2007
HUMANITARIAN HEALTH CONFERENCE

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Final Report

DO OUR CURRENT SYSTEMS, RESOURCES, AND PRACTICES ENABLE US TO RESPOND PROMPTLY, EFFICIENTLY, AND HUMANELY — OR CAN WE DO BETTER?

presented by the Harvard Humanitarian Initiative and Darmouth Medical School

CONTENTS

INTRODUCTION

The humanitarian response to disasters and war-related crises has been gradually evolving toward increasingly systematized interventions. Aid organizations, technical experts, United Nations agencies and donors alike have recognized the need to advance the field through professional development, minimum standards of quality, and epidemiological assessments to drive programming and measure impact.

The movement toward professionalization, however, has been limited to large organizations—and mechanisms for collective action across organizations remain elusive. As donor organizations increasingly emphasize the use of standards and benchmarks, non-government organizations (NGOs) must address the technical and manpower requirements necessary to assess population-based needs, utilize data to inform the provision of services, and monitor outcomes.

At the request of several international relief organizations, the Harvard Humanitarian Initiative and Dartmouth Medical School formed this annual forum in 2006 with the goal of providing a platform for dialogue on operational issues. The 2007 Humanitarian Health Conference at Harvard University advanced the outcomes of the inaugural conference hosted in 2006 by Dartmouth Medical School. Four Working Group themes were identified by the planning committee and participants as the most pressing topics in the health sector of humanitarian response. Over three days, 130 senior administrators, technical experts, policy planners, and field officers sought to outline recent progress, major gaps, technical and training needs, and next steps on the following key issues:

> » Human Resources Development:
>   Defining the Profession of Humanitarian Response

> » Civilian Protection in the Health Sector:
>   Implementing Human Rights Principles on the Frontlines

> » Health Information & Data Management:
>   Advancing Methods for Improved Data Collection

> » Health Sector Collaboration & Collective Action:
>   Facilitating Inter-agency Dialogue

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The following proceedings of the 2007 Humanitarian Health Conference recount the discussions for the working groups and the keynote themes. The proceedings are more than a record of the conference; they highlight actionable steps to move forward in each area of discussion. At the close of the 2007 conference, participants came to consensus that this forum serves a useful function within the humanitarian community and should continue on an annual basis.

The participants and planning committee also agreed to take responsibility upon themselves for making progress toward the future steps outlined here and will correspond or meet informally throughout the year to advance the agenda for improvement. We look forward to keeping stakeholders up to date on the progress toward these action points and our collective goal of promoting excellence and professionalism in the humanitarian community.

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SUMMARY OF OUTCOMES

KEY CONSENSUS POINTS

WG1: Human Resources Development

» Recruitment and retention of an adequately trained workforce is essential to improved performance;

» Supportive supervision of workforce is needed;

» Funding streams to include workforce development are essential;

» Competencies need to be defined and developed for the workforce; and

» More information needs to be gathered regarding all aspects of HR in the humanitarian health field, including outcome measures and specific recruiting and retention practices.

WG2: Civilian Protection in the Health Sector

» The profile of civilian protection in humanitarian action needs to become a priority for all humanitarian actors;

» The role of various stakeholders in providing protection must be recognized, and the unique and crucial responsibility of humanitarian actors in civilian protection should be promoted;

» Incentives to improve civilian protection should be promoted;

» Civilian protection indices should be developed as evaluation, monitoring and research tools;

» Agencies should strive to empower communities to prepare for security threats and to protect themselves when faced with such threats;

» Explicit protocols must be developed for communication of agency activities to the community and other stakeholders;

» The role of information sharing and advocacy merits further exploration;

» Staff adherence to rigorous ethical standards must be mandated;

» Organizations should invest in training and education of agency staff at all levels; and

» Agency protection preparedness should be promoted, including instituting standard operating procedures and training for security, educating all staff on agency protection, and developing specific health protection measures.

WG3: Health Information & Data Management

» Data collection may be improved by using simple, universal indicators and emphasizing quality over quantity — and consensus should be achieved across the humanitarian health sector on minimum required indicators;

» Middle management staff should be involved in the design of data systems to create institutional "buy-in" and professional development should be prioritized to reduce staff turnover and ensure continuity in data collection;

» Technology should be familiar to personnel and personally beneficial (e.g. cell phones), and the use of XML tagging and SMS messaging is strongly encouraged;

» Data summaries should have consistent formats and visual displays for decision-makers;

» A peer review system should be adopted to incentivize sector-wide health information management; and

» A critical need exists for sustained funding that mandates evidence-based decision-making.

WG4: Health Sector Collaboration & Collective Action

» Successful collaboration is predicated on leadership at the institutional and individual level;

» A common agenda for action must be established;

» Shared information must be made more accessible;

» It is important to recognize the power of collaboration at the policy and board level;

» Agreed-upon metrics can lead to institutional change; and

» Acceptance among all participants of a governing system is essential to progress.

KEY ACTION STEPS

WG1: Human Resources Development

» Develop informational materials for potential expatriate staff;

» Draft a report for donors on HR funding for humanitarian health; and

» Organize a conference of public and private donors to launch report and advocate for HR focus in funding.

WG2: Civilian Protection in the Health Sector

» Explore issues in documentation and transmission of information that relates to protection;

» Develop an educational program for humanitarian health workers that addresses the intersection between medical ethics and population-based care; and

» Convene a group to identify and develop appropriate indices and methodologies for civilian protection.

WG3: Health Information & Data Management

» Work with the HNTS to develop universal standards and indicators;

» Actively participate in upcoming global forums, including the International Data Standards and the OCHA-sponsored Global Symposium +5 forums;

» Encourage pilot studies of minimum standards in non-camp settings; and

» Work with donors to develop budget lines for health data management, monitoring and evaluation.

WG4: Health Sector Collaboration & Collective Action

» Promote the IASC Health Cluster as the appropriate body to seek future collaboration and collective action within the member organizations;

» Create a steering committee to explore models of collaborative mechanisms and research their applications in the humanitarian health field; and

» Utilize the Humanitarian Health Conference as a forum for ongoing discussion on collaboration, with a pledge to increase participation from humanitarian organizations from the Global South, donor agencies, members of the academic community.

WORKING GROUP 1

HUMAN RESOURCES DEVELOPMENT:

Defining the Profession of Humanitarian Response

Background & Current Challenges

There exists an inadequately addressed human resource (HR) crisis in humanitarian health work. The challenges of acquiring, maintaining, and appropriately utilizing human resources are not unique to this field. However, while HR enjoys prominence and substantial investment in other industries, it is poorly defined within the humanitarian health field. Humanitarian health work requires a diverse range of backgrounds, skills, and educational exposure, and the work settings range from acute emergencies to protracted emergencies and long-term recovery. As a result, the HR challenges are uniquely complex. No two career paths in humanitarian health work are identical, making comprehensive recommendations difficult.

The Working Group focused on three broad problematic areas for discussion: human resource development, supportive supervision and funding.

Human Resources Development

Recruitment and retention of an appropriately trained workforce were identified as two distinct challenges. Commonly voiced complaints among health professionals, particularly expatriates, include the difficulty obtaining credible field experience and the lack of clear career paths and available mentors. Many humanitarian health agencies lack the funding to provide paid internship experiences and to invest heavily in HR development. A gap exists between the expectations of humanitarian agencies and those of young professionals entering the field regarding field duties, salary, work/life balance, and career advancement. For expatriate and national staff, the lack of opportunities for career development and additional training and the toll

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on personal lives have been cited as reasons for decreased retention. While a wealth of institutional experience and knowledge exists among NGOs and UN agencies regarding recruitment and retention strategies, research on these subjects has not been undertaken in a systematic fashion and many questions remain regarding best practices for recruitment and retention.

Supervision

Another challenge was the lack of supportive supervision of humanitarian health staff. Supportive supervision specifically includes regular non-punitive assessment and feedback mechanisms and the potential use of competencies as checklists for assessments. Barriers to providing supportive supervision include lack of time, funding, and emphasis of its importance within agencies.

Funding

Overlying all these issues is the absence of funding for HR. This is generally due to the lack of awareness of among donors and the tendency to rely on an agency's overhead as a marker of efficiency. Many grants and cooperative agreements are for one or two years, contributing to the under-emphasis on HR development which can take decades.

Points of Consensus

Based on the issues discussed above, the 2007 Humanitarian Health Conference Working Group on Human Resources Development agreed that:

» Recruitment and retention of an adequately trained workforce is essential to improved performance;

» Supportive supervision of workforce is needed;

» Funding streams to include workforce development are essential;

» Competencies need to be defined and developed for the workforce; and

» More information needs to be gathered regarding all aspects of HR in the humanitarian health field, including outcome measures and specific recruiting and retention practices.

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Action Plan & Future Steps

Develop informational materials for potential expatriate staff.

To address the need for consistent information for staff, the Working Group proposed developing an informational "FAQ" for those interested in humanitarian health careers, posted online and broadly disseminated to likely applicants (students/residents). Ideally these will be vetted by field-experienced Working Group members who are in leadership positions of their respective agencies. The "questions" will come from a survey of the younger members of the group. The FAQ would be housed on a web-site such as the HHI site (www.hhi.harvard.edu) with broad dissemination capacity to other organizations, including educational and training institutions. The FAQ should also include links to institutions with international health programs that also offer field experiences

Draft a report for donors on HR funding for humanitarian health.

To raise donor awareness on the need for HR funding, the Working Group proposed writing a report outlining the importance of HR investment and analytical research that encompasses outcomes measures, competency measures at all staff levels, the cost of not addressing the HR crisis, and mechanisms for implementation of change. The report would specifically advocate for the inclusion of HR funding within every institutional grant.

Organize a conference of public and private donors to launch report and advocate for HR focus in funding.

To facilitate further discussion among donors regarding these HR challenges, the Working Group proposed assembling a conference of public and private sector donors. At this conference, the above report would be released, and leaders from major NGO and governmental humanitarian agencies would be present to answer questions from the donors regarding HR issues.

(continued from above)

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WORKING GROUP 2:

CIVILIAN PROTECTION IN THE HEALTH SECTOR

Implementing Human Rights Principles on the Frontlines

Background & Current Challenges

Over the last several decades, armed conflicts have had a disproportionately greater impact on the lives of civilians. The number of civilian casualties has reached unprecedented levels and millions of individuals have been displaced from their homes and livelihoods. Among recent conflicts, civilians comprise the vast majority of casualties, compared to 10% in World War I. In modern day warfare, there has been deliberate targeting of civilians as well as a lack of respect for the provisions of humanitarian law. The civilian burden of conflict has risen at least in part because of critical changes in the conflict environment. Modern day warfare is characterized by:

» Asymmetrical warfare: non-traditional military, assassinations, and revenge killings;

» Ubiquitous insecurity; and

» Protracted violence that often translates into institutional and public health collapse with a concomitant significant adverse impact on the health of the civilian population.

There has also been a recent blurring of roles amongst military and humanitarian actors, which can serve to threaten humanitarian objectives and neutrality. In the midst of such ambiguity, the importance of civilian protection becomes an even greater priority. However, possibly because of the relative abstraction inherent in the concept of protection (compared to other humanitarian disciplines such as water and sanitation, health services, or nutrition), civilian protection has not received adequate attention.

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A large number of stakeholders play key roles in protecting civilians from violence and from the threat of violence. These stakeholders include local communities, humanitarian agencies, human rights organizations, arms carriers (e.g., state military, non-state armed groups, international forces), the media, academia, and states (e.g. local, regional, international). It is important to recognize the interdependency of and competing priorities between these various stakeholders, in particular between arms carriers and humanitarian agencies, between humanitarian agencies and human rights organizations, and between community priorities and stakeholder interests.

Civilian protection addresses the fear that is generated from violence and aims to mitigate the fight or flight response that often stems from that fear. International and domestic legal frameworks (e.g. The Geneva Conventions) form the fundamental basis of civilian protection.

Successful protection interventions are dependent on an interdisciplinary approach to needs assessment, intervention, and evaluation. The local, regional and international context of each security situation is unique and the importance of understanding this specific context cannot be overstated. For any given protection intervention, there is a spectrum of possible outcomes and due consideration must always be given to balancing the anticipated security benefits with the range of possible outcomes.

Holding true to the ethic of "first, do no harm," thoughtful and cautionary intervention is important in addressing civilian protection. For example, it is imperative that organizations consider the intended and unintended consequences of their actions. A wealth of literature examines historical examples of the negative consequences of many well-intended humanitarian efforts (see the Do No Harm Project at CDA Collaborative Learning Projects, www.cdainc.com/dnh). Projects must, therefore, be tailored with a clear understanding of the community's needs and of the risks that are inherent to protection activities. All efforts should be made to negotiate a priori with state and non-state actors to carry out civilian protection interventions. Organizations must frequently weigh the delicate calculus of the proportionality of the threats to civilian health with risks and benefits of their organization's proximity to the civilian population. In some instances, organizations may determine that their presence places a population at greater risk of abuse.

Points of Consensus

The 2007 Humanitarian Health Conference Working Group on Civilian Protection proposed the following operational objectives for the provision of civilian protection:

» To assess the frequency and intensity of abuses against civilian populations;

» To assess the violence-induced disruption of social and economic systems;

» To prevent, mitigate, and respond to these abuses and disruptions; and

» To monitor and evaluate these analyses and interventions.

Prerequisite to accomplishing these objectives is the development of appropriate indicators for civilian protection. Such indicators would provide the means through which early warning surveillance is conducted, assessments completed, vulnerable groups identified and impact evaluations performed. The development of indicators, both qualitative and quantitative, is integral to the ability of a humanitarian agency's ability to improve and strengthen protection interventions. Four categories of protection indicators are proposed by the Working Group:

1. Change in the pattern of people's behavior: examples include changes in population movement, civilian visibility, and social activity (e.g. dress code, hate media, gender-based violence, alcoholism, children not going to school, suicide incidence, etc.).

2. Change in people's experiences: based on self-reports from individuals, households and communities and including threats to life and livelihoods, threats to culture and religion, and outrages upon personal dignity.

3. Change in availability and utilization of community services: including restriction of access to essential services and undermining of community capacity such as denial of self-governance.

4. Change in demographic and health indices: examples include number of deaths, causes of deaths and age/gender of the deceased. Health indices also include deviations in burden of disease and disability from the baseline.

In many cases, the indicators relevant to protection are negative indicators, meaning that they are more easily measured by their absence. For instance, the absence of children playing outside and walking to/from school is much more indicative of the security situation than is the presence of children.

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Action Plan & Future Steps

Discussions of the Working Group yielded the following active recommendations:

» Raise the profile of civilian protection in humanitarian action such that it becomes a priority for all humanitarian actors;

» Recognize the role of various stakeholders in providing protection and promote the unique and crucial responsibility of humanitarian actors in civilian protection;

» Promote incentives to improve civilian protection – examples include highlighting the cost benefits of providing security, improving the personal security for aid workers and other stakeholders, boosting the morale of agency staff who bear witness to civilian insecurity and responding to what is often one of the highest priorities at the community level;

» Develop civilian protection indices as evaluation, monitoring and research tools to include developing best practice methodologies for collecting and analyzing the chosen indices;

» Contribute to community efforts to enhance protection by empowering the community to prepare for security threats and to protect themselves when faced with such threats;

» Develop explicit protocols for communication of agency activities to the community and other stakeholders;

» Explore the role of information sharing and advocacy;

» Mandate staff adherence to rigorous ethical standards since effective protection interventions depend on the integrity of the implementing body;

» Invest in training and education of agency staff at all levels with front line staff adequately trained in surrounding issues of civilian protection (including the identification of security threats and the appropriate response to these threats) and mid and high level providers informed about the dissemination of information on civilian security; and

» Promote agency protection preparedness including instituting

standard operating procedures and training for security (e.g. exit/evacuation protocols for all national and expatriate staff), educating all staff on agency protection, and developing specific health protection measures (e.g. stocking and distributing rape kits).

Accomplishing these recommendations will require increased commitment by the humanitarian community and other stakeholders. Practical next steps include:

» Exploring issues in documentation and transmission of information that relates to protection;

» Developing an educational program for humanitarian health workers that addresses the intersection between medical ethics and population-based care; and

» Convening a group to identify and develop appropriate indices and methodologies for civilian protection.

WORKING GROUP 3:

HEALTH INFORMATION & DATA MANAGEMENT

Advancing Methods for Improved Data Collection

Background & Current Challenges

A summary of endpoints discussed at the plenary of the 2006 Working Group on Monitoring and Evaluation Requirements for Health Programs, the precursor to this Working Group, provided the background for this year's discussion. These points state specifically that:

> » the information needed for programming is rarely obtained;

> » the reason people do not collect data is rarely due to a lack of ability;

> » the attributes of a good surveillance system need to be defined along with process indicators to monitor whether those in the field have the necessary tools; and

> » the current data collection systems rarely generate the kind of data that is needed thereby preventing maximal "buy-in".

The major challenges of humanitarian health data that emerged were around the questions of when, how, by whom, and for what purpose?

Data collection is not universal in all settings. While much attention has been given to acute emergencies, chronic and protracted emergencies may have worse indicators and inaccurate surveillance mechanisms and thus require a different approach. Post-emergency phases are especially challenging due to the lack of consistent human resources (high personnel turnover and lack of institutional data memory), changing data needs (transition to

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surveillance), and uncertainty as to how to make the data systems sustainable in the transition to development (who will do it and when). Populations in crisis may not be in an organized camp environment. More emergencies are happening in urban or semi-urban environments and persons of concern are sheltered in dispersed settings throughout less affected communities where key data simply goes un-measured. Creating a surveillance system to monitor for events in these settings is very challenging since vulnerable regions often have no functioning surveillance prior to the emergency.

How data is acquired and used presents its own challenges. Data collectors suffer from "fatigue" when they are unsure of how the data will ultimately be used or are not privy, in a relevant time frame, to seeing how data can make valuable policy and program changes. External or internal abuse and manipulation can diminish confidence in data. Data "faking" by field staff who may not understand the specific goals of the data being collected or who want to appear to have better data to renew donor funds is not unusual. Poorly defined or inappropriate case definitions may lead to misdiagnosis by non-clinical staff. Aggregation of data into large data sets that cannot be easily disaggregated may result in homogenization of good data with bad data.

Much of the currently derived data is not "actionable" and does not substantively drive or guide programs. Rather, data is often driven by advocacy or convenience rather than evidence: the "you-only-find-what-you're-looking-for" phenomenon. When coupled with an over-reliance on passive data reporting, analysts can miss significant outcomes and events and estimate poorly the impact of humanitarian emergencies. The lack of financial support and adequate time are major disincentives to data collection, management and analysis in emergencies. While other priorities in the relief effort take precedence, data collection is often incomplete and the analysis is delivered too late to be useful in real-time. Also, a lack of standardization in case definitions, indicators, and reporting formats creates confusion and makes data-sharing and interpretation meaningless for guiding programs.

Points of Consensus

The 2007 Humanitarian Health Conference Working Group on Health Information and Data Management proposed operational objectives that focused on the collection, management, analysis and integration, and dissemination of health data in humanitarian emergencies, as well as the funding commitment required to institutionalize information management.

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Data Collection

The Working Group agreed that in the collection of data, humanitarian organizations need to:

> » Use simple, universal indicators and clear case definitions in easy-to-use formats while avoiding cumbersome data collection systems;

> » Aim for accuracy and consistency without compromising rapid turnaround;

> » Resist the temptation to collect too much superfluous data, but rather focus on data that has clear and defined utility;

> » Insure that data collection is useful to field managers for micro-decision making; and

> » Use readily deployable and easily understood technology (i.e. cell phones with short messaging service (SMS) capacity) to facilitate data collection.

Data Management & Integration

In furthering the improvement of quality health information and data management, the Working Group recommended that organizations:

> » Streamline data collection and dissemination systems by advocating for more consistent and visually accessible data summaries for decision makers; and

> » Adopt a peer review system consisting of:

>> 1. An equitable reward system where agencies are penalized less for programs that report negative data and higher for programs that report incomplete or inadequate data;

>> 2. Field-based rapid auditing teams that would determine if consensus standards (e.g. Sphere, SMART) should be expanded to include indicators of sensitivity and to determine completeness of data sets – ultimately they would decide if the reality on the ground is accurately being reflected in the data;

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3. Incentives to give beneficiaries control over data;

4. A semi-public, beneficiary real-time review mechanism, creating a social network model of auditing and horizontal enforcement; and

5. A periodic review of business models and case studies to foster brainstorming and discussion of lessons learned and innovative solutions to real problems.

Successful health information and data management systems also depend on motivated, competent personnel. Regardless of the donor commitment to human resources development, specific non-monetary recommendations to develop human resources call on humanitarian health agencies to:

» Agree on simplified indicators and data collection processes to make the system less burdensome;

» Involve middle management in the design of data systems for multi-level institutional "buy-in;"

» Promote ongoing capacity/skills training for continuous career development in order to reduce staff turn-over; and

» Use technologies that are both familiar to personnel and person- ally beneficial (e.g. cell phones).

Application of innovative technologies that are easy to use, field durable, and easily interfaced and well-networked yet secure and transmittable in real- time will raise the quality of the data management process. The Working Group recommended that:

» Heterogeneous systems are likely inevitable and investigation should be made into how data management strategies and tech- nology can be leveraged to make decentralized systems more possible;

» "Data clouds" could be used to attach XML tags to each data point such that individual data is packaged in a standard way al- lowing for aggregated analysis of different types of HIS and data collection systems;

» Large agencies who routinely use data should be enjoined to create consensus on which indicators should be the minimum

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collected by all programs – this quorum can take these standard indicators to technological forums where data standards are developed for the internet and for international databases;

» The internet should be used more for routine, automated transmission of data;

» Short Message Service (SMS), or text-messaging, can be used for transmitting small standard data sets to central computers for aggregation – it has the added benefits of prompting users for missing data and distributing data analysis rapidly and globally in easily accessible format; and

» Cheaper and damage-resistant laptops (water, dust, and vibration resistant) that are powered on solar/gear power are more field worthy and capable of instantly creating ad hoc networks that allow for distribution of data internally (between all data collectors) and externally (to a global, central system).

Funding for Health Information

The critical need for sustained funding commitments for mandated evidence-based decision-making was unanimously endorsed. To that end, the Working Group recommends that humanitarian health agencies attempt to:

» Incorporate information management, including monitoring and evaluation systems, into donor budgets;

» Seek donor commitment for funding human resources development, specifically dedicated field personnel who collect, manage, and analyze humanitarian health data into actionable programming by field managers;

» Study the incentives and disincentives to data collection and their use in program development.

Action Plan & Future Steps

After collected data is managed and analyzed, it is integrated, with varying success, into pre-existing international and national/local data systems such as surveillance and health information systems (HIS). In addressing this issue, the Working Group agreed to:

» Work with health development colleagues around the challenges of data in protracted emergencies;

» Perform periodic surveys in protracted situations where accurate surveillance is less likely;

» Disseminate analyzed data in a standardized, simple, and visually-appealing format for easy interpretation;

» Support the creation of more responsive feedback loops, prioritizing the results of analysis to the field and not just donors;

» Simplify and streamline data systems for compatibility with local surveillance and management programs of host countries; and

» Err on the side of integrating data into systems that are more familiar to local practitioners and more easily transitioned to local control at the risk of having less robust data.

The expansion of the Center for Research and Epidemiology in Disasters' databases and the development of the Humanitarian Health and Nutrition Tracking Service (HNTS) are opportunities to incorporate these consensus points into international data management structures at their outset.

Pilot projects in which technology can be applied in non-camp settings using cell phones, SMS, and field durable laptops are practical next steps. The Working Group endorsed active participation in upcoming global forums, including the International Data Standards and the OCHA-sponsored Global Symposium +5 forums.

The analysis and interpretation against minimum standards can be displayed in a simple, one-page visually-appealing format for emergency relief and post-emergency relief stakeholders and in 1-2 page policy briefs for UN agencies, donors, and policy makers.

The Working Group pledged to:

1. Work with the HNTS to develop universal standards and indicators;

2. Encourage pilot studies of minimum standards in non-camp settings; and

3. Work with donors to develop budget lines for health data management, monitoring and evaluation.

WORKING GROUP 4:

HEALTH SECTOR COLLABORATION & COLLECTIVE ACTION

Facilitating Inter-agency Dialogue

Background & Current Challenges

In a dialogue about humanitarian emergency response systems, the desire among involved organizations to deliver services to beneficiaries both efficiently and appropriately has led to discussions of the meaning of "cooperation", "coordination", and more recently, "collaboration" and "collective action". Although these concepts have been a component of the literature in development and humanitarian services over the last three decades, there continues to be discourse on the manner in which different organizations interact or fail to do so because of the increasing frequency of crises and an ever-changing climate of contenders in humanitarian response. In addition, there have been multiple obstacles to cooperation and collaboration such that attempts have led to a duplication of services for some populations and lack of services for others. The 2007 Humanitarian Health Conference Working Group on Health Sector Collaboration and Collective Action was tasked with defining these concepts, reflecting on efforts completed thus far, identifying the challenges related to collaborative action, analyzing the components of successful collaboration, and forming deliverables to guide further action.

Building upon the progress made during the 2006 Humanitarian Health Conference, this Working Group established tangible next steps for collaboration and collective action through consensus among the participants. Working group participants expressed their own goals for the Working Group including gaining a deeper understanding of collaboration in the humanitarian field, avoiding duplication, including all stakeholders in the collaborative effort, enhancing collaboration through cultural change, and taking concrete action steps to achieve such an end. This year's discussion was informed by

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outputs from the 2006 Conference Working Group and a related study on the form and function of collaboration, as well as updates and reflections from the UN IASC Health Cluster.

The Humanitarian Health Caucus, a consortium of NGOs within the Global Health Council, identified areas of research and advocacy and became a platform for sharing information among participants. The study, initiated by Working Group participants from Dartmouth College, interviewed 63 persons identified as leaders in their respective humanitarian organizations about their experiences with coordination and collaboration and described factors that influence agencies to work together. Preliminary data reflect the respondents' skepticism that another consortium would yield any concrete results. Lack of trust, the need for independence and organization identity, and the financial competition required to obtain funding from donors were identified as obstacles to coordination. Staff turnover also compromised trust between organizations preventing collaborative progress while creating a "lack of institutional memory." However, the respondents did agree that cooperation/collaboration needed to be incorporated into all levels of staff training, that consortia should be inclusive, and that strong leadership would be required to ensure its viability and functionality.

The IASC Health Cluster goal, described as "a collaborative effort to reach an action plan which results in coordinated action that is evidence-based for which the ultimate goal is to reduce morbidity/mortality in a more predictable, effectively and timely manner," includes five areas of evidence-based action including:

1. Guidance tools for better coordination

2. Information management

3. Surge capacity

4. Capacity building of national stakeholders

5. Operational support

The thirty members of the IASC health cluster have made some progress at the global level by showing an open willingness to reach consensus despite its challenges. They have also recognized the power of ownership and buy-in at multiple levels. Their activities include development, testing and peer review of products (i.e. rapid assessment tools) and the creation of task forces for advocacy and public and private partnerships. Challenges encountered by the cluster include coordination between organizations, leadership, defin-

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ing tools necessary to accomplish effective leadership, and vertically integrating the concepts of partnership from global to country levels. The next steps for the cluster include motivating country level stakeholders to adopt the merits of collaboration and collective action, and approaching donors to finance resources that lead to collective action.

With the preceding as background, the Working Group focused on key issues of collaboration and collective action, including understanding the costs to organizations for collaboration, discussing the spectrum of possible collaborative mechanisms for human resources, incentives for collaboration, and the need for interagency bodies to be inclusive and accessible.

Costs to organizations for collaboration

When humanitarian organizations act on initiatives to collaborate, they do so at a financial cost by contributing human resources and relinquishing part of their sovereignty. Individual organizations contribute financially to hold meetings, often weekly at a field level and semiannually at a country or global level. Even though there is a spirit of collaboration at interagency meetings, group members also realize they are competing for the same funding from donor organizations and this often inhibits full collaboration. One solution proposed having donors incorporate collaboration into funding mechanisms to promote collaborative efforts between organizations.

Member responsibility within a collaborative body has a "cost." For example, a group of NGOs may be responsible for providing services to a population but outputs from each organization vary in quality. Would organizations that met their targets be then held accountable for the shortcomings of other less successful organizations? Sacrificing an individual organization's independence for the collective body can have unintended financial cost; in such scenarios, organizations often act as silent members in "collaborative environments" but follow individual agendas. Organizations require a culture change for collaborative efforts to be maximized.

Spectrum of possible collaboration mechanisms for information sharing and human resources

Recent Real Time Evaluations (RTEs) in the field reflect humanitarian organizations' growing emphasis on coordination, and the gradual acceptance of external evaluation. Self-regulating organizations (SROs) are another mechanism by which to set standards and metrics among collaborative organizations while ensuring accountability. Whether or not donors should regulate measuring performance and promoting collaboration is still open for debate.

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Regulatory organizations from the medical, social services, and development disciplines are models. An example of the latter—the CORE group—has been successful in nurturing positive relationships among its members while providing self-regulation. Despite competition between its organizations, they have promoted the goals of quality work by sharing technical documents between them; by involving donors; by clearly defining a realistic mandate; and by meeting often to allow for ongoing communication.

Self-regulating organizations represent one end of the spectrum; on the other is a collaborative mechanism with a mandate whose role would be to set standards for accreditation for organizations. This regulatory body would be responsible for policing members to see if accepted standards are met; consequences would be applied to members if standards are not met. This model would address the non-compliance and lack of accountability associated with self-regulation. A regulatory body may also address certification of health practitioners and field workers. Various models of regulation exist and the Working Group will explore these further.

Research is another sphere of collaboration. The 2007 Humanitarian Health Caucus outlined and prioritized several areas of potential research which would aid member groups in planning, designing, and implementing projects.

Incentives for collaboration

Collaboration and collective action is not a natural phenomenon; it must be promoted through building trust, motivation, and a sense of ownership. Leadership and donor interest are key factors. A successful example of donor-driven collaboration through self-regulation was the professionalization of help lines. Help-line organizations came together and participated in a process of certification and accreditation. Although valued only by its participating members, those members were linked to federal and state funding. The donor funding incentive was cited as the "stick" that promoted collaboration.

Need to be inclusive and accessible

Collaborative efforts need to be inclusive and accessible, especially as the changing makeup of the humanitarian environment now involves private, corporate, and military organizations, creating new potential collaborative relationships. The Global Humanitarian Platform highlighted this need in their "Principle of Partnership" document (see Global Humanitarian Platform, "Principles of Partnership: A Statement of Commitment," Geneva, 2007 at www.globalhumanitarianplatform.org). National government, local

government, civil society, and local NGOs, particularly from the Global South are frequently underrepresented or absent at key working conferences such as this; their participation should be facilitated.

Points of Consensus

The 2007 Humanitarian Health Conference Working Group on Health Sector Collaboration and Collective Action agreed to:

> » View the Global Health Council's Humanitarian Health Caucus as a "placeholder;"

> » Move forward on the analysis and design of a collaborative mechanism whose mandate would be to improve practice in the humanitarian health community; and

> » Advocate donors to support building collaborative mechanisms into organizations, and incorporating these mechanisms at global, country, and field levels.

The Working Group agreed to use the Global Health Council's (GHC) Humanitarian Health Caucus as a "placeholder for future collaboration and collective action." The fact that participants are primarily US-based organizations and required to be members of the GHC are limitations. However, GHC participants leading the advocacy and research sub-groups could reach out to those outside of the council and incorporate their expertise and insight while leveraging their experience to approach donors to provide resources for promoting coordinated action through research and advocacy. Donors such as the Fogarty Group and Research America are potential untapped resources.

The Working Group agreed to move forward to further analyze the factors and mechanisms that contribute to successful collaboration. Determining these factors will be challenging if the goals of collaboration are not established, however. Proposed goals were to strengthen human resources by addressing frequent staff turnover and incorporating expectations of collaborative action into job descriptions. Factors contributing to successful collaboration include:

> » Leadership at the institutional and individual level;

> » Establishing an agenda for action;

> » Making shared information accessible;

» Recognizing the power of collaboration at the policy and board level;

» Sharing agreed upon metrics which can lead to institutional change; and

» Acceptance among all participants of a governing system.

The most effective mechanism for collaboration is still open for debate: while some believe that successful collective action during an event would be the catalyst for institutions to recognize the value of collaboration, others hold that the cluster and institutional approach would be more effective. Others proffer that effective collaboration begins at the "grass roots" level where two organizations gain a common understanding. This collaborative effort is further built by incorporating others and grows exponentially.

Finally, organizations can collectively advocate to donors for financial support to create an environment for collaborative efforts. Open communication, a shared responsibility between leaders (i.e. cluster leads) and participants (i.e. operational agencies), and applying the "Principles of Partnership" locally will create favor with donors and minimize field-level competition for funding sources.

Consequences of failing to address collaboration

Without collaboration, the humanitarian response becomes uncoordinated, inefficient, and ineffective. By not making collaboration a priority, the community loses an opportunity to address critical issues such as the best utilization of human resources, promoting staff retention, and further professionalizing the field. Uncoordinated data management and lack of collaboration around infrastructure and shared goods prevent organizations from meeting basic needs vital to project initiation.

Action Plan & Future Steps

1. The Working Group agreed that the IASC Health Cluster is the appropriate body to seek future collaboration and collective action within the member organizations. Additional work needs to be done to vertically integrate this into the country and local levels. Despite these challenges, the Health Cluster does have some leverage in mandating that certain standards be met. The future of the IASC Health Cluster, however, is uncertain. Funding for the program is limited and there have been attempts to "mainstream" health cluster activities such that they

are operational components of the organizations themselves (including maintenance and continuation of meetings) as opposed to a separate entity.

2. The Working Group called for a steering committee to explore models of collaborative mechanisms and research their applications in the humanitarian health field. They would review the literature on organizational behavior as well as investigate models from other disciplines.

3. Finally, the Working Group endorsed the Humanitarian Health Conference as a forum for ongoing discussion on collaboration and pledged to bring more humanitarian organizations to the table, especially leaders from the Global South. Donors from the government and private sector should also be present to view the value of collaboration and collective action and include activities to facilitate this into their funding mechanism. Additional key participants to future meetings are those members from the academic community, who have both an interest in the activities of these organizations and also a desire to expose young clinicians and graduate students to possible careers in the field of humanitarian health emergencies and development.

EXCERPTED REMARKS

ANDREW S. NATSIOS

Keynote Address
September 6, 2007

It is a pleasure to be here. I accepted this for several reasons. There's one person I'm going to embarrass here because he's the subject, maybe he left because I told him I was going to mention him in my talk. And that's Geoff [Loane]. Where is Geoff? Is he here? OK. I'm going to make some comments. He's in the back now and he's had a couple of drinks so I think he's relaxed. When I saw his name I said, if he's associated with this then I want to come and say some things about executive leadership in emergencies. That's going to be my first point.

The second reason, of course, is that I went to the Kennedy School so I have a place in my heart for this institution and for this city, even though Cambridge may be really not part of the United States - it's kind of in a different world, but I miss Massachusetts a lot. I ran the Big Dig for 11 months, it was the worst experience of my entire life. For those of you who are not from Massachusetts, you don't know what the Big Dig is, but there was a massive scandal of cost overruns and I was the Chief Operating and Financial Officer, the Secretary of Administration and Finance in State Government under Governor Celluci, who is a very old friend of mine. We serviced in the legislature together for many years and our wives went to college together. We have been very close friends for 30 years. He asked me to come back and be Secretary of Administration and Finance and I had no idea what would happen to me.

I have to tell you this story. The Wall Street Journal leaked a story - not leaked - they wrote a story saying there are $1.4 billion in cost overruns that had been hidden for years. I was the chief financial officer and operating officer for the state and the governor told me privately the reason he asked me to take the job as secretary of A&F, the most powerful appointed job in state government, is he wasn't sure that all these rumors weren't true. He thought maybe something was wrong, but he wasn't sure. He said, 'You need

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to find out what is going on and help me fix it.' Well, I didn't think it was that big of a problem, but it turned out it wasn't $1.4 billion. It was $2.4 billion. I called in the auditors from Deloitte & Touche and I said I want to know what the real figure is, not what The Wall Street Journal said and they came back to me and said it's much worse than you thought. You have to come up with $2.4 billion in revenue to finish this project. I fired the entire management the first three days I was in the job. Everything I said was on the front pages of every newspaper in Massachusetts literally for the first two weeks. I went to give a little talk in a church, nothing to do with the Big Dig, a week after I took the job and I was on this subway and this elderly man came up and said, 'Aren't you Natsios?' I said yes. I was disguised and he discovered who I was. It was very disturbing.

Anyway, the reason I'm making these introductory comments, other than try to relax you since you've had four or five glasses of wine already, is the fact that I actually am a public administrator. My skill set, if you look at my career, is to run large public institutions, not for-profit institutions, but the nonprofit sector, or particularly in the public sector. I've run four huge executive jobs with thousands of employees and billions of dollars. I learned a lot over the years about what leadership is about and what public management is about in the public sector in controversial positions that are very visible. It's very interesting because a lot of what I learned is exponentially applicable in the emergency management field. People used to say in the Boston Globe and the Herald and all the newspapers here that all these jobs had nothing to do with what you do in emergency work and development work around the world. I said most definitely they have a direct connection to it.

The first point I want to make tonight is that I think this work you're doing, because I read from Dr. Strickland and various other people's vision for this conference and the work that apparently this whole center is doing, is to try to professionalize and systematize a lot of the disciplinary work and the professional work — professionalization of the emergency health management function and emergency response. I am a very strong supporter of that, but I think one of the problems with this is, one, that we're going sector by sector. Emergencies don't work by sector.

Take, for example, Manuel de Silva, who is probably one of the most gifted people in the UN system, just retired as the deputy SRSG for Sudan, second command of the UN for humanitarian operations. I knew him in Angola. I knew him all over the world. When Manuel was there, I always knew it didn't make any difference where the emergency was; things were run with integrity, run with moral conscience, things were done right, and if he needed help he would get the help. He didn't have a big ego. He was an excellent manager. He had wonderful skills with people. People followed him because

he would do the right thing. It was a very sad thing that he finished his tour. I understand why he wanted to leave. He went back to WFP where he came from in Rome. But if we had a hundred Manuel de Silvas we wouldn't be having a lot of problems in emergency response because, more than anything else, these massive undertakings we have — and whether it's in Darfur or whether it was in Eastern Congo or whether it was in Northern Iraq after the first Gulf War when the Kurds went up into the mountains or whether it was in Cambodia after the Khmer Rouge — whoever is in the leadership position makes a profound difference.

Now, I'm not an advocate of this heroic view of history that all economic forces and all other forces are irrelevant, that what only counts is this sort of heroic personality — but I can tell you, from personal experience, that people with excellent executive skills, whether it's in the UN or in an NGO or the ICRC or the US government, make a huge difference. Let me tell you why: when they choose people to take jobs, they usually put the right person in the right job. We always assume because someone is competent that they're competent in everything. I think it was either Will Rogers or Mark Twain who said, 'There's nothing worse than an expert off of his discipline.' Those of us who think of ourselves as experts think we're experts in everything, which is a very dangerous idea.

I was a staff officer at the Pentagon after I left the first Bush Administration 17 years ago, in January of 1993. The President's father left office for Bill Clinton to take over. I was not a very good staff officer and I realized this is not what I should be doing. I did my work, no one complained, but that was not the job I should have had. I was not trained for it; my skill set is not that. I said, 'I'm never going to do this kind of a job again because the stuff I do is not the stuff that a staff officer does. I need to be in command or I shouldn't be doing it.' Or I should be an academic. I mean, I think I'm doing a pretty good job at Georgetown, although we'll find out shortly if my contract is renewed. Putting the right person in the right job is an extremely important executive skill. There are skills that people have in one discipline that are not transferable to another discipline, and the skills you need in an executive level in an emergency are unique. So I want to make three proposals tonight.

The first proposal I'm going to make is that, in addition to the other work you're doing, you begin to consider the training and perhaps the creation of an interagency with ICRC, Federal of Red Cross and Red Crescent Societies, IOM, UN agencies and the NGO community to create what exists in AID in the State Department called the Senior Foreign Service and the Senior Executive Service. They are a personnel system in the federal government, and the Japanese have this, the Germans have this, the British have this where people are actually recruited out of the system who were gifted with these skills

and trained in these skills and have performed in senior-level positions and create an elite — I know that is not a popular word, 'elite' — but we need an elite of highly-skilled senior managers who can move and who know each other. I mean we have that now, but I've got to tell you, there's a huge variation in the quality of responses based on who's running these things.

I go to some of these things and I say that these people have to be removed, they cannot run this, they don't know what they're doing: they're not Manuel de Silva. I want to bring up Geoff Loane because whenever I would send people to the field when I was the head of the Office of Foreign Disaster Assistance and then Assistant Administrator, I would ask my teams in the field to tell me who I can talk to, who knew what the hell is going on and can find a way of getting stuff in chaos. Because that's what we do: we find a way to get things done to order chaos.

That's what emergency response is all about, and it's very difficult to do. For those of you who haven't been in an emergency, you assume that when you turn a light switch on, the electricity goes on and the lights go on. In most emergencies, there is no electricity and sometimes the generators don't work. You assume that when you turn the spigot on, clean water comes out. Well, that's not true. There aren't even any spigots half the time. You assume that you're not going to get a gun stuck in your face when you open your door to leave for work in the AM — that's also something that happens quite frequently in these chaotic situations. So it's very difficult to get this work done. Finding people who are effective in the field is very difficult.

I am told there's going to be a Hollywood movie about Fred Cuny's life, and that Harrison Ford is going to play Fred Cuny — this is a rumor, I don't know if it's true; I mean certainly it's probably completely untrue but it's a wonderful story. I asked the person who said it, 'Who is going to play me in the movie?' I'm not sure I'm in the movie at all. I sent Fred out to Somalia in the mid part of 1992 when the chaos was beginning and a lot of people were dying. I said, 'Number one: what's happening?' He said, 'Your food aid, Andrew, is causing the chaos.' I wrote a whole article of this on this subject for a book that also is published in 'The Journal of International Peacekeeping.' I think it's called, 'Economics of Chaos.' He said, 'The one person who's getting stuff done, the person that understands the economics of this and has actually got his agency ICRC to function is Geoff Loane. So when you go, you need to sit down and talk to him and you need to understand when he tells you something it's true.'

The problem with Fred was that Fred was brilliant at evaluation, analysis and telling you what you needed to do, and he could get stuff done, but there'd be broken crockery all over the place. He was not a systems person, he didn't

know how manage a lot of people, he was not a team person at all. But Fred was a genius when it came to intellectually understanding the forces that work in emergency. He was a great man and my mentor and my friend, and his loss in Chechnya was, I think, a terrible tragedy for the international humanitarian response community. I don't know why they sent Geoff Loane here; he should be back out in the field where all these emergencies are going on. They sent him to Washington, which I suppose is an emergency in itself in some people's points of view. I'm a Republican. I shouldn't be saying these things. Maybe I'm saying it about the Democrats. I don't know.

In any case, those kinds of skills are what we need to replicate formally and professionally through a system of education and maybe certification. I don't know how to do it, but we need to think about it because that's the big void now: executive leadership in emergencies. It needs to cross all of the institutional lines, we need to be able to take people from an NGO community and move them into government or from the head of the DART team or from AID or from one NGO to another NGO or to a UN agency and make these people available. We have a group of technical people who are available now, but you should not assume technical work is brilliance in executive management because it's not. It's not the same thing, believe me.

My second point is the issues of human rights and of protecting people against violence in emergencies. Now, for those of you from UNHCR and even ICRC, don't get offended at what I'm going to say here, because what they do is absolutely essential, but they do not have adequate skills and adequate tools to prevent atrocities against people in chaotic situations. ICRC, actually in my view, is the best at it. UNHCR has developed a number of very effective tools but they're not effective enough. I brought Fred with me when I was on military duty for the first Gulf War in 1991, when Iraq invaded Kuwait, and we had all these plans, I'll never forget it. I was the executive officer of a unit that Jim Baker and Dick Cheney, who was Secretary of Defense at the time, set up to reconstruct Kuwait. I was with all these officers, and I was a Civil Affairs officer, which is sort of the unit in the US military that deals with this stuff, and we had done a traditional response plan.

Fred said, 'This is not what's going to happen, Andrew. You wasted all your time. The Kuwaities will take care of this stuff. There are going to be atrocities against the Palestinians.' I said, 'The Palestinians? We're not in Palestine.' He said, 'There are a half a million Palestinians here. The Palestinian leadership sided with Saddam Hussein who promised them that the new Palestinian state was going to be Kuwait, which was a lie. He had no intention of doing that. But the Palestinians actually were seen by the Kuwaities as traitors because they sided with Saddam in support of the invasion.'

Fred had a place in his heart for the Palestinians. He said, 'These people are going to be the object of atrocities the minute the war is over,' and they were. He had a whole plan that we put in place and carried out. It never got recorded, unfortunately. I did a lecture at the Fletcher School once on it. He told me that we needed to put a book out on this but I never wrote the book and Fred died. I've got the records. He kept a very interesting diary on it. I read it after he died, it's the archives of what happened day by day, because he kept voluminous records, he was a voracious writer. Every night, every single day of that emergency, he sat there and wrote exactly what happened all day long.

We tested his theories during the Second Gulf War, the Iraq War now, before we went in — you know, there's an illusion that we did no planning; that's just not true. I cannot tell you about the Pentagon. We had 275 people, professional career officers in AID working on planning. Many of the assumptions we made about what was going to happen did not happen. We expected mass atrocities the first two weeks after we went in, and it did not happen. We had a whole plan based on Fred Cuny's theories and we designed a whole strategy. We had 800 Civil Affairs officers and AID, DART teams, all trained in this stuff to try to prevent mass atrocities. The atrocities took place much later, actually years later. Fred was convinced that it always took place the first two weeks after the end of a war; this is what happened in Paris after the Nazi occupation ended. There were 5,000 people executed in the streets of Paris by the French Underground. Much of it was revenge killing. It wasn't executing people who were necessarily supportive of the Germans, because there was chaos. The same thing started happening in Kuwait and we stopped it.

It's actually a wonderful story. It got in some of the civil affairs literature, but it was never recorded in terms of what we could do in a human rights setting. I think what we need to do is break out of the traditional ICRC, UNHCR — not to ignore their disciplines or their processes or system, but to expand on them. Because they know a lot, they've learned a lot, but we need to take the lessons they've learned and the lessons we've learned from these other emergencies and put them in place to operationalize the protection of human rights particularly during conflicts during chaotic situations, because that's where we're failing. We should not always assume that sending in troops from — I'm not going to make any comments here — but sending in a peacekeeping force from whatever country it comes from is going to solve the problem. There are things we can do with the news media, with simply locating.

One of the things we did was to locate where the atrocities were taking place. And it's very interesting, they tend to congregate if you map them,

which is what we did. They were taking place in certain locations. We would send teams out to find out why, and we could deal with the situation. The notion that it's all complete anarchy and chaos and there's no order to it is not true. There were reasons for the atrocities that took place in each of these great conflicts and there was some order in the atrocities. There is a way under those circumstances to effect that, and I think we need to spend a lot more time studying that and creating systems that build upon the ICRC disciplines and the UNHCR disciplines in terms of protection. So, that's my second proposal today.

The third proposal is more of a government one, but I'm writing a whole bunch of stuff simultaneously with being a special envoy. Professors are supposed to write things; special envoys aren't. I started writing a book about the issue of implementation, which I think is the critical issue, not just for emergency response but for international development generally. The people talking about this subject, many of them in writing about it have actually never run a program in a developing country, never run a program in an emergency or even in a stable country. They haven't the slightest idea what the issues are with implementation. It's nice to have a lot of money, it's nice to have a big staff, and it's very hard to get results. The question is: why? This is the third point I want to make. The structure of budgeting among the donor governments has a profound affect on the work we do in our system, and I want a make a more radical proposal. I've made it before but never in such a large setting.

We have basically three major responders in the US government. We have PRM that basically funds 20% of the budget of UNHCR. The United States has been the biggest funder of UNHCR since it was created, actually, consistently through Republican and Democratic administrations, and it is now. They do a very good job. OFDA is the Office of Foreign Disaster Assistance, which I was the director of 18 years ago. Julia Taft, my good friend, was my predecessor, and that is an extraordinary office. They tend to do the work for refugees, OFDA traditionally has done the work for internally displaced people. Then there's Food for Peace that does the food program. If you look at the budgets, there's a real disparity: PRM has a budget of $800 or $900 million dollars and a lot of that goes to UNHCR or to the resettlement of refugees in the United States; OFDA's baseline budget is around $235 million. If there's a big emergency they'll give them money through Congress. Food for Peace has a $1.2 billion budget.

People write evaluations: every emergency, we're not spending enough on international humanitarian health. I've got to tell you, I think we're actually spending more than we should proportionately in the development field on health. In many countries in Africa, three-quarters of the AID budget is

health, which is not the way it's supposed to be. I don't mean just HIV-AIDS. The president has a $1.2 billion malaria initiative. 70% of all family planning money in the world that's spent through governments is spent by AID. Most people don't know that. It's $435 million a year, spent this year, last year, the year before for 15 years. $435 million just for family planning. If you add it all up it's a huge amount of money. That's because the accounts of AID, like all other federal agencies, are protected by many of us here: interest groups, the media. You touch one of the accounts by $1 million and people go ballistic. We should be spending a lot more money on health.

I love the food programs, but we should be spending less on food aid, especially through the mechanisms we use now. I'm not opposed to food aid, I'm in support of food aid; I used to run that program. After I ran OFDA, I was head of the bureau in which Food for Peace was present. I'm a big advocate of the food program. I have been an advocate and got the President to support the notion of local purchase of food so he wouldn't send American food abroad, we would purchase the food locally. This was extremely provocative. Some of my friends in the NGO community said that I had betrayed the NGO community by proposing this. It was very controversial. It was very popular in Africa among Africans. They said, 'We have these surpluses - why don't you buy the food here?' It can strengthen agricultural markets. I'm not going to spend the whole time talking about that, but the point here is this: there has been a massive reduction in the number of refugees and a massive increase in the number of IDPs over the last 15 years. Has there been any adjustment in the budgets? No, there has not been.

We know in every single evaluation of emergency response that we are not spending enough on emergency health interventions. I had a friend of mine who analyzed the entire spending in responses by NGOs, the ICRC and the UN, all the major UN agencies that do response, and 70% of the amount of money spent — 70% to 80% over the last 15 years, according to this guy's analysis, and I never saw the actual table so I don't know if this is true — is all food aid. That's a distortion. Why is it? It's because of these accounts: NGOs and the UN agencies become attached to them, they develop large systems that support them, and they don't want disruption of these systems. I'm not attacking anybody, I'm just telling you an observation.

When we try to make adjustments in the accounts to move money from one account to other, people get very, very upset because certain institutions are dependent on that money. So I propose tonight that we abolish the PRM account, the OFDA account and the Food for Peace account and put all the money into emergency response - the same amount of money, no cuts. In fact, I'd like to have it increased. We should have a committee, maybe some NGOs, maybe an advisory committee to make sure no one plays any games

with anything, but to allocate the money based on what the needs are. Not what the requirements are of the institutions that use the money, but what the needs are on the field, because the needs are very different depending on what the emergency is. The agencies would then get the money for that year based on the kind of emergency.

If we were facing a massive refugee emergency, we may have to reduce the money spent from IDPs and food programs. By doing that, we would add in flexibility. I think we need more flexibility in all our structures, public and private, to get the work done because too much of what we do is constrained by the political economy of the donor governments in the UN system, by the responding agencies. All of this is a part of it. Again, I'm not being mean; I'm simply observing the way the incentive structures work. People don't like the systems disrupted, and I understand that, I used to run the systems. My final comment is hard to do, I mean if someone proposed this when I was at AID, I would have gone ballistic and said, 'You're not touching my accounts!' But I'm not there anymore so I can make these kinds of outrageous proposals. My final comment would improve our capacity to help people, which is really what this is all about. We need to keep in our minds what the purpose of all of this is: it's to serve the people in the field, not to maintain the institutional mechanisms of the structures — however well-intentioned and however competent they may be.

My final proposal is to change the structure of the response funding system for the US government. I don't understand the EU system, but I think it has actually more barnacles on it and structural impediments than we do. They have their own problems, we have our problems, and it's not a criticism. It's just the way government is. I think we need to begin to think through a more radical overhaul of the way the funding goes because a lot of our dysfunction in the system, our failure to respond adequately in my view is a matter of the structure of the system. Until the structure of the system is changed we're going to keep running the same evaluations after each of the emergencies.

Thank you very much.

EXCERPTED REMARKS

PETER W. GALBRAITH

Keynote Address
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This turns out to be a great occasion to meet with people that I met in passing in Kurdistan in 1991, in Croatia, as well as people who have also been in Iraq – and Dr. Leaning, who looked after my mother when she injured herself in 1992 at Easter time. So anyhow, it's a great occasion.

I wanted to talk about some of the issues in a variety of humanitarian crises that I've been involved in to see if there are some general lessons. But I'll begin with Iraq, which as you know is in the cradle of civilization, and the site where the Tigris and Euphrates meet, at least by legend, in the Garden of Eden. And there arose a discussion about what is the world's oldest profession (not heading where some of you are thinking) among a surgeon, an architect, and a politician. The surgeon (and here I am with doctors) insisted that his was the oldest profession because in the Bible, at the beginning, it was an act of surgery to create a woman from the rib of Adam. The architect said, 'No, no, mine is the oldest. The Bible begins with, "Out of chaos God created heaven and earth."' The politician said, 'Got you beat.' 'How is that possible?' said the architect. 'How can you get beyond the very first words of the Bible?' The politician said, 'And who do you think created the chaos?'

That is definitely true of the situation in Iraq today — and we can name the politicians. And it leads to my point, which is that humanitarian crises are man-made institutions. It wasn't always so. As a child I lived in India, and there was a famine, which had natural causes, and starvation because there wasn't enough food and there wasn't a practical way to get food in. In Cambodia in 1979, actually the issue I began my career in government dealing with, there was the aftermath of the genocide and the Vietnamese takeover; the famine was man created, and the failure to help was political. The Western powers were very reluctant to provide humanitarian aid to a country that Vietnam had taken over.

Now, one of the things about humanitarian crises is the way in which the world has changed. I guess I'm with a group of doctors — I don't know if

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there are any lawyers here — but if you went to law school, you know the advice in torts. "What happens if you run over a child?" Well, they say what you should do if you run over child is look around: if no one is watching, back off and run over him again because once the child is dead, the liability is very small. But if he is just injured, that's something that you're going to have to deal with and pay for and it's going to be very expensive. To a very real extent, the members of the humanitarian community are the people who are looking around that make it impossible for the politicians to back up and run over the victim again.

Consider the situation in Kurdistan and Iraq in the 1980s and compare it to Sarajevo in the 1990s. In the 1980s, Saddam Hussein systematically destroyed 4,500 of Kurdistan's 5,000 villages. His regime used chemical weapons against at least 200 villages, and most famously against the town of Falujia. They deported and killed between 100,000 and 200,000 people, and the mass graves are still being dug up. But there were no outside observers there. There was no humanitarian community. And when the US Senate, in 1988, passed the Prevention of Genocide Act, which would have cut off US financial support to Iraq (which was running $500 million a year) as well as impose other sanctions, that was opposed by the Reagan Administration. They agreed that Saddam was gassing his own people but the Act was opposed as premature and too strong a response.

But when the siege of Sarajevo began, and the war in Bosnia took place, it was also the desire of both Europe and of the Bush Administration at the time to look the other way, but they couldn't. And the reason they couldn't is that the United Nations went in there. In many ways that mission in Bosnia was one of the most disgraceful episodes of the UN, but it also in fact kept Bosnia alive because without the UN there, and with them the ICRC and the humanitarian community, you would not have got the journalists in there. You would not have had Christianne Amanpour putting what was going on in Sarajevo in front of everybody on the television 24 hours a day with the so-called "CNN effect." And in fact, without having the UN there, it would have been impossible for us to negotiate an end to the war. Why? Because we could not have gotten in. I mean, just even the simple logistics.

So while the UN failed to deter the aggression (and incidentally, it didn't really have a mandate to do that), and you had UN soldiers and officials sort of standing by as people were massacred most disgracefully at Srebrenica, nevertheless, the people of Bosnia would not have survived. Sarajevo would not have survived without the United Nations and without the humanitarians, both keeping people physically alive, running hospitals — and I was in there at the time, as were some of you in unbelievably awful conditions — but also enabling the journalists to be there to put that in front of everybody.

Today, thanks to the Internet and the mushroomed NGO community (compared to what existed in the 1970s and '80s), these humanitarian crises are in front of everybody. So you can't follow that lawyer's advice and look around and run over the victim again.

In recent times, we've focused much attention on failed states and on the question of nation-building, because these are the places where humanitarian crises erupt. And I'd just like to draw briefly eight lessons from my own experience. And I want to discuss three different cases: the case of Bosnia, the case of East Timor, and the case of Iraq. My starting point is going to be something that Donald Rumsfeld said on February 14, 2003 to a big fundraiser in New York. He said, 'The way we in the Bush Administration are going to handle the post-war situation in Iraq will be nothing like what the Clinton Administration did in the Balkans.' And he was completely right, as we will see.

The first point about failed states nation-building is, 'How do we know it's happening?' 'How do we predict it?' I realize I'm dealing with a medical community here, people who have been discussing various statistical methods of following disease vectors and that kind of thing, and there has been an effort, and I actually was part of it, to try and look at various indices that might help you predict a failed state. It's certainly true that states that have low levels of education and high levels of inequality in healthcare, for instance, are more likely to become failed states and be the location of humanitarian crises. But the fact is that there are many states that are very poor that do not fail and do not become the scene of humanitarian crises. And there are some states that are reasonably well off that do become failed states — obviously the former Yugoslavia is one example and Iraq is another, both of which had fairly high levels of education and health care and were mid-level in income.

So I actually think that this whole effort to find a statistical model for predicting what are going to be failed states is not worth doing. There are only 190 countries in the world. The basic way of doing it is common sense: it's observation, it's seeing what's happening.

The second question is, 'What do you do about it?' And I would say early intervention is important, but it's more important to get the right diagnosis. In the case of Iraq in the 80s when Saddam launched the Iran-Iraq War and was engaging in the genocide against the Kurds, there was, as I noted, opposition to cutting off aid because there was a belief that somehow Saddam could be moderated, and that he could be a pillar of stability to deter the Iranians. The fact is the first Bush Administration got the diagnosis wrong. And had we stood up to Saddam, had we imposed sanctions when he was

gassing the Kurds, there's an excellent chance he would not have believed that he could have gotten away with invading Kuwait, and we might have had a rather different history.

Or to take another case: Yugoslavia as it was breaking up and all the emphasis that was placed by the Bush Administration on, 'How do we hold the country together?' That was not possible. The people in Croatia and Slovenia had voted unanimously to split. But what was possible was to prevent the war, and no effort was put into that, with absolutely tragic consequences. And again, as the war unfolded, we, the Europeans and the Americans, misdiagnosed the situation. There was an imagination that the Serbs were ten feet tall, that they were the people who had tied down 40 German divisions, that military force wouldn't work. But finally when the argument was won by those who favored military intervention (air strikes in 1995), they brought that war to an end very quickly and saved thousands of lives. And if it hadn't happened the way it did, hadn't been the right kind of intervention, Bosnia could have become like the Middle East: a 50 year war and we'd still be talking about it.

Of course, the most amazing misdiagnosis was of Iraq. If, in Yugoslavia, the doctor got it wrong, in the case of Iraq, we really had a fantasist of witch doctors who failed to understand that when you go into a country, there will be a need to provide security after you take it over; that when you eliminate all the pillars that hold a regime together (the army, the police, the Baath Party) that you might have looting. They had no plan, no plan of what they were going to do when they arrived in Baghdad, or they simply imagined that there were Iraqi people who would embrace democracy as we wanted it, and failed to understand that this was a country that had been cobbled together by these three different groups: the Sunni Arabs, the Shiites, and the Kurds. The Kurds were held very much against their will by a Sunni Arab dictator and bureaucracy, beginning with King Faisal, ending with Saddam Hussein.

I tell this next story in my book and this just reflects the failure to think about these questions. Two months before the war, President Bush was meeting with three Iraqi Americans (and I know two of them very well and have heard this story from them) and they were discussing what Iraq was going to be like after Saddam Hussein. Naturally, they started talking about the Sunnis and Shiites. These, incidentally, were strong supporters of the war. And it became clear to them the President was unfamiliar with these terms. Well, you cannot anticipate that one consequence of your invasion is going to be a civil war between two groups that you didn't know existed. And I don't say that to illustrate the point that Bush is ignorant. I may say it simply reflects the lack of high-level planning, because obviously you could not have had a serious discussion at the National Security Council without

dealing with this issue. I mean, other people in the government would have known it.

Third point: international and domestic support, and by domestic, I mean domestic in the country in crisis, is essential. In the case of Bosnia, the European Union, Russia, and the United States eventually coalesced with a unified position that led to Dayton. In fact, it was the process of bringing about a unified position which had not existed in '93 and '94 that made Dayton possible. It came about as a result of there being no other options, and of some very robust china-breaking American leadership. Nonetheless, as we went into Dayton, we did have a degree of unity and that unity increased through Dayton, and then into Kosovo. East Timor was a success because what was being attempted there was supported by almost all the East Timorese. Indonesia accepted that it had lost the territory and moved to normalize relations, not perfectly, but nonetheless did — and the entire international community and the Security Council supported it.

Iraq has failed. I should add in the case of Bosnia and domestic support, two of the three groups in Bosnia (that is, the Bosniacs, the Muslims and the Croats) supported what the US was doing. Admittedly, the Serbs didn't, but you did have the support from 70% of the country's population. Iraq has failed because not one Iraqi faction supports the American project of a unified and democratic Iraq. The Kurds are pro-American, but they want independence. The Shiites believe that their majority entitles them to rule, but their idea of democracy is not the kind of Western-style liberal democracy that the Bush Administration imagined. In Southern Iraq, they have already created an Iranian-style theocracy, in fact more severe than what exists in Iran. There is much more freedom in Iran than there is in Southern Iraq. And the Sunnis oppose the US invasion and reject a Shiite rule. And of course, accept for Britain and Australia and I guess El Salvador and Albania and Mongolia, the entire international community opposes what the US has done, and it's done enormous damage to our reputation.

Fourth point is that, in nation-building, professional competence is essential. With regard to the military: the military is either fighting a war, or when it's not fighting a war, it's training and preparing to fight the war. But it doesn't have another job. In the humanitarian community, there is a cadre of people who go from one crisis to another. But there is no cadre of people who are sitting around, ready to be deployed to go run Bosnia, to go run East Timor or to go run Iraq. And in fact, it's hard to get people for these jobs, especially really good people, because if you are a police chief on a successful career track, at least in a developed country, you're not going to do anything for your career to go off to East Timor. And that's true of many other professions. It is tough to find people. But of course, there are sources. In

Bosnia, to support the post-Dayton implementation operation, we went out and gathered all the diplomats who spoke the language, and people who had relevant expertise in AID and the Foreign Service, and professionals from different parts of the government. But we couldn't have done it as the United States. We had the advantage that something like 60-70% of the people and the money came from the Europeans, who also brought their people, who spoke the local language, and who understood the situation. East Timor had no local expertise at all. When we arrived, there was not a single police, not a single civil servant, not a single policeman, not a single teacher. There were something like 20 doctors. There were 20 lawyers with minimal training. So the international community had to come in and set up an administration from ground zero: a very complicated task which I won't dwell on here. Every decision was fundamental. 'What law would you apply? Indonesian? Portuguese? Make up a new one? What currency would you use?' Well, we debated the US dollar, the Australian dollar, the Indonesian rupee, the Portuguese escudo. That was a cute one, because the Portuguese thought it was a great idea that their currency should come back. A slight problem was, this was 2000 or 2001 — they were going to shift to the Euro. We kind of thought this would be a place where Portuguese who were nostalgic for the escudo could come. And, 'What taxes? Whether to have taxes?' The whole thing. So it was really complicated. But at least we were able to draw on two sources of expertise: the expertise that exists in the United Nations, which is actually quite substantial, and then different countries providing experts.

In Iraq, the Bush Administration specifically excluded the Foreign Service, or many of them, particularly in the initial period of the US occupation. It chose to staff the coalition provisional authority with political appointees who were paid a lot of money, but who had no knowledge of Iraq, no language skills, and no relevant competence. And I discuss this in my book: there are so many examples. It's comic, except it's tragic. For example, they recruited six young people who came out there and were put in charge of spending Iraq's $13 billion budget. The oldest of these was 26, the daughter of a conservative activist. Of course, they knew nothing about Iraq. They knew nothing about federal budget rules. They knew nothing about budgeting. I think one of them had a degree in accounting. One hadn't finished college. And guess what: in six months, they spent about $100 million of the $13 billion. It's actually hard to spend that much money. It meant things weren't happening: we all know that when you get into that kind of environment, you have to immediately improve people's lives, do reconstruction. You have to get people to work. And as a result of that failure, people became discontent and joined the insurgency, or became sympathetic to it, and it is literally a decision that has killed American servicemen and servicewomen.

The fifth rule: it helps to plan. In Dayton, as we prepared for the implemen-

tation period in Bosnia with the parties and with the Europeans, the treaty ran to more than 100 pages. There were 11 annexes dealing with all the different aspects about how Bosnia would be governed and the whole range from the police to the judiciary to the political situation. We made some mistakes but there was a comprehensive plan executed by professionals. In Iraq, knowing that there was going to be a war, the Bush Administration chose General Jay Garner in January of 2003 and tasked him with putting together an occupation government. Actually, they didn't even call it an occupation government; it was the ORHA, Office of Reconstruction and Humanitarian Assistance. So he didn't have a clear mandate. But he was hired, I think, on the 24th of January, less than two months before US troops were sent into Iraq. On the 30th of April (three weeks after we got to Baghdad) the Bush Administration called Jerry Bremmer on the telephone and asked him to be the administrator in a move that they explained to the world was long planned. He got to Baghdad two weeks later: he had again no service in a post-conflict environment, had never been to Iraq, and didn't speak Arabic. He then made three fundamental decisions: first, to dissolve the Iraqi army; second, to fire all the Baathists in the ministries; and third, to run Iraq for an extended occupation, rather than turn things over to an Iraqi government. We could have a discussion about the wisdom of all those steps. I actually think that there was some merit to both: to not calling back the army (although I wouldn't have exercised my authority by dissolving it) and to removing at least some of the Baathists. In April of 2003, the United States had been in the process of calling back the Iraqi army, of getting the senior Baathists in the ministries back to work, and was in the process of forming an Iraqi interim government. Now, whatever the debate is, you cannot argue that it made sense to do both. You could have decided to do one or the other, but to do both didn't make any sense at all. Again, a lack of planning.

Sixth rule (only two more): you have to be able to adapt. It turned out that in Bosnia we needed a stronger international role. In the first year we didn't; the international community didn't throw its weight around as it did later in terms of removing obstreperous politicians but it adapted. In fact the international administrator in Bosnia became a more powerful figure, and it's helped push the process along. In East Timor, the original plan was that the UN would run the country for a couple of years and then we would build a local administration from the ground up, because there was very little local expertise. It became apparent after about three months or four months that the senior East Timor leadership didn't like this. So, instead of the idea of a turnkey administration (we'd create a government, and then hold an election and turn it over to them), we basically said, 'OK, we'll create a provisional government that will run the country, and we'll let you be in it.' That's how I ended up as a cabinet minister in East Timor. It was initially four Timorese ministers, four internationals. The Timorese got the portfolios that had all

the jobs, and so it was up to them to decide how fast to Timorize the bureaucracy, versus how many of the international experts to retain, and they then had the competing pressure. To the extent that there were more international experts, things ran better. But to the extent that there were more Timorese, they were serving their national agenda. It was for them to make the decision, and it worked well. In Iraq, for four years we have been locked in exactly the same strategy, committed to the building of a unified and democratic country where it has already broken up, and we've had zero success.

The seventh point is that, generally, there's a very short time to get it right, and if you get it wrong, you can't recover. We screwed up in Iraq, and it's not retrievable.

Any intervention that the United States is involved in should serve our national interest and be achievable at an acceptable cost. Bosnia was not a major threat, but it was a small place. If the war continued, it would have been a cancer in Europe. It could have been a breeding ground for terrorism, and it had the possibility of being an all-consuming conflict, you know: a 50-year conflict like the Arab-Israeli one. The intervention, which incidentally took place in both Bosnia and Kosovo without the loss of a single American or NATO life in combat, was not all that costly financially — obviously cost free, in terms of NATO lives. It saved hundreds of thousands of lives, and it hasn't brought perfect harmony, but it has produced 12 years of peace.

East Timor is obviously a pretty unimportant place, but it was an important test of the international community's ability to cooperate, and again, the cost was very low: $500 million. The US share, I suppose, was about 100 million.

Iraq has weakened the national security of the United States. We intervened against Iraq to eliminate weapons of mass destruction that did not exist, and while we were tied up in Iraq, North Korea pulled out of the Nuclear Nonproliferation Treaty. It reprocessed plutonium. It exploded a nuclear device, and we did nothing about it. Now, we may be able to get it partially back into the box through diplomacy, which would be a good thing. US prestige in the world is at an all-time low. Just one example: Turkey. In 2000, the approval rating for the US was 60%. Bill Clinton's approval rating was 70% among the Turkish population. Today, and the Pew Trust polls show the US approval rating in Turkey at about 5%, and George Bush is even lower. Turkish Daily News' headline was: 'Turkey, the most anti-American country in the world.' Now, should we worry about this, the largest country in NATO after the United States, strategically located, bordering Iran, Iraq, Syria, the Caucasus, Russia, Balkans? Yeah, I think that should be a sign of concern. It's evidence of the way in which the intervention in Iraq did not serve our interests.

And finally (my father always said you should include the word 'finally' in a speech: it gives your audience hope), the final point I would make is that there are many conferences about humanitarian intervention and they always are looking for generalities. The fact is, at least in my experience, each issue, each place is unique. As Noah Feldman, whom we are talking about now at Harvard, describes in his book: while he was flying out to Iraq on the plane, he was appalled by what his fellow passengers were reading, which were studies of the occupation of Germany and Japan. He was reading a book about the Shiites. People went in with no knowledge of Iraq and with the idea that Iraq was like Germany and Japan, that is to say a homogeneous state that had been defeated and could be remade. Well, we'd do a lot better if we would have looked at the very specifics of Iraq, the very specifics of Bosnia.

Let me just take a minute or two to say a word about the future of Iraq, since these other places are more resolved. As some of you may know, I have long argued, and as you detected from this presentation, that Iraq was not a successful state, that it was held together by force, that we have destroyed the force that held it together, and that it can't, like Humpty Dumpty, be put back together again, and that as long as we had a strategy that was based on building a unified Iraq, we were certain to fail. What I have argued is that we can have a reasonably stable situation in Iraq by accepting that fact that the country is broken up. I want to make clear: I do not advocate the partition of Iraq. In my view, that has already happened. I'm opposed to spending American dollars, prestige, and lives to try to put it back together — especially since the one successful part of the country that aspires to be democratic, that's very stable, that's very pro-American, Kurdistan, unanimously doesn't want to be part of Iraq. They voted 98% for independence in a referendum in 2005. Furthermore, the constitution of Iraq is a roadmap for partition. It allows regions to have their own armies, to have their own parliaments, their own governments, and the central government has so few powers: it does not even have the power to impose taxes. I've also pointed out that when the Bush Administration talks about building Iraqi institutions, they're not Iraqi institutions: they are the institutions of the victors, who are the Shiites.

The whole idea behind the surge, our current strategy, is send in another 30,000 troops. We would stabilize Baghdad, and it would give Iraq's politicians an opportunity to implement a program of reconciliation that would bring in some of the Sunnis into the process, and that would give us time to train Iraqi security forces, the army, and the police, so that they could fill in behind us. The flaw with that strategy is: you cannot build an Iraqi security force where there is no Iraqi nation. The Iraqi security forces are Shiite forces, and when we train them, we can train them to be more effective killers; we cannot train them to be neutral guarantors of public security.

The fact is, the Sunnis are not going to trust the police at all, and they are only going to have marginal trust in the army. We can't change that, nor can we force reconciliation in Iraq, because we obviously know of the discussion of the 18 benchmarks, which General Petreas is going to present to Congress and Ambassador Crocker in the coming days. Of course, none of these benchmarks, none of the significant ones, have been met. The reason that they haven't been met is not because Iraqi politicians are lazy, and their parliament wants to take August off, and it's not because their leaders are unwilling to compromise. It is because their leaders represent their constituents, and their constituents have diametrically opposed visions of Iraq. The Shiites believe that their 1,400 years of being oppressed as the minority branch of Islam, their 80 years of being denied their rights in Iraq, their 35 years of suffering under Saddam, the horrific killing that followed the 1991 uprising, entitle them as Shiites, as the majority, to rule Iraq, and to define it as a Shiite state. The Sunnis, including many who didn't like Saddam Hussein, cannot accept that the country they feel they created is defined by a branch of Islam that is not them, does not include them, and that is closely aligned with Iran, whom they see as the great national enemy. And the Kurdish vision of Iraq is of a country that they're not part of. And so the notion that a law on oil revenues or getting a few ex-Baathists back to their jobs, or giving amnesty to insurgents, that this is going to fix the problem is absurd. Amnesty is for people who have lost. If you were an insurgent, would you feel that you had lost at this point? I don't think so. The point is that these benchmarks will do nothing. First, they're unachievable — but even if they were all achieved, they don't solve the problem, which is this fundamental clash of identity between the Sunnis and the Shiites (the source of the civil war) and the fact that the Kurds want out.

We are already moving now to create a situation where we are supporting three separate militaries: the Iraqi army, which is really the Shiite militia; these volunteers in Anbar; and then there's the Kurdish Peschmerga, the Kurdistan army. The next logical step is, of course, to encourage the Sunnis to form their own region. The Shiites are moving to do that. And then there's a role for the United States in helping to resolve some of the issues between the regions. One is the drawing of the boundaries (where do they go?) and second, the distribution of power between the very few powers that would be at the center. That is not going to create a pro-Western Iraq, but the south will be pro-Iranian. The center, if it's Sunni, if it's Baathist, it will hate us, but it will be less dangerous than Al Qaeda. And then we'll have Kurdistan, which will be pro-American. It's not going to be an achievement, but it is a way out.

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