DevelopmentAid Dialogues

Season 2. Episode 12: Abandonment at the Breaking Point: Confronting Aid Cuts with Stephen Cornish.

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Hisham Allam: Hello everyone. Welcome to DevelopmentAid Dialogues podcast. I'm your host, Hisham Allam. Today's guest has spent more than two decades walking the fault lines of the world's biggest humanitarian disasters, conflict zones, disease outbreaks, and refugee crises. He has been there, not behind the desk, but on the ground, negotiating axis, leading evacuations, and building systems of care in places where everything else has collapsed.

Stephen Cornish, the General Director of Médecins Sans Frontières, Switzerland. He has led operations from Chichen to Sierra Leone, headed MSF Canada, and held senior roles at care and the Canadian Red Cross. He has even crossed over into the environmental spaces leading the David Suzuki Foundation before returning to the heart of the human humanitarian field.

Stephen is also a thinker. His work has been published in policy journals, and he currently sits on several boards advancing peace, environment, and humanitarian response. Today we'll explore how frozen funding is devastating places like Sudan and why humanitarian work struggles to stay neutral in polarized time.

We will also discuss MSFs critical work supporting mothers, newborns, and cholera patients. Stephen, thank you for joining me today. I know your schedule is intense, so I really appreciate your making time for this conversation.

Stephen Cornish: Thank you very much, thrilled to participate in these DevelopmentAid Dialogues.

Hisham Allam: Stephen, let's just start where the silence is loudest, Sudan and Chad. MSF has been raising alarm bells, but what is actually unfolding on the ground often escapes the frame. I want to begin there with the realities you have witnessed, not the reapers we read.

Stephen Cornish: Yes, well indeed in Chad and Sudan, we have the, the world's greatest humanitarian crisis, and it's also probably one of the most under-reported crises.

It's now going into the third year of a conflict, a very brutal conflict that's been really waged on the populations themselves, on the systems and services that they depend on. For their livelihoods and for their wellbeing. One third of the population has been displaced many several times.

According to the World Health Organization, some 70% of the health facilities in conflict areas are either non-functional or have been destroyed. It's a very troubling situation. I've also been to Chad where there are more than 700,000 people who have fled the wars.

The Civil War has taken on an ethnic dimension and the people who have fled there, many were executed along the way. Others faced sexual violence as reprisal and conflict. And those people, even though in an area of security, are just below the emergency thresholds in the assistance they're receiving from the international community.

And so, they're just one epidemic away from a serious malnutrition crisis, from a serious water and sanitation crisis. Back inside Sudan itself our teams are battling cholera epidemics that have broken out in a number of areas. And in areas where the health system is weak and not supported sometimes, we've seen mortality figures of over 10% in the color awards and in areas where they are supported, we can see a difference where those mortality numbers go down to less than 1%. So, you can imagine the suffering and the devastation. It's the only area in the world, several regions of Sudan, the only area in the world that have been declared a current famine zone. So, it's suffering compounded by, by suffering.

And unfortunately, the humanitarian response, the political response, the media response has really not lived up to the gravity of the crisis, nor has it been able to give the Sudanese people the dignity that they deserve.

Hisham Allam: This is really miserable, Stephen. When you are standing in a field hospital or watching mothers carry their children through conflict zones, how do you even begin to decide where to focus your resources?

Stephen Cornish: We focus the resources first on what is the most lifesaving, what are the greatest needs, what no one else can do. Often, even in conflict, you'll have local organizations that will be at the fore. You'll have a Ministry of Health that while maybe short of supplies or staff still able to provide some services, and you may have, depending on the severity of the conflict, other actors on the ground. And so, we will coordinate and cooperate to see what others are capable of doing. We do a triage process with the needs, and then we'll attack the most lifesaving needs first, and or the needs that are falling through the cracks that no one else is able to respond to.

And that could include things like water and sanitation. You can only live three days without water, and if there isn't proper sanitation, you'll end up without breaks. It could include surgical care. It can include maternal care. It really depends on what are the most acute needs and what others are doing and what we can be best placed to add.

Hisham Allam: Correct me if I'm wrong, in North Darfur, 35.5% of the children screened by MSF were acutely malnourished, and 26% of mothers in South Darfur's clinics suffered the same. These are not just emergency stats. They signal total system failure. Can humanitarian aid ever address root causes like war and governance, or are we just delaying inevitable suffering?

Stephen Cornish: Well, humanitarian aid is not the solution for political and mad made crisis. It's a stopgap measure. To give people the lifesaving assistance that they need to be able to see another day and to treat them with the dignity and respect that they deserve, and that their own authorities are either unable or unwilling to deliver.

So, humanitarian assistance itself is not intended to resolve the root causes. The figures you quote on the 35% malnourished, they come from a displaced person's camp called Zamzam. And this camp was recently attacked by one of the factions involved in the conflict, creating utter chaos and panic.

Killing and wounded many individuals and forcing those people to flee again, to safety. And we're treating them now in, in other areas and many of them were unable to flee. They've been trapped in that area and with almost a siege warfare tactic, which is outlawed by international humanitarian law where there was food aid and medical aid that could be transferred to that area, but it was being restricted from going in the area by one of the parties to the conflict. And unfortunately, in the Sudanese conflict, we've seen this behavior from both sides in the conflict where they may not want international assistance to be assisting what they would consider to be civilians that are under the occupation or that they feel may be supporting the other side in the war.

Hisham Allam: These numbers tell us how many, but they cannot show us the moment a woman gives birth under shell fire, or what it means when clean water is no longer something you can count on. I want to pose here and talk about what it means to deliver care where the basics no longer exist.

Stephen Cornish: Well, we have special kits, know-how and experience in doing just that. It is part of the bread and butter of MSF. For those of your viewers who don't know us, we were founded a little over 50 years ago. We are the largest private, independent medical humanitarian relief agency in the world.

And we are capable of responding within a matter of days. To conflict, to epidemics and to natural disasters, and able to scale up assistance very, very quickly. So, we can mount in, in the middle of, of nowhere, we can mount a full field hospital several days and have a maternity, a surgical unit, an inpatient, an outpatient medical facility, as well as nutritional facilities all running within several days.

Even in areas where it might be quite desperate in the surroundings, those who are able to access our treatment, which is always free will be able to have a level of, and a quality of care that that is very equitable and have a very good standard. Where you don't have that, what we see is women giving birth in unsanitary conditions maybe fleeing the health post and not wanting to stay on the wards overnight because of fear of insecurity or that the center itself might be attacked taking then great risk for the newborn and for herself.

We see a higher incidence of premature births generally in conflict, both due to undernutrition due to the anxiety brought on by conflict itself. And so often you end up with a very large number of premature infants. And with much of the health system unable to bring the level of care that would be required, sometimes you don't even have incubators or oxygen. And so, you can end up with a rather high infant mortality and maternal mortality rate unless there is a humanitarian organization or other assistants that could come and buttress the Ministry of Health Facilities in some of those most in hospital areas.

Hisham Allam: And is there any organization supporting this?

Stephen Cornish: For sure you have the International Red Cross that will support activities like that. You have the World Health Organization, UNICEF will also support for nutrition and for vaccines, for children and mothers, so that we do work in a coordinated cooperative fashion.

Unfortunately, right now we've seen the major cuts from USAID but not only them; we've seen major cuts from many of the European governments to their overseas disaster assistance as well. And so, we are living through a moment where there is a global rise in the number of conflicts, a number of pandemics. We have the highest level of displaced peoples that on record and so you have record needs at a time when the humanitarian system itself is under shock. And when many governments that traditionally would support in these areas are now walking away from some of those commitments. So, we are at a really inflection point and it, and it's very, very troubling so I'm glad that you're doing this podcast and we're doing other efforts also to speak to people because what we know is people's generosity hasn't changed. We see millions of people around the world volunteering and donating to charities. Most of the countries where we work in. It's a local community themselves that are the frontline responders.

You see that when you watch the news in places like Gaza or even in a, a natural disaster in the United States the first people that are generally there are community members helping community members, and that spirit of empathy and care, I think is something that we share in our common humanity and something worth defending.

Hisham Allam: Exactly. So, I'd like to focus at this point. I want to understand what happens next on the ground when the funding stops.

Stephen Cornish: This is something that is currently underway because as you know, there's been a lot of unclarity as to what was frozen, what got a waiver, what's starting, what's stopping. Many organizations are trying to show the value of their work and still hopeful that they'll find additional funding or that other donors will step up, whether private government, corporate or others. So, we're in a moment of deep uncertainty, but what we do know and what we see. Just for my visits in Chad, in Sudan, one organization that I won't name had half of their intended programming for Cordan and for Darfur cut from one day to the next. Inside Chad, a number of the organizations we work with on water and sanitation have had to cut back 60% of their water and sanitation experts that are intended to build and maintain the water systems that are supporting these refugees. So, the cuts will indeed have big effects.

We are seeing in some areas in Somalia; they are malnutrition wards. I have received 50% more newborns than this time last year. That can't all be attributed to eight cuts. What we really fear is that the true weight of what is missing and what is not being done and what is not coming will show up in the later half of this year.

And by then it'll be the rainy season in many areas. The damage will have been done in many areas. If vaccination is stopped, if the food pipelines are not full, if stocks and supplies are not on the ground before rainy season, then in a few months when these things are sorely needed not only will they be absent, but it would also take months to be able to remediate that.

And we fear that, the most vulnerable people are those who will suffer the most.

Hisham Allam: I'd like to reflect this on MSF. How does MSF balance addressing urgent needs while also advocating for long-term solutions when donors are pulling back?

Stephen Cornish: It's a, it's a very good question, and we end up having to do a global triage the same way we do a triage as, as we spoke about before in the middle of a conflict or a natural disaster looking at how to respond to the most urgent or the most forgotten needs. We have to do the same thing at an organizational level in order to be able to have enough funds, human resources and supplies ready to respond to new emergencies. So we review all of our programs and if they fall below the emergency threshold or if they've already met their programming objectives then we try to make a handover to be able to hand them over either back to ministries of health, where they're capable to other organizations, or sometimes you have to make the very difficult decision of closing programs. Programs that still have value, but maybe not as high as a lifesaving value as they did before.

We also have programs that we run for what we consider neglected populations, forgotten diseases. These are still emergencies, for many people whether people have tuberculosis or suffering from non-transmissible diseases such as cystoma. There are many areas where people fall through the cracks, and we run programs for them as well.

But right now, what we're seeing, we're getting many calls from organizations asking us to step up MSF nor the other organizations. No one can step up to all the needs and unfortunately, we'll have to make some very hard choices on what we'll stop doing in order, to be able to do the most lifesaving care going forward.

Hisham Allam: Give me some examples of the hard decisions you may take.

Stephen Cornish: Well, some we've taken already, they're difficult but not impossible. In some areas when we have a refugee camp set up, if the refugee camp hospital has been set up under tents. After three or four years, you try to replace that with a solid structure, 'cause otherwise you'll have to replace all the tents again. And it's, it's not as good as a solid structure.

Solid structure could cost millions of dollars. And so, we might not build that hospital. In order to save the extra money, to be able to put to the needs that are not being met. But more difficult is we'll have to look at our programs that we run around the world and decide that some programs need to close, and that means some people will go without assistance so that others who are in more dire need will have assistance. And these decisions unfortunately are decisions that we have to make. It's an imperfect system. We try to do it based on medical ethics, emergency criteria, and our humanitarian values. But it is a very difficult choice to make.

Hisham Allam: Speaking about emergencies, cholera, that thing that many think of as 19th century disease is very much a 21-century crisis. How do you respond when clean water becomes a luxury and people are dying of something that should be preventable?

Stephen Cornish: Indeed, cholera is preventable, and shouldn't be seen as much as we're seeing.

We're actually have seen spikes of cholera that we hadn't witnessed for many, many years. In some areas that's like in Sudan we can attribute a lot of that to the displacement of populations, the destruction of the water and sanitation systems living in overcrowded areas. Those are things that if you're going to have cholera that could quickly lead to an epidemic.

There's a number of things that we do from epidemiological surveillance. So, you see where the cases are coming from. When you know that then you can deploy a team that can test the well water and test the system water and then they can start chlorinating that water. We'll set up case detection so in the areas where there are many cases, we'll make advanced screening points to be able to treat people with cholera very, very quickly and to refer them to central cholera treatment centers. The nice thing about cholera is that you can go downhill and die of dehydration very, very quickly. You can also be almost brought from very close to your deathbed back to being in very good health in a matter of three or four days just with proper water and sanitation and rehydration. And so, you can make a really big difference really, really quickly. The last tool in the kit is color a vaccine?

Which is very simple to give. There's an all cholera vaccine dose, which is just a few drops. Unfortunately, there are less pharmaceutical organizations producing that vaccine. And given the very high demand we're seeing around the world there is not enough of that vaccine. And so, it's difficult for ministries of health and for organizations such as ours to get enough oral cholera vaccine in order to be able to curb epidemics and to prevent ones.

Hisham Allam: Let's speak about neutrality, which is the core principle for MSF, but in today's world, is it even possible? Can you really stay above politics when aid itself is politicized?

Stephen Cornish: It's always a difficult endeavor but neutrality isn't the only principle by which carries itself. We carry ourselves first and foremost, also on independence of action, meaning that we do that global triage, and we decide on where we go and where the needs are greatest. We try to do so in an impartial manner.

Meaning that we will help according to need. And in a conflict, we will try to assist on both sides of the conflict to show to the parties to the conflict that our concern is for the people.

We also treat anyone who is wounded in conflict, whether they were a soldier or a civilian according to the rules of international humanitarian law. Once you are wounded you also deserve and require that medical assistance. And then we try to remain, of course, neutral to the outcomes of a conflict, but we are not neutral in the face of suffering.

And I think that's a very important distinction. If the parties to a conflict are not carrying themselves according to the principles of international humanitarian law, then we will speak out against that. And that's what we are seeing in a number of conflicts around the world right now where you have attacks on civilians, on civilian infrastructure, which could be water and sanitation facilities, on ambulances, medical facilities and personnel. This attack I spoke about on Zamzam Displacement Camp. All of these types of attacks are against the rules of international humanitarian law. So, when we witness such things, we have two roles, one is to save lives, but the other is to speak out to witness about what we're seeing and that , we do, and for those who saw follow, our organization will have seen our voice carrying quite loudly on the attacks against international humanitarian law, if you like, in places like Ukraine and Gaza and Sudan.

Hisham Allam: And do you think after you speak out there is positive feedback?

Stephen Cornish: Sometimes there is and sometimes there isn't some parties to conflict at some governments don't want to hear the truth and don't want to be pointed out. So, we have to also gauge. How we use our voice and when we use our voice to make sure that it's going to as much as possible, do more good than harm.

You can't be certain on that. But then also there are times when the moral outrage is such that we believe we have a duty to speak out. And one of those moments I can remember myself and you might recall in the Syrian conflict. There were multiple small uses of chemical weapons and the blame for that was being thrown around by all sides to each other.

Yes. But then there was this terrible attack in Gutta where within a few hours our supported clinics with the partners that we were supporting received more than 6,000 patients. With dilated eyes difficulty breathing choking colored palpitations in skin, all the signs of a chemical agent.

One of the volunteers that was volunteering for one of our partner organizations died by giving mouth to mouth resuscitation to one of the patients that were brought in. We struggled first to bring atropine a drug that can help reduce the symptoms to bring wash tanks, to bring all the things that the staff would need to be protected.

But when you see these types of attacks, this makes a mockery of all humanitarian assistance. There is no place to run a hospital in the middle of a chemical attack. So, we knew that we had to speak out in order to take away the doubt that this attack had occurred. We didn't say who did it. Because we didn't know, but we did know what the consequences were.

And so, we spoke loudly. And that's something that you don't know what, what will happen after will we be attacked because we spoke out? Will it bring more risk? But we felt that it had to be said. The world had to know what occurred there. And it couldn't be left to the parties to the conflict to just trade blame or try to make false information to say this didn't happen.

Hisham Allam: Do you think neutrality can survive in an era of social media-driven outrage?

Stephen Cornish: I don't know the effects that will have and I don't know what people will believe but I know that to be seen to take sides in a conflict is very difficult to remain access. I'll give you an example.

During the War on Terror, several years ago, it was the US who was telling humanitarian organizations that you had to be for them or you were against them, and they wanted the international organizations to work with them hand in hand in Afghanistan for what they claim to be, very good reasons.

To educate women, to bring prosperity, to reduce suffering. But they wanted to use that assistance also to buy goodwill for and support of the American and natal forces. We refused to do that. We stayed independent from US operations. We continue.

Hisham Allam: And you're not punished. Sorry for the interruption.

Stephen Cornish: Well, I'll get to that. We were threatened to be punished, but we will not at that time. And we kept negotiating with the Taliban even though we were told that if talking to them or, or assisting in areas where they were present, we could be running afoul of US anti legislation.

So, we took that risk. We denounced the calls by the US to do so. We kept ourselves independent and we were able to stay in Afghanistan almost all the way through the conflict, and we're still there today in many areas, and many of the organizations who worked together with the Americans saw that they lost access, lost funding, and are no longer present.

Now, can we continue to do that in this new age? Well, we'll see. The signals coming out, of the US the signals coming out of Russia, the signals coming out of Israel in many places, it's very, very troubling because as we've lost respect for the international humanitarian law and the way that we fight they're also then losing the respect for humanitarians and for development organizations.

And if the cost, if the risk on the ground becomes so great that we become martyrs. So, we cannot carry out our work in some areas we may be forced to close, and that would be a very sad outcome.

Hisham Allam: Stephen, your work with Pathways to Peace in Afghanistan emphasize local leadership, MSFs team in Sudan is almost 90% Sudanese, which is a real model of localization. How can crisis like Sudan's become opportunities to shift power to communities while still ensuring accountability?

Stephen Cornish: It's a very good question and it's a difficult line, especially when we talk about power. ' cause if we're talking about shifting power to the local community in a local organization, power comes with risk and in conflict, those parties to the conflict are generally seeking to dominate on the power front.

And so, it's a fine line between having a voice. Which you want. Having local agency, local organizations, people, authorities specifying what type of assistance they want, how they want that assistance. And it's a fine line between cooperating and coordinating and helping them. And transferring not only the power, because a full transfer of power also implies a transfer of risk.

I believe that we should be taking that risk together to be in solidarity with people in conflict areas. And if you look at in Sudan recently. The community kitchens community organizations, doctors organizations, many of them were on the frontline running soup kitchens and aid clinics. And when some of the international organizations in the UN couldn't get access, they shifted millions of dollars to those organizations and for a time that worked, they were able to scale up. But once the parties to the conflict saw that we saw on the government side the, the Sudanese Armed forces, they started interrogating many of these people.

Putting some in jail threatening them and many of their leaders ended up fleeing the country for fear and in areas under the rapid supports forces. Many of those organizations had their warehouses looted, had staff attacked and had to close. So, it's a very fine line. Especially when we put the power dimension into it. We fully believe that that more local voices, more local actors need to be supported, but we're not fully sure that they should be allowed to then just carry that weight by themself. Because then we're transferring our solidarity, we're transferring our witnessing, and I believe we transfer also our risk.

Hisham Allam: So are you seeing a new generation of local leaders, grassroots organizers, and medical professionals who are pushing the all the humanitarian playbook to evolve.

Stephen Cornish: Absolutely. And I think that's a great thing. I think when innovation and young energy and new ideas arrive and those should be supported, and a great example there comes out of the Syrian conflict.

We saw a number of Syrian organizations began many of them with Syrian expats from around the world diaspora members who raised funds and started bringing assistance. Much of that assistance was delivered on one side. But it was able, was effective, was longstanding, could reach places and do things in a way that is a little bit counter to the examples I gave you before.

They were willing to take the risk if you're willing to take the risk and you can leave. It's different than taking all the risk yourself and you can't leave. But when people have an agency and they understand the risk they're taking, it's certainly not up to us to be paternalistic and tell them what they can and can't do in front of risk.

But one of those organizations Syrian Medical Association, (SAMS) went on to become a fully independent non-governmental organization. Is now running programs in Afghanistan and in Gaza and in other areas. And I think we have a lot to learn. Many of those organizations run their operations more with the volunteer spirit on a very low budget. They have much better local knowledge and understanding and I do think that we have a lot to learn, and we've cooperated and coordinated with organizations like that and we'll continue to do so and to learn from them as well.

Hisham Allam: Stephen, I'm curious to know how do you get through to people who no longer feel connected to suffering, that feels far away?

Stephen Cornish: Well, for me and for MSF, that's the second part of our job is we save lives there. But then we also give testimony and voice, and we do that for a number of reasons.

One I already discussed when we're calling out atrocities, but we also do it to show to our donors the good work that they're doing. We also do it to show the dignity of the local people and local organizations, and the ministries of health. They are the backbone of our work. You pointed out before that nine of 10 upper MSFs are national staff colleagues. They often take enormous risks. They often are subject to the suffering that's ongoing with the population in their own area. They can be displaced by themselves. They can be under threat themselves. They could have lost their houses in a hurricane I. And they're showing up every day, teaching us what it means to have humanity, what it means to care for the other, what it means to have purpose.

And by spreading their message, by spreading those stories and telling those stories to media, to outlets like this. And I believe we rekindle something in, in all of us. I think we have that empathy for the other. Where we start to lose it is when things get confused. Sometimes in conflict we have trouble understanding what the conflict is all about.

We're not sure if the people are taking sides or if it's somehow their fault, whereas when it's a natural disaster or an epidemic, we sometimes can more see that happening to us and have full-fledged empathy. So, I think it's up to us to tell those stories to build that empathy to make the connection between those who have the opportunity to give and those who are in a position where they're with open arms needing to receive.

Hisham Allam: If there is a story or an image that in your view should have cut through the noise but didn't, something that deserved more outrageous than it got.

Stephen Cornish: Well, well, many, many, many things. One is not my personal story, but I think it's worth saying today. We've all seen in the news these past weeks how 13 members of the Red Crescent Society who were involved in ambulance work that were going out to try to save people wounded from fighting ended up under fire themselves.

All of them ended up, or many of them ended up killed and bulldozed into a pit along with their ambulances. This is simply beyond the pale, what we're seeing in Sudan, when, when we can just tell a number like that, that 35% of under-fives are severely malnourished and are likely going to die if we can't find a way to assist.

If that doesn't bring moral outrage, I don't know what does. And it's interesting to me because only a couple of years ago, when there was the siege of Mariupol by the Russian forces in Ukraine this brought on this sense of moral outrage around much of the world. And they were rightly called out by many world governments for using siege tactics for not allowing things like water and medicine for shooting at people who are fleeing. We are seeing this same tactics being applied in places like Sudan and Gaza and the moral outrage seems wanting, and I don't think it's so much from individual people. We see protests around many campuses and many places around the world.

In the case of Gaza, in the case of Sudan. I think we have to ask ourselves the question of what our media is reporting, what our government leaders are turning their attention to and how we could be accepting such large cuts to development and disaster assistance at the same time as the world has never been under greater need to me that does require a sense of collective moral outreach.

Hisham Allam: This is very impressive. Stephen, you have seen a lot, but what still gives you hope and what is the one thing that keeps you up at night?

Stephen Cornish: Well, for me, hope is, is not found wanting. Hope comes from taking action. Hope comes from restoring to people in need, their dignity to telling their story. Recently I was in a refugee camp in the south of Sudan.

This camp we opened four years ago when there was the conflict in Ethiopia. So, the camp is mainly comprised of Ethiopian refugees. The refugees are the mainstay of the hospital that we run, and that hospital was for the refugees. Since the conflict started in Sudan, that hospital now serves the local population.

But even more amazing is now serving displaced Sudanese who are fleeing the conflict in Sudan. And if that isn't the story of a full circle of humanity, I don't know what is that? People who have been forced to flee, conflict who are displaced and were taken refuge in the second country, they don't know many cases where some of their family members are.

They don't know if they can ever return, and they are now paying back that humanity by taking care of their Sudanese hosts who are now fleeing conflict. To me, that is the very essence of the humanitarian gesture. And it's one that our organization and, you know, we have 7 million people around the world who send us a check every month.

Sometimes for $5, $10. But when you add up the gifts and the care of 7 million people, it goes a long, long way.

DevelopmentAid Dialogues

Hisham Allam: Stephen, thank you. Not just for your time today, but for choosing the hard path for being there in the silence after the bombs in the tent where a mother awaits to give birth and the places most of the world scrolls past. You and your teams remind us that solidarity is not a slogan, it's a daily act, a choice to show up even when it is inconvenient, even when no one is watching. To everyone listening, if this conversation steers something in you, let it be a reason to reflect, to talk about what is happening, to push the stories that rarely make headlines back into the light. I'm Hisham Allam signing off, and this was DevelopmentAid Dialogue.

Until next time, stay curious, stay compassionate, and above all, stay human. Goodbye!