

Nicholas Mellor (1974)

MERLIN

THE FRONTLINE OF HUMANITARIAN RELIEF

Nicholas Mellor, co-founder of Merlin, describes the work of the medical charity in 32 countries.

The war in Iraq severely jolted the presumption that has long prevailed – that in humanitarian crises the lives of relief workers are protected against the excesses of war. The bombing of the UN building in Baghdad in August last year brought the consequences of political polarization into terrible focus. Over 17 UN civilians and staff were killed, and over 100 were injured. All of these were in Iraq to administer aid and alleviate suffering, irrespective of whose. But here the UN had come to be cast, at least by some, as the enemy. Would it be possible for independent humanitarian organisations to work amongst the most vulnerable, vaccinating children, rebuilding clinics, operating on the victims of the war? These were questions that the Merlin team was faced with as

one of the first relief organisations to arrive in Iraq following the end of the war in April 2003.

Let us glance back. The Gulf war in 1991 also had a profound impact on the humanitarian community. In some ways it was the catalyst for the creation of Merlin. The Coalition forces had become involved in setting up a safe haven for displaced people in northern Iraq. It had become evident that looking after vulnerable civilians was as important and sometimes as demanding as fighting the war. An influx of over a million refugees into Iran stretched local and international resources to the limit. Both the US and Europe found themselves engaged in relief operations on a vaster scale than ever before.

It was against this backdrop I was working for the European Commission in Iran. The relatively simple medical issues had become much more severe when set against the logistical constraints of operating on the Iran - Iraq frontier. The task of liaising every day with the hard-line Iranian Ministry of Interior was fraught with political sensitivities. The border region had endured a generation of insurrection and open war. Now for the first time for a decade, Iran was allowing foreigners into their country. Across the border in Iraq it was difficult to see how things would unfold. The Kurds who lived on both sides of that frontier hoped that it would lead to greater security for themselves, but they were bitterly divided as to whether they needed to fight or to compromise to get that safety. Their precarious existence was brought home to me by the colleague I worked with.

Emad was a Kurdish engineer, who spoke very good English. He had fled from his village in Northern Iraq with his family. Only his father had survived that journey, but was ill. Emad took him to a field hospital in one of the refugee camps. There he looked after him, washing and feeding him, but even so his father eventually died. Having survived the journey and lost his family, he volunteered to work with the international relief teams as an interpreter.

Emad and I were more or less the same age – just turned 30. Each of us had been to university. Together we



Nicholas Mellor on horseback in Afghanistan



worked on the emergency relief programme. There the similarities ended. His studies had been brought to a premature end when, suspected of being involved with the Peshmerga, the Kurdish resistance group, he had been arrested and tortured in a prison in Baghdad. He was eventually released and returned to his village in Iraqi Kurdistan – unlike his two brothers who had remained incarcerated. I had a home, family and country to return to. Emad had none of those. In Iran he was now a refugee, and unwelcome – treated with suspicion by the Iranians after having worked with the international teams. Across the border in Turkey he would be equally unwelcome. His existence was in hazard wherever he turned. Despite those dangers he continued to work tirelessly, helping to keep track of the needs of the different field hospitals, translating reports and interpreting in countless meetings called by the Iranian Ministry of the Interior to monitor the relief programme. He became convinced

that his prominent role with the international teams had made him a target for the hardliners in Iran, and the subject of harassment. When I left Iran I tried to keep in touch with Emad, but within a month he disappeared.

Merlin was inspired by people like Emad, people who, given the chance, would help their families and communities, putting the weak and vulnerable before their own safety. It was also inspired by the number of people in Britain willing to give up their time and expertise to respond to emergencies. It was a long established tradition, part of the heritage of Grace Darling and Royal National Life Boat Institution, and Florence Nightingale in the Crimea, more recently Sue Ryder and Leonard Cheshire; and Michael Wood who set up the Flying Doctor Service in Africa .

My first awakening to the world of humanitarian aid was a talk to the sixth form at Radley from the Medical Director

of Oxfam. A couple of years later I went to India during a summer vacation from university to document how traditional medicine was being used alongside western medicine. One of the first places I visited was Dharamsala, headquarters of the Dalai Lama and the Tibetan Government-in-exile, in India's Himalayan foothills. Here I came across a queue of TB patients outside the Red Cross hospital where two Australian doctors had taken the last six months off, to work as volunteers in the hospital. In Dharamsala Tibetan refugees continued to eke out a living having fled into India in the face of the Chinese invasion of Tibet in 1959. Less than a week before, as a result of buying a bucket shop ticket to India on Afghan Airways, I had stood in the airport of Kabul, witnessing the invasion of Afghanistan by the Russian forces. I was left wondering what would happen to the Afghan refugees that had just begun to flood into Pakistan...



Natural disaster – Nyiragonogo volcano in the Democratic Republic of Congo erupted in 2002 and destroyed one third of Goma town



Operating from caves in Afghanistan

Six years after that summer spent in Asia, I returned to Afghanistan, this time with a French team working on a vaccination programme in the parts of the country controlled by the Mujahidden. Our base was in Peshawar, from where the Mujahidden and villagers helped run secret supply routes into the country and provided protection for the doctors, nurses and others who set off to work for months at a stretch from caves and huts hidden in the mountains. We travelled by night and generally by horseback to avoid the Russian patrols and just as deadly – the rival Mujahidden groups funded by the Wahabi fundamentalists in Saudi Arabia. It was a rivalry that was to lead to the emergence of the Taliban, and the foothold Al Qaeda was to gain in the country just over a decade later.

The most lasting impression on me was of the courage, dignity and hospitality of the people we lived amongst – the dignity of Islam and hospitality of the Pathan traditions. All this was as humbling as it was inspiring. Wherever we worked strangers came to offer us whatever food they had, or the safety of a corner of their mosque to sleep in. It was striking how their concern was not what they could receive from us, but what they could give. With malnutrition, and no vaccination or medication, it was disease that was taking a much greater toll than the weapons of war. In particular it was the women and

children who paid the highest price. It was a precarious way of life we shared for a few months, before I returned to the peace and stability of the world outside Afghanistan's borders.

The people's resilience in the face of such suffering prompted me ever more urgently to question why so little was being done for them. The answer lay partly in the difficulty of operating in such places and partly in the lack of an organisation back at home dedicated to responding to such crises. Yet experiences in Afghanistan and later Iran taught us how it could be done – by seeking to be utterly impartial, by handling the political sensitivities with extreme care and with the support of local people like Emad.

Two friends, Mark Dalton and Christopher Besse had similar ideas and together we set up Merlin in 1993. We operated out of a spare bedroom, and the kitchen table was used for all meetings. Six months later we took offices, despite having insufficient funds to see us through even three months. Our first operation was in Sarajevo, and shortly after that carrying out an immunization programme in the Armenian enclave of Nagorno Karabach. Our second year we had a team of ten supporting operations in four different countries. There was hardly a week when a major setback might have derailed all our efforts.

By today, Merlin has worked in 32 countries around the world, in war and strife and their aftermath, after earthquakes, floods and volcanic eruptions, seeking to provide a lifeline to the most vulnerable whose life may be endangered. Our projects currently reach over 16 million beneficiaries. In the last two years we have trained over 3,000 local health professionals, supported over 500 local health facilities, and immunised some 500,000 children. Overseas, there are currently around 100 expatriates and 1,700 national staff, while the London Head Office employs 32 staff. Merlin currently has programmes in Afghanistan, Democratic Republic of Congo, Ethiopia, Georgia, Iraq, Iran, Sudan, Kenya, Liberia, Occupied Palestinian Territories, Sierra Leone and Tajikistan. In the past 12 months, Merlin has carried out assessments in Southern Sudan, Uganda, India (Kashmir), Burkina Faso, Myanmar and North Korea.

Ninety-three pence in every pound is spent directly on programmes in the field.

In 2003 over 36 million people are displaced or living as refugees. These huge numbers and countries like the Congo illustrate the challenge of addressing public health in areas where there is no effective government. Such areas are growing – and with them the acute challenge of guaranteeing any kind of human security. Slow progress in the



In Liberia where there has been 14 years of civil war



reconstruction of Afghanistan has led to frustration with the international response and relief workers have found themselves targeted and killed in the South. Whereas neutrality and impartiality are the best guarantee of security, they may not be enough. Away from the spotlight of international interest, the war in the Congo has continued with over a million casualties.

Humanitarian agencies such as Merlin have to find a way of reaching the most vulnerable in more violent and anarchic times. This means operating in some of the most unstable countries in the world, delivering urgent medical aid to remote and isolated communities, but at the same time seeking to make use of existing healthcare structures, and empowering local communities to rebuild and develop their own systems. This way, people are better able to help themselves long after we are gone.

This second Gulf war – and in particular the last year, has highlighted an additional set of challenges. Much of our funding comes from Government funds earmarked for development. However if these Governments are also protagonists in a conflict, receiving funds from them can undermine our efforts to respond in a totally impartial way. This also jeopardises the very safety of our teams, and erodes the humanitarian ideal



Small boy examines the Merlin vehicle in Darfur

which then becomes to be seen as purely a Western construct, and aid as yet another weapon in the war for political influence. The bombing of the UN building in Baghdad demonstrated this threat. Independent funding is increasingly not only important to enable us to work as flexibly and efficiently with the most vulnerable, but also for the security of our operations. A Sunday

Times appeal gave us the funds to continue our work in Iraq.

And what is Merlin doing in Iraq? Merlin is currently supporting the Ministry of Health to improve healthcare services in Baghdad city, focussing on the development of an emergency outbreak plan. Merlin aims to continue its work in Iraq, aimed at improving healthcare services to a sustainable level. This will be achieved through continued efforts to re-equip existing health centres, the recruitment and training of national medical teams and ensuring that regular and on-going supplies of essential drugs and materials are readily available to health clinics and hospitals. Merlin will also assist health clinics to re-establish their vaccine programs and provide nutritional supplies to children suffering from malnutrition.

And of the future? Merlin is now in a better position than ever before to reach out with medical relief to those whose lives may be endangered by conflict, disease or natural disasters; combining compassion and competence, and constantly seeking to reach out, in the words of James Elroy Flecker ‘always a little further’ to the most vulnerable.

More details about Merlin may be found at: www.merlin.org.uk



Vaccination in Iraq