses heading for the internment camps. The team treated 750 patients, mostly with old wounds that had received little or poor care. All they could do was provide emergency treatment (cleaning wounds, administering antibiotics and pain relief), refer the 200 most serious cases to the hospital at Vavuniya, which they knew was overflowing, and hope that the wounded transferred straight to the camps would receive the care they needed to prevent them from developing crippling and/or fatal infections. Some of the wounded were transferred to Mannar hospital. The ICRC, which had set up a surgical team in the hospital, reported 800 patients and contacted MSF directly to reinforce its teams. From 23 to 24 May, joint ICRC, MSF and Ministry of Health teams operated on sixty patients with old and infected wounds. But on 25 May as it had not received prior approval from the Ministry of Health, the hospital's management received an order from Colombo to break off cooperation with the ICRC and MSF.

Doubts Arise

Access to camps then became a key issue for MSF. Since the government's "humanitarian mission to rescue civilians held hostage by the LTTE" had turned out to mean carpet-bombing, then would the "welfare villages" turn out to be places where the Tamil population would be left to die? Access to internment camps was strictly regulated; however, access was possible for national and international staff from MSF, fifty-two NGOs and UN agencies, except during several forty-eight-hour

periods when the security forces carried out screening operations seeking to identify suspected LTTE militants. Even so, MSF was unable to get a precise picture of the health situation. Claiming the monopoly on producing numbers, the government banned any independent epidemiological surveys. The MSF teams had only an approximate idea of health conditions in the camps, based on their visual impressions, brief interviews with internees and longer discussions with hospitalised patients at Vavuniya and Menik Farm. They completed their rough assessment by sharing information with Sri Lankan health workers, national and international employees of other aid agencies, and the security forces, including a number of government officials who openly criticised Colombo's refusal to authorise greater access to the camps for international organisations.

The general impression was that the two huge waves of internees in April and May had created considerable chaos, but that it had gradually been brought under control by the government and aid organisations coordinated by major-general Chandrasiri, the overall head of the internment complexes. The major-general presided over inter-agency coordination meetings and managed aid with an iron fist. In late May, OCHA noted that the camp was short of 15,000 shelters (out of 40,000), that half the latrines had been built and that 75% of water requirements were being met. In private, its representatives acknowledged that the aid services had deployed at an incomparably faster rate than, for example, the slow and chaotic response from the UN and NGOs in Darfur in 2004.

The ministry's master plan seemed to draw straight from public health guidelines drawn up by the WHO and MSF, but the government appeared to have trouble implementing them, despite claiming the enlisting of 300 doctors and 1,000 nurses. The teams learnt from different concurring sources (the police, the morgue and the ICRC in charge of distributing body bags) that the number of deaths at Menik Farm was between ten and fifteen a day in late May. When set against the overall population of the camp, it corresponded to a daily mortality rate of 0.45 per ten thousand and, although this rate was much lower than the emergency thresholds used in Africa, it was three times higher than the national average. The detainees were not dying en masse, but the initial disorganisation of the healthcare system (denounced by some of the Sri Lankan doctors who went on strike in the summer) was in all likelihood the cause of a higher death rate among physiologically weakened inmates, such as the wounded, the elderly, children and those suffering from chronic diseases.

In June, the two MSF sections made several proposals for interventions inside the camps (primary healthcare, nutrition, surgical consultations, mental healthcare, epidemiological monitoring, etc.). They were all turned down, more or less explicitly. This refusal increased the teams' doubts and unease. Why was the government insisting on prohibiting MSF from carrying out any health activities within the camps? Was it trying to mask a serious deterioration in the health situation, or ferocious political repression?

The MSF-France teams working at the Menik Farm hospital were particularly puzzled. No more than 70% of beds were occupied, whereas the other outlying hospitals were still overflowing. With no control over selecting the patients arriving from the camps, MSF wondered what was behind the underuse of its hospital. How could it be sure that the most serious cases were being given priority? Were the patients subject to a politically-skewed selection process? Was the MSF hospital merely a propaganda tool for a government seeking to create the appearance of normality? At the head offices and in the field, many MSF members asked themselves if all the sections should leave the camps and denounce the regime's detention policies, to which aid organisations were public health auxiliaries.

Making a Choice

Following a visit by head office in June 2009, the French section chose to stay put, although they were fully aware of the role the government had assigned them: contribute to maintaining public health order in the internment camps, the main function of which was to monitor and control "dangerous" populations and stifle any fresh surge in Tamil nationalism.²¹ Having decreed the abolition of minorities and thereby dispensed with taking their political aspirations into account,²² the Rajapaksa administration sought to reduce the citizens from the Vanni to beneficiaries of the state's humanitarian benevolence, well-cared for, well-fed, well-housed and, most importantly, well-guarded. The Menik "Farm" symbolised this policy, which extended beyond the barbed wire, as illustrated by the Ministry of

Defence's decision to recruit 50,000 extra soldiers after the war was over. This last initiative lent credence to critics of the regime who denounced a pacification of the Vanni in the form of long-term military occupation.

The only concessions that the international actors (states, the UN, NGOs, etc.) could count on concerned the relaxing of the detention policy: transparency of the screening process, release of certain categories of internees and improved detention conditions. Head office felt that MSF should contribute to these improvements. MSF-France therefore sought to become an essential cog in the internment camps' health system: in July, it expanded its hospitalisation capacity, improved its technical services (radiology, ultrasound, laboratories, etc.) and replaced the hospital tents with semi-permanent buildings. It also started to try and get some internees released on medical grounds. This position was poles apart from the stance taken by other humanitarian aid organisations and donors, particularly the USA and the EU. Funding the camps to the tune of 700,000 dollars a day, in June 2009 the UN and its donors opposed the major improvements in aid standards demanded by the government (construction of permanent shelters and latrines with septic tanks, extension of healthcare infrastructures and the running water network, etc.) so as to underline the temporary nature of the internment camps. During the same period, most NGOs refused to distribute cement to consolidate the floors of the tent and plastic shelters. Yet the housing conditions were precarious. The tents and tarpaulins used throughout the zones (apart from zones 0 and 1 which had permanent structures built by the army) deteriorated rapidly while the latrines overflowed and a foul-smelling tide of mud flooded the groundsheets. In a strange reversal of roles, the government accused aid organisations of causing a "humanitarian crisis" and holding the IDPs hostage to make the authorities give in to their demands. The accusations grew fiercer in August 2009 when the first monsoon rains transformed the camps into open sewers. But images of flooded camps also served as a tool for mobilising opinion and were seized upon by human rights organisations and some Sri Lankan politicians who demanded "a prompt and rapid resettlement of displaced persons to their places of origin".

The decision by General Sarath Fonseka, commander-in-chief of the Sri Lankan army and leader of the victorious offensive, to join the opposition and run against the outgoing head of state in the presidential elections planned for January 2010, had indeed placed the issue of IDP internment centre stage. Rajapaksa and Fonseka shared the same support base and were trying to attract the minority vote. In August 2009, the former commander-in-chief denounced the fate meted out to internees by the Rajapaksa administration. Combined with international pressure, these electoral concerns persuaded the regime to open the camps and initiate a fast-paced resettlement policy starting in September 2009. By 31 December over half the IDPs had already been sent back to their towns and villages, destroyed, mined and tightly controlled by the army and plainclothes security forces. The French and Dutch sections closed down their emergency programmes. The Menik Farm hospital never became the main hospital for the internment camps. Four thousand admissions were recorded between 22 May and 6 December including 585 suffering from war wounds. According to the information gathered from local health authorities, this 4,000 represented 5% to 10% of all hospitalisations from the camps.

Having returned to Sri Lanka believing that it benefited from a special status in the aid world, MSF found itself in an extremely delicate negotiating position, on a par with the other NGOs. Its weak position sprang primarily from the Tigers' "human shield" strategy of victimisation, which subverted the humanitarian narrative into a propaganda tool to sustain a movement using totalitarian practices. Using the LTTE's treachery as justification, the government showed a remarkable capacity for organising and justifying the subjugation of humanitarian aid organisations to its political and military interests. MSF found itself assigned the role of assisting in a pacification policy that had settled the ethnic question in Sri Lanka by bombings and military surveillance, providing humanitarian aid to populations decreed to be dangerous.

Under permanent threat of administrative obstruction and violent reprisals, MSF did not know how to get the political support it needed to resist. Lacking allies in Sri Lankan society, it looked to western states and the UN, whose influence was waning. MSF ended up accepting the government's diktats, imposing the places, targets and mechanisms for intervention, while counting on bureaucratic flaws in the system and its internal pockets of protest to retain some degree of autonomy. MSF decided not to make use of its freedom of speech to attack a regime that was eager to appear to the world and its

own society as the guarantor of a rule of law and democratic values. At the end of the day, MSF adopted a policy of opting for the lesser evil, aimed at improving the condition of survivors of an all-out war that no political power seemed capable of checking.

Translated from French by Nina Friedman

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 - 3. Jayadeva Uyangoda, "The Way We Are. Politics of Sri Lanka 2007– 2008", Colombo: Social Scientists' Association, 2008, p. 7.
 - 4. Report of the Secretary-General's Panel of Experts on Accountability in Sri Lanka, United Nations, 31 Mar. 2011.
 - 5. Cf., for example, "Offensive to provide water, not to gain territory", *The Sunday Leader*, Volume 13, Issue 4 Colombo, 6 Aug. 2006.
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 - 7. Report of the Secretary General's Panel of Experts on Accountability in Sri Lanka, UN.
 - 8. ICG, "War Crimes in Sri Lanka", Brussels: International Crisis Group, 17 May 2010.
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 - 13. Cf., for example "Four INGOs to be booted out over link with Tigers", *The Island*, 30 Sept. 2006; "Ignominious departure for INGOs, under fire for alleged assistance to LTTE and non-implementation of post-tsunami rebuilding pledges", *The Sunday Times*, 8 Oct. 2006.
 - 14. Jeremy Page, "Barbed wire villages raise fears of refugee concentration camps", *The Times*, 13 Feb. 2009.
 - 15. Rhys Blakely, "Thousands die in Tamil 'welfare village'", *The Times*, 10 July 2009.
 - 16. Philippe Bolopion, "L'ONU a caché l'ampleur des massacres au Sri Lanka" [The UN hid the scope of massacres in Sri Lanka], *Le Monde*, 29 May 2009.
 - 17. Jeremy Page, "British aid for war refugees may be used to fund 'concentration camps'", *The Times*, 28 Apr. 2009.
 - 18. "Sri Lanka, stop!", *Le Monde*, editorial, 10 Sept. 2009.
 - 19. "Sri Lanka: ICRC reiterates concern for civilians cut off by the fighting", 4 Mar. 2009, <http://www.icrc.org/eng/>.
 - 20. Office of the Regional Director of Health Services, Vavuniya, "To MSF-Holland Project Coordinator. Request for Medical Team to Work at IDP Camps", 21 Apr. 2009.
 - 21. Fabrice Weissman, "Welcome to the farm. MSF and the policy for interning the displaced people of Vanni", report of the visit to Menik Farm and Colombo camps (Sri Lanka), 4–14 June 2009. Paris, Fondation MSF/ CRASH, July 2009.
 - 22. In July 2009, the president stated his belief in "my theory...[that] there are no minorities in Sri Lanka, there are only those who love the country and those who don't", cf., *The Hindu*, 6 July 2009.